

# 2023 Provider Workshop

Presented by Dan Thoma, LPC,  
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Olsgaard, LPC



Delta Dental of Oregon & Alaska



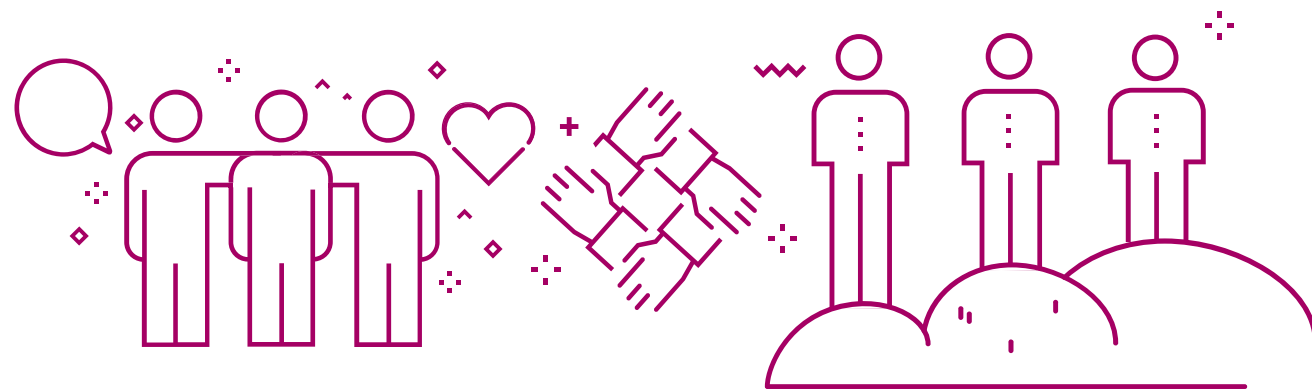
# Welcome

# Agenda

- Contracting and credentialing
- Value-based care
- Provider Advisory Council
- Associate billing (SBHP program)
- Commercial networks/benefits
- Medicare Advantage
- Utilization Management Program
- Reconsiderations and appeals
- Claims/billing
- Collective medical
- Provider resources
- Contact us

# 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](https://modahealth.com/medical/forms.shtml)

# Diversity, equity and inclusion survey

- Provider resources** ^
- Claims and appeals
- Policies and manuals
- Clinical guidelines and tools
- Contact us
- Behavioral health
- Preventive services
- Medicare compliance
- Forms**
- Samples
- Workshops
- Provider news
- OEBB Reference Price Program
- Patient resources v

- [Oregon Medical Provider Nomination Form](#)
- [Prenatal/Postpartum fax](#)
- [Provider refund submission form](#)
- [2017 Provider Roster Template](#)
- [PHQ-9](#) | [Scoring instructions](#)
- [Referral/Authorization - Commercial Only](#)
- [Referral/Authorization - Medicare only](#)
- [Rx Preauthorization](#)
- [Secure Storage and Transport of PHI Policy](#)
- [Wavier of Liability – Medicare only](#)

## Credentialing forms

- [DMAP Enrollment Form](#)
- [Hospital Based Enrollment Form](#)
- [Organizational Provider Credentialing Application](#)
- [Clinic diversity data](#) – submit diversity, equity, and inclusion focused information for contracted clinics/facilities
- [Provider diversity data](#) – submit diversity, equity, and inclusion focused information for yourself (contracted practitioners)

# Contracting and credentialing



# Contracting

- Contracting and credentialing are two separate processes:
  - **BOTH must be complete before you are in-network**
  - Adding credentialed provider to contracted group
  - Adding a non-credentialed provider to a contracted group
- Moving from a group practice to your own practice?  
You need a new contract.
  - [modahealth.com/medical/join/overview.shtml](https://modahealth.com/medical/join/overview.shtml)
- Updating TIN associated with an existing contract:
  - [providertinchange@modahealth.com](mailto:providertinchange@modahealth.com)



# Credentialing requirements: Provider

Licensed Behavioral Health Providers who require credentialing:

- PMHNP/ARNP
- LPC
- LMFT
- LCSW
- PsyD
- LMHC
- PhD
- MD/DO
- BCBA
- BCBA-D
- BCaBA

Re-credentialing required every three years

Credentialing inquires: [credentialing@modahealth.com](mailto:credentialing@modahealth.com)

