

Umpqua Health Alliance

Pharmacy Medication and Injectable/Infusion Prior Authorization 2020 CIM Instructional

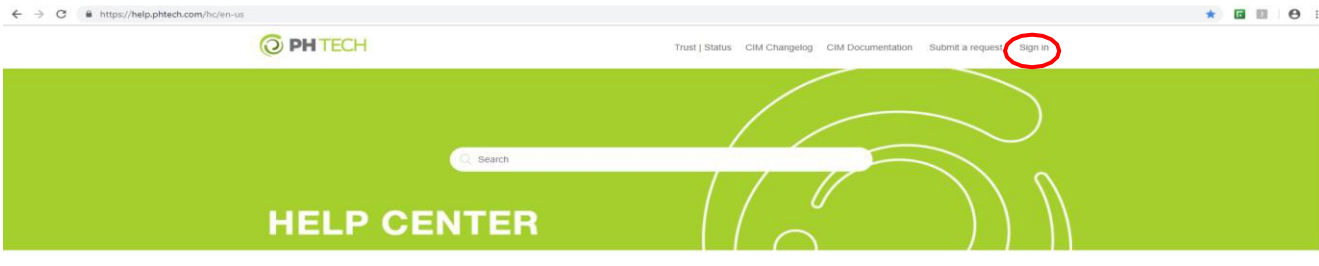


Access

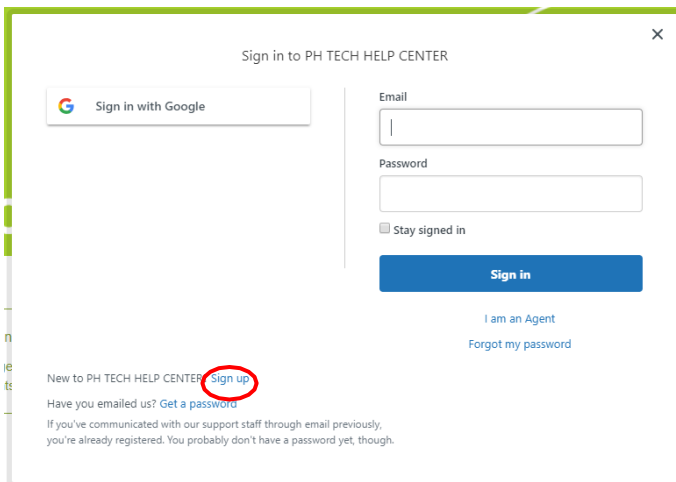
Umpqua Health Alliance offers providers the ability to submit, check the status, and manage your prior authorization (PA) requests online. By signing up for access to our Community Integration Manager (CIM), you can eliminate paperwork and fax associated with the authorization process. You will also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

- 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 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 Search ✕ CIM1 🔔

Last Name	<input type="text"/>	SSN/MBI	<input type="text"/>	Carrier	All Carriers	<input type="button" value="Search"/>
First Name	<input type="text"/>	DOB	<input type="text" value="mm/dd/yyyy"/>	Member ID	<input type="text"/>	<input type="button" value="Reset"/>

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.

Plan Information [COP Records Exist](#)

Umpqua Health Alliance Eligible

Benefit Plan: Umpqua Health Alliance **CCOA** Med/MH/Dental

Member ID: UM001Q1A

Effective: 05/01/2017

Termination: None

Coverage Code: 1

Email: UHAMemberServices@umpquahealth.com

[Show More Contact Information](#) ▾

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 or Medication Therapy Management services.

[Submit Referral](#) [Submit Pre-Auth](#)

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

Pre-Authorization

Please click here to review which procedures and services require prior authorization.

