

# Medical Provider Newsletter

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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.

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## An update on credentialing

As part of Moda’s ongoing commitment to providing you with the best services possible, we are pleased to announce our partnership with symplr CVO to bring our credentialing applications current. This will allow the Primary Source Verification services to be managed by symplr on Moda’s behalf. symplr’s quality and reliability are backed by their NCQA-certification.

During the processing and verification stages, you can expect symplr to reach out to you or your credentialing contact on Moda’s behalf. Please respond promptly to any requests to ensure that the process is thorough, timely and accurate.

This partnership will allow Moda to work concurrently with symplr and complete all pending applications in a timelier manner, ensuring that you are credentialed more efficiently.

If you have any questions or concerns about this process, contact the Credentialing Department at [credentialing@modahealth.com](mailto:credentialing@modahealth.com) or by phone at 855-801-2993.

## Are you ready for Oregon SB 1529?

With Oregon Senate Bill 1529 in effect, there are a few things providers can do to reduce the impact on patients.

The new law requires all Oregon health insurance issuers with individual and fully-insured group medical plans to assign a primary care provider (PCP) to their members--if the member hasn't selected one within 90 days of enrollment. You can help us better serve your patients by sending your provider panel availability to Moda Health and keeping it updated regularly. We'll continue sending you monthly reporting that includes your assigned patients.

During the Moda Health member onboarding process, we are encouraging impacted members to select a PCP within the first 90 days. If we must assign a PCP to a member, we will use available member data to match patients with providers they are already seeing (if that provider has indicated they are accepting new patients). For those who don't fall into that category, we will auto-assign a PCP. We'll also let them know they still have choice and control:

- They are not required to use the PCP that Moda selects.
- They can continue visiting the in-network PCP of their choice without having to formally change their PCP assignment.
- At any point, they can change their assigned PCP through their online Member Dashboard.

Thank you for your help in keeping us informed of your provider panel availability on a regular basis. If you have any questions, please reach out to the Moda Provider Relations team via email at [providerrelations@modahealth.com](mailto:providerrelations@modahealth.com).

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## Getting childhood immunization statuses back on track

Over the past few years, many children have missed check-ups resulting in missed childhood vaccinations. Catching up on these routine childhood vaccinations is critical for getting back on track for school, childcare, and beyond. Improving immunization rates will help prevent the re-emergence of previously eliminated diseases and can prevent other diseases with potential lifelong impacts.

In the first 30 months of life, a child should have monthly wellness checkups to discuss developmental milestones and screenings, growth and measurements, nutrition and sleep habits. Once the child reaches two-years old (30 months), the visits should be scheduled annually.

**How health care providers can help:**

- Forecast for immunizations at every encounter. If no immunizations are due, provide an estimate of which immunizations will be recommended at upcoming visits.
- Provide all vaccines a patient is eligible for at the day of the visit.
- Schedule the next immunization visit before the patient leaves the office.
- Call patients who are behind on immunizations.
- Contact patients to reschedule missed appointments within three to five days. Outreach by clinic staff will help reinforce the importance of well-child visits and immunizations.
- Identify patients who follow an alternative schedule. Alternative schedules typically require more visits to ensure that vaccines are up-to-date by two years of age. Additionally, ask families to document their intended schedule.
- Recommend the HPV series starting at age nine. An earlier start has been shown to increase adolescent up-to-date rates as per the American Academy of Pediatrics recommendation.

To help ease children’s fear around vaccines and shots, please familiarize yourself with ways to comfort children while administering vaccines. Some examples include the Buzzy Bee, J-Tip and Shot Blocker. Check out [this poster from Hennepin Healthcare](#) for more suggestions.

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## Humira and Adalimumab biosimilars formulary changes

Biosimilars are here. They’re quickly gaining traction and are expected to be available and prescribed more often. Recently, multiple companies have launched FDA-approved biosimilars for Humira. The following chart includes upcoming changes to our medication coverage for Humira and biosimilars for Moda Commercial and Exchange membership, starting April 1, 2024. With a surge of biosimilars coming to market, our goal is to adopt methods to increase access to medications at a lower cost without interrupting member care. To help reduce net cost, Hadlima and Adalimumab-ADAZ will be preferred and Humira will no longer be preferred.

**As a result, changes to come include:**

### Changes

Humira has moved to the non-preferred specialty tier effective 4/1/2024  
 Hadlima and Adalimumab-ADAZ are available on the preferred specialty tier effective 4/1/2024.

### Impact

- Prior authorization (PA) with medical records supporting medical necessity for Humira instead of Hadlima and Adalimumab-ADAZ will be needed for continued coverage of Humira
- PA has been loaded for Hadlima and Adalimumab-ADAZ to allow easy transition of care. PA will be required for renewal.
- A new prescription may be needed
- Pharmacies may substitute biosimilars if prescriptions are written for

## Coverage changes for Entyvio IV

Effective April 1, 2024, there will be a change to the coverage policy for vedolizumab (Entyvio®) intravenous [J3380].

Recently, vedolizumab (Entyvio) subcutaneous (for self-administration) was approved by the FDA for maintenance therapy in moderately to severely active ulcerative colitis following intravenous induction. Vedolizumab (Entyvio) intravenous remains an available maintenance regimen in addition to the newly approved subcutaneous formulation.

