

Post-service appeals inquiry submission

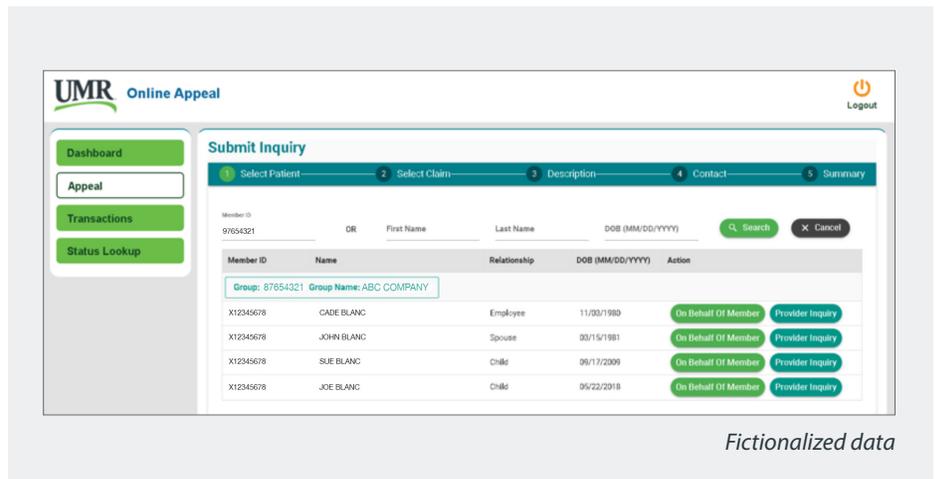
FAQs:

Please note: At any time you find that you are not able to proceed through the steps of the portal, you should see a message (usually in orange or red lettering) indicating the reason. Please review the page for these messages to help guide you.

Why can't I send in an inquiry or appeal for a terminated member?

Currently the portal is not equipped to read and compare termination dates to claim dates of service.

This is being reviewed as an enhancement, but in the meantime, you will need to mail the request for review if you receive a message that the patient is inactive.



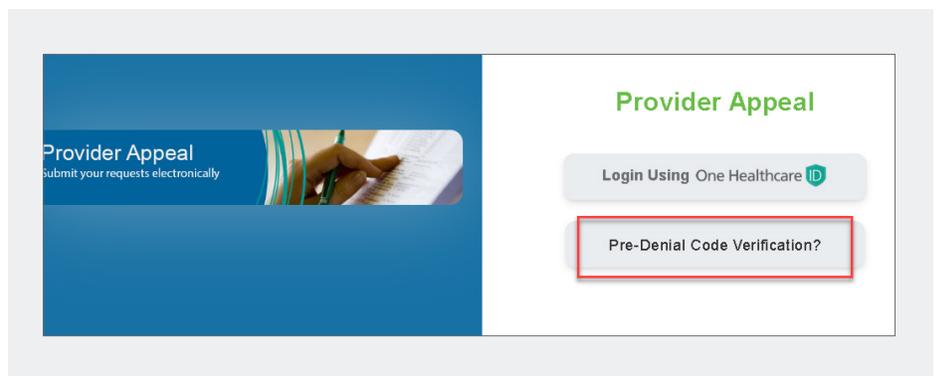
The screenshot shows the UMR Online Appeal portal. The 'Submit Inquiry' section is active, showing a search bar for Member ID (97654321) and a table of members. The table has columns for Member ID, Name, Relationship, DOB (MM/DD/YYYY), and Action. The Action column contains 'On Behalf Of Member' and 'Provider Inquiry' buttons. A red box highlights the 'Pre-Denial Code Verification' button on the right side of the screen.

Member ID	Name	Relationship	DOB (MM/DD/YYYY)	Action
Group: 87654321 Group Name: ABC COMPANY				
X12345678	CADE BLANC	Employee	11/03/1980	On Behalf Of Member Provider Inquiry
X12345678	JOHN BLANC	Spouse	03/15/1981	On Behalf Of Member Provider Inquiry
X12345678	SUE BLANC	Child	09/17/2009	On Behalf Of Member Provider Inquiry
X12345678	JOE BLANC	Child	06/22/2018	On Behalf Of Member Provider Inquiry

Fictionalized data

What if the claim screen is not allowing me to select a checkbox for a code to be reviewed?

To save time before signing in to the portal, we suggest using the the **Pre-Denial Code Verification** tab on the Portal Login page to verify if your code is appealable.



The screenshot shows the UMR Online Appeal portal. The 'Provider Appeal' section is active, showing a 'Pre-Denial Code Verification' button highlighted in red.

