

2021 Provider Workshop

Presented by Moda Health



Delta Dental of Oregon & Alaska



Welcome

Alternative care

Chiropractic, acupuncture,
massage therapy

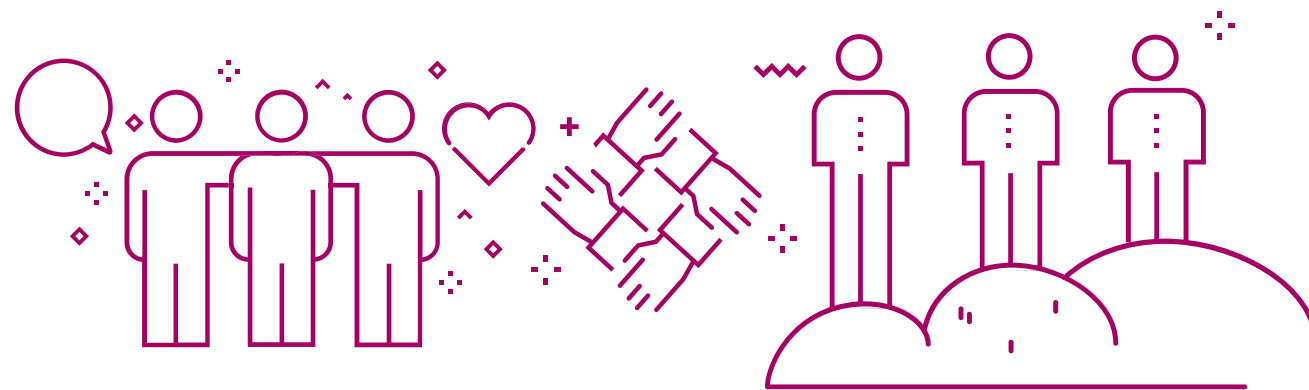


Agenda

- Diversity, Equity and Inclusion surveys
- Commercial networks/benefit changes
- Claims/billing
- Prior authorizations/referrals
- Healthcare Services
- Reconsiderations and appeals
- Medicare Advantage
- Provider resources

Diversity, Equity and Inclusion survey

- Diversity: We value, respect and celebrate people of all backgrounds, identities and abilities. And we actively seek to identify how uniqueness makes us better.
- Equity: We strive to understand the underlying causes of outcome disparities and actively work to increase justice and fairness in our processes, procedures and systems. We do this within our company and within our communities.
- Inclusion: We are committed to creating environments where every individual has an equal opportunity to belong and can be recognized for their inherent worth and dignity.



Diversity, Equity and Inclusion survey

Currently, diversity among physicians is limited. Mounting evidence suggests when physicians and patients share the same race or ethnicity, it improves:

- Time spent together
- Shared decision-making
- Wait times for treatment
- Screening adherence
- Patient understanding of health risks
- Patient perceptions
- Treatment decisions

We invite you to share your demographic information with us.

Oregon medical and behavioral health providers:

modahealth.com/medical/forms.shtml

Commercial networks

2022 Commercial networks



2022 Commercial networks — Group

Connexus

- Statewide PPO plan
- PCP selection, referrals not required

Synergy

- Coordinated care plan for employer groups
- Offered statewide

Moda Select

- Exclusive Provider Organization
- Available in three counties (Multnomah, Washington and Clackamas)
- PCP selection required

2022 Commercial networks — Group

OHSU PPO

- OHSU employee plan
- Tiered benefits
- Provider participation determined by OHSU

OHSU EPO

- OHSU employee plan
- Tiered benefits; no out-of-network coverage
- Provider participation determined by OHSU

OHSU Tuality Health and Assoc.

