Provider Request for Reconsideration and Claim Dispute Form

Submit a separate form for each claim appeal or reconsideration (i.e., one form per claim)
Applicable filing limit standards apply.

Provide the following information:

Today's Date: _____

Member ID: _____
Member Name: _____
Claim Number: _____
Billed Charges: _____

Date of Service: _____
Provider Contact Name: _____
Provider Phone Number: _____
Provider NPI: _____

Select type of request

- If the missing information is related to an auth denial this is considered an **Appeal**.
- If the provider did not get an auth then it is considered a **Reconsideration**

*** Reconsideration for Payment – Supporting documentation MUST BE attached.**

- Retro Enrollment Updates
- Overpayment Errors
- Timely filing denials
- Denied for missing information/documentation
  - Itemized Bills or Chart notes
  - Primary EOB
  - Consent Forms (missing, incomplete or corrected)

Level of dispute (Please check):

☐ Level I – Request for Reconsideration (Attach medical records for code audits, code edits, or authorization denials. **Do not attach original claim form**.)

☐ Level II – Claim Dispute (Attach the following: 1. A copy of the EOB(s) with the claim numbers to be adjudicated clearing circled, 2. The response to your original Request for Reconsideration. **Do not attach original claim form**.)

Claim Appeal – please check one if known

- ☐ Auth Issue – Denied no auth
  - ▪ Requires additional info (Reason why auth was not requested)
- ☐ Auth Issue – Denied Inconsistent with Auth
- ☐ Auth Issue – Denied Authorization Units Exceeded
- ☐ Auth Issue – DME, HH, EPIV, Limb Prosthetics
- ☐ Timely Filing Dispute
- ☐ Payment Dispute – Contract Rate
- ☐ Payment Dispute – Duplicate
- ☐ Payment Dispute – Enrollment Issues
- ☐ Payment Dispute – Not Covered/Excluded
- ☐ Payment Dispute – Sterilization Consent
- ☐ Payment Dispute – COB/EOB – OIC
- ☐ Other: _____

Corrected Claims – DO NOT USE this form

Electronic claim appeals can be done by attaching the required documentation to the claim on the CIM portal. Once the documentation has been uploaded, email UHAClaimAppeal@phtech.com with the subject line of "Level I Appeal" or "Level II Appeal"

Mail all information to:
PH Tech
Attn: UHA Claims Appeals
P.O. Box 5308
Salem, OR 97304

UMPQUA HEALTH ALLIANCE

Provider Request for Reconsideration and Claim Dispute Form Quick Tips

- Timely filing for appeals and reconsiderations is one (1) year from date of service
- If the appeal/reconsideration is approved, the claim will be reprocessed as such
- If a Level II appeal is denied, a denial letter will be mailed to the provider detailing why original decision was upheld and options for further appeal; These letters will also be uploaded to the claim and can be accessed in the CIM claims portal
    - Please see **OAR 410-120-1560** for additional information on provider appeal rights
- If attaching documents in CIM portal directly to the claim, email subject **MUST** be titled Level I/Level II Appeal and sent to UHAClaimAppeal@phtech.com or submission will be invalid and will not be reviewed.
- Please see the How To Upload Documents tutorial for directions on attaching appeal documents to the claim via CIM
- If **ALL** required documentation is not included with the appeal form, it will be considered and invalid submission and will not be reviewed.
- If you need to include any additional narrative, please do so in the form of a letter and include as documentation with this form
- To check status on appeal/reconsideration, providers should either
    - Contact the UHA claims support department Monday-Friday 8 a.m. – 5 p.m. at (541) 229-4842 option 2
    - Send email to the UHA claims support department at UHAClaims@umpquahealth.com