



# Transition of care checklist



We want you to enjoy whole-person health, and we're here to help.



# We've put together a checklist to help make your transition to Moda Health as *easy as possible*.

We offer free interpretation services.  
Call (833) 599-8602 for assistance in your preferred language.

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

Caregivers are assigned to a network **based on where you reside**.  
Your assigned home network will be on your member identification card.

You can check to see if your current provider is in-network by visiting [modahealth.com/peacehealth](https://modahealth.com/peacehealth) and selecting Network Tier links:

For residents of **Oregon, Alaska** and **Washington** (Cowlitz and Clark Counties):

- Tier I (PeaceHealth network)\*
- Tier II (AK Endeavor Select and Aetna® PPO Network through Aetna Signature Administrators®)
- Tier II (AK First Choice)
- Tier II (OR/SW WA Connexus)

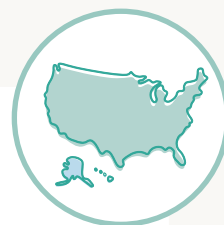
For **Northwest Washington** or remote residents and dependents:

- Tier I (PeaceHealth network)\*
- Tier II (Aetna® PPO Network through Aetna Signature Administrators®)

Moda Health Navigators are ready to help you find an in-network provider.  
Call (833) 599-8602



- ☐ Call us at (833) 599-8602 if you have any **out-of-area dependents** so we can ensure they have access to in-network providers.



\*PeaceHealth facilities and employed providers, ZoomCare, PeaceHealth joint ventures, CIN and select community providers.



## □ Create your Member Dashboard account

One of the first things you'll want to do once your coverage is effective and you have received your ID card 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.

Log in to the Member Dashboard at [modahealth.com/peacehealth](https://modahealth.com/peacehealth).





## □ Show your new Moda Health member identification card to your medical provider and pharmacy



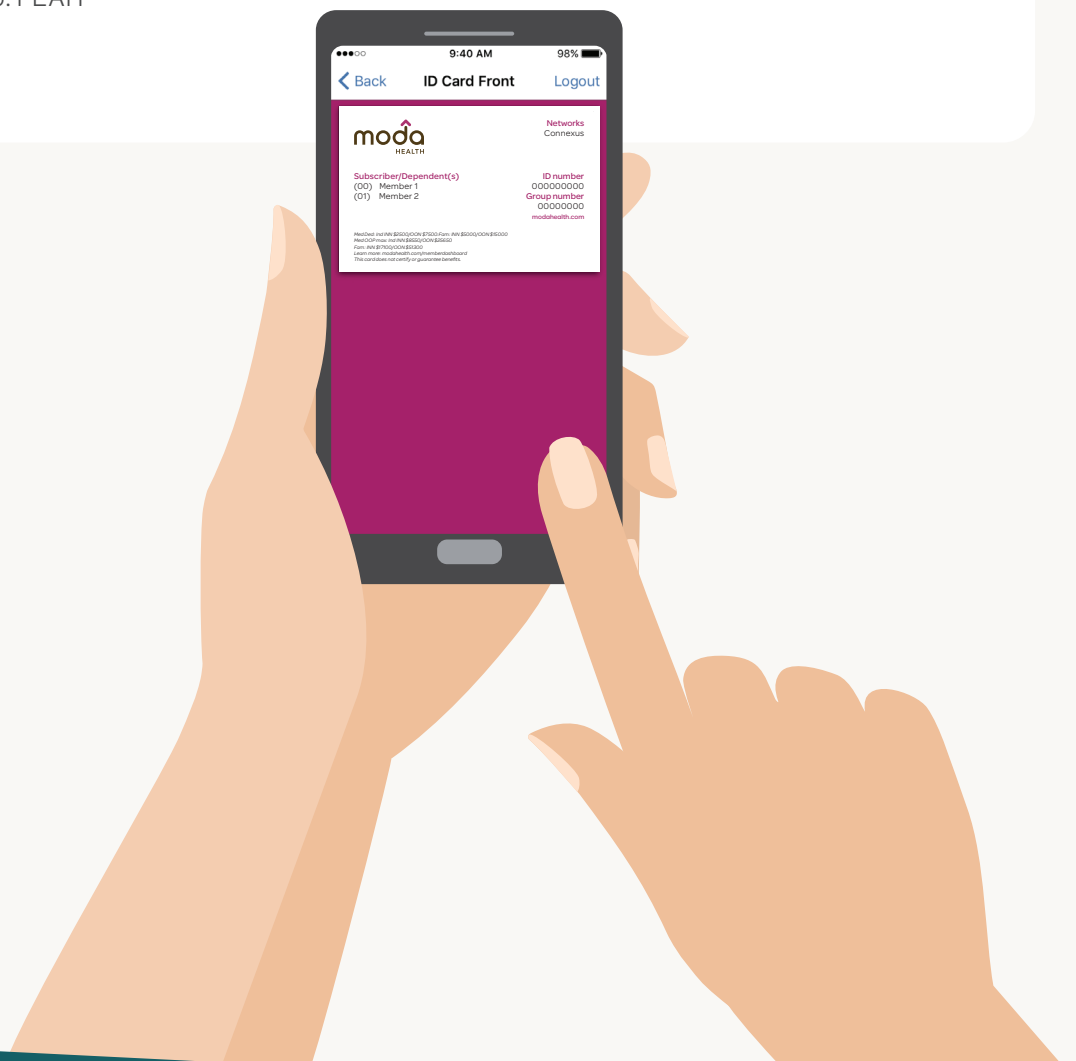
When you receive your member identification card, please show it to your healthcare provider on your next visit, or pharmacist when you first fill a prescription. Please let your provider know this card replaces the benefit coverage information they have on file for you.

