

UMPQUA HEALTH ALLIANCE

Claim Reconsideration

CIM Provider Guide

This guide shows provider office and billing staff how to request reconsideration of a processed claim in the Care Integration Manager (CIM) provider portal. In network providers must submit through CIM. All communications are sent securely within CIM.

Umpqua Health Alliance uses the terms reconsideration, appeal and medical review interchangeably. This guide covers all three.

Important Information for All Reconsideration Requests

The following apply unless otherwise noted:

Before you begin

- You need an active CIM account. To request one, see the *Provider Portal Sign-Up Guide*. Access takes one to seven business days.
- Have your supporting documentation saved as a file. CIM accepts up to 50 MB per file.
- Submit within 365 days of the date of service. Requests received after that deadline may be denied as untimely. Note that the clock runs from the date of service, not from the date the claim was processed or paid.
- Send current clinical documentation that supports the change you are asking for. A reconsideration is reviewed on the documentation you provide.

How to Submit a Reconsideration

Complete all three parts. Uploading a document by itself does not open a review; Part 3 is what creates the ticket.

Part 1: Locate the claim

1. From the CIM home page, select **Member Search** or **Claim Search**.

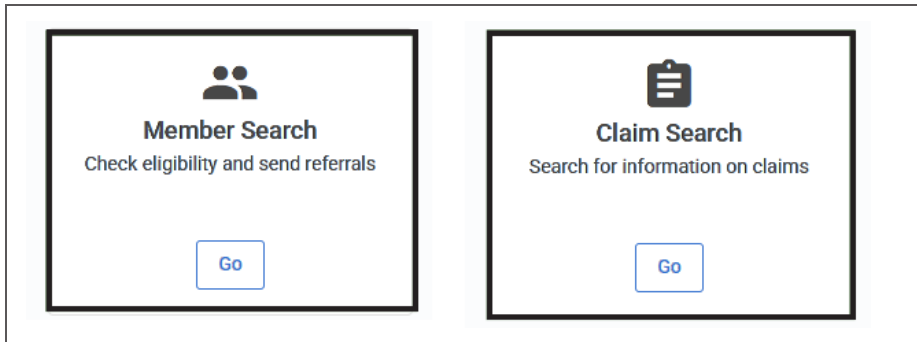


Figure 1. The Member Search and Claim Search tiles on the CIM home page.

2. In **Member Search**, enter the member ID number, or the member's first name, last name and date of birth. Select **Search**.

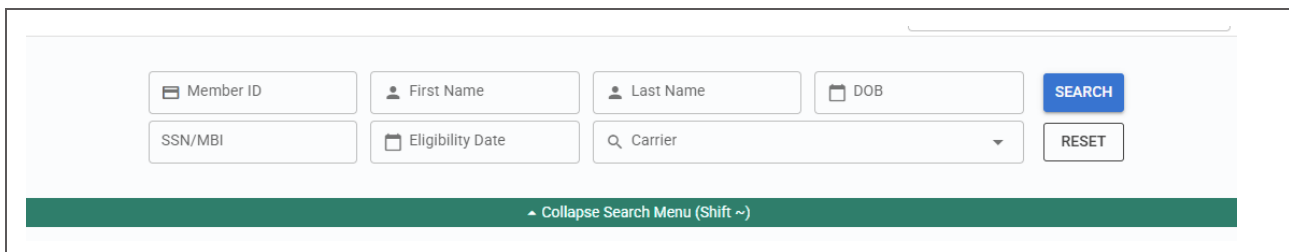


Figure 2. Member Search fields.

3. In the search results, select the coverage that includes your claim's date of service. Compare the effective and term dates in the two right hand columns.

Member Search Results				1 Results found
TESTER, TESTY				
DOB:01/20/1972 SSN:XXX-XX-9999				
Member ID	Plan	Effective Date	Term Date	
F301F1X	Umpqua Health Alliance	06/04/2019		
IF301F1X	Umpqua Health Alliance	07/01/2014	12/31/2017	

Figure 3. Member search results. Effective and term dates appear in the two right hand columns.

