

Medical Office Update

June 2025

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Join our email list

Join our email list in order to begin receiving bi-monthly newsletters, as well as occasional electronic communications.

Sign up now

Annual Practitioner Survey coming in July

Moda Health's Annual Practitioner Survey is coming out in July 2025. The survey will have three sections with questions about exchange of information, network access, and utilization management and quality. The results will be used to enhance collaboration with and among practitioners and improve the timeliness and quality of communication.

Moda Health is accredited by the National Committee for Quality Assurance (NCQA), which requires an exchange of information between behavioral health and medical providers. We want to ensure the bidirectional exchange of information is accurate, sufficient, timely, clear and frequent. We also want to learn about any barriers to coordination between behavioral and medical providers.

We will send the survey to the email address we currently have on file. It takes about 10 minutes to complete and will be available from July 11 to August 11, 2025. Your feedback is greatly appreciated. Everyone who completes the survey will have the option to enter a raffle to win one of three \$75 Amazon gift cards. If you have any questions, please email us at qualityimprovement@modahealth.com.

Thank you in advance for your help!

How to get ready for the 2024 Initial Validation Audit

Moda Health is a participating issuer in the Department of Health and Human Services (HHS) Risk Adjustment Data Validation (HHS-RADV) audits. As part of this process, the Centers for Medicare and Medicaid Services (CMS) conducts an Initial Validation Audit (IVA) each year to validate the accuracy of diagnoses reported through encounter data.

Providers who render services to Moda Health members are required to submit information for the audit. CMS will select a random sample of our members enrolled in ACA-compliant individual and small group plans, including plans available on and off the ACA Exchange for the IVA.

Starting in June 2025, we will request medical record documentation for inpatient and outpatient hospital services, as well as professional medical treatments provided during the 2024 benefit year.

We accept the following documents for this audit:

- Progress notes
- Procedure notes
- History and physical
- Discharge summary
- Consultation notes
- Operative and post operative reports
- Emergency room records
- Anesthesia records
- Active problem lists within an encounter note

To comply with the IVA’s strict deadlines, please provide medical records as soon as you receive a request. The request letter will include information about the audit and ways to submit documentation quickly. If you have questions about these notices, please email risk@modahealth.com.

Earn CEU credit with coding and documentation webinars

Moda Health is pleased to offer free monthly webinars on risk adjustment coding and documentation topics with vendor partner, Veradigm®. Webinars are offered monthly on Tuesdays and Thursdays at 5:30 a.m. and 9:30 a.m. PST. Coders are eligible to earn one CEU credit per topic through the American Academy of Professional Coders (AAPC).

Sign up online for any of these upcoming webinars:

- June 24 or 26: [Pulse Check: Accurate Coding and Documentation for Cardiovascular](#)
- July 29 or 31: [The Sweet Spot: Coding for Diabetes and Complications](#)
- August 26 or 28: [Don't Let Coding Get Under Your Skin: Coding and Documentation for Dermatology Disorders](#)
- September 23 or 25: [Making Connections: Proper Coding and Documentation for Neurological Conditions](#)

Enter “Moda Health” into the “Health Plan Partner” field when completing the [online registration form](#).

Registration questions? Please email providerengagement@veradigm.com.

Medical pharmacy prior authorizations made easy

As a reminder, medical pharmacy prior authorizations may be requested on gatewaypa.com—the secure, HIPAA-compliant Prime Therapeutics® web portal. Simply click on “New Provider Access Request” under the “Sign In” box to complete and submit a request form. Prime will respond within two business days.

Benefits of using GatewayPA include:

- Receiving most prior authorization determinations in real time
- Viewing the status of prior authorization requests
- Managing staff access, typically handled by your practice administrator
- Using self-service password reset tools and maintaining user accounts
- Ongoing support from the Prime Medical Pharmacy Solutions Provider Relations team

Questions? Please email providerinquiry@primetherapeutics.com.

New CMS Star Ratings focuses on combined use of opioids and benzodiazepines

In 2025, the Centers for Medicare and Medicaid Services (CMS) rolled out a new Star Ratings measure on the concurrent use of opioids and benzodiazepines. This measure focuses on limiting the use of opioids in combination with benzodiazepines. While there may be instances where it is appropriate, the simultaneous use of these medications is a serious safety concern for Medicare-eligible patients.

Older adults have increased sensitivity to benzodiazepines and decreased metabolism of long-acting agents. Continued use of benzodiazepines alone may increase the risk of cognitive impairment, delirium, falls, fractures and motor vehicle crashes. In combination with opioids, patients may experience profound sedation, respiratory depression, coma and death.^{1,2}

Alternative medications

The American Geriatrics Association (AGA) recommends avoiding the use of benzodiazepines for older adults. If your patient is taking a benzodiazepine, consider replacing it with a medication listed in the right column of the table below.

| Indication or diagnosis | Non-benzodiazepine alternative |
|--|---|
| Acute anxiety | buspirone |
| Generalized anxiety disorder (chronic phase) | SSRIs (e.g., sertraline, citalopram, fluoxetine, etc.) SNRIs (e.g., duloxetine, venlafaxine, desvenlafaxine, etc.) |
| Insomnia | trazodone doxepin (≤6 mg/day)* |

| | |
|---|-----------|
| | ramelteon |
| *Medications marked with an asterisk may require additional review before coverage is allowed, such as a formulary exception or step therapy. | |

