

We want you to enjoy
good health, and
we're here to help.



Transition
checklist



We've put together a checklist to help you track your health needs and make your move to Moda Health as **easy as possible**.

Find an in-network provider, or check to see if your provider is in-network



To find an in-network provider, or to check to see if your current provider is in-network, go to modahealth.com. In the "Find Care" box on the lower left side of the screen, select "Find a doctor, dentist, pharmacy or clinic." Then, you can search as a guest or enter your subscriber ID to look for an in-network provider.

Fill out and submit a Transition of Care Request form if you are:



- Scheduled for a procedure
- In the middle of treatment
- Pregnant
- Taking specialty medications

If you are scheduled for a service, in the middle of treatment for a medical condition, or pregnant, you may be eligible for a transition of care. Transition of care is when your health plan changes during certain medical treatments. As a result, the medically necessary services become out-of-network. If this is the case for you, please fill out our Transition of Care Request form. You can find it at modahealth.com/members/forms.shtml.

If you are currently working with a case manager, we would like you to work with one from Moda Health. Please call **800-258-2037** to request a case manager.

Fill your prescriptions one more time



You may want to fill any prescriptions you are taking one more time to make sure you have enough to last you during your transition of care.

See what medications we cover

There will most likely be changes in how your prescription benefits are managed with us. See what medications we cover and get cost estimates for them by visiting modahealth.com/pdl.

If your medication needs authorization, please call us at **866-940-0360**. We will work with you and your provider to get the information we need to complete your medication review.

Show your new Moda Health member identification card to your pharmacist

When you receive your member identification card, please show it to your pharmacy. You will want to do this before you fill your prescription. Also, let your pharmacist know that this card replaces the insurance information you have on file.

Find a participating pharmacy

You can find a participating pharmacy at modahealth.com. In the "Find Care" box on the lower left side of the screen, select "Find a doctor, dentist, pharmacy or clinic." Then, you can search as a guest or enter your subscriber ID to look for a pharmacy. If you have any questions, please call Moda Health Pharmacy Customer Service at **866-940-0360**.

Mail-order pharmacies

1. Contact your doctor and request a new prescription for up to a 90-day supply of each medication. You probably will not need a doctor's visit to get a prescription for a medication you already take.
2. Mail the new prescription and completed order form to the Moda Health mail-order partner. Please call Moda Health Pharmacy Customer Service at **866-940-0360** to find out who the mail-order partner is and how to receive an order form. Please do not mail photocopies of prescriptions.



□ Get credit for deductible costs that you've already paid

Depending on your plan, you may receive a credit for the amount you've already paid toward your deductible*. Please contact your current benefits plan administrator to see if this applies to you.

Most insurers will send us a report of deductible costs so we can credit your account. If your carrier does not provide this report, you will need to fill out and send a copy of your most recent explanation of benefits (EOB) to your employer.

We will credit your account after your employer sends that to us.

**This may not apply to all groups. Please ask your employer if you are eligible for deductible credit.*



□ Once you are a member, remember to get your vaccinations

Once your coverage with us begins, make sure to get your vaccinations. Vaccinations are some of the most important tools available for preventing disease. Many vaccinations are now covered at pharmacies such as Albertsons Sav-on, Bi-Mart, Fred Meyer, Rite Aid, Safeway and Walgreens. The following vaccinations are covered at your network pharmacies:

- Influenza
- Meningitis
- Pneumonia
- Hepatitis A
- Hepatitis B
- Tetanus, diphtheria and pertussis
- Shingles
- Human papillomavirus (HPV)
- Varicella



□ Create your Member Dashboard account

One of the first things you'll want to do is create your Member Dashboard account. Member Dashboard is your personal website. Within the site, you can find information about your plan, as well as many services, tools and programs created to help keep you healthy. Check it out at modahealth.com/memberdashboard.



□ Connect with health coaching

You can use our health coaching programs to get one-on-one support to manage health conditions. We offer coaching programs for:

- Cardiac care
- Dental care
- Depression care
- Diabetes care
- Lifestyle coaching
- Respiratory care
- Spine & joint care
- Women's health & maternity care

To enroll in a health coaching program, please call 877-277-7281 or email careprograms@modahealth.com.

Questions?

Please see the FAQs for members at modahealth.com under "Member overview" and then "Resources." You can also contact Medical Customer Service at 855-522-9807 or Pharmacy Customer Service at 866-940-0360.

Continuity of care (transition of care) request form



Transition of Care – New enrollee transitioning on to a new plan

Continuity of Care – Existing member whose provider network has changed

Transition of Care ▶ Transition of care occurs when your health plan changes during the course of certain medical treatments, and as a result, the medically necessary services become out-of-network. It may be necessary to continue with your current provider for a period of time to complete the course of treatment, or delivery in the case of pregnancy, at the in-network level. If you are scheduled for a procedure, in the middle of treatment for a medical condition or are pregnant, you may be eligible for a transition of care. (Form should be submitted at the of time health plan change, but no later than 30 days after the effective date of your coverage).

Continuity of Care ▶ Continuity of care occurs when there are changes to your network, and there are clinical reasons preventing immediate transfer of care to an in-network provider. Continuity of care allows the member to receive services at in-network coverage levels for specified medical conditions for a defined period of time. (Form should be submitted within 30 days of the network change).

Member name	Date of birth (mm/dd/yyyy)	Subscriber ID	Member phone number
Provider/Physician		Contact name	Provider/Physician phone number
Facility (if applicable)		Facility contact name	Facility phone number
Primary diagnosis (written out)	CPT Codes/Service/Procedure(s)		If pregnant, due date
Requested date span			

Please include a brief clinical summary of your condition and treatment plan below (this can also be completed by your attending physician). If request is approved by previous carrier, please provide the authorization letter or confirmation or include the following: CPT Code Diagnosis, Provider, Facility, Date of Service approved. Certain requests require clinical/chart notes for further review. Please attach clinical/chart notes if applicable.

X

Provider signature

Ready to submit? Fax request form and supporting clinical documentation to 800-522-7004, or secure email to transitionofcare@modahealth.com

Questions? Contact Moda Health at 888-393-2940 or at medical@modahealth.com

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Moda Partners, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의：한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

توجہ: اگر آپ اردو بولتے ہیں تو سبھی سہولتیں آپ کے لیے 1-877-605-3229 (TTY: 711) پر کال کریں۔

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

توجه: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید۔

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ តើយើងត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshitik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษาได้ ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahе para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

