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Introduction

CommunityCare was developed to help furnish our providers with faster and easier access to the information you need. This newsletter highlights information specific to PacificSource Medicare and PacificSource Community Solutions (Medicaid) lines of business. *CommunityCare* is separate from our *Provider Bulletin*, currently in production for our Commercial products.

PacificSource Community Solutions is our Coordinated Care Organization (CCO) plan serving the Central Oregon and Mid-Columbia Gorge Oregon Medicaid population. PacificSource Medicare is our Medicare Advantage plan serving counties in Oregon and Idaho. Issues of this newsletter will be available on our website under the Partners/For Providers section at www.Medicare.PacificSource.com and www.CommunitySolutions.PacificSource.com.

Your feedback is welcome and appreciated, please e-mail any comments and suggestions about this publication to providerservicerep@pacificsource.com.

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General Information

New Member ID Cards

We will mail new ID cards with 2013 plan information to PacificSource Medicare and PacificSource Community Solutions members the last two weeks in December. New cards are effective January 1, 2013. Please see sample ID cards below.



PacificSource Medicare ID Cards:

On the front of the card

Under the pharmacy section, changes include new **Rx Bin, PCN, and Group numbers**.

On the back of the card


Please note the **new claims mailing address** city and zip code changes - from Eugene 97401 to **Springfield 97475**.

PacificSource Medicare		Medicare ^{Rx} <small>Pharmaceutical Drug Coverage</small>
Plan: Essentials Rx 14 (HMO)	Member Name: Jonathan L Provider	Copayment (DUE AT TIME OF SERVICE)
Member ID #: 112345000	Medicaid Member ID #: 112345000	PCP OV \$20
PCP: John L Smith		Specialist OV \$35
		ER \$100
Rx ID 1234567890	Medicaid Rx ID 1234567891	Issue Date 02/01/10
RxBin 004336	RxGroup RX8631	Issuer # 80840
RxPCN MEDDADV		Contract # H3864_014
SHOW THIS CARD TO YOUR PROVIDER EACH TIME YOU RECEIVE CARE.		
Customer Service:	(541) 385-5315 or (888) 863-3637	
TTY Line:	(800) 735-2900	
Providers:	(541) 385-5315 or (888) 863-3637	
Pharmacists:	(541) 330-4999 or (888) 437-7728 or fax (541) 382-4225	
Electronic Claims:	Payor ID# 20377	
Bill PacificSource Medicare directly, not Original Medicare. Some services may require prior authorization. Medicare limiting charges apply. Contact plan for details.		
PacificSource Medicare PO Box 7068, Springfield, OR 97475-7068 Medicare.PacificSource.com		
<small>PACIFICSOURCE COMMUNITY HEALTH PLANS, INC. IS A HEALTH PLAN WITH A MEDICARE CONTRACT.</small>		

PacificSource Community Solutions ID Card:

On the front of the card

Under the pharmacy section, changes include new **Rx Bin, PCN, and Group numbers.**

<p>Customer Service: (855) 204-2965 toll free (800) 735-2900 TTY</p> <p>Send claims to: PacificSource Community Solutions PO Box 5490, Salem, OR 97304</p> <p>Pharmacists, for questions call: (541) 330-4999, (888) 437-7728 toll free, or fax (541) 382-4225</p>	<p> PacificSource Community Solutions</p> <p>Member: «first_name» «last_name» Member #: «MEMBER_NUMBER» Primary Care Provider: «provider_first_name» «provider_last_name» Card Issued: «TODAYS_DATE»</p> <p>Rx Bin «004330» RxPCN «ADJ» RxGrp «088150»</p>
<p>Keep this ID Card with you, and show it to your provider at each visit. Please call Customer Service if you change your name.</p> <p>If You Have An Emergency, call 911 or go to the nearest emergency room. If you are not sure it is a true emergency, call your Primary Care Provider first.</p>	<p>This card is not proof that you are covered.</p> <p>Some services need to be approved by PacificSource Community Solutions before you get them. If you have questions see your Member Handbook or call Customer Service.</p> <p>www.CommunitySolutions.PacificSource.com</p>

Referral Reminders for Medicare and Medicaid Plans

Primary care provider (PCP) referrals are required for all PacificSource Community Solutions (Medicaid) members in Oregon except for Exceptional Needs Care Coordination (ENCC) members. Referrals are also required for PacificSource Medicare Essentials HMO members in Idaho and in Lane, Coos, and Curry counties in Oregon.