You can also access a **digital ID** card from the home page of your Member Dashboard. You can access your Member Dashboard at [modahealth.com/peacehealth](https://modahealth.com/peacehealth).

It is important that your providers have the most current information necessary to submit claims for reimbursement.

Appreciating that pharmacy is often the first benefit accessed, we have provided the details below that your pharmacy will need to fill your prescription.

- PCN: NVT
- BIN: 610602
- RxGroup: PEAH







## ☐ 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 until your new coverage begins.

## ☐ See what medications we cover

You can review your pharmacy benefits, coverage for your medication, find in-network pharmacies, and get cost estimates on medications by visiting the [Prescription Drug List](#) link, found on the home page at [modahealth.com/peacehealth](https://modahealth.com/peacehealth).

If your medication needs authorization, please call us at (833) 599-8602. We will work with you and your provider to get the information we need to complete your medication review.

## ☐ Find a participating pharmacy

To find an in-network pharmacy, please visit [modahealth.com/peacehealth](https://modahealth.com/peacehealth) and use the Find Care link. We encourage you to use PeaceHealth pharmacies and/or check Find Care before filling your prescriptions. You can also view estimated medication costs in your Member Dashboard which you can access at [modahealth.com/peacehealth](https://modahealth.com/peacehealth). Within the Member Dashboard, look for the Prescription price check tool.

If you have any questions, please call Moda Health Navigators at (833) 599-8602.

## ☐ Mail-order services

For fewer trips to the pharmacy, consider enrolling in mail-order services through the PeaceHealth pharmacy to get your medication delivered right to your door.

PeaceHealth RiverBend Outpatient Pharmacy is the mail-order pharmacy for caregivers who reside in Alaska, Oregon and Washington. For other states, use Costco mail-order pharmacy. You can find mail-order information in your Member Dashboard. Access your Member Dashboard at [modahealth.com/peacehealth](https://modahealth.com/peacehealth).

1. Contact your provider 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. You will find links to the mail-order forms in your Member Dashboard or you can find them on [modahealth.com](https://modahealth.com). Select "I'm a member" then "Resources" and then "Forms" to access the links to the mail-order pharmacies.



