

2022 Provider Workshop

Presented by Moda Health



Delta Dental of Oregon & Alaska



Welcome

Idaho Presentation

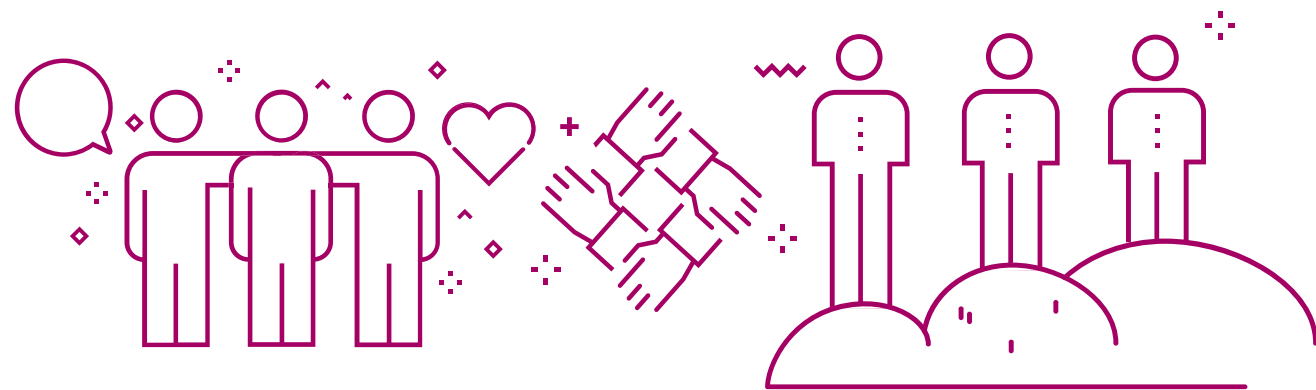


Agenda- Idaho

- Diversity, Equity and Inclusion surveys
- Commercial networks
- PCP requirements
- Credentialing/Contracting
- Claims/Billing
- Prior authorizations/referrals
- Reconsiderations and appeals
- HEDIS
- Healthcare Services
- Provider resources

Diversity, Equity and Inclusion 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.



Diversity, Equity and Inclusion survey

Currently, diversity among physicians is limited. Mounting evidence suggests 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

2023 Commercial networks



2023 Commercial networks — Group

Connexus

- Statewide PPO plan
- PCP selection, referrals not required

Synergy

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

Moda Select

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

Commercial group network



Moda Select Small Group

- Moda Select
 - Exclusive Provider Organization (EPO)
 - PCP Selection is required
 - No referrals required
 - No out-of-network benefits
 - Group members residing in Clackamas, Multnomah and Washington counties in Oregon
 - Texas and Idaho

Individual network

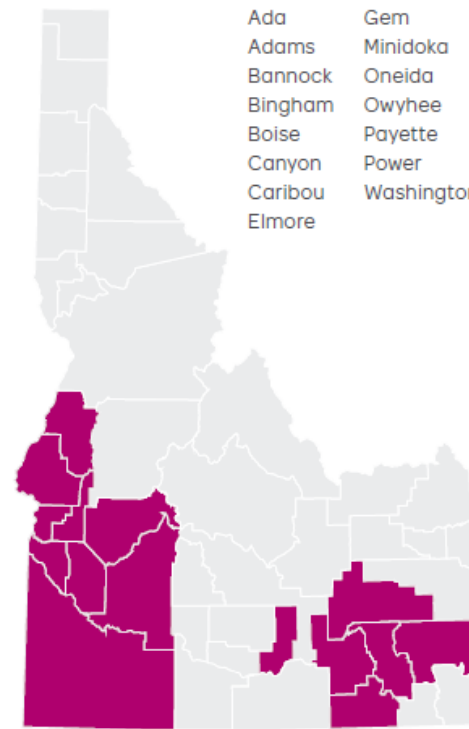


Individual network service area


The *Moda Select* Network

We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you'll have better value and better care.

The Moda Select Network is for residents living in the following counties:



- Ada
- Adams
- Bannock
- Bingham
- Boise
- Canyon
- Caribou
- Elmore
- Gem
- Minidoka
- Oneida
- Owyhee
- Payette
- Power
- Washington

 A national travel network is available. Ask your Moda Health Sales representative to learn more.

