

Idaho

2024 Provider Workshop



Welcome

Agenda

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

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

Commercial networks

2024 Commercial networks



Group

2024 Commercial networks

Connexus

- Statewide PPO plan (Oregon)
- Counties along the Oregon border (Idaho)
- PCP selection, referrals not required

Synergy

- Coordinated care plan for employer groups
- Only Salem Health, OHSU and PEBB starting 1/1/2023

Moda Select

- Exclusive Provider Organization
- Available in 15 counties (Ada, Adams, Bannock, Bingham, Boise, Canyon, Caribou, Elmore, Gem, Minidoka, Oneida, Owyhee, Payette, Power and Washington)
- PCP selection required

Individual

2024 Commercial networks

Affinity

- Individual Exclusive Provider Organization plan sold in/out of the exchange in Oregon
- Available in counties along the Oregon border

Individual network



Individual

Network service area

Health system partners and major medical groups

Treasure Valley
Saint Alphonsus Health
Alliance, including:



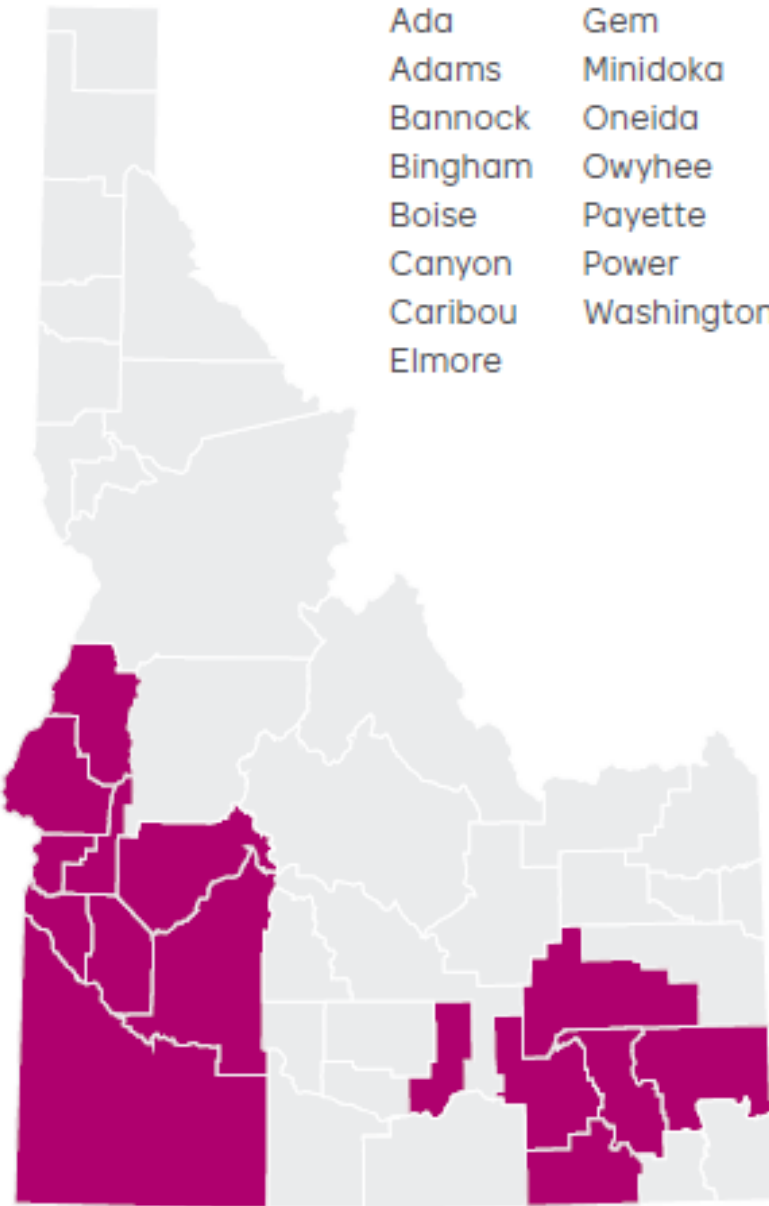
South Central Idaho
Including:



Southeast Idaho
Patient Quality
Alliance, including:



Not all providers at these locations are in-network.



Membership numbers

Total Moda member lives: 451,852

- Connexus: 76,493
- Affinity: 7,445
- Synergy: 1,061
- Moda Select: 9,236

Idaho county breakdown

Moda Select Idaho: 4,553

Ada and Canyon county are the 2 counties with the largest membership currently

- Ada: 2,552
- Canyon: 1,308



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



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





Telehealth and telemedicine expanded services

- Moda Health's website has the most up-to-date reimbursement policy for telehealth/telemedicine
- [Telehealth And Telemedicine \(modahealth.com\)](https://www.modahealth.com)
- [Telehealth and Telemedicine Expanded Services for COVID-19 – Updated for Public Health Emergency Ending \(modahealth.com\)](https://www.modahealth.com)

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

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

[Policy: Modifier 50 - Bilateral Procedure](#)

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

Claims

Clinical edits — Medically Unlikely Edits (MUE)

- Practitioner, Facility Outpatient, and DME Supplier MUE values are published quarterly by the Centers for Medicare & Medicaid Services (CMS) and are used for NCCI edits. MUE edits identify incorrect unit reporting.
- The Medicare MUE edit files can be accessed here:
<https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits>

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](#)

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.

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 \(modahealth.com\)](#)

Claims

National Correct Coding Initiative (NCCI) links

- MUE information: [cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE](https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE)
- PTP coding edit information: [cms.gov/medicare/coding/ncci-edits/procedure-procedure](https://www.cms.gov/medicare/coding/ncci-edits/procedure-procedure)
- NCCI FAQ: [cms.gov/medicare/national-correct-coding-initiative-edits/ncci-faqs](https://www.cms.gov/medicare/national-correct-coding-initiative-edits/ncci-faqs)
- [Medicare NCCI Correspondence Language Manual | CMS](#)

Claims

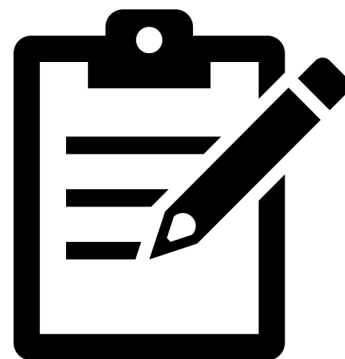
Corrected claims

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.