# Credentialing requirements: Organization

- Substance Use Disorder (SUD) program
- State Approved Program (SAP): Includes organizational and individual provider credentialing
- Community Mental Health Program (CMHP)

Re-credentialing required every three years

Credentialing inquires: [credentialing@modahealth.com](mailto:credentialing@modahealth.com)

# Value-based care program



# BH Incentive Program ~ FICare

- Feedback Informed
  - 80% seeking care prematurely drop-out<sup>1</sup>
  - 30% of patients do not improve<sup>2</sup>
- Variety of tools to measure
  - Clinical Symptoms
  - Therapeutic Alliance
    - Relatability of provider
    - Invested in common goals
    - Process to achieve goals is understandable
- Coordination of care
- Increased tracking and aiding delivery of care
- Most Providers have not yet integrated this research into practice
  - Explore measurements
  - Workflows
  - Provider engagement
- Adds **4%** of total outPT BH revenue

1. “Use of a Mobile App to Augment Psychotherapy in a Community Psychiatric Clinic” <https://doi.org/10.2196/17722>

2. “The efficacy and effectiveness of psychological therapies,” in Bergin and Garfield’s Handbook of Psychotherapy.

# BH Incentive Program ~ TCoC

- Total Cost of Care
  - Partner with us in member wellbeing
  - BH horizontally effects medicine
  - Edging away from our silos
- We want to inform our providers of member
  - Hospitalizations
  - ED visits
  - Medication compliance
- Reports available monthly
- Engage with Providers how to use this info
- Potential to add another **2%** of total outPT BH revenue

# Innovation and partnership



# Provider Advisory Council

- This year we have discussed
  - Expansion of benefit/reimbursements
  - Adaptations in policies
  - Highs and Lows of Insurance Companies
    - Reimbursement structures
    - Credentialing
    - Coding Dilemmas
    - How Information is exchanged
  - Effectiveness of Feedback Informed Care
  - What structures are helpful in new programming
- Diverse Representation
  - SUD facility
  - MH inpatient or residential facility
  - Provider serving historically under-served communities
  - MH Group Practice
  - Community Mental Health Program
  - Practitioner serving children and youth
  - Practitioner serving adults
  - Psychiatrist or psychiatric nurse practitioner

# Supervised BH Providers

- Providers working toward full, clinical, and independent licensure
  - In Oregon
    - Masters level – “Associates”
    - Doctorate Level – “Residents”
  - In Idaho
    - Licensed Master Social Worker
- Establish workflows
  - Protect our members
  - Support this provider subset
- Phase 1: Last Q ‘23 & Phase 2: First Q ‘24
  - Standardized contracts
- Expansion of access for our members
  - Our panels for BH providers are open
- Right thing to do to support clinicians in training
  - Currently we recognize SAP
- Research is clear these providers represent the expanse of our communities' demographics



# Supervised BH Providers – steps and materials

- Contract Amendment (effective for most providers Q1 2023)
- Attestation for each supervised provider
- Updated roster
- FAQ: <https://modahealth.com/-/media/modaHealth/shared/downloads/Supervised-Behavioral-Health-Providers-FAQ-PROVIDERS.pdf>

# 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 OHSU & PEBB

## Moda Select

- Exclusive Provider Organization
- Available in three counties (Multnomah, Washington and Clackamas)
- PCP selection required

# 2023 Commercial networks — Group

## OHSU PPO

- OHSU employee plan
- Tiered benefits
- Provider participation determined by OHSU

## OHSU EPO

- OHSU employee plan
- Tiered benefits; no out-of-network coverage
- Provider participation determined by OHSU

## HMC & OHSU Health

- Hillsboro Medical Center employee plan
- Provider participation determined by Tuality

