

Umpqua Health Alliance

Medical & DME Prior Authorization 2020 CIM Instructional



Access

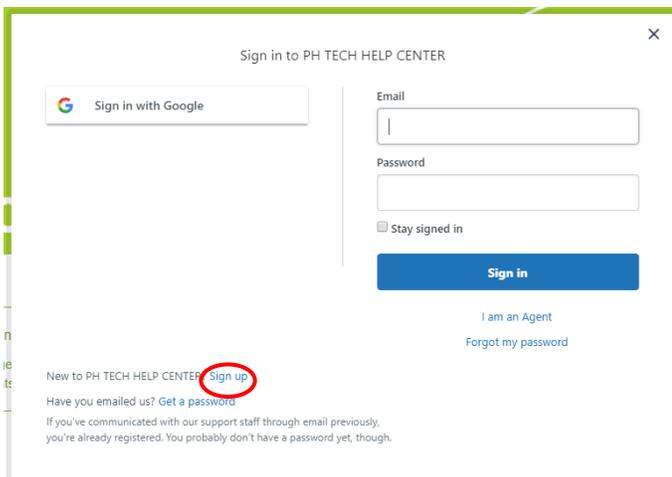
Umpqua Health Alliance offers providers the ability to submit, check the status, and manage your prior authorization (PA) requests online. By signing up for access to our Community Integration Manager (CIM), you can eliminate paperwork and fax associated with the authorization process. You will also have direct email access to our Member Services, Prior Authorization, and Claims teams that can assist you with questions of member eligibility and monitoring PA and claims status'. UHA is encouraging all in-network providers to gain access to CIM as soon as possible as it will be a requirement in the first quarter of 2020.

*Each office staff from the providers office will need a separate log in.

1. To sign up for this feature, please visit <https://help.phtech.com>. Select the "Sign in" link in the top-right header.



2. When the new window appears, select the "Sign up" link in the bottom left corner.



3. After you have signed up. Sign in to the help center by following the steps first step. Then select "Submit a request" in the top header.



4. To submit a ticket directly to PH Tech for access, select "I am a provider office" in the first dropdown. Include a subject line "New CIM Account". Next, select the topic drop down. "I have an issue with a CIM account or need a new Account". Then select the issue drop down "I need a new CIM account created".

Submit a request

If this is the first time submitting a request with PH TECH, you will be required to verify your email address or your request will not be received. After submitting your request, please check your email (possibly your SPAM folder) for our verification email. Please start by selecting from the following options below:

I am with a provider office

CC
Add emails

Subject *

Do not include PHI in the subject field.

Please select the most appropriate topic *

I have an issue with a CIM account or need a new account

Please select which issue you are having regarding the CIM account *

I need a new CIM account created

First Name *

- Continue to fill in the form with the * required fields. PH Tech will grant access within 1-7 business days.
- If you need further assistance, please email support@phtech.com or call 503-584-2169 option 2. You can get further information by contacting PriorAuthorizations@umpquahealth.com or by calling UHA at 541-673-1462.

Sign In

- To access CIM, visit <https://cim1.phtech.com/> in your Chrome internet browser. Enter the username and password that you received via email. Then select “Login”.

Requirements

Prior Authorization Grid

Umpqua Health Alliance (UHA) Prior Authorization Grid details the requirements for what services and items require a prior authorization (PA). This can be found on our website [at https://www.umpquahealth.com/for-providers/#provider-forms](https://www.umpquahealth.com/for-providers/#provider-forms).

Prior Authorization Form

Complete the Medical Services and DME Prior Authorization Form on our website <https://www.umpquahealth.com/for-providers/#provider-forms> (this will be attached to each prior authorization request along with the supporting documentation).

Determination Tools

Prioritized List of Health Services (PLHS)

The Oregon Health Evidence Review Commission (HERC) ranks health care condition and treatment pairs in order of clinical effectiveness and cost-effectiveness. The Prioritized List emphasizes prevention and patient education. In general, treatments that help prevent illness are ranked higher than services that treat an illness after it occurs. OHP covers treatments that are ranked on a covered Prioritized List line for the client's reported medical condition.

OHP covers Prioritized List lines 1 through 471. Current Prioritized List can be found at <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>

Guideline Notes

Using the Prioritized List for the line of coverage, based upon ICD-10, CPT, and HCPCS codes, UHA will then find the associated Guideline Note for treatment. These guidelines can be found at <https://www.oregon.gov/oha/HSD/OHP/pages/policies.aspx>.

InterQual®

InterQual® is an evidence-based clinical decision support tool used to make clinically appropriate medical utilization decisions. UHA applies this tool to PA requests, including chiropractic services. The determination process includes the evaluation of the duration of treatment. Documentation of the InterQual® criteria is included in each PA used to make a determination in CIM, which can be accessed by CIM users.

Clinical Practice Guidelines

Umpqua Health Alliance's Clinical Practice Guidelines are adopted by UHA's Clinical Advisory Panel. They can be found on the UHA website at <https://www.umpquahealth.com/clinical-practice-guidelines/>.

