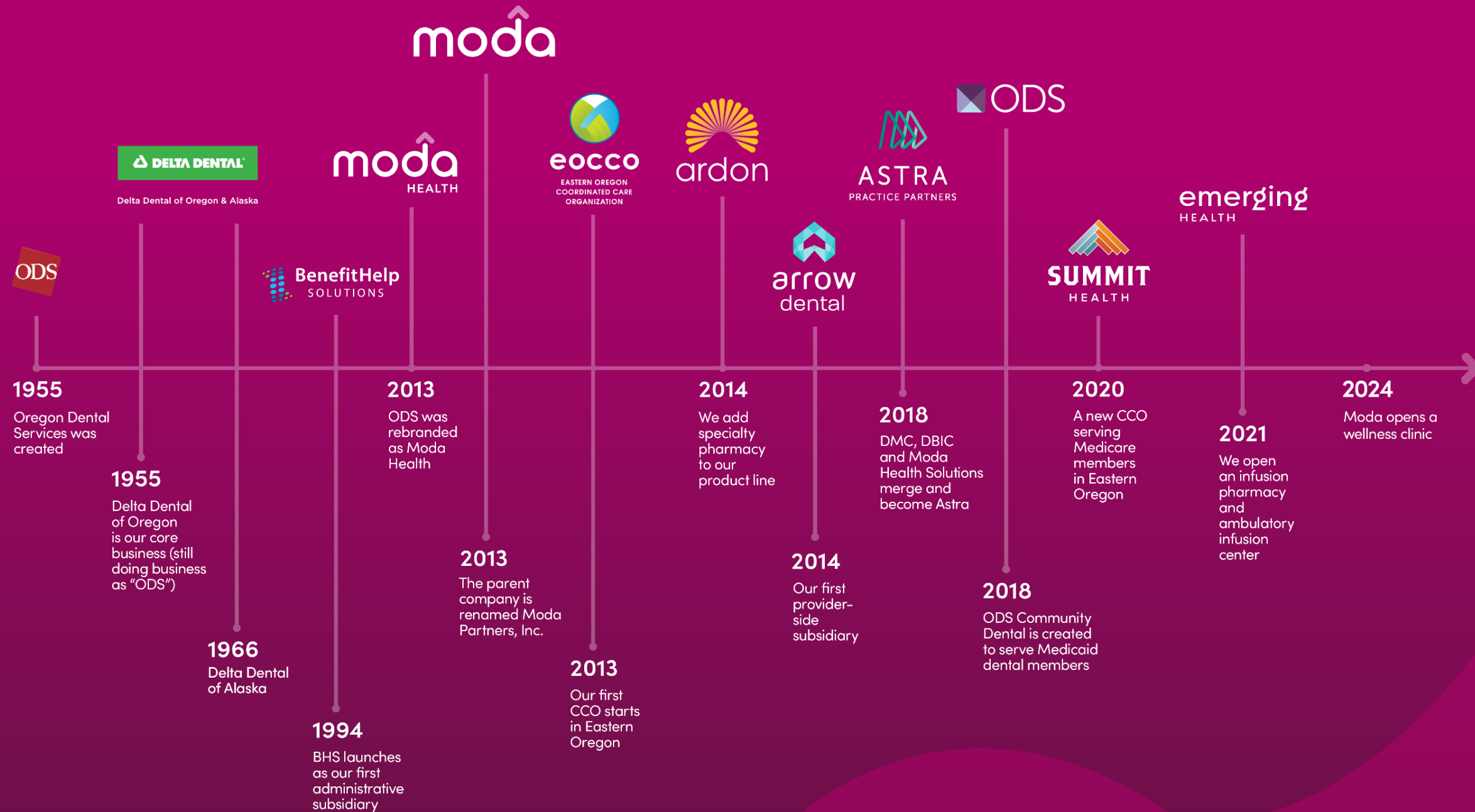Alaska

2024 Provider Workshop

moda
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Welcome

Trusted partner in **Alaska** since **2005**

The Moda family of companies: Strength in diversification

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DELTA DENTAL
Delta Dental of Oregon & Alaska

moda HEALTH

eocco EASTERN OREGON COORDINATED CARE ORGANIZATION

ardon

ASTRA PRACTICE PARTNERS

ODS

emerging HEALTH

ODS

BenefitHelp SOLUTIONS

arrow dental

SUMMIT HEALTH

1955
Oregon Dental Services was created

1955
Delta Dental of Oregon is our core business (still doing business as "ODS")

1966
Delta Dental of Alaska

1994
BHS launches as our first administrative subsidiary

2013
ODS was rebranded as Moda Health

2013
The parent company is renamed Moda Partners, Inc.

2013
Our first CCO starts in Eastern Oregon

2014
We add specialty pharmacy to our product line

2014
Our first provider-side subsidiary

2018
DMC, DBIC and Moda Health Solutions merge and become Astra

2018
ODS Community Dental is created to serve Medicaid dental members

2020
A new CCO serving Medicare members in Eastern Oregon

2021
We open an infusion pharmacy and ambulatory infusion center

2024
Moda opens a wellness clinic

Local presence

We're active in your community.

- Title sponsor of the Anchorage Mayor's Marathon Solstice Classic 8K
- University of Alaska Sponsorship
- Anchorage Daily News Best of Alaska
- Anchorage Project Access
- Anchorage Dental Society
- American Cancer Society

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Agenda

- Diversity, equity and inclusion (DEI)
- Commercial networks/benefits
- Claims/billing
- Prior authorizations
- Healthcare Services
- Reconsiderations and appeals
- Healthcare Effectiveness Data and Information Set (HEDIS)
- Provider resources

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Diversity, equity and inclusion (DEI) 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.

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DEI survey

Currently, diversity among physicians is limited. Mounting evidence suggests that 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

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Provider resources
Find Care