- Tuality Hospital employee plan
- Provider participation determined by Tuality

CCN

Tier 2 benefit plan for OHSU PPO and OHSU EPO

2022 Commercial networks — Individual

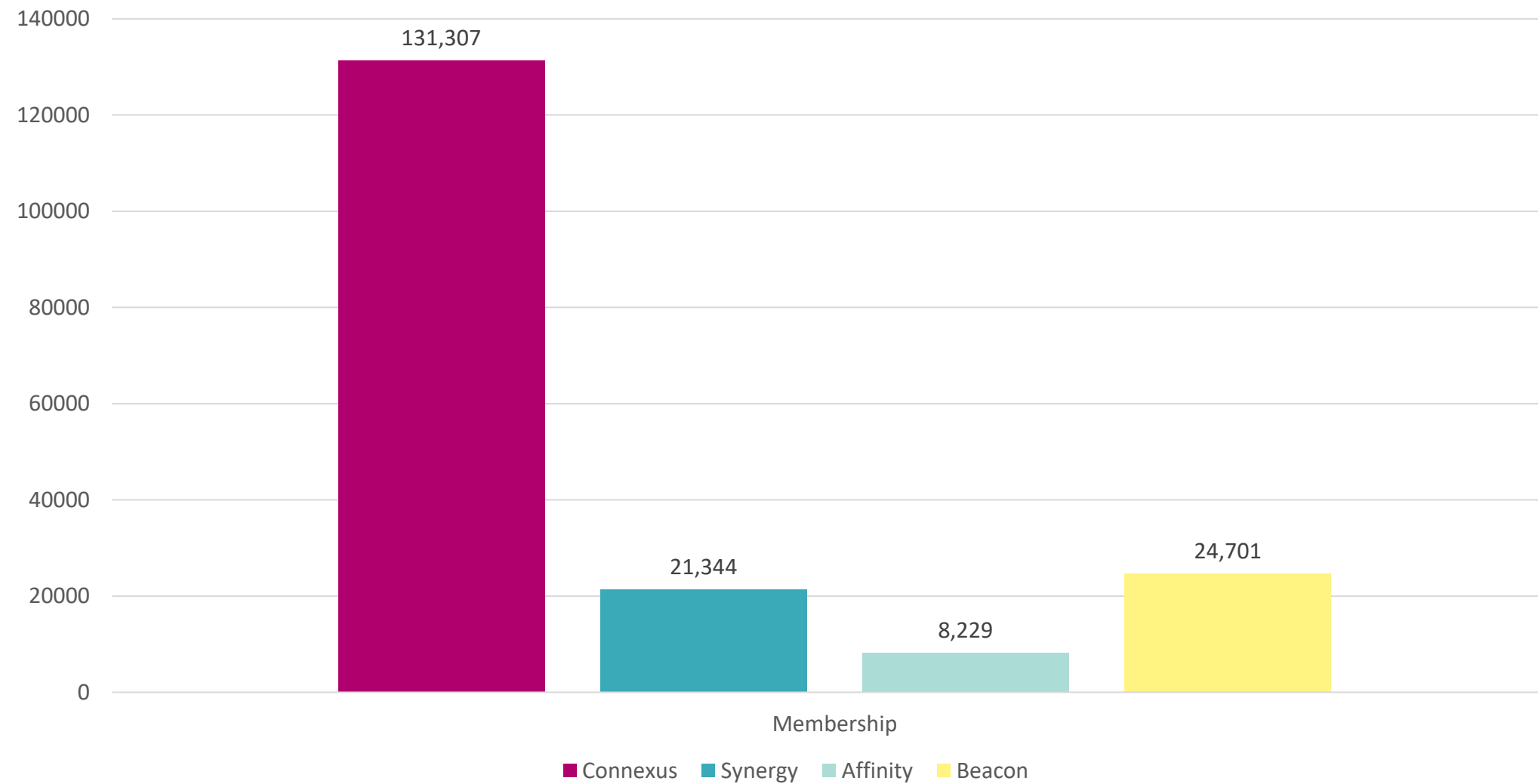
Beacon

- Individual Exclusive Provider Organization plan sold in/out of the Exchange
- Available in 13 counties

Affinity

- Individual Exclusive Provider Organization plan sold in/out of the Exchange
- Available in 19 counties

Commercial membership



Commercial group networks



Connexus

Small and Large Group plans

- Connexus
 - Statewide PPO network
 - No PCP/Medical Home selection required
 - No referrals required
 - Member can see in-network providers in all counties in Oregon, and some areas of Washington and Idaho

Synergy network

- Only Salem Health, OHSU and PEBB starting 1/1/2023
- No Referrals required
- Synergy members need to select a PCP to receive Tier 1 benefits
 - Each family member makes their own selection
- PEBB Synergy members must pick a “PCP 360” provider

Moda Select

Small and Large Group plans

- Moda Select
 - Exclusive Provider Organization (EPO)
 - PCP Selection is required
 - No referrals required
 - No out-of-network benefits
 - Group members residing in Clackamas, Multnomah and Washington counties