Address for corrected claim submission:

P.O. Box 40384

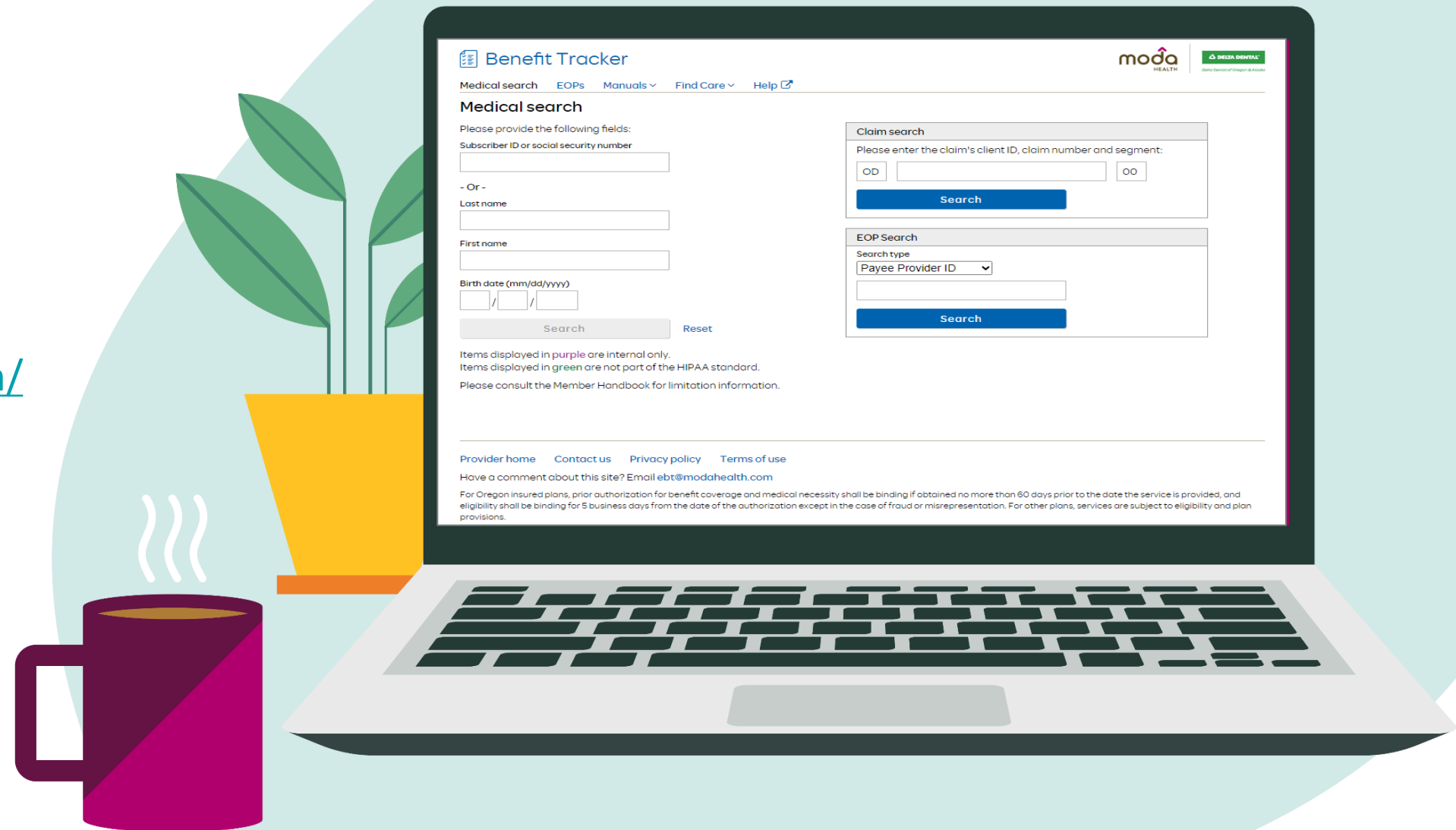
Portland, OR 97240



Claims

Benefit Tracker

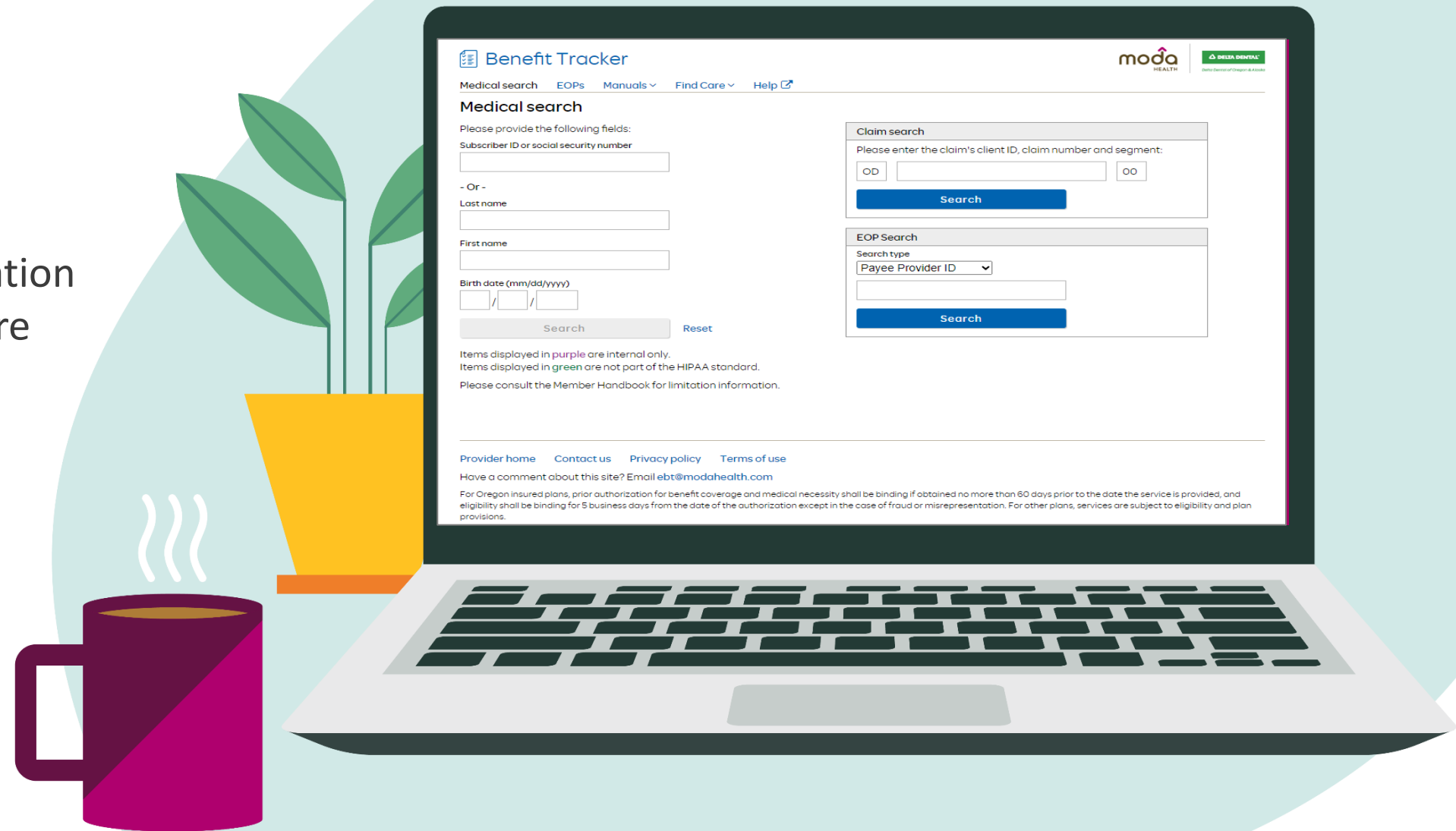
- Access Benefit Tracker from two platforms:
 - Moda Health modahealth.com/medical/mbt.shtml
 - OneHealthPort onehealthport.com/sso
- Access to detailed patient benefit information
- Search by Member ID#, SS#, first or last name and DOB