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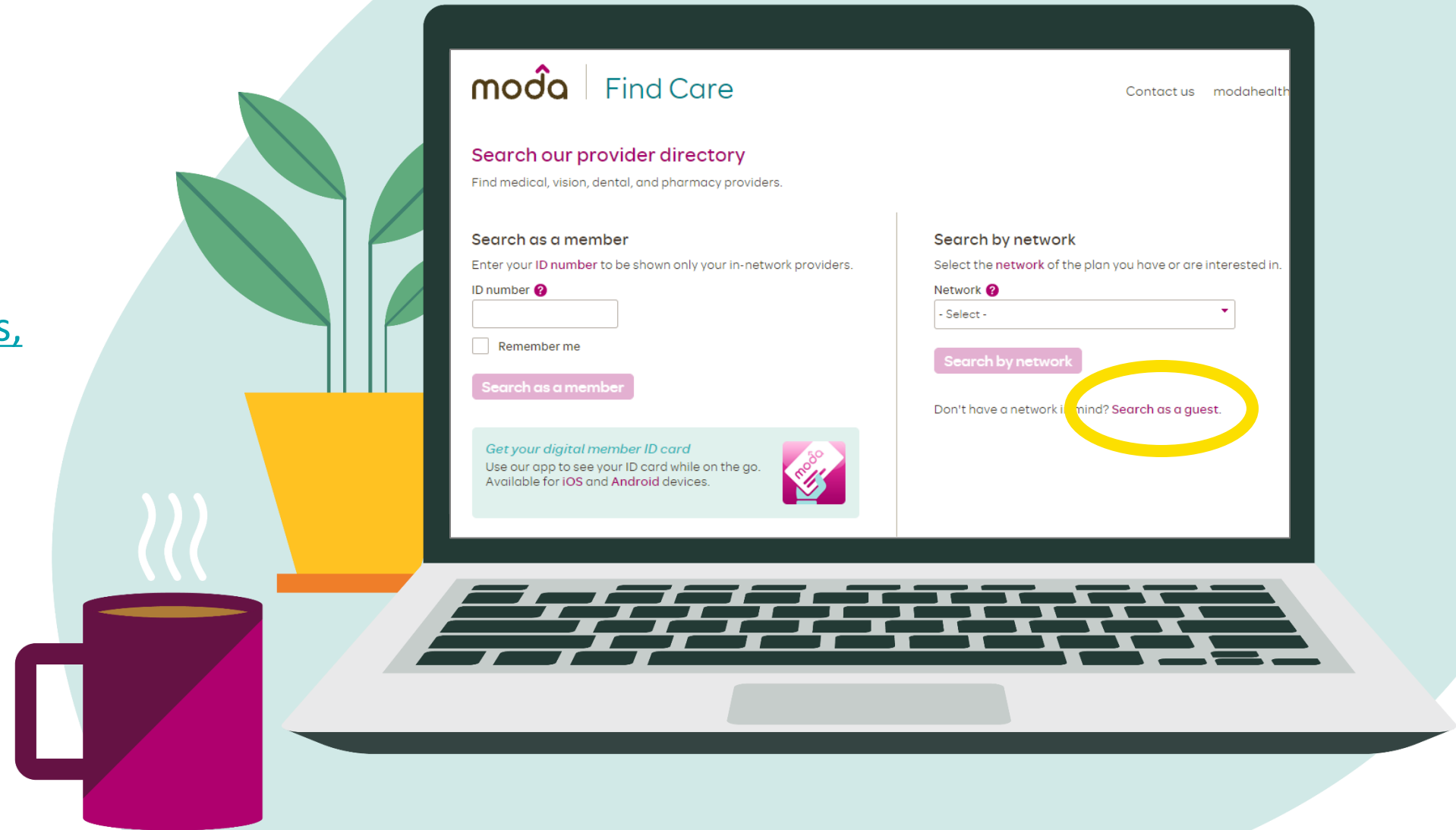
Credentialing

Credentialing vs. contracting

Credentialing vs. contracting

- Credentialing is the process of vetting education, licensure, insurance and specialty
- Contracting is the process of participating in networks

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Commercial networks

2024 Commercial networks

2024 Commercial networks — Alaska

Pioneer
- Individual, small and large group PPO plan
- Tiered benefits
- Offered in Anchorage, Mat-Su, and Kenai Peninsula Borough

Endeavor Select
- Small and large group PPO plan
- Offered statewide

Endeavor Providence
- Large group PPO plan

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Pioneer

Tier 1
- Central Peninsula Hospital
- Alaska Regional Hospital
- Bartlett Regional Hospital
- Mat-Su Regional Medical Center
- PeaceHealth Ketchikan Medical Center
- South Peninsula Hospital
- Fairbanks
- SE Alaska
- Wrangell Medical Center
- Moda contracted providers and First Choice

Tier 2
- First Choice providers not in Tier 1

Tier 3 (out of network)
- Providence Alaska Medical Center
- All other Alaska providers
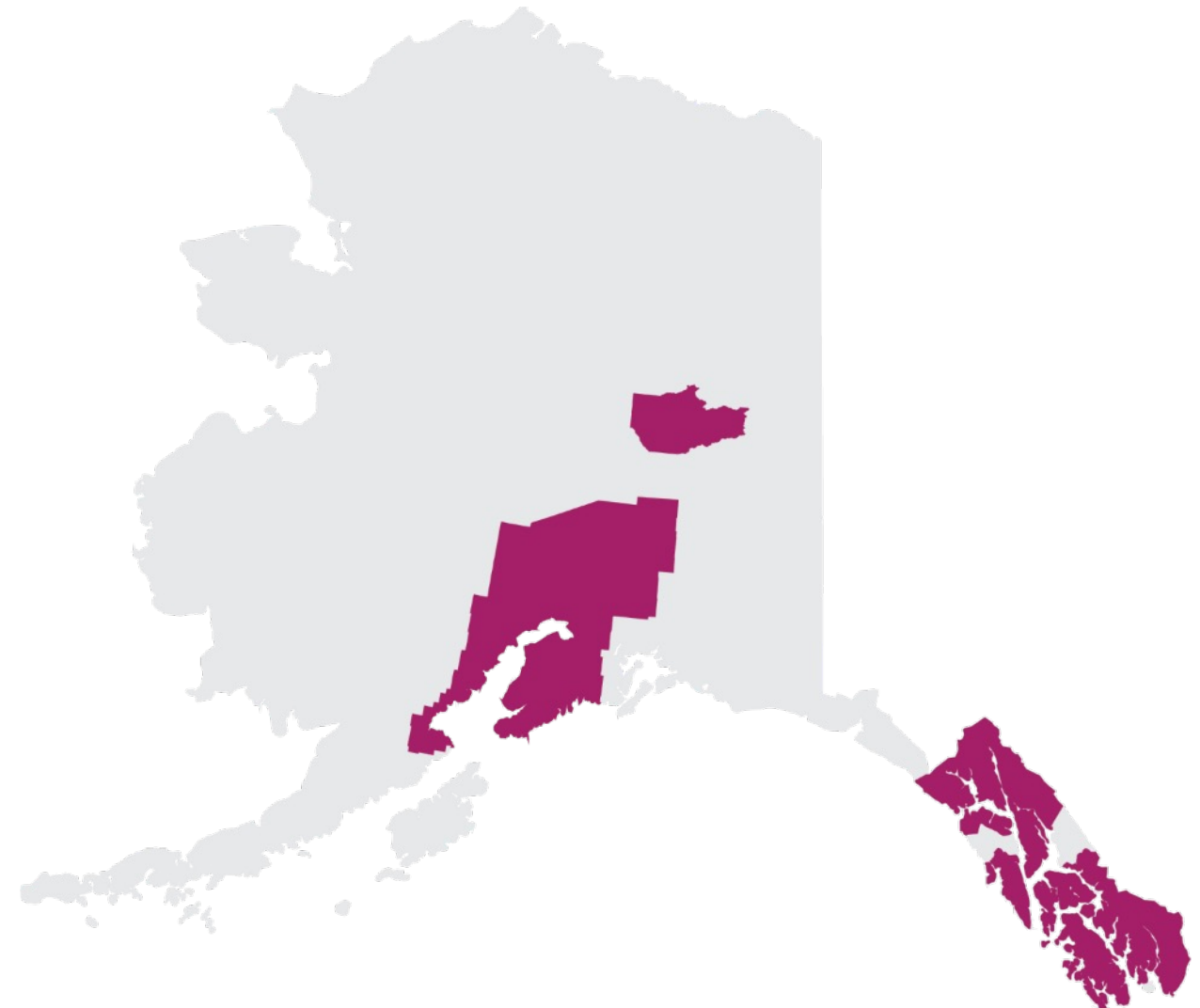
Endeavor Select Network

- Available statewide to ALL groups
- "Any Doctor" network in Alaska
- Coverage nationwide
- First Choice as the wrap network
- Alaska Regional is the preferred hospital in Anchorage

