

Oregon

2024 Provider Workshop



Welcome

Agenda

- Diversity, equity and inclusion (DEI)
- Commercial networks/benefits
- Claims/billing
- Prior authorizations/referrals
- Healthcare Services
- Reconsiderations and appeals
- Healthcare Effectiveness Data and Information Set (HEDIS)
- Provider resources

Diversity, equity and inclusion (DEI) 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.



DEI survey

Currently, diversity among physicians is limited. Mounting evidence suggests that 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

2024 Commercial networks



Group

2024 Commercial networks

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

Group

2024 Commercial networks

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

Group

New 2025 Networks

Asante Health Network (AHN)

- Asante Health employee plan
- Tiered benefits
- Provider participation determined by Asante Health

PeaceHealth Network

- PeaceHealth & ZoomCare employee plans
- Tiered benefits
- Provider participation determined by PeaceHealth & ZoomCare

Individual

2024 Networks

Beacon

- Sunsetting as of 12/31/2024, and being combined with Affinity
- All members will be mapped from their Beacon Plan Year 2024 Plan, to the Affinity Plan Year 2025, equivalent plan
- These plans do not include OON benefits

Affinity

- Individual Exclusive Provider Organization plan sold in/out of the exchange
- Available in 19 counties
- Statewide now with Beacon's sunsetting

Commercial group networks



Connexus

Small and large group plans

Connexus

- Statewide PPO network
- No PCP/Medical Home selection required
- Member can see in-network providers in all counties in Oregon and some areas of Washington and Idaho

Synergy

Synergy Network

- Synergy members need to select a PCP to receive Tier 1 benefits
 - Each family member makes their own selection
- PEBB Synergy members must pick a “PCP 360” provider
- Salem Health is moving from Synergy to Connexus effective 1/1/2024

Moda Select

Small and large group plans

Moda Select

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

OHSU

OHSU Network

- **OHSU PPO**
 - Tier 1 benefit plan for OHSU employees only with statewide participation determined by OHSU (closed panel)
- **OHSU EPO**
 - Tier 1 benefit plan for OHSU employees in the Portland Metropolitan Area (closed panel)
 - Synergy effective 1/1/2024
- **HMC – Hillsboro Medical Center & OHSU Health Employee Plan**
 - HMC employee plan (closed panel) aka Tuality Health and Associates

Asante Health

Asante Health Network

- **Asante**
 - Tier 1 benefit plan for Asante employees only with participation determined by Asante Health (closed panel)
 - Tier 2 benefit plan for employees (closed panel)

PeaceHealth

PeaceHealth Network

- **PeaceHealth & ZoomCare**
 - Tier 1 benefit plan for PeaceHealth & ZoomCare employees only with participation determined by PeaceHealth (closed panel)
 - Tier 2 benefit plan via Connexus Network (regular panel availability)
 - Tier 3 is out of network

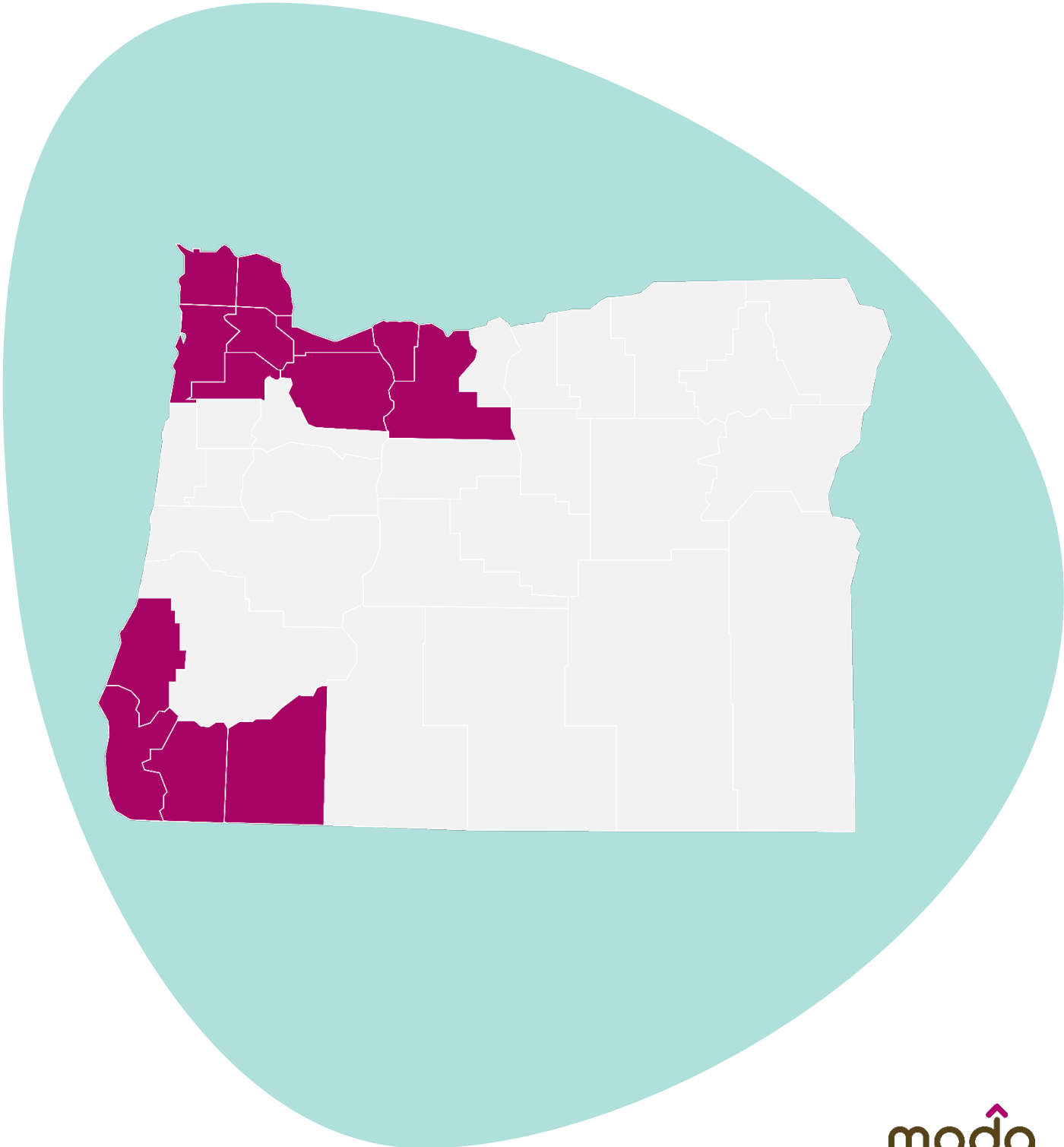
Individual networks



Beacon

Beacon Network

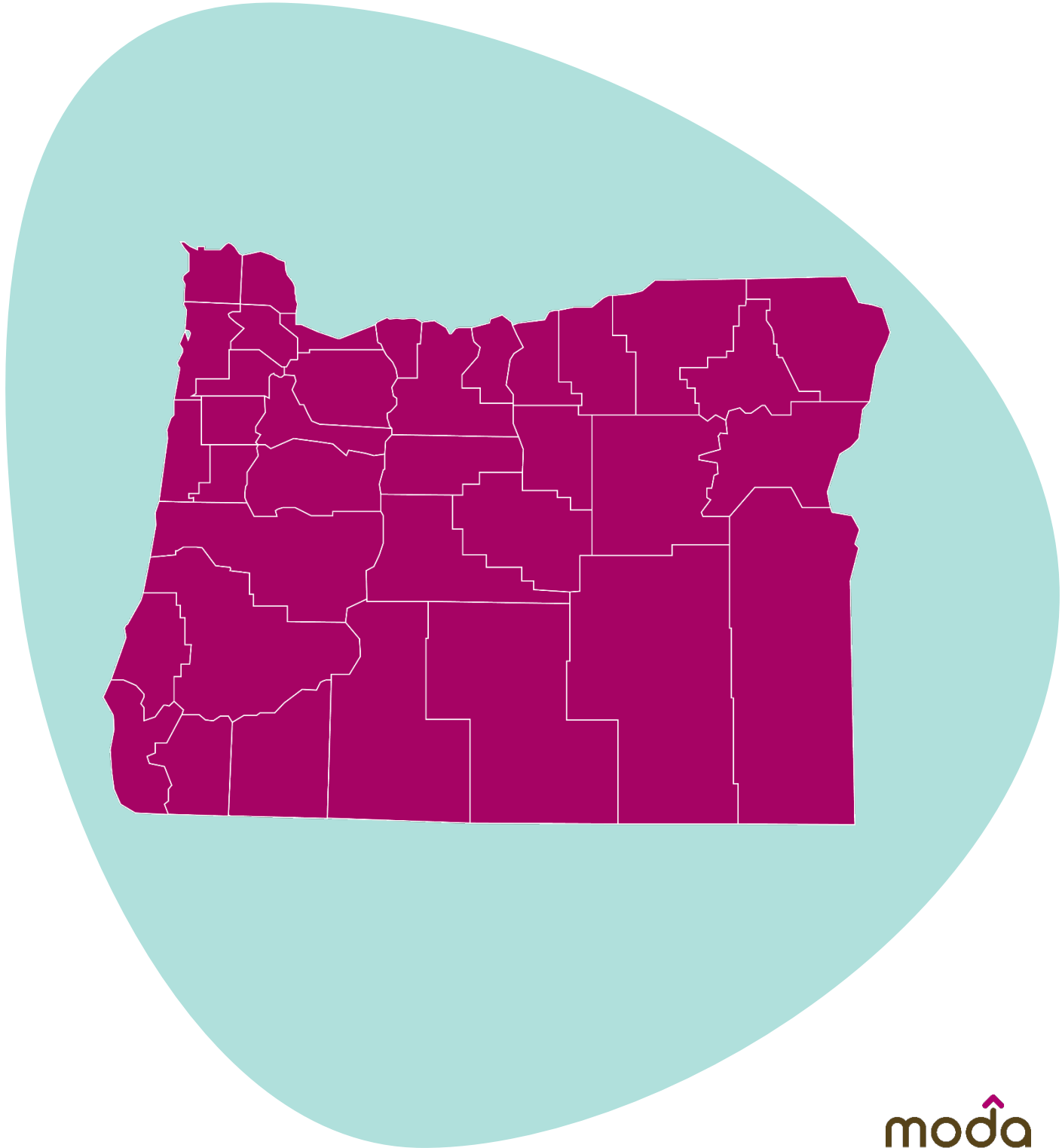
- Sunsetting as of 12/31/2024
- OHSU members will continue to have Tier I benefits available through the OHSU PPO and/or OHSU EPO network
- Tier II benefits will be accessed through our Synergy Network