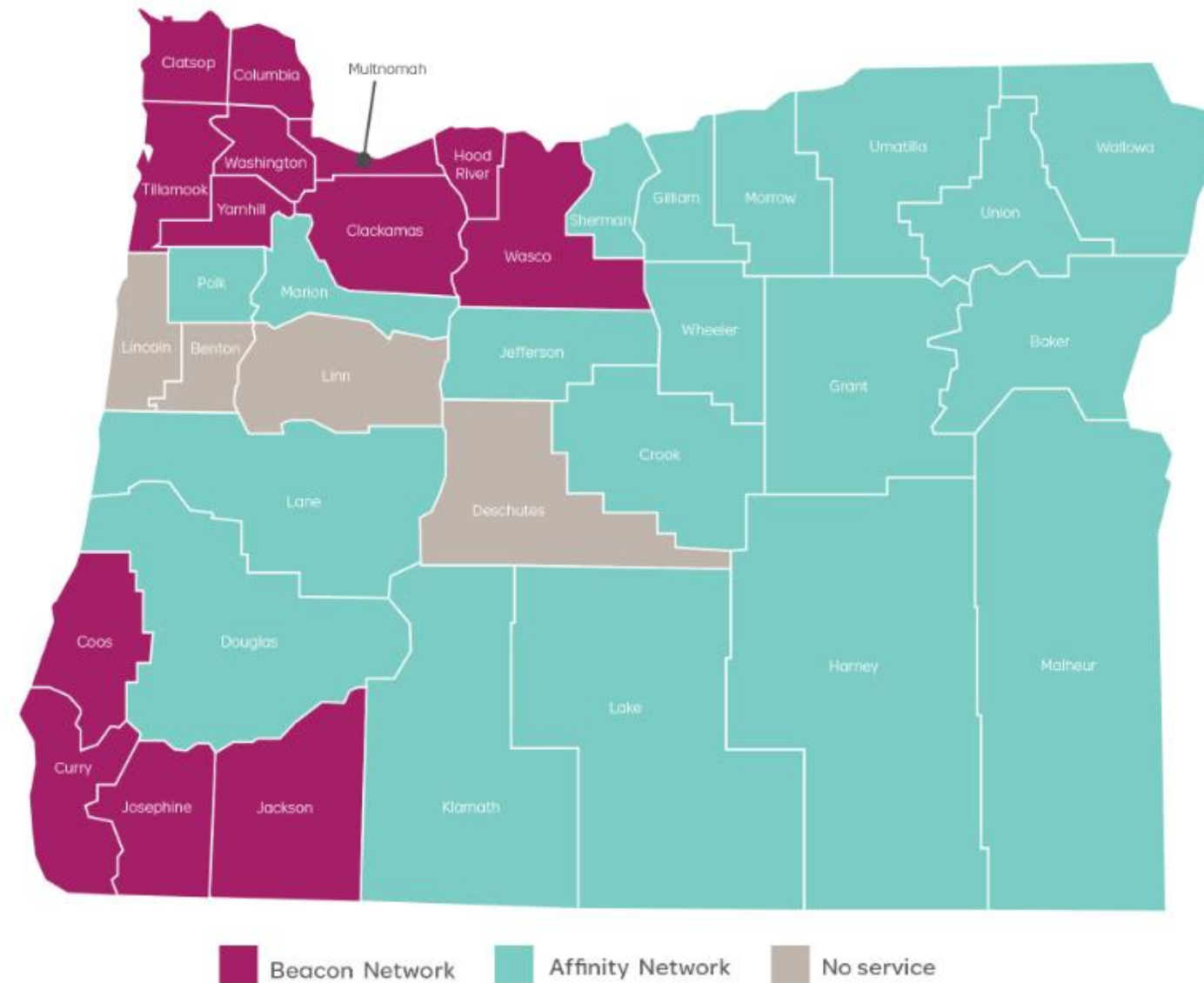
OHSU and CCN networks

- OHSU PPO
 - Tier 1 benefit plan for OHSU employees only with statewide participation determined by OHSU (closed panel)
- OHSU EPO
 - Tier 1 benefit plan for OHSU employees in the Portland Metropolitan Area (closed panel)
- CCN
 - Tier 2 benefit plan for OHSU PPO and OHSU EPO only with participation determined by OHSU (closed panel)
- OHSU Tuality Health and Associates
 - Tuality employee plan (closed panel)

Individual networks



Individual network service area



Beacon network

- What is the Beacon network?
 - Clinically integrated network, which includes 10 health system partners and their referring providers
 - PCP selection is required
 - Exclusive Provider Organization (EPO)
 - No out-of-network benefits



Affinity network

- What is the Affinity network?
 - Clinically integrated network, which includes 15 health system partners and their referring providers
 - PCP selection is required
 - Exclusive Provider Organization (EPO)
 - No out-of-network benefits



Commercial benefits

2022 Benefit changes



Commercial benefit changes

- OEBC
 - No changes for 2022
- PEBB
 - No changes for 2022
- OHSU
 - No changes for 2022
- Beacon/Affinity
 - Acupuncture benefit max changed to 12 visits per year
 - Spinal manipulation benefit max changed to 20 visits per year

Claims and billing



Contacting Moda Health

Moda Health Medical Provider Services

- Please start with our Medical Customer Service team for any claim issues or inquiries: medical@modahealth.com or 503-243-3962
- If Customer Service is unable to resolve your escalated claim inquiry, or if you have a contract interpretation question, please contact providerrelations@modahealth.com or your assigned representative
- Provide the following information via email:
 - Customer Service Tracking (CST) number
 - Claim and Member ID numbers
 - Any supporting documentation or correspondence

Telehealth — temporary COVID-19

- Moda Health's website has the most up-to-date reimbursement policy for telehealth/telemedicine
 - Expanded telehealth policy valid during the Public Health Emergency (PHE)
modahealth.com/pdfs/reimburse/RPM073_COVID-19TelehealthExpansion.pdf
 - Original telehealth policy
modahealth.com/pdfs/reimburse/RPM052_TelehealthTelemedicine.pdf
- This policy is in effect until the agreement with the state of Oregon ends
- Medicare Advantage plans — until directed by CMS that the temporary expanded coverage has ended