## CCN

Tier 2 benefit plan for OHSU PPO and OHSU EPO

# 2023 Commercial networks — Individual

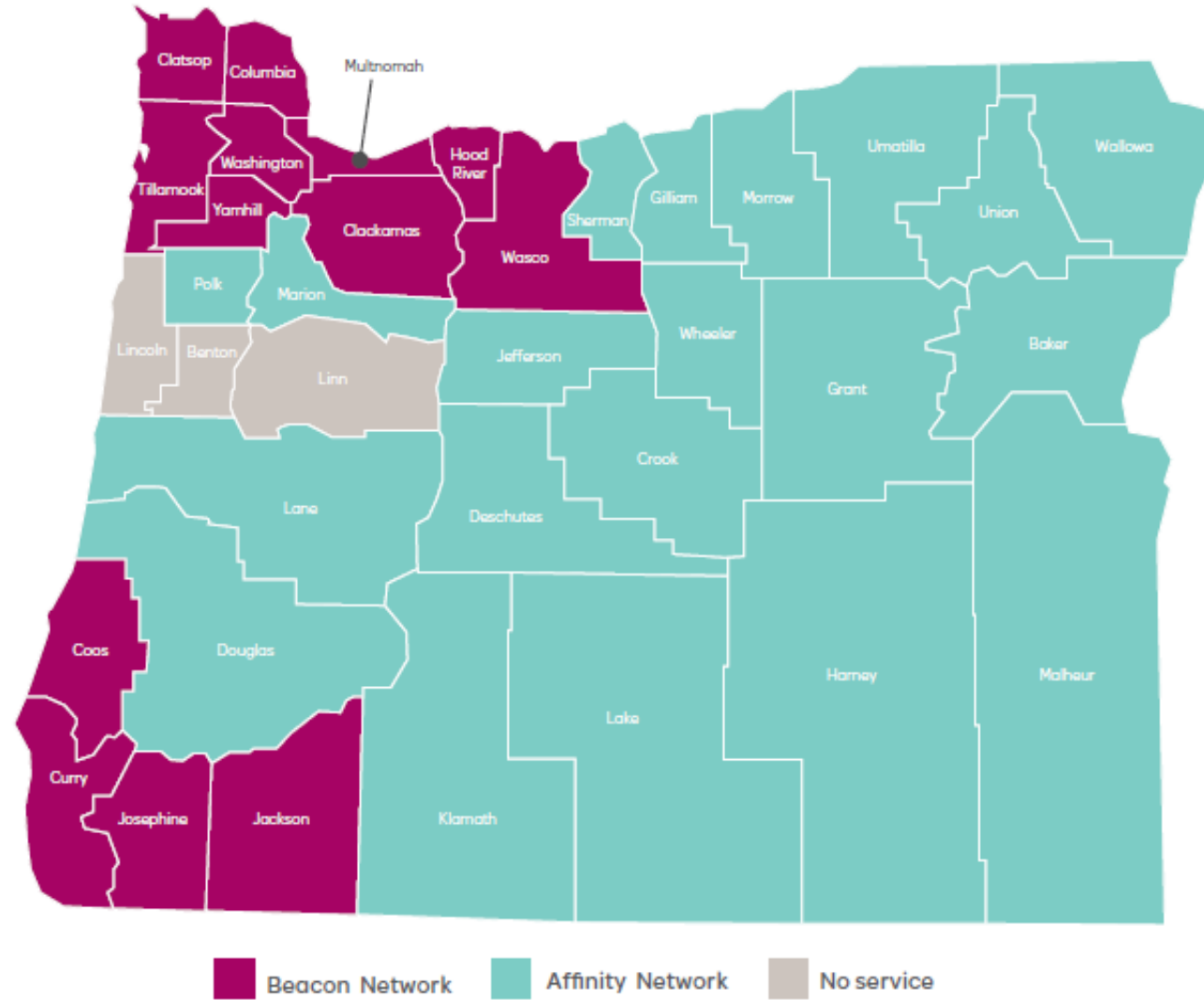
## Beacon

- Individual Exclusive Provider Organization plan sold in/out of the exchange
- Available in 13 counties