Health system partners and major medical groups

<p>Treasure Valley Saint Alphonus Health Alliance, including:</p>  Saint Alphonus <small>A Member of Trinity Health</small>	<p>South Central Idaho Including:</p>  Minidoka Memorial Hospital	<p>Southeast Idaho Patient Quality Alliance, including:</p>  Portneuf MEDICAL CENTER
 Saltzer HEALTH	 Primary Health Medical Group	
	 VALLEY Family Health Care	

Not all providers at these locations are in-network.



Affinity network

- What is the Affinity network?
 - Clinically integrated network, which includes 15 health system partners and their referring providers
 - PCP selection is required
 - Exclusive Provider Organization (EPO)
 - No out-of-network benefits



PCP requirements



PCP requirements

- Licensed:
 - M.D., D.O., N.P., P.A. or N.D.*
- Specialty:
 - Family practice
 - Internal medicine
 - Obstetrics/gynecology
 - Pediatrics
 - Geriatrics
- Provide services within their scope of practice as defined by law and state licensure
- Hospital admitting privileges or arrangements
- Authority to prescribe medication

PCP requirements

- 24/7 PCP call coverage
- 3-year residency at an accredited program
- Participate in medical record audits
- Participate in office site visit
- Complete access and after-hours surveys
- Credentialed
- Contracted

PCP requirements

Moda Health access standards for medical services:

- Medical coverage is available 24 hours, seven days a week
- Emergency needs are immediately assessed, referred and/or treated
- Members requiring urgent, acute care are seen within 24 hours of request
- Established members with stable or chronic conditions are scheduled within 30 calendar days of the request



Call share

- PCP providers
 - Same Tax ID Number
 - Same network
 - PCP provider type

New patient vs. established

- When 99212-99215 (established patient) codes are reported for a new patient, a clinical edit denial will be generated
- Established patient with previous services occurring before the member became effective on the Moda Health plan
- Providers with a different specialty than another provider in the same group who has previously seen a patient, can bill a New Patient visit

modahealth.com/pdfs/reimburse/RPM076.pdf

Preventive care vs. medical

- Patient Protection and Affordable Care Act (PPACA)
 - Services covered at 100% when the member is seeing an in-network provider
- Moda Health covers a limited list of additional tests when billed with a routine, preventive or screening diagnosis code

modahealth.com/pdfs/reimburse/RPM037.pdf

Preventive care vs. medical

- Medical E/M visit combined with a preventive E/M visit
 - CPT guidelines define the documentation and coding requirements for reporting an additional problem-oriented E/M service in combination with the preventive E/M service code
- Lab tests ordered at an annual preventive health visit (99381–99397) are not automatically eligible for coverage under the no-cost-share Affordable Care Act preventive benefit
- Diagnosis codes must point to the correct procedure codes

Credentialing and Contracting



Contractual requirements

- Refer to in-network providers
- Bill the plan for covered services
- Keep providers credentialing current
- Comply with provider manual and reimbursement policies
- Validate demographic information every 90-120 days
- Moda recommends that you limit up front collections to flat-fee copays only
- Not all providers are contracted with all networks
- All lines of business are separately contracted

Credentialing vs. contracting



Credentialing resources

- Website: [Moda Health Credentialing](#)
- Application: [Practitioner Credentialing Application](#)
- How to contact our Credentialing team:
 - Email: credentialing@modahealth.com
 - Phone: 855-801-2993

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
- Provide the following information via email:
 - Customer Service Tracking (CST) number
 - Claim and Member ID numbers
 - Any supporting documentation or correspondence

Telehealth — temporary COVID-19

- Moda Health's website has the most up-to-date reimbursement policy for telehealth/telemedicine
 - Expanded telehealth policy valid during the Public Health Emergency (PHE)
modahealth.com/pdfs/reimburse/RPM073_COVID-19TelehealthExpansion.pdf
 - Original telehealth policy
modahealth.com/pdfs/reimburse/RPM052_TelehealthTelemedicine.pdf
- This policy is in effect until the agreement with the state of Oregon and Idaho ends
- Medicare Advantage plans — until directed by CMS that the temporary expanded coverage has ended
- We will be given a 60-day notice for any changes to the PHE.