Tips for prescribing benzodiazepines

For some patients, the use of benzodiazepines is clinically appropriate. Keep these things in mind when prescribing benzodiazepines to older adults:

- Prescribe low doses of short-acting benzodiazepines for the shortest period possible
- Issue prescriptions with small quantities and zero refills
- After the acute period has passed, discontinue benzodiazepines in the patient’s medication list to avoid or limit refill requests

Talking to patients

It can be a challenge to speak with patients about reducing or discontinuing medications that they’ve been taking for a long time, especially if they have not experienced an adverse event. Consider these strategies when deprescribing benzodiazepines: 3

- Explain exactly why you recommend deprescribing, including the risks of ongoing benzodiazepine use. Also, let them know that therapeutic effects may be lost within four weeks due to receptor changes.
- Establish a clear, slow taper plan over a period of a few weeks to months and describe possible withdrawal symptoms
- Discuss and incorporate your patient’s values and preferences into shared clinical decision-making

Questions?

We’re here to help. Learn more about [deprescribing benzodiazepines](#) or call our pharmacy customer service team at **888-361-1610**.

References

¹U.S. Food & Drug Administration. FDA Drug Safety Communication: FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; requires its strongest warning. Drug Safety Communication. Available from: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-warns-about-serious-risks-and-death-when-combining-opioid-pain-or>

²American Geriatrics Society. American Geriatrics Society 2023 updated AGS Beers Criteria for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2023; 71:2052-2081.

³Pottie K, Thompson W, Davies S, et al. Deprescribing benzodiazepine receptor agonists: Evidence-based clinical practice guideline. Canadian Family Physician. 2018; 64: 339-351.

New CMS Part D Star Ratings measure the use of multiple anticholinergic medications

The Centers for Medicare and Medicaid Services (CMS) has rolled out a new Medicare Part D Star Ratings measure for 2025 called Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH). This category of medications continues to be an area of concern for both providers and CMS, especially for individuals aged 65 and older.

According to The American Geriatrics Society (AGS) Beers Criteria®, the use of more than one medication with anticholinergic properties increases the risk of cognitive decline, delirium, and falls or fractures.¹ One study found that as few as 110 accumulated days of exposure to anticholinergics can heighten the risk for these adverse effects.²

Alternative medications

For some medications with strong anticholinergic properties, alternatives have an improved safety profile for the older population. If your patient is taking a medication with strong anticholinergic properties, consider replacing it with a medication listed in the right column of the table below.

| Current medication | Alternative medication |
|--|---|
| Antidepressants amitriptyline amoxapine clomipramine desipramine doxepin (>6mg/day) imipramine nortriptyline paroxetine | SSRIs citalopram escitalopram fluoxetine fluvoxamine sertraline |
| | SNRIs desvenlafaxine succinate duloxetine venlafaxine |
| | Other mechanisms trazodone bupropion vilazodone Trintellix®* |

| | |
|--|---|
| Antiemetics prochlorperazine promethazine | ondansetron* granisetron* |
| First-generation antihistamines brompheniramine chlorpheniramine cyproheptadine dimenhydrinate doxylamine hydroxyzine meclizine triprolidine | Second-generation antihistamines† cetirizine levocetirizine loratadine desloratadine fexofenadine |
| Antimuscarinics (urinary incontinence) darifenacin fesoterodine flavoxate oxybutynin solifenacin tolterodine trospium | mirabegron (generic Myrbetriq®) |
| Antipsychotics chlorpromazine clozapine olanzapine perphenazine | asenapine gluphenazine quetiapine aripiprazole Rexulti®* |
| Skeletal muscle relaxants cyclobenzaprine orphenadrine | baclofen metaxalone methocarbamol tizanidine |
| <p>*Medications marked with an asterisk may require additional review before coverage is allowed, such as a prior authorization or step therapy.</p> <p>†Medications in this drug class are available over the counter and are not covered under Medicare formularies.</p> | |

Talking to patients

It can be difficult to speak with patients about reducing or discontinuing medications that they have been taking for a long time, especially if they have not experienced an adverse event. Consider these strategies when deprescribing anticholinergics:

- Identify an appropriate alternative with lower anticholinergic activity, in the event your patient shows interest
- Provide your patient and any collaborating providers with a clear deprescribing plan, including information about possible side effects or withdrawal symptoms
- Discuss and incorporate your patient's values and preferences into shared clinical decision-making.

Questions?

We're here to help. Learn more about potentially inappropriate medications in older adults from the [2023 AGS Beers Criteria®](#), or call our pharmacy customer service team at **888-361-1610**.

References

¹American Geriatrics Society. American Geriatrics Society 2023 updated AGS Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc.* 2023; 71:2052-2081.

²Campbell NL, Pitts C, Corvari C, et al. Deprescribing Anticholinergics in primary care older adults: Experience from two models and impact on a continuous measure of exposure. *J Am Coll Clin Pharm.* 2022; 5:1039-1047.

Additional Information

Looking for additional information about this month's topics? Click the button below for our new comprehensive document. This month it will contain:

- [Reimbursement Policy Manual updates](#)
- [Medical Necessity Criteria](#)

Moda Health Medical Customer Service

For claims review, adjustment requests and/or billing policies, please call the number shown on the back of the patients Moda ID card.

modahealth.com



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