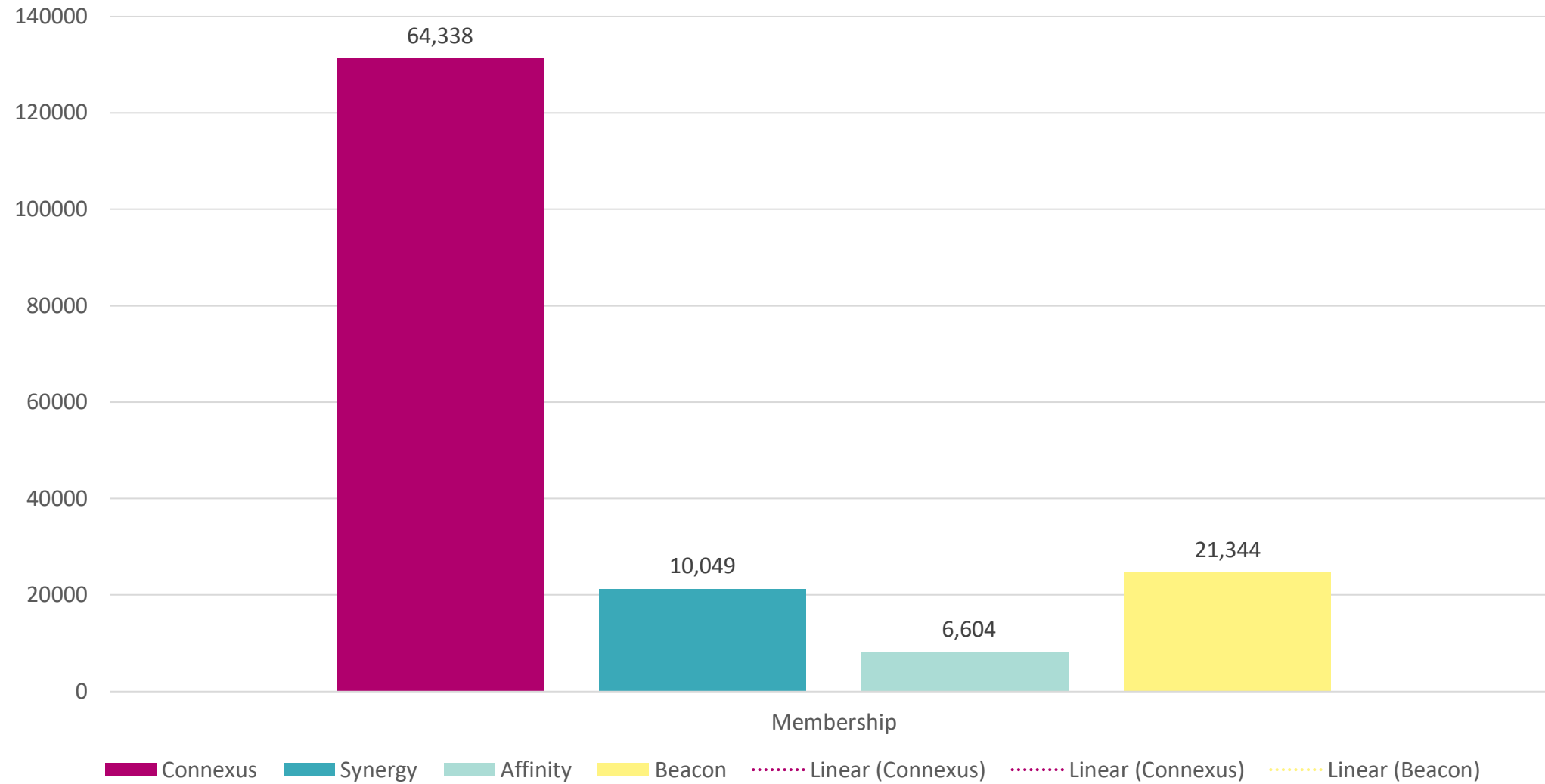
## Affinity

- Individual Exclusive Provider Organization plan sold in/out of the exchange
- Available in 19 counties

# Individual network service area



# Commercial membership



# Behavior Health and networks

- Generally speaking, BH providers get all networks in their geographic area
- May need to complete attestation if networks are missing
- Check on Find Care to verify your networks
- Please contact [providerrelations@modahealth.com](mailto:providerrelations@modahealth.com) if you think you need networks added



# Claims and billing



# Behavioral Health billing

- CPT 95156 – 96171 (health behavior interventions)
  - For BH treatment of medical conditions
  - Must be billed with a medical diagnosis
  - Will deny with a MH/CD diagnosis
- SUD claims
  - Commercial claims: bill under the facility
  - Medicaid claims: bill under the rendering provider
- Codes not in fee schedule used to need prior authorization. They don't anymore.