4. Select the **Claims** tab on the member record.

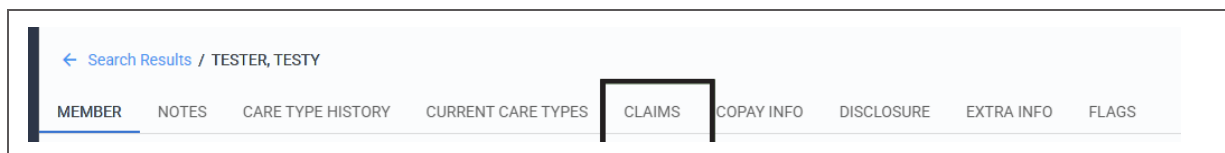


Figure 4. The Claims tab on the member record.

What you will see on a claim

Each claim shows the claim ID, claim type, received date, delivering provider and diagnosis codes, followed by a line level detail table listing dates of service, place of service, status, charges, write off, allowed amount, copay and net amount paid. Check the received date and the line level detail before you request reconsideration; they tell you what the plan processed and when.

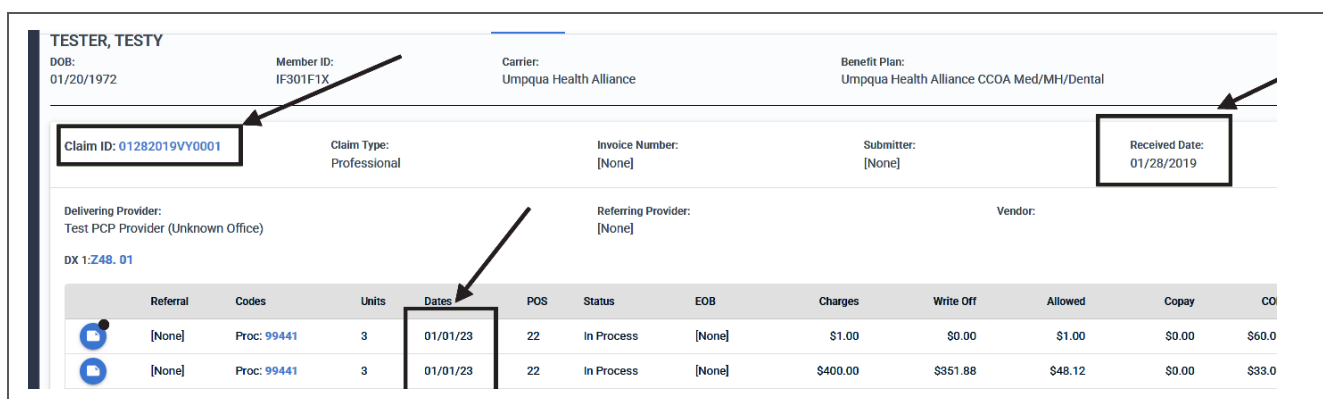


Figure 5. Where the claim ID, received date and dates of service appear on a claim.

Part 2: Upload your documentation

5. On the claim, select the **Documents** link near the upper right corner.



Figure 6. The Documents link on a claim.

6. In Document Manager, select **Upload New Document** in the upper right corner.

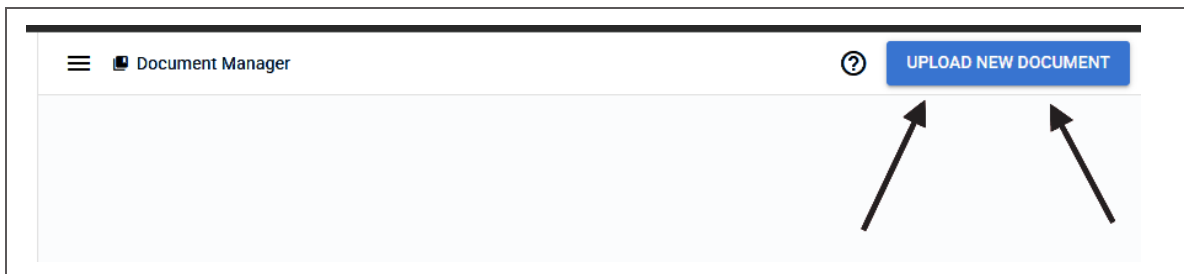


Figure 7. The Upload New Document button in Document Manager.

7. Drag your file into the **Attach Documents** panel, or select the plus button in the upper right corner of the panel to browse for it. When the upload finishes, select **Save**.