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

Incident to services

- Commercial plans
 - Moda Health does not recognize or allow incident-to billing for Moda Health Commercial plans. Practitioners must bill under their own name and provider identification (NPI, TIN).
- Medicare Advantage plans
 - Moda Health follows CMS incident-to billing rules for our Medicare Advantage plans

modahealth.com/pdfs/reimburse/RPM040.pdf

Claims

Multiple therapy reductions

- Multiple Therapy Fee Reduction applies to codes with multiple procedure indicator of “5”
- First unit of Therapy code is allowed at full fee schedule amount. Subsequent units/procedures subject to 20% discount.
- Multiple therapy fee reduction rules apply to percent of charge or discount contracts
- Moda Health does not apply multiple procedure reductions to Osteopathic Manipulative Treatment (OMT) or Chiropractic Manipulative Treatment (CMT)

modahealth.com/pdfs/reimburse/RPM022.pdf

Claims

Multiple therapy reductions — example No. 1

CPT code	Units	Allowed amt.	Discount	Reduced allowed
97110 (primary)	1	50.00	N/A	N/A
97035	1	40.00	20%	32.00
97140	1	40.00	20%	32.00

Claims

Multiple therapy reductions — example No. 2

CPT code	Units	Allowed amt.	Discount	Reduced allowed
97110 (primary)	3	150.00	20% (units 2 and 3)	130.00
97035	1	40.00	20%	32.00
97140	1	40.00	20%	32.00

Claims

Modifiers 58, 78 and 79

- Valid for procedures with Global Days indicator of 010 or 090
- **Modifier 58:** Documentation that the subsequent procedure was a staged or anticipated procedure of the original surgery may be included in the operative report for the original surgery or the preoperative documentation
- **Modifier 78 Fee adjustments:** 70% of global allowance for that procedure (Medicare Advantage and Commercial)
 - Out-of-network Medicare Advantage: Intra-operative portion of the global allowance
- **Modifier 79:** Submit documentation with claim or submit upon request

modahealth.com/pdfs/reimburse/RPM010.pdf

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 2 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

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

Clinical edits

- 340B Drug Discount Program-Acquired Drugs and Biologicals (Modifiers JG & TB)
- Laterality diagnosis
- Age Inconsistencies diagnosis
- CMS Rate Sheets for Critical Access Hospitals (CAH) and Rural Health Clinics (RHC)
- NDC requirement for Nutrition

To view a complete list of Moda Health's reimbursement policies, please visit modahealth.com/medical/policies_reimburse.shtml.

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

Benefit Tracker

- Access BT 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
- Our website has additional information that OneHealthPort may not capture
- Login required for each site
- Information and questions, email — ebt@modahealth.com

EFT/ERA

- Now that you've started billing with Moda, here is how you set up electronic payment and remittance
 - EFT: Electronic Funds Transfer
 - ERA: Electronic Remittance Advice
- Enrollment forms: modahealth.com/pdfs/eft_era_enrollment_form_medical.pdf

Prior authorizations and referrals



Prior authorizations

- How to determine that a service requires prior authorization
 - Review Referral and Authorization guidelines based online 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/referrals

- Commercial
 - Referrals are not required for members to see a participating specialist
 - Prior authorizations are required for non-par providers
 - Linn County is the only commercial plan with referral requirements
- Medicare Advantage
 - HMO plans require referrals from PCPs to specialists
- Providers are encouraged to refer to Moda Health participating providers in the members' assigned network(s).
 - Some plans have no out-of-network benefits
 - Refer to Find Care for participating providers

moda

DELTA DENTAL
Delta Dental of Oregon & Alaska

moda HEALTH

Oregon Contact us FAQs

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

Join our network

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)
- Referral/Authorization - Medicare only
- Medicare Part B Step Therapy Requirements

Group/Individual

- 2021 Commercial Prior Authorization List
- 2021 Group/Individual always not covered list
- Referral/Authorization - Commercial only
- Behavioral Health Authorization Request Form
- OHSU Employee Massage Therapy Request Form

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

EMAIL ADDRESS

go!

modahealth.com/medical/referrals/

Prior authorizations

eviCore

- 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 eviCore

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

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: 1-800-258-2037• 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>

