

InTouch for Providers Resource Guide



Published: July 2019

InTouch for Providers is our secure website for providers. This site is available 24 hours a day, seven days a week. This guide provides step-by-step instructions on how to:

- Verify member eligibility
- Submit and view referrals
- Submit and view Medical, Behavioral Health, and Pharmacy authorizations
- Submit and view inpatient stays
- Submit claims and view claim status
- View and print Explanation of Payments (EOPs)
- Submit and view appeals

To access InTouch, visit our Provider homepage on any of our websites:

- CommunitySolutions.PacificSource.com
- Medicare.PacificSource.com
- PacificSource.com



Have Questions?

Contact Provider Network if you have questions about InTouch.

Toll-free: (800) 624-6052 ext. 2580

Email: ProviderServiceRep@pacificsource.com

Website: PacificSource.com/aboutproviderintouch/

For login support or initial set-up questions, please contact OneHealthPort directly at (800) 973-4797.

Table of Contents

Member Eligibility and Benefits.....	3
Referral Submission	4-6
Prior Authorization Submission.....	7-9
Inpatient Stay Submission.....	10
Referral, Authorization, and Inpatient Stay Inquiry	11
Claim Status	12
Reports.....	13-14
Explanation of Payment.....	15
Appeal Submission (Medicare and Medicaid only).....	16-17
Appeal Inquiry (Medicare and Medicaid only).....	18
Appeal Submission for Commercial and AIM.....	19

Member Eligibility and Benefits


To verify eligibility:

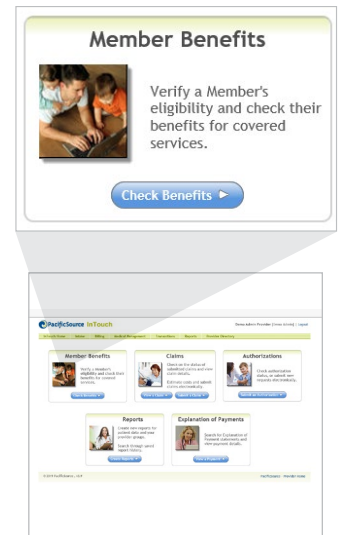
1. Log into InTouch via OneHealthPort.
2. From the list of self-service options, select **Member Benefits**.
3. From the Member Benefits home page, search for the member by member ID number, or a combination of member name and date of birth. Then, click **Search**.

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.

Helpful Tip:

If an error message appears when opening a link, please follow the on-screen instructions.

Referral Submission

Not all PacificSource plans require referrals. Please view the member's benefits in InTouch to verify referral requirement.

To submit a referral for medical services:

1. Log into InTouch via OneHealthPort.
2. From the list of self-service options, select **Authorizations**.
3. From the Authorizations home page, click the **Submit** button located in the green toolbar at the top of the page.



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 Referral**.

Click Below to Create New Referral
[Create Referral](#)

7. Populate the online referral 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. If making an urgent request, justification must be included in the text box provided.

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.

Upload supporting documentation (if required):

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

Medicaid only

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

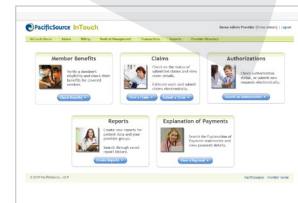
Submit Request

9. A notification will appear indicating your request was successfully saved. Then, click **Close**.
10. The submitted request will re-appear. A **referral 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: Incomplete requests will delay processing time and may result in a denial.



Note:

The search feature only returns active member records. Referral requests for terminated members must be submitted to PacificSource via fax.

LineFinder is accessible in this form.

PacificSource LineFinder

You may grant/request subreferral authority.

Grant Subreferral Authority to Specialist?

- N No
 Y Yes

Specialists submitting new referral requests (Medicaid only):

1. Follow the instructions above.
2. Indicate you are requesting subreferral authority

Specialist Requests Subreferral Authority?

- N No
 Y Yes

3. The member's PCP will be notified of your request and asked to approve or deny your request. Once the PCP has approved your request, the referral will be processed.

Helpful Tip:

Please refer to the appropriate Provider Manual for more detailed information on referral requirements, subreferral guidelines (Medicaid only), and for a list of services that do not require a referral.

Specialists with granted subreferral authority and require additional visits for same condition (Medicaid only):

If a PCP has granted the specialist subreferral authority for a member and the initial request has been approved, the specialist can request additional visits for the same condition by opening the initial referral approval.

