InTouch for Providers Resource Guide

InTouch for Providers is our secure, 24/7 website for providers. This guide provides step-by-step instructions on how to review and/or submit:

To access InTouch for Providers, visit PacificSource.com.

Have Questions?

Contact our Provider Service team.

Toll-free: ORWA 855-247-7575
 WA 855-224-3556
 ID and MT 855-247-7579
TTY: 711 We accept all relay calls.
Email: ProviderServiceRep@PacificSource.com
Website: PacificSource.com/AboutProviderInTouch

For login support, initial setup, and user maintenance, please contact OneHealthPort directly at 800-973-4797.

PacificSource

PRV489_0323

Member Eligibility and Benefits

Member Benefits

Verify a Member's eligibility and check their benefits for covered services.

Check Benefits ▶

To verify eligibility:

1. Log into InTouch via OneHealthPort.

2. From the list of options, select **Member Benefits.**

3. From the Member Benefits home page, search for the member by member ID number, or a combination of member name and date of birth. Then, click **Search.**

   Note: To review eligibility or benefits for a past date of service, use the "More Options" section and enter a **Benefits as of date.** If a member is currently inactive, be sure to select the "Include Inactive Members" box.

4. The Search Results Tab will open with a list based on the search criteria entered. Locate the correct member. A status of "Active" indicates the member is eligible for the date selected.

To view benefits:

5. Select the appropriate member by clicking the ▶ button next to their Member ID. This will open the Benefit Detail page.

6. This page will provide the following information:

   - Member personal information

   - PacificSource policy information

   - Benefit information

7. To view benefits, choose the appropriate tab, **Medical, Rx, Vision** (commercial only), or **Dental.** Tabs will only be viewable if the member has the benefit.

8. If required, select the appropriate benefit level from the drop down based on provider participation with the plan.

9. The benefit area will populate based on the benefit level that is selected. Information displayed **may** include:

   - Primary care provider/dental plan (PCP) name and contact information

   - Referral requirement

   - Annual deductible and out-of-pocket limits

   - Covered services (link to benefits summary by plan type and/or drug list)

   - Service limits and accumulators
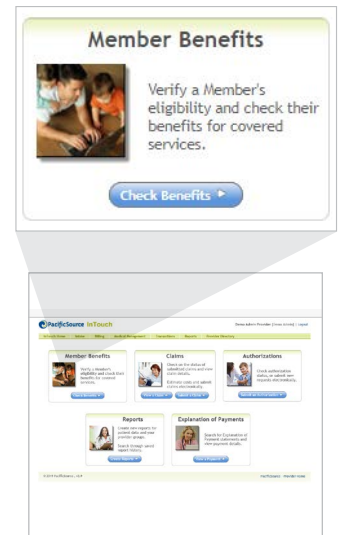
Helpful tip:
If you search by Member ID, and that member can be located, all other supplied search values are ignored and you will be taken directly to the Benefit Detail page, bypassing the need to select the member from the Search Results Tab.

Prior Authorization Submission

The list of services that require prior authorization is available for all lines of business at: AuthGrid.PacificSource.com.

Following the initial prior authorization, please notify our Health Services department in the event of the following:

- When surgery has been rescheduled

- When there has been a change of facility

- When there has been a change of physician or provider

To submit a prior authorization for medical or behavioral health services:

1. Log into InTouch via OneHealthPort.

2. From the list of options, select **Authorizations.**

3. From the Authorizations home page, click on the **Submit** button located in the green toolbar at the top of the page.

| Start | Prior Auth | Pharmacy | IP Stay | Referral | Appeal | Profile | Submit |

4. Search for the member by member ID number, or a combination of member name and date of birth.

5. Select the member by clicking their **Name.**

6. The member's information and coverage details will auto-populate. Click on **Create Prior Authorization.**

Click Below to Create New Prior Authorization
Create Prior Authorization

7. Populate the online prior authorization form with the appropriate information. Fields marked with an asterisk* are required and may vary by line of business. If required fields are left blank, an error message will appear when you submit the request.