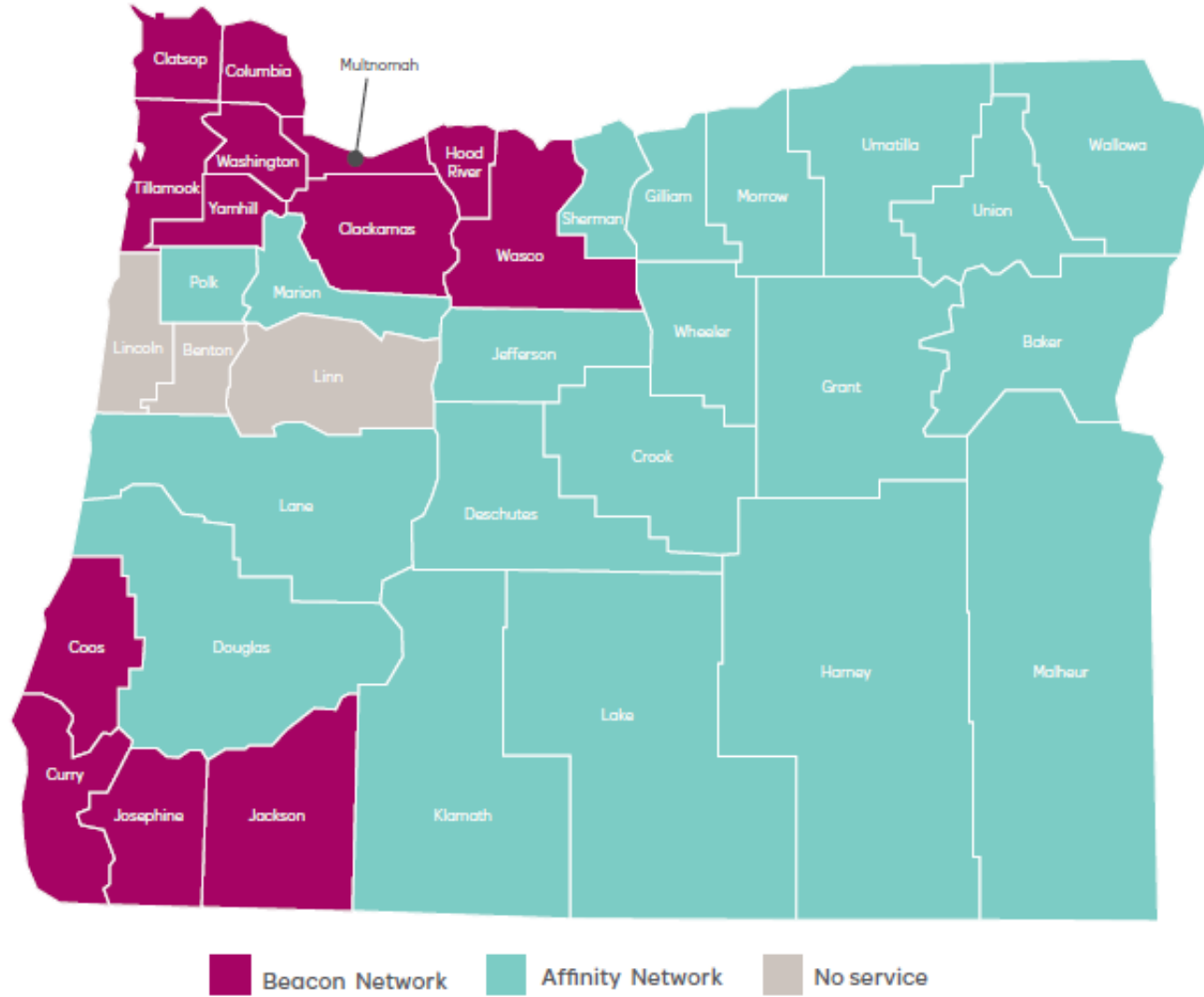
Affinity

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



Individual



Membership numbers

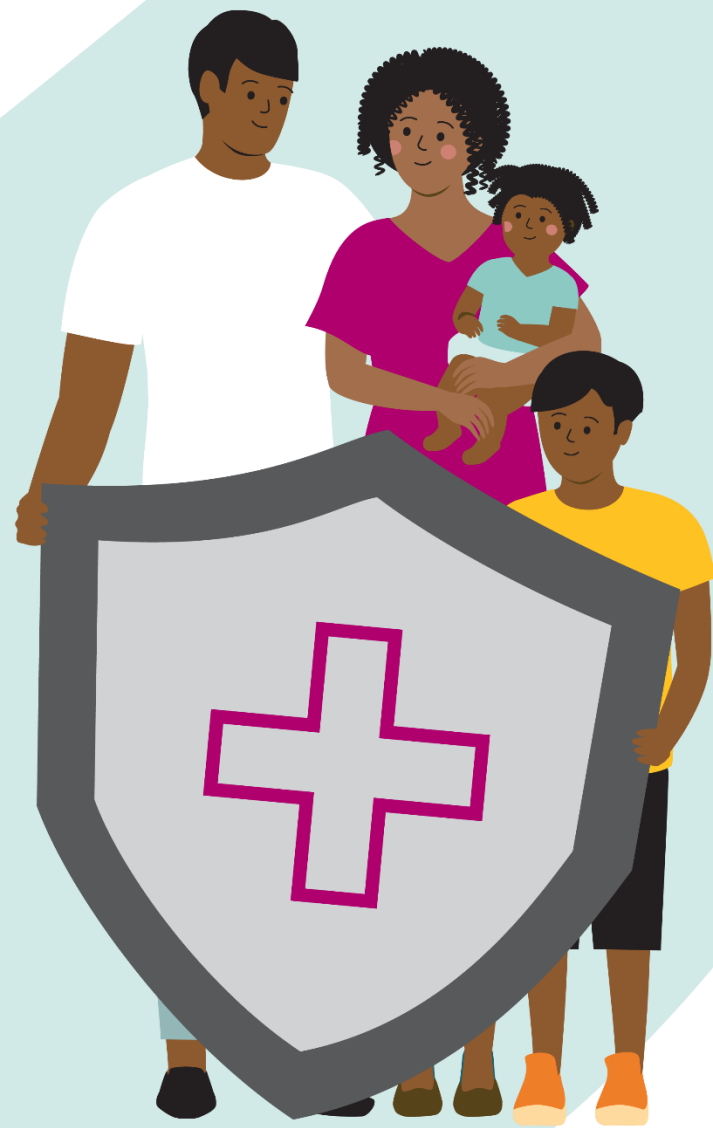
Total member lives with Moda: 424,795

- Connexus: 73,195
- Affinity: 7,494
- Synergy: 916
- Tuality PPO (HMC): 1,687
- OHSU EPO: 4,793
- OHSU PPO: 26,999



Commercial benefits





Commercial benefit changes

- **OEBB**
 - Doula services are now covered for 01/01/2025
- **PEBB**
 - Doula services are now covered for 01/01/2025
- **OHSU**
 - No changes for 2024
- **Beacon/Affinity**
 - Beacon sunsetting on 12/31/2024

Doula support for expecting families

The additional education and support doulas provide before, during, and after birth include:

- Tools for pain management, laboring positions, and birth preferences
- Support in navigating confusing situations with advocacy, communication, and evidence-based information
- Postpartum support including managing sleep, breastfeeding, and recovery (both physical and mental)

All of which have been shown to greatly reduce risk for both the birthing parent and baby.

A partner in care

The benefits of birthing doulas expand to the care team for many of the same reasons a doula is helpful to the birthing parent:

- Shorter labor
- Coping mechanisms and techniques
- Reduced risk for cesarean delivery
- Clear line of communication
- 1:1 attention for the birthing parent throughout labor
- Knowledgeable in L&D setting and processes
- Trained to collaborate and work alongside other care providers



Questions?

Contact the Health Navigator Team

OEBB: 866-923-0409

PEBB: 866-923-0411

Or you can visit the following links:

OEBB: [Birth Doula Benefit for Moda OEBB members](#)

PEBB: [Birth Doula Benefit for Moda PEBB members](#)

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



Contacting Moda Health Moda Health Medical Provider Services

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





Telehealth and telemedicine expanded services

- Moda Health's website has the most up-to-date reimbursement policy for telehealth/telemedicine
- [Telehealth And Telemedicine \(modahealth.com\)](https://www.modahealth.com)
- [Telehealth and Telemedicine Expanded Services for COVID-19 – Updated for Public Health Emergency Ending \(modahealth.com\)](https://www.modahealth.com)

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 two 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

Claims

Clinical edits — Medically Unlikely Edits (MUE)

- Practitioner, Facility Outpatient, and DME Supplier MUE values are published quarterly by the Centers for Medicare & Medicaid Services (CMS) and are used for NCCI edits. MUE edits identify incorrect unit reporting.
- The Medicare MUE edit files can be accessed here:
<https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits>

Claims

Clinical edits - Procedure-to-Procedure (PTP) Edits:

- Modifier Indicator Details:
 - “0” – There are no circumstances in which the code pair will be reimbursed separately. A modifier cannot bypass this PTP edit.
 - “1” – There are some circumstances in which the code pair will be reimbursed separately. A modifier may bypass this PTP edit if the medical records support the modifier. If the medical records do not support the modifier billed, the code pair will not be reimbursed separately.
 - “9” – Not applicable. PTP edits do not apply to this code pair.

cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-procedure-procedure-ntp-edits

Claims

Clinical edits

- Age Inconsistencies diagnosis
- CMS Rate Sheets for Critical Access Hospitals (CAH) and Rural Health Clinics (RHC)

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

Claims

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:

- ageMedical necessity/utilization criteria
- The patient's primary discharge diagnosis
- The patient's

[ED-Leveling-MHMNC.pdf \(modahealth.com\)](#)

[Emergency Department Visit Leveling \(modahealth.com\)](#)

Claims

- MUE information: [cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE](https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE)
- PTP coding edit information: [cms.gov/medicare/coding/ncci-edits/procedure-procedure](https://www.cms.gov/medicare/coding/ncci-edits/procedure-procedure)
- NCCI FAQ: [cms.gov/medicare/national-correct-coding-initiative-edits/ncci-faqs](https://www.cms.gov/medicare/national-correct-coding-initiative-edits/ncci-faqs)
- [Medicare NCCI Correspondence Language Manual | CMS](#)

Claims

Corrected claims

When billing corrected claims to add additional services, include the original services that may have already paid. The entire bill including corrections should be billed.