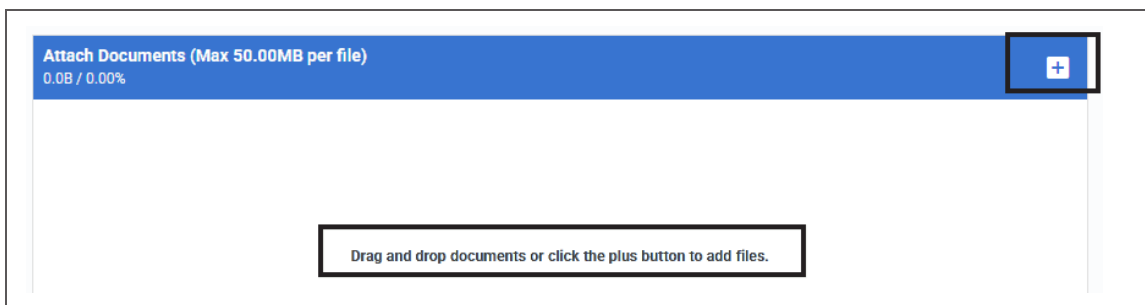


Figure 8. The Attach Documents panel.

Part 3: Notify Ayin Health Solutions

Ayin Health Solutions processes claims for Umpqua Health Alliance. Sending the message below is what generates the review ticket.

8. On the claim, select the envelope icon next to the plus button in the upper right corner.

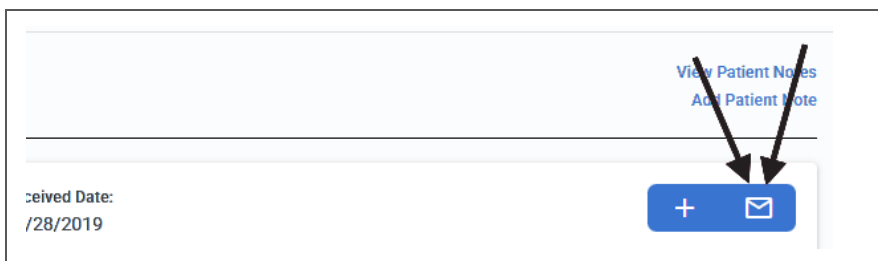


Figure 9. The envelope icon opens the Compose Email window.

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9. In the **Compose Email** window, check each of the following, then select **Send**:
- **TO** is filled in with Ayin's claims address, UHAClaims@ayin.com.
 - **FROM** shows your own email address. If it reads “Please select an email,” choose your address from the list.
 - **Subject** contains no protected health information. See the warning below.
 - Your message says what you are asking Ayin to reconsider, why, and what you attached.

Compose E-mail

TO: UHAClaims@ayin.com
Search Addresses...

CC: Search Addresses...

From: Please select an email...

Visibility: Public - Visible to anyone with access to this claim

Priority: Low

Status: Closed

Reason: --None--

Subject: Claim for Umpqua Health Alliance (91136662)

Type message here...

NOTE: A de-identified link will be automatically included in your message to allow the recipient to securely connect to CIM and access the information you have typed in the 'Body' field above (via Notes). Only the subject field and a link will be sent by email -- please DO NOT include any PHI in the subject of your message. The recipient must be a registered CIM user in order to view the content of your message.

Cancel Send

Figure 10. The Compose Email window.

Important: protect member information

Do not put protected health information in the subject line. CIM sends only the subject line and a secure link by email. The message body stays inside CIM, and the recipient must be a registered CIM user to open it.

What Happens Next

Sending the message creates a ticket for Ayin Health Solutions to review your request. Allow a minimum of 60 days for review.

Approval of a reconsideration does not guarantee payment. Payment depends on member eligibility, the benefits in effect on the date of service and medical necessity.

Questions

Who to contact

- **CIM access, password resets and technical problems:** Ayin Health Solutions, 503-584-2169, option 2, or support@ayin.com.
- **Claim and reconsideration status:** Umpqua Health Alliance, 541-229-4842, option 3, email UHAclaims@umpquahealth.com, or view the claim in CIM.
- **General provider-related questions:** Umpqua Health Alliance Network Provider Services, UHNProviderServices@umpquahealth.com.