Claims

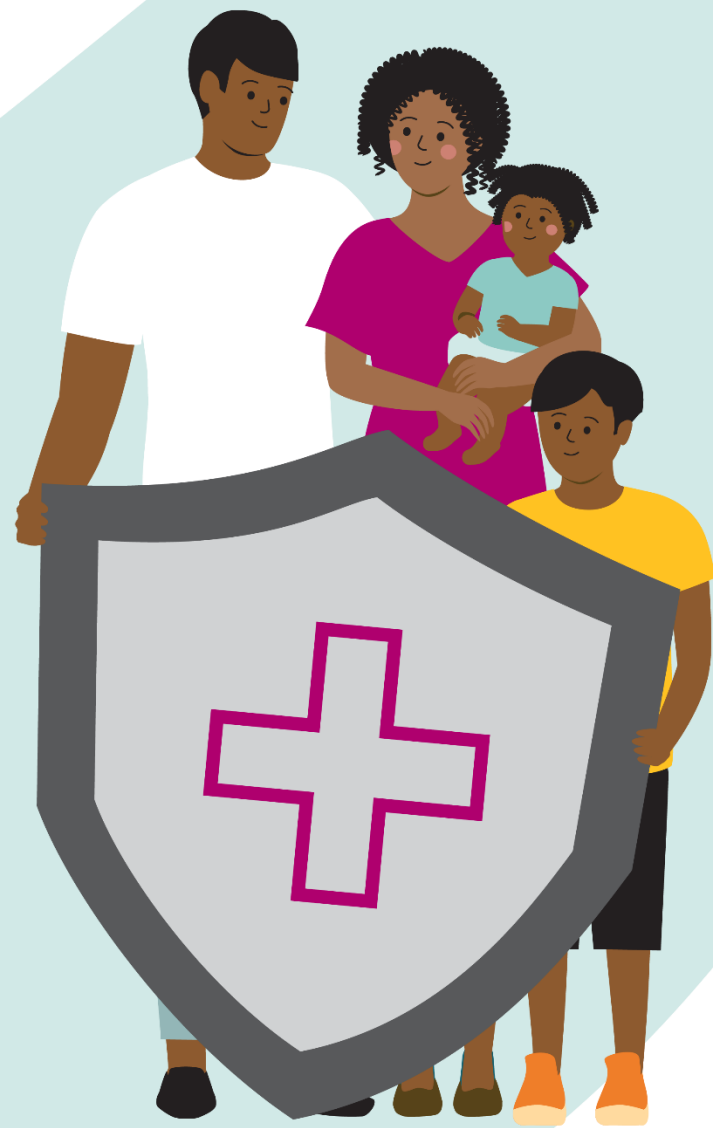
Benefit Tracker

- 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 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

Prior authorizations

modahealth.com/medical/referrals/

- 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 v

Referral and prior authorization guidelines

To help you understand what services need prior authorization, Moda Health provides these prior authorization lists.

Submit your prior authorization request electronically

- [Commercial Auth Application How To Guide](#) 📄
- [Medicare Auth Application How To Guide](#) 📄

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:

Benefit Tracker
Check benefits and eligibility
[Log in](#)
[Account help](#)
[Request an account](#)

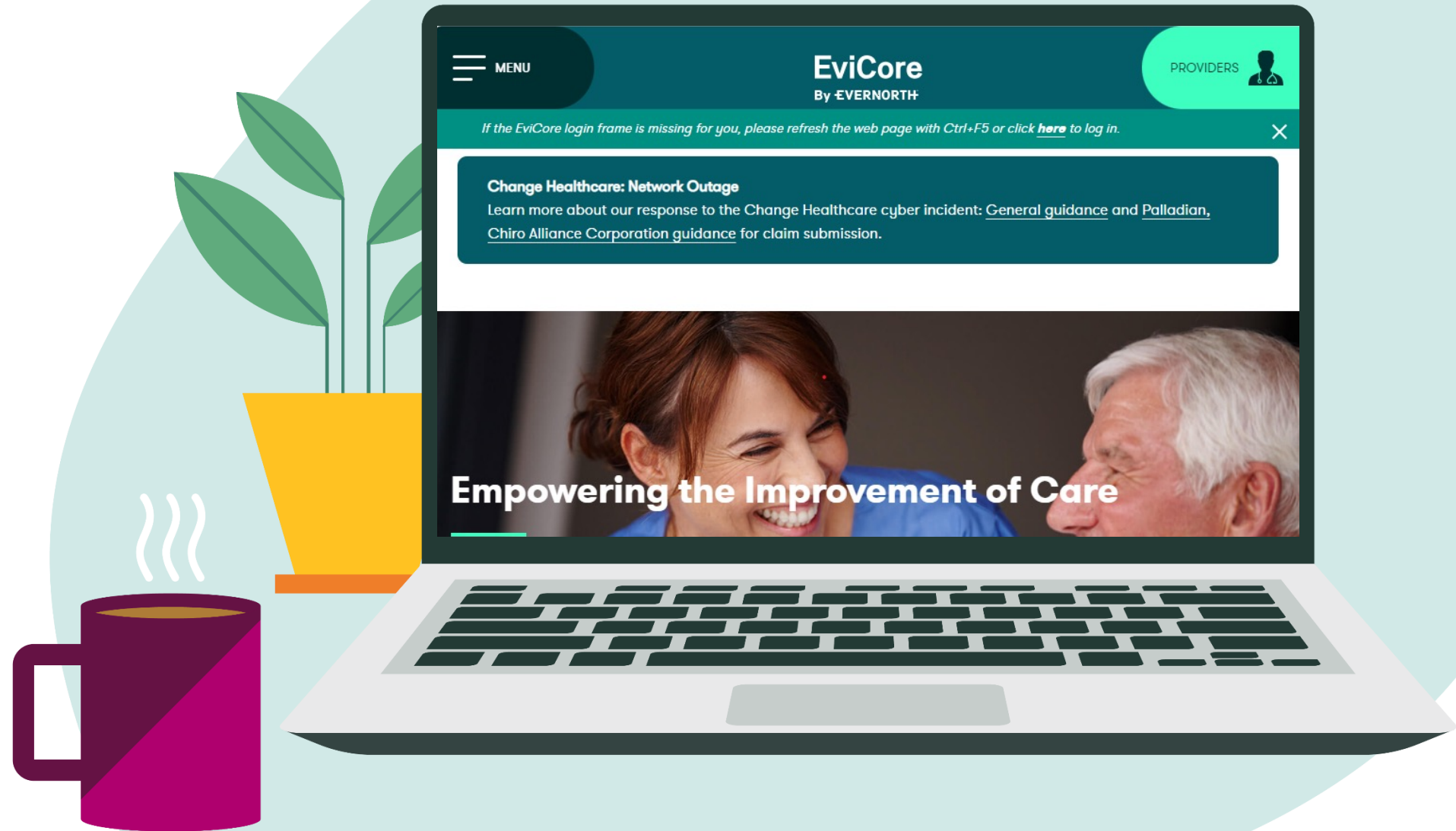
Provider Reports
For value-based provider programs, including Synergy, Summit, Beacon, Affinity, CPC+, and EOCCO
[Log in](#)

