

Oregon

# 2024 Provider Workshop



# Welcome

# Agenda

- Contracting and credentialing
- Value-based care
- Provider Advisory Council
- Associate billing (SBHP program)
- Commercial networks/benefits
- Medicare Advantage
- Utilization Management Program
- Reconsiderations and appeals
- Claims/billing
- Collective medical
- Provider resources
- Contact us

# 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.



# 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](https://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)

# 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](https://modahealth.com/medical/join/overview.shtml)

Updating TIN associated with an existing contract:

- [providertinchange@modahealth.com](mailto:providertinchange@modahealth.com)



## *Provider*

# Credentialing requirements

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](mailto:credentialing@modahealth.com)

## *Organization*

# Credentialing requirements

- 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](mailto:credentialing@modahealth.com)

# Value-based care program



## FIcare

### BH Incentive Program

- Feedback informed
  - 80% seeking care prematurely drop-out<sup>1</sup>
  - 30% of patients do not improve<sup>2</sup>
- Variety of tools to measure
  - Clinical symptoms
  - Therapeutic alliance
    - Relatability of provider
    - Invested in common goals
    - Process to achieve goals is understandable
- Coordination of care
- Increased tracking and aiding delivery of care
- Most providers have not yet integrated this research into practice
  - Explore measurements
  - Workflows
  - Provider engagement
- Adds **4%** of total outPT BH revenue

1. "Use of a Mobile App to Augment Psychotherapy in a Community Psychiatric Clinic" <https://doi.org/10.2196/17722>

2. "The efficacy and effectiveness of psychological therapies," in Bergin and Garfield's Handbook of Psychotherapy.

## TCoC

### BH Incentive Program

- Total cost of care
  - Partner with us in member well-being
  - BH horizontally effects medicine
  - Edging away from our silos
- We want to inform our providers of member
  - Hospitalizations
  - ED visits
  - Medication compliance
- Reports available monthly
- Engage with providers how to use this info
- Potential to add another **2%** of total outPT BH revenue

# Innovation and partnership



# Provider Advisory Council

## This year we have discussed

- Expansion of benefit/reimbursements
- Adaptations in policies
- Highs and Lows of Insurance Companies
  - Reimbursement structures
  - Credentialing
  - Coding dilemmas
  - How information is exchanged
- Effectiveness of Feedback Informed Care
- What structures are helpful in new programming

## Diverse representation

- SUD facility
- MH inpatient or residential facility
- Provider serving historically under-served communities
- MH Group Practice
- Community Mental Health Program
- Practitioner serving children and youth
- Practitioner serving adults
- Psychiatrist or psychiatric nurse practitioner

# Supervised BH Providers

Providers working toward full, clinical, and independent licensure

- In Oregon
  - Masters level – “Associates”
  - Doctorate Level – “Residents”
- In Idaho Licensed Master
  - Social Worker

Establish workflows

- Protect our members
- Support this provider subset

Phase 1: Last Q '23 & Phase 2: First Q '24

- Standardized contracts

Expansion of access for our members

- Our panels for BH providers are open

Right thing to do to support clinicians in training

- Currently we recognize SAP

Research is clear these providers represent the expanse of our communities' demographics



# Supervised BH Providers – steps and materials

- Contract Amendment (effective for most providers Q1 2023)
- Attestation for each supervised provider
- Updated roster
- FAQ: <https://modahealth.com/-/media/modaHealth/shared/downloads/Supervised-Behavioral-Health-Providers-FAQ-PROVIDERS.pdf>

# Commercial group networks



## Group

# 2024 Commercial networks

### Connexus

- Statewide PPO plan
- PCP selection, referrals not required

### Synergy

- Coordinated care plan for employer groups
- Only OHSU & PEBB

### Moda Select

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

## Group

# 2024 Commercial networks

### 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

### HMC & OHSU Health

- Hillsboro Medical Center employee plan
- Provider participation determined by Tuality

### Synergy

Tier 2 benefit plan for OHSU PPO and OHSU EPO

## *Individual*

# 2024 Networks

### 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

# 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



# Behavior Health and networks



# 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](mailto:providerrelations@modahealth.com) if you think you need networks added



# 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 used to need prior authorization. They don't anymore.

# 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](mailto: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](mailto:providerrelations@modahealth.com)  
or your assigned representative



