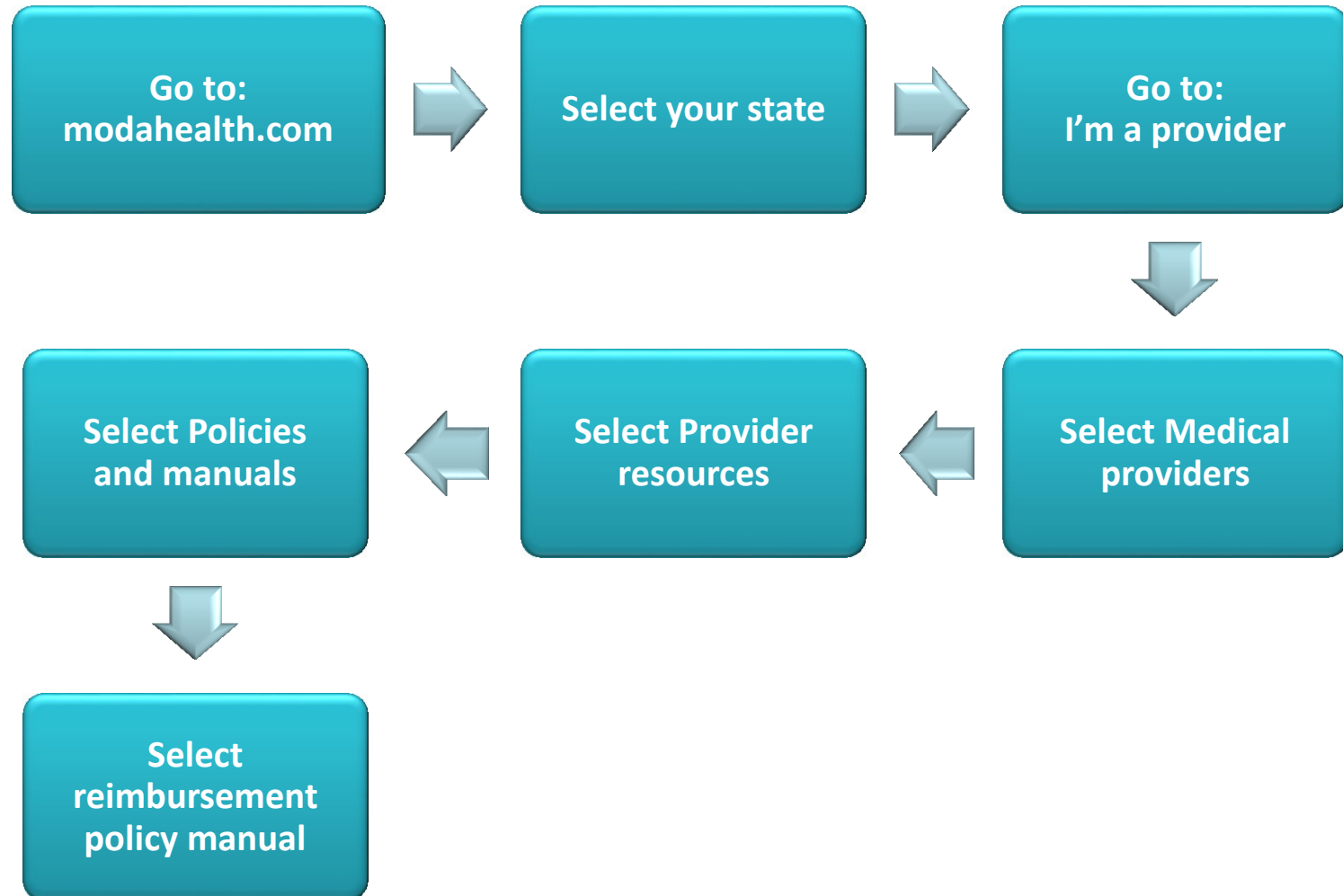


# Working with Moda Health

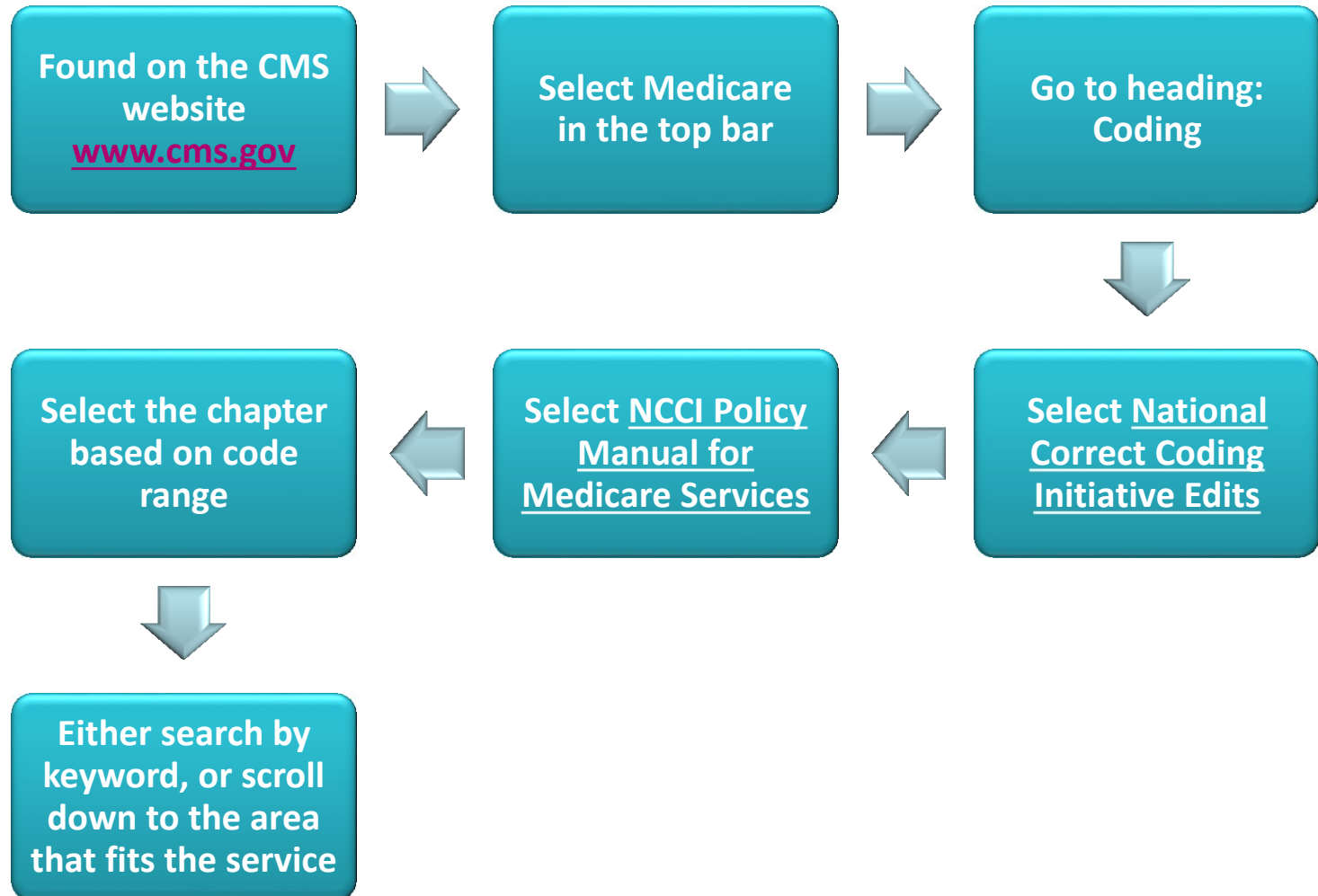
- Reimbursement Policy Tools
- Reconsiderations and Appeals
- Prior Authorization
- Enterprise Benefit Tracker (EBT)
- Member ID cards
- Other Provider Resources
- Contacting Moda Health

# Reimbursement Policy Tools

# Reimbursement policy manuals



# Guidelines for CCI edits



# Reconsiderations and appeals

# Provider requests

- **Key provider requests**

- **Provider Reconsideration**

- A pre-service request by a provider for Moda Health to reconsider a utilization management (UM) denial in light of new information sent by the provider to Moda Health
    - Submit new information to demonstrate medical necessity for the requested service
    - In writing or verbally to Healthcare Services staff
    - Within 30 days of the pre-service denial
    - If denial is overturned, an authorization letter is sent
    - If denial is upheld, a new denial is sent to provider and member
    - Applies to Medicare when a denial letter has not been sent

- **Provider Reconsideration — same specialty request**

- A pre-service request by a provider for Moda Health to have a same specialty provider reconsider a UM denial.
    - Not necessary to submit new information
    - Healthcare Services staff sends the request to Moda Health's medical consultant for like-specialty review.
    - If the same specialty reviewer upholds the denial, a new denial notice is sent.
    - If the same specialty reviewer reverses the denial, an approval notice is sent.
    - Applies to Medicare when a denial letter has not been sent

# Provider requests

- **Peer-to-peer consultation**

- A conversation between the requesting provider and the Moda Health medical director who made a denial decision.
- Within 10 days of the pre-service denial
- With medical director who did initial denial
- May give new rationale for the requested service to support medical necessity
- If the denial is upheld, the medical director gives verbal notice. No new letter is sent.
- If the denial is overturned, an approval notice is sent.

# Provider Requests

- **Member appeal**

- A pre-service or post-service appeal initiated by a member regarding 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 form.
  - Medicaid requires any written consent from the member to the provider.
  - Medicare does not require the member's consent.
- Requests are processed according to the member's eligibility, applicable benefit provisions and regulations.
- If the provider requests a same-specialty review, the medical director decides whether it is warranted.
- The appeal coordinator sends a written notice of decision to the member and copies the provider if the provider is a designated representative.
- If the denial is overturned, an authorization notice is sent.



# Provider Requests

- **Provider appeal**

- A post-service request to review claims status, member eligibility, claim payment decision, medical policy, coordination of benefit issues or third party issues, etc.
- Provider appeals involving medical necessity are reviewed by the same medical director who made the initial denial.
- If a provider requests same-specialty review on a post-service appeal, the medical director decides whether same-specialty review is warranted.