ALASKA REGIONAL HOSPITAL

First Choice Health

Bartlett Regional Hospital

central peninsula hospital

South Peninsula Hospital

FAIRBANKS MEMORIAL HOSPITAL

ALASKA NATIVE MEDICAL CENTER

SEARHC

PeaceHealth The Spirit of Health

Mat-Su Regional MEDICAL CENTER
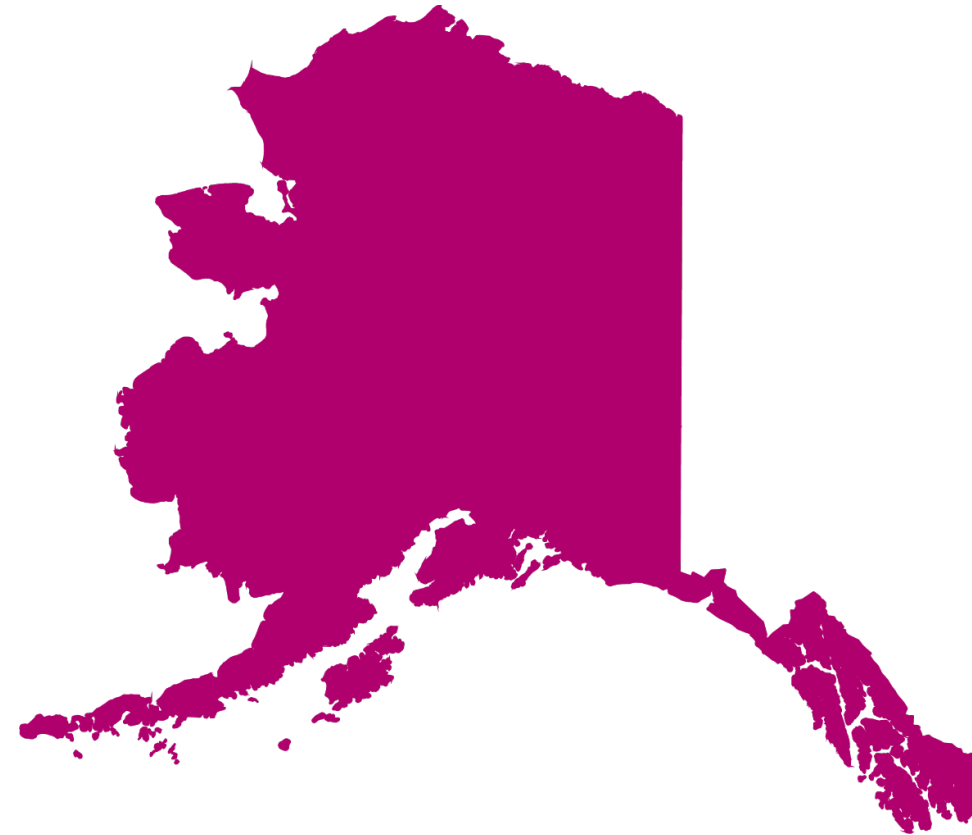
And all other rural facilities

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New national network effective 10/1/22
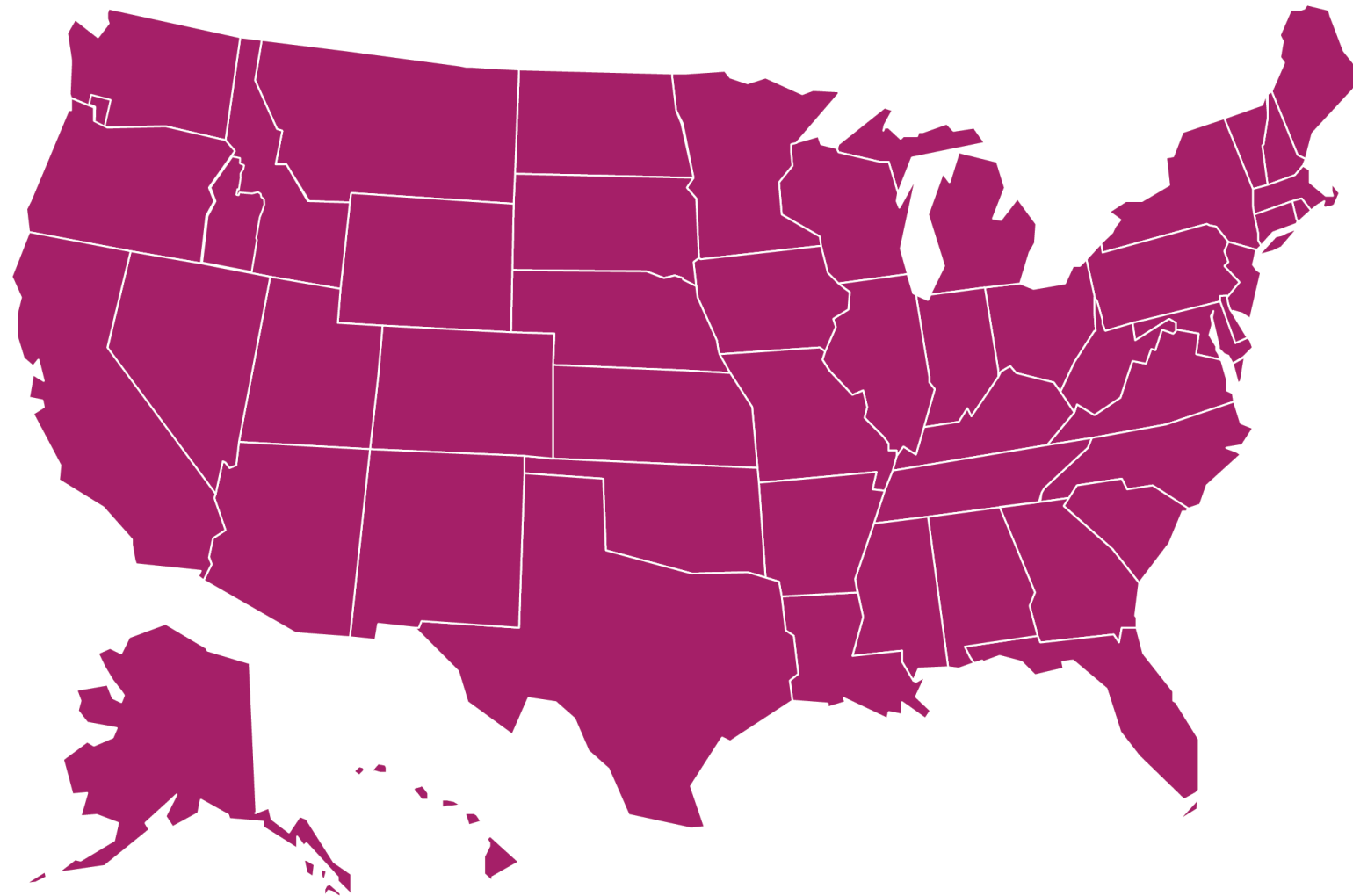
Aetna PPO Network:
National network
6,215 hospitals
1.5M professionals

Aetna PPO Travel network and out-of-area (OAA) dependents – *entire U.S.*

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Membership numbers

Networks

- Central Peninsula: 1,516
- Endeavor Providence: 29
- Endeavor Select: 3,664
- Pioneer: 6,705

Total members: 11,914

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

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Contacting Moda Health Moda Health Medical Provider Services