# 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



## 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*

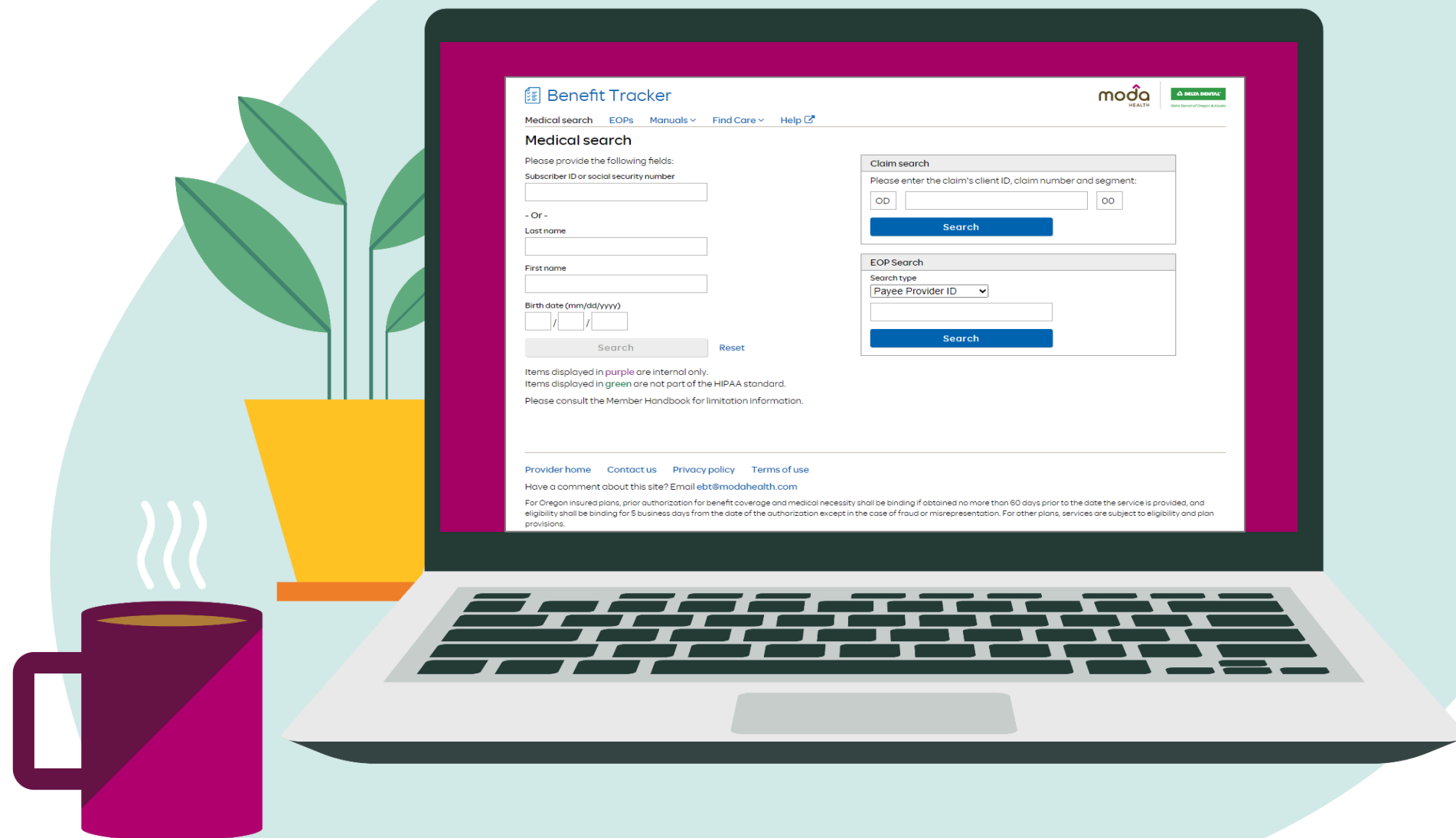
# National Correct Coding Initiative (NCCI) links

