Working Together
For Better Care

Provider Service: Your Personal Link to PacificSource

If you have administrative questions or need assistance, your Provider Service representative is happy to help you. We’re available from 8:00 a.m. to 5:00 p.m., Monday through Friday.

View our Provider Service Staff Directory at PacificSource.com/PSR.

Important news for our providers

The PacificSource Provider Bulletin offers tips and information for working with us—so you can spend more time and energy serving your patients. To subscribe, visit PacificSource.com/provider/provider-newsletter-archive.

In addition to the updates in the Provider Bulletin, our online Provider Information and Resource Center includes important notices and links to helpful information. You’ll find the following information at PacificSource.com/Provider/ResourceCenter:

- Online directory requirements
- Pharmacy program information, including:
  - PacificSource drug lists, including restrictions and preferences, and regular updates to the lists
  - How to use the pharmaceutical management procedures, such as prior authorization requirements
  - Explanation of limits or quotas
  - How to provide preauthorization information to support an exception
  - Generic substitution, therapeutic interchange, and Step Therapy protocols
- Member rights and responsibilities
- The process to refer members to case management
- Condition Support Program information
- Utilization Management (UM) information for providers, including availability of UM staff and how to obtain UM criteria
- Risk adjustment: a key component in quality patient care
- Quality improvement program goals and progress
- Clinical practice and preventive health guidelines for diabetes, CAD, depression, ADHD, prenatal care, adult and child immunizations, and more

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Affirmative statement about Incentives

PacificSource Health Plan’s decisions regarding the provision of healthcare services are made under the following provisions:

- UM decision-making is based only on appropriateness of care and service, and the existence of coverage.
- PacificSource does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for Utilization Management decision-makers do not encourage decisions that result in underutilization.

The nurses, physicians, other professional providers, and independent medical consultants who perform utilization review services for PacificSource are not compensated or given incentives based on their coverage review decisions. There are no financial incentives for such individuals that would encourage utilization review decisions that result in underutilization.

Health plan nurses, social workers, and physician reviewers are salaried employees of PacificSource, and contracted external physicians and other professional consultants are compensated on an hourly, per-case-reviewed, or population management basis, regardless of coverage determinations.

Answers to Common Questions

What is your referral policy?

Members do not need their primary physician’s referral through PacificSource to see a specialist. This includes Medicare Advantage plan members. There are a few exceptions:

- Medicaid plans, which have the primary care provider referral requirement
- Medicare MyCare (in the Portland area), which have the primary care provider referral requirement
- Specialists who require a referral prior to a visit or treatment

While this policy allows our members greater flexibility and choice, we recognize that primary physicians play a vital role in the health of our members. We will continue to encourage all members to select and seek care from their primary care provider, regardless of referral requirements.

How can I get paid quickly?

Here are two simple things you can do to expedite claims payments:

1. Be sure the billing address you entered is where you would like the payment to be sent.
2. In the service location field, enter the address where the provider performed the service.

Can I check benefits online?

Yes. With InTouch for Providers, you can verify eligibility and check claims status, explanations of payment, preauthorizations, and much more—all online.

Note: InTouch access is through OneHealthPort. If you are already registered with OneHealthPort, you do not need to reregister. For more information, visit PacificSource.com/AboutProviderInTouch.

Provider Manuals

Your desktop references for PacificSource policies and procedures

You’ll find our most current policies and procedures in our provider manuals:

- Commercial: PacificSource.com/provider/manual

You may also request a printed copy by contacting our Provider Service representatives. Visit PacificSource.com/PSR for more information.