Claims

Corrected claims

- CMS-1500 (Professional)
 - Box 22 of the claim form should have resubmission code 7 (replacement) or code 8 (void/cancel)
 - Indicate “corrected claim” in box 19
- UB-04 (Facility)
 - Bill Type XX7 (in field 4) indicates a replacement of prior claim or corrected claim
- Address for corrected claim submission:
P.O. Box 40384
Portland, OR 97240

Claims

Incident to services

- Commercial plans
 - Moda Health does not recognize or allow incident-to billing for Moda Health Commercial plans. Practitioners must bill under their own name and provider identification (NPI, TIN).
- Medicare Advantage plans
 - Moda Health follows CMS incident-to billing rules for our Medicare Advantage plans

modahealth.com/pdfs/reimburse/RPM040.pdf

Claims

Multiple therapy reductions

- Multiple Therapy Fee Reduction applies to codes with multiple procedure indicator of “5”
- First unit of Therapy code is allowed at full fee schedule amount. Subsequent units/procedures subject to 20% discount.
- Multiple therapy fee reduction rules apply to percent of charge or discount contracts
- Moda Health does not apply multiple procedure reductions to Osteopathic Manipulative Treatment (OMT) or Chiropractic Manipulative Treatment (CMT)

modahealth.com/pdfs/reimburse/RPM022.pdf

Claims

Multiple therapy reductions — example No. 1

CPT code	Units	Allowed amt.	Discount	Reduced allowed
97110 (primary)	1	50.00	N/A	N/A
97035	1	40.00	20%	32.00
97140	1	40.00	20%	32.00

Claims

Multiple therapy reductions — example No. 2

CPT code	Units	Allowed amt.	Discount	Reduced allowed
97110 (primary)	3	150.00	20% (units 2 and 3)	130.00
97035	1	40.00	20%	32.00
97140	1	40.00	20%	32.00

Claims

Clinical edits — clinical editing systems

- Professional claims — professional clinical edits, Procedure to Procedure (PTP) edits and Medically Unlikely Edits (MUE) edits
 - Practitioner PTP edits apply to ASCs
- Facility claims — outpatient hospital CCI, PTP and MUE edits
- Claims exempt from Outpatient Prospective Payment System (OPPS) edits, status indicators and rules
 - Critical Access Hospitals (CAH) – Type of Bill 085x
 - Rural Health Clinic (RHC) – Type of Bill 071x
 - Federally Qualified Health Center (FQHC) – Type of Bill 077x

modahealth.com/pdfs/reimburse/RPM002.pdf

Clinical edits

New effective 07/01/21

- Laterality diagnosis
- Age Inconsistencies diagnosis
- NDC requirement for Nutrition

To view a complete list of Moda Health's reimbursement policies, please visit modahealth.com/medical/policies_reimburse.shtml.

Claims

Clinical edits — Medicare Advantage LCD/NCD edits

- CMS documents a wealth of very specific coding and coverage requirements
- National Coverage Determinations (NCDs)
- Local Coverage Determinations (LCDs), e.g., Noridian LCDs, transmittals, MLN articles and other sources
- Example: Why am I getting denials of CPT code 85025?
 - Claims for CPT code 85025 will deny for not meeting medical necessity criteria when not billed with approved diagnosis code from NCD 190.15 Blood Counts

modahealth.com/pdfs/LCD_NCD_edit_FAQ.pdf

Claims

National Correct Coding Initiative (NCCI) links

- MUE information: cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE
- PTP coding edit information: cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits
- NCCI FAQ: cms.gov/medicare/national-correct-coding-initiative-edits/ncci-faqs

Benefit Tracker

- Access BT from two platforms:
 - Moda Health — modahealth.com/medical/mbt.shtml
 - OneHealthPort — onehealthport.com/sso
- Access to detailed patient benefit information
- Search by Member ID#, SS#, first or last name and DOB
- Our website has additional information that OneHealthPort may not capture
- Login required for each site
- Information and questions, email — ebt@modahealth.com

Prior authorizations and referrals



Prior authorizations

- How to determine that a service requires prior authorization
 - Review Referral and Authorization guidelines based online of business
 - Review “Always Not Covered” list
 - Access prior authorization forms
 - modahealth.com/medical/referrals/
- Failure to get prior authorization when required may result in claim denial.
Members cannot be balance billed.
 - Note: Prior authorizations are not required when Moda Health is not the primary payer

Prior authorizations/referrals

- Commercial
 - Referrals are not required for members to see a participating specialist
 - Prior authorizations are required for non-par providers
 - Linn County is the only commercial plan with referral requirements
- Medicare Advantage
 - HMO plans require referrals from PCPs to specialists
- Providers are encouraged to refer to Moda Health participating providers in the members' assigned network(s).
 - Some plans have no out-of-network benefits
 - Refer to Find Care for participating providers

moda

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HEALTH

Oregon ▼ Contact us FAQs

Medical provider overview

Benefits & eligibility

Authorization & referrals ^

Referral and authorization guidelines

Advanced Imaging and musculoskeletal utilization management programs

Injectable medication program

Claim edits policy

Medical necessity criteria MCG®

Site of care

Patient care programs ▼

Join our network ▼

Referral and authorization guidelines

To help you understand what services need prior authorization, are always not covered or not medically necessary, we're updating our prior authorization lists.

