

2021 Behavioral Health Provider Workshop

Presented by Dan Thoma, LPC
and Julie Nicholson



Delta Dental of Oregon & Alaska



Welcome

Agenda

- Legislation, contracts and more!
- Contracting and credentialing
- Value-based care
- Commercial networks/benefits
- Medicare Advantage
- Utilization Management Program
- Reconsiderations and appeals
- Claims/billing
- Collective medical
- Provider resources
- Contact us

What's new?



HB 2508 — Telehealth

- Led by Rep. Prusak
- Makes most COVID-19 accommodations permanent
- Asynchronous communication is covered
- Telephone-only service is covered
- Requires payment parity with in-person services

HB 3046 — MH Parity

- Passed Oregon legislature with bipartisan support
 - Led by Rep. Rob Nosse
 - Unanimous in House
 - 23-4 in Senate
- Extensive reporting requirements
 - NQTL analysis
 - Provider rates
- Utilization Management requirements
- Must use same methodology for contracting as medical

New contracts

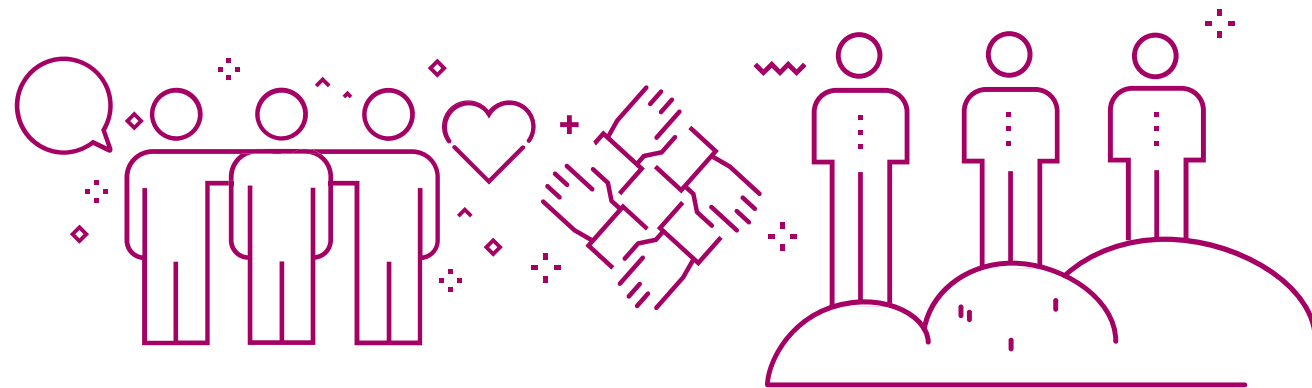
- Last rate update was in 2017; we are overdue
- Details still being finalized
- Change in methodology:
 - Percent of Medicare
 - Challenges with percent of Medicare
 - Value-based component
- We're going to build this airplane in the air

Provider Advisory Council

- We want your input on
 - Contracts and reimbursement
 - Utilization management
 - Quality initiatives
 - Health equity
 - Innovation
- Seeking diverse membership
- Interested? Contact dan.thoma@modahealth.com

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

Diversity, equity and inclusion survey

- 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
- OEBB Reference Price Program
- Patient resources v

- Oregon Medical Provider Nomination Form
- Prenatal/Postpartum fax
- Provider refund submission form
- 2017 Provider Roster Template
- PHQ-9 | Scoring instructions
- Referral/Authorization - Commercial Only
- Referral/Authorization - Medicare only
- Rx Preauthorization
- Secure Storage and Transport of PHI Policy
- Wavier of Liability – Medicare only

Credentialing forms

- DMAP Enrollment Form
- Hospital Based Enrollment Form
- Organizational Provider Credentialing Application
- Clinic diversity data – submit diversity, equity, and inclusion focused information for contracted clinics/facilities
- **Provider diversity data** – submit diversity, equity, and inclusion focused information for yourself (contracted practitioners)