Address for corrected claim submission:

P.O. Box 40384

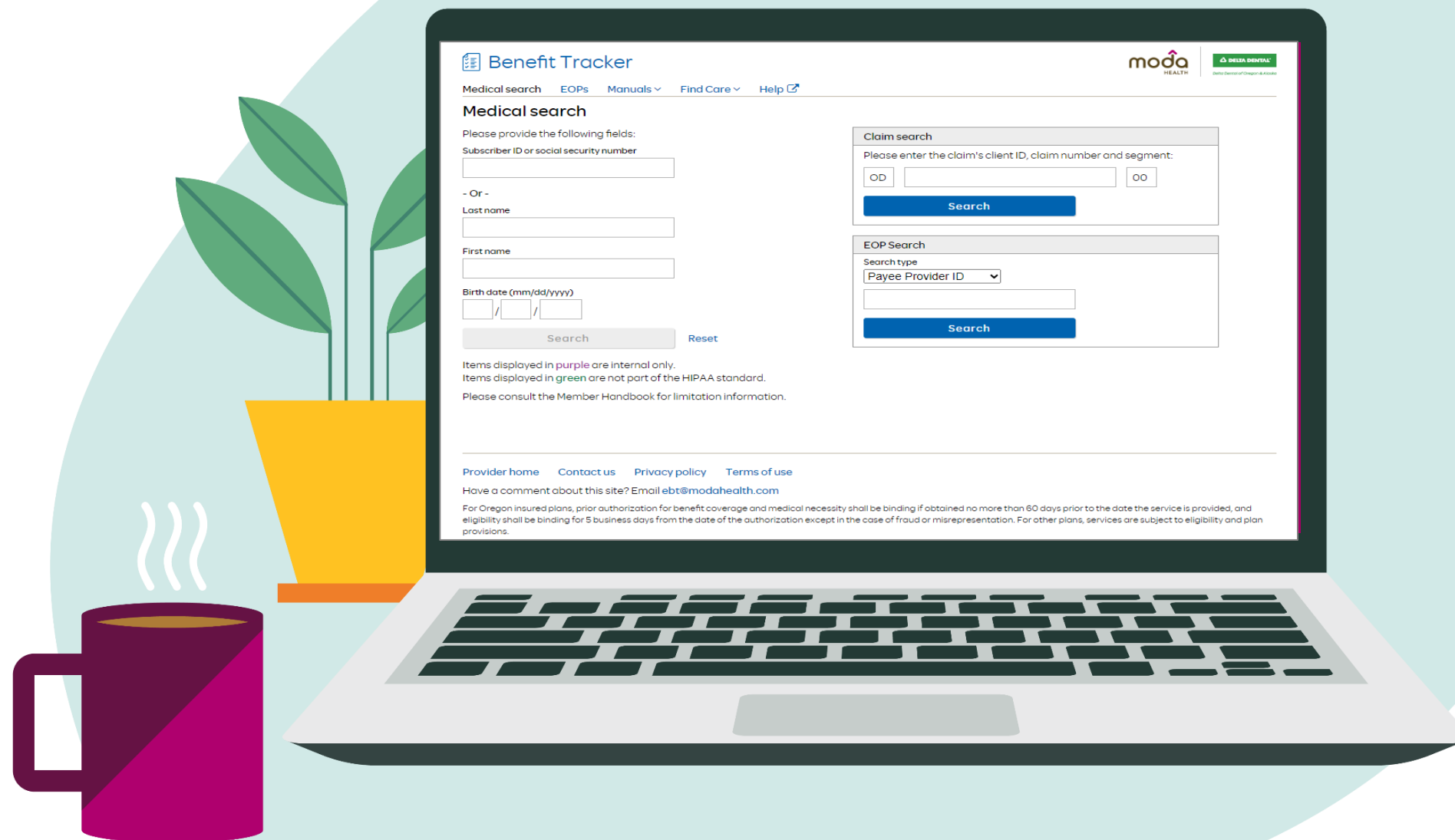
Portland, OR 97240



Claims

Benefit Tracker

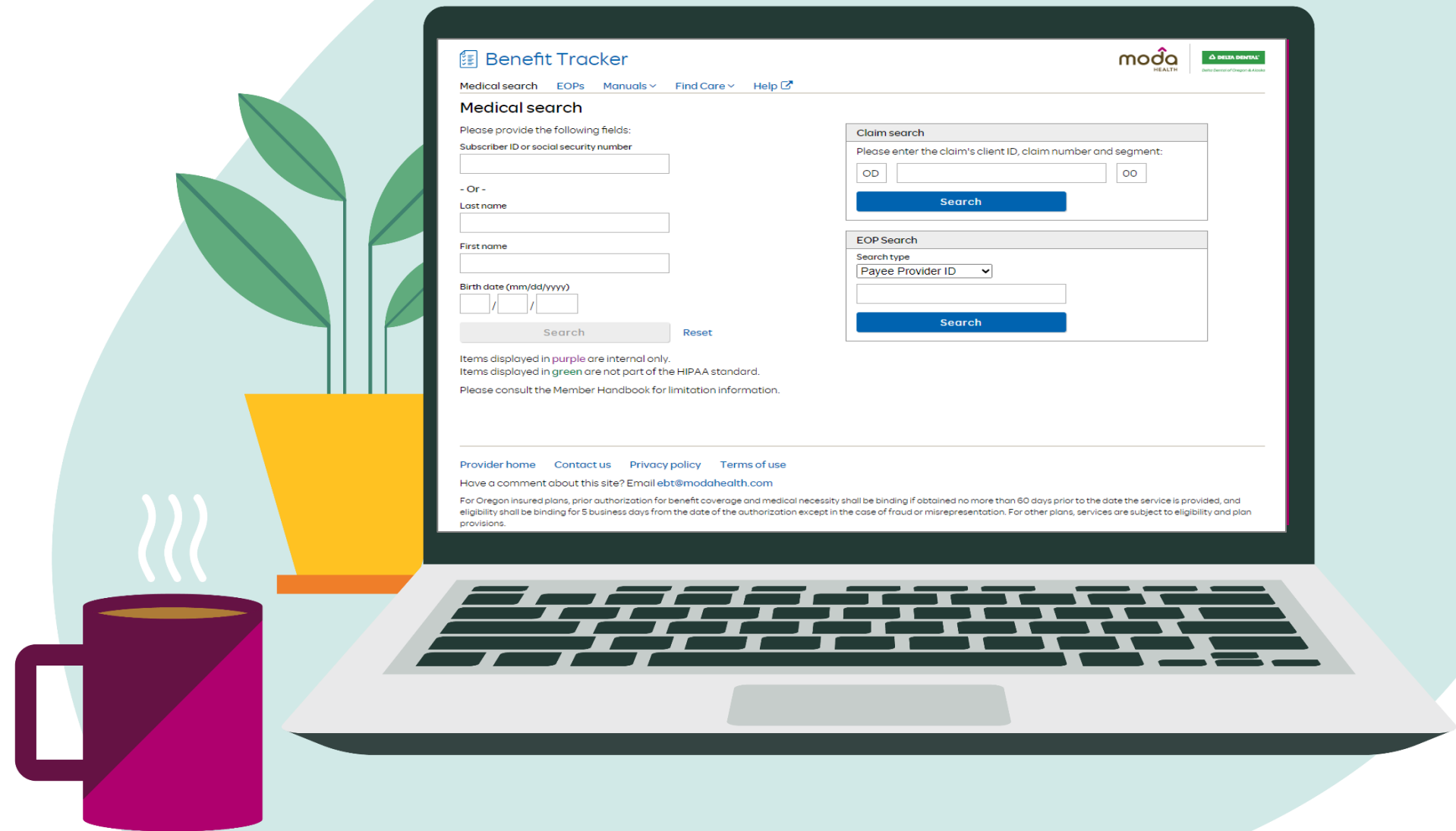
- Access Benefit Tracker from two platforms:
 - Moda Health — modahealth.com/medical/mbt.shtml
 - OneHealthPort — onehealthport.com/sso
- Access to detailed patient benefit information
- Search by Member ID#, SS#, first or last name and DOB



Claims

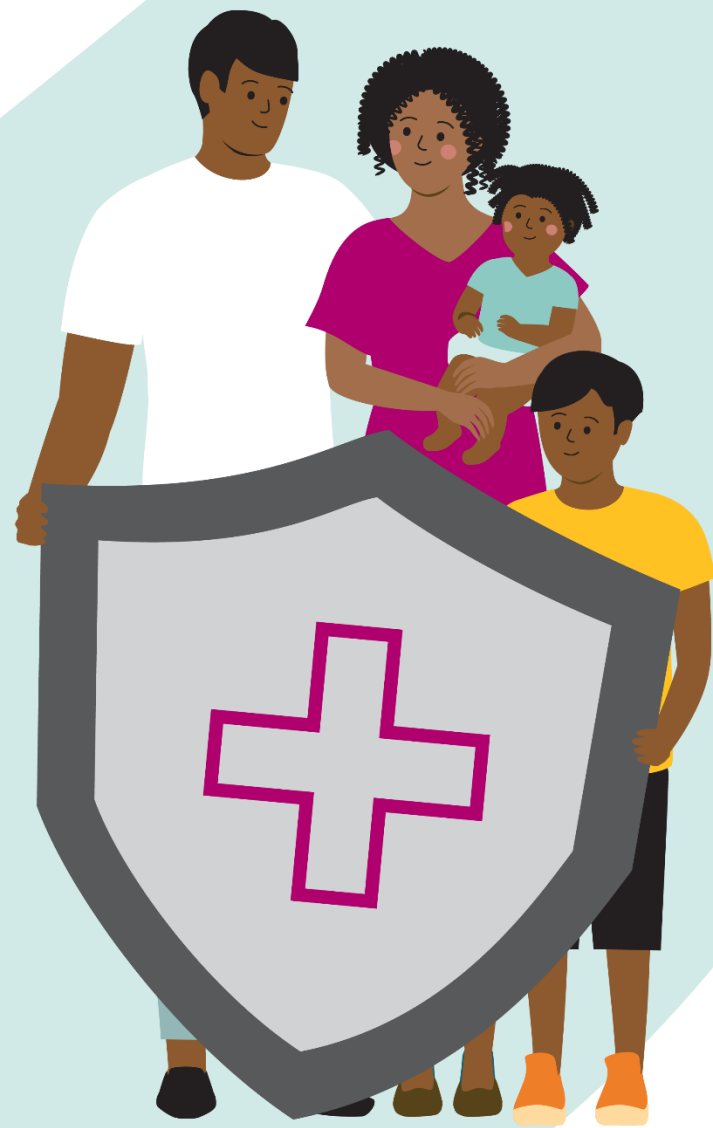
Benefit Tracker

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



Prior authorizations and referrals





Prior authorizations

- How to determine that a service requires prior authorization
 - Review referral and authorization guidelines based on the line 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

modahealth.com/medical/referrals/

- 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

Referral and prior authorization guidelines

To help you understand what services need prior authorization, Moda Health provides these prior authorization lists.