- Provide the following information via email:
  – Customer Service Tracking (CST) number
  – Claim numbers or member ID and date of service
  – Any supporting documentation or correspondence

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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

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Claims
Clinical edits — bilateral procedures

- Bilateral procedure indicator of "1"
  - One line, one unit and modifier 50
  - Also applies to Ambulatory Surgery Centers (ASCs)
  - Reimbursed at 150% of usual applicable fee schedule rate

- Bilateral procedure indicator of "3"
  - One line, one unit and modifier 50, or two lines with RT and LT modifiers
  - Reimbursed at 200% of usual applicable fee schedule rate

- Bilateral procedure indicator of "0," "2" or "9"
  - Modifier 50 is invalid for these procedure codes

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Claims
Clinical edits — Medically Unlikely Edits (MUE)

- MUE Adjudication Indicator (MAI) of "1": Appropriate modifiers may be used to report the same HCPCS/CPT code on separate lines

- MAI of "2": Absolute date-of-service limit that cannot be overridden or bypassed with a modifier

- MAI of "3": Possible, but medically unlikely that more units than the MUE value would be performed on the same date of service
    - Edits applied during claims processing
    - Written appeal required for higher quantity consideration

modahealth.com/pdfs/reimburse/RPM056.pdf

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Claims
Clinical edits — Procedure-to-Procedure (PTP) edits:

- Modifier Indicator Details:
  - "0" – There are no circumstances in which the code pair will be reimbursed separately.
    A modifier cannot bypass this PTP edit.
  - "1" – There are some circumstances in which the code pair will be reimbursed separately.
    A modifier may bypass this PTP edit if the medical records support the modifier. If the medical records do not support the modifier billed, the code pair will not be reimbursed separately.
  - "9" – Not applicable. PTP edits do not apply to this code pair.

Medicare NCCI Procedure to Procedure (PTP) Edits | CMS

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Claims
Clinical edits

- Age Inconsistencies diagnosis

- CMS Rate Sheets for Critical Access Hospitals (CAH) and Rural Health Clinics (RHC)

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

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Claims
ED leveling

Moda Health reimburses emergency department (ED) professional evaluation and management (E/M) services based on the level of acuity, complexity and severity.

Reimbursement determinations are based on:
- Medical necessity/utilization criteria
- The patient's primary discharge diagnosis
- The patient's age

ED-Leveling-MHMNC.pdf (modahealth.com)

Emergency Department Visit Leveling (modahealth.com)

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Claims
Corrected claims

When billing corrected claims to add additional services, include the original services that may have already paid. The entire bill including corrections should be billed.

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Claims
National Correct Coding Initiative (NCCI) links

- MUE information: cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE

- PTP coding edit information: cms.gov/medicare/coding/ncci-edits/procedure-procedure

- NCCI FAQ: cms.gov/medicare/national-correct-coding-initiative-edits/ncci-faqs

- Medicare NCCI Correspondence Language Manual | CMS

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Claims
Benefit Tracker

- Access Benefit Tracker 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

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Prior authorizations
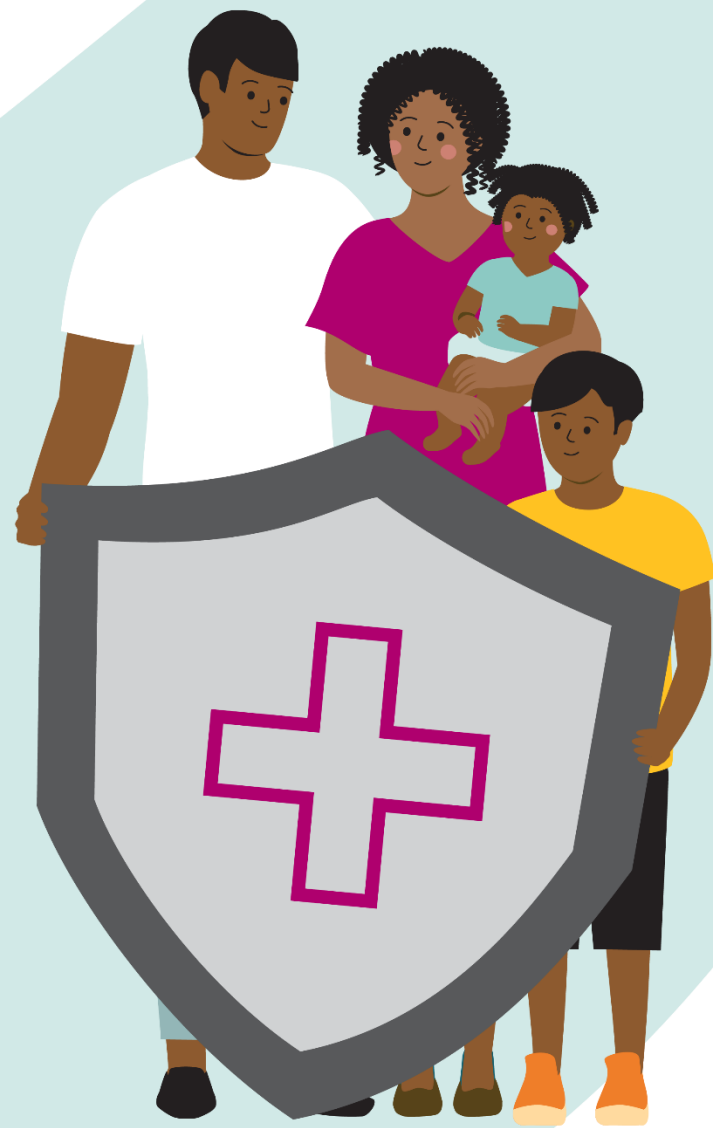
Prior authorizations

- How to determine that a service requires prior authorization
  - Review referral and authorization guidelines based on the line 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

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Prior authorizations

modahealth.com/medical/referrals/

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 ︿

Provider resources ︿

Patient resources ︿

Pharmacy ︿

Quality of care

Find Care

Find a doctor, dentist, pharmacy or clinic

SERVICE AUTHORIZATION REQUEST REQUIREMENTS

Make sure the prior authorization request is complete and contains:

- All pertinent member information (name, ID #, group #, and member's birth date)
- PCP information (name, TIN, phone, fax and contact name)
- The name and TIN of the facility where the procedure is to be performed
- The date of the procedure or date of admission
- Surgeon's or specialist's full name and TIN
- CPT & diagnosis codes must be included
- Length of stay (indicate if inpatient)
- Chart notes

Please refer to these documents to help you determine if your patient needs a prior authorization:

Medicare
- Procedures and services requiring prior authorization 🔴
- Procedures and services requiring prior authorization (excel)
- Referral/Authorization - Medicare only 🔴
- Step Therapy requirements for Medicare outpatient (Part B) medications 🔴