[START](#)

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

1 Mo 2 Mo 3 Mo 6 Mo 1 Yr

From Date: 05/26/2020

To Date: 05/26/2021

Behavioral Health

Submit a Behavioral Health Prior Authorization

[START](#)

Medical

Submit a Medical Prior Authorization

[START](#)

Pharmacy

Submit a Medication or Injectable/Infusion Prior Authorization

[START](#)

- 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".
 - For all medication requests**, the delivering provider is "UHA, Pharmacy."
 - 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](#)

Dates: Start: [05/26/2020](#) End: [05/26/2021](#)

Referring Provider: [TEST PCP PROVIDER OON \(NPI: TESTPCP-12\) - Test Office \(Rest of OR Local\)](#)

Auth/Referral Type: Pharmacy Drugs

Multi-Service Line (MSL): No

Diagnosis Code(s): [Edit](#)
G47.00 INSOMNIA, UNSPECIFIED

Urgency: Standard

Delivering Provider: [UHA, Pharmacy \(NPI: 99999999-UHAF\)](#)

Facility: None

Notifications: Notify me when this auth is approved, denied, or cancelled

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)

Auth/Referral Type: Pharmacy Drugs

Multi-Service Line (MSL): Select an Authorization Type...

Diagnosis Code(s): **Injectable/Infusion Drugs (MSL)**

Diagnosis Code Group(s): Pharmacy 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".

Manage Diagnosis

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

Type to add: 100.011

Diagnosis Code Groups

Default (Use specific codes)

Services

Filter table: Add Service

Code Groups: 99215 - Office/outpatient visit est

Procedure Code Groups

EBMO: Office/Outpt. Services, Established Patient

Default (Use specific codes)

A procedure code group is required to create a service.

Max Visits/Units: 4

Max Dollars:

Add Another

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.

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)aims, (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

- 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.

Authorization Confirmation (Test system - contains PHI)

Authorization Summary

Member Search: 2454521 Referral Manager: New Authorization

Authorization Status: Received Not Authorized Attached Documents (0)

Member Details

Member: UMPQUA, TESTY (TEST MEMBER) PCP: [None Specified]
 DOB: 12/01/2010 (6 years) Contact: None Specified
 Benefit Plan: Umpqua Health Alliance CCOA Med/HH/Dental Status Flags:
 Member ID: UM001Q1A Other Coverage (COB):
 Elig. Dates: 05/01/2017 - Present No Current COB
 Coverage: 1
 Condition:

Preauthorization Details

Episode: 245452109082017
 Pre-Authorization: Yes
 Auth/Referral Type: Durable Medical Supplies
 Urgency: Routine
 Referring Provider: UmpquaHealth, Default (NPI: 999999999-)
 Delivering Provider: UmpquaHealth, Default (NPI: 999999999-UHADefault)
 Facility: Home
 Dates: Start: 09/08/2017 End: 11/07/2017
 Diagnosis Code(s): E08.0 DIABETES D/T UNDERLYING CONDITION W HYPEROSMOLARIT
 Diagnosis Code Group(s): Default (Use specific codes)

Service

Procedure Code(s): A3306 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

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.

Referral - Referral OON - Cardiology

TESTER, TESTY
 TEST MEMBER
 01/20/1972 - ID #F01F1X (Umpqua Health Alliance)

Authorization Details

Status: **Approved** Urgency: Standard Referring: Umpqua Community Health Center
 Reference #: R19073142852 Start: 07/29/2019 Delivering: Chen Ellen, MD
 Episode #: 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 staphylococcal arthritis unspecified joint (M00.00)
 Submission: test franco from UHC 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 - Status - Reports - Case - Other - Post

Reference #: 3152054 (Notes) Attached Documents (1)

Status: **Denied - Not Medically Appropriate (x3)** authorizations@umpquahealth.com

Auth #: None

Member Details

Member: TESTER, MARGARET A (Notes) PCP: Harry Dean, RHP
 Gender: Female Office: SouthRiver Community Health Center
 DOB: 01/14/1963 (56 years) (English) Contact: None Specified
 Benefit Plan: Umpqua Health Alliance CCOA Med/HH/Dental Status Flags:
 Member ID: 81253126 Other Coverages (COB):
 Elig. Dates: 01/01/2015 - Present No Current COB
 Coverage: 3
 Condition: A030

Preauthorization Details

Amendments

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

TESTER, TESTY - TEST MEMBER

Add Notes View Notes **Auth History** Current Auths Claims Copy Info Disclosure Add Info Flags

Address 1: 123 TEST AVE
 Address 2:
 City/State: ROSEBURG, OR 97470
 Phone:
 Alt Phone:

Plan: Umpqua Health Alliance
 Phone: (541) 229-4842
 Fax: (541) 440-6037
 Email: UHAMemberServices@umpquahealth.com

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:

Attached Documents:

Options: