

COVID-19 Provider Relief Plan

Suspension of COVID Relief Plan

December 2020*

This document aims to answer the most common provider-community questions in response to the COVID-19 Provider Relief Plan, as well as to provide updates which may be of interest to providers.

*This FAQ will be revised when information is updated.

Eligibility

Is checking member eligibility important?

Yes. Providers must check a member's eligibility and benefits prior to rendering care. A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits is subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service.

Prior Authorizations

Will PacificSource resume prior authorization requirements?

Beginning January 1, 2021, PacificSource will resume our standard practice of requiring prior authorizations (PAs) including inpatient notifications for all members and all lines of business. This will include advanced imaging and genetic testing authorizations processed through AIM. To determine if a service requires prior authorization, consult our Prior Authorization Grid (<https://authgrid.pacificsource.com/>).

However, in order to facilitate transitions to lower levels of care, prior authorization will not be required for transfers to skilled nursing facilities, inpatient rehabilitation centers, and long term acute care hospitals.

Inpatient Notification and Concurrent Review

Will PacificSource resume concurrent review requirements?

Concurrent review is performed to ensure an ongoing stay is supported by medical necessity criteria. PacificSource will generally not be reviewing hospital days for medical necessity during the recent surge in COVID-19 cases. However, PacificSource reserves the right to resume standard practices when the situation returns to a more normal state, and will notify providers accordingly when such a time has occurred.

As it pertains to long term acute care hospitals, acute rehabilitation, residential treatment centers, intensive outpatient (IOP) programs, partial hospitalization treatment programs, and skilled nursing facilities, concurrent review will resume as per normal effective January 1, 2021. PLEASE NOTE: PacificSource does not require an approval for an admission to these facilities.

Are inpatient notifications still required for hospitals, long-term acute-care hospitals, acute rehabilitations, residential treatment centers, intensive outpatient programs, partial hospitalization treatment programs, and skilled nursing facility stays?

Yes. In order to assist with care management and discharge planning, we will require notification of an inpatient admission.

Questions?

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

[PacificSource.com/
contact/provider](https://www.pacificsource.com/contact/provider)



Referrals

Will PacificSource resume the requirement of referrals during the pandemic?

No. PacificSource will continue to suspend referral requirements for our PacificSource Community Solutions (Medicaid) members.

However, please note any provider providing a service must be approved by Oregon's Medicaid program. In addition, if a service is being requested to be provided by a non-participating provider, a prior authorization will still be required.

How do I know if a service is covered under the Oregon Health Plan (OHP)?

This can be identified by using LineFinder. LineFinder is an online tool to assist providers in determining what is covered by OHP. OHP generally updates the information quarterly (InTouch.PacificSource.com/LineFinder).

Risk Withhold Suspension

Will PacificSource resume the taking of risk withhold on claims if it's part of my agreement?

Yes. PacificSource had previously suspended risk withhold reductions from provider payments for much of 2020. Beginning January 2021, PacificSource will resume normal risk withhold processes per the terms of provider agreements.

Appeals

Will there be appeal rights if no prior authorization was sent and a claim is denied?

Yes. Appeal rights will continue to be in place and reviewed in line with applicable policies at the time of service. Flexibilities will be extended for timely submission according to CMS guidance.

Credentialing, Recredentialing, and Contracting

We are a contracted provider group with PacificSource. Will PacificSource allow new practitioners to be temporarily added and covered under our contract during COVID-19? Do our providers need to go through the full recredentialing process which includes the receipt of, filling out, and returning a PacificSource recredentialing application?

PacificSource is allowing providers to be temporarily added to your contract for a 60-day period using an abbreviated application process during our Provider Relief Period. If a provider anticipates seeing PacificSource members for longer than the temporary period, please complete the full credentialing application. And yes, PacificSource is reinstating our normal re-credentialing process in January 2021. If any providers continue to have an administrative burden with completing this process, please reach out to the Credentialing team directly for assistance.

We are a contracted provider group with PacificSource and we are moving our hospital-based providers into the clinic setting temporarily to assist during the COVID-19 period. Do we have to credential them with PacificSource?