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

eviCore
- Procedures and services requiring prior authorization with eviCore

Magellan
- Procedures and services requiring prior authorization with Magellan

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Prior authorizations

- 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
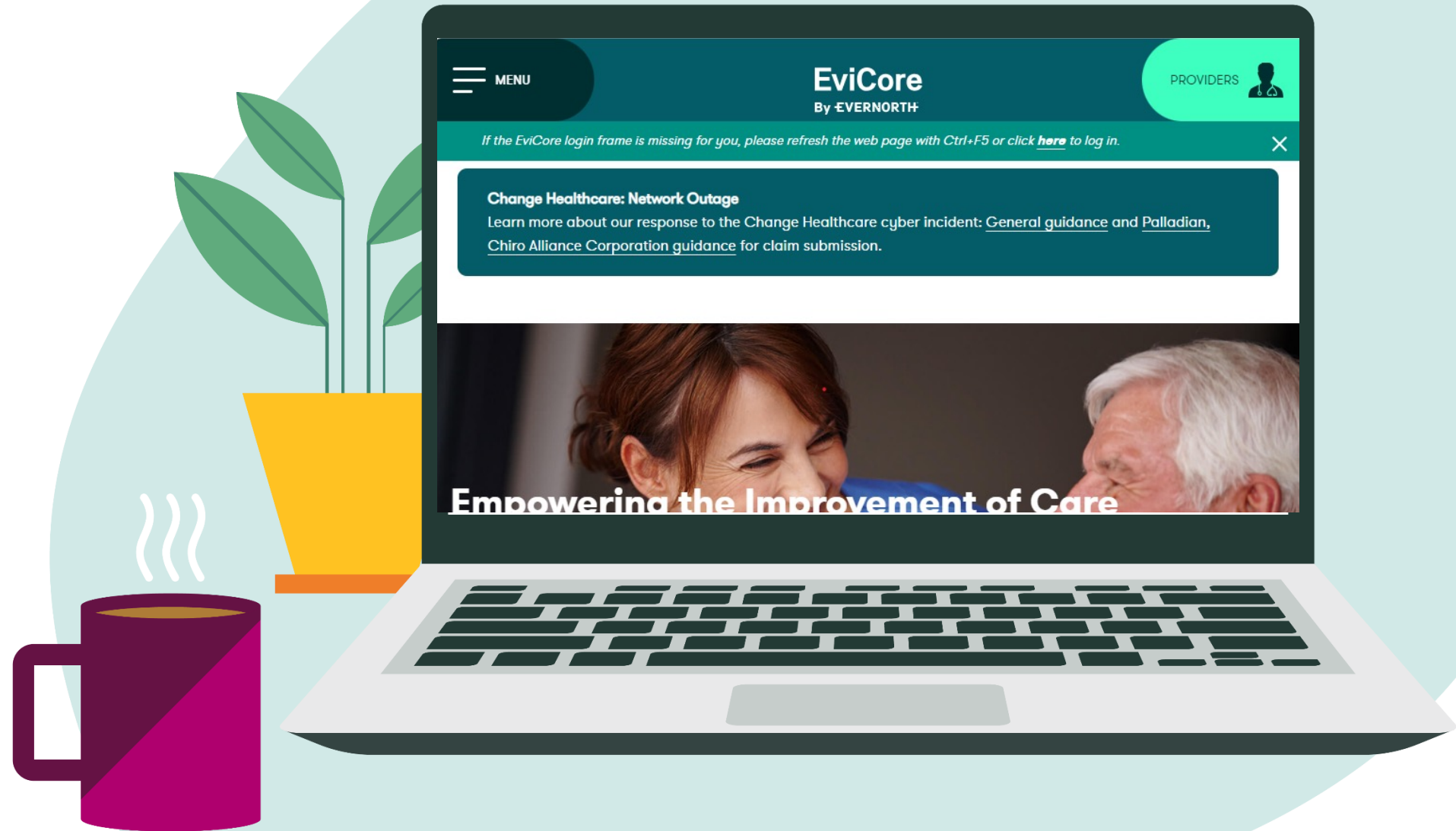
Prior authorizations

- 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)

Prior authorizations

- 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)