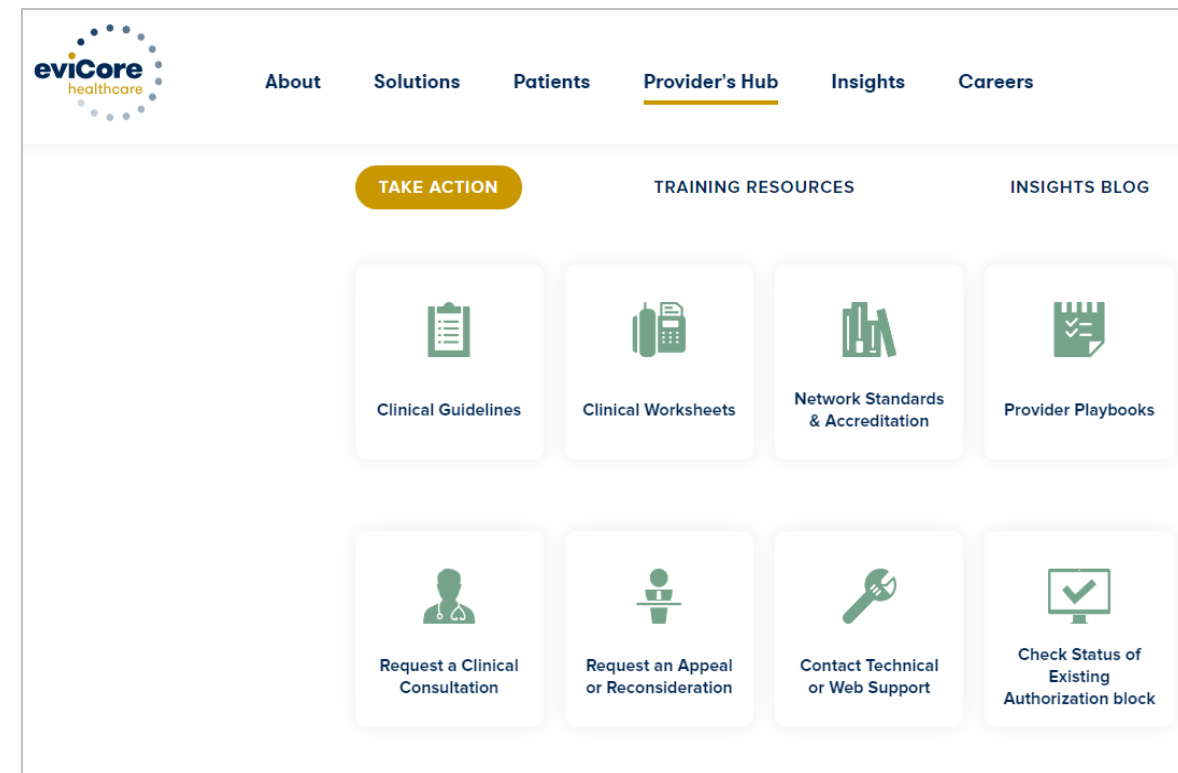
Prior authorizations

eviCore

- eviCore has clinical worksheets and guidelines you can use to assist with submitting authorizations online
- The clinical guidelines provide prerequisites required before a service will be authorized (e.g., needing to try physical therapy before having surgery)

Clinical guidelines eviCore

- 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
- eviCore also provides “WebEx Training” for new or experienced users twice per quarter for therapies PT, OT and ST
- [eviCore Healthcare \(webex.com\)](https://evicore.com/webex)



Clinical guidelines eviCore

- 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

Prior authorizations

Magellan Rx

- Provider-administered injectable drug program
 - Prior authorization required for specific injectable specialty medications
 - modahealth.com/medical/injectables/
- Site of Care Program
 - Certain provider-administered drugs only authorized in outpatient setting or patient's home
 - modahealth.com/medical/siteofcare.shtml
- Claim edits program

Prior authorizations

Magellan Rx

- Moda Health contracted providers have access to an online Magellan account
 - Visit the self-service provider portal at ih.MagellanRx.com
 - Select “New Access Request-Provider” under “Quick Links”
 - Select “Contact Us” to register
- Urgent or expedited request, call 800-424-8114

Prior authorizations

CoverMyMeds

- 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
- This does not replace Magellan Rx for injectable medications or Ardon Health for specialty pharmacy
- covermymeds.com
- Moda Pharmacy Customer Service Team- 888-361-1610

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 did 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 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
- 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** 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