Submit your prior authorization request electronically

- [Commercial Auth Application How To Guide](#)
- [Medicare Auth Application How To Guide](#)

SERVICE AUTHORIZATION REQUEST REQUIREMENTS

Make sure the prior authorization request is complete and contains:

- All pertinent member information (name, ID #, group #, and member's birth date)
- PCP information (name, TIN, phone, fax and contact name)
- The name and TIN of the facility where the procedure is to be performed
- The date of the procedure or date of admission
- Surgeon's or specialist's full name and TIN
- CPT & diagnosis codes must be included
- Length of stay (indicate if inpatient)
- Chart notes

Please refer to these documents to help you determine if your patient needs a prior authorization:

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

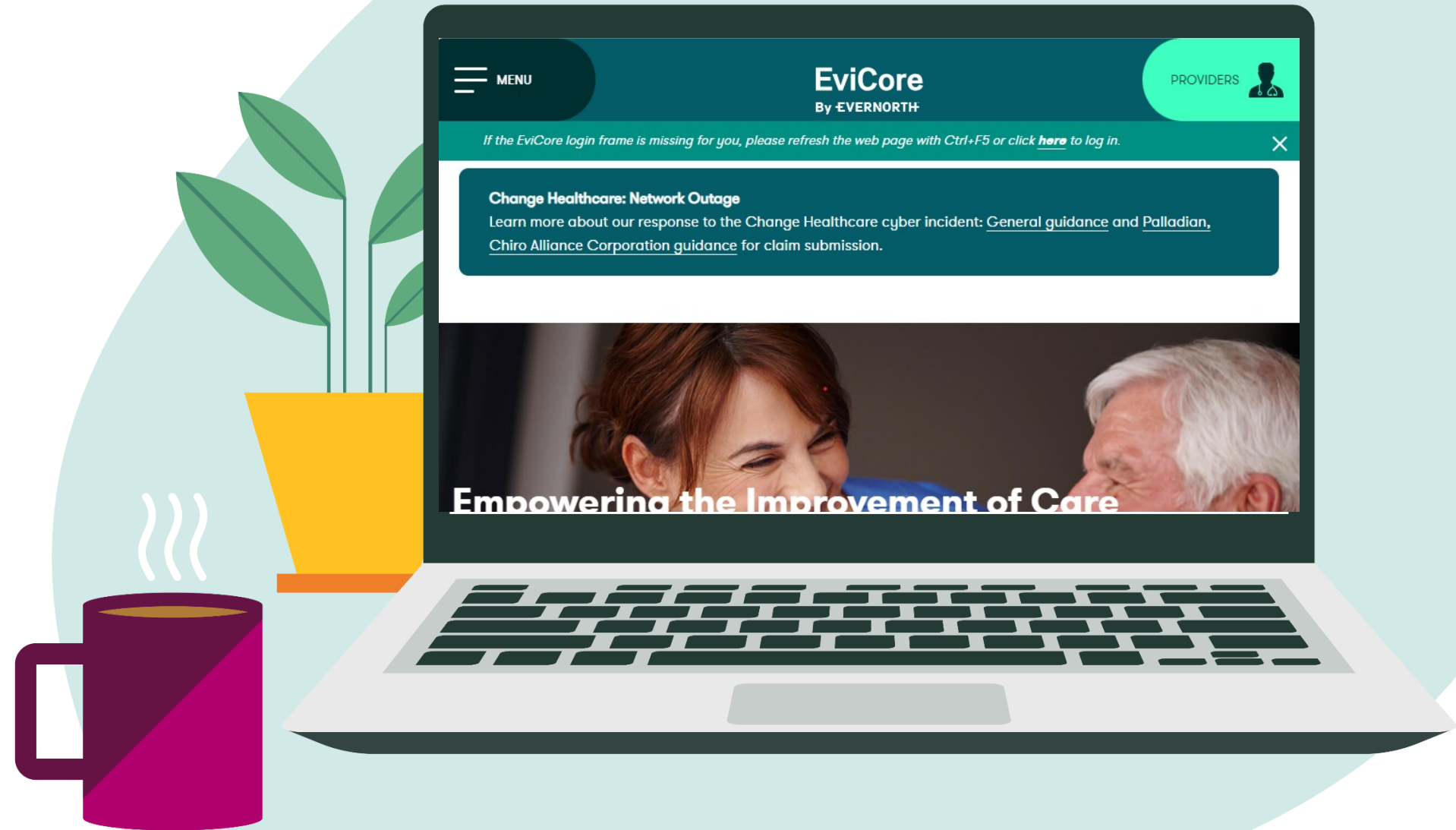
[Sign up](#)





Prior authorizations

- 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

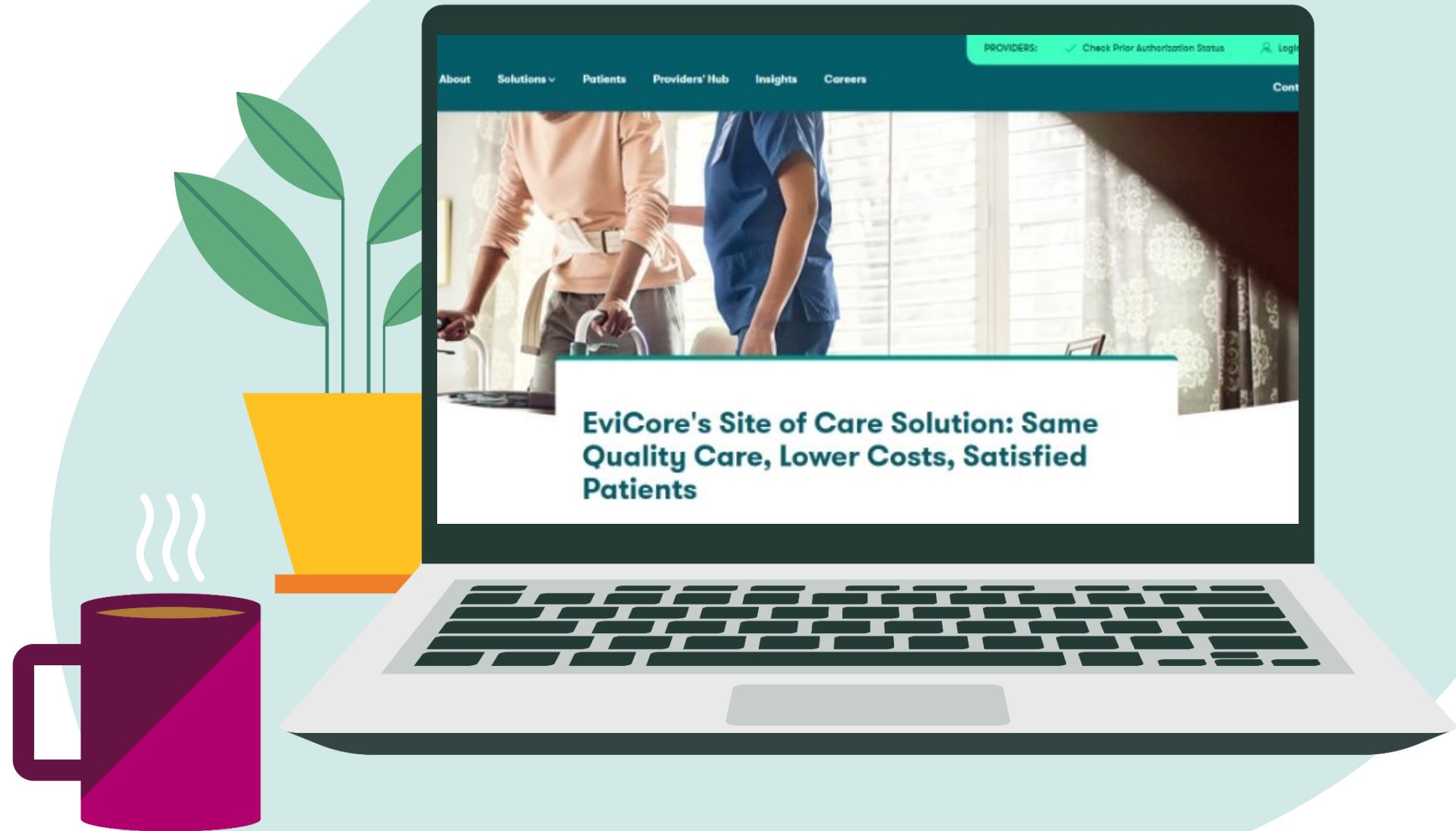




eviCore Site of Care

PEBB and Oregon individual members

- A site of care review will be effective as of 01/01/2025
- Information was mailed out on 11/01/2024
- This does not apply outside of musculoskeletal or advanced imaging services authorized through eviCore (for Moda)
- This is different from the site of care for Prime Therapeutics (Magellan)