# Contacting Moda Health about claims issues

- Please start with our Medical Customer Service team for any claim issues or inquiries: [medical@modahealth.com](mailto: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](mailto: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
  - [Telehealth and Telemedicine Expanded Services for COVID-19 – Updated for Public Health Emergency Ending \(modahealth.com\)](#)
  - Original telehealth policy  
[modahealth.com/pdfs/reimburse/RPM052\\_TelehealthTelemedicine.pdf](https://modahealth.com/pdfs/reimburse/RPM052_TelehealthTelemedicine.pdf)

# 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




## 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 Benefit Tracker from two platforms:
  - Moda Health — [modahealth.com/medical/mbt.shtml](https://modahealth.com/medical/mbt.shtml)
  - OneHealthPort — [onehealthport.com/sso](https://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](mailto:ebt@modahealth.com)

# Benefit Tracker Cont.



[Medical search](#) [EOPs](#) [Manuals](#) [Find Care](#) [Help](#)

## Medical search

Please provide the following fields:

Subscriber ID or social security number

- Or -

Last name

First name

Birth date (mm/dd/yyyy)  
 /  /

### Claim search

Please enter the claim's client ID, claim number and segment:

### EOP Search

Search type

Items displayed in purple are internal only.  
Items displayed in green are not part of the HIPAA standard.  
Please consult the Member Handbook for limitation information.

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[Provider home](#) [Contact us](#) [Privacy policy](#) [Terms of use](#)

Have a comment about this site? Email [ebt@modahealth.com](mailto:ebt@modahealth.com)

For Oregon insured plans, prior authorization for benefit coverage and medical necessity shall be binding if obtained no more than 60 days prior to the date the service is provided, and eligibility shall be binding for 5 business days from the date of the authorization except in the case of fraud or misrepresentation. For other plans, services are subject to eligibility and plan provisions.

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Health plans provided by Moda Health Plan, Inc. Individual medical plans in Alaska provided by Moda Assurance Company. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. Summit Health plans provided by Summit Health Plan, Inc.



# Utilization management



# Services requiring prior authorization

- Inpatient treatment: mental health and Substance Use Disorder (SUD)
- Residential treatment: mental health and SUD
- Partial Hospital Program: mental health and SUD
- Intensive Outpatient Program: mental health only
- Applied Behavior Analysis (ABA)
- Transcranial Magnetic Stimulation (TMS) Therapy
- Coordinated Specialty Programs (EASA, ACT, IOSS, IIBHT)
- Nutritional Therapy
- Spravato

[modahealth.com/pdfs/medical/Behavioral Health Authorization Request Form.pdf](https://modahealth.com/pdfs/medical/Behavioral_Health_Authorization_Request_Form.pdf)

Fax 503-670-8349 | Phone 855-294-1665

**moda**

DELTA DENTAL  
Delta Dental of Oregon & Alaska

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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

go!

EMAIL ADDRESS

[modahealth.com/medical/referrals/](https://modahealth.com/medical/referrals/)

# Prior authorization process

## 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

- Fax or phone
  - UM line: 855-294-1665
  - BH Fax: 503-670-8349
- Emergency? Unable to get pre-auth? Contact Moda Behavioral Health within two business days.
- Inpatient-Residential-PHP: Auth initial LOS with concurrent review
- Information required — see medical criteria: [modahealth.com/medical/medical\\_criteria.shtml](https://modahealth.com/medical/medical_criteria.shtml)

# Provider responsibilities

- As part of our utilization review program, providers are expected to:
  - Request prior auth when required by the member’s plan
  - Request additional days prior to the last authorized day
  - Provide a treatment plan and/or other clinical information in a timely manner when requested by Moda Health
  - Clearly express the member’s diagnosis, symptoms, measurable treatment goals, and tools for measuring progress, progress made and indicators of treatment completion
- Providers cannot bill members for claims denied due to lack of medical necessity if prior auth was not obtained or if required utilization review for the service was not submitted.