Join our email list
[Sign up](#)



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

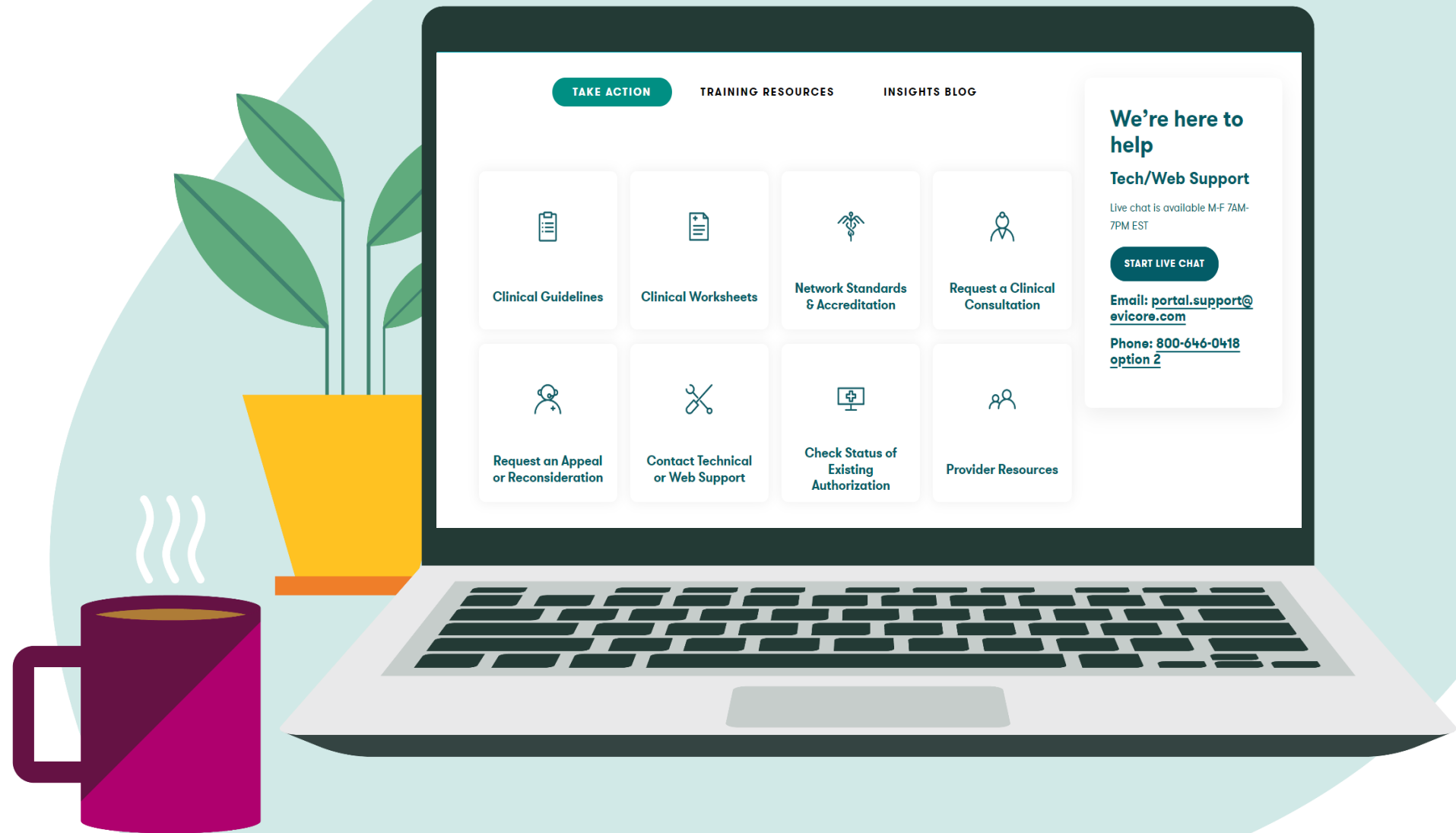
- Check Benefit Tracker to determine if the member's plan uses eviCore, and for what services
 - Can be found on main benefit page (in red)

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
	Select a category ...
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: 1-800-259-2037• 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 style="border: 1px solid red; padding: 5px;"><p><u>Evicore - Authorizations</u></p><ul style="list-style-type: none">• Phone Number: (844) 303-8451• Website: www.evicore.com</div>



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](https://www.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://www.evicore.com/webex.com)
- Questions? Email clientservices@evicore.com





Clinical guidelines

- Authorization denials
 - Peer-to-peer consultation
 - Can be requested through the provider portal
 - [Request an Appeal \(evicore.com\)](https://www.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
- ProviderInquiry@PrimeTherapeutics.com