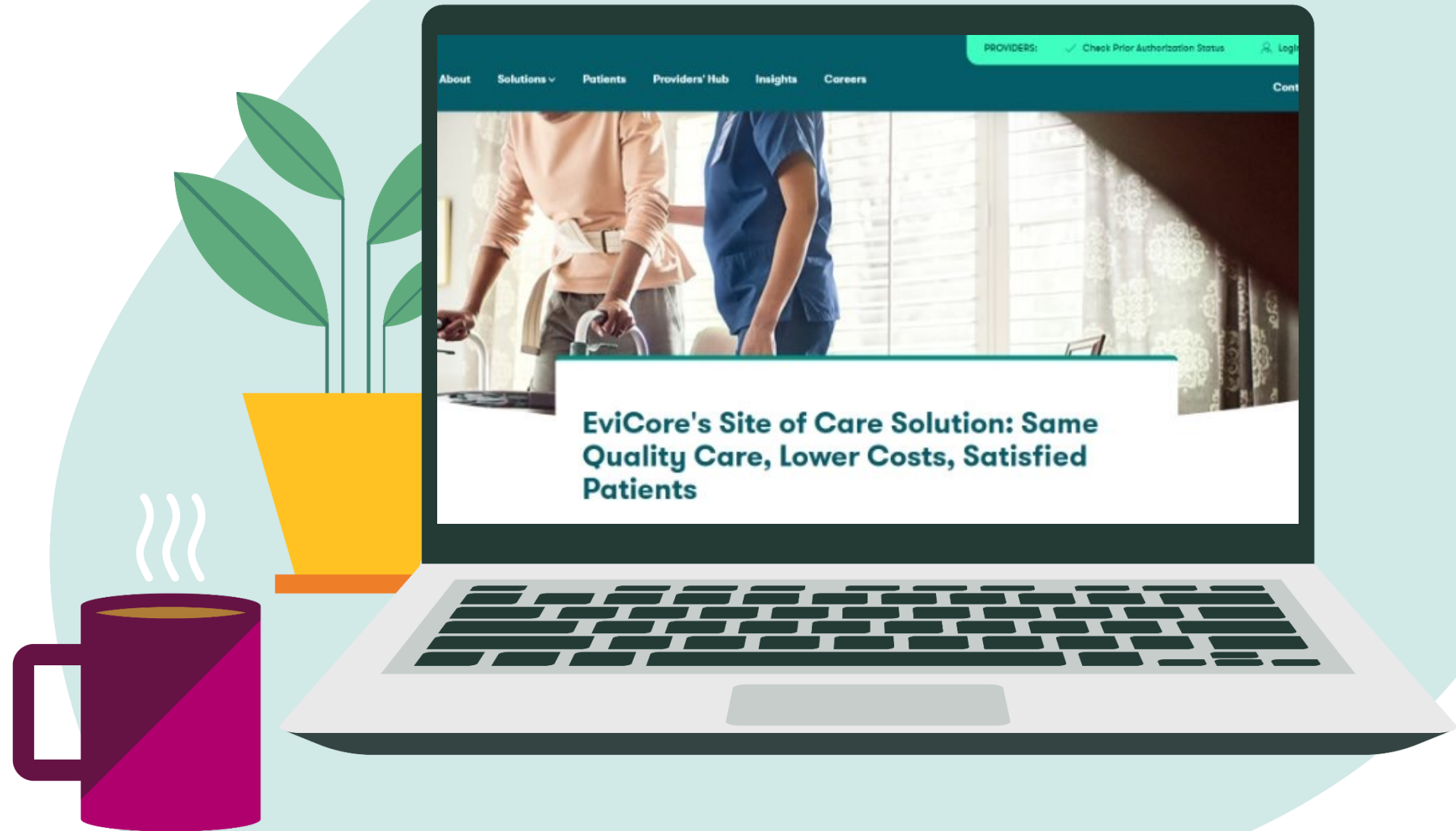
eviCore Site of Care

Authorizations

- Musculoskeletal and Advanced Imaging procedures will be reviewed for redirection to a lower acuity setting if one is available

Provider privileges

- If a provider does not have privileges at an ASC, a change to a site of care will not be required





Prior authorizations

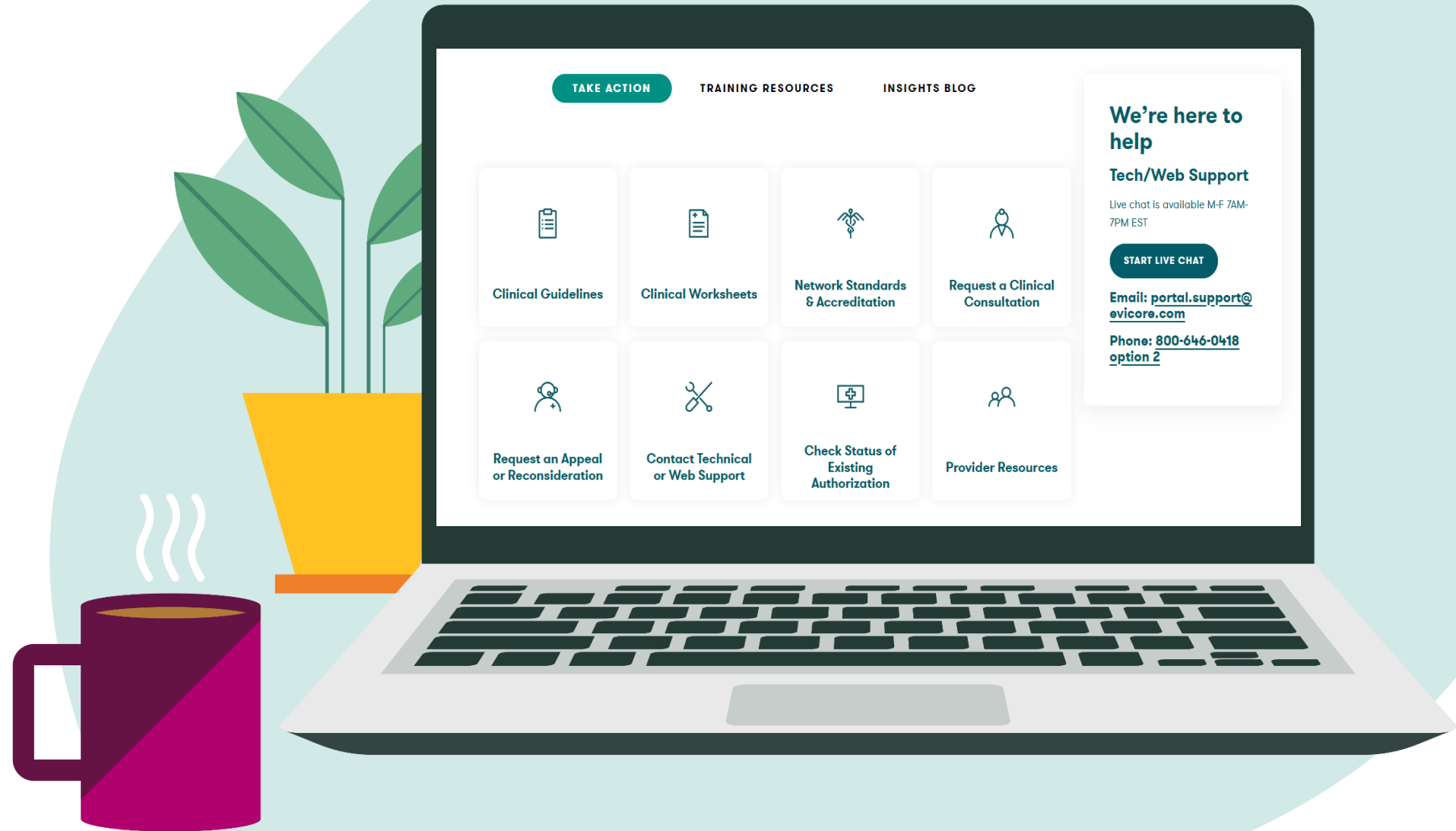
- Check Benefit Tracker to determine if the member's plan uses eviCore, and for what services
 - Can be found on main benefit page (in red)

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>



Clinical guidelines

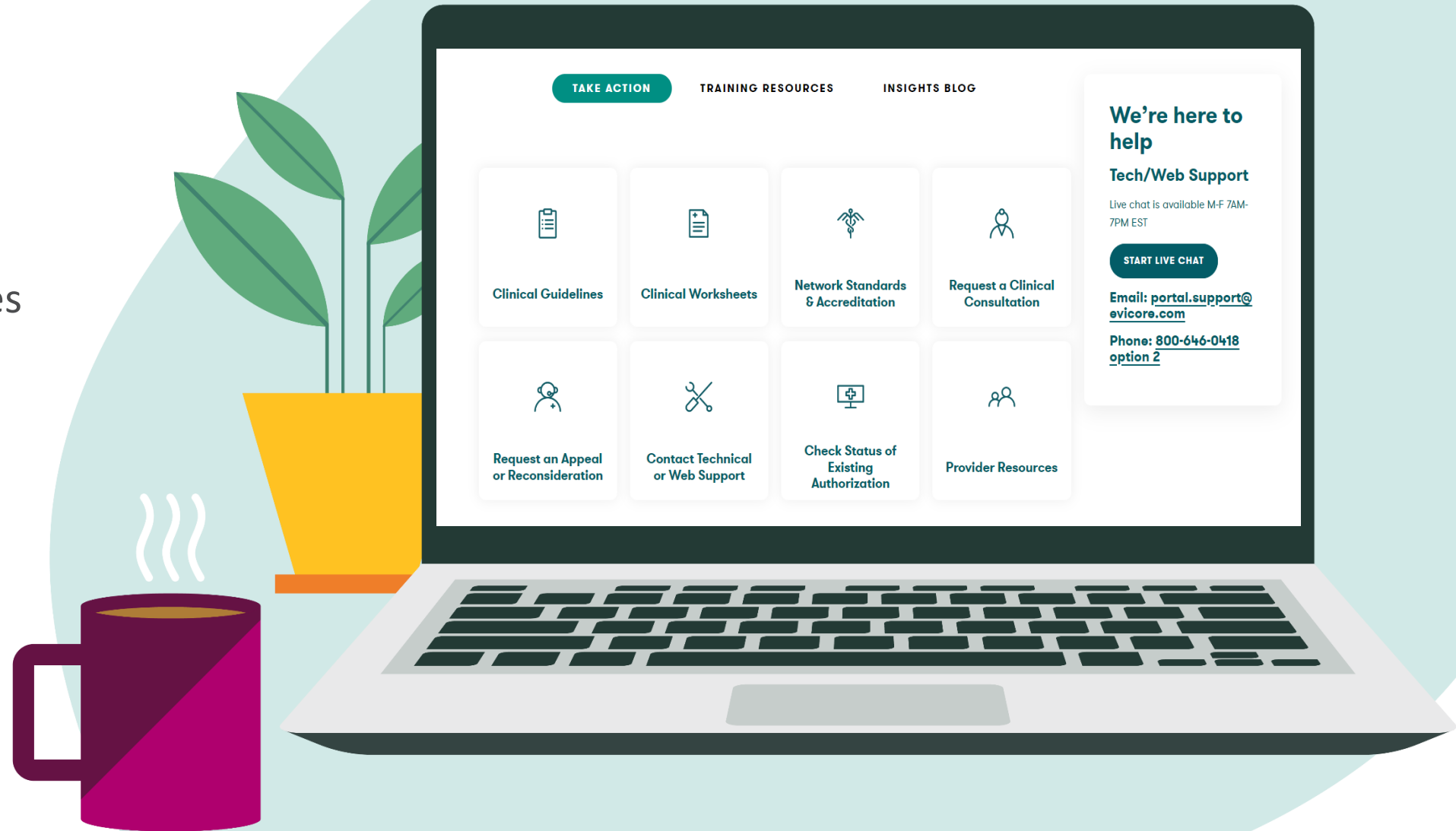
- Provider's Hub
- Clinical guidelines/worksheets can be accessed before logging in to the portal
- Resources
 - Training resources
 - Video tutorials
 - How To's
 - [eviCore.com/provider](https://www.evicore.com/provider)





Clinical guidelines

- eviCore also provides “WebEx Training” for new or experienced users twice per quarter for therapies PT, OT and ST
[eviCore HealthCare \(webex.com\)](http://eviCore HealthCare (webex.com))
- Questions? Email clientservices@evicore.com





Clinical guidelines

Authorization denials

- Peer-to-peer consultation
- Can be requested through the provider portal
- Request an Appeal (evicore.com)

Formal appeals

- Process outlined on denial letter for members and providers
- modahealth.com/pdfs/evicore_member_denial.pdf



Newsletter

- Portal and process news
- Authorization updates
- Reminders
- Provider training opportunities

