

How To Upload Additional Documentation/Claims Appeals in CIM

Please note that accessibility levels differ, so claims lookup may be different for every user

❖ Level I Appeal

- Also known as a reconsideration, typically comes from a provider adding documentation such as consent forms, EOB from primary insurance, etc supporting reprocessing
- Can be done through CIM claim by provider or can be done by a UHA claim support team member
- Emails must be sent to UHAclaims@phtech.com and these are worked as time allows and may exceed 60 days
- If your Level I appeal is denied and the original payment decision is upheld, you may proceed to a Level II Appeal, please include this decision with your Level II submission

❖ Level II Appeal

- Formal claim appeal refuting claim decision and requires the Provider Request for Reconsideration and Claim Dispute Form filled out completely and correctly
 - A Level I is not required prior to submitting a Level II
- Email must be sent to UHAclaimappeal@phtech.com for notification and documents must be attached directly to the claim
- These have a 60-day timeline from receipt to decision
- If your Level II appeal is denied and the original payment decision is upheld, a letter will be sent to you with the reasoning
 - You can find more information on our website about the next steps www.umpquahealth.com/claims/

1. Gather all documentation needed for the claim appeal including the Provider Request for Reconsideration and Claim Dispute Form (needed for a Level II appeal) and save to your computer.
 - a. Naming of the file is user preference, but feel free to use something along the lines of “Last Name, First Name DOS 01019 Appeal”
2. Locate member in CIM Using member search, enter members last name, first name, and DOB and click “search”.
 - i. You can also use SS or member ID, but you need at least 3 identifiers to locate member

The screenshot shows the 'Member Search' interface. At the top left is a hamburger menu icon and the text 'Member Search'. On the right side, there is a close button (X), a dropdown menu set to 'CIM1', a notification bell icon, and a user profile icon for 'Rain Umpqua'. The search form contains the following fields:

- Last Name:
- SSN/MBI:
- Carrier:
- Search:
- First Name:
- DOB:
- Member ID:
- Eligibility Date:

A red arrow points to the 'Search' button.

3. Once the member information comes up, click the “claims” tab along the top.
 - a. This should bring up another window that shows members claims for the durations of that active eligibility line
 - b. The claims visible to each provider will be different as you will only be able to see claims for your provider/facility

| TESTER, TESTY - TEST MEMBER | |
|---|--|
| Add Notes View Notes Auth History Current Auths Claims Copay Info Disclosure Add'l Info Flags | |
| Address 1: 123 TEST AVE Address 2: City/State: ROSEBURG, OR 97470 Phone: Alt Phone: SSN: DOB: 01/20/1972 (Age 47Y) Language: ENGLISH Gender: F Condition: Contact: TESTY TESTER Preg. Due Date: | Plan: Umpqua Health Alliance Phone: (541) 229-4842 Fax: (541) 440-6037 Email: UHAMemberServices@umpquahealth.com For Mental Health Information: Phone: (503) 584-2150 Fax: (503) 566-9801 Benefit Plan: Umpqua Health Alliance CCOA Med/MH/Dental Member ID: IF301F1X Effective: 07/01/2014 Termination: Coverage Code: V Flags: SHCN,SPMI print |
| Member's PCP: Capannolo, Cristina - Family Medicine (effective: 12/09/2019) <ul style="list-style-type: none"> • Primary Care Physician • Umpqua Health Newton Creek LLC (Office Phone: (541) 229-7038) • <i>No primary contact defined for this office</i> Advantage Dental DCO, - Clinic/Center:Dental (effective: 08/01/2015) <ul style="list-style-type: none"> • Dental Care Organization • Advantage Dental DCO (Office Phone: (866) 268-9631) • <i>No primary contact defined for this office</i> (PCP History) | |
| Other Coverages: <ul style="list-style-type: none"> • COB Record Exists | |
| <input type="button" value="Submit Referral"/> or <input type="button" value="Submit Pre-Auth"/> | |

4. Scroll through the claims or use the search bar at the top.
 - a. You can search by CPT code, Diagnosis codes, charges, and provider name
 - b. Click the magnifying glass to search

CIM1 - Claim Search - Google Chrome

cim1.phtech.com/cim/claim/search?submit=submit&eligibility_ud=IF301F1X&from_service_date=07%2F01%2F2014&to_service_date=12-20-2019&claim_procedure_status_id=All&Embed...