# Reconsiderations and appeals



# Provider reconsiderations

- When a request for prior authorization is denied, you may request a review in the following ways:
  - Reconsideration (must include new information)
  - Peer-to-peer (P2P) conversation
  - Same specialty request

# Provider appeals

- Post-service only
- 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



# Member appeals

- Pre-service or post-service
- 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](https://modahealth.com/pdfs/auth_provider.pdf)

# Medicare Advantage



# Medicare Advantage

- If you don't have a Medicare contract, we encourage you to get one
- If you don't know if you have a Medicare contract, check our Find Care directory
- Medicare will allow LPCs and LMFTs beginning 1/1/24.
- Medicare does not recognize Substance Use Disorder programs (except opioid treatment programs [MAT])

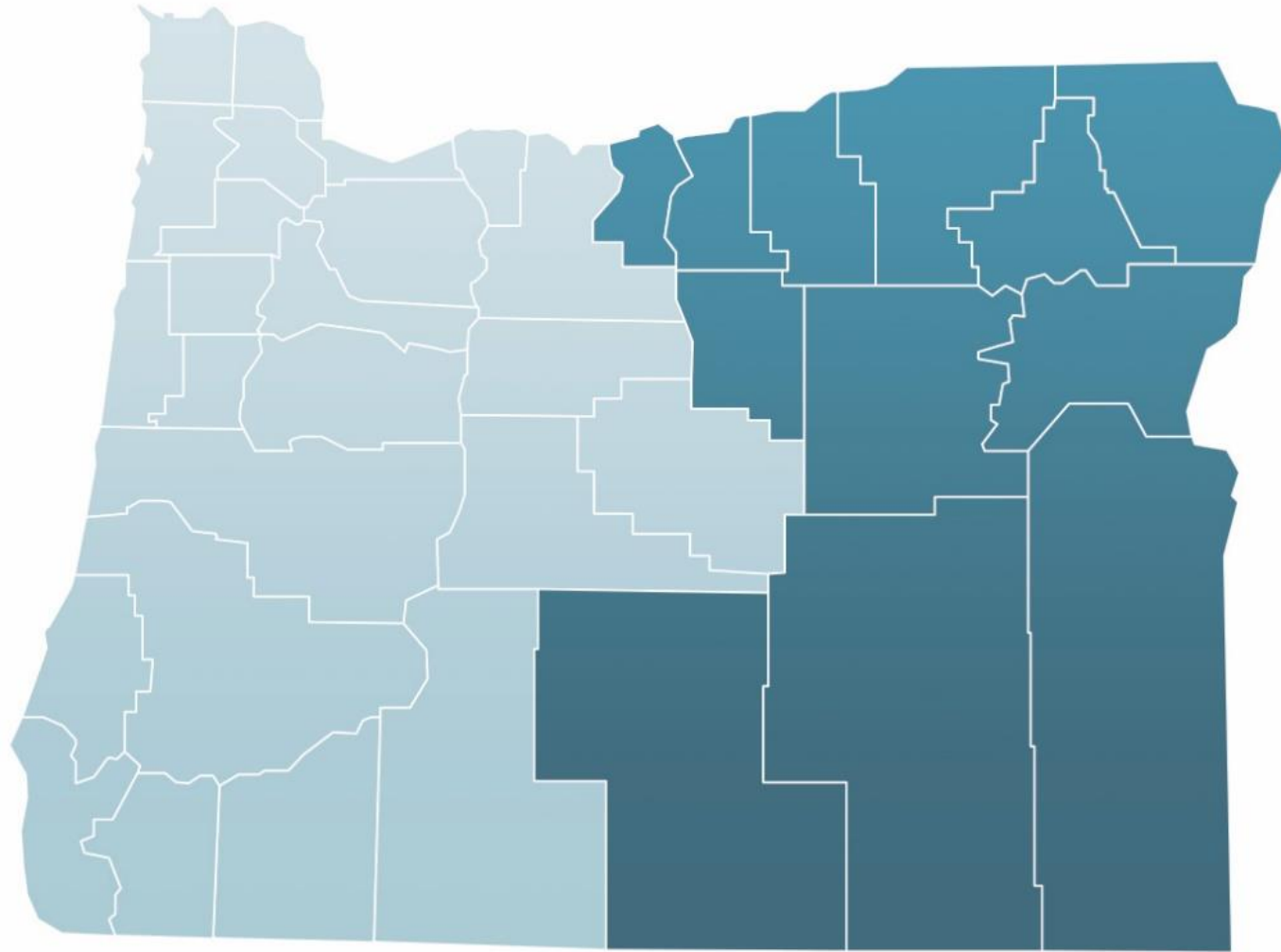
# Medicare Advantage partnership Eastern Oregon



