



April 3, 2020

## COVID-19 Provider Relief Plan and Other Frequently Asked Questions

This document is intended to answer the most common questions we've received from our provider community in response to the COVID-19 Provider Relief Plan. The Provider Relief Plan supports contracted providers in this time of crisis and reduces administrative and financial burdens.

**Providers must check member's eligibility and benefits prior to rendering care.** A quote of benefits and/or authorization does not guarantee payment or verify eligibility. Payment of benefits is subject to all terms, conditions, limitations, and exclusions of the member's contract at time of service.

*\*This FAQ will be updated as additional information is available\**

### Medical Authorizations and Referrals:

**Q. For which services will PacificSource be suspending prior authorizations?**

A. PacificSource is suspending prior authorization (PA) and referral requirements related to medical necessity for care rendered March 27 through June 30 for services included on the Prior Authorization Grid. To determine if a service formerly required preauthorization, consult our Prior Authorization Grid (<https://authgrid.pacificsource.com/>).

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

A. Yes. It applies to all members and all lines of business.

**Q. Do I still need to submit a prior authorization to determine if PacificSource will cover a service that is not covered under the Oregon Health Plan (OHP)?**

A. Yes. Prior authorizations are still required for all benefit coverage exceptions. One way this can be identified is by using LineFinder. LineFinder is an online tool to assist providers in determining what is covered by OHP. OHP generally updates the information quarterly. (<https://intouch.pacificsource.com/LineFinder>)

**Q. How will I know if I have received an extension on an existing medical (not pharmacy related) authorization that will expire between April 1 and June 30?**

A. All existing authorizations are being extended through September 30 dates of service.

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

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

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

**A.** We are following CMS and state guidance and will allow leniency for needed prescriptions for covered services.

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

**A.** No. Prior authorization requirements have been suspended for dates of service through June 30.

## Pharmacy Authorizations

**Q. Are prior authorizations still required for medication and pharmacy services covered under the medical benefit?**

**A.** PacificSource has extended most prescription and medical drug prior authorizations that expire between now and June 30 an additional 90 days. New CMS and state regulations will be incorporated into our processes as released. New requests will follow standard prior authorization procedures for medical and prescription drugs.

## Noncontracted Providers

**Q. Does the Provider Relief Plan apply to me as a noncontracted provider *residing within* the PacificSource service areas (MT, WA, OR, ID)?**

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

**Q. Does the Provider Relief Plan apply to me as a Non Contracted provider *outside of the* PacificSource service areas (MT, WA, OR, ID)?**

**A.** No. The Provider Relief Plan is not applicable to non-contracted providers that are residing outside of our service areas as mentioned above.

## Inpatient Notification and Concurrent Review

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

**A.** Concurrent review is done to ensure an ongoing stay is supported by medical necessity criteria. IP notification is simply giving PacificSource notice of admission so that we are able to facilitate transitions of care and better support members and providers. PacificSource will be suspending the concurrent review process for dates of service from March 27 through June 30.

**Q. Are inpatient notifications still required for hospitals, long term acute care hospitals, acute rehabilitations, residential treatment centers, intensive outpatient programs, partial hospitalization treatment programs, and skilled nursing facility stays?**

**A.** Yes. In order to assist with care management and discharge planning, Notice of Medicare Non-Coverage (NOMNC) are required where appropriate in compliance with CMS.

## Appeals

**Q. Will there be appeal rights if no PA was sent in and a claim denied?**

**A.** Yes. Appeal rights will continue to be in place and reviewed in line with applicable policies at the time of service. Flexibilities will be extended for timely submission according to CMS guidance.