Showing 1 of 2 Results Found

90882

Charges \$725.00 **Total Amt. Allowed** -\$225.00 **Total Payments** \$0.00

TESTER, TESTY
 DOB: 01/20/1972 Member ID: IF301F1X Carrier: Umpqua Health Alliance Benefit Plan: Umpqua Health Alliance CCOA Med/MH/Dental

Claim ID: 01282019VY0001 Claim Type: Professional Invoice Number: [None] Submitter: [None] Received Date: 01/28/2019

Delivering Provider: Test PCP Provider (Unknown Office) Referring Provider: [None] Vendor: [None] 2 Documents 0 Related Claims

DX 1: F21 DX 2: A00 DX 3: H53.5 DX 4: H18.61 DX 5: O24.415

| Referral | Codes | Units | Dates | POS | Status | EOB | Charges | Write Off | Allowed | Add Pat | Deduct | Copay | Coins | COB | Withhold | FFSE | Net Amt | Info |
|----------------|-------------|-------|----------|-----|------------|--------|----------|-----------|---------|---------|--------|--------|--------|--------|----------|--------|---------|----------------------------|
| [None] | Proc: 90882 | 1 | 01/01/19 | 11 | In Process | [None] | \$500.00 | \$500.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | Batch: UHA Benefit Testing |
| Totals: | | | | | | | \$500.00 | \$500.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |

Once the claim in question is located you can now upload any additional documentation or appeals. Please note that if you upload any documentation or appeal, it must be followed by an email to PhTech claims department (see step 10). If you do not, we will not be notified of the newly uploaded documentation.

- 5. Click the blue “documents” button.
 - a. There may already be documents attached to the claim such as the claim form, any documentation originally included with claim submission, or pricing documentation

Showing 1 of 2 Results Found

90882

Total Charges
\$725.00

Total Amt. Allowed
-\$225.00

Total Payments
\$0.00

TESTER, TESTY
 DOB: 01/20/1972 Member ID: IF301F1X Carrier: Umpqua Health Alliance Benefit Plan: Umpqua Health Alliance CCOA Med/MH/Dental
[Add Patient Note](#)
[View Patient Notes](#)

Claim ID: **01282019VY0001** Claim Type: Professional Invoice Number: [None] Submitter: [None] Received Date: 01/28/2019

Delivering Provider: Test PCP Provider (Unknown Office) Referring Provider: [None] Vendor: [None] **2 Documents**
 0 Related Claims

DX 1: F21 DX 2: A00 DX 3: H53.5 DX 4: H18.61 DX 5: O24.415

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|----------------|----------|-------------|-------|----------|-----|------------|--------|-----------------|-----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------------------|
| | [None] | Proc: 90882 | 1 | 01/01/19 | 11 | In Process | [None] | \$500.00 | \$500.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | Batch: UHA Benefit Testing |
| Totals: | | | | | | | | \$500.00 | \$500.00 | \$0.00 | |

CIM1 - Document Manager - Google Chrome

cim1.photech.com/cim/documentmanager/?element=claim_id&value=26663119

Document Manager

Documents

File Name: [document.docx](#)   

Description: [\(None\)](#)

Date Attached: 4/29/2019

File Name: [document.docx](#)   

Description: [\(None\)](#)

Date Attached: 4/29/2019

Upload Document

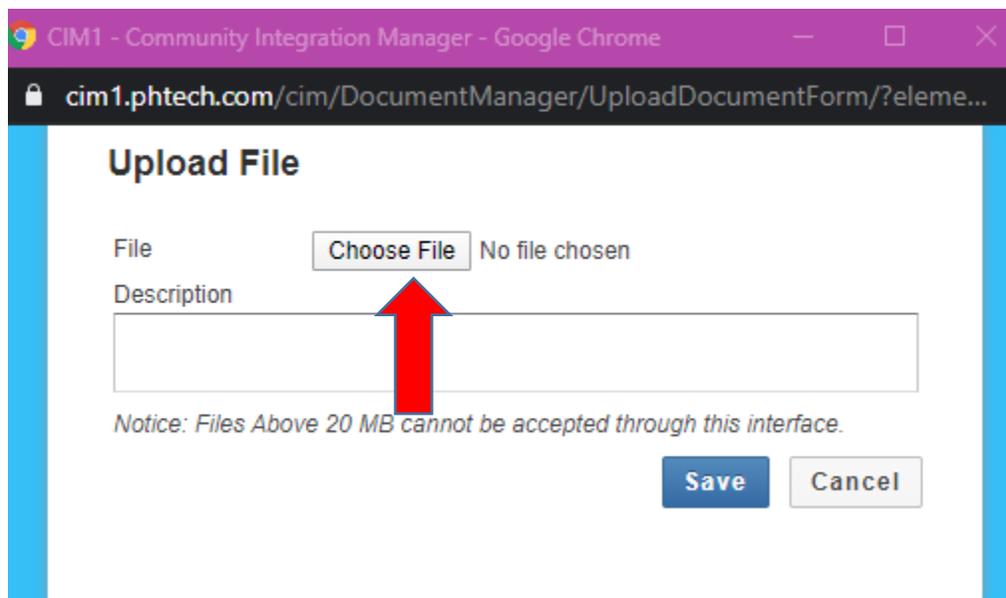
6. A new window should open called “Document Manager”, click the “upload document” on the left.

a. If there are already files uploaded, it may bring up a download in the bottom left corner, or show the document. There is no limit to how many files can be added.