No. If the provider bills under their same NPI and TIN as their hospital-based services, PacificSource will process under your current contract regardless of service location.

We are a contracted provider group with PacificSource and we are moving our providers into different clinic locations. Do we have to inform PacificSource of these changes in order to be covered under our current contract?

If the provider is continuing to bill under their same contracted NPI and TIN, PacificSource will pay under their current contract regardless of location. If the location is being billed under a different TIN, please contact your Provider Service Representative so we can update our system accordingly and expeditiously.

How will PacificSource handle licensing requirements for providers coming out of retirement to help during COVID-19?

If a nonlicensed or retired provider submits a claim during the COVID-19 period, we'll review it according to state guidelines to see what the board requires. PacificSource recommends submitting an abbreviated credentialing application for these providers in advance if you are adding to your existing contract.

COVID-19 Place-of-Service Guidelines

Questions	Answers
Are ED services provided in tents and patient cars covered? If so, how should they be billed?	<p>Yes. Tents and/or patient cars located in close proximity to the ED in which ED staff provide COVID care or non-COVID care will be considered extensions of the ED.</p> <p>Claims for that care should use Place of Service Code – 23 Emergency Room – Hospital, with Modifier CR for professional billing and Condition Code DR for institutional billing.</p>
Are outpatient services provided in patient cars covered? If so, how should they be billed?	<p>Yes. Patient cars located in the parking lot of a clinic in which clinic staff provide COVID care or non-COVID care will be considered extensions of the clinic. Claims for that care should use Place of Service Code as follows:</p> <ul style="list-style-type: none">• 15 – Mobile: If the car is used as a drive-up COVID testing site where a specimen is taken• 11 – Office: If the clinic is not hospital owned• 19 – Off Campus – Outpatient Hospital: If the clinic is hospital-owned but not on the hospital campus
Are services provided in nonlicensed space and/or nonlicensed beds covered? If so, how should they be billed?	<p>Claims for services to COVID and non-COVID patients provided in nonlicensed space and/or nonlicensed beds should be submitted with the Place of Service Code most closely associated with the staff/function being performed in that space/bed (as if the space/bed were licensed).</p>
What provider-patient interaction methods will be considered telehealth, and how should they be billed?	<p>Methods of interactions between providers and COVID and non-COVID patients outlined in the announcement would be considered telehealth, and should be billed appropriately in accordance with CMS guidelines.</p> <p>Please see our FAQ regarding COVID-19 for Providers: Reimbursement, Telehealth, and More at https://pacificsource.com/resources/documents-and-forms and https://pacificsource.com/resources/articles.</p> <p>For more, see the Health and Human Services (HHS) statement about telehealth: https://telehealth.hhs.gov/.</p>
Will a phone call with a patient be considered telehealth if there is no video feed (and just voice interaction over the phone)? If so, how should it be billed?	<p>Yes. Please see our FAQ regarding COVID-19 for Providers: Reimbursement, Telehealth, and More at https://pacificsource.com/resources/documents-and-forms and https://pacificsource.com/resources/articles.</p>
Will telehealth be a covered service for patients new to that provider?	<p>PacificSource is following CMS expanded-coverage guidelines, which allow telehealth visits for both new and established patients.</p>

Provider Manual

The Commercial, Medicaid, and Medicare Provider Manual is available at https://pacificsource.com/sites/default/files/2020-10/PRV1_092920_ProviderManualConsolidation-508_1.pdf.

Who to Contact

For general questions related to COVID-19, our Provider Service team is ready to talk through your concerns.

Provider Service

- Idaho and Montana: **541-246-1459**, or toll-free **855-247-7579**
- Oregon and Washington: **541-246-1457**, or toll-free **855-247-7575**

To verify member eligibility and benefits, please contact our Customer Service team.

Commercial

- **888-977-9299** | cs@pacificsource.com

Medicaid

- **800-431-4135** | CommunitySolutionsCS@pacificsource.com

Medicare

- **888-863-3637** | MedicareCS@pacificsource.com

For questions related to preauthorizations and inpatient notifications, please contact our Health Services team.

- **Commercial** | **888-691-8209**
- **Medicaid** | **800-431-4135**
- **Medicare** | **800-735-2900**