## □ Connect with our Moda Health Navigator team

Welcome to personalized care that puts you at the center of all your healthcare needs with digital and person-to-person support.

As a caregiver, you have exclusive access to Moda Health Navigators, your own personal care guides. Moda Health Navigators are ready to help you:

- Answer any questions you have about healthcare and Moda
- Connect to care programs specific to any chronic conditions you may have
- Understand your benefits, claims and billing
- Help you schedule appointments
- Help with prior authorizations
- And so much more

### Plus coaching programs for:

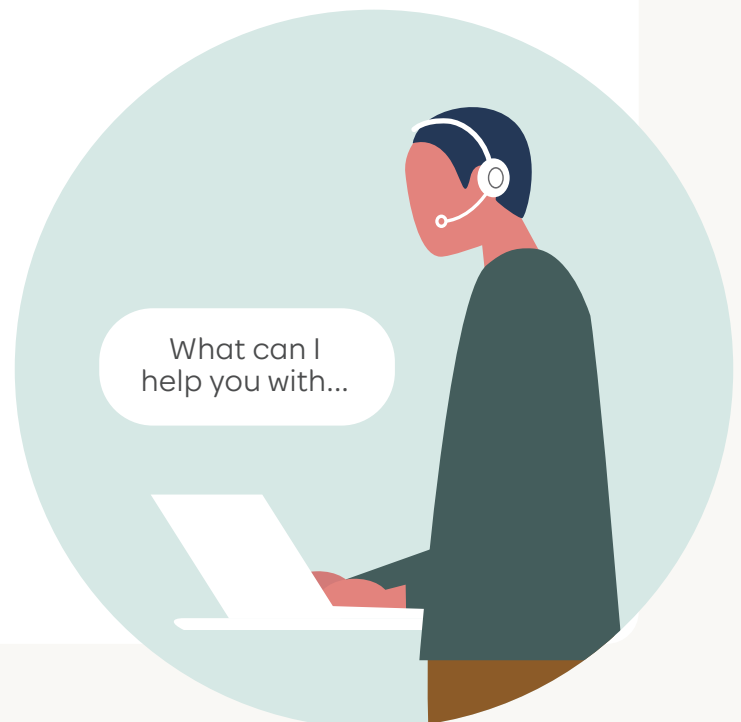
- Cardiac care
- Depression care
- Diabetes care
- Lifestyle programs
- Respiratory care
- Spine and joint care
- Women's health and maternity care
- And more

### Digital connection:

Once your coverage is effective and you have received your ID card you can use your Member Dashboard to access personal care reminders, specialized programs selected just for you, and live-chat with a Moda Health Navigator anytime.

To access the Member Dashboard visit [modahealth.com/peacehealth](https://modahealth.com/peacehealth).

To reach a Moda Health Navigator, please call (833) 599-8602





You have **two options** for accessing behavioral health support.

### ☐ Spring Health

Spring Health remains available through your employee assistance program. You and your dependents each receive up to eight free therapy sessions (which may include medication management) and eight free coaching sessions each year.

You can contact Spring Health Care Navigators at [\(855\) 629-0554](tel:8556290554).

### ☐ Behavioral Health – with a dedicated Champion to help you navigate behavioral and mental health resources

Your Moda Health medical plan also includes behavioral health support for more intensive treatment. Moda Health connects you to mental and behavioral health support and tools, some with 24/7 access. A Behavioral Health Champion can help guide you along your mental health journey. In addition to our comprehensive behavioral health network, we offer specialized programs that help with:

- Therapy and psychiatry – services available in 30+ languages with a diverse group of providers, includes telehealth options with guaranteed access within 3-5 business days
- Substance abuse treatment
- Autism, developmental disorders, Down syndrome and speech delay therapy
- LGBTQIA+ gender-affirming care
- Anxiety and trauma care
- Eating disorder care
- OCD treatment

#### **Not sure where to begin?**

We can help. Log in to your Member Dashboard at [modahealth.com/peacehealth](https://modahealth.com/peacehealth) and answer a few questions. We'll then recommend programs that can help you best. Or, call and connect with a Behavioral Health Champion at [\(833\) 599-6482](tel:8335996482).