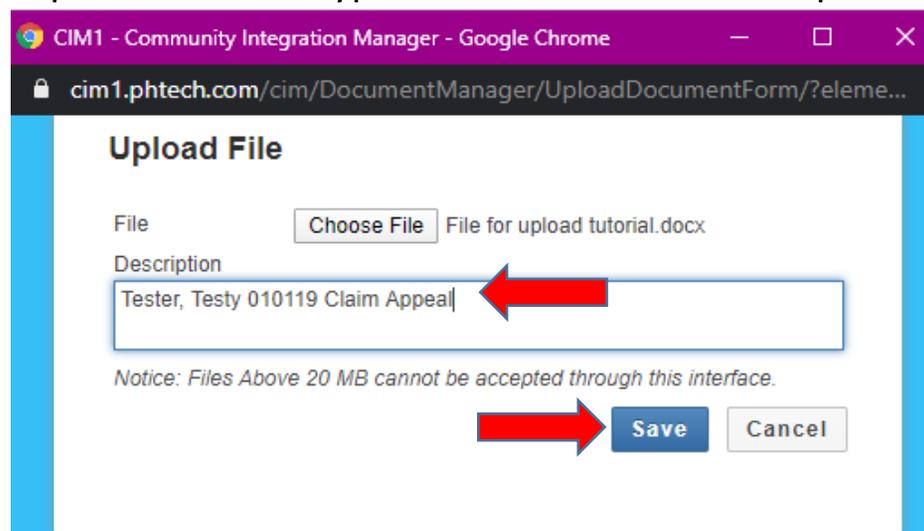
download (72).docx   

Effective December 2019 Ompqua Health Alliance Claims Resources

7. This will bring up a small window titled “Upload File”, click the “choose File” button.



8. Select file from your computer and then type a file name in the description box and click “save”.



CIM1 - Document Manager - Google Chrome
cim1.phtech.com/cim/documentmanager/?element=claim_id&value=26663119

Document Manager

Documents

File Name: [document.docx](#)   
Description: [\(None\)](#)
Date Attached: 4/29/2019

File Name: [document.docx](#)   
Description: [\(None\)](#)
Date Attached: 4/29/2019

File Name: [File for upload tutorial.docx](#)   
Description: [Tester_Testy 010119 Claim Appeal](#)
Date Attached: 12/20/2019

Upload Document

9. The file should appear on the left showing date of upload after you click save.



10. Now you need to notify PhTech that there have been documents uploaded for review. Exit the Document Manager window and depending on the version of CIM that you are using, follow either step a or b.
- For the newer version of CIM, there will be a button with an envelope in the top right corner of the claim. Click the envelope to open the email window

TESTER, TESTY
 DOB: 01/20/1972 Member ID: IF301F1X Carrier: Umpqua Health Alliance Benefit Plan: Umpqua Health Alliance CCOA Med/MH/Dental

[Add Patient Note](#)
[View Patient Notes](#)

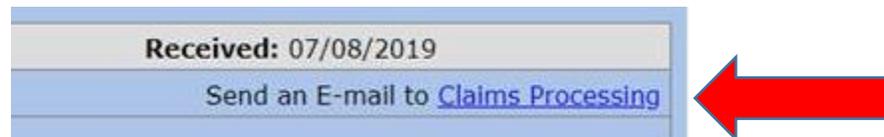
Claim ID: [01282019VY0001](#) Claim Type: Professional Invoice Number: [None] Submitter: [None] Received Date: 01/28/2019 

Delivering Provider: Test PCP Provider (Unknown Office) Referring Provider: [None] Vendor: [None] [2 Documents](#)
 0 Related Claims

DX 1: F21 DX 2: A00 DX 3: H53.5 DX 4: H18.61 DX 5: O24.415

| Referral | Codes | Units | Dates | POS | Status | EOB | Charges | Write Off | Allowed | Add Pat | Deduct | Copay | Coins | COB | Withhold | FFSE | Net Amt | Info |
|----------------|-----------------------------|-------|----------|-----|------------|--------|----------|-----------|---------|---------|--------|--------|--------|--------|----------|--------|---------|----------------------------|
| [None] | Proc: 90882 | 1 | 01/01/19 | 11 | In Process | [None] | \$500.00 | \$500.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | Batch: UHA Benefit Testing |
| Totals: | | | | | | | \$500.00 | \$500.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |

- For the older version of CIM, there will be “Send an E-mail to [Claims Processing](#)”. Click the blue link and this will open the email window



