Primary care provider assignments and capacity FAQ

Who can request primary care provider (PCP) changes?

Changes to PCP assignments can be made by PacificSource members or their appointed representative or caseworker. The healthcare professional serving as the primary care provider for the PacificSource member can also submit a PCP change.

How can I confirm a member's PCP?

Up-to-date primary care provider information is available via our online portal, InTouch for Providers. For information about assignments and member eligibility, providers may contact our Medicaid Customer Service team at **800-431-4135** or CommunitySolutionsCS@PacificSource.com.

How can providers submit member PCP changes?

For changes involving ten or fewer members, please submit a PCP Change Form, or contact Medicaid Customer Service at **800-431-4135** or CommunitySolutionsCS@PacificSource.com.

For changes to more than ten members, please contact your Provider Service Representative at **855-247-7575** or ORProviderService@PacificSource.com.

How many PCP changes are allowed?

PacificSource does not limit the number of times a member may make changes to or reassign their PCP.

When do PCP changes become effective?

When a member calls PacificSource Customer Service directly, the PCP change is effective immediately. When submitting a change form by mail, the change will be effective on the first of the following month.

What is the PCP's responsibility when notifying PacificSource Community Solutions of provider changes?

The PCP is expected to notify PacificSource Community Solutions of any changes that affect a member's assignment. Please notify us within 30 days of the change.

Note: Delayed notices received outside of the date requirements can have an impact on providers or provider groups with capitated agreements. Provider or provider groups will need to work with their assigned Provider Service Representative.

If a provider is no longer associated with a group's tax ID, the provider group should notify their PacificSource Provider Service Representative of the change and provide any new member PCP assignment(s) at least 30 days prior to the change.

Questions?

We're happy to help. Contact your PacificSource Provider Service Representative.

PacificSource.com/Providers/Service-Representatives-Directory

PacificSource
Community Solutions

As a PCP, how can I best manage my patient panel?

A report called PCP Enrollment Listing is available through the InTouch for Providers portal.

This report reflects all members assigned to each practitioner within your group. Regular review of this report will help identify new members assigned to your group so that you can reach out to them and engage them in care. This is also a great tool for providers who serve a specific age population.

To access the report:

- After logging in to InTouch, select "Create Reports".
- Input your provider information, then select "PCP Enrollment Listing".

If a member has been assigned incorrectly or has aged out of care, please complete the "PCP Change Form" or notify your Provider Service Representative.

Where can I find the PCP Change Form?

The change form is available at our website, in Documents and Forms. For the PCP Change Form, visit https://bit.ly/2W70A3t.

Exceptions to this PCP assignment policy may apply.

What are the guidelines for reporting PCP patient capacity?

PCPs will notify their Provider Service Representative once per quarter regarding their maximum capacity. (Note: any capacity of 1,000 or more requires supporting documentation to understand how calculations were determined.)

What does "capacity" mean in this context?

Capacity is the patient maximum threshold a PCP is assigned to manage their Medicaid member panel without impacting quality of care.

PacificSource
Community Solutions