Stay Updated With Our Provider Newsletter

Your email address

SUBSCRIBE →





Prior authorizations

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

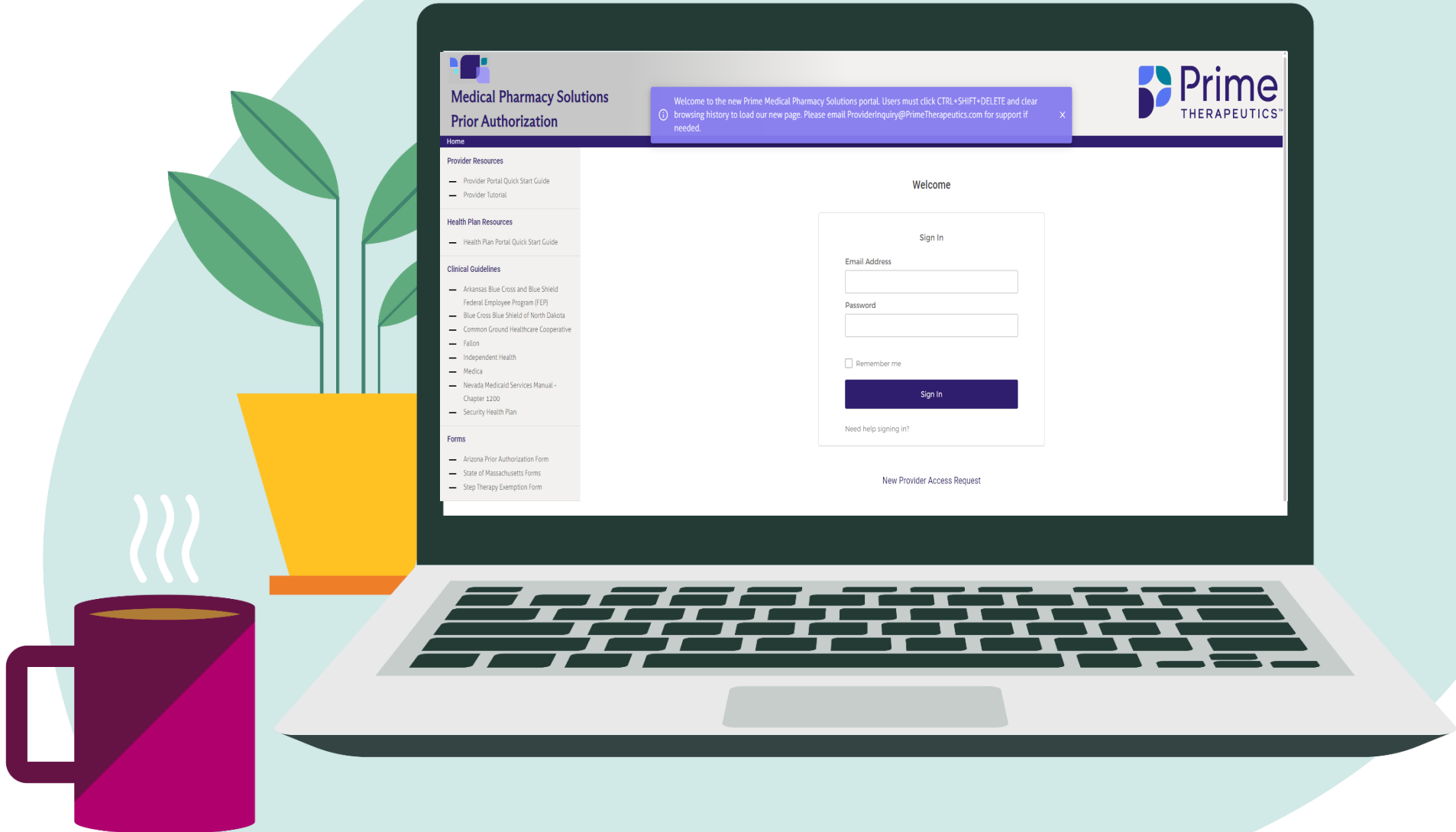




Prior authorizations

- Provider-administered injectable drug program
 - Prior authorization required for specific injectable specialty medications

modahealth.com/medical/injectables/

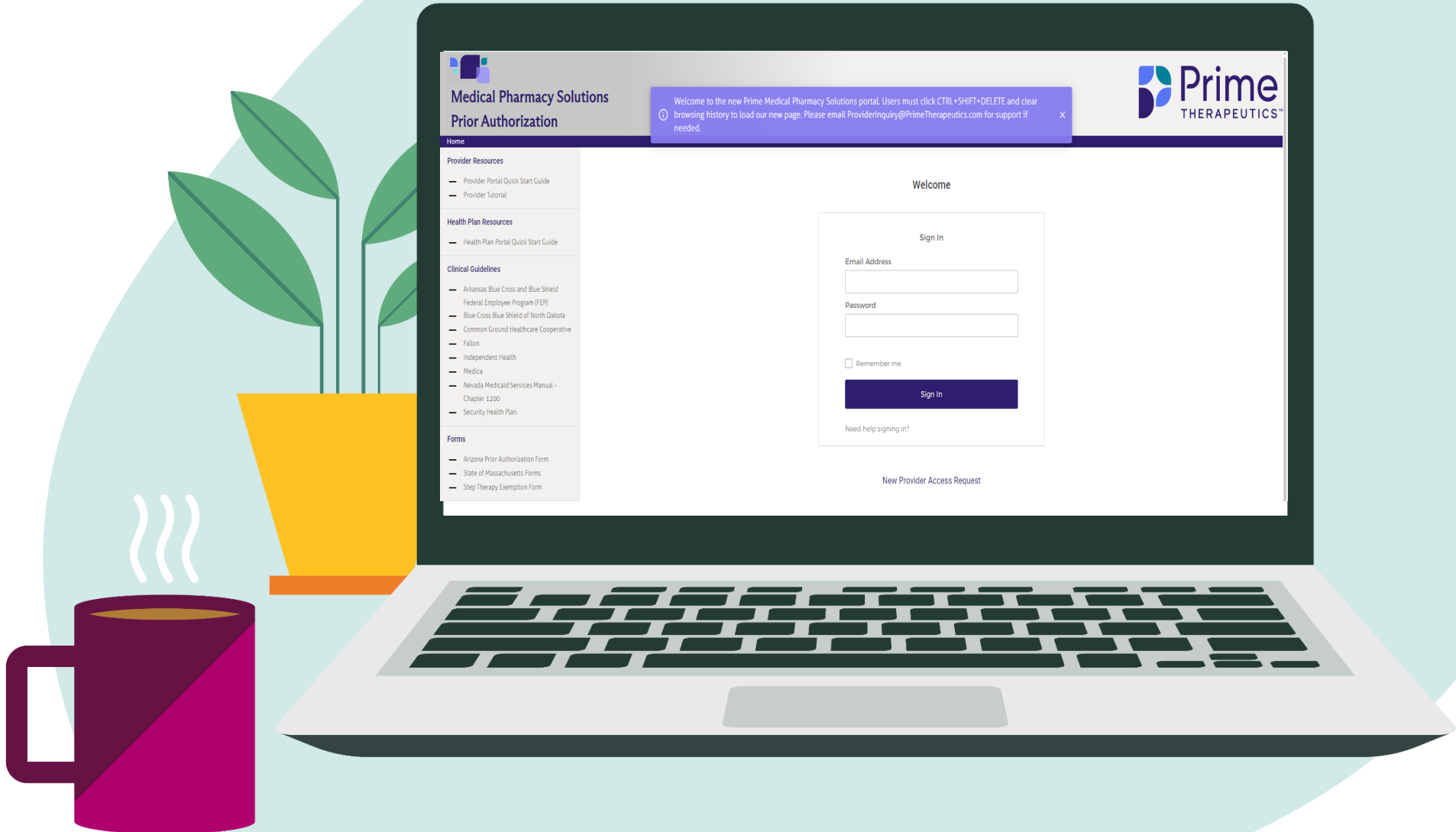




Prior authorizations

- Site of Care program
 - Certain provider-administered drugs only authorized in outpatient setting or patient's home

modahealth.com/medical/siteofcare.shtml



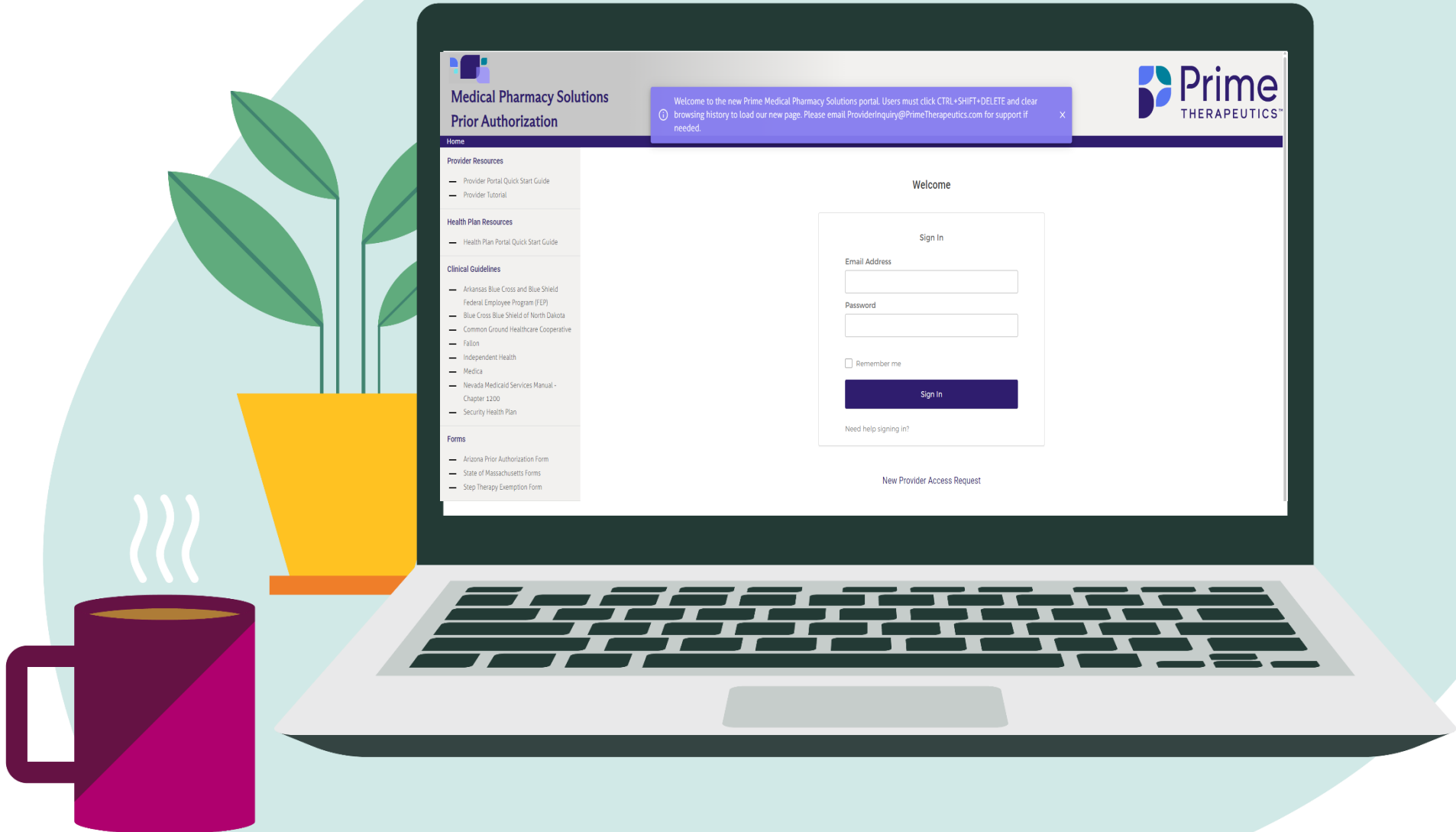


Prior authorizations

- Claim edits program

Moda applies post-service pre-payment claims edits to diagnosis criteria and criteria for maximum units for the medications listed in the link below.