Coordinated Specialty Programs

- Standard plans effective 1/1/21
- OEBC 10/1/21
- PEBC 1/1/22
- Zero-member cost-share (HDHPs must meet deductible)
- Programs that qualify:
 - Crisis and Transition Services (CATS)
 - Early Assessment and Support Alliance (EASA)
 - Assertive Community Treatment (ACT)
 - Intensive Outpatient Services & Supports (IOSS)
 - Intensive In-Home BH Treatment(IIBHT)
 - Pain Schools

Contracting and credentialing



Contracting

- Contracting and credentialing are two separate processes:
 - **BOTH must be complete before you are in-network**
 - Adding credentialed provider to contracted group
 - Adding a non-credentialed provider to a contracted group
- Moving from a group practice to your own practice?
You need a new contract.
 - modahealth.com/medical/join/overview.shtml
- Updating TIN associated with an existing contract:
 - providertinchange@modahealth.com

Credentialing requirements: Provider

Licensed Behavioral Health Providers who require credentialing:

- PMHNP/ARNP
- LPC
- LMFT
- LCSW
- PsyD
- LMHC
- PhD
- MD/DO
- BCBA
- BCBA-D
- BCaBA

Re-credentialing required every three years

Credentialing inquires: credentialing@modahealth.com

Credentialing requirements: Organization

- Substance Use Disorder (SUD) program
- State Approved Program (SAP): Includes organizational and individual provider credentialing
- Community Mental Health Program (CMHP)

Re-credentialing required every three years

Credentialing inquires: credentialing@modahealth.com

Unlicensed providers

- Unlicensed providers such as interns/associates are not recognized
- Cannot bill “incident to”
- Psychology resident can be reimbursed with a valid Contract for Supervision of a Psychologist Resident form on file
- State-approved programs allow billing of unlicensed providers such as QMHP, Peer or QMHA
- Certified alcohol and drug counselors provide services and can bill claims under a state-licensed facility

Value-based care programs



Comprehensive Primary Care CPC+

- We would like to thank our primary care providers for their partnership and engagement in the CPC+ program for the last five years
- CPC+ program will end Dec. 31, 2021
- Our CPC+ replacement program will support the expansion of value-based care incentives for Commercial and Medicare Advantage lines of business

Value-based care

PCP 360 payment model

- Care Management Fee (CMF)
 - Fund the implementation of the care delivery requirements for PCPCH and/or PMH certification
- Performance Based Incentive Payment (PBIP)
 - Retrospective payments to reward performance on utilization, quality and experience of care metrics
- Comprehensive Primary Care Payment (CPCP)
 - Prospectively paid PMPM with a corresponding Fee for Service (FFS) claims payment reduction
- Total Cost of Care Initiative (TCCI)
 - Retrospective payment for performing better than a total cost of care target

Value-based care Behavioral Health

- Under consideration:
- Care Management Fee (CMF)
 - Reimbursement for care coordination not covered by CPT codes
- Performance Based Incentive Payment (PBIP)
 - Feedback-informed treatment
- Total Cost of Care Initiative (TCCI)
 - Let's show the value of behavioral health care