The following lists cover our lines of business. Because some services are considered investigational, cosmetic, or always not medically necessary, we are including a separate list of the services that are always not covered.

Effective January 1, 2017 for all in-network individual, ASO, small, and large group plans, Moda will deny services if required prior authorization is not obtained prior to rendering the service. If a prior authorization is not obtained for in-network services, Moda will deny charges as provider responsibility.

Medicare

- Procedures and services requiring prior authorization
- Procedures and services requiring prior authorization (excel)
- Referral/Authorization - Medicare only
- Medicare Part B Step Therapy Requirements

Group/Individual

- 2021 Commercial Prior Authorization List
- 2021 Group/Individual always not covered list
- Referral/Authorization - Commercial only
- Behavioral Health Authorization Request Form
- OHSU Employee Massage Therapy Request Form

Benefit Tracker

Check benefits and eligibility

Log in

Account help

Request an account

Provider Reports

For value-based provider programs, including Synergy, Summit, Beacon, Affinity, CPC+, and EOCCO

Log in

Join our email list

go!

EMAIL ADDRESS

modahealth.com/medical/referrals/

Prior authorizations

eviCore

- eviCore reviews authorization requests for the following services:
 - Advanced imaging
 - Musculoskeletal therapies
 - Pain management
 - Spine and joint surgery
- Services that require prior authorization through eviCore are listed on our website:
 - modahealth.com/medical/utilizationmanagement.shtml

Prior authorizations eviCore

- Check Benefit Tracker to determine if the member's plan uses eviCore, and for what services
 - Can be found on main benefit page (in red)

Benefit information	
Select for benefit details:	<input checked="" type="radio"/> Primary Care <input type="radio"/> Not My Moda Medical Home <input type="radio"/> In-Network <input type="radio"/> Out of Network <div>Select a category ... ▼</div>
Benefit period:	Contract
Pre-existing months ⁴ :	0
Dependent stop age:	26
Student stop age:	26
Domestic partner:	Coverage for Domestic Partners may or may not apply. Please check with your participating entity to see if this coverage is available.
Referrals:	Referral is not required.
Authorizations:	<ul style="list-style-type: none"> • Phone: 503-243-4496 • Toll Free: 1-800-258-2037 • Fax: 503-243-5105 <p>Plan has eviCore for the following services: Advanced Imaging, Cardiology, Spine/Joint, Pain Management, PT/OT/SPT, Chiropractic and Acupuncture.</p> <div> <u>Evicore - Authorizations</u> <ul style="list-style-type: none"> • Phone Number: (844) 303-8451 • Website: www.evicore.com </div>