[Claims and appeals \(modahealth.com\)](https://modahealth.com)





Prior authorizations

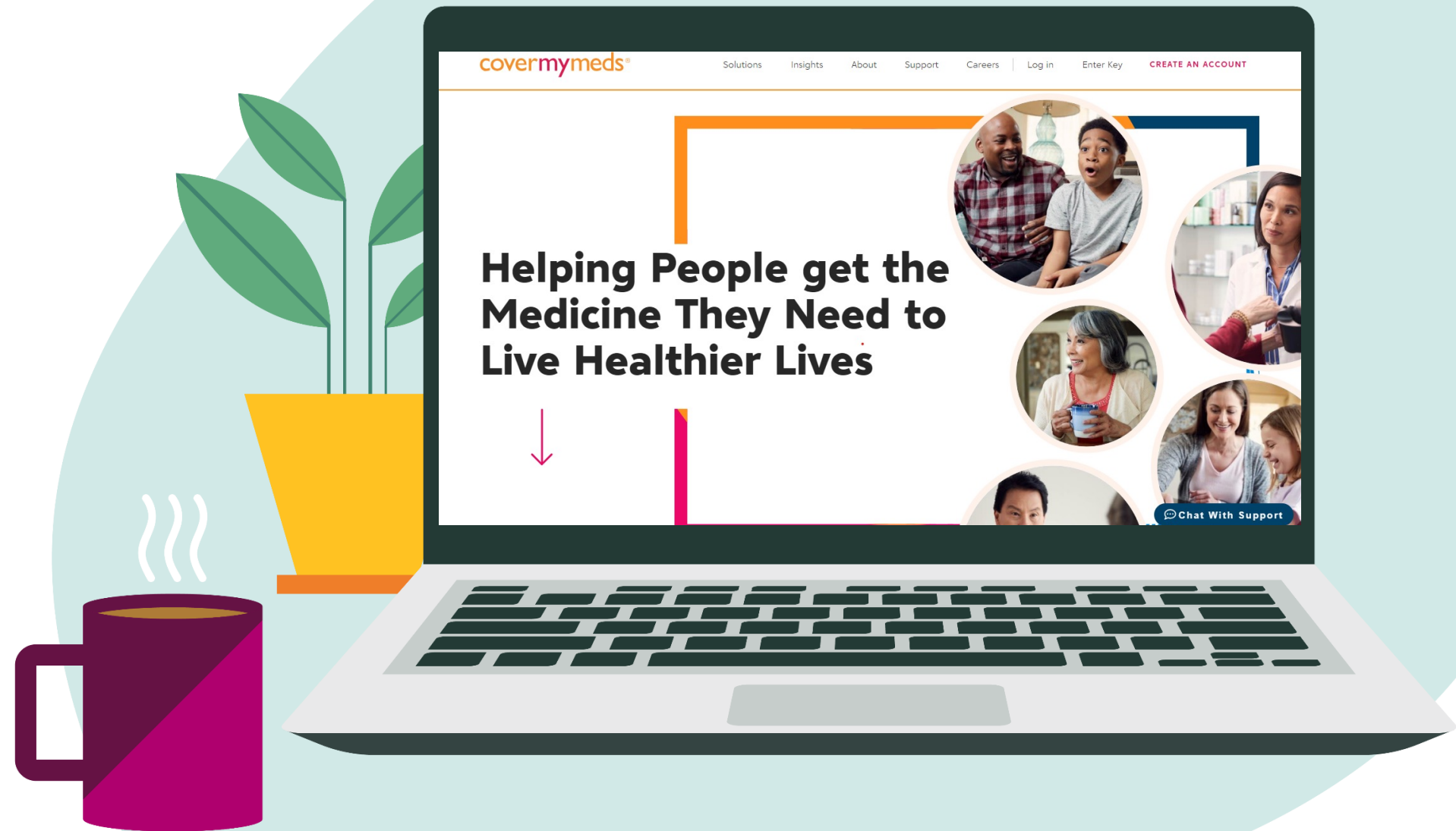
- Partnership with CoverMyMeds to process electronic prior authorization (ePA) requests for medications covered under a member's pharmacy benefit
- This free online tool is integrated with all health plans and most large EHR systems





Prior authorizations

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



New Auto Auth Tool

How to submit a request with the Auto Authorization Application:

Once you're in Benefit Tracker, follow these steps to submit a request.

- Find the member's benefit profile and look for the new "Prior Authorization" option under "Medical Benefits."
- Before submitting, we recommend reviewing the prior authorization list. The link is available on the "Prior Authorization" landing page, which includes instructions on how to submit your request by line of business.
- Click the "Create New Request" button to submit your authorization.
- Once you've submitted the request, you can view your request history and request status on the "Prior Authorization" landing page.

Benefit Tracker



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



Exciting change! You can now submit prior authorizations through our Auto Authorization Application in Benefit Tracker. To submit, select Medical Benefits and click on the section titled Prior Authorization.

[< Back to Medical search](#)

Prior authorization

[Medical benefits](#) | [Vision benefits](#) | [Pharmacy benefits](#) | [Claims](#) | [Referrals](#) | [PCP history](#) | [EOBs](#) | [Member handbook](#) | [Prior-Authorization](#)

Review our Auto Auth Application How To Guide for information on how to submit a request:

[Commercial Auto Auth Application How To Guide](#)

Medical prior authorization

Patient information

Patient name:

Insurance Type:

Date of birth:

Group number:

Subscriber ID:

Group name:

Please be sure to review the Prior Authorization list for the services being requested to confirm the requested service require authorization before proceeding.

[Commercial prior authorization list](#)

[Create new request](#)



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 determined 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 about 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 (PHI) 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 (HIPAA)** 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.

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 coaching
- Telephonic health coaches
 - Provide in-depth disease management/self-management programs for members dealing with chronic health conditions and



Health navigators

- 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



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

valuebaseddatasharing@modahealth.com

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



Medicare Advantage update



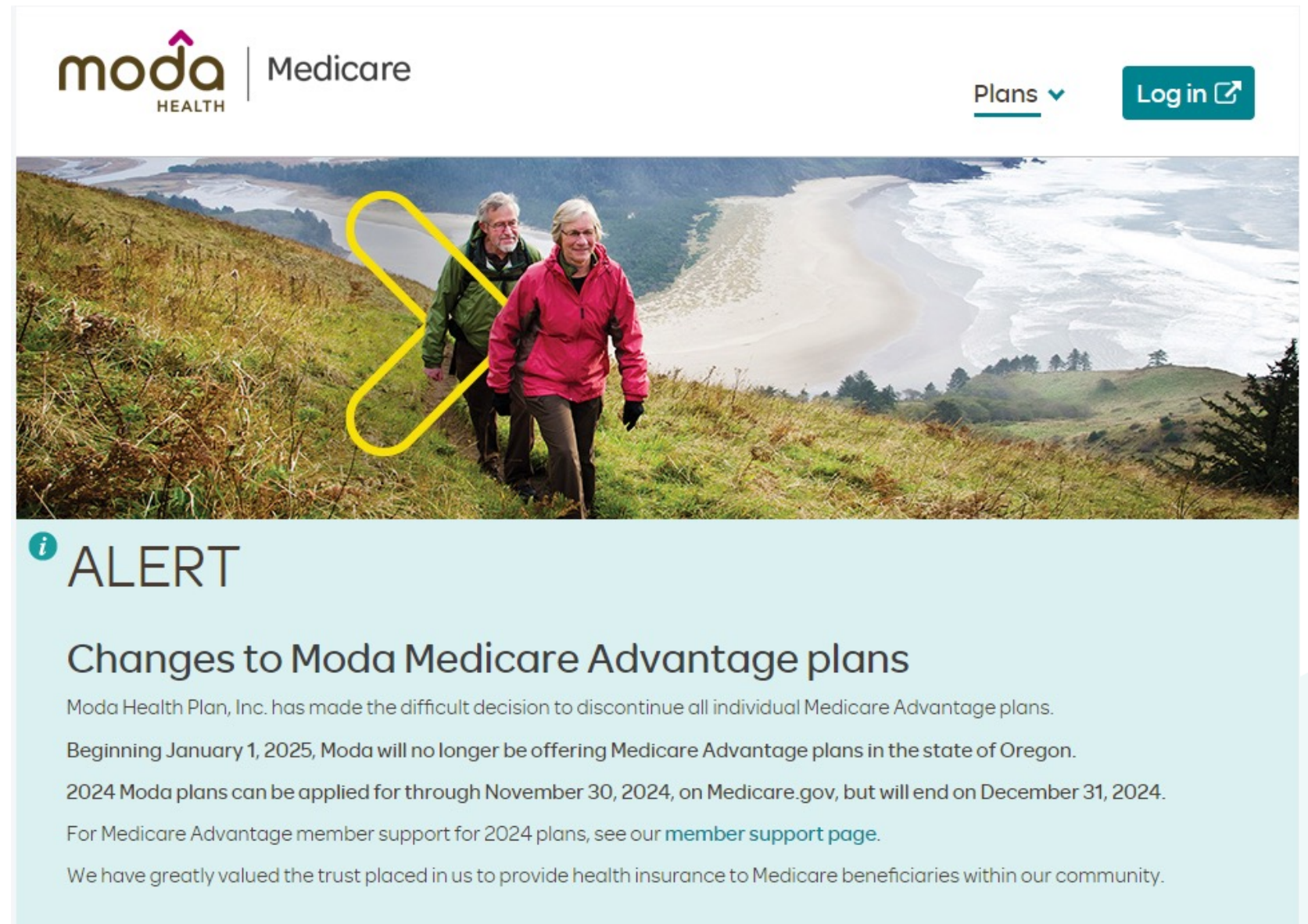
Medicare Advantage

Update-

Moda or Summit MA members will remain covered through Dec. 31, 2024. Because of this change, they will have a Special Enrollment Period (SEP). The SEP runs from Oct. 2 to Feb. 28, 2025. Through the SEP, members will not need to go through any approval process, whether they enroll in a new MA plan or apply for a Medicare Supplement plan.