Note: Your contact information will auto-populate. You can manage your contact information through the **My Profile** button located in the green toolbar at the top of the page.

- Diagnosis and Procedure information can be found by entering code or Click **Select Files** and select appropriate document, then click **Open** to attach. Once file is uploaded, confirmation appears.

1 file(s) uploaded, 0 errors.

- – Once all supporting documentation is uploaded, click **Submit Request.**

Submit Request
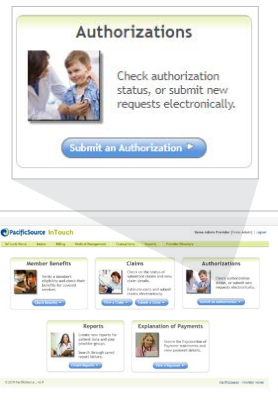
Medicaid only

8. Indicate **Prior Authorization Type.**

9. When the form is complete, click on the green **Submit Request** button at the bottom of the page.

   Submit Request

10. A notification will appear indicating that your request was successfully saved. Then, click **Close.**

11. The submitted request will re-appear. A **prior authorization number** will be listed.

12. Print or save a copy of your request by clicking on the **Print This Page (PDF)** button.

    Print This Page (PDF)

13. See Referral, Authorization, and Inpatient Stay Inquiry section on how to track the submitted referral request online.

To submit a prior authorization for pharmacy services:

Follow steps 1 – 5 in medical authorizations on page 7.

1. The member's information and coverage details will auto-populate. Click on **Create Rx Authorization.**

   Click Below to Create New RX Authorization
   Create RX Authorization

2. Populate the online RX authorization form with the appropriate information. Fields marked with an asterisk* are required and may vary by line of business. If required fields are left blank, an error message will appear when you submit the request.

   Note: Your contact information will auto-populate. You can manage your contact information through the **My Profile** button located in the green toolbar at the top of the page.

   - Diagnosis information can be found by entering code or description.
   - Drug Information (include quantity/days supply)
   - Specify Preferred Pharmacy (not required)
   - Upload supporting documentation:
     – Click on **Select Files** and browse for the file you wish to upload. Once the file is selected, click Open.

Medicaid only

3. When the form is complete, click on the green **Submit Request** button at the bottom of the page.

   Submit Request

4. A notification will appear indicating your request was successfully saved. Then, click **Close.**

Helpful Tip:
Uploading supporting documentation online speeds up the processing time for requests.

5. The submitted request will re-appear. A **pharmacy authorization number** will be listed.

6. Print or save a copy of your request by clicking on the **Print This Page (PDF)** button.

   ❘ Print This Page (PDF)

7. See Referral, Authorization, and Inpatient Stay Inquiry section on how to track the submitted referral request online.

   Important Note: If requests are submitted incomplete, it will delay processing time and may result in denial.

Carelon Medical Benefits Management

PacificSource has partnered with Carelon Medical Benefits Management to administer prior authorizations for nonemergency advanced diagnostic imaging services and genetic testing, performed in an outpatient setting

## To request prior approval through Carelon Medical Benefits Management:

Ordering/referring nonradiological physicians must contact Carelon Medical Benefits Management to obtain an order number before scheduling elective outpatient diagnostic imaging services and genetic testing. In addition, servicing providers should confirm that an order number has been obtained prior to service delivery.

You may submit a prior authorization for non-emergency advanced diagnostic imaging and genetic testing, by calling Carelon Medical Benefits Management toll-free at **877-291-0510** or by visiting Carelon Medical Benefits Management's ProviderPortal at ProviderPortal.com.

Inpatient Stay Submission

To submit an inpatient stay for medical/psychiatric services:

1. Log into InTouch via OneHealthPort.

2. From the list of options, select **Authorizations.**

3. From the Authorizations home page, click on the **Submit** button located in the green toolbar at the top of the page.

   | Start | Prior Auth | Pharmacy | IP Stay | Referral | Appeal | Profile | Submit |
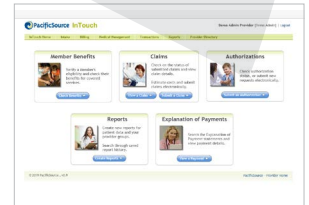
4. Search for the member by member ID number, or a combination of member name and date of birth.

5. Select the member by clicking their **Name.**

6. The member's information and coverage details will auto-populate. Click on **Create Inpatient Stay.**

   Click Below to Create New Inpatient Stay
   Create Inpatient Stay

7. Populate the online Inpatient Stay form with the appropriate information. Fields marked with an asterisk* are required and may vary by line of business. If required fields are left blank, an error message will appear when you submit the request.

   Note: Your contact information will auto-populate. You can manage your contact information through the **My Profile** button located in the green toolbar at the top of the page.

   - Diagnosis and Procedure information can be found by entering the code or description.

   - Be sure to indicate if an Inpatient Stay is associated with an already submitted PA request.

   - If additional supporting documentation is helpful or required, please complete **Details Regarding This Authorization** text box, and/or upload supporting documentation under **Documents.**

Medicaid only

8. When the form is complete, click on the green **Submit Request** button at the bottom of the page.

   Submit Request

9. A notification will appear indicating your request was successfully saved. Then, click **Close.**

10. The submitted request will re-appear. An **inpatient stay number** will be listed.

11. Print or save a copy of your request by clicking on the **Print This Page (PDF)** button.

    Print This Page (PDF)

12. See Referral, Authorization, and Inpatient Stay Inquiry section on how to track the submitted referral request online.

    Important Note: If requests are submitted incomplete, it will delay processing time and may result in denial.

Referrals, Authorizations, and Inpatient Stays

To check the status of a referral, authorization, or inpatient stay request:

If your portal user profile is set to notify you when your request has been completed, you will receive an email notification from PacificSource. This notification will indicate a decision has been made with a link to log into In Touch to review your request.

1. Log into InTouch via OneHealthPort.

2. From the list of options, select **Authorizations.**

3. From the Authorizations home page, click on the appropriate button located in the green toolbar at the top of the page.

   | Prior Auths | Pharmacy | IP Stays | Referrals |

   - **Prior Auths** (medical/behavioral health)
   - **Pharmacy** (authorizations)
   - **IP Stays**
   - **Referrals**

4. Search for the authorization using one of the following:
   - Referral Number, Authorization Number, or IP Stay Number
   - Member Last Name
   - Member ID Number

5. The results will display a list of referrals, authorizations, or IP stays that meet the search criteria along with the status and/or decision for each. Results can be filtered by key word or sorted by clicking on the column headers.

6. View the details of an authorization by clicking on the blue **Referral Number, Prior Auth Number,** or **IP Stay Number.**

7. Print or save a copy of the approval/denial by clicking on the **Print This Page (PDF)** button.

   ## Print This Page (PDF)

8. If the request was **Not Approved,** the denial reason will be provided. To view the denial reason, select the appropriate Determination Letter.

9. If you do not agree with our decision, you can submit an appeal directly from the referral, authorization, or IP Stay.

   To submit an appeal, click on the **Click here to Appeal this Decision** link at the bottom of the page. This will open an Appeal form.

   ## Click here to Appeal this Decision

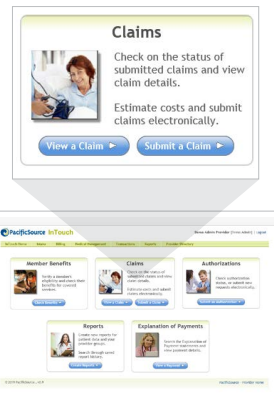   See Appeals Submission section for instructions on submitting an appeal.
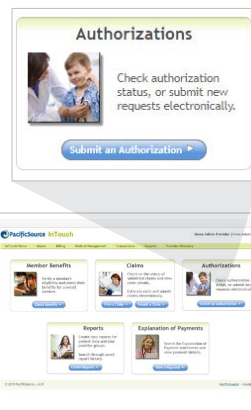
Note:
The search will show your request history for the last 12 months.

