

# **Umpqua Health Alliance**

## **Medical & DME Prior Authorization 2020 CIM Instructional**

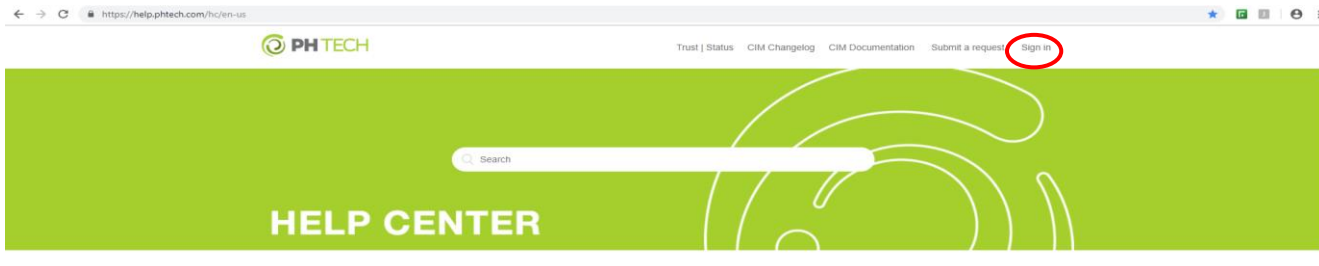


# Access

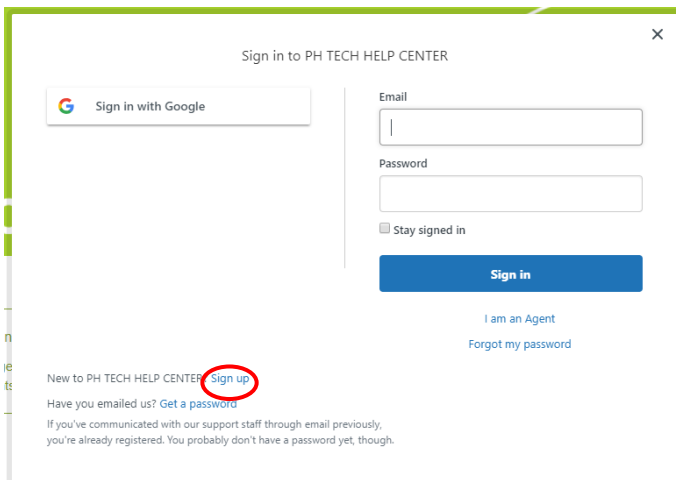
Umpqua Health Alliance offers providers the ability to submit, check the status, and manage your prior authorization (PA) requests online. By signing up for access to our Community Integration Manager (CIM), you can eliminate paperwork and fax associated with the authorization process. You will also 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:



CC


  
Do not include PHI in the subject field.

Please select the most appropriate topic \*


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

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](mailto:support@phtech.com) or call 503-584-2169 option 2. You can get further information by contacting [PriorAuthorizations@umpquahealth.com](mailto: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".


  
Login

Or

Username

Password

[Forgot Password?](#)

Recommended Browser: [Chrome](#)  
Supported Browsers: [Edge](#)  
Partially Supported Browsers: [IE 11](#), [Firefox](#)  
Recommended browsers offer the best performance and experience in CIM.  
Supported browsers are fully tested and maintained by PH TECH.  
Partially supported browsers support most functions in CIM, but users may experience reduced performance and features over time.  
If you experience login trouble please contact us [here](#).  
[CIM Trust](#) - CIM system status, performance, and incident reports.

# 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

Last Name

SSN/MBI

Carrier

All Carriers

Search

First Name

DOB

mm/dd/yyyy

Member ID

Eligibility Date

mm/dd/yyyy

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](#) [Covag Info](#) [Disclosure](#) [Add'l Info](#) [Flags](#)

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

**Advantage Dental DCO, - Clinic/Center/Dental (effective: 08/01/2015 )**

- Dental Care Organization**
- 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: ☐ Refer ☒ **Pre-Authorization**

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

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

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

Multi-Service Line (MSL): No

Diagnosis Code(s): Required

Diagnosis Code Group(s):

Urgency: Standard

Delivering Provider: Required

Facility: None

**Select Provider - Google Chrome**

Secure <https://cim1.dev.phitech.com/mcrweb/snapin/AuthManager/index.cfm?fuseaction=SubmitAuth.FindP...>

**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.

Manage Diagnosis

Diagnosis Codes - ICD-10  
Effective Date: 12/26/2019

Type to add...  H00.011

\* Indicates non-billable code

Diagnosis Code Groups

☒ Default (Use specific codes)

Services

Filter Table Add Service

Procedure Codes

99215 - Office/outpatient visit est

Code Groups

Default

Procedure Code Groups

☒ EBM: Office/Outpt. Services, Established Patient 0

☐ Default (Use specific codes)

A procedure code group is required to create a service

Max Visits/Units

4

Max Dollars

Max Dollars

Show 10

☐ Add Another

Additional Information

Comments:

Attached Documents:

Options:

☐ Grant Sub-Referral Authority

☐ Patient Requested Referral

Submitting Office: Umpqua Health Alliance

Received: 12/26/2019 17:45

Tracking Data

TPR Activity Code:  (C)laims, (N)o-Fault, (G)roup, (I)nquiry, (D)ebt

Supporting Statement Received Date: MM/DD/YYYY H:m

Patient Verbally Notified Date: MM/DD/YYYY H:m

Auth Recorded in MedAccess Date: MM/DD/YYYY H:m

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

## Status of a Prior Authorization

1. **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.
2. **Approved:** An authorization will be in **green** font and read **Approved**. This is a finalized status.
3. **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.
4. **Denied:** An authorization that was denied in entirety will read **Denied** in **red** font. This is a finalized status.
5. 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.

## Amendments

1. To make a change to an existing authorization. Find the member in the Member Search screen. Select “Auth History” at the top.

2. A new window will appear with the previous PA requests you have entered. Select the PA that you would like to change.

3. Select the information you are wanted to update (ie: date, provider, CPT code, etc). Make a note in the comments section of the changes made.
4. Select "Submit in the bottom right corner.

Additional Information	
Comments:	<div>Change 99201 to 99211.  </div>
Attached Documents:	<div>Upload File</div>
Options:	<div>Cancel Submit</div>