# Provider Requests

- **EXPEDITED or RUSH REQUESTS**

- A pre-service appeal for medical care or treatment for which applying the time period for making a non-urgent care determination could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function
- 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, calls the provider and sends a written notice.

# Provider Requests

- **Medical record requests**

- Moda Health may request medical records and supporting statements to make decisions on the above requests.
- State or federal regulations require a timely response for prior authorizations, claims, appeals or grievances.
- 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 providers and health plans meet the definition of a covered entity under the **Health Information Portability Act** and may share information for treatment purposes without a signed patient authorization.

# Prior authorization

# Prior authorization process

To help you understand what services need prior authorization, are always not covered, or not medically necessary, Moda Health has created a prior authorization list

The Moda Health Medical Intake department can be reached at 503-243-4496 or toll-free at 800-258-2037.

*The list of services that require prior authorization, as well as the form, can be found at [www.modahealth.com/medical/referrals.shtml](http://www.modahealth.com/medical/referrals.shtml)*

# Prior authorization process

Moda Health members and providers are notified of pre-authorization decisions by Healthcare Services



The specialist or requesting provider is notified verbally or via facsimile when the review and decision are complete

# Referral and authorization information



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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

Current 2016 and earlier

## Referral and authorization guidelines

To help you understand what services need prior authorization, are always not covered or not medically necessary, we're updating our prior authorization lists.

The following lists cover our lines of business. Because some services are considered investigational, cosmetic, or always not medically necessary, we are including a separate list of the services that are always not covered.

Effective January 1, 2017 for all in-network individual, ASO, small, and large group plans, Moda will deny services if required prior authorization is not obtained prior to rendering the service. If a prior authorization is not obtained for in-network services, Moda will deny charges as provider responsibility.

### Medicare

- [Procedures and services requiring prior authorization](#)
- [Procedures and services requiring prior authorization \(Excel\)](#)

### Group/Individual

- [2017 group/individual prior authorization list](#) (last updated 08//01/2017)
- [2017 group/individual always not covered list](#) (last updated 08/01/2017)

### Benefit Tracker

Check benefits and eligibility

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[Account help](#)

[Request an account](#)

### Provider Reports

For value-based provider programs, including Synergy, Summit, Beacon, Affinity, CPC+, and EOCCO

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# eviCore authorization requests

Authorizations for advanced imaging studies and musculoskeletal services can be requested through eviCore healthcare's online provider portal or by phone.

Provider Portal: [www.evicore.com](http://www.evicore.com)

Phone: 844-303-8451

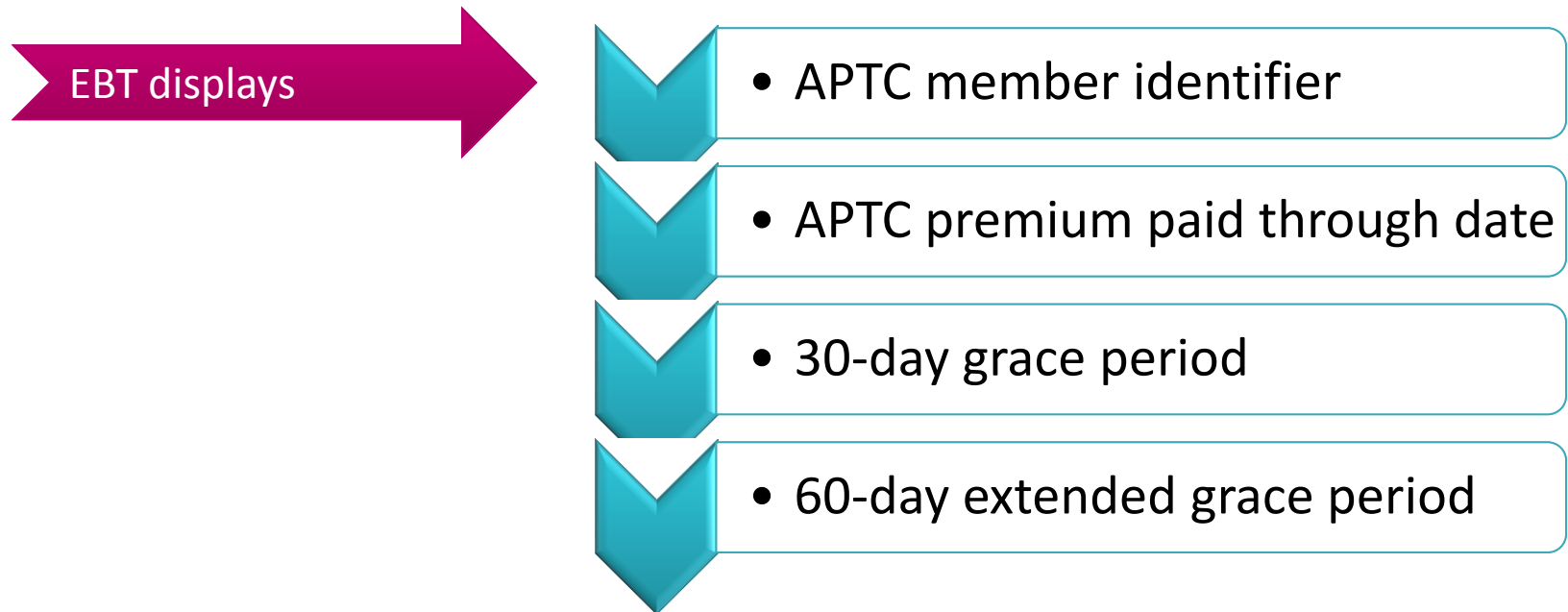
\*To verify your patient is employed by a group who requires prior authorization through eviCore for advanced imaging or musculoskeletal services, please check Benefit Tracker for specific member benefits.



