

Medical Office Update

October 2026

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Oregon credentialing forms have changed as of Sept. 14

To follow Oregon state requirements, Moda Health and EOCCO has started using the 2025 version of the [Oregon Practitioner Credentialing Application](#) (OPCA) and [Oregon Practitioner Recredentialing Application](#) (OPRA) as of Sept.14, 2026.

What you need to know

- **Starting Sept. 14:** Submit all applications on or after Sept. 14, 2026, using the 2025 OPCA/OPRA forms.
- **Using an older form:** Applications submitted on an older version of the OPCA/OPRA on or after Sept. 14 may be considered incomplete and may need to be resubmitted using the updated forms.
- **Applications already submitted:** Applications received before Sept. 14 will continue to be processed using the version submitted.

What you should do

We recommend providers and practice staff review the updated forms and begin using the 2025 OPCA/OPRA versions as soon as they're available. Using the correct form will help avoid unnecessary processing delays.

If you have any questions about the updated forms or the credentialing process, please contact the Credentialing department at credentialing@modahealth.com.



Building more culturally responsive care

Join Moda Health for a virtual cultural competency training on Nov. 4, 2026.

High-quality care starts with understanding and responding to the diverse experiences, needs and perspectives of the people we serve. Moda Health invites our network providers to a 75-minute virtual training focused on practical ways to provide more culturally responsive care.

This session will cover:

1. Cultural competency and humility
2. Implicit bias
3. Language access, physical and digital accessibility
4. Resources for Moda Health providers and members

These practices can help strengthen provider-member relationships, remove barriers to care and support better health outcomes for everyone.

Emily Keane, Senior HR Generalist at Moda Health, will lead the training. Emily holds a Diversity, Equity and Inclusion certification from Portland State University's Center for Executive and Professional Education and has led trainings on topics like cultural humility. Her approach uses real stories and open discussions to help participants learn from different perspectives.

Virtual training: Nov. 4, 2026 | Approximately 75 minutes

A registration link will be emailed to Moda Health network providers by the end of September.

We hope you'll join us and learn practical ways to create a more inclusive, accessible care experience for every member.

Earn \$200 for eligible ACA wellness visits

Moda Health would like to partner with you to help Individual ACA members at high-risk for chronic conditions get the care they need.

Through our Access to Care Incentive Program (ACIP), you'll receive \$200 for each qualifying annual wellness visit completed by Dec. 31, 2026, for an eligible member. This payment is on top of your contracted rate.

Who qualifies?

Eligible members are individual ACA members we’ve identified as high risk based on Hierarchical Condition Category (HCC) codes. Conditions may include:

- Current cancer
- Diabetes
- Rheumatoid arthritis
- Seizure disorders

How you can help

You can support these members and participate in the program by completing the following steps:

1. **Seeing eligible members by Dec. 31, 2026.** To find your eligible members, please review your High-Risk Wellness Gaps member list in the Quality Measures Report in the Provider Reports portal.
2. **Submit a qualifying medical claim to Moda Health** using the appropriate HCC code.
3. **Report all current conditions** on medical claims and document them in the medical record, including the treatment status.

By completing these visits and accurately documenting current conditions, you can help your patients stay on top of their health while earning an additional \$200 per qualifying visit.

Questions?

We’re here to help! Email us at risk@modahealth.com



Breast Cancer Awareness Month: A good time to talk screening

Every October brings an opportunity to raise awareness about breast cancer, and to have meaningful conversations with your patients about screening and prevention.

The U.S. Preventive Services Task Force (USPSTF) recommends that individuals ages 40 to 74 be screened for breast cancer every other year. The Breast Cancer Screenings (BCS-E) measure, adopted by the National Committee for Quality Assurance (NCQA) for measurement year 2025, reflects the recommendations.

Start the conversation with your patients

Talking with your patients about breast cancer screening can help them better understand their options and make informed decisions about their health. Consider discussing when they should begin screening, how often they should be screened, and whether personal or family history and other risk factors may affect their individual screening plan.

If you are part of a value-based provider program, you can always log in online to view your [provider reports](#) and identify any members attributed to your practice who may be due for their breast cancer screening. These reports can be a helpful tool for starting conversations and supporting patients in staying up to date with recommended care.

Want to learn more?

Explore the [NCQA ECDS measures](#) and review and the [research behind the United States Preventive Services Taskforce \(USPSTF\) breast cancer screening recommendations](#).

Thank you for all you do to support the health and well-being of our members.

Preparing for HEDIS record requests

HEDIS season begins in February, which means medical record requests are coming soon. But first, what is HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a nationally recognized set of performance measures used to evaluate the quality and effectiveness of healthcare services provided by health plans.

HEDIS helps measure how well health plans deliver preventive care, manage chronic conditions and support members' overall health. The results help identify opportunities to improve high-quality care and ensure members receive the services they need.

What to expect

Each year, Moda Health partners with vendors, Cotiviti and KDJ Consultants, to collect records for selected members. If your office is selected, you'll receive a letter from Cotiviti or KDJ Consultants identifying the patients whose records are needed. The letter will include:

- The deadline for submitting records
- Instructions for submitting the requested records
- Available submission options, including fax, email, mail, EMR remote retrieval and in-person medical retrieval services when appropriate

If your office doesn't respond, the vendor will follow up by phone, fax and/or email.

If our vendors are unable to obtain the requested records, a Moda representative may contact you to help collect the necessary documents before HEDIS submission deadlines.

Your timely response matters

Responding promptly helps ensure the care you provide is accurately captured in HEDIS quality reporting. We appreciate your partnership and your continued commitment to providing high-quality care to our members.

Thank you for your collaboration throughout the HEDIS medical record collection season.

Additional information

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

- [Reimbursement policy manual updates](#)
 - [Medical necessity criteria](#)
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Moda Health Medical Customer Service

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



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