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

## Claims

# Benefit Tracker

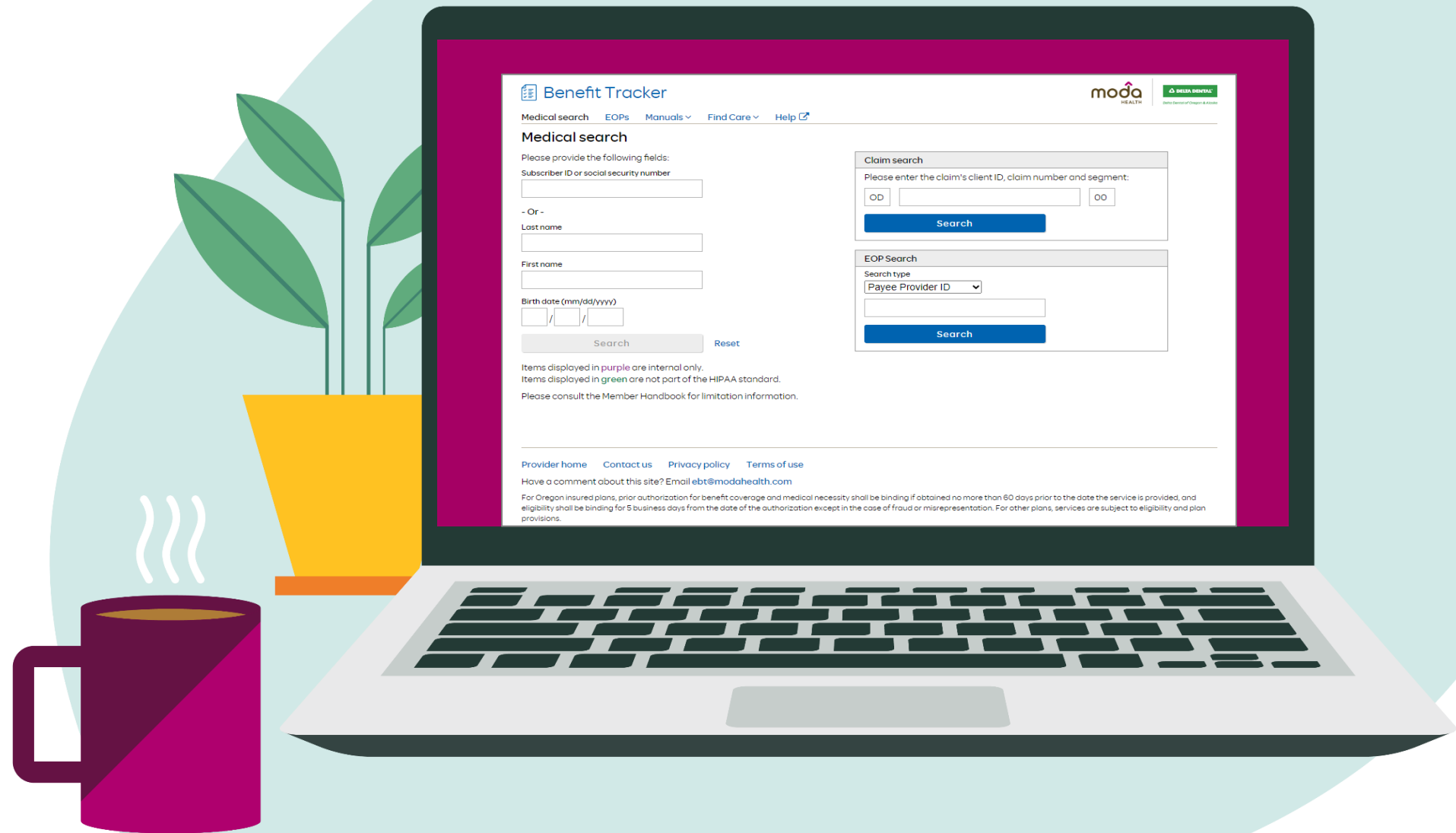
- Access Benefit Tracker from two platforms:
  - [Moda Health —  
modahealth.com/medical/  
mbt.shtml](https://modahealth.com/medical/mbt.shtml)
  - [OneHealthPort —  
onehealthport.com/sso](https://onehealthport.com/sso)
- Access to detailed patient benefit information



