Umpqua Health Alliance

## Pharmacy Medication and Injectable/Infusion Prior Authorization 2020 CIM Instructional
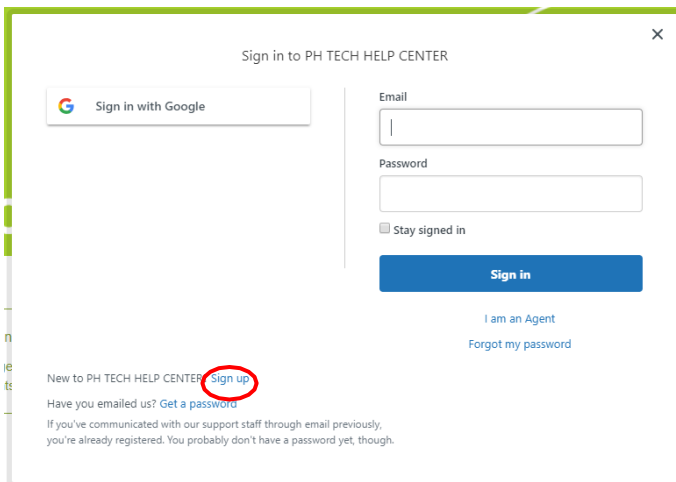
Access

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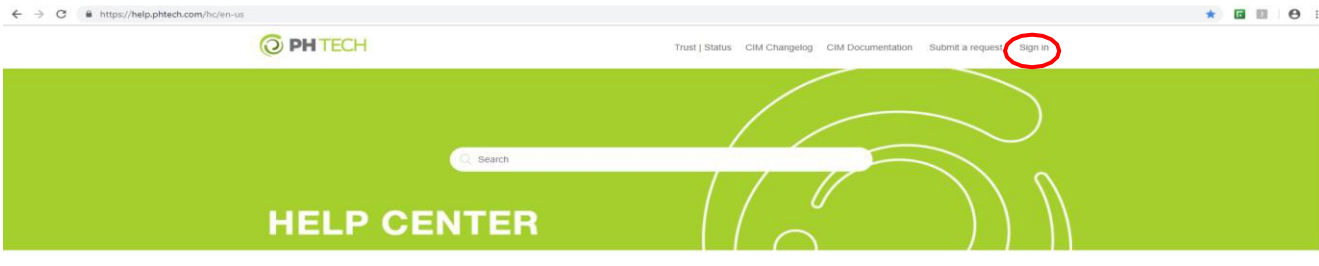
2. When the new window appears, select the "Sign up" link in the bottom left corner.

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*

5. Continue to fill in the form with the * required fields. PH Tech will grant access within 1-7 business days.
6. 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

1. 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".

PH TECH
Login

Login with PHTECH id

Or

Username

Password

Login

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 which Professionally Administered Drug codes are covered benefits. This can be found on our website at https://www.umpquahealth.com/prior_authorizations/.

Prior Authorization Form

If CIM is not utilized to submit a prior authorization, complete the Medication Prior Authorization Form or the Professionally Administered Drug (PAD) Prior Authorization Form on our website https://www.umpquahealth.com/pharmacy-services/ (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.

Umpqua Health Alliance Pharmacy Utilization Management Guidelines

Medication Formulary and Prior Authorization Guidelines: The UHA formulary (list of covered drugs) and prior authorization (PA) guidelines are developed by the UHA Pharmacy and Therapeutics committee. This committee is composed of physicians and pharmacists from UHA and the community. This committee uses the formulary and PA guidelines to promote safe, effective and high-value medication use in alignment with FDA-approved labeling and national clinical guidelines.

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 Eligibility

2. 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.

Submit Pre-Auth

3. 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 or Medication Therapy Management services.

4. **Assign a Type of Care**
   a. Select Start under Pre-Authorization

5. Enter the correct start and end dates.
6. And then select Start: Pharmacy; Submit a Medication or Injectable/Infusion Prior Authorization

7. 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'.
   a. **For all medication requests**, the delivering provider is "UHA, Pharmacy."
   b. **For all Injectable/Infusion requests**, the delivering provider is the place of service or provider who is performing the service.

Authorization Details

Care Type:	Pharmacy		Urgency:	Standard ▼
Dates:	Start: 05/26/2020 End: 05/26/2021			
Referring Provider:	TEST PCP PROVIDER OON (NPI: TESTPCP-12) - Test Office (Rest of OR Local)		Delivering Provider:	UHA, Pharmacy (NPI: 999999999-UHAP)
Auth/Referral Type:	Pharmacy Drugs ▼		Facility:	None
Multi-Service Line (MSL):	No		Notifications:	☐ Notify me when this auth is approved, denied, or cancelled
Diagnosis Code(s):	Edit			
	G47.00 INSOMNIA, UNSPECIFIED			

8. Select the appropriate Auth/Referral Type from the drop down select.
   a. Pharmacy Drugs (all medication requests that a pharmacy dispenses)
   b. Injectable/Infusion Drugs (Professionally Administered Drugs)

9. Enter at least one ICD 10 diagnosis code. 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.*

10. To enter the procedure code(s), select the add button in the services section.
    a. Input the desired CPT codes.
       • **All Pharmacy Drug requests use EXREQ as a CPT code.**
    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".

11. In the comments field:
    a. **Pharmacy Drug request:** Please provide the name, strength, and form of the medication (i.e. Byetta 2mg pens). Then 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 medication direction. Or direct to any documentation in EMR.
    b. **Injectable/Infusion Requests:** Please provide us with directions of use or any other additional information that is helpful. Please list the requesting provider if "UHA, Default" was used.

    c.   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.

12. 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.

13. No action is needed for the Options, Submitting Office, Received sections.

14. Tracking Data is used only for internal processing.

15. Select "Submit" in the bottom right corner when you are finished.

16. 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: Change 99201 to 99211.

Attached Documents: Upload File