1. Follow steps 1 – 5 of the referral submission process on page 4.
2. If the specialist has subreferral authority the message below will appear with a list of referrals that have the following delegation:

Existing Subreferral Authority for This Member

3. Click on the appropriate **Referral #**.
4. Once the approved referral opens, click on the **Click this link to create a new Referral** next to the "Subreferral Authority Granted" message.

Subreferral Authority Granted [Click this link to create a new Referral](#) ←

5. A new referral submission form will open. Complete the form as indicated in the process above.
 - Enter the number of additional visits being requested in the **# of Visits Requested** field.
 - The **Referred By/PCP** will auto-populate with the specialist information. Do not change this field.
 - Enter the specialist as the **Referral To** provider.
6. When the form is complete, click on the green **Submit Request** button at the bottom of the page.

Submit Request

7. A notification will appear indicating your request was successfully saved. Then, click **Close**.
8. The submitted request will re-appear. A new **referral number** will be assigned and listed.
9. Print or save a copy of your request by clicking on the **Print This Page (PDF)** button.

Print This Page (PDF)

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

How PCPs approve/deny referral requests submitted by a specialist (Medicaid only):

1. Log into InTouch via OneHealthPort.
2. From the list of self-service options, select **Authorizations**.
3. From the Authorizations home page, click on the **Referral** button in the green toolbar at the top of the page.

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

4. A list of referrals requiring review will be listed under **Referrals Awaiting PCP Approval**.
5. To approve/deny the request, click on the blue **Date Created** link to open the referral.
6. After the PCP reviews the referral request, approve/deny by selecting yes/no under **PCP Approves this Referral Request?**

PCP Approves this Request?

- N No
 Y Yes

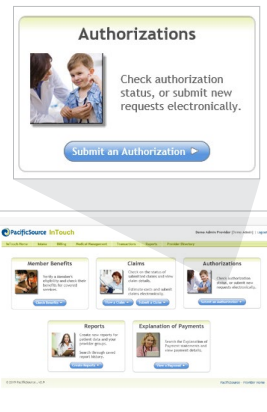
7. The PCP can also grant subreferral authority to the specialist at this time by selecting Yes under **Grant Subreferral Authority to Specialist?**

Grant Subreferral Authority to Specialist?

- N No
 Y Yes

8. Click the green **Submit Request** button to save the referral approval/denial.

Submit Request



Prior Authorization Submission

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

1. Log into InTouch via OneHealthPort.
2. From the list of self-service 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.



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 description.

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

Details Regarding This Authorization

Text

Documents

Click here to upload documents (submitting documents online speeds up the processing of your request)

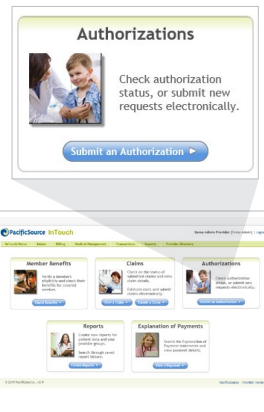
SELECT FILES

- 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**.

LineFinder is accessible in this form.

PacificSource LineFinder

Helpful Tip:

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

LineFinder is accessible in this form.

PacificSource LineFinder

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.

Inpatient Stay Submission

To submit an inpatient stay for medical/psychiatric services:

1. Log into InTouch via OneHealthPort.
2. From the list of self-service 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.



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.

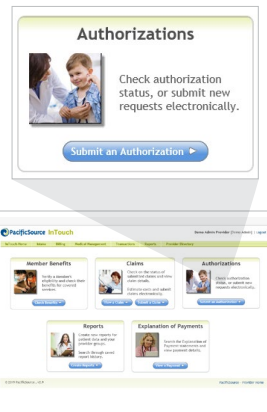
Submit Request

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.



Referral, Authorization, and Inpatient Stay Inquiry

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 InTouch to review your request.

1. Log into InTouch via OneHealthPort.
2. From the list of self-service 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.

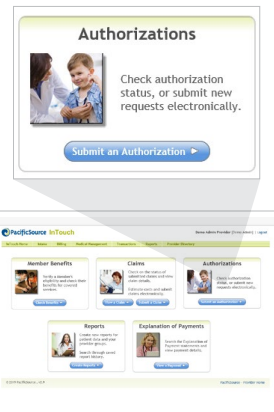
Print This Page (PDF)

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 (available for Medicare and Medicaid only) 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.

Claim Status

To view status of a submitted claim:

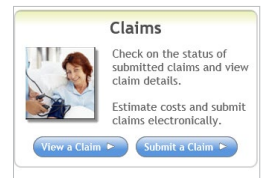
1. Log into InTouch via OneHealthPort.
2. From the list of self-service options, select **Claims**.
3. From the **Claims Search** home page, search options include:
 - Service dates or range
 - Member ID number
 - Member Last Name, First Name, and DOB
 - Provider

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

▶ Advanced

- 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.
 - Not all reports are available for all providers.
 - Leave blank for reporting on all providers within the group.
 - See **Provider Reports** section below
5. Under Billing Entity Reports, select desired report:

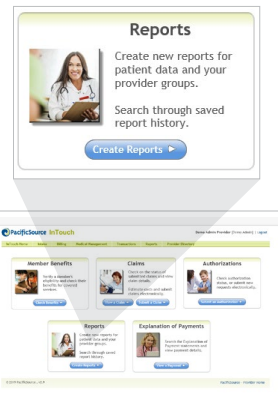
Billing Entity Reports

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**.



PCP Enrollment Listing for Provider

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

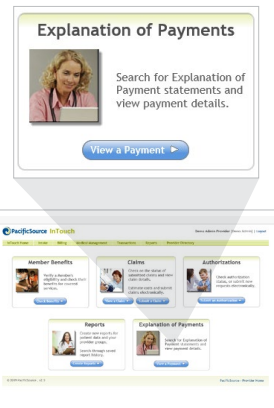
1. Log into InTouch via OneHealthPort.
2. From the list of self-service options, select **Explanation of Payments**.
3. From the **EOP Payment Search** home page, search options include:
 - Payment dates or range
 - Service dates or range
 - Member ID number
 - Member Last Name, and First Name
 - Provider 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 for Medicare and Medicaid

To submit an appeal for a Medicare or Medicaid coverage determination (referrals, prior authorizations, or IP stays*):

1. Log into InTouch via OneHealthPort.
2. From the list of self-service 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**).

[Prior Auths](#) [Pharmacy](#) [IP Stays](#) [Referrals](#)

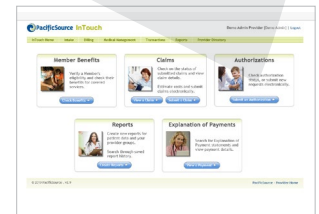
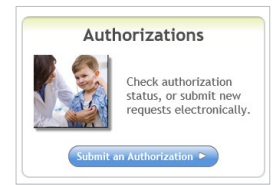
4. Search for the coverage determination by one of the following three options:
 - Determination number (Referral #, Prior Auth #, or IP Stay #)
 - Member last name
 - Member ID number
5. The results will display a list of coverage determinations that meet the search criteria along with the status for 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](#)



*non-AIM denials only

Note:

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

Medicare:
www.Medicare.PacificSource.com

Medicaid:
www.CommunitySolutions.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 Medicare or Medicaid claim:

1. Log into InTouch via OneHealthPort.
2. From the list of self-service 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.



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

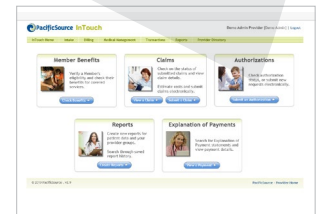
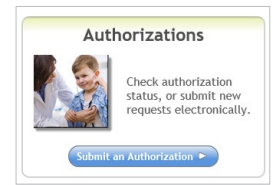
9. A notification will appear indicating your request was successfully saved. Then, click **Close**.
10. The submitted request will re-appear. An **appeal number** will be listed.
11. See Appeal Inquiry section on how to track the submitted Appeal request online.
12. Appeal determination letters will be available once the appeal process has been completed.

Appeal Inquiry

Medicaid and Medicaid only

To check the status of an appeal request:

1. Log into InTouch via OneHealthPort.
2. From the list of self-service 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**.



*non-AIM denials only

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.

Appeal Submission for Commercial and AIM

To appeal a denial for an AIM Prior Authorization, or a Commercial Prior Authorization or IP stay, please contact us using one of the following methods:



By mail:

PacificSource
Attn: Grievance Review
PO Box 7068
Springfield, OR 97475



By email:

lc@pacificsource.com
Please put Appeal in the subject line of the email.



By fax:

(541) 225-3628

Note:

Appeal Process guidelines and timelines, please see our Provider Manual located on our website.

www.PacificSource.com