# Claims

## Benefit Tracker

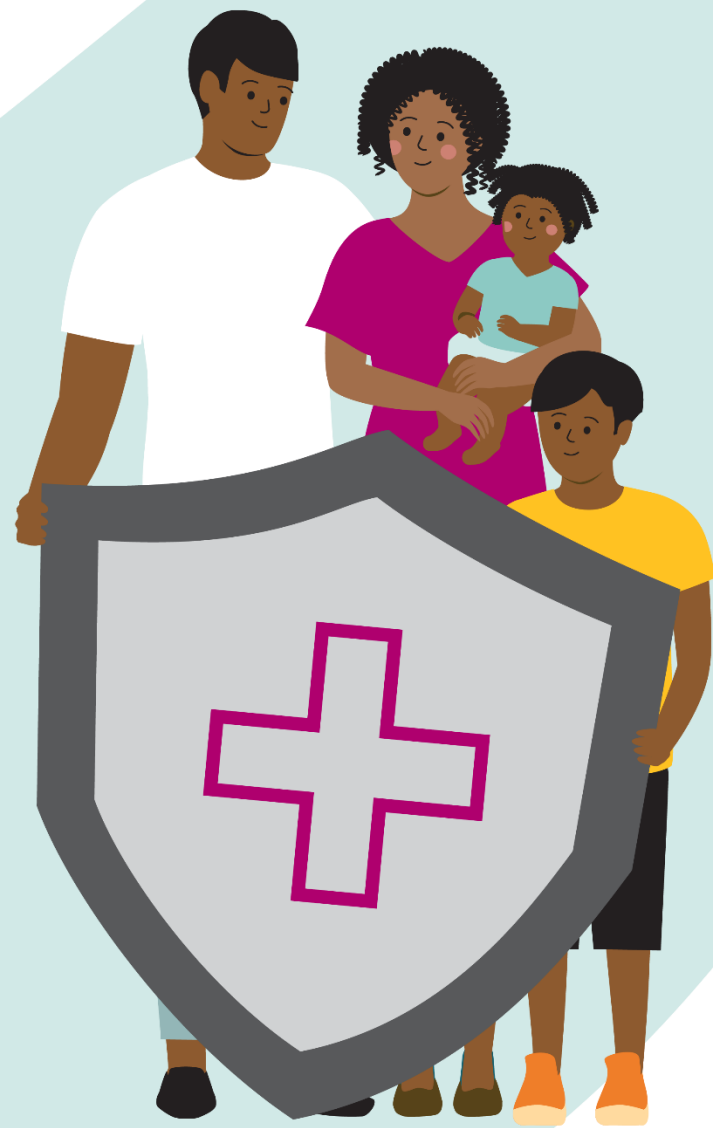
- Search by Member ID#, SS#, first or last name and DOB
- Our website has additional information that OneHealthPort may not capture
- Login required for each site
- Information and questions, email – [ebt@modahealth.com](mailto:ebt@modahealth.com)





# 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
- Coordinated Specialty Programs (EASA, ACT, IOSS, IIBHT)
- Nutritional Therapy
- 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

# New Auto Auth Tool

We're excited to share some changes to our prior authorization submission process. We've implemented a new Auto Authorization Application that now lets you submit prior authorizations for Moda Health members electronically through our Benefit Tracker tool, making your experience smoother and more efficient.

## **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."

# New Auto Auth Tool

- 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.

# Benefit Tracker



[Medical search](#) | [EOPs](#) | [Manuals](#) ▾ | [Find Care](#) ▾ | [Interpreter Request Form](#) | [Help](#) 



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](#)



# Prior authorizations

[modahealth.com/medical/referrals/](https://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](#)

# Prior authorization process

- 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](https://modahealth.com/medical/medical_criteria.shtml)

## 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





## 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





## Provider responsibilities

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



## *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

## *Reconsiderations and appeals*

### 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

## *Reconsiderations and appeals*

# 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](https://modahealth.com/pdfs/auth_provider.pdf)

# Medicare Advantage update



## *Medicare Advantage*

We made a very difficult decision to pivot our Medicare strategy to focus on the Medicare Supplement offering and stop offering Moda and Summit Medicare Advantage (MA) plans in 2025. This pivot helps us support all 450k+ members that rely on us for their health insurance needs.

Moda or Summit MA members will remain covered through Dec. 31, 2024. Because of this change, they will qualify for a Special Enrollment Period (SEP). The SEP runs from Oct. 2 to Feb. 28, 2025. Through the SEP, members will not need to go through any approval process, whether they enroll in a new MA plan or apply for a Medicare Supplement plan.