Results are restricted to providers matching the Tax ID(s) associated with the request.

Claims Submission

To Submit a claim:

1. Log into InTouch via OneHealthPort.

2. From the list of options, select **Submit a Claim.**

3. Your organization name and Tax ID should auto-populate; click **Submit a Claim.**

4. Under the Get Started tab, select **New Claim** or **Estimate.**

5. In the New Claim/Estimate tab, enter Member ID and click **Search.**

6. Click on member's name.

7. Input Service Provider. You can search by the NPI or by entering the last name and click the search button.
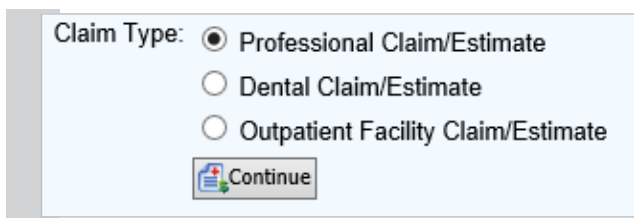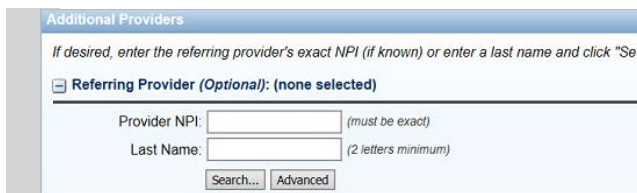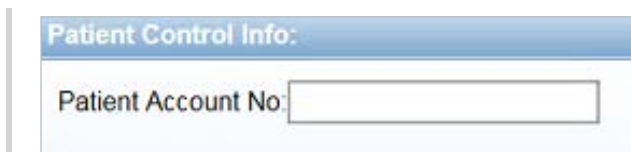
8. Select claim type and select **Continue.**

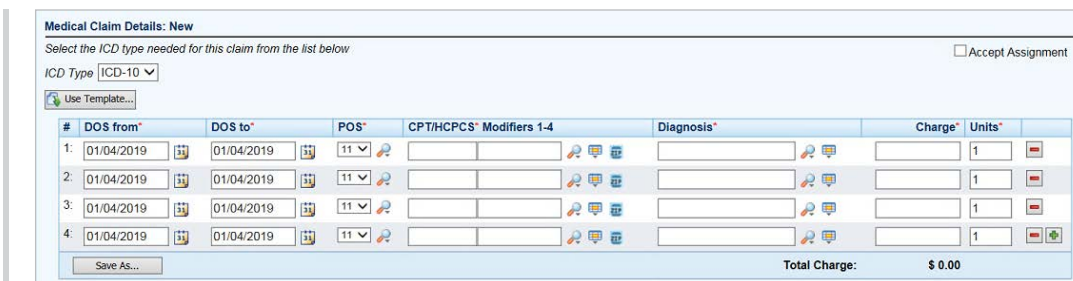**9.** Add Referring Provider information (if applicable).

10. Enter Patient Control Info (your internal patient account number).

11. In **Service Details** section:

- Enter Prior Authorization/Referral Number if required.

- Enter Member's Condition Impact on Estimate if required.

- Complete Medical Claim Details section (an asterisk (*) indicates required information).

- Use the calendar icon 📅 to select DOS "from" and "to".

- Select POS Code or use 🔍 to search POS codes.

- Enter appropriate CPT/HCPCS codes and applicable modifiers.

  🔍 can be used to search Procedure Codes

  🔳 can be used to supply NDC Codes

  – Complete required fields and click **Save**

  ⧄ can be used to select Service Location Zip Code

> **Note:**
> To submit a corrected claim follow the above steps, appending the CC modifier to the CPT code. Please remember, chart notes are often required when submitting a corrected claim.

- Enter appropriate Diagnosis Codes.