## Credentialing and Recredentialing and Contracting

- Q. I am a contracted provider group with PacificSource. Will PacificSource allow new practitioners to be temporarily added and covered under our contract during COVID-19? Do our providers need to go through the full credentialing process before seeing PacificSource members?**
- A.** PacificSource will allow providers to be temporarily added to your contract until June 30 using an abbreviated application process. This temporary participation status will allow these providers to see members for dates of service through August 31. If your provider plans to continue to see PacificSource members after September 1, please complete the full credentialing application process.
- Q. Will PacificSource provide administrative relief from practitioner recredentialing during the COVID-19 pandemic?**
- A.** Yes. PacificSource will suspend recredentialing through June 30.
- Q. I am a contracted provider group with PacificSource and we are moving our hospital-based providers into the clinic setting temporarily to assist during the COVID-19 period. Do I have to credential them with PacificSource?**
- A.** No. if your provider bills under their same NPI and TIN as their hospital-based services, PacificSource will process under your current contract regardless of service location.
- Q. I am a contracted provider group with PacificSource and we are moving our Providers into different clinic locations. Do I have to update PacificSource of these changes in order to be covered under our current contract?**
- A.** If the provider is continuing to bill under their same contracted NPI and TIN, PacificSource will pay under their current contract regardless of location. If the location is being billed under a different TIN, please contact your Provider Service Representative so we can update our system accordingly and expeditiously.
- Q. How will PacificSource handle licensing requirements for providers coming out of retirement to help during COVID-19?**
- A.** If a nonlicensed or retired provider submits a claim during COVID-19 period, we'll review according to state requirements to see what the board requires. PacificSource recommends submitting an abbreviated credentialing application for these providers in advance if you are adding to your existing contract.

## Quality Improvement Activities

- Q. What else is PacificSource doing to relieve administrative burden to providers during COVID-19?**
- A.** PacificSource is suspending most chart retrieval and provider survey requests during this time. Please contact our Population Health team to answer any other questions or changes related to quality-improvement activities. You can reach them at [populationhealth@pacificsource.com](mailto:populationhealth@pacificsource.com).

## COVID-19 Place of Service Guidelines

Question	Answer
Are ED services provided in tents and patient cars covered, and if so, how should they be billed?	<p>Yes. Tents and/or patient cars located in close proximity to the ED in which ED staff provide COVID care or non-COVID care will be considered extensions of the ED.</p> <p>Claims for that care should use Place of Service Code – 23 Emergency Room – Hospital, with Modifier CR for professional billing and Condition Code DR for institutional billing.</p>
Are outpatient services provided in patient cars covered and if so, how should they be billed?	<p>Yes. Patient cars located in the parking lot of a clinic in which clinic staff provide COVID care or nonCOVID care will be considered extensions of the clinic. Claims for that care should use Place of Service Code as follows:</p> <ul style="list-style-type: none"> <li>• 15 – Mobile: If the car is used as a drive up COVID testing site where a specimen is taken</li> <li>• 11 – Office: If the clinic is not hospital owned</li> <li>• 19 – Off Campus – Outpatient Hospital: If the clinic is hospital owned but not on the hospital campus</li> </ul>
Are services provided in nonlicensed space and/or nonlicensed beds covered and if so, how should they be billed?	<p>Claims for services to COVID and nonCOVID patient provided in nonlicensed space and/or nonlicensed beds should be submitted with the Place of Service Code most closely associated with the staff/function being performed in that space/bed as if the space/bed was licensed.</p> <p>If billed as inpatient, it will follow the standard contract benefits for the patient. (Inpatient is not being considered at the 100% benefit unless they've met their out-of-pocket maximum).</p>
<p>Per HHS announcement re telehealth: <a href="https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html">https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</a></p> <p>What provider-patient interaction methods will be considered telehealth, and how should they be billed?</p>	<p>Methods of interactions between providers and COVID and nonCOVID patient outlined in the announcement would be considered telehealth, and should be billed appropriately in accordance with CMS guidelines.</p> <p>If billed with a COVID DX, we will pay without patient cost share. If not billed with a COVID DX, it will follow patient benefits. They should bill with Place of Service code 02.</p>
Will a phone call with a patient be considered telehealth if there is no video feed, i.e. just voice interaction over the phone? If so, how should it be billed?	<p>Yes. Professional claims for telehealth services should be submitted with a Place of Service code 02 on your claim. Modifier GT is also recognized, but not required.</p>
Will telehealth be a covered service for patients new to that provider?	<p>PacificSource is following CMS expanded coverage guidelines, which allows telehealth visits for both new and established patients.</p>