# Provider resources





# modahealth.com/medical

- Announcements
- Medical policy updates
- Prior authorization changes

Medical provider overview

Benefits & eligibility

Authorization & referrals

Patient care programs

Join our network

Provider resources

Claims and appeals

Policies and manuals

Clinical guidelines

tools

Contact us

Behavioral health

Preventive services

Medicare compliance

Forms

Samples

Workshops

Provider news

OEBB Reference Program


Patient resources

Pharmacy

Quality of care

Find Care  
Find a doctor, dentist, pharmacy or clinic

**i** 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:

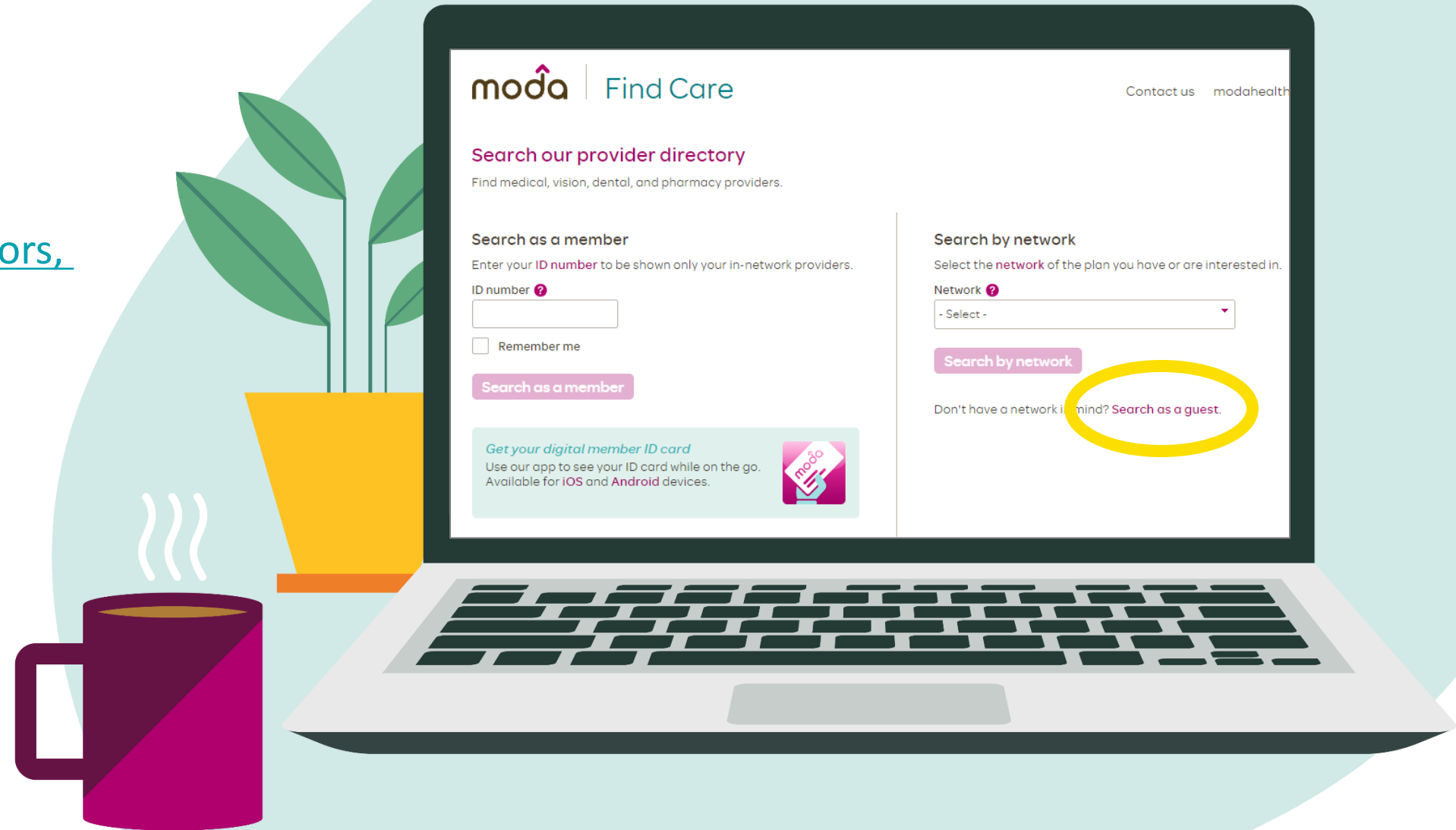
- Benefits
- Eligibility
- Claims status
- Referrals

Log in to Benefit Tracker



# Provider resources Find Care

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



# Contacting Moda Health



- **Electronic Data Interchange (EDI)**  
For questions about [electronic claim submission](#), payments and EFT/ERA enrollment [form](#)
  - Email: [edigroup@modahealth.com](mailto:edigroup@modahealth.com)
  - Phone toll-free: 800-852-5195
- **Contract/fee schedule requests and TIN changes**
  - Email: [providerrelations@modahealth.com](mailto: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](mailto: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](mailto:providerrelations@modahealth.com)



# Thank you