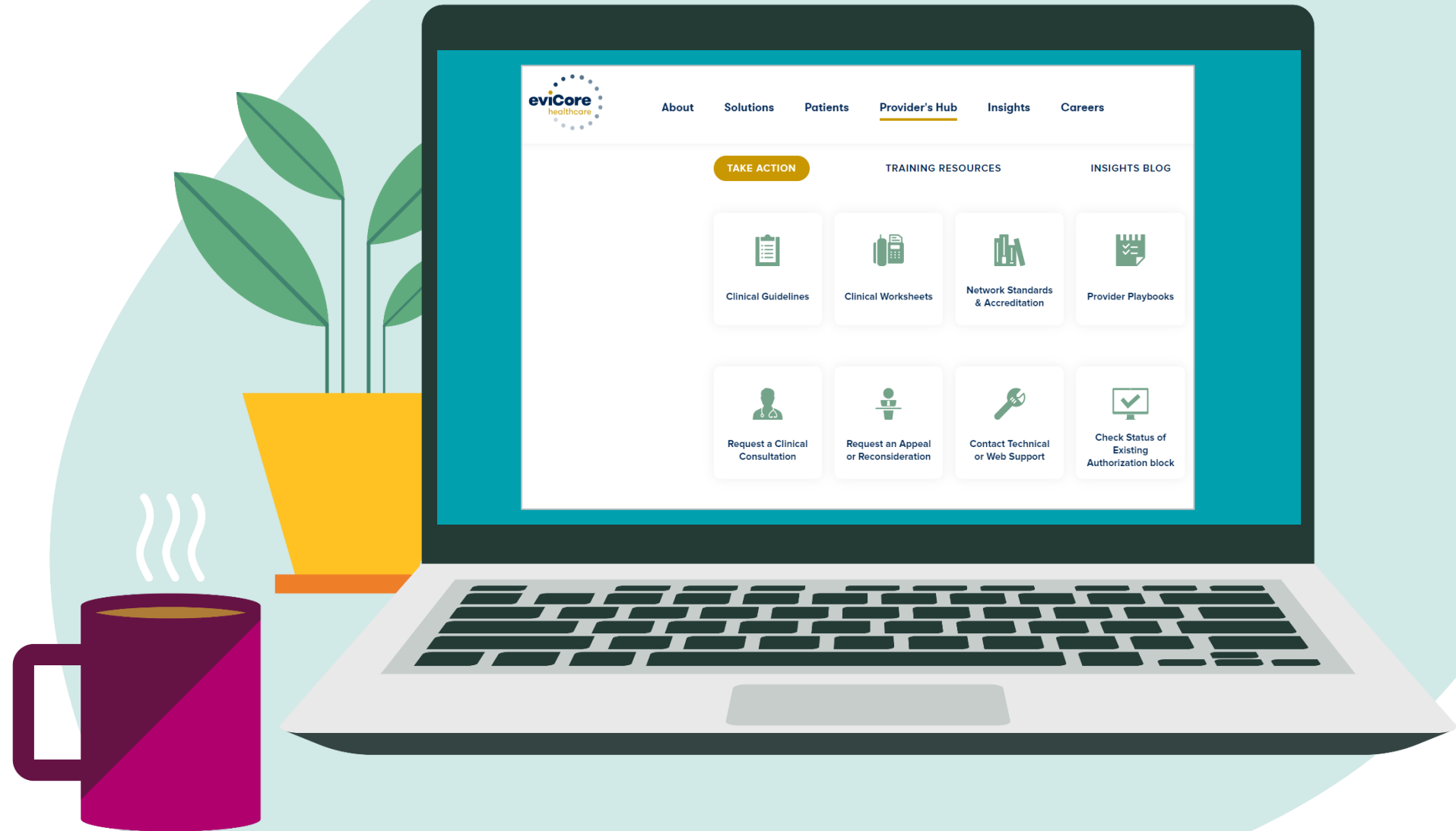# Clinical guidelines

- 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
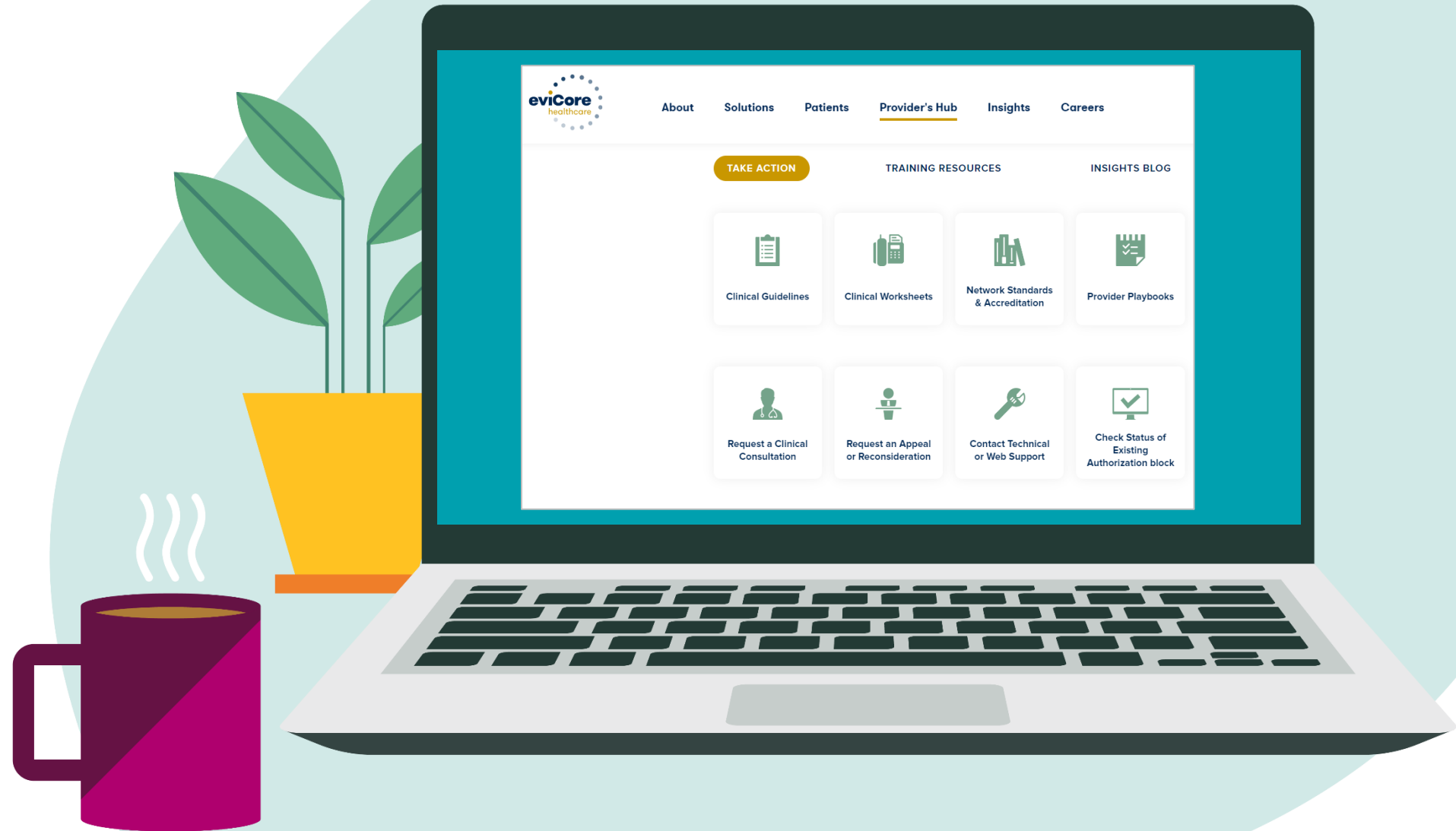
Clinical guidelines

- eviCore also provides "WebEx Training" for new or experienced users twice per quarter for therapies PT, OT and ST
- eviCore Healthcare (webex.com)

Clinical guidelines

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

Newsletter

- Portal and process news
- Authorization updates
- Reminders
- Provider training opportunities

Stay Updated With Our Provider Newsletter

Your email address

SUBSCRIBE →

Prior authorizations

- Moda Health contracted providers have access to an online Prime Therapeutics account
  - Visit the self-service provider portal at MRxGateway.com
  - Select "New Access Request-Provider" under "Quick Links"
  - Select "Contact Us" to register
- Urgent or expedited request, call 800-424-8114

Prior authorizations

- Provider-administered injectable drug program
  - Prior authorization required for specific injectable specialty medications
    modahealth.com/medical/injectables/