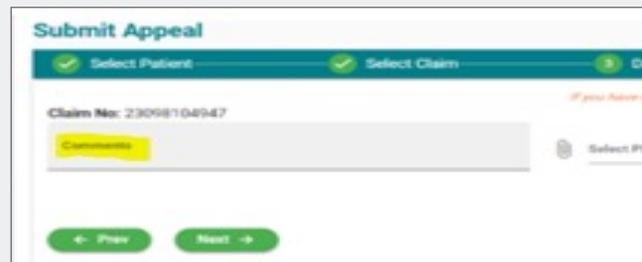
Not all codes on a claim are eligible for appeal review. To avoid sending an ineligible request to the appeals department, the system will not allow the option to select the code and will provide a message on what to do. To see the message, hover over the red exclamation point.

Please note, if you select another code to get past this and ask us to review the code that is not reviewable by our department, we will not review the request.

A code considered ineligible by the appeals dept cannot be submitted to us. That's why the portal will not allow you to select that particular code. Please do not attempt to select a different code and explain in the comments that you would like the ineligible code reviewed. If the code is not eligible for our department, we cannot review the request. It must be submitted to the department indicated when hovering over the exclamation point.

Why am I unable to attach documents or move to the next page after entering my comments?

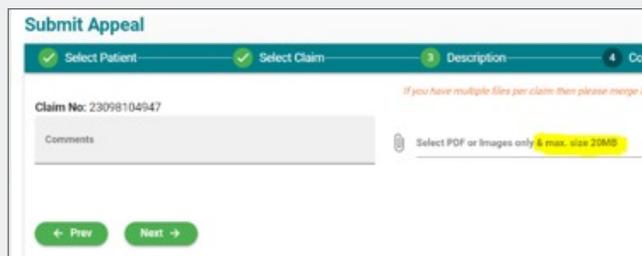
The comments section is required and needs a minimum of 100 characters. Until the minimum is met, the field area will be red. Once met, it will turn blue and then you can proceed to either attach documents or select **Next**.



The screenshot shows the 'Submit Appeal' form with a progress bar at the top. The first two steps, 'Select Patient' and 'Select Claim', are completed with green checkmarks. The third step, 'Description', is active and highlighted in green. Below the progress bar, the 'Claim No: 23098104947' is displayed. The 'Comments' field is highlighted in red, indicating it is required and the minimum character count has not been met. A 'Select PDF' button is visible to the right of the comments field. At the bottom, there are 'Prey' and 'Next' buttons.

Why can't I attach my documentation?

Documents must be in PDF or image format and cannot exceed 20 MB. If the file is larger than 20 MB, please edit the file so that it is separated into smaller file sizes. In this case, you will have to submit your review once for each attachment. There are two ways to do so.



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Method 1

Submitting via the Transactions page

1. In this case, you'll have to submit your review with the largest attachment first. Upon submission, you will receive a case number (within 24 to 48 hours) on your transactions tab.
2. Once you have received your case number, you can utilize the **Submit Additional Documentation** option on the **Transactions** page to submit subsequent files, but only one file per submission.
3. In the event you are having to submit more than two files, you will have to repeat step #2 for each file you are submitting.

Important: You can only attach one document per submission. If you have multiple files, they must be combined into one file prior to attaching, up to the 20 MB size limit.

Method 2

Submitting via the Appeal option

1. Enter claim criteria.
2. Select the eligible codes for review. The system will prompt this screen, providing the previous case number and the option to submit your additional medical records.
3. Attach the documents (up to 20 MB – please review the information above about the size limitations).
4. Select **Submit**. Documents will be forwarded to our department.

I have previously sent in reviews via mail or fax. Why can't I see the status of them on the portal?

The portal can only provide status updates on things submitted through the portal. If you sent something previously via fax or mail, and the case is still open, you can submit additional medical records through the portal for them, but you cannot check status as it did not originate in the portal. You will need to contact Customer Service to obtain a status for these.

If I have additional questions on a portal submission status (open or closed), what can I do?

Each portal submission will generate a transaction ID. Once the transaction ID has a case number added, you can see a status. To obtain additional information you can call Customer Service and give them the case number. They have the ability to look up the case number and see if there are additional notes or letters on file to share.

I need to send additional documentation for a review. What are my options?

Sending additional medical records can be done in the portal for any case that is still in an "open" status regardless of how it was initially sent to the Appeals Department.

Enter the claim as if you are trying to initiate a new request, and the message will pop up that there is an open case. You will get a pop-up option to attach additional medical records.

Claim Number	Paid Date	Provider Name	Total Billed	Total Patient Resp.	Total Paid
2345678910	09/29/2023	SMITH, SAMUEL MD	\$324.57	\$0	\$0

CPT Code	INEL Code	Rev Code	Start DOS	End DOS	Billed	Patient Resp.	Paid
G8420	125 000 000		05/22/2023	05/22/2023	\$0.01	\$0	\$0

Fictionalized data

When sending additional documentation, do I need to attach a Post-Service Appeals form?

No, the portal will provide us all the details of the claim/s you would like reviewed. Please just attach the medical records.

If I submit additional documentation, will I receive a letter response in the portal?

Currently all correspondence is sent via mail to the address entered on the address confirmation page in the portal. Please be sure this address is where you would like the correspondence to be sent. We are hoping as a future enhancement to add the letters to the portal.