## ☐ Fill out and submit a Transition of Care Request form if needed:



We understand that new coverage can be concerning, especially if you are in the middle of treatment or are pregnant. To avoid undue medical hardship and risk to you, it may be medically necessary for you to continue treatment for a period of time with your established provider, as we want you to get the care you need.

If you are already scheduled for a procedure, in the middle of treatment, or pregnant, you may be eligible to have your claims paid at a higher benefit level for a specific amount of time. Please fill out and submit a Transition of Care request form. If approved, your claims will be paid at the Tier II in-network benefit level for the approved course of treatment.

If you are currently working with a case manager, we would like you to work with one from Moda Health. Please call **(833) 599-8602** to request a case manager.

## *We're here to help*

We're happy to answer your questions. Give us a call!  
You can also review our FAQs at [modahealth.com/peacehealth](https://modahealth.com/peacehealth).

### Medical and pharmacy plan

Whether you have questions about your benefits, need to schedule an appointment, find a provider with availability or get a prior authorization, Moda Health Navigators are ready to help. **(833) 599-8602**

### Scheduling PeaceHealth appointments

If you're not currently a PeaceHealth patient and want to schedule your first appointment, a PeaceHealth Care Navigator can help you. They can also help you understand your healthcare options when you've received a new diagnosis or are confused about your next steps. **(833) 838-6307**

### Scheduling same-day visits

Need a priority virtual or in-person appointment for urgent, primary and specialty care needs? You can call Priority Scheduling with ZoomCare. Appointments are generally available the same day or next day. **(503) 386-0755**

### Mental and emotional health

Need a behavioral health provider or service? Moda Health Behavioral Health Champions can help find providers that are right for you. **(833) 599-6482**

You can also call a **Spring Health Navigator**, a licensed mental health clinician dedicated to helping you find the most suitable services for your needs. **(855) 629-0554**

# 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 time of 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.)

☐ Medical services   ☐ Behavioral Health services

Member name	Date of birth (mm/dd/yyyy)	Subscriber ID	Member phone number
Provider/Physician		Contact name	Provider/Physician phone number
Provider NPI		Provider TIN	
Facility (if applicable)		Facility contact name	Facility phone number
Facility NPI		Facility TIN	
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?

For **Medical services**, fax request form and supporting clinical documentation to 800-522-7004 or secure email to [transitionofcare@modahealth.com](mailto:transitionofcare@modahealth.com).

For **Behavioral Health services**, fax request form and supporting clinical documentation to 855-466-7207 or secure email to [transitionofcare@modahealth.com](mailto:transitionofcare@modahealth.com)

**Questions?** Contact Moda Health at (833) 599-8602, en Español (833) 599-8602.







# Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, 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](http://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](http://hhs.gov/ocr/office/file/index.html).

Scott White coordinates our nondiscrimination work:

Scott White,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto: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

(URDU) توجہ دیں: اگر آپ اردو بولتے ہیں تو سب سے اعلیٰ خدمات 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)

توجہ: 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 या अन्य भारतीय भाषा में बातचीत करना चाहते हैं, तो हम आपको मुफ्त में भाषा सहायता प्रदान करेंगे। 1-877-605-3229 (TTY: 711) पर कॉल करें

ប្រែសម្រួល: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ ឬភាសាផ្សេងៗទៀត អ្នកអាចទទួលបានសេវាបកប្រែឥតគិតថ្លៃ។ ហៅ 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 ឬភាសាផ្សេងៗទៀត អ្នកអាចទទួលបានសេវាបកប្រែឥតគិតថ្លៃ។ ហៅ 1-877-605-3229 (TTY: 711)

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

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี 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 togotia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe 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)