Entering CIM Prior Authorizations

Member Search

1. Enter the members First and last name and DOB.

Member Search

Search

Reset

Search Criteria

When searching for members, the following fields are required:

Member ID Number ("Member ID")

- or -

Two (2) of the following elements:

- Member First and Last full names (exact matches only);
- Member Date of Birth ("DOB");
- Member Social Security Number ("SSN");

Member Eligibility

- Verify the member's eligibility and demographic information. For proper claims payment, please pay special attention to the benefit plan type, termination date, and other coverages.

TESTER, TESTY - TEST MEMBER

[Add Notes](#) [View Notes](#) [Auth History](#) [Current Auths](#) [Claims](#) [Copay Info](#) [Disclosure](#) [Add'l Info](#) [Flags](#)

Address 1: 123 TEST AVE Address 2: City/State: ROSEBURG, OR 97470 Phone: Alt Phone: SSN: DOB: 01/20/1972 (Age 47Y) Language: ENGLISH Gender: F Condition: Contact: TESTY TESTER Preg. Due Date:	Plan: Umpqua Health Alliance Phone: (541) 229-4842 Fax: (541) 440-6037 Email: UHAMemberServices@umpquahealth.com For Mental Health Information: Phone: (503) 584-2150 Fax: (503) 566-9801 Benefit Plan: Umpqua Health Alliance CCOA Med/MH/Dental Member ID: IF301F1X Effective: 07/01/2014 Termination: 07/01/2014 Coverage Code: V Flags: SHCN,SPMI
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[print](#)

Member's PCP: Centennial Medical Group East dba Evergreen Family, - Ambulatory Health Care Facilities/Clinic/Center, Rural Health (effective: 07/29/2019)

- Primary Care Physician**
 - CMG East LLC dba Evergreen Family Medicine (Office Phone: (541) 677-7200)
 - No primary contact defined for this office
- Dental Care Organization**
 - Advantage Dental DCO, - Clinic/Center:Dental (effective: 08/01/2015)
 - Advantage Dental DCO (Office Phone: (866) 268-9631)
 - No primary contact defined for this office

[\(PCP History\)](#)

Other Coverages:

- [COB Record Exists](#)

Submit Referral or **Submit Pre-Auth**

Submit Pre-Auth

- To start the prior authorization process, select the "Submit Pre-Auth" button. ***NOTE:** "Submit Referral" is only used for referring a member to Case Management services. If you are referring a member to a specialist or another provider, please select "Submit Pre-Auth".
- Be sure the "Pre Authorization" radio button has been selected.
- Enter the correct start and end dates.
- Select the referring and delivering provider hyperlinks to search for the correct providers. Enter the name of the provider and select "Search". Click on the appropriate provider name and then select "OK".
 - If a provider is not found in search, you can choose **UHA, Default** for this option.
 - Please provide in the comments section (explained later) the name of the provider and their office location.

Member Details

Member: [UHA/UHA_CCO #IF301F1X - TESTY TESTER - 01/20/1972 - \(07/01/2014 to None\)](#)

Authorization Details

Type: Referral **Pre-Authorization**

Dates: Start: 12/26/2019 End: Required

Urgency: Standard

Referring Provider: [Caeannolo, Cristina, DO \(NPI: 1346627510\) - Umpqua Health Newton Creek LLC](#)

Delivering Provider: Required

Auth/Referral Type: Select an Authorization Type...

Facility: None

Multi-Service Line (MSL): No

Diagnosis Code(s): Required

Diagnosis Code Group(s):

Services

Select Provider - Google Chrome

Search for Provider

Name: ump Search

Office:

Specialty: -- Select a specialty (optional) --

UmpquaHealth, Case Management (NPI: 999999999-)

UmpquaHealth, Default (NPI: 999999999-)

OK Cancel

7. Select the appropriate Auth/Referral Type from the drop down select.
8. Click on the **Required** hyperlink and enter the appropriate diagnosis code. Then select "Search". Repeat this step until all codes have been added. Select the "Default (Use specific codes)" unless another applicable option is available. Then select "Save".
 - a. Note: If a diagnosis code has an * next to it, it is not a valid code, and a different one needs to be chosen.
9. To enter the procedure code(s), select the add button in the services section.

- a. Input the desired CPT codes.
- b. Select the correct code from the drop down.
- c. If a Procedure Code Group populates, select the top radio button for that code group. These will ensure that claims will be paid for a range of similar codes in the instance that a specific code may change after the PA was submitted.
- d. Enter the quantity requested in the "Max Visits/Units" field.
- e. If you have another CPT code to enter, select the checkbox "Add Another".
- f. Select "Save". Repeat this process until all codes are entered. If you do not have additional codes to enter, do not select Add Another code check box and only select "Save".

10. In the comments field, you can provide us with any additional information, such as, if the requesting or delivering provider is not on the drop down list and "UHA, Default" was used. You can also clarify any issues you may have experienced here.
 - a. Note: This box is also used for alternative internal purposes after the submission. Your comments will be edited/moved to MMC notes for the record.