  🔍 can be used to search Diagnosis Codes

    – Commonly used diagnosis codes can be bookmarked using 🔖
      icon. See **Bookmarked Codes** tab within this search feature.

  ▦ can be used to add multiple diagnosis codes

    – Add all applicable diagnosis codes to procedure code; then hit save.

- Enter Total Charge.

- Enter Total Units.

- If more than four procedures on the claim, use ➕ to add more lines.

- Click **Get Estimate.**

12. If all appears correct in **Estimate** screen, click **Submit.**

    - If changes are needed, click **Edit Claim** to return to the Service Details
      screen.

Claim Status

## To view status of a submitted claim:

1. Log into InTouch via OneHealthPort.

2. From the list of options, select **Claims.**

3. From the **Claims Search** home page, search options include:

   - Service dates or range

   - Member ID number

   - Member Last Name, First Name, and DOB

   - Provider

   Advanced search options are available to help narrow your search results. Click on the blue arrow next to Advanced to expand your options.

   - Claim ID

   - Provider Focus: Organization, Billing Tax ID, Provider NPI

4. Click the **Search** button.

5. The **Claim Detail** page will open. This page will provide the following information:

   - Claim ID

   - Provider information

   - Member information

   - Group (plan) information

   - Type and Status: Claim type (i.e., medical), Processing status, Received date, Service dates

   The service line item detail is available at the bottom of the page.
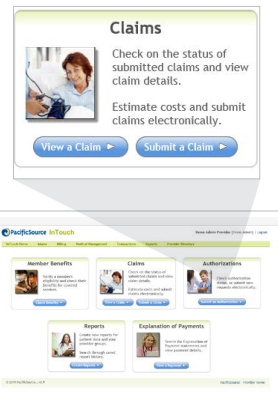
Helpful tip:
Claim IDs are unique to each claim. Searching by Claim ID is the fastest way to directly locate a claim.

Reports

1. Log into InTouch via OneHealthPort.

2. Use the **Reports** option to create various reports specific to your practice.

3. Click **Create Reports.**

4. Under Reporting Level section

    Reporting Level

    - Select the appropriate **Organization** name using the drop-down menu, if different than the default.

    - Select the appropriate **Tax ID – Billing** from the drop-down menu.

    - **NPI – Provider** drop down menu lists all providers active within the group.

        – This field is optional for provider specific reporting.

    - Leave blank for reporting on all providers within the group.

    - See **Provider Reports** section below

5. Under Billing Entity Reports, select desired report:

    Billing Entity Reports

    Gaps in Care

    - The Gap in Care report uses a combination of claims, Electronic Medical Record, and Lab feed data to display performance in several key HEDIS metrics. The report displays Business Line summary and member details including numerator and denominator as well as targets (4- and 5- star thresholds) that the provider group should strive for on each measure.

    - Filterable by provider and member gap.

    - Best run in Excel.

        – Select desired format from drop-down menu.

        – Click **Create Report.**

    Member Insight

    - The Member Insight report includes detailed member demographics, risk information, ACA conditions, member plan information, ER Visit summary, In Patient Admission Summary, Urgent Care, Behavioral Health, PCP and PCP Group Summary, and Quality Measures for a rolling 12 months.

    - Best run in Excel.

        – Select desired format from drop-down menu.

        – Click **Create Report.**
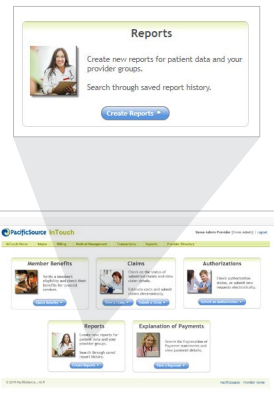
Helpful tip:
Not all reports are available for all providers.

6. When a specific provider is selected in the **NPI – Provider** drop-down menu, if reporting specific to that provider is available, it will appear under the **Provider Reports** section.