# Enterprise Benefit Tracker (EBT)

# Advanced premium tax credit (APTC)

- More access to patient benefit information
- Enterprise Benefit Tracker (EBT) online tool will show APTC information when viewing member benefits.



# 30-day grace period



## - Medical Benefits

[Medical Benefits](#) | [Vision Benefits](#) | [Rx Benefits](#) | [Claims](#) | [PCP History](#) | [EOBs](#) | [Member Handbook](#) | [Family](#)

**Subscriber ID:**

**Subscriber Name:**

**Subscriber Address:**

**Network:** Connexus (formerly ODSPPlus)

**Insurance Type:** Preferred Provider Organization

**Group Number:**

**Plan Number:**

**Group Name:**

**State Issued:** OR

### Claims information

APTC premium paid through date: 01/01/2015  
30 day grace period: 01/31/2015 ?  
Extended 60 day grace period: 04/01/2015 ?

[Check eligibility for another date:](#)

**30 day grace period.** HIX grace period. During the first month of grace period which applies once the subscriber has paid their first full months premium, claims will be considered at regular plan benefits compliant with advance premium tax credit

**Patient Name:**

Gender	Relationship	Birth Date	Plan Begin	Plan End	Status	COB Begin	COB End
Male	Subscriber		10/01/2009	--/--	Active		

# 60-day extended grace period



## Medical Benefits

[Medical Benefits](#) | [Vision Benefits](#) | [Rx Benefits](#) | [Claims](#) | [PCP History](#) | [EOBs](#) | [Member Handbook](#) | [Family](#)

**Subscriber ID:**  
**Subscriber Name:**  
**Subscriber Address:**

**Insurance Type:** Preferred Provider Organization  
**Group Number:**  
**Plan Number:**  
**Group Name:**  
**State Issued:** OR

**Network:** Connexus (formerly ODSPPlus)

### Claims information

APTC premium paid through date: 01/01/2015  
30 day grace period: 01/31/2015 ?  
Extended 60 day grace period: 04/01/2015 ?

Check eligibility for another date:

**Extended 60 day grace period:** HIX grace period. Active coverage under grace period however, claims will be pended until full premium is received from subscriber

**Patient Name:**

Gender	Relationship	Birth Date	Plan Begin	Plan End	Status	COB Begin	COB End
Male	Subscriber		10/01/2009	--/--	Active		

# Provider resources

# Provider resources

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OEBB Reference Price Program

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Quality of care



## Welcome, medical providers

Thank you for partnering with Moda Health. We value our 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 you need to continue providing excellent care.

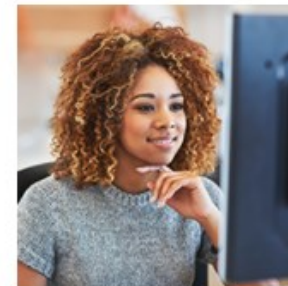
- Significant announcements
- Medical policy updates
- Prior authorization changes
- & much more!

## 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](#)



# Clinical guidelines and tools



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## Clinical guidelines and tools

For behavioral health information, please visit our [behavioral health page](#).

### Clinical guidelines

The guidelines below are not intended to direct clinical care in any specific circumstances. They are intended to communicate either evidence-based or generally accepted approaches to care. These [clinical guidelines](#) are available for download.

- Cardiovascular disease:
  - [Hypertension](#): 2014 evidence-based guideline for the management of high blood pressure in adults. Report from the panel members appointed to the Eighth Joint National Committee (JNC 8)
  - [Hyperlipidemia](#): 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines
- Diabetes:
  - [Type 1 diabetes in adults](#): diagnosis and management
  - [Diabetes \(type 1 and type 2\) in children and young people](#): diagnosis and management
  - Diagnosis and management of [type 2 diabetes mellitus in adults](#)
- Depression:
  - [Adult depression](#) in primary care

### Benefit Tracker

Check benefits and eligibility

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### Provider Reports

For value-based provider programs, including Synergy, Summit, Beacon, Affinity, CPC+, and EOCCO

[Log in](#)