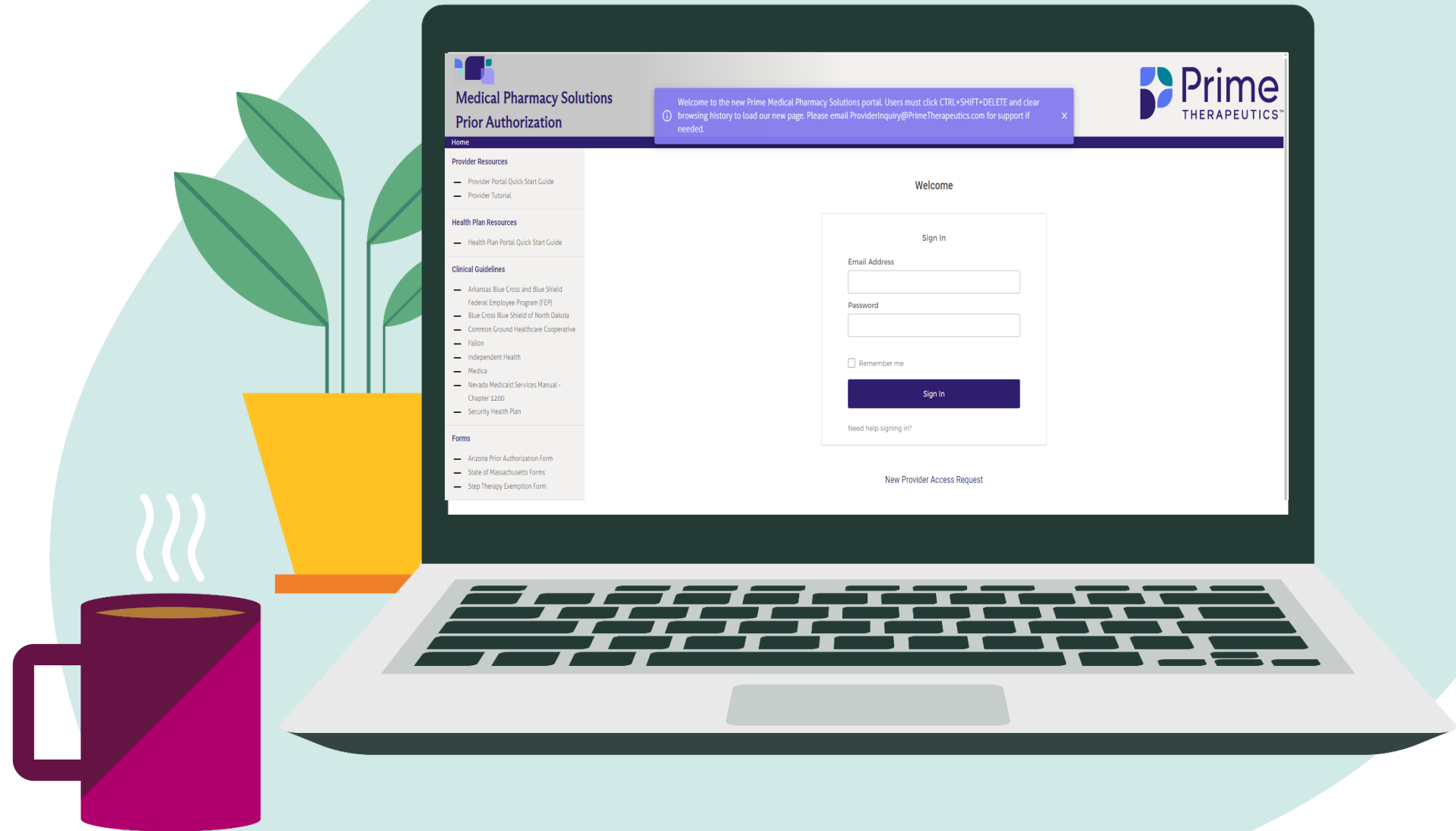


Prior authorizations

- Provider-administered injectable drug program

Prior authorization required for specific injectable specialty medications

modahealth.com/medical/injectables/



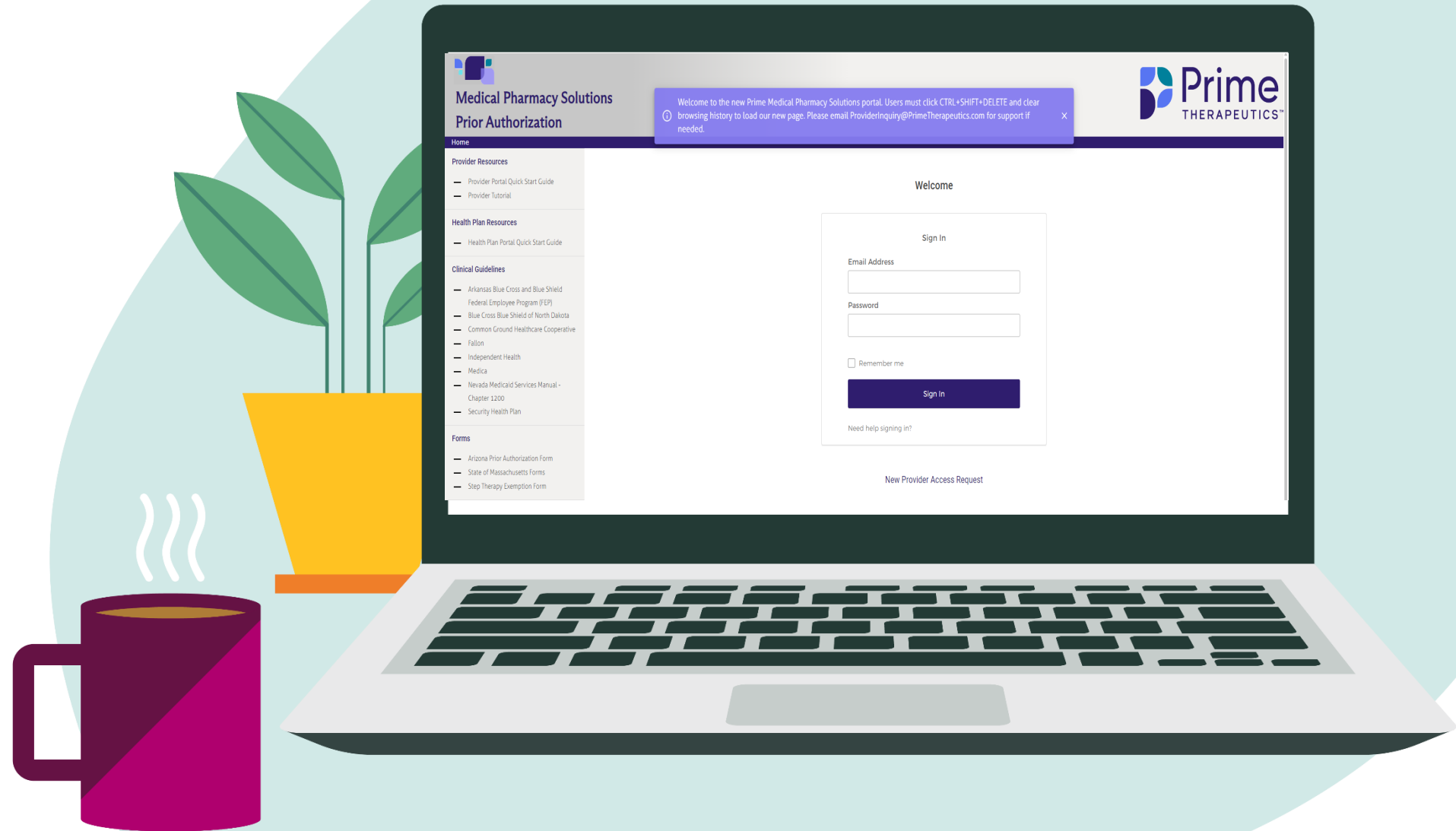


Prior authorizations

- Site of Care program

Certain provider-administered drugs only authorized in outpatient setting or patient's home