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



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

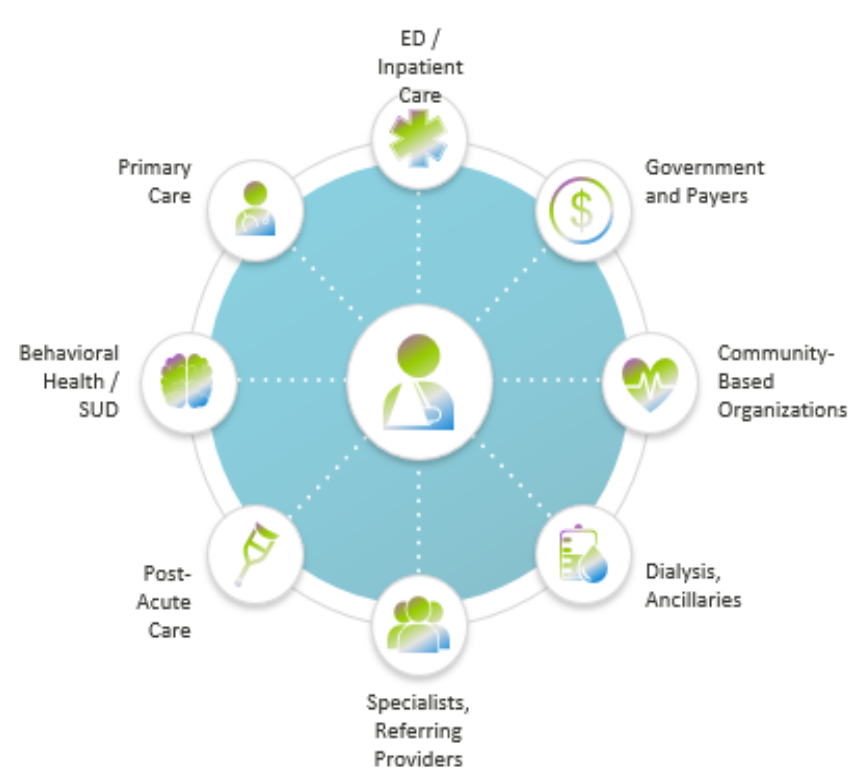
Health Navigators


- 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 navigation
 - Provide in-depth disease management/self-management programs for members dealing with chronic health conditions and diagnoses
- 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


Collective Medical


Who is Collective Medical?

Collective is a patient identification and tracking solution that gets the right information to the right person at the point of care. Our mission is to eliminate friction from care delivery through real-time collaborative care



- 

A NETWORK
Collective is a network of hospitals, emergency departments, primary care, specialists, behavioral health, post-acute care, and health plans across the United States, sharing important patient information at the time of care
- 

A PLATFORM
Collective is a platform that intelligently connects each member of a patient's care team for seamless collaboration at the right time and through the best medium
- 

A COMMUNITY
Collective is a community of providers in the care of patients—especially those with complex medical needs—in your communities and across the country.

Collective Medical

Getting Started

1. Connect with Moda Health to request a demo. michaela.nichols@modahealth.com
2. Request a Discovery Form from Moda – This is used to learn more about your organization. From there Moda will submit this to Collective and the three of you will work together to ensure a smooth onboarding process.
3. Complete the online agreements/contracts

How is cost covered?

By having Moda sponsor you! Providers without risk bearing arrangements are eligible for standard clinic implementation at no cost.

Provider resources



The screenshot shows the Moda Health provider portal homepage. On the left is a navigation menu with categories: Medical provider overview, Benefits & eligibility, Authorization & referrals, Patient care programs, Join our network, Provider resources (expanded), Patient resources, Pharmacy, and Quality of care. The 'Provider resources' menu includes: Claims and appeals, Policies and manuals, Clinical guidelines and tools, Contact us, Behavioral health, Preventive services, Medicare compliance, Forms, Samples, Workshops, Provider news, and OEBC Reference Price Program. The main content area features a teal banner for COVID-19 guidance, a 'Welcome, medical providers' section with a photo of a doctor and a woman, and a 'Benefit Tracker' section with a list of services and a 'Log in to Benefit Tracker' button. A 'Find Care' button is at the bottom left. Blue arrows point from the navigation menu to the COVID-19 banner, the 'Provider resources' menu, the 'Provider news' link, the 'Benefit Tracker' section, and the 'Log in to Benefit Tracker' button.

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

Find Care
Find a doctor, dentist, pharmacy or clinic

- Announcements
- Medical policy updates
- Prior authorization changes

[Medical Providers: Welcome](#)

Provider resources

Find Care

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



Contact us modahealth

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.](#)



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

Thank you



Delta Dental of Oregon & Alaska