### Join our email list

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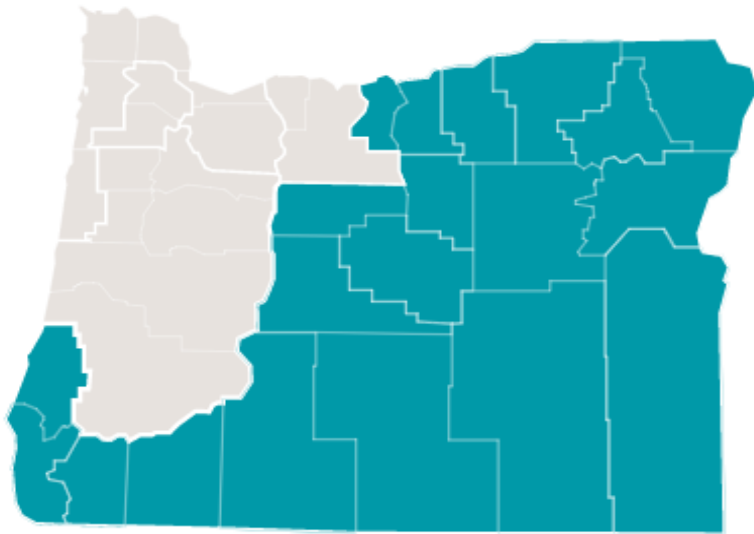
go!

# Find your rep

## Find your rep

Just click on your service area to find your Moda Health representative and contact information.

Select your area on the map below



**Sara Snider**

[sara.snider@modahealth.com](mailto:sara.snider@modahealth.com)

Serving Baker, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Jackson, Jefferson, Josephine, Klamath, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler Counties and ID

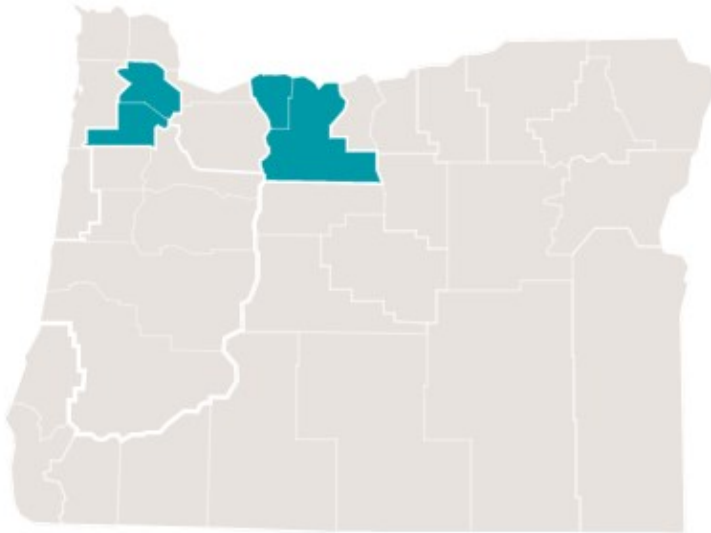


# Find your rep

## Find your rep

Just click on your service area to find your Moda Health representative and contact information.

Select your area on the map below



**Kristina Swank**

[kristina.swank@modahealth.com](mailto:kristina.swank@modahealth.com)

Serving Hood River,  
Wasco, Washington and  
Yamhill Counties, WA, AK  
and ZoomCare

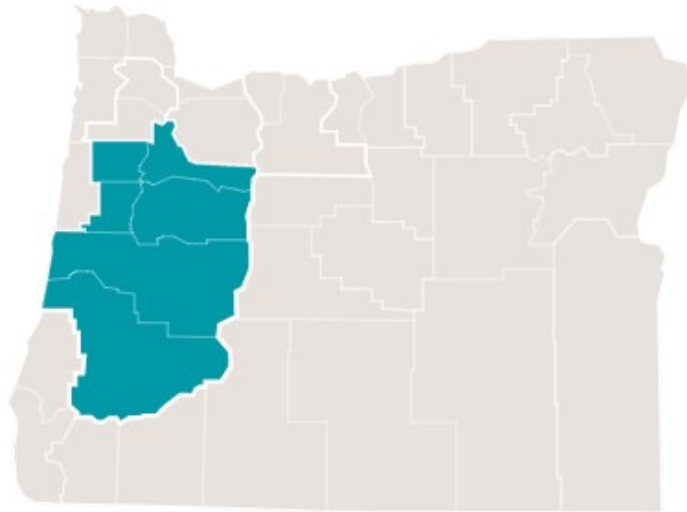


# Find your rep

## Find your rep

Just click on your service area to find your Moda Health representative and contact information.

Select your area on the map below



**Melissa Mayea**

[melissa.mayea@modahealth.com](mailto:melissa.mayea@modahealth.com)

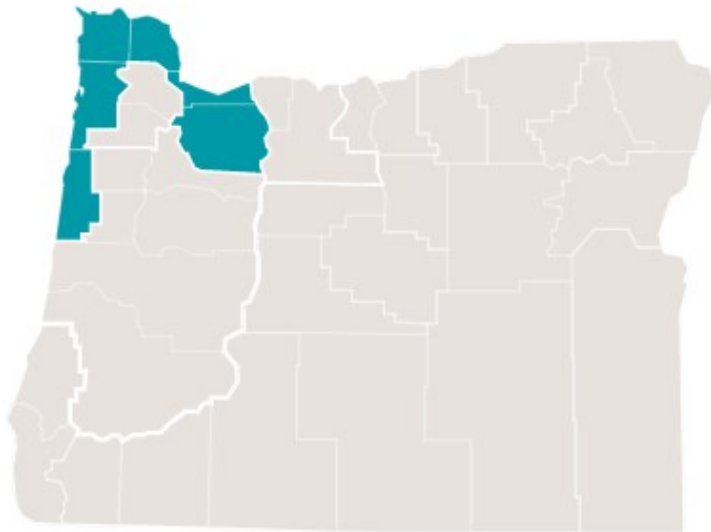
Serving Benton, Douglas,  
Marion, Linn, Lane and  
Polk Counties

# Find your rep

## Find your rep

Just click on your service area to find your Moda Health representative and contact information.

