



InTouch for Providers Resource Guide

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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
- 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: providernet@pacificsource.com

Website: www.PacificSource.com/aboutproviderintouch/

Table of Contents

| | |
|---|----|
| Member Eligibility and Benefits | 3 |
| Referral Submission | 5 |
| Prior Authorization Submission | 9 |
| Inpatient Stay Submission | 12 |
| Referral, Authorization, and Inpatient Stay Inquiry | 14 |
| Claim Status | 16 |
| Explanation of Payment | 17 |
| Appeal Submission (Medicare and Medicaid only) | 18 |
| Appeal Inquiry (Medicare and Medicaid only) | 22 |

Member Eligibility and Benefits


To verify eligibility:

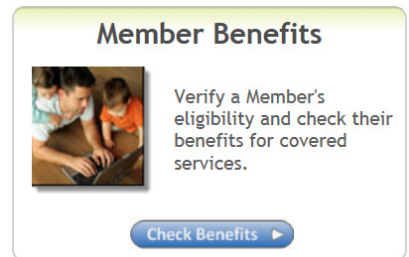
1. Log into InTouch via OneHealthPort.
2. From the list of self-service options, select **Member Benefits**.
3. From the Member Benefits home page, search for the member by member ID number, or a combination of member name and date of birth. Then, click **Search**.

*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.



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.

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/PCD) 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 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**.
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**.



Click Below to Create New Referral
Create Referral

Note:

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

PacificSource LineFinder

Grant Subreferral Authority to Specialist?

- N No
 Y Yes

Medicaid only:

- LineFinder is accessible in this form.
 - You may grant/request subreferral authority.
8. When the form is complete, click on the green **Submit Request** button at the bottom of the page.
 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.
 12. See Referral, Authorization, and Inpatient Stay Inquiry section on how to track the submitted referral request online.

Submit Request

Print This Page (PDF)

Important Note: Incomplete requests will delay processing time and may result in a denial.

Specialists submitting new referral requests (Medicaid only):

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

Specialist Requests Subreferral Authority?

- N No
 Y Yes

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 5.
2. If the specialist has subreferral authority the message below will appear with a list of referrals that have this 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.

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.

Important Note:

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

6. When the form is complete, click on the green **Submit Request** button at the bottom of the page.
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.
10. See Referral, Authorization, and Inpatient Stay Inquiry section on how to track the submitted referral request online.

Submit Request

Print This Page (PDF)

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 **Referrals** button in the green toolbar at the top of the page.
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?**
7. The PCP can also grant subreferral authority to the specialist at this time by selecting Yes under **Grant Subreferral Authority to Specialist?**
8. Click the green **Submit Request** button to save the referral approval/denial.

Referrals

PCP Approves this Referral Request?

- N No
 Y Yes

Grant Subreferral Authority to Specialist?

- N No
 Y Yes

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**.
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.



Click Below to Create New Prior Authorization
[Create Prior Authorization](#)

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.

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:

LineFinder is accessible in this form.

PacificSource LineFinder

Indicate **Prior Authorization Type**.

* Prior Authorization Type

Behavioral Health

Medical Authorization

- When the form is complete, click on the green **Submit Request** button at the bottom of the page.
- A notification will appear indicating that your request was successfully saved. Then, click **Close**.
- The submitted request will re-appear. A **prior authorization number** will be listed.
- Print or save a copy of your request by clicking on the **Print This Page (PDF)** button.
- See Referral, Authorization, and Inpatient Stay Inquiry section on how to track the submitted referral request online.

Submit Request

Print This Page (PDF)

To submit a prior authorization for pharmacy services:

Follow steps 1 – 5 in medical authorizations on page 9.

- 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](#)

- 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: LineFinder is accessible in this form.

3. When the form is complete, click on the green **Submit Request** button at the bottom of the page.
4. A notification will appear indicating your request was successfully saved. Then, click **Close**.
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.
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.

Helpful Tip:

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

PacificSource LineFinder

Submit Request

Print This Page (PDF)

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**.
7. Populate the online IP 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.



Click Below to Create New Inpatient Stay
[Create Inpatient Stay](#)

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

| | |
|---|----------------------|
| Would you like to associate a PA with this IP Stay? | Associated PA Number |
| <input type="radio"/> N No | <input type="text"/> |
| <input checked="" type="radio"/> Y Yes | |

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: LineFinder is accessible in this form.

[PacificSource LineFinder](#)

8. When the form is complete, click on the green **Submit Request** button at the bottom of the page.
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.
12. See Referral, Authorization, and Inpatient Stay Inquiry section on how to track the submitted referral request online.

[Submit Request](#)

[Print This Page \(PDF\)](#)

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** (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



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.

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

[Print This Page \(PDF\)](#)

Determination Letters

Date/Time Created

Info

5/21/2015 11:44:55 AM

MEDM 585 Provider Denial

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.

Claim Status

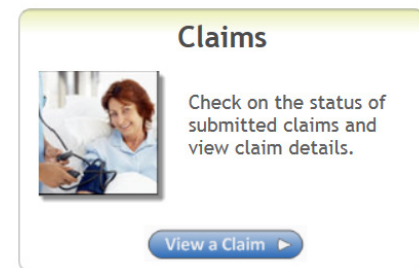
To view status of a submitted claim:

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.

- 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.

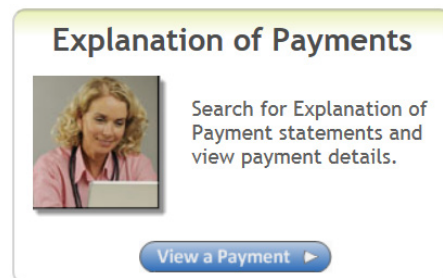
Explanation of Payment

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
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

(Medicare and Medicaid only)

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**).



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.
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.
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.

A rectangular button with a light gray background and a thin border. The text "Submit Request" is written in a bold, green, sans-serif font, centered within the button.

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**.
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.



Click Below to Create New Appeal
Create Appeal



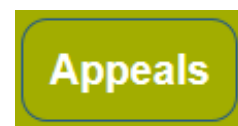
9. A notification will appear indicating your request was successfully saved. Then, click **Close**.
10. The submitted request will re-appear. An **appeal number** will be listed.
11. See Appeal Inquiry section on how to track the submitted Appeal request online.
12. Appeal determination letters will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

Appeal Inquiry

(Medicare 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**.



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.