



Provider Request for Reconsideration and Claim Dispute Form

Submit a separate form for each claim appeal or reconsideration (i.e., one form per claim)

Applicable filing limit standards apply.

Provide the following information:			
Today's Date: _____			
Member ID: _____ Member Name: _____ Claim Number: _____ Billed Charges: _____	Date of Service: _____ Provider Contact Name: _____ Provider Phone Number: _____ Provider NPI: _____		
Select type of request <ul style="list-style-type: none"> If the missing information is related to an auth denial this is considered an Appeal. If the provider did not get an auth then it is considered a Reconsideration 			
* Reconsideration for Payment – Supporting documentation MUST BE attached. <ul style="list-style-type: none"> Retro Enrollment Updates Overpayment Errors Timely filing denials Denied for missing information/documentation <ul style="list-style-type: none"> Itemized Bills or Chart notes Primary EOB Consent Forms (missing, incomplete or corrected) 			
Level of dispute (Please check): DO NOT ATTACH ORIGINAL CLAIM FORM <input type="checkbox"/> Level I – Request for Reconsideration (Attach medical records/invoices for code audits, code edits, or authorization denials.) <input type="checkbox"/> Level II – Claim Dispute (Attach the following: 1. A copy of the EOB(s) with the claim number to be adjudicated clearly circled, 2. The response to your original Request for Reconsideration and/or documentation supporting your appeal including contract snips/OARs, etc.)			
Claim Appeal – please check one if known <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Auth Issue – Denied no auth <div style="margin-left: 20px;">▪ Requires additional info (Reason why auth was not requested)</div> <input type="checkbox"/> Auth Issue – Denied Inconsistent with Auth <input type="checkbox"/> Auth Issue – Denied Authorization Units Exceeded <input type="checkbox"/> Auth Issue – DME, HH, EPIV, Limb Prosthetics <input type="checkbox"/> Timely Filing Dispute </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Payment Dispute – Contract Rate <input type="checkbox"/> Payment Dispute – Duplicate <input type="checkbox"/> Payment Dispute – Enrollment Issues <input type="checkbox"/> Payment Dispute – Not Covered/Excluded <input type="checkbox"/> Payment Dispute – Sterilization Consent <input type="checkbox"/> Payment Dispute – COB/EOB – OIC <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Auth Issue – Denied no auth <div style="margin-left: 20px;">▪ Requires additional info (Reason why auth was not requested)</div> <input type="checkbox"/> Auth Issue – Denied Inconsistent with Auth <input type="checkbox"/> Auth Issue – Denied Authorization Units Exceeded <input type="checkbox"/> Auth Issue – DME, HH, EPIV, Limb Prosthetics <input type="checkbox"/> Timely Filing Dispute	<input type="checkbox"/> Payment Dispute – Contract Rate <input type="checkbox"/> Payment Dispute – Duplicate <input type="checkbox"/> Payment Dispute – Enrollment Issues <input type="checkbox"/> Payment Dispute – Not Covered/Excluded <input type="checkbox"/> Payment Dispute – Sterilization Consent <input type="checkbox"/> Payment Dispute – COB/EOB – OIC <input type="checkbox"/> Other: _____
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Corrected Claims – DO NOT USE this form			
Electronic claim appeals can be done by attaching the required documentation to the claim on the CIM portal. Once the documentation has been uploaded, email <ul style="list-style-type: none"> Level I- email subject MUST be titled Level I and sent to UHAClaims@ayin.com Level II Appeal –email subject MUST be titled Level II and sent to UHAClaimAppeal@ayin.com or submission will be invalid and will not be reviewed. 	Mail all information to: AYIN Attn: UHA Claims Appeals P.O. Box 5308 Salem, OR 97304 ***Please allow approximately 3 weeks for mail to arrive and be scanned into the system, before reaching out to check status***		



Provider Request for Reconsideration and Claim Dispute Form Quick Tips

- Timely filing for appeals and reconsiderations is one (1) year from date of service
- If the appeal/reconsideration is approved, the claim will be reprocessed as such
- If a Level II appeal is denied, a denial letter will be mailed to the provider detailing why original decision was upheld and options for further appeal; These letters will also be uploaded to the claim and can be accessed in the CIM claims portal
 - Please see **OAR 410-120-1560** for additional information on provider appeal rights
- If attaching documents in CIM portal directly to the claim,
 - Level I- email subject **MUST** be titled Level I and sent to UHAClaims@ayin.com
 - Level II Appeal –email subject **MUST** be titled Level II and sent to UHAClaimAppeal@ayin.com or submission will be invalid and will not be reviewed.
- Please see the How To Upload Documents tutorial for directions on attaching appeal documents to the claim via CIM
- If **ALL** required documentation is not included with the appeal form, it will be considered and invalid submission and will not be reviewed.
- If you need to include any additional narrative, please do so in the form of a letter and include as documentation with this form
- To check status on appeal/reconsideration, providers should either
 - Contact the UHA claims support department Monday-Friday 8 a.m. – 5 p.m. at (541) 229-4842 option 3, option 1 then option 3
 - Send email to the UHA claims support department at UHAClaims@umpquahealth.com