Select your area on the map below



**Brittany Davis**

[brittany.davis@modahealth.com](mailto:brittany.davis@modahealth.com)

Serving Clackamas,  
Clatsop, Columbia,  
Lincoln, Multnomah,  
Tillamook Counties and  
OHSU



# Provider news



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## Provider Notices

As a participating provider, we want to ensure your timely notice of changes and updates to billing policies, authorization lists, and industry regulations which may impact your practice. Provider notice of material changes is issued via postal mail, and may target a specific procedure or specialty.

Past Provider Notices can be viewed below.

- 2017 PDR and 835 ERA overpayment enhancements
- 2017 Credentialing changes (effective 7/15/2017)
- MagellanRX Zarxio GCSF preferred July 2017 (effective 7/1/2017)
- eviCore announcement II (effective 4/1/2017)
- Magellan expansion notification April 2017 (effective 4/1/2017)
- eviCore announcement (effective 4/1/2017)
- Magellan Rx expansion notification January 2017 (effective 1/1/2017)
- MagellanRX Gel One preferred January 2017 (effective 1/1/2017)
- 2017 Prior Authorization changes (effective 1/1/2017)
- Massage therapy benefit coverage (effective 1/1/2017)
- Beacon name changing to Affinity (effective 1/1/2017)
- New changes to ICD-10 rules (effective 1/1/2017)
- Interspinous Process Decompression System notification (effective 10/1/2016)
- MagellanRX expansion notification October 2016 (effective 10/1/2016)

- Significant announcements
- Medical policy updates
- Prior authorization changes
- & much more!

Log in

Join our email list

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go!

# Find care

Go to: [www.modahealth.com/ProviderSearch](http://www.modahealth.com/ProviderSearch)



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

## Search our provider directory

Find medical, vision, dental, and pharmacy providers.

### Search as a member

Enter your **ID number** to be shown only your in-network providers.

ID number

Remember me

Search as a member

### Get your digital member ID card

Use our app to see your ID card while on the go.  
Available for **iOS** and **Android** devices.



### Search by network

Select the **network** of the plan you have or are interested in.

Network

Search by network

Don't have a network in mind? [Search as a guest.](#)

[Find Care](#) | [Search tips](#) | [Glossary](#) | [Contact us](#) | [m](#)

[Medical](#) [Dental](#) [Pharmacy](#) [Vision](#)

## Enter your search criteria

Provider or facility name

Provider type

Provider specialty

Network/networks

Location

Show only providers who are accepting new patients.

[Show more search options](#)

Search

**Join our network**

# Become a provider



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Quality of care

## Become a provider

Thank you for your interest in becoming a participating provider in the Moda Health network. It's providers like you who help us ensure that our members get the high quality, cost-effective care they need to stay healthy longer.

**Please note:** if you are joining a clinic that is already contracted with us, you do not have to complete a contracting request form. You can complete a [credentialing application](#) now.

To get started, just follow the simple steps below.

### 1 Contracting request

Complete our [contracting request form](#) and submit. Please note that it may take up to 30 days for a response.

### 2 Review

We'll review your application and let you know if the panel is open in your area.

If the panel is open in your area, you are eligible to be a participating provider in the Moda Health network. We'll contact you to let you know how to continue with the process.

If the panel is not open in your area at this time, please do not complete the credentialing application. You may reapply a year after your request.

### 3 Credentialing application

#### 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

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# Contracting requests



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Contracting

## New provider contracting request form

Want to join Moda Health's select provider network? This page has everything you need to submit a request to become a participating provider with us.

Upon completing the following form, your information will be reviewed for contracting consideration. You will be contacted by one of our contract specialists within 30 business days of your submission.

To get started, fill out the short form below. Then, tell us a little about yourself so we can get to know you and your practice better.

### New provider participation form

*Date:	<input type="text"/>
*NPI #:	<input type="text"/>
*Tax ID:	<input type="text"/>
Taxonomy #:	<input type="text"/>
Medicare #:	<input type="text"/>
Medicaid #:	<input type="text"/>
*Business name:	<input type="text"/>
*Address Line 1:	<input type="text"/>
Address Line 2 (optional):	<input type="text"/>
*City:	<input type="text"/>
*State:	<input type="text"/>

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Check benefits and eligibility

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### Provider Reports

For value-based provider programs, including Synergy, Summit, Beacon, Affinity, CPC+, and EOCCO

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# Credentialing information



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## Pathway to provider participation

- ▶ [Is credentialing different than contracting?](#)
- ▶ [What is credentialing?](#)
- ▶ [Do I require credentialing?](#)
- ▶ [Does Moda delegate credentialing to other entities?](#)
- ▶ [Credentialing forms](#)

## Credentialing requirements

Want to learn more about Moda's credentialing process? [Click here](#) to see the criteria for organizational, individual medical, behavioral health and alternative care providers to participate.