> **Provider Reports**

- Note: Not all providers have specific reporting available.
- If no reporting available, **Available Reports** will read **No Report Found.**

> **PCP Enrollment Listing**

- The PCP Enrollment Listing shows PacificSource members who have selected the given provider as their PCP (assigned) or the claims attributed to PCP if no PCP has been selected
- Best run in Excel.
  - Select desired format from drop-down menu.
  - Click **Create Report.**

Explanation of Payment

To view your Explanation of Payment (EOP):

1. Log into InTouch via OneHealthPort.

2. From the list of options, select **Explanation of Payments.**

3. From the **Explanation of Payment Search** home page, search options include:

   - Payment dates or range

   - Service dates or range

   - Member ID number

   - Member Last Name, and First Name

   - Provider Name

   Advanced search options are available to help narrow your search results. Click on the blue arrow next to Advanced to expand your options.

   - Provider Focus: Organization, Billing Tax ID, Provider NPI

   - Claim ID

   ▶ Advanced

4. Click the **Search** button. Search results will appear based on the search criteria entered.

5. Locate the EOP desired.

6. To view the **Online Details,** click the ⏵ button on the appropriate line. This will open the online **Payment Summary.**

7. To view/print the PDF version of the EOP, click on the 📄 button on the appropriate line. This will open the EOP in a PDF format. You may download the file to your system or print.
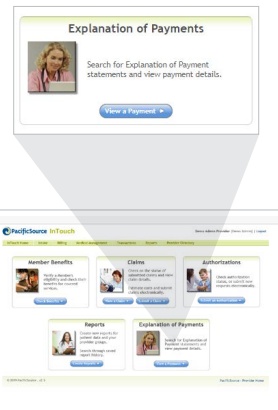
Appeal Submission

To submit an appeal for a coverage determination (referrals, prior authorizations, or IP Stays):

1. Log into InTouch via OneHealthPort.

2. From the list of options, select **Authorizations.**

3. From the Authorizations home page, click on the appropriate button for the coverage determination type you are submitting for an appeal **(Referrals, Prior Auths, or IP Stays).**

> Start | Prior Auth | Pharmacy | IP Stay | Referral | **Appeal** | Profile | Submit

4. Search for the coverage determination by one of the following three options:

   - Determination number (Referral #, Prior Auth #, or IP Stay #)

   - Member last name

   - Member ID number

5. The results will display a list of coverage determinations that meet the search criteria along with the status for each. Results can be filtered by key word or sorted by clicking on the column headers.

6. To view the details of a coverage determination, click on the blue **Number.**

7. The coverage determination number and status will appear at the top of the screen.

8. The option to appeal the determination is located at the bottom of the screen if the request was "Not Approved."

9. To appeal the determination, click on the blue **Click here to Appeal this Decision** link. This will open an Appeal request form.

> **Click here to Appeal this Decision**

10. Most information will auto-populate from the determination file. Fields marked with an asterisk* are required. Ensure all required fields are populated.

    - Contact Information

    - General Information

    - Medicare Part D Appeals (if appealing an Rx authorization)

    - Nature of Appeal

    - Details (reasons for appeal and additional information to consider in review)

    - Upload supporting documentation

      – Click on **Select Files** and browse for the file you wish to upload. Once the file is selected, click **Open.**

11. When the form is completed, click the **Submit Request** button at the bottom of the page.

> **Submit Request**
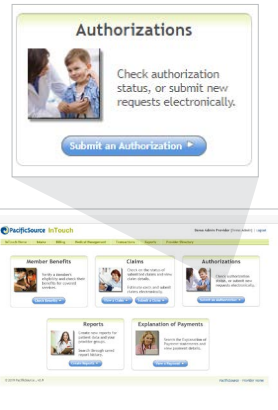
Helpful tip:

For Appeal Process guidelines and timelines, please reference our Provider Manual located on our websites.

Medicare:
Medicare. PacificSource.com

Medicaid:
PacificSource.com/ Medicaid

Commercial:
PacificSource.com

12. A notification will appear indicating your request was successfully saved. Then, click **Close.**

13. The submitted request will re-appear. An appeal number will be listed. Your **appeal number** will match your determination number.

14. See Appeal Inquiry section on how to track the submitted Appeal request online.

15. Appeal determination letters will be available once the appeal process has been completed.

To submit an appeal for a claim:

1. Log into InTouch via OneHealthPort.

2. From the list of options, select **Authorizations.**

3. From the Authorizations home page, click on the **Submit** button located in the green tool bar at the top of the page.

Start | Prior Auth | Pharmacy | IP Stay | Referral | Appeal | Profile | Submit

4. Search for the member by member ID number or a combination of member name and date of birth, then click **Search.**

5. Select the member by clicking on their Name.

6. The member's information and coverage details will auto-populate at the top of the page. Click on **Create Appeal.**

   Click Below to Create New Appeal
   Create Appeal

7. Populate the online appeal form with the appropriate information. Fields marked with an asterisk* are required.

   • Contact Information

   • General Information

   • Nature of Appeal (once selection is made, enter claim number(s) to be appealed)

   • Details (reasons for appeal and additional information to consider in review)

   • Upload supporting documentation

     – Click on **Select Files** and browse for the file you wish to upload. Once the file is selected, click **Open.**

8. When the form is complete, click on the green **Submit Request** button at the bottom of the page.

   Submit Request

9. A notification will appear indicating your request was successfully saved. Then, click **Close.**

10. The submitted request will re-appear. An **appeal number** will be listed.

11. See Appeal Inquiry section on how to track the submitted Appeal request online.

12. Appeal determination letters will be available once the appeal process has been completed.

Appeal Inquiry

To check the status of an appeal request:

1. Log into InTouch via OneHealthPort.

2. From the list of options, select **Authorizations.**

3. From the Authorizations home page, click on the **Appeals** button located in the green tool bar at the top of the page.

4. Search for the appeal using one of the following:

   - Appeal Number
   - Member Last Name
   - Member ID Number

5. The results will display a list of appeals that meet the search criteria along with the status for each. Results can be filtered by key word or sorted by clicking on the column headers.

6. View the details of an appeal by clicking on the blue **Appeal Number.**

Helpful tip:
The search will show your request history for the last 12 months.

Results are restricted to providers matching the Tax ID(s) associated with the request.

Secure File Upload

1. If you need to submit chart notes or other documents, you can do this securely through InTouch. Select the Transactions tab.

2. Then select file category. Please include a cover sheet or corrected claims form so we know what to link your documents to.

EFT

1. 1. To upload your Electronic Remittance Advice (835) and EFT Authorization Agreement, Select EFT and ERA (835) Enrollment tab.

InTouch Home	Intake	Billing	Medical Management	Transactions	Reports	Support	Provider Directory	Resource

Secure File Upload

Secure File Upload
EFT and ERA (835) Enrollment

Files

Provider Focus
Organization _____ ▼
└ Tax ID - Billing _____

Please upload a completed version of the ERA (835)/EFT Authorization Agreement Form along with a voided check.
If you upload multiple forms for the same tax id we will process them in first-in first-out order and consider the last version uploaded to be correct.

EFT/ERA (835) Authorization Agreement
[Choose File] No file chosen

Voided Check
[Choose File] No file chosen

[Upload]

Vision Accumulator

To determine if a member has vision benefits remaining for the year:

1. Select the Member Benefits tab on the home screen.

2. Input member information.
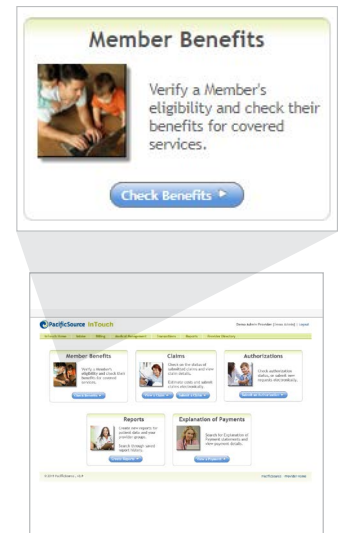
3. Select the Vision tab under benefits.