- Site of Care program
  - Certain provider-administered drugs only authorized in outpatient setting or patient's home
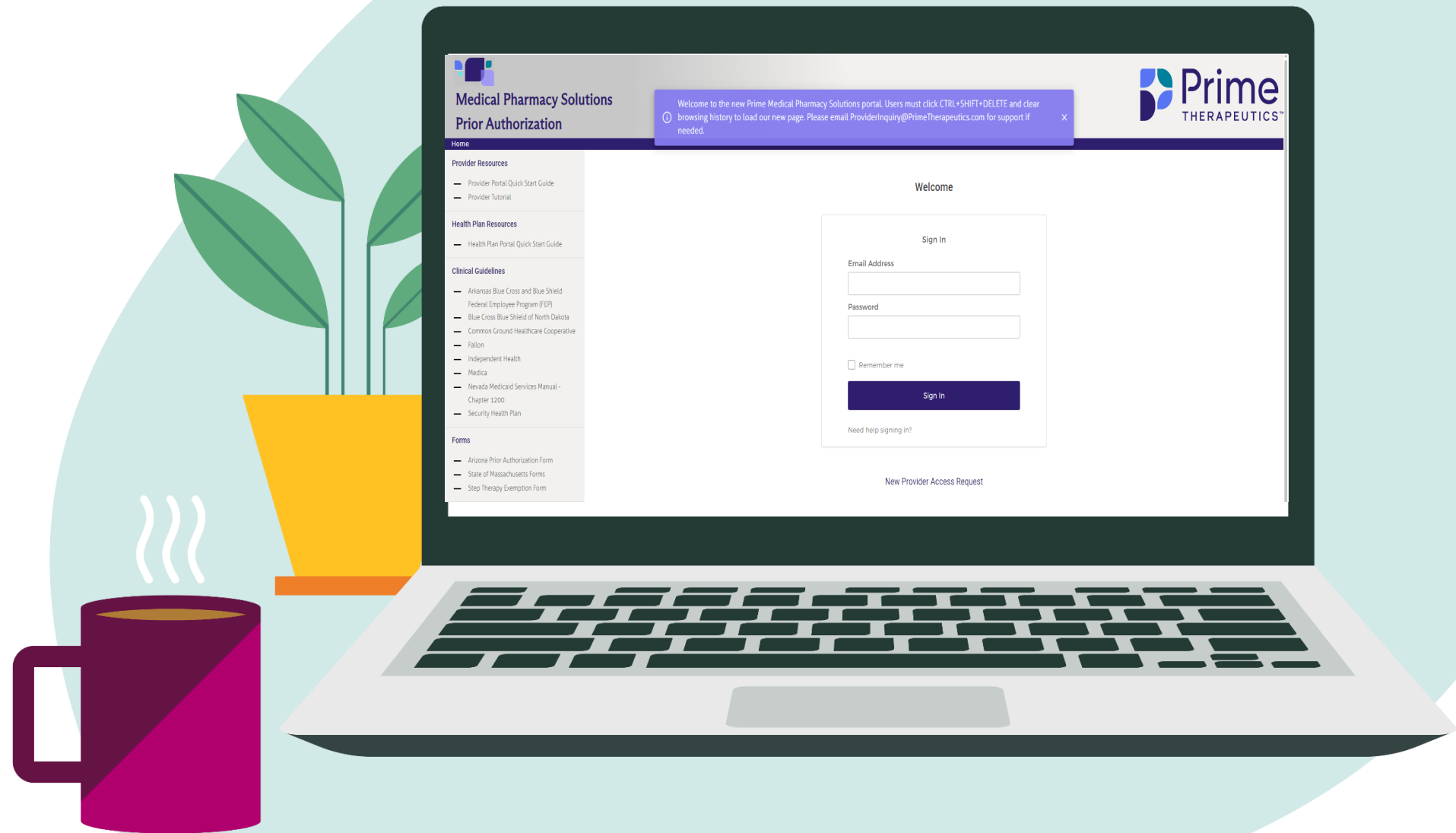   modahealth.com/medical/siteofcare.shtml
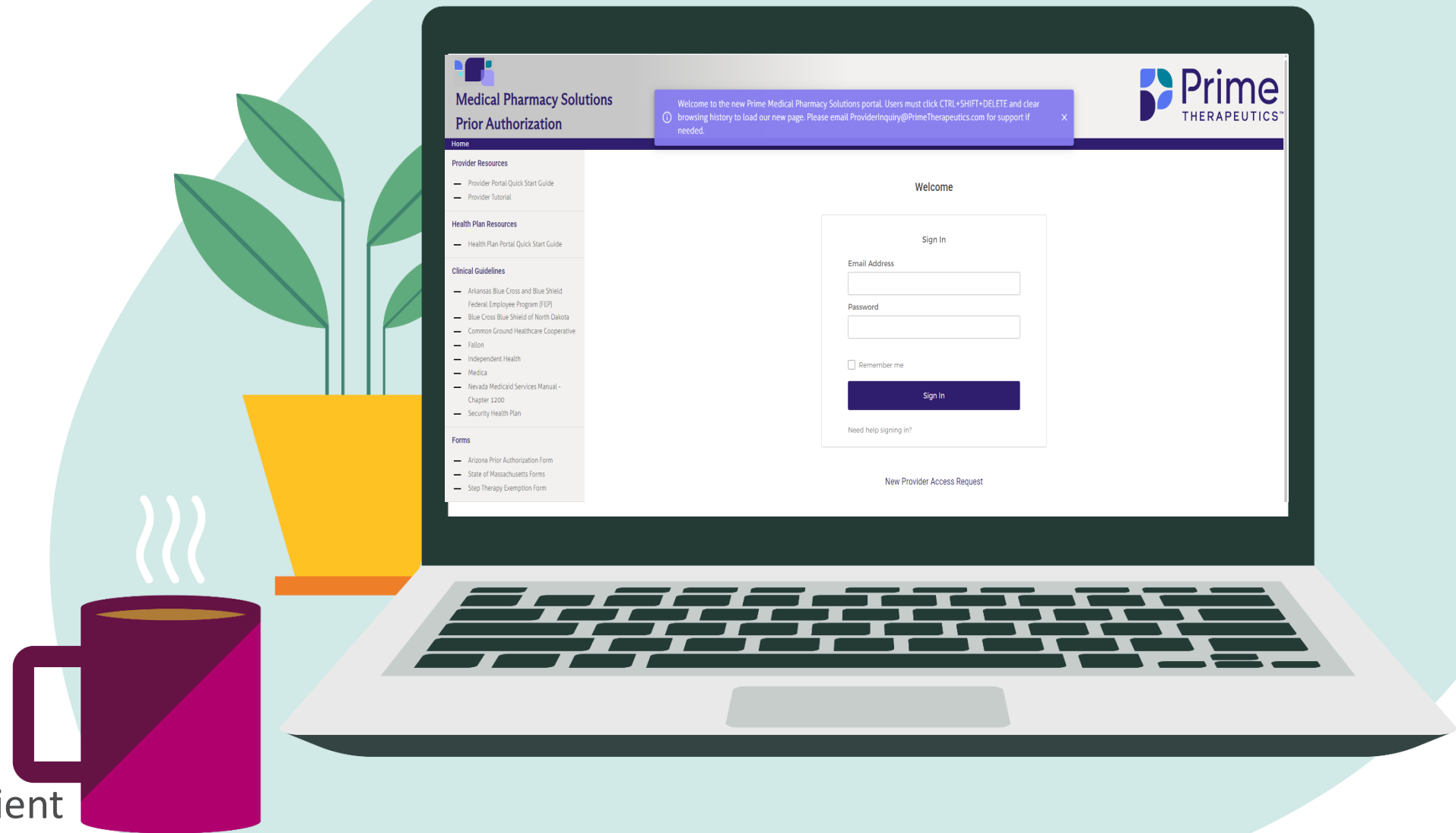
Prior authorizations

- Claim edits program

Moda applies post-service pre-payment claims edits to diagnosis criteria and criteria for maximum units for the medications listed in the link below.
Claims and appeals (modahealth.com)

New Auto Auth Tool

How to submit a request with the Auto Authorization Application:

Once you're in Benefit Tracker, follow these steps to submit a request.

- Find the member's benefit profile and look for the new "Prior Authorization" option under "Medical Benefits."

- Before submitting, we recommend reviewing the prior authorization list. The link is available on the "Prior Authorization" landing page, which includes instructions on how to submit your request by line of business.

- Click the "Create New Request" button to submit your authorization.

- Once you've submitted the request, you can view your request history and request status on the "Prior Authorization" landing page.

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Benefit Tracker

ℹ Exciting change! You can now submit prior authorizations through our Auto Authorization Application in Benefit Tracker. To submit, select Medical Benefits and click on the section titled Prior Authorization.

‹ Family

Medical benefits

Medical benefits | Vision benefits | Pharmacy benefits | Claims | PCP history | EOBs | Member handbook | Prior-Authorization

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

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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 determined the initial denial
- May give new rationale for the requested service to support medical necessity

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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

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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

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Reconsiderations and appeals