## Questions?

We're here to help. Please feel free to contact us with any questions or concerns about our credentialing process.

Organizational provider credentialing documentation may be returned via fax, email or regular mail.

Toll-free phone number: 855-801-2993

Fax number: 503-265-5707

Email: [Credentialing@modahealth.com](mailto:Credentialing@modahealth.com)

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

## 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

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## Join our email list

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# Member ID cards

# Member ID cards

## Commercial plans

 **Subscriber/Dependent(s)**  
(00) John A Smith  
(01) Jane A Smith

**Networks**  
Connexus  
Delta Dental Premier

**ID number**  
A12345678

**Group number**  
12345678

**Mobile PIN code**  
0291


*This card does not certify or guarantee benefits.*

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


Medical: 888-217-2363  
Dental: 888-217-2365  
Pharmacy: 888-361-1610


**Send claims to:**  
P.O. Box 40384, Portland OR 97240

PCN: 38600  
BIN: 003585


 **First Health Network**

*Moda Health uses First Health for the Travel Network.*





*Delta Dental of Oregon*



## Medicare Advantage plans


 **Subscriber**  
John A Smith

**Moda Health HMO**

CMS H8506-001

**Issuer:** 80840  
**ID number:** A12345678  
**Group number:** 10004760

RxBIN: 015574  
RxPCN: ASPROD1  
RxGrp: ODS16




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

Medical: 877-299-9062  
Pharmacy: 888-786-7509  
Mental Health & Chemical  
Dependency: 800-799-9391  
TTY users, please dial 711

**Send claims to:**  
Medical: P.O. Box 40384  
Portland OR 97240-0384  
Pharmacy: P.O. Box 40327  
Portland OR 97240-0327

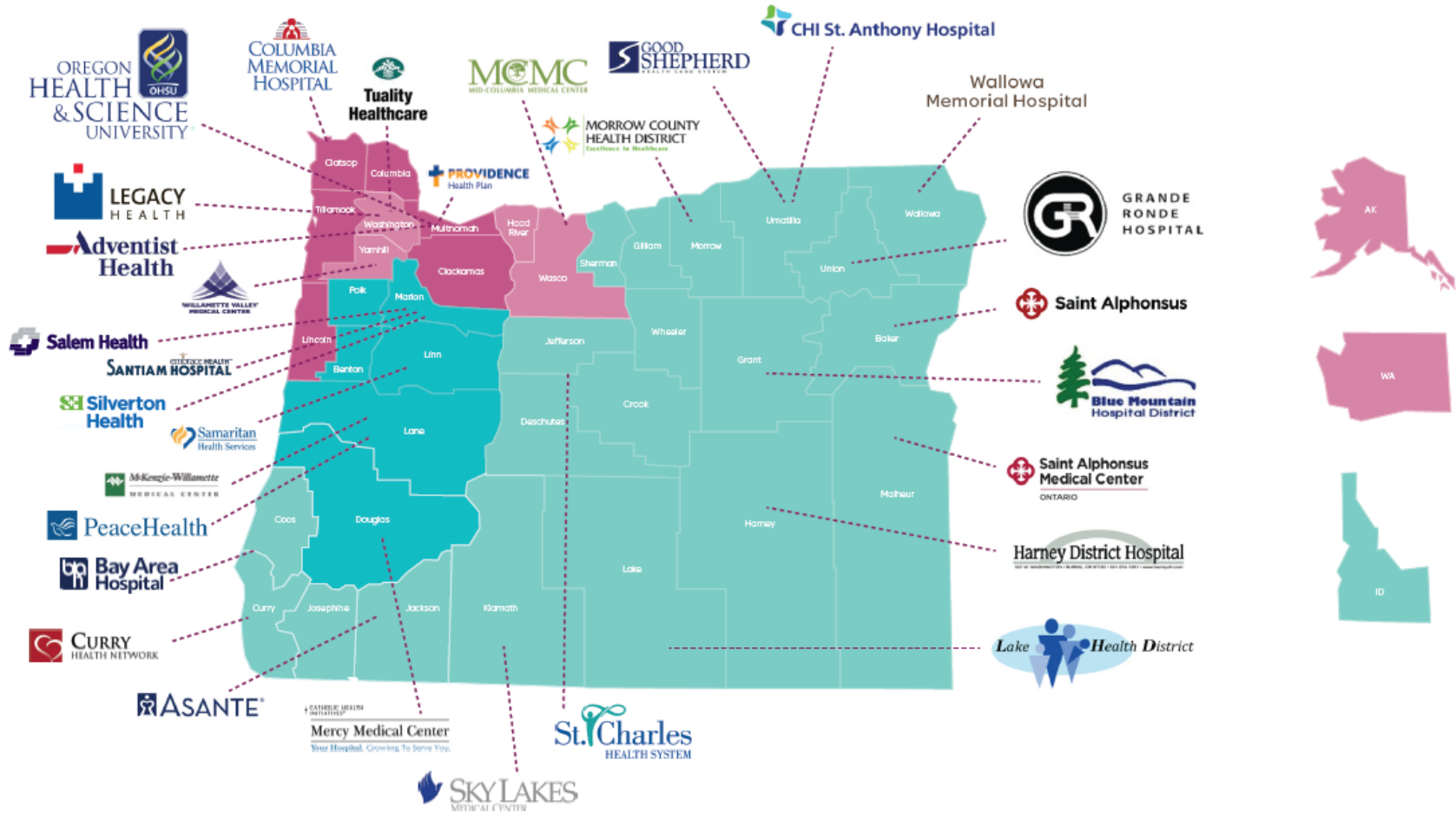
MedImpact  
provider inquiries:  
800-681-9576