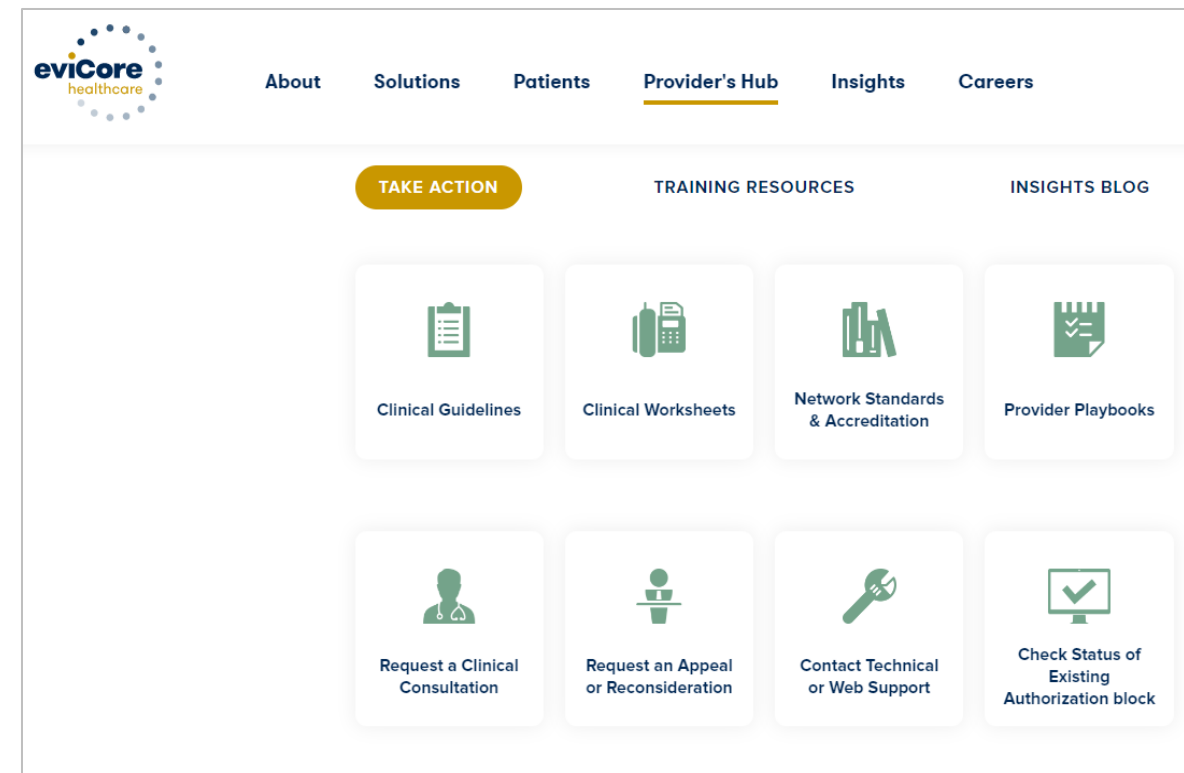
Prior authorizations

eviCore

- eviCore has clinical worksheets and guidelines you can use to assist with submitting authorizations online
- The clinical guidelines provide prerequisites required before a service will be authorized (e.g., needing to try physical therapy before having surgery)

Clinical guidelines eviCore

- Provider's Hub
- Clinical guidelines/worksheets can be accessed before logging in to the portal
- Resources
 - Training resources
 - Video tutorials
 - How to's
 - evicore.com/provider
- eviCore also provides “WebEx Training” for new or experienced users twice per quarter for therapies PT, OT and ST
- [eviCore Healthcare \(webex.com\)](https://evicore.com/webex)



Clinical guidelines eviCore

- Authorization denials
 - Peer-to-peer consultation
 - Can be requested through the provider portal
 - [Request an Appeal \(evicore.com\)](https://evicore.com)
 - Formal appeal
 - Process outlined on denial letter for members and providers
 - modahealth.com/pdfs/evicore_member_denial.pdf

Reconsiderations and appeals



Reconsiderations and appeals

Written or verbal request

- Providers may submit additional information in writing or verbally
- Within 30 days of pre-service denial
- Healthcare Services does not process a reconsideration request in the absence of new or additional information

Reconsiderations and appeals

Peer-to-peer consultation

A peer-to-peer consultation is a conversation between the requesting provider and the Moda Health medical director. The consultation:

- Is held within 10 days of the pre-service denial
- Is conducted with the medical director who did the initial denial
- May give new rationale for the requested service to support medical necessity

Reconsiderations and appeals

Same specialty request

- A same specialty request is a pre-service request by a provider for Moda Health to have a same specialty provider reconsider a prior authorization denial.
- Not necessary to submit new information
- Healthcare Services staff sends the request to Moda Health's medical consultant for like-specialty review

Reconsiderations and appeals

Expedited or rush requests

On receipt of a request, a Moda Health medical director decides whether the request qualifies for an expedited review



If the medical director qualifies the request, the staff processes it as expedited or rush



If it is decided that the request does not qualify for expedited review, the staff processes the request using the standard timelines

Reconsiderations and appeals

Provider appeals

- Please contact customer service first for denial inquiries
- If customer service cannot resolve, please follow the appeals process outlined in the provider manual
- Levels of appeal
 - Inquiry
 - First level appeal
 - Final appeal

Moda Health Plan, Inc.
Provider Appeal Unit
P.O. Box 40384
Portland, OR 97240
FAX 855-260-4527

Reconsiderations and appeals

Member appeals

- A member appeal is a pre-service or post-service appeal initiated by a member regarding an adverse determination on an authorization request or a claim.
- A provider may file a pre-service member appeal on behalf of a member in writing
- The commercial or marketplace member must complete a Moda Health Protected Health Information form
- modahealth.com/pdfs/auth_provider.pdf

Reconsiderations and appeals

Medical record requests

Moda Health may request medical records and supporting statements to make decisions on the preceding requests.