Link to our MA page

[Medicare Advantage](#) members will qualify for a Special Enrollment Period (SEP) | [Moda Health](#)



The screenshot shows the top of the Moda Health Medicare website. The logo "moda HEALTH" is on the left, and "Medicare" is to its right. On the far right, there is a "Plans" dropdown menu and a "Login" button. Below the navigation is a large photograph of an elderly couple walking on a grassy hill overlooking a beach. A yellow hand-drawn arrow points from the couple towards the "ALERT" section below. The "ALERT" section has a light blue background and contains the following text:

i ALERT

Changes to Moda Medicare Advantage plans

Moda Health Plan, Inc. has made the difficult decision to discontinue all individual Medicare Advantage plans. Beginning January 1, 2025, Moda will no longer be offering Medicare Advantage plans in the state of Oregon. 2024 Moda plans can be applied for through November 30, 2024, on Medicare.gov, but will end on December 31, 2024. For Medicare Advantage member support for 2024 plans, see our [member support page](#). We have greatly valued the trust placed in us to provide health insurance to Medicare beneficiaries within our community.

Provider resources



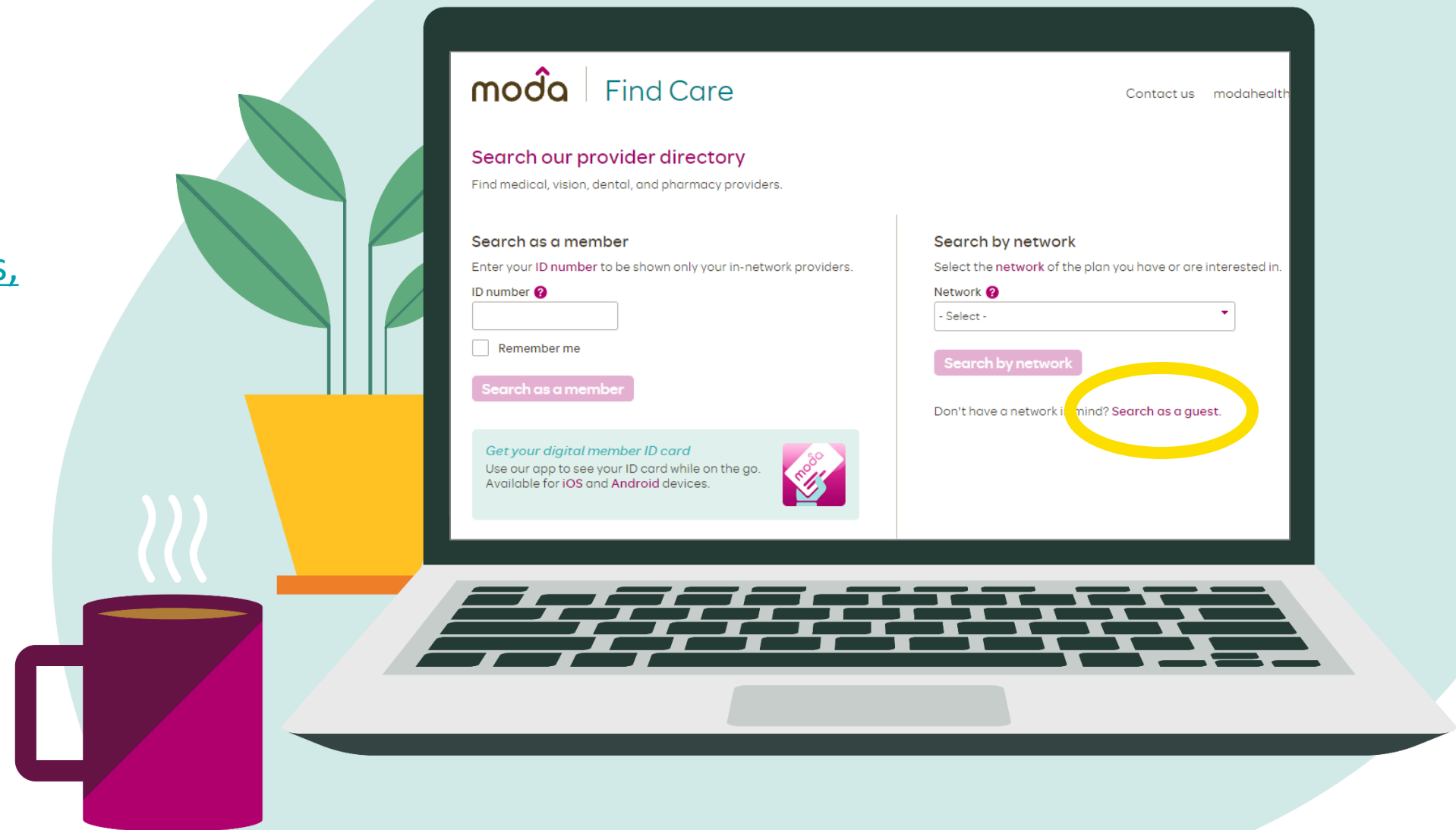
modahealth.com/medical

- Announcements
- Medical policy updates
- Prior authorization changes

The screenshot shows the website's navigation menu on the left and a main content area on the right. The menu items are: Medical provider overview, Benefits & eligibility, Authorization & referrals (circled), Patient care programs, Join our network, Provider resources (expanded), Claims and appeals (circled), Policies and manuals (circled), Clinical guidelines, tools, Contact us, Behavioral health, Preventive services, Medicare compliance, Forms, Samples, workshops (circled), Provider news, OEER Reference Program, Patient resources, Pharmacy, and Quality of care. At the bottom of the menu is a teal button: Find Care - Find a doctor, dentist, pharmacy or clinic. The main content area features a teal banner with an information icon and text: COVID-19: Updated guidance for medical providers - Learn the latest around telehealth billing - Moda's commitment to providers. Below this is a photo of a doctor talking to a patient. The main heading is 'Welcome, medical providers' followed by a paragraph of text. Below that is another paragraph. A 'Benefit Tracker' section is highlighted with a yellow circle, containing a list of items: Benefits, Eligibility, Claims status, and Referrals. At the bottom of this section is a purple button: 'Log in to Benefit Tracker' (circled). A photo of a woman is visible on the right side of the Benefit Tracker section.

Provider resources Find Care

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



Credentialing contacts

Toll-free phone number: 855-801-2993

Fax number: 503-265-5707

Email: Credentialing@modahealth.com

Mailing address:

Moda Health

Attn: Credentialing Dept.

601 SW 2nd Ave. #900

Portland, OR 97204

Moda utilizes the CAQH ProView site as an application source.

[CAQH Provider Data Management](#)





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

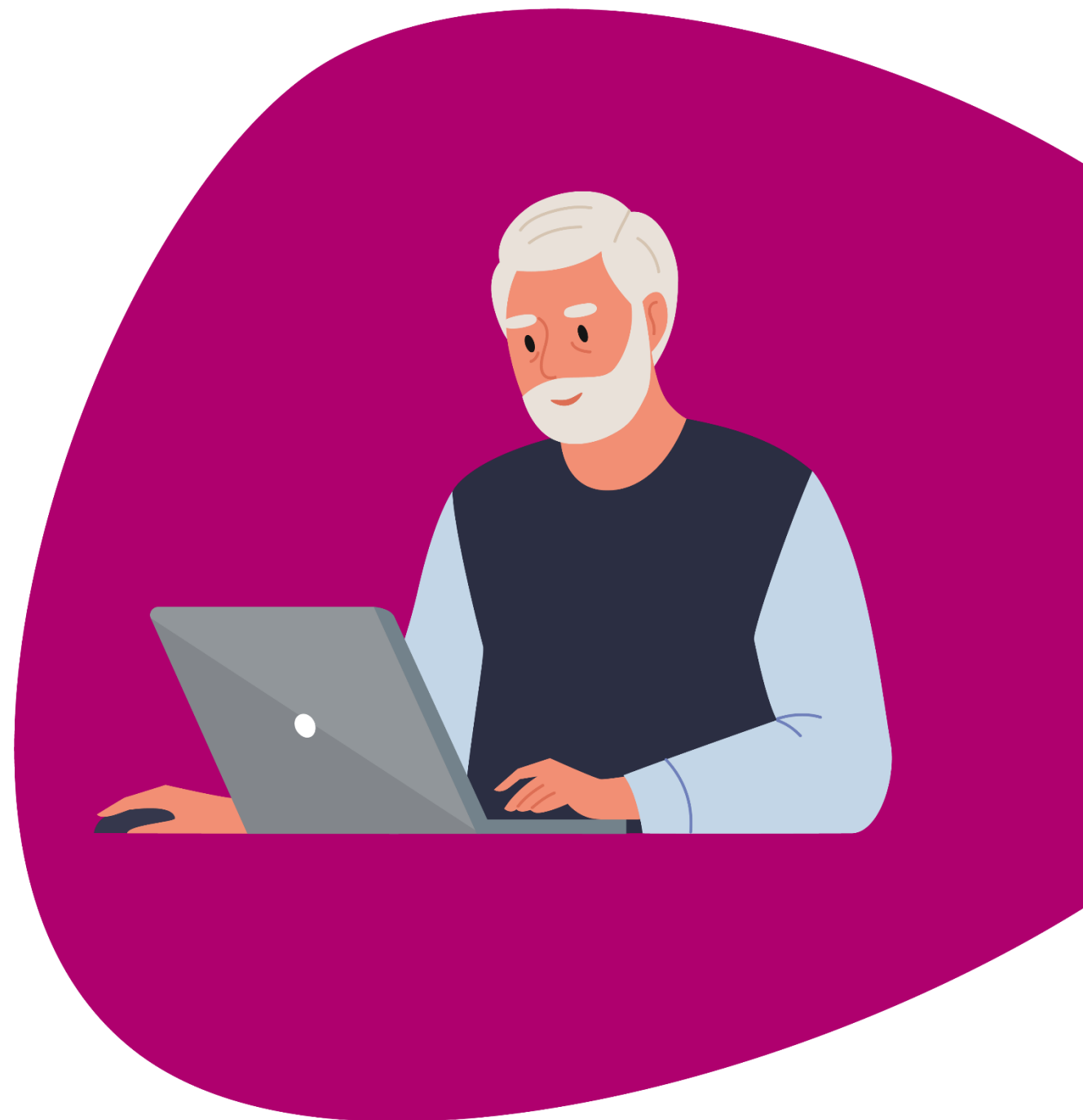
Contacting Moda Health

- **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



Contacting Moda Health

- **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)



Thank you