*Medicare limiting charges apply.  
This card is not proof of benefits.*



# Contacting Moda Health

# Provider Services regional assignments



● Brittany Davis  
 brittany.davis@modahealth.com  
 \*Consulting services for OHSU in Multnomah county provided by Brittany Davis  
 \*Trillium

● Kristi Swank  
 kristi.swank@modahealth.com  
 \*Consulting services for Legacy Health in Multnomah County provided by Kristi Swank

● Melissa Mayea  
 melissa.mayea@modahealth.com

● Sara Snider  
 sara.snider@modahealth.com  
 \*AMHA

# Provider Services regional assignments

● **Brittany Davis**

Adventist Health  
Columbia Memorial Hospital  
OHSU  
Providence

● **Kristi Swank**

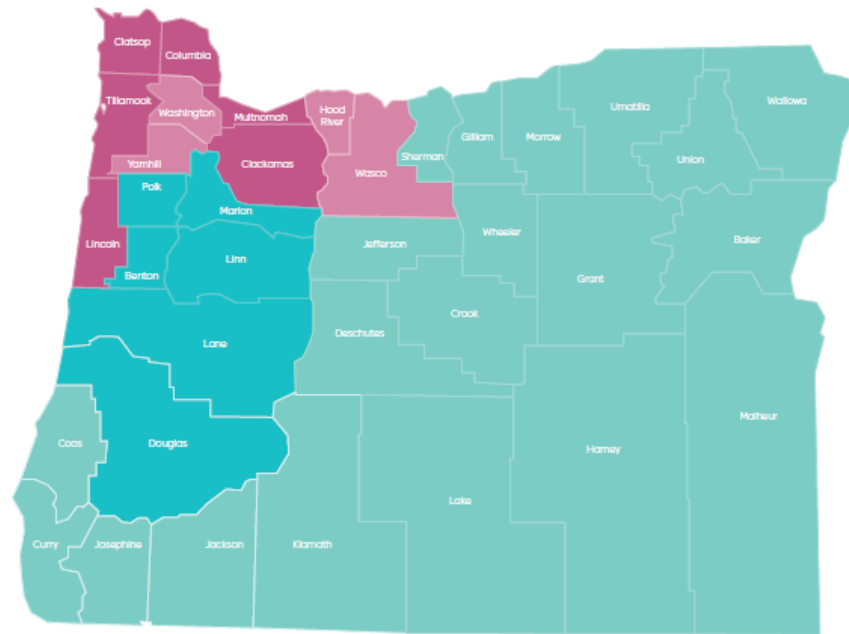
Legacy Health  
Mid Columbia Medical Center  
Tuality Health Care  
Willamette Valley Medical Center  
ZoomCare

● **Melissa Mayea**

Mercy Medical Center  
Peace Health  
Salem Clinic  
Salem Health  
Samaritan Health Services  
Silverton Hospital

● **Sara Snider**

Asante  
Bay Area Hospital  
Blue Mountain Hospital District  
CHI St. Anthony Hospital  
Curry General Hospital  
Good Shepherd  
Grande Ronde Hospital  
Haney District Hospital  
Lake Health District  
Morrow County Health District  
Saint Alphonsus  
Saint Alphonsus Medical Center  
Sky Lakes Medical Center  
St. Charles Health System  
Wallowa Memorial Hospital



● **Brittany Davis**

[brittany.davis@modahealth.com](mailto:brittany.davis@modahealth.com)

\*Consulting services for OHSU in Multnomah county provided by Brittany Davis

\*Trillium

● **Kristi Swank**

[kristi.swank@modahealth.com](mailto:kristi.swank@modahealth.com)

\*Consulting services for Legacy Health in Multnomah County provided by Kristi Swank

● **Melissa Mayea**

[melissa.mayea@modahealth.com](mailto:melissa.mayea@modahealth.com)

● **Sara Snider**

[sara.snider@modahealth.com](mailto:sara.snider@modahealth.com)

\*AMHA

# Contact us

Medical Provider Configuration (demographic updates)  
[providerupdates@modahealth.com](mailto:providerupdates@modahealth.com)

Medical Provider Relations or Contracts  
[providerrelations@modahealth.com](mailto:providerrelations@modahealth.com)

Moda Customer Service  
Phone 503-243-3962  
[medical@modahealth.com](mailto:medical@modahealth.com)

Prior Authorizations  
Phone 503-243-4496  
Toll-free 800-258-2037

Credentialing  
Phone 855-801-2993  
[credentialing@modahealth.com](mailto:credentialing@modahealth.com)