COVID-19 Provider Relief Plan
and other FAQs

September 2020*

This document aims to answer the most common provider-community questions in response to the COVID-19 Provider Relief Plan. The Provider Relief Plan supports contracted providers through the crisis and helps to reduce administrative and financial burdens.

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.

*This FAQ will be revised when information is updated.

Medical Authorizations and Referrals

For which services will PacificSource be suspending prior authorizations?

PacificSource is suspending prior authorization (PA)* and referral requirements related to medical necessity for dates of service March 27 through December 31, 2020, for services rendered within our four state service area (Idaho, Oregon, Montana and Washington) and included on the Prior Authorization Grid. To determine if a service formerly required preauthorization, consult our Prior Authorization Grid (https://authgrid.pacificsource.com/).

*Prescription and medical drugs will continue to require authorization. For noncontracted providers outside of these four states, please reference the Noncontracted Providers section further down.

Does the suspension of the prior authorization requirement apply to all PacificSource members, including ASO (self-funded) groups?

Yes. It applies to all PacificSource Medicare, Medicaid, fully insured commercial, and the majority of ASO members. Please contact our Customer Service team for confirmation of prior authorization and referral requirements for ASO members.

Do I still need to submit a prior authorization to determine if PacificSource will cover a service that is not covered under the Oregon Health Plan (OHP)? What if I need to put in a retro authorization for OHP?

Yes. Prior authorizations are still required for all benefit coverage exceptions. We are also allowing retro authorizations 90 days from the date of service. One way this can be identified is by using LineFinder. LineFinder is an online tool to assist providers in determining what is covered by OHP. OHP generally updates the information quarterly. (https://intouch.pacificsource.com/LineFinder)

How will I know if I have received an extension on an existing medical (not pharmacy-related) authorization that is for dates of service after September 1, 2020?

All existing authorizations for dates of service after September 1 will be extended through December 31 dates of service.

Questions?

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

https://pacificsource.com/contact/provider

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If I submit an authorization to be reviewed as a courtesy for benefit eligibility, will PacificSource review it or will it be automatically approved? Will I receive a notification of approval or denial?

Yes. We will review it and will respond with a notification of approval or denial.

If the patient has not been seen in the last 30 days, will they need a new prescription for durable medical equipment?

We are following CMS and state guidance, which allows leniency for needed prescriptions for covered services.

Are prior authorizations still required for services done through AIM, such as genetic testing and advanced imaging (CT/MRI, etc.)?

No. Prior authorization requirements have been suspended for dates of service through December 31, 2020.

Pharmacy Authorizations

Are prior authorizations still required for medication and medical drugs?

PacificSource extended most prescription and medical drug prior authorizations, which expired between March 30 and June 30, 2020, for an additional 90 days. New requests will follow standard prior authorization procedures for medical and prescription drugs (including enteral nutrition requests for Medicare and Medicaid).

Noncontracted Providers

Does the Provider Relief Plan apply to me as a noncontracted provider residing within the PacificSource service areas (Idaho, Montana, Oregon, and Washington)?

Yes. The Provider Relief Plan is applicable to noncontracted providers that are caring for our members in the service areas as mentioned above.

Does the Provider Relief Plan apply to me as a noncontracted provider residing outside the PacificSource service areas (Idaho, Montana, Oregon, and Washington)?

No. The Provider Relief Plan is not applicable to noncontracted providers that are residing outside of our service areas as mentioned above.

Inpatient Notification and Concurrent Review

What is the difference between inpatient (IP) notification and concurrent review?

Concurrent review is done to ensure an ongoing stay is supported by medical necessity criteria. IP notification is simply giving PacificSource notice of admission so that we are able to facilitate transitions of care and better support members and providers. Important: Clinical notes throughout treatment will continue to be required to support member centric treatment plans, discharge plans, highest standards for transitions of care, and needs for continuing case management. PacificSource will suspend the concurrent review process for dates of service from March 27 through December 31, 2020.

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, the Notice of Medicare Non-Coverage (NOMNC) is required where appropriate and in compliance with CMS.
**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.

**Risk Withhold Suspension**

In June, 2020 we sent out a notice informing our providers of the suspension of risk withholds through August, 2020. In response to the continued impact of the pandemic, we will be continuing the suspension of risk withholds for services provided to members of PacificSource through December 31, 2020.

Suspension for claims risk withhold applies to Montana Commercial and Medicare risk contracts, and for Washington Medicare risk contracts. For Oregon Medicaid providers, this applies to both claims risk withhold and any withhold on capitated or pre-payments for services provided to OHP members on PacificSource Community Solutions. If you have any questions, please contact our Provider Service team.

**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 credentialing process before seeing PacificSource members?**

PacificSource allowed providers to be temporarily added to your contract until August 31, 2020, using an abbreviated application process. This temporary participation status allowed these providers to see members for dates of service through September 30. If your provider anticipates seeing PacificSource members after October 1, please complete the full credentialing application process.

**Will PacificSource provide administrative relief from practitioner recredentialing during the COVID-19 pandemic?**

Yes. While maintaining its internal recredentialing processes, PacificSource will suspend outreach for recredentialing through December 31, 2020, however may be subject to change based on NCQA (National Committee for Quality Assurance) guidelines.

**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.
## Quality Improvement Activities

**What else is PacificSource doing to reduce the administrative burden of providers during COVID-19?**

PacificSource has suspended most chart retrieval and provider survey requests through August 31, 2020 and will continue to assess as critical information needs arise. Please contact our Population Health team to help answer questions or address changes related to quality-improvement activities. You can reach them at populationhealth@pacificsource.com.

## COVID-19 Place-of-Service Guidelines

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
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<tbody>
<tr>
<td>Are ED services provided in tents and patient cars covered? If so, how should they be billed?</td>
<td>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. 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.</td>
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| Are outpatient services provided in patient cars covered? If so, how should they be billed? | 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:  
• 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? | 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 was licensed). |
| What provider-patient interaction methods will be considered telehealth, and how should they be billed? | 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. Please see our FAQ regarding COVID-19 for Providers: Reimbursement, Telehealth, and More (at PacificSource.com/providers). For more, see the Health and Human Services (HHS) statement about telehealth: [https://telehealth.hhs.gov/](https://telehealth.hhs.gov/). |
| 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? | Yes. Please see our FAQ regarding COVID-19 for Providers: Reimbursement, Telehealth, and More (at PacificSource.com/providers). |
| Will telehealth be a covered service for patients new to that provider? | PacificSource is following CMS expanded-coverage guidelines, which allow telehealth visits for both new and established patients. |
Provider Manual

The Commercial, Medicaid, and Medicare Provider Manual is available to download here. Or go to the Providers > Medical section at PacificSource.com.

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) 431-41359
Medicare | (800) 735-2900