modahealth.com/medical/siteofcare.shtml



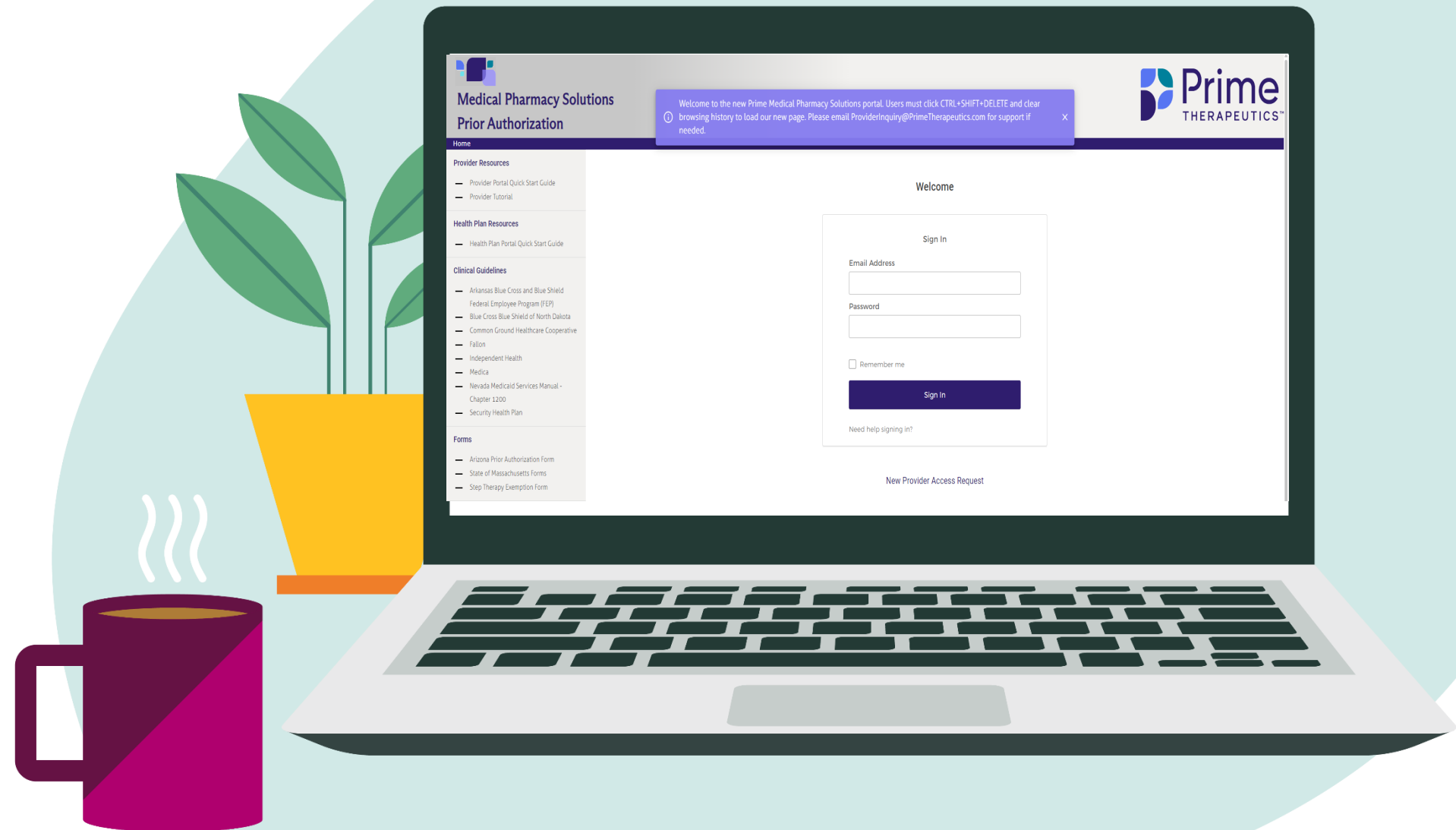


Prior authorizations

- 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 \(modahealth.com\)](https://modahealth.com)





Prior authorizations

- Partnership with CoverMyMeds to process electronic prior authorization (ePA) requests for medications covered under a member's pharmacy benefit
- This free online tool is integrated with all health plans and most large EHR systems

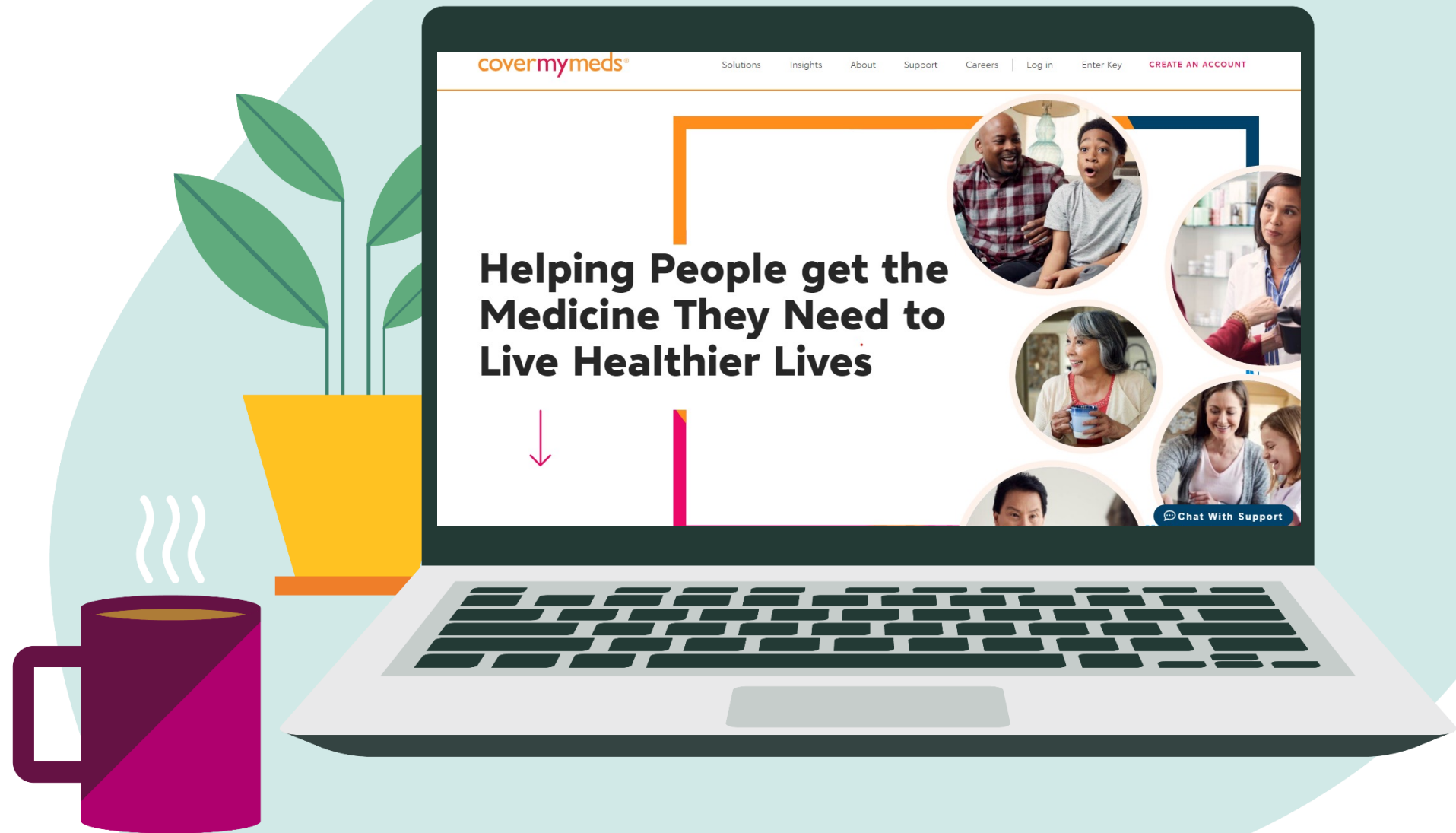




Prior authorizations

- This does not replace Magellan Rx for injectable medications or Ardon Health for specialty pharmacy
- covermymeds.com

Questions? Moda Pharmacy
Customer Service team:
888-361-1610




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.

 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.

[< Back to Medical search](#)

Prior authorization

[Medical benefits](#) | [Vision benefits](#) | [Pharmacy benefits](#) | [Claims](#) | [Referrals](#) | [PCP history](#) | [EOBs](#) | [Member handbook](#) | [Prior-Authorization](#)

Review our Auto Auth Application How To Guide for information on how to submit a request:


[Commercial Auto Auth Application How To Guide](#)

Medical prior authorization

Patient information

Patient name:	Insurance Type:
Date of birth:	Group number:
Subscriber ID:	Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.

 [Commercial prior authorization list](#)

[Create new request](#)

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 determined 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

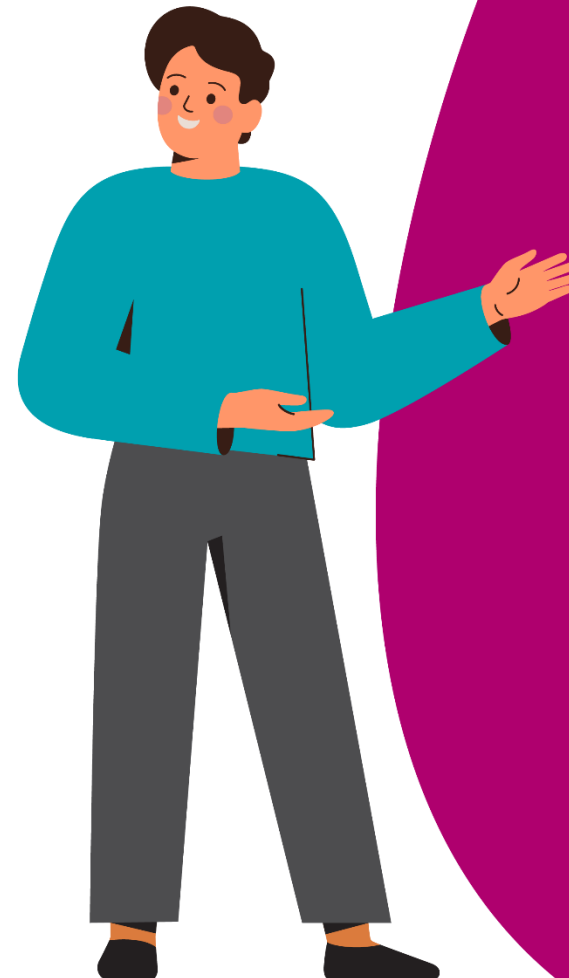
- A member appeal is a pre-service or post-service appeal initiated by a member about an adverse determination on an authorization request or a claim
- A provider may file a pre-service member appeal on behalf of a member in writing
- The commercial or marketplace member must complete a Moda Health Protected 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

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

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



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



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

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

HEDIS: Production timeline



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

OERB Reference 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

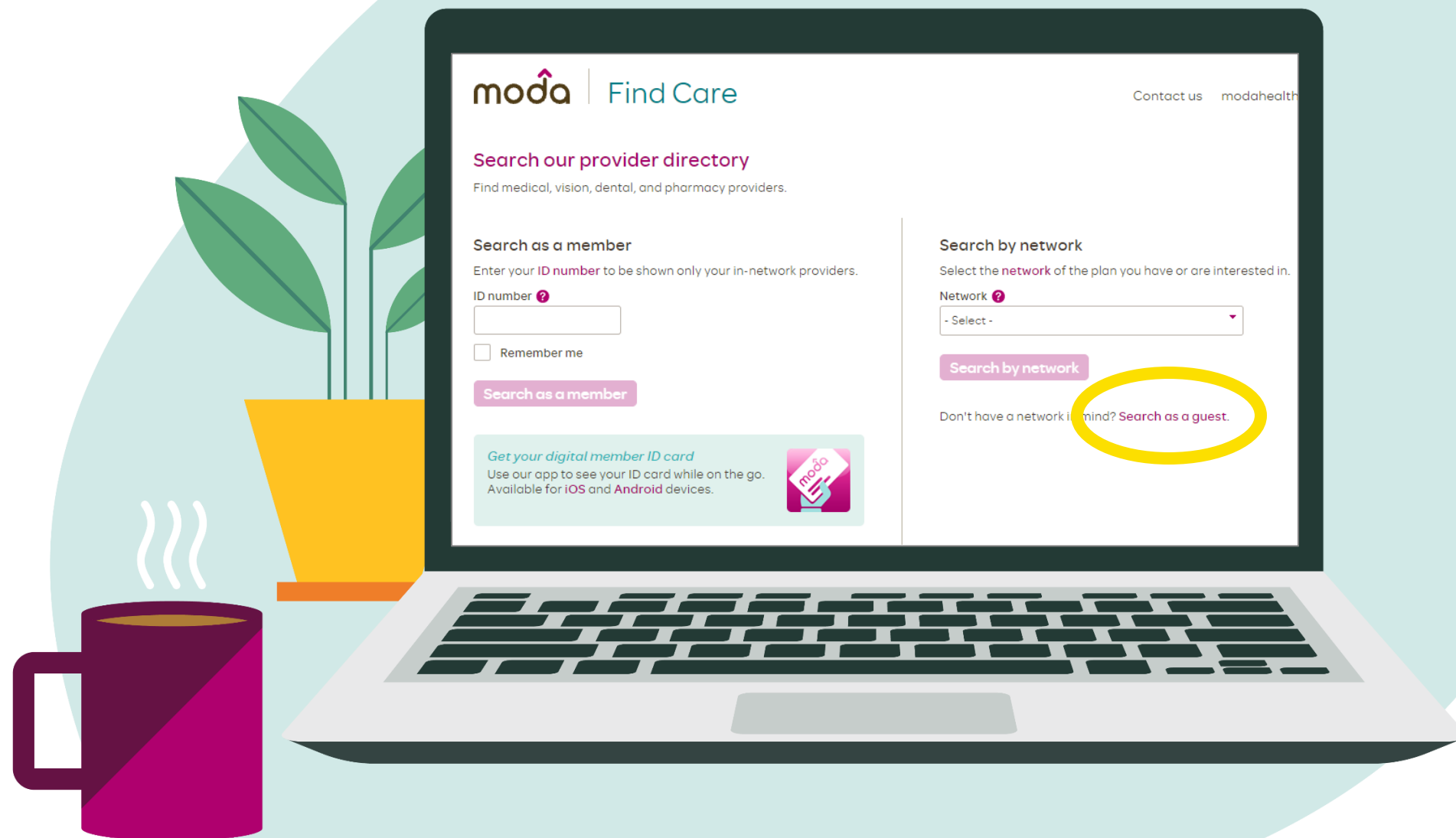
Moda Health's **Benefit Tracker** is an online resource designed with you in mind. With Benefit Tracker, you have the ability to look up all the information you need, such as:

- Benefits
- Eligibility
- Claims status
- Referrals

Log in to Benefit Tracker

Provider resources Find Care

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



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](#)



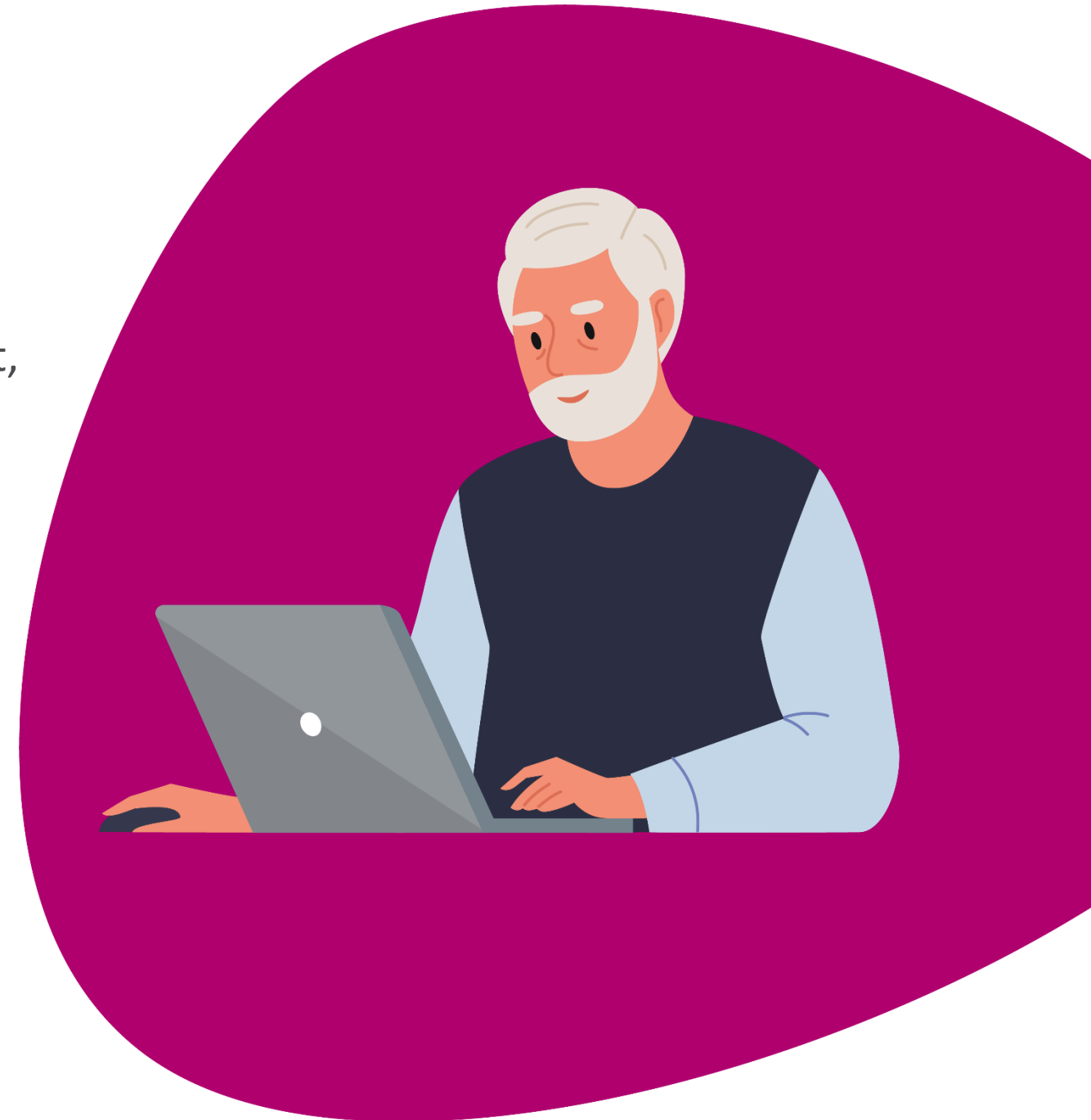


Contacting Moda Health

- **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
- **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)



Thank you