Vedolizumab (Entyvio) subcutaneous is non-preferred/non-covered on the Moda Health/Summit/EOCCO pharmacy formularies. Therefore, coverage of vedolizumab (Entyvio®) intravenous is limited to patients who will continue to receive intravenous maintenance dosing. If the treatment plan is to transition to a self-administered product, vedolizumab (Entyvio®) intravenous may not be covered. Please consider preferred pharmacy formulary products (e.g. adalimumab, ustekinumab, tofacitinib).

Read more at [Medical Providers: Medical necessity criteria \(modahealth.com\)](#).

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## Submit your Medicare year-end quality measure report by March 15!

Moda Health and Summit Health are starting our end-of-year data collection for clinics who participated in the 2023 Medicare Advantage Primary Care Incentive Program (MAPCIP).

For the 2023 measurement year, we're collecting three clinical quality measures based on data submitted from the practice electronic health record (EHR) systems. These measures include:

- Controlling High Blood Pressure (CBP)
- Comprehensive Diabetes Care – HbA1c (CDC-HbA1c Poor Control)
- Colorectal Cancer Screening (COL)

To be eligible for the 2023 Performance Based Incentive Payment, your clinic's quality measure performance summary report must be submitted to [summarydata@modahealth.com](mailto:summarydata@modahealth.com) by **March 15, 2024**.

We're allowing providers to submit a summary report of measure results instead of patient-level data. Specific data for Moda Health or Summit Health, or all-payer data is acceptable. The data must be submitted through our excel template. Specific instructions are included in the template and you must attest that the data is accurate.

Please reach out to [summarydata@modahealth.com](mailto:summarydata@modahealth.com) to receive a copy of the Excel template or if you have with any questions.

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## Earn more in 2024 by meeting quality measures

Our [Moda Health](#) and [Summit Health](#) value-based contracts, aka the Medicare Advantage Primary Care Incentive Program (or MAPCIP), rewards you for helping your patients meet set standards for quality measure gap closures and certain wellness visits.

### As a provider, you can earn:

- **A Care Gap Incentive Payment (CGIP):** This per member per month (PMPM) payment is based on your annual performance on quality measures, patient experience of care measures, and/or utilization measures
- **An Access to Care Incentive Payment (ACIP):** This PMPM payment is based on members completing their annual physical and/or annual wellness visit. Because preventive visits are important for staying healthy, we are increasing the provider incentive for the ACIP in 2024. Earn an incentive of \$200 per member when a qualifying visit is completed by June 30, or \$100 if completed between July 1 and December 31, 2024.

We're asking all of our provider partners to perform a comprehensive assessment of all active and chronic health conditions. Then, submit a claim with all diagnosis codes relevant to the patient's condition to ensure the best quality care and services for your patients.

***Please note:** Moda Health and Summit Health members get a Welcome to Medicare visit, along with an annual wellness visit and an annual physical exam – covered once per calendar year at no cost to them. Also, your patients are not required to wait 11 months between visits.*

### Questions?

For questions about provider contracting and the 2024 Moda Health and Summit Health MAPCIP, please email us at [providerrelations@yoursummithealth.com](mailto:providerrelations@yoursummithealth.com). For questions about data sharing options, email [ValueBasedDataSharing@modahealth.com](mailto:ValueBasedDataSharing@modahealth.com).

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## How research guides our “practice”

*“You could come get up on this ladder and clean the gutters for me,” I said.*

*"I don't do ladders anymore,"* came the reply of my passing neighbor.

I was kidding. They were not. This exchange got me thinking about the research on the evolution of our capacity to effectively balance and manage heights as we age. And how some are more responsive and invested in research than others. It did not take long to find that "older people who report more unsafe ladder behaviours tend to be male, use ladders more frequently, have fewer health and disability problems, better quadriceps strength, better upper limb dexterity, better stepping ability, better coordinated stability, a lower fear of falling, and a greater propensity for everyday risk-taking than those who report fewer unsafe ladder behaviours" (*Hicks, et.al. (2021). Ladder Use in Older People: Type, Frequency, Tasks and Predictors of Risk Behaviours. International journal of environmental research and public health, 18(18), 9799. <https://doi.org/10.3390/ijerph18189799>*).

**How does research guide our "practice"?** Whether we're talking about home affairs or our delivery of care with patients, it can be hard to change our ways, even when the evidence implores us. As the research suggests, we get into a mindset that whatever downsides are out there, somehow, I am the exception.

Research is clear that self-care among healthcare workers is essential for resilience; solicitation of feedback is efficaciously enduring for our patients; participating in deliberate practice to enhance vocational skills breeds longevity; and curiosity is more durable than confidence.

Note how "curious" you are in your "practice" of medicine. What do you need to pay better attention to?

I have cut back on my use of a ladder by 60%. Research, patients and associates are teaching me to trust the data.

## February 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 for Dec 2023 – Jan 2024](#)
- [Medical Necessity Criteria](#)

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**Contact Us**

### Medical Customer Service

For claims review, adjustment requests and/or billing policies, please call 888-217-2363 or email [medical@modahealth.com](mailto:medical@modahealth.com).

### Provider Updates

For provider demographic and address updates, please email [providerupdates@modahealth.com](mailto:providerupdates@modahealth.com).

### Moda Provider Relations

For escalated claim inquiries, contract interpretation, educational opportunities or onsite visit requests please email [providerrelations@modahealth.com](mailto:providerrelations@modahealth.com).

### Credentialing Department

For credentialing questions and requests, please email [credentialing@modahealth.com](mailto:credentialing@modahealth.com).

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[modahealth.com](http://modahealth.com)



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