### Provider Manuals:

- Commercial Provider Manual [CLICK HERE \(pdf\)](#)
- Medicaid Provider Manual [CLICK HERE \(pdf\)](#)
- Medicare Provider Manual [CLICK HERE \(pdf\)](#)

## Who to Contact:

For general questions related to COVID-19, our Provider Service team stands ready to talk through your concerns. You can contact us at:

Idaho and Montana: (541) 246-1459, or toll-free (855) 247-7579  
Oregon and Washington: (541) 246-1457, or toll-free (855) 247-7575

To verify member eligibility and benefits please contact our Customer Service team.

### Commercial Customer Service

- *Toll-free:* (888) 977-9299
- *Email:* cs@pacificsource.com

### Medicaid Customer Service

- *Toll-free:* (800) 431-4135
- *Email:* CommunitySolutionsCS@pacificsource.com

### Medicare Customer Service

- *Toll-free:* (888) 863-3637
- *Email:* MedicareCS@pacificsource.com

For questions related to preauthorizations and inpatient notifications please contact our Health Service team.

### Commercial:

- *Toll-free:* (800) 735-2900

### Medicaid:

- *Toll-free:* (800) 431-4135

### Medicare

- *Toll-free:* (800) 735-2900

Emergency Temporary  
Practitioner Application



**Submit to:** Provider Network  
PO Box 7068  
Springfield, OR 97475-0068  
ProvNetSupport@pacificsource.com  
Fax: (541) 225-3643

Provider Name:		Degree:	
Specialty:		Dates of Service: <b>April 1, 2020 through August 31, 2020</b>	
NPI:	SSN:	DOB:	Gender:
License Number:		State of Licensure:	
Name of Practice or Clinic:			
Effective Date at Location:	Tax ID Number:	Group NPI Number:	
Physical Address (Address, City, State, ZIP):			
Phone:	Fax:	Contact Name:	Email:
Billing Name:			
Billing Address (Address, City, State, ZIP):			
<ol style="list-style-type: none"> <li>I understand and acknowledge that the healthcare related organization(s) or designated agent would investigate the information in this application. By submitting this application, I agree to such investigation and to the disciplinary reporting and information exchange activities of the healthcare related organization(s) as a part of the verification and Credentialing process.</li> <li>I authorize all individuals, institutions, entities of other hospitals or institutions with which I have been associated and all professional liability insurers with which I have had or currently have professional liability insurance, who may have information bearing on my professional qualifications, ethical standing, competence, and mental and physical health status, to consult with the designated healthcare related organization(s), their staffs and agents.</li> <li>I release from any liability, to the fullest Extent permitted by law, all persons for their acts performed in a reasonable manner in conjunction with investigating and evaluating my application and qualifications, and I waive all legal claims against any representative of the healthcare related organization(s) or their respective agent(s) who acts in good faith and without malice in connection with the investigation of this application.</li> <li>I understand and agree that the authorizations and releases given by me herein shall be valid so long as I am an applicant for or have medical staff membership and/or clinical privileges/participation status at the healthcare related organization(s) designated herein, unless revoked by me in writing.</li> <li>For hospital or medical staff membership/clinical privileges, I acknowledge that I have been informed of, and hereby agree to abide by, the medical staff bylaws, rules, regulations and policies.</li> <li>I agree to exhaust all available procedures and remedies as outlined in the bylaws, rules, regulations, and policies, and/or contractual agreements of the healthcare related organization(s) where I have membership and/or clinical privileges/participation status before initiating judicial action.</li> <li>I further acknowledge that I have read and understand the foregoing Authorization and Release. A photocopy of this Authorization and Release shall be as effective as the original and authorization constitutes my written authorization and request to communicate any relevant information and to release any and all supportive documentation regarding this application.</li> </ol>			
<p><b>I understand that this application will be accepted through June 30, 2020 and adds me to the group contract for temporary coverage through August 31, 2020. Should I seek participation with PacificSource after this date, I will complete the full credentialing process to remain on the panel.</b></p>			

Signature \_\_\_\_\_ Date \_\_\_\_\_