Healthcare providers and health plans meet the definition of a covered entity under the **Health Insurance Portability and Accountability Act** and may share information for treatment purposes without a signed patient authorization

Documentation is necessary to determine the following:

- Medical necessity or appropriateness of a service or supply to be covered
- The standard and/or quality of care or services provided

If the documentation is not provided within the timeframe specified, coverage may be denied

Medicare Advantage



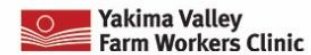
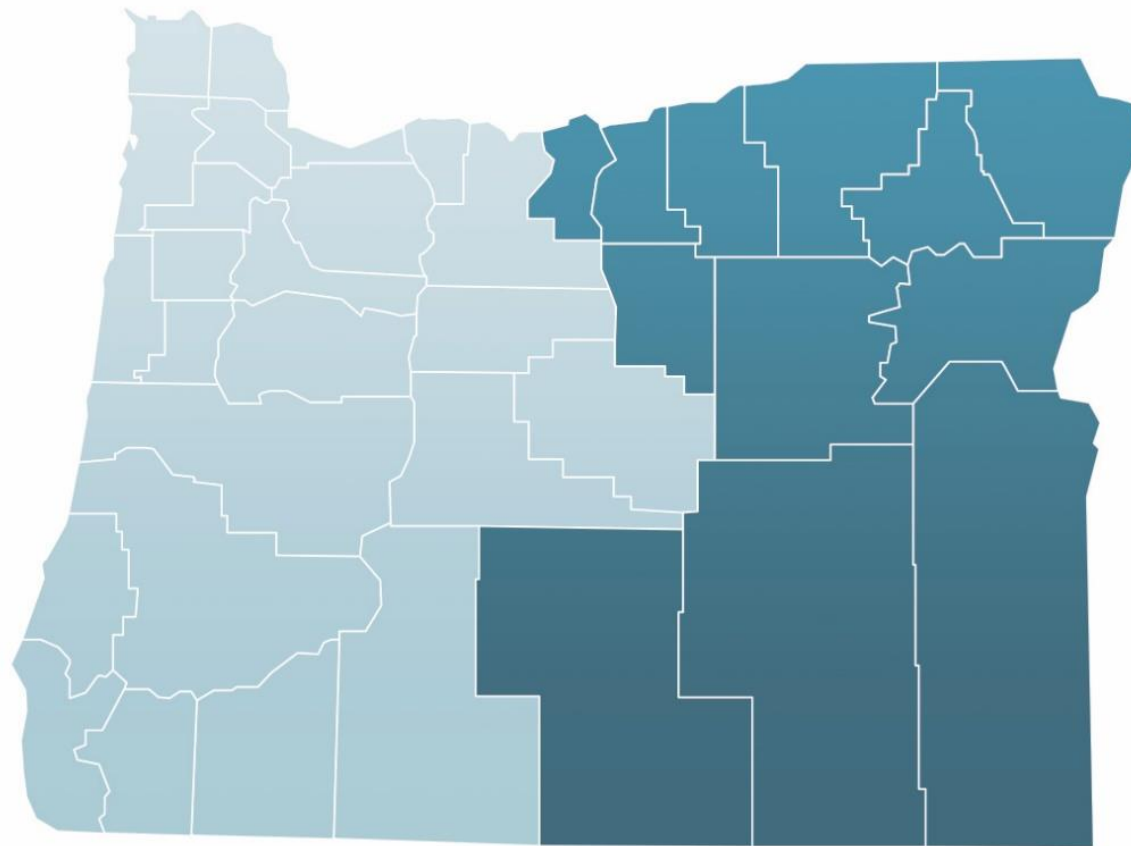
Medicare Advantage partnership Eastern Oregon



- Summit Health plans
 - New Medicare Advantage plans went in effect in 2021 in Eastern Oregon counties
 - Available plans:
 - One HMO
 - Three HMO-POS
 - Summit Health will use the Moda Medicare Advantage network
- yoursummithealth.com



Summit Health partners



Contacting Summit Health

Customer service	844-827-2355 (toll-free) 541-663-2721 (local) 855-466-7208 (fax) MedicalMedicare@yoursummithealth.com
Provider Relations: Noah Pietz	503-265-4786 503-265-4790 (fax) providerrelations@yoursummithealth.com
yoursummithealth.com	

Medicare Advantage 2022 Benefit changes

- PT, OT, ST
 - First 30 visits do not require preauthorization
- Out-of-network routine vision benefits available through VSP
 - Members will need to submit claims to VSP for 50% reimbursement

Medicare Advantage

Extra Care

- Available at an additional premium per month and includes non-Medicare covered services such as:
 - Chiropractic
 - Naturopathic
 - Acupuncture
- 50% coinsurance for services up to a \$500 maximum benefit per year
- Extra Care enrollment can be verified in EBT

Patient name:							
GENDER	RELATIONSHIP	BIRTH DATE	PLAN BEGIN	PLAN END	STATUS	COB BEGIN	COB END
Male	Subscriber		01/01/2017	--/--/----	Active		

Notes
<p>Extra Care Benefit: 50% to a combined maximum benefit of \$500 per calendar year for all care (in and out-of-network) for glasses, contacts, hearing aids, hearing test, acupuncture, naturopathic care, and chiropractic services that are not covered under the basic Moda Advantage plan. Extra care benefits do not require prior authorization.</p>
<p>Manual manipulation of the spine to correct subluxation is covered under the basic plan according to Medicare Guidelines. Chiropractic services no longer require prior authorization effective 7/1/16.</p>