- Summit Health plans
  - Medicare Advantage plans went in effect in 2021 in Eastern Oregon counties
  - Available plans:
    - One HMO
    - Three HMO-POS
  - Summit Health will use the Moda Medicare Advantage network
- [www.yoursummithealth.com](http://www.yoursummithealth.com)



# Summit Health partners



# Contacting Summit Health

<b>Customer service</b>	844-827-2355 (toll-free) 541-663-2721 (local) 855-466-7208 (fax) <a href="mailto:MedicalMedicare@yoursummithealth.com">MedicalMedicare@yoursummithealth.com</a>
<b>Provider Relations: Noah Pietz</b>	503-265-4786 503-265-4790 (fax) <a href="mailto:providerrelations@yoursummithealth.com">providerrelations@yoursummithealth.com</a>
<a href="http://www.yoursummithealth.com">www.yoursummithealth.com</a>	

# Medicare Advantage Compliance attestation

- Attestation will be online
- Information attesting to:
  - Reporting mechanisms and disciplinary standards
  - Sub-delegation contracts
  - Off-shore activities
  - OIG and GSA screening
  - [modahealth.com/medical/med\\_compliance.shtml](https://modahealth.com/medical/med_compliance.shtml)

For questions, please email:

[delegatecompliance@modahealth.com](mailto:delegatecompliance@modahealth.com) or [providerattestation@modahealth.com](mailto:providerattestation@modahealth.com)

# Medicare Advantage Provider directory outreach

- CMS mandates that Medicare Advantage plans verify provider demographic information on a quarterly basis
- Types of information we are required to validate include:
  - Practicing location
  - Accepting new Medicare patients' status
  - Phone number
  - Provider specialty
- Roster outreach and phone validation
- Participating Medicaid/EOCCO practices will need to submit additional information



# Provider resources



# Contacting Moda Health Medicare Advantage

- Medical Customer Service
  - For questions about current member’s medical claims
  - Phone: 877-299-9062
  - Email: [medicalmedicare@modahealth.com](mailto:medicalmedicare@modahealth.com)
- Pharmacy Customer Service
  - For questions about current member’s pharmacy claims
  - Phone: 888-786-7509
  - Email: [pharmacymedicare@modahealth.com](mailto:pharmacymedicare@modahealth.com)
- Hearing Aid Services/TruHearing
  - Phone: 866-929-6749 (TruHearing),  
866-929-7564 (Moda Health Customer Service)
- Vision services/VSP
  - Phone: 800-877-7195 ( VSP),  
844-693-8863 (Moda Health Customer Service)

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 'Provider resources' menu to the COVID-19 banner, from the 'Provider news' menu item to the 'Welcome' section, from the 'Workshops' menu item to the 'Benefit Tracker' section, and from the 'Log in to Benefit Tracker' button to the 'Benefit Tracker' section.

**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)

The screenshot shows the 'moda Find Care' website. At the top left is the 'moda' logo with a pink arrow pointing up, followed by 'Find Care'. On the top right, there are links for 'Contact us' and 'modahealth.com'. Below the header, the main heading is 'Search our provider directory' with the subtext 'Find medical, vision, dental, and pharmacy providers.' There are two search options: 'Search as a member' and 'Search by network'. The 'Search as a member' section includes a text input for 'ID number' with a help icon, a 'Remember me' checkbox, and a 'Search as a member' button. Below this is a teal box with the text 'Get your digital member ID card' and 'Use our app to see your ID card while on the go. Available for iOS and Android devices.' accompanied by an app icon. The 'Search by network' section includes a dropdown menu for 'Network' with '- Select -' and a 'Search by network' button. Below this is the text 'Don't have a network in mind? Search as a guest.' with a pink arrow pointing to the 'Search as a guest' link.

# Contacting Moda Health

- Electronic Data Interchange (EDI) — For questions about [electronic claim submission](#), payments and EFT/ERA enrollment [form](#)
  - Email: [edigroup@modahealth.com](mailto:edigroup@modahealth.com)
  - Phone toll-free: 800-852-5195
- 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
- Demographic Updates, adding a credentialed provider [providerupdates@modahealth.com](mailto:providerupdates@modahealth.com)

# 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](mailto: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](mailto:providerrelations@modahealth.com)

# Thank you



Delta Dental of Oregon & Alaska