Member appeals

- A member appeal is a pre-service or post-service appeal initiated by a member about 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 (PHI) 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.
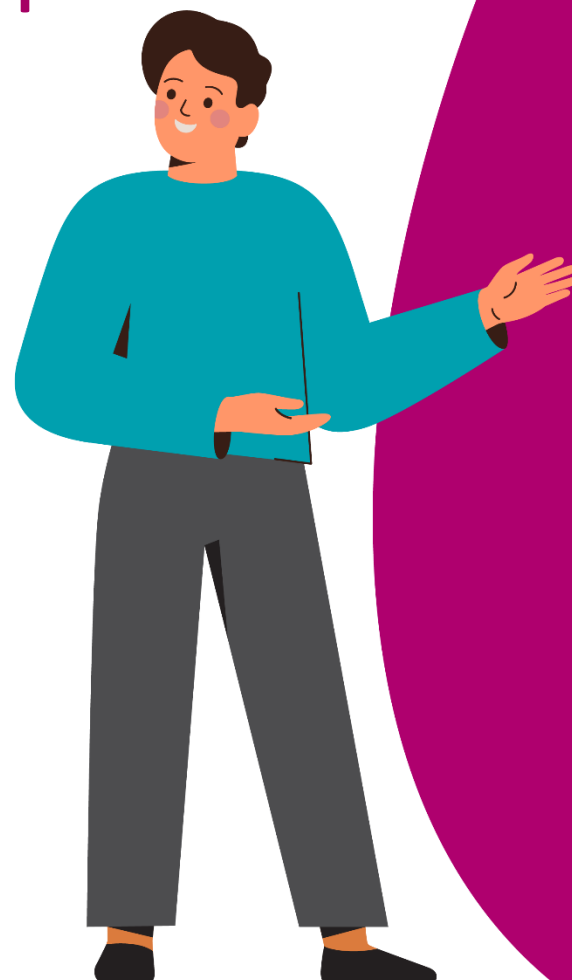
Healthcare providers and health plans meet the definition of a covered entity under the **Health Insurance Portability and Accountability Act (HIPAA)** and may share information for treatment purposes without a signed patient authorization.

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.

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Healthcare Services

Case management

- Offered to Moda Health members needing assistance with complex health conditions or catastrophic events

- Make a referral by:
  - Phone: 800-592-8283
  - Fax: 855-232-6904
  - Email: casemgmtrefer@modahealth.com
  - Please include:
    - Member name and ID
    - Contact name and number
    - Reason for referral

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Health navigators

- Member health navigators
  - Provide health education related to preventive health
  - Assist with provider searches, locating community resources, vendor programs, referrals to case management and health coaching

- Telephonic health coaches
  - Provide in-depth disease management/self-management programs for members dealing with chronic health conditions and diagnoses

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Health navigators

- Make a referral by:
  - Phone: 855-466-7155
  - Email: memberadvocateteam@modahealth.com or healthcoachteam@modahealth.com
  - Please include:
    - Member name and ID number
    - Contact name and number
    - Reason for referral

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HEDIS

HEDIS

- HEDIS = Health Effectiveness Data Information Set
  - Standardized set of metrics created by NCQA that evaluates clinical quality
  - NCQA accreditation is considered an important indicator of a plan's ability to improve health
- Cotiviti
  - Fax requests
  - Onsite retrievals
- KDJ Consultants, Inc.
  - Remote EHR retrievals

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HEDIS: Remote EHR retrievals

- Our long-standing partners, KDJ Consultants, will work with you to establish remote EHR access

- During HEDIS season, KDJ Consultants will retrieve the required EHR information directly — freeing up your clinic's valuable resources and time

- Remote EHR access is safe, secure, HIPAA-compliant and HITRUST-certified

- For questions or to sign up for our remote EHR access program, please contact HEDIS@modahealth.com

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HEDIS: Production timeline

January		May		June
January	→	**May**	→	**June**
Medical records requested		All medical records received		Submit results to NCQA

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Provider resources

modahealth.com/medical

- Announcements
- Medical policy updates
- Prior authorization changes

Credentialing contacts

Toll-free phone number: 855-801-2993
Fax number: 503-265-5707
Email: Credentialing@modahealth.com

Mailing address:
Moda Health
Attn: Credentialing Dept.
601 SW 2nd Ave. #900
Portland, OR 97204

Moda utilizes the CAQH ProView site as an application source.
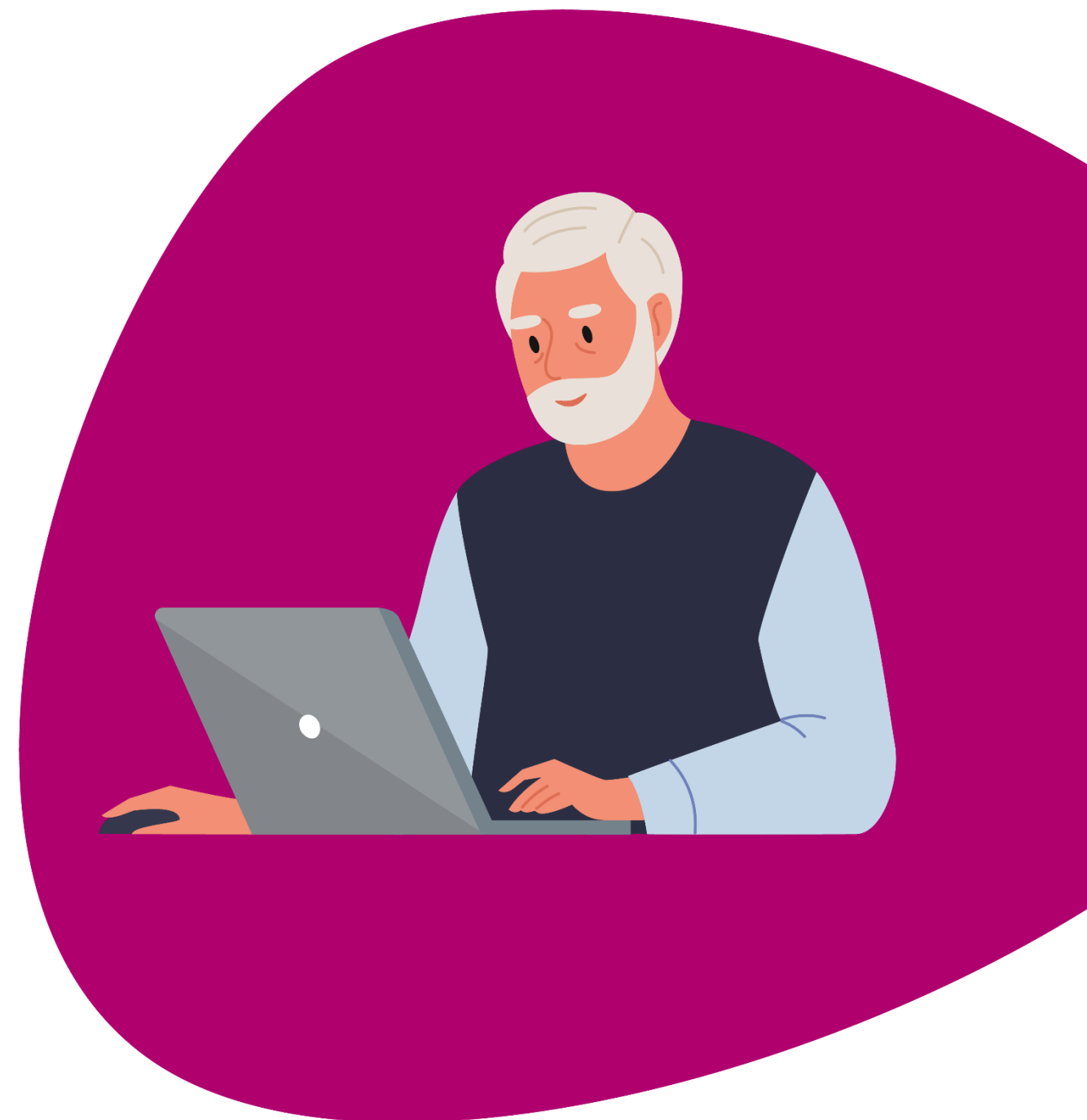
CAQH Provider Data Management

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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

  Julie.nicholsen@modahealth.com

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Thank you