Medicare Advantage Organization determinations

- CMS established rules about proper notice of non-coverage to Medicare Advantage members
 - Only a Part C or MA plan can issue a notice of non-coverage through an organization determination
 - Pre-service organization determination
- If a provider chooses to provide a service to a Medicare Advantage member without first ensuring the service is covered, the claim will deny to provider write-off and the member cannot be balance billed.
 - Example: refraction charges billed with medical vision services

Medicare Advantage Plan-directed care

- Ensures Medicare Advantage plan members receive medically necessary services that are covered by their Moda Health Medicare Advantage health plan
- Referrals to non-participating providers
 - Participating providers referring Medicare Advantage members to non-participating providers or agencies must get prior authorization for certain procedures and services as outlined in the Moda Health Medicare Advantage agreement

Medicare Advantage Compliance attestation

- Attestation will be online
- Information attesting to:
 - Reporting mechanisms and disciplinary standards
 - Sub-delegation contracts
 - Off-shore activities
 - OIG and GSA screening
 - modahealth.com/medical/med_compliance.shtml

For questions, please email:

delegatecompliance@modahealth.com or providerattestation@modahealth.com

Medicare Advantage Provider directory outreach

- CMS mandates that Medicare Advantage plans verify provider demographic information on a quarterly basis
- Types of information we are required to validate include:
 - Practicing location
 - Accepting new Medicare patients' status
 - Phone number
 - Provider specialty
- Roster outreach and phone validation
- Participating Medicaid/EOCCO practices will need to submit additional information

Provider Resources




Contacting Moda Health Medicare Advantage

- Medical Customer Service
 - For questions about current member's medical claims
 - Phone: 877-299-9062
 - Email: medicalmedicare@modahealth.com
- Pharmacy Customer Service
 - For questions about current member's pharmacy claims
 - Phone: 888-786-7509
 - Email: pharmacymedicare@modahealth.com
- Hearing Aid Services/TruHearing
 - Phone: 866-929-6749 (TruHearing),
866-929-7564 (Moda Health Customer Service)
- Vision services/VSP
 - Phone: 800-877-7195 (VSP),
844-693-8863 (Moda Health Customer Service)

Medical provider overview
Benefits & eligibility
Authorization & referrals
Patient care programs
Join our network
Provider resources
Claims and appeals
Policies and manuals
Clinical guidelines and tools
Contact us
Behavioral health
Preventive services
Medicare compliance
Forms
Samples
Workshops
Provider news
OEBC Reference Price Program
Patient resources
Pharmacy
Quality of care
Find Care
Find a doctor, dentist, pharmacy or clinic

COVID-19: Updated guidance for medical providers
Learn the latest around telehealth billing
Moda's commitment to providers




Welcome, medical providers
Thank you for partnering with Moda Health. We appreciate your partnership because we know you — like us — are committed to providing our members with the best care.
As our valued partner, we want to make sure you have the tools and resources you need to continue providing excellent care.

Benefit Tracker
Moda Health's Benefit Tracker is an online resource designed with you in mind. With Benefit Tracker, you have the ability to look up all the information you need, such as:

- Benefits
- Eligibility
- Claims status
- Referrals

Log in to Benefit Tracker



- Announcements
- Medical policy updates
- Prior authorization changes

modahealth.com/medical/

Provider resources

Find Care

[Moda Find Care | In-network doctors, dentists, and other providers \(modahealth.com\)](#)




[Contact us](#) [modahealth](#)

Search our provider directory

Find medical, vision, dental, and pharmacy providers.

Search as a member

Enter your **ID number** to be shown only your in-network providers.

ID number 

☐ Remember me

Search as a member


Get your digital member ID card

Use our app to see your ID card while on the go.
Available for **iOS** and **Android** devices.



Search by network

Select the **network** of the plan you have or are interested in.

Network 

Search by network

Don't have a network in mind? [Search as a guest.](#)



Contacting Moda Health

- Electronic Data Interchange (EDI) — For questions about [electronic claim submission](#), payments and EFT/ERA enrollment [form](#)
 - Email: edigroup@modahealth.com
 - Phone toll-free: 800-852-5195
- Contract/fee schedule requests and TIN changes
 - Email: providerrelations@modahealth.com
- Referrals and authorizations — For questions about [referrals and authorizations](#), and how to submit a request
 - Local: 503-265-2940
 - Phone toll-free: 888-474-8540
 - Fax: 503-243-5105

Contacting Moda Health

- Medical Customer Service

For questions about single claim inquiry, adjustment request, billing policies and our provider search tool (Find Care)

- Email: medical@modahealth.com
- Phone: 503-243-3962
- Phone toll-free: 877-605-3229

- Moda Medical Provider Relations team

- Please send your questions to providerrelations@modahealth.com

Thank you



Delta Dental of Oregon & Alaska