Multnomah Other
CIM Quick Guide

CIM is the online database used by Multnomah Other's Third Party Administrator, PH Tech. CIM is used to track member eligibility, authorizations, and adjudicated claims. Providers will use CIM to view if a member is currently enrolled in Multnomah Other, submit and manage service authorizations, and to view claims that have been submitted to PH Tech. Claims are not submitted via CIM, claims are only visible in CIM once accepted by PH Tech and is in process or has been adjudicated.
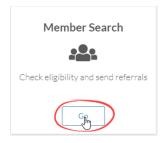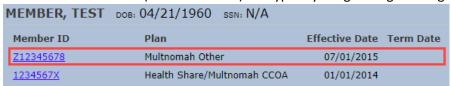
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Eligibility

Check Member Eligibility

New members are enrolled into Multnomah Other at the request of contracted providers. Refer to the Eligibility and Enrollment documentation on the AD Provider website (https://www.multco.us/behavioral-health/addiction-provider-resources) for eligibility criteria, documentation requirements, and instructions on enrolling new members.

To determine if a member has been enrolled in Multnomah Other and has an active eligibility line, click on the Member Search link on the CIM dashboard:

In the Member Search page that opens, search for the member; search criteria are listed on the Member Search screen. Any carriers the member is enrolled with will appear in the results – as well as the effective and term dates of their eligibility. Each carrier and coverage episode will have its own eligibility line. Please note that the Member ID/Policy Number will be different for each carrier. Multnomah Other Member IDs (AKA Z numbers) are typically 9 digits long and begin with a 'Z'.

If there is no Term Date on the Multnomah Other eligibility line, the member does not need to be re-enrolled in Multnomah Other. The provider must still ensure that the member meets all eligibility criteria.

If there are no eligibility lines for Multnomah Other or if all of them have a Term Date, the provider should enroll the member (refer to the Eligibility and Enrollment policy on the AD Provider website for instructions.)

If the member has more than one record in CIM or multiple Member IDs/Z numbers, contact Billing Support (billing.multother@multco.us) to request a merge of the client record.

Correct/Update Member Eligibility and Information

Contact Billing Support (billing.multother@multco.us) for any eligibility or demographic data updates/corrections (e.g. eligibility effective date incorrect, address changes, etc.)
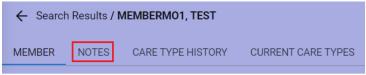
Send/View Messages through the Member Page

To contact Billing Support through the member page in the Member Search section, click on the email link:

DO NOT sent any information regarding specific authorizations, services, claims or any SUD related information using this link on the member page. Emails sent through this link do not have the same security and privacy settings as messages sent using the authorization or claim email links. Messages sent through the member page are visible to other providers with access to this client. Limit messages sent from this page to administrative requests – such as address updates or eligibility date corrections.

To view notes sent from the member page, click the 'Notes' link at the top of the page:

Authorizations

Enter an Authorization

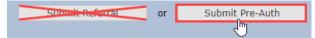1. Access the member record. Search for the client in the Member Search page:

2. Click the Member ID for the Multnomah Other eligibility line that does not have a Term Date – this will access the member's record:

3. Click the 'Submit Pre-Auth' button at the bottom of the page – DO NOT click 'Submit Referral'

Selecting the wrong type may result in services that are un-authorized, which may result in claim denials. Make sure to select Pre-Auth when entering an authorization in CIM.

4. Complete the Submit Authorization page. The Authorization should be filled from the top down; answer choices farther down on the form are dependent on answers to fields above them – not answering fields may case answer choices to not display in fields below.
   - Type: 'Pre-Authorization' should prefill
   - Dates:
     i. Start: prefills with today's date – remember to change if the member received services prior to the data entry date. The authorization must be entered within the timely entry guidelines, refer to the provider manual on the [AD Provider website](https://www.multco.us/behavioral-health/addiction-provider-resources) (https://www.multco.us/behavioral-health/addiction-provider-resources)

ii. End: select the duration of the authorization.

Authorizations have a maximum term depending on the authorization type:
- 60 days: Outpatient and SUD Residential
- 7 days: Withdrawal Management, Levels of Care 3.7 and 3.2
- 14 days: Withdrawal Management, Ambulatory

- Referring Provider: The agency or clinician referring/requesting services
- Delivering Provider: Agency Name and NPI providing services – do not select an individual provider's name
- Authorization Type: E.g. Outpatient, Residential, Withdrawal Management
- Diagnosis Code Group: Select Addictions

- Services: Click 'Add' button on the right hand side:

A list of available procedure code groups for the authorization type will slide out:

Check **ONE** procedure code group and then click 'Save'. Checking more than one may result in the authorization not approving or related claims not approving.

- Additional Information – Attached Documents: some authorizations require additional documentation be attached to the authorization in CIM. Upload those documents here.

Authorizations requiring additional documentation include, but are not limited to:
i. Any treatment authorizations valid after the initial 60 day eligibility period should have the *Recertification for Indigent Services Funding Form* attached to the authorization in CIM, see the AD Provider website: https://www.multco.us/behavioral-health/addiction-provider-resources
ii. Any withdrawal management (WM) authorizations should have attachments. Refer to the Withdrawal Management treatment authorization guidelines on the AD Provider website
iii. Any