11. Once the “Compose Email” window is open:
 - a. It should be pre-populated with UHAClaims@phtech.com in the “TO” section,
 - i. For a Level I reconsideration – leave the default email address
 1. Please note: These reconsideration requests are worked as time allows and may exceed 60 days
 2. Decision will be documented in a public claim note visible to provider
 - ii. For a Level II Appeal (Claim Dispute form required) **Change to UHAClaimAppeal@phtech.com to ensure that it is reviewed in a timely manner.**
 1. This email is reserved for Level II appeal ONLY, if you send a Level I to this email, it will be treated as an invalid submission
 - b. Add a CC email if needed
 - c. Select your email address in the “from” section drop down menu
 - d. Visibility can be public or private
 - i. Keep in mind if choosing “public” anyone who has access to the claim will be able to see the note. choosing private means that only the author (and anyone associated with their provider/facility) and PhTech can see the correspondence
 - e. For the “reason” drop down, select Claim Note
 - f. Change the subject line to appropriate title
 - i. For attached invoices, EOBs, or timely proof title “Level I Appeal”
 - ii. For a true claims appeal that includes the “Provider Request for Reconsideration and Claim Dispute” form title “Level II Appeal”

- 1. Please note that if you are attaching documents for an appeal and you do not complete this step, the submission will be considered invalid and will not be reviewed. This is a mandatory step in the appeal process.**
- g. In the body it says “Type message here...” Please type a quick summary of what type of appeal/documentation it is
 - i. EX: Please see attached appeal documentation for a level II appeal
- h. Click “send”

Compose E-mail

TO ❖ UHAClaims@phtech.com for Level I
❖ UHAcClaimAppeal@phtech.com for Level II



CC Search Addresses...



From YOUR EMAIL ADDRESS HERE



Visibility Private - Visible to the health plan and users from the author's office



Reason Claim Note



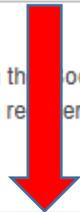
Subject Level I / Level II



Hello,
This is a test for appeal uploading. I have attached documents and we are appealing medical necessity with chart notes.
Thank you
Raina



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.



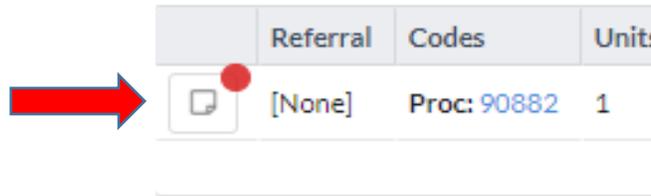
Cancel Send

Email Sent

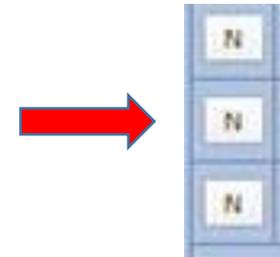
12. Once you send the email, the screen should say “Email sent”.

13. You can exit this window and double check that the email was sent by clicking on the note box for that claim. There is one for each line, so click through until you see your email. It will either show a red dot or a red “N”. This indicates that there is a note on the claim.

New version of CIM looks like this



Old version looks like this



| Subject | Status | Note Text | Created By | Created |
|------------|--------|---|----------------------------------|------------------|
| Claim Note | Closed | Email sent to: UHAClaims@phitech.com Hello, This is a test for appeal uploading. I have attached documents and we are appealing medical necessity with chart notes. Thank you Raina | mittellr, Umpqua Health Alliance | 12/20/2019 08:41 |

14. Once you have confirmed that your email was sent, PhTech will then route the appeal to the appropriate reviewer. Please allow up to 60 days for appeal processing. You may check back in the claim to see if there has been any decision made or if there has been any other communication in the claim.

FAQ

- Please allow up to 60 days for appeal processing after sending in appeal documentation. If it has been over 60 days, please follow up with the UHA claims support team
- Feel free to utilize CIM claims for regular communication with UHA as well. You are able to change the “to” address and if you have additional questions for UHA, you can send an email to UHAclaims@umpquahealth.com and a claim support team member will be able to correspond electronically with you
- Level I: Email must be sent to UHAclaims@phtech.com
- Level II: If you do not complete the appeal email to PhTech (UHAClaimAppeal@phtech.com) after documents are uploaded, the appeal will be invalid and will not be reviewed
- If you are attaching EOBs, ensure that only the UHA members information is visible. Blacking out other PHI is suggested
- Please make sure that any documents that are uploaded are readable and preferably in color, appeals may be denied for unreadable documents
- If you are having trouble viewing your claims or issues with CIM please contact PhTech EDI support at (503) 584-2169 or via email EDI.support@phtech.com

If you have any questions or need additional assistance with uploading documents, please contact our claims support team Monday-Friday 8 a.m. – 5 p.m. at (541) 229-4842 option 2 or via secure email at

UHAclaims@umpquahealth.com