11. In the Attached Documents section, select "Upload File" to upload the supporting documentation and chart notes. A PA cannot be properly determined without this documentation.

- No action is needed for the Options, Submitting Office, Received sections.
- Tracking Data is used only for internal processing.
- Select "Submit" in the bottom right corner when you are finished.
- A final confirmation window will appear.

Authorization Confirmation (See system - combo PH)

Member Search [Referal Manager](#) [New Authorizations](#)

Reference #: 2454321
Authorization Status: Received
Not Authorized [Attached Documents \(0\)](#)

Member Details

Member: UNRQA: TEST1 (TEST MEMBER)	PCP: [None specified]
DOB: 12/01/2010 (6 years)	Contact: None Specified
Benefit Plan: Umqua Health Alliance CCOA Med/MH/Dental	Status Flags:
Member ID: UM001QIA	Other Coverages (COB): No Current COB
Elig. Dates: 09/01/2017 - Present	
Coverage: 1	
Condition:	

Preauthorization Details

Episode: 245432109082017
Pre-Authorization: Yes
Auth/Referral Type: Durable Medical Supplies
Urgency: Routine
Referring Provider: UmquaHealth, Default (NPI: 999999999-)
Delivering Provider: UmquaHealth, Default (NPI: 999999999-UHADefault)

Facility: None
Dates: Start: 09/08/2017 End: 11/07/2017
Diagnosis Code(s): E08.0 DIABETES D/T UNDERLYING CONDITION W HYPEROSMOLARITY
Diagnosis Code Group(s): Default (Use specific codes)

Service

Procedure Code(s): A306 Diabetic shoe w/off set heel
Procedure Code Group(s): Default (Use specific codes)
Limits: Visits/Units: 1 Max. Dollars: None Cost to Date: \$0.00

Status of a Prior Authorization

- Pending:** When an authorization is in a pending status, the status appears in **blue** font (UM#, Received, Post Review, etc.). This is a non-finalized status.
- Approved:** An authorization will be in **green** font and read **Approved**. This is a finalized status.
- Denied Partial:** An authorization is partially denied when the status reads **Denied Partial** in **red** font. This indicates that only part of the request was approved and part was denied. This authorization will need to be looked at more in-depth to identify which was approved/denied. This is a finalized status.
- Denied:** An authorization that was denied in entirety will read **Denied** in **red** font. This is a finalized status.
- After a prior authorization request has been approved or denied, UHA will notify the submitter of the final status via email. The official approval/denial letter will be uploaded to the [Attached Documents](#) link.

Referral - Referral OON - Cardiology

TESTER, TESTY
TEST MEMBER
02/20/1972 - ID: IF301FLX (Umqua Health Alliance)

Authorization Details

Status: **Approved** Urgency: Standard Referring: Umqua Community Health Center
Roseburg
Chen Ellen, MD

Authorization #: R190731342852 Start: 07/29/2019 Delivering: Chen Ellen, MD
Reference #: 3142852 End: 09/09/2019 Facility: None
Episode #: 314285207292019 Diagnosis Codes: M00.00 Diagnosis Code Groups: Default (Use specific codes)

Limits

Max Visits/Units: 1
Max Dollars: \$0.00
Cost to Date: \$0.00

Additional Information

Comments: an office visit with Ellen Chen (99215) for the diagnosis of staphy/loccal arthritis unspecified joint (M00.00)
Submission: test franco from UCHC Roseburg on July 29, 2019 11:47 AM
Received Date: July 29, 2019 11:46 AM
Approval: Approved by lenaris on 07/31/2019

Referral - Set Status - Notes - Reports - Case - Other - [Print](#)

Reference #: 3152054 [\(Notes\)](#) [Attached Documents \(1\)](#)
Status: **Denied - Not Medically Appropriate (a3)** [priorauthorizations@umpquahealth.com](#)
Auth #: [None](#)

Member Details

Member: TESTER, MARGARET A (History)	PCP: Nancy Dean, FNP
Gender: Female	Office: SouthRiver Community Health Center
DOB: 01/14/1963 (56 years) (English)	Contact: None Specified
Benefit Plan: Umqua Health Alliance CCOA Med/MH/Dental	Status Flags:
Member ID: 8125318a	Other Coverages (COB): No Current COB
Elig. Dates: 01/01/2015 - Present	
Coverage: 3	
Condition: A030	

Preauthorization Details

Amendments

- To submit an amended request to edit a previously approved authorization, select "Referral" on the main header of the PA request. Then select "Extend Authorization".

Referral - Set Status - Notes - Reports - Case - Other - [Print](#)

3205321 [\(Notes\)](#) [Attached Documents \(1\)](#)
Approved [priorauthorizations@umpquahealth.com](#)
[P1910113205321 \(Info\)](#)

Member Details TEST MEMBER

- A new window will appear with all the selections made from the previous request. Make the appropriate changes.
- Make a note in the comments section of the changes made.

Additional Information

Comments:

Attached Documents: [Upload File](#)

4. Select "Submit in the bottom right corner.