

Reconsideration and Claim Dispute Form

PROVIDER CLAIMS — LEVEL I AND LEVEL II

Claim Information

Today's Date: _____ Date of Service: _____ Member ID: _____

Member Name: _____ Claim Number: _____

Billed Charges: _____ Provider NPI: _____

Provider Contact Name: _____ Provider Phone Number: _____

Select Type of Request*Missing information on an authorization denial is an appeal; no authorization obtained is a reconsideration.***Reconsideration for payment — supporting documentation must be attached.**

- Retro enrollment updates
- Overpayment errors
- Timely filing denials
- Denied for missing information/documentation
 - Itemized bills or chart notes
 - Primary EOB
 - Consent forms (missing, incomplete or corrected)

Level of Dispute — do not attach the original claim form☐ Level I — Request for reconsideration☐ Level II — Claim dispute**Claim Appeal — please check one, if known****Authorization Issue**

- ☐ Denied, no authorization
- ☐ Denied, inconsistent with authorization
- ☐ Denied, authorization units exceeded
- ☐ DME, HH, EPIV, limb prosthetics
- ☐ Requires additional information

Reason: _____

Payment Dispute

- ☐ Contract rate
- ☐ Duplicate
- ☐ Enrollment issues
- ☐ Not covered or excluded
- ☐ Sterilization consent
- ☐ COB, EOB or OIC

Other dispute type:☐ Timely filing dispute☐ Other: _____

What to Attach

- **Level I — Request for reconsideration.** Attach medical records or invoices for code audits, code edits or authorization denials.
- **Level II — Claim dispute.** Attach the EOB with the claim number to be adjudicated clearly circled, plus the response to your original reconsideration request or documentation supporting your appeal, including contract snips and OARs.

Where to Submit

Corrected claims: do not use this form.

Electronic claim appeals

Attach the required documentation to the claim in the CIM portal, then send an email as follows.

- **Level I:** the email subject must be titled Level I and sent to UHAClaims@ayin.com.
- **Level II:** the email subject must be titled Level II and sent to UHAClaimAppeal@ayin.com. Otherwise the submission is invalid and will not be reviewed.

Mail: AYIN, Attn: UHA Claims Appeals, P.O. Box 5308, Salem, OR 97304

Please allow approximately three weeks for mailed correspondence to be received and scanned into our system. Once received, the review process may take up to 60 days. We kindly ask that you allow at least 60 days before contacting us to check the status.

Quick Tips

- Timely filing for appeals and reconsiderations is one year from the date of service.
- If the appeal or 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 the original decision was upheld and what options exist for further appeal. These letters are also uploaded to the claim and can be accessed in the CIM claims portal. See OAR 410-120-1560 for more on provider appeal rights.
- See the How to Upload Documents tutorial for attaching appeal documents through CIM.
- If all required documentation is not included with the appeal form, it will be considered an invalid submission and will not be reviewed.
- Include any additional narrative as a letter, attached to this form as documentation.
- To check status once 60 days have passed, call 541-229-4842 Monday through Friday, 8 a.m. to 5 p.m. You can also email UHAClaims@umpquahealth.com.