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

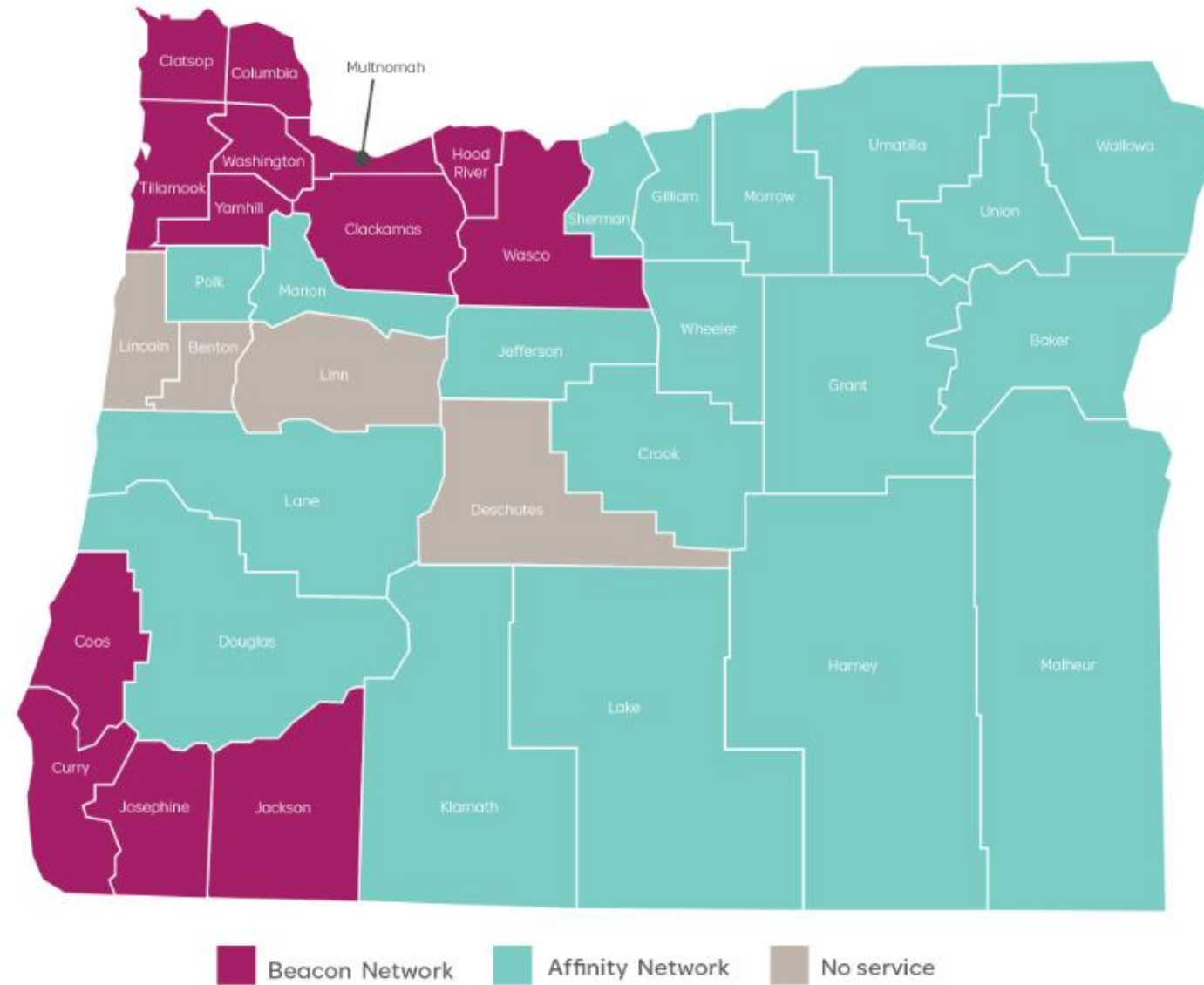
Beacon

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

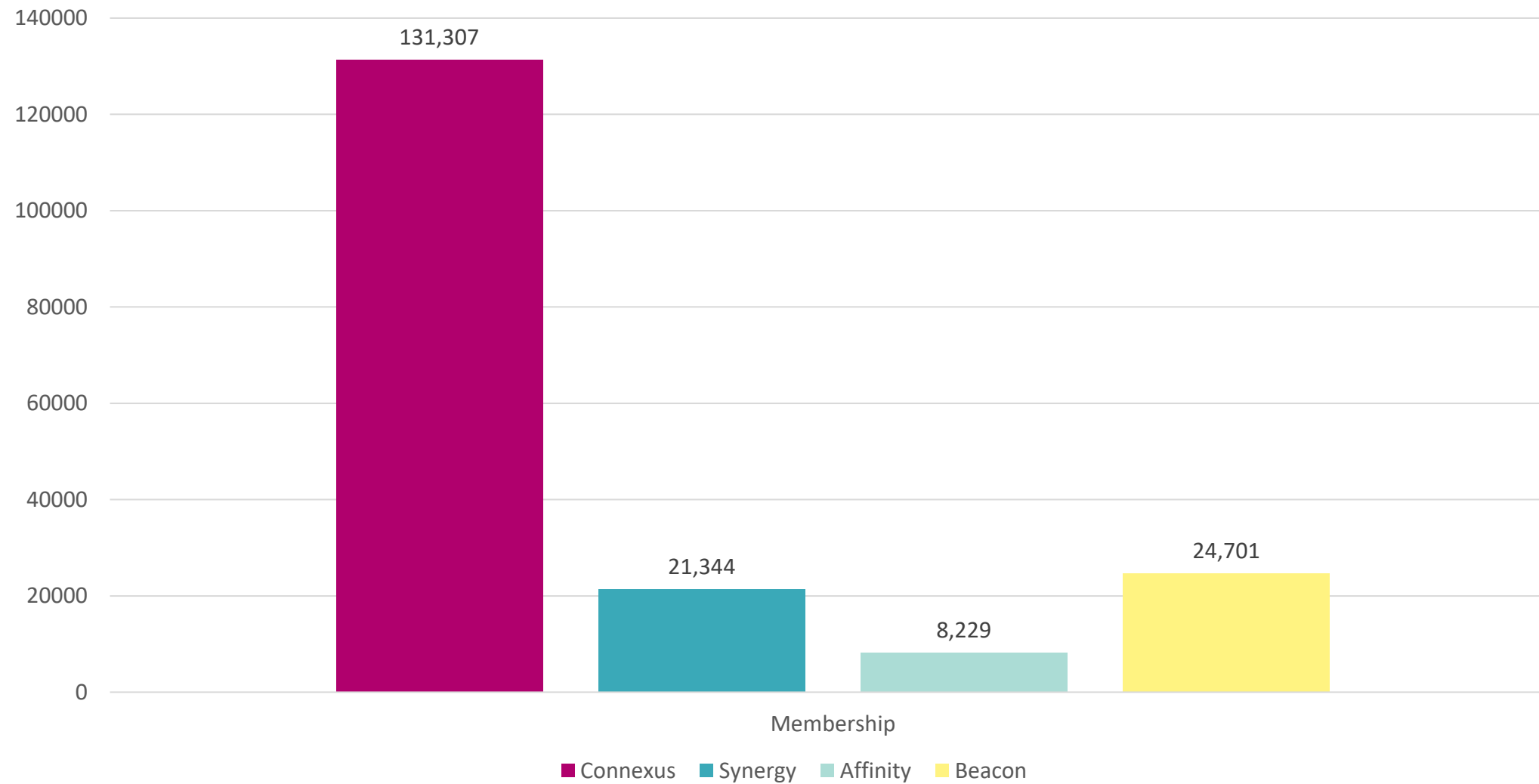
Affinity

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

Individual network service area



Commercial membership



Behavior Health and networks

- Generally speaking, BH providers get all networks in their geographic area
- May need to complete attestation if networks are missing
- Check on Find Care to verify your networks
- Please contact providerrelations@modahealth.com if you think you need networks added

Medicare Advantage



Medicare Advantage

- If you don't have a Medicare contract, we encourage you to get one
- If you don't know if you have a Medicare contract, check our Find Care directory
- Medicare excludes these providers, so they are not eligible for a Medicare contract
 - LPCs
 - LMFTs
 - Substance Use Disorder programs (except opioid treatment programs [MAT])

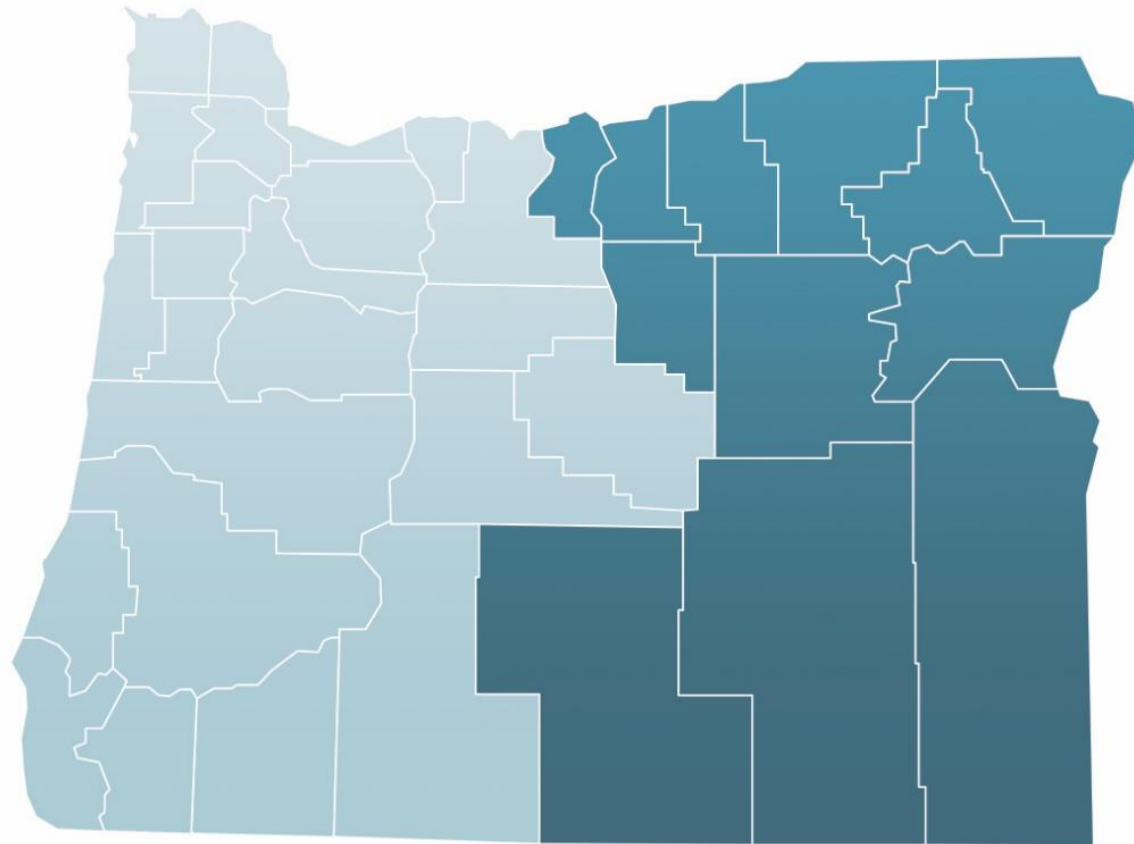
Medicare Advantage partnership Eastern Oregon



- 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	

Utilization management



Services requiring prior authorization

- Inpatient treatment: mental health and Substance Use Disorder (SUD)
- Residential treatment: mental health and SUD
- Partial Hospital Program: mental health and SUD
- Intensive Outpatient Program: mental health only
- Applied Behavior Analysis (ABA)
- Transcranial Magnetic Stimulation (TMS) Therapy
- Nutritional Therapy
- Services not on your fee schedule (for now)
- Spravato

[modahealth.com/pdfs/medical/Behavioral Health Authorization Request Form.pdf](https://modahealth.com/pdfs/medical/Behavioral_Health_Authorization_Request_Form.pdf)

Fax 503-670-8349 | Phone 855-294-1665

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 authorization process

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

- Fax or phone
 - UM line: 855-294-1665
 - BH Fax: 503-670-8349
- Emergency? Unable to get pre-auth? Contact Moda Behavioral Health within two business days.
- Inpatient-Residential-PHP: Auth initial LOS with concurrent review
- Information required — see medical criteria: modahealth.com/medical/medical_criteria.shtml

Provider responsibilities

- As part of our utilization review program, providers are expected to:
 - Request prior auth when required by the member's plan
 - Request additional days prior to the last authorized day
 - Provide a treatment plan and/or other clinical information in a timely manner when requested by Moda Health
 - Clearly express the member's diagnosis, symptoms, measurable treatment goals, and tools for measuring progress, progress made and indicators of treatment completion
- Providers cannot bill members for claims denied due to lack of medical necessity if prior auth was not obtained or if required utilization review for the service was not submitted.

Reconsiderations and appeals



Provider reconsiderations

- When a request for prior authorization is denied, you may request a review in the following ways:
 - Reconsideration (must include new information)
 - Peer-to-peer (P2P) conversation
 - Same specialty request

Provider appeals

- Post-service only
- 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

Member appeals

- Pre-service or post-service
- 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

Claims and billing



Behavioral Health billing

- CPT 95156 – 96171 (health behavior interventions)
 - For BH treatment of medical conditions
 - Must be billed with a medical diagnosis
 - Will deny with a MH/CD diagnosis
- SUD claims
 - Commercial claims: bill under the facility
 - Medicaid claims: bill under the rendering provider
- Codes not in fee schedule need prior authorization
 - This will change for new contracts

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

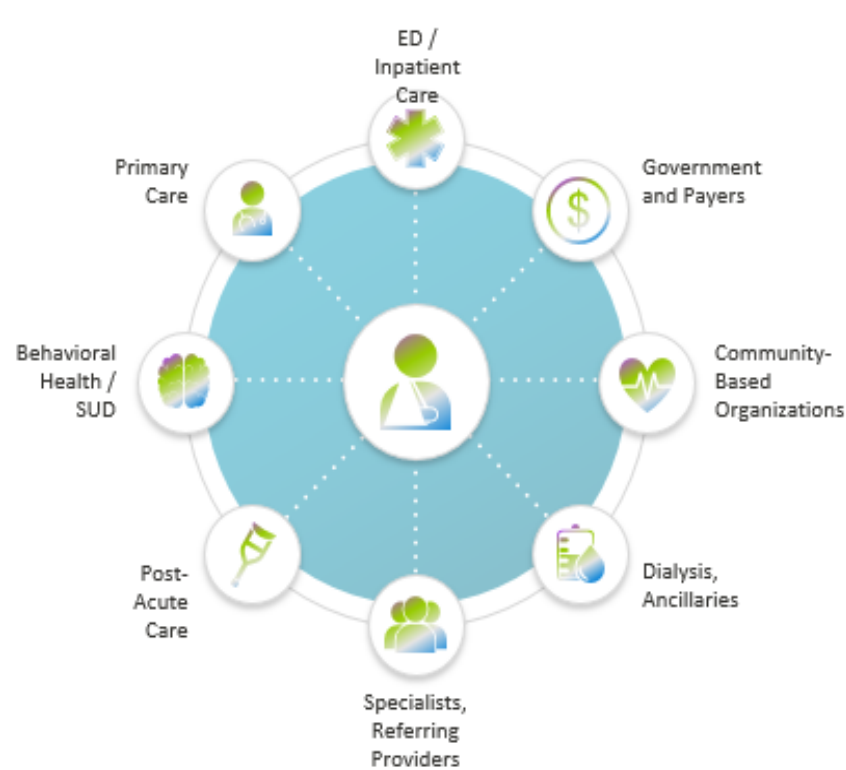
Collective Medical





Collective Medical


Who is Collective Medical?

Collective is a patient identification and tracking solution that gets the right information to the right person at the point of care. Our mission is to eliminate friction from care delivery through real-time collaborative care



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A NETWORK
Collective is a network of hospitals, emergency departments, primary care, specialists, behavioral health, post-acute care, and health plans across the United States, sharing important patient information at the time of care
- 

A PLATFORM
Collective is a platform that intelligently connects each member of a patient's care team for seamless collaboration at the right time and through the best medium
- 

A COMMUNITY
Collective is a community of providers in the care of patients—especially those with complex medical needs—in your communities and across the country.

Collective Medical

- Getting started
 - Connect with Moda Health to request a demo. Michaela.Nichols@modahealth.com
 - Request a Discovery Form from Moda
 - This is used to learn more about your organization. From there Moda will submit this to Collective Medical and the three of your will work together to ensure a smooth onboarding process.
 - Complete the online agreements/contracts

Provider resources



The screenshot shows the Moda Health website interface. At the top left is the Moda logo. To its right is the Delta Dental logo with the text "Delta Dental of Oregon & Alaska". Further right is the Moda Health logo. Below these is a navigation bar with a dropdown menu set to "Oregon", links for "Contact us" and "FAQs", and a search bar. On the left side, there is a vertical menu with categories: "Medical provider overview", "Benefits & eligibility", "Authorization & referrals", "Patient care programs", "Join our network", and "Provider resources" (which is highlighted in yellow). Under "Provider resources", there are links for "Claims and appeals", "Policies and manuals", "Clinical guidelines and tools", "Contact us", "Behavioral health" (highlighted in yellow), "Preventive services", "Medicare compliance", "Forms", "Samples", "Workshops", "Provider news", and "OEBB Reference Price Program". The main content area is titled "Behavioral health" and contains the following text: "Thanks to all who attended our 2018 Moda Health Behavioral Health Provider Webinar. As a valued partner, we want to give you access to the tools, resources and information you need to continue providing the best care for your patients. We appreciate your partnership and support in helping our members find a way to better health. Together, we can be more. We can be better." Below this is a paragraph: "If you were unable to attend the webinar, but would like to review the information, you will find our presentation below. We also have provided a Reference Materials Guide that we think you will find useful." This is followed by a bullet point: "2018 Behavioral Health Provider Webinar" with a document icon. Then, "To stay up to date with provider news and future webinars, please join our email list!". The "Feedback?" section asks for comments or suggestions for future workshop topics or locations, with the email "behavioralhealth@modahealth.com". The "Forms" section is highlighted in yellow and lists "General forms" with four bullet points: "Behavioral Health Authorization Request Form", "Behavioral health treatment plan", "W-9 (Required if you change your Tax ID)", and "Moda Health Behavioral Health Specialties form". The "Clinical guidelines" section is titled "Depression" and states: "Moda Health has adopted the Institute for Clinical Systems Improvement guideline for treatment of major depression in adults in primary care." On the right side, there are three boxes: "Benefit Tracker" with links for "Check benefits and eligibility", "Log in", "Account help", and "Request an account"; "Provider Reports" with text about value-based programs and a "Log in" link; and "Join our email list" with an input field for "EMAIL ADDRESS" and a "go!" button.

www.modahealth.com

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

Provider resources

Find Care

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

- 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
- 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

Contacting Moda Health

- General BH questions and utilization management questions:
 - behavioralhealth@modahealth.com
 - UM line: 855-294-1665
 - BH Fax: 503-670-8349
- To update provider demographics:
 - BHUpdates@modahealth.com
- Questions regarding your existing contract or fee schedule:
 - providerrelations@modahealth.com
- Dan Thoma:
 - dan.thoma@modahealth.com

Thank you



Delta Dental of Oregon & Alaska