For your convenience, you may submit referrals for Medicare members online through [InTouch](#) and for Medicaid members online using [CIM](#). If you have questions, please contact your [PacificSource Provider Service Representative](#).

Medicare and Medicaid Authorization Grid Changes

Notifications of changes to PacificSource Medicare and PacificSource Community Solutions authorization grids for 2013 were mailed November 30. You can view the 2013 Authorization Grid online at www.Medicare.PacificSource.com and www.CommunitySolutions.PacificSource.com.



Did you know you can submit preauthorization requests online? Online submission can reduce processing time. You can submit requests online via [InTouch](#) for PacificSource Medicare members and through [CIM](#) for PacificSource Community Solutions members. If you need assistance with [InTouch](#) or [CIM](#), please contact your [PacificSource Provider Service Representative](#).

Incomplete Preauthorization and Referral Process

We will change our process for incomplete preauthorization and referrals in 2013 for PacificSource Medicare and PacificSource Community Solutions (Medicaid) plans. The current process for incomplete requests requires pending the request while obtaining missing information. This causes delays to coverage determinations and increases turnaround time.



Beginning January 1, 2013, we will deny incomplete preauthorization and referral requests for Medicare and Medicaid plans. An incomplete request may be missing information such as supporting documentation, member information, CPT/HCPC or diagnosis codes, provider specialty, or facility name.

Please note: There is no change to the submission process.

You will find preauthorization requirements and forms on our websites at www.Medicare.PacificSource.com (Medicare) and www.CommunitySolutions.PacificSource.com (Medicaid). If you have questions, please contact your PacificSource Provider Service Representative at (800) 624-6052 ext. 2580 or by email at providerservicerep@pacificsource.com.

PacificSource Medicare and PacificSource Community Solutions Pharmacy Updates

New Pharmacy Benefit Manager (PBM) Effective January 1, 2013:

January 1, 2013, the PacificSource Medicare and PacificSource Community Solutions pharmacy benefit manager (PBM) will transition from Express Scripts (ESI) to CVS Caremark. CVS Caremark is the current PBM for our commercial line of business. This transition will help lower total drug costs for our members. CVS Caremark has 63,000 network pharmacies nationwide and includes most local pharmacies and major chains, including Walgreens.



Our specialty pharmacy vendor will also be changing from Curascript to CVS Caremark Specialty Pharmacy. Members currently obtaining prescriptions from Curascript must obtain a new script for refills on or after January 1, 2013. New prescriptions should be sent to CVS Caremark Specialty Pharmacy by calling (800) 237-2767.

Members currently receiving prescriptions from Express Scripts mail order must obtain a new script for refills they may need on or after January 1, 2013. Members may use Wellpartner or Caremark Prescription Services for mail order services.

2013 Medicare Formulary changes:

Effective January 1, 2013, some medications will move to a different tier (i.e. Crestor® and Symbicort® will be non-preferred brands). In addition, we will be removing some medications from our formulary because of safety concerns for certain populations (i.e. certain muscle relaxants).

These changes will impact approximately 4,500 PacificSource Medicare members and 600 prescribers. We mailed notification letters to prescribing providers at the end of October and to members in early November. Provider notifications included a list of their affected members and suggested formulary alternatives.

Members are allowed a one-time transition fill for coverage of Part D drugs not included on the 2013 Formulary. The transition fill provides a 30-day supply of a non-formulary, Part D covered drug. A member, member representative, or provider may request to have a non-formulary, Part D drug covered.

If you have questions or would like more information regarding our pharmacy benefit manager or formulary changes, you can contact our Pharmacy Services Department directly at

(541) 330-4999 or toll-free at (888) 437-7728. Our hours are 7:00 a.m. to 6:00 p.m. PST, Monday through Friday. Or, you can call Customer Service toll-free at (888) 863-3637. Chart notes for formulary exceptions may be faxed to the pharmacy services department at (866) 805-5750.

Pharmacy and Claims Submission Guides

PacificSource is committed to excellent service.

As you know, PacificSource has grown. We now serve members through PacificSource Health Plans, PacificSource Community Health Plans (marketed as PacificSource Medicare), and PacificSource Community Solutions. While these lines of business have PacificSource in common, they offer different plans, and have different claims, authorization, and service numbers.



To assist you, we have direct pharmacy service and customer service numbers for each line of business. To ensure the fastest service for you and your patients, it is important to use the correct contact information for each line of business. To help, we have put together a Pharmacy Provider Guide and a Customer Service/Claims Submission Guide for your office to use as a handy reference. You can find these guides under Resources in the Provider section our websites at www.Medicare.PacificSource.com and www.CommunitySolutions.PacificSource.com.

Medicare Specific

AIM Specialty Health for Medicare Plans

PacificSource will begin utilizing AIM Specialty Health for Medicare Advantage plans effective January 1, 2013. Our commercial plans currently use AIM for preauthorization of nonemergency advanced diagnostic imaging services performed in an outpatient setting. Implementation of AIM for Medicare plans will allow consistency across our commercial and Medicare lines of business.



For procedures scheduled **on or after January 1, 2013**, you must submit to AIM for preauthorization. Beginning December 17, 2012, AIM will accept requests for PacificSource Medicare members.

To submit a preauthorization request, go to the AIM portal at www.AmericanImaging.net. If you are not currently enrolled with AIM, you can sign up at www.AmericanImaging.net/goweb. Access is available 24 to 48 hours after completing your registration. If you have questions, you can reach them by phone at (877) 291-0510.

Modalities and locations covered under this program include:

- **Imaging Services**
 - Computer Tomography Scans (CT/CTA)
 - Magnetic Resonance Imaging (MRI/MRA/MRS/MRM/fMRI)
 - Nuclear Cardiology
 - Positron Emission Tomography
- **Locations**
 - Freestanding Imaging Centers
 - Outpatient Hospital
 - In-office use of physician-owned equipment

Imaging services performed in the locations listed below **do not** require preauthorization:

- **Exclusions**
 - Emergency room services
 - Inpatient hospitalization
 - Outpatient surgery (Hospitals and free standing surgery centers)
 - Hospital observation

Outpatient studies performed for urgent or emergent conditions will be subject to a retrospective clinical claims review by PacificSource.

A complete list of services that require preauthorization is available on our website at www.Medicare.PacificSource.com. Services requiring AIM authorization are identified on the grid in the description field.

2013 PacificSource Medicare Advantage Plan Changes

Changes to PacificSource Medicare plans will be effective January 1, 2013. We notified members of their plan changes in their Annual Notification of Change (ANOCs) letter at the end of September. Generally, members have an opportunity to change plans each year during the Medicare Annual Enrollment Period from October 15 through December 7.



For 2013, our product development goals were to keep choices simple by simplifying our plan options, service area, and provider network. In Central Oregon we simplified our plan options by eliminating the Premier HMO-POS plans, reducing the number of plans in Central Oregon from six to four. Unless members in these HMO-POS plans elected to change plans, they will automatically be moved to the following plans:

- Premier Rx 7 plan members will automatically move into the Essentials Rx 6 HMO plan.
- Premier 1 plan members will automatically move into the Essentials 2 HMO plan.

Our plan options in both Lane county and Idaho did not change for 2013, however the plans did have benefit changes.

You can view a complete list of benefit changes by plan. To do this, please refer to the ANOC available by plan name on our website at www.Medicare.PacificSource.com. If you have any questions, please contact your Provider Service Representative at (800) 624-6052 ext. 2580 or by email at providerservicerep@pacificsource.com.

Medicare Expansion in Oregon and Idaho

In 2013, our PacificSource Medicare plans are expanding in Oregon and Idaho. We believe we will retain and grow our membership with competitive plans in both our current and new service areas. Throughout all our service areas, we offer two types of plans with and without prescription drug coverage.

- Essentials is our HMO plan.
- Explorer is our PPO plan.

OREGON:

- Our Medicare Advantage plans will be available in Coos and Curry counties.
- We have expanded our Explorer PPO plans in Central Oregon and the Mid-Columbia Gorge.
- PERS plan is now available in Coos, Crook, Curry, and Lane counties.

In 2013, we will serve the following counties in Oregon:

- Central, Eastern, and Mid-Columbia Gorge: Crook, Deschutes, Grant, Hood River, Jefferson, Sherman, Wasco, Wheeler, and northern parts of Klamath and Lake counties
- Lane county
- Coos and Curry counties

IDAHO:

We added plans in 14 new counties in northern, southeastern, and southwestern Idaho.

In 2013, we will serve the following counties in Idaho:

- Southwest: Ada, Blaine, Boise, Camas, Canyon, Cassia, Elmore, Gem, Gooding, Jerome, Lincoln, Minidoka, Owyhee, Payette, Twin Falls, Valley, and Washington counties
- Northern: Bonner, Boundary, and Kootenai counties
- Eastern: Bannock, Bingham, Bonneville, Jefferson, and Madison counties

Medicare Provider Manual

A lot of work has gone into updating the Medicare Provider Manual. The Medicare Provider Manual outlines requirements for becoming a provider, rules, and guidelines for completing claims, appeals, referrals, authorization, and a wealth of other information, including tips and tools. We hope you will find useful. You will find it at www.Medicare.PacificSource.com under the "Partners/For Providers" section of our Medicare website in January 2013. The link to open the Provider Manual will be in the Documents and Forms section on the left side of the page. If you have questions or suggestion about this manual, please contact your Provider Service Representative at (800) 624-6052 ext. 2580 or email providerservicerep@pacificsource.com.



Medicaid Specific

Medicaid Coordinated Care Organizations (CCOs) in Central Oregon and the Mid-Columbia Gorge

PacificSource Community Solutions is proud to be the Coordinated Care Organization (CCO) plan serving Central Oregon and the Mid-Columbia Gorge Medicaid population. CCOs are designed to work with the Oregon Health Authority to help improve and better manage the health care of



our Medicaid population and to reduce current health care costs and administrative expenses.

What is a Coordinated Care Organization (CCO)?

The Oregon Health Authority (OHA) contracts with Coordinated Care Organizations (CCOs), like PacificSource Community Solutions, to provide health care to people covered by the Oregon Health Plan (OHP). These CCOs will coordinate all of the member's health care needs, including medical, dental, mental health care, and drug and alcohol abuse treatment.

CCOs have a centralized governance comprised of providers, community members, and stakeholders who are accountable for the health outcomes of the population they serve. The CCO includes representation from the Consumer Advisory Council which includes health care consumer representatives from each county in the service area. The advisory council is responsible for ensuring the CCO work plan addresses health disparities identified in the Community Health Assessment.

CCOs have the flexibility to support new patient-centered and team-focused models of care to help reduce health disparities and gaps in health care. CCOs are able to better coordinate services and focus on prevention, chronic illness management, and person-centered care. Our objective is to meet the Triple Aim goals of better health, better care, and lower costs.

Members Transitioning to CCOs

PacificSource Community Solutions CCO is available in the following counties in Oregon:

- Central Oregon (Crook, Deschutes, Jefferson, and northern Klamath counties)
- Mid-Columbia Gorge (Wasco and Hood River counties)

All PacificSource Community Solutions managed care members and fee-for-service or "open card" Medicaid members residing in the above counties have transitioned into our CCO. Members outside our CCO service areas have transitioned to another CCO in their community or remained with their current managed care organization.

As of November 1, 2012, all new OHP members will be automatically enrolled into a CCO if available in their community. If no CCO is available, members may select an existing managed care organization (MCO).

You will find more information about our CCO and partners online at:

- www.CommunitySolutions.PacificSource.com (Central Oregon and Mid-Columbia Gorge CCO information)
- www.Health.Oregon.gov (we have a contract with the Oregon Health Authority)
- www.COHealthCouncil.org (Central Oregon Health Council).
- www.ColumbiaGorgeCCO.com (Columbia Gorge Health Council)

Contact Us

Provider Network

Please feel free to contact a Provider Service Representative at (800) 385-53624-6052 ext. 2580 or providerservicerep@pacificsource.com.

Sincerely,

The Provider Network Department
PacificSource Community Health Plans, Inc.
PacificSource Community Solutions, Inc.

PacificSource Community Health Plans, Inc. is a health plan with a Medicare Contract.

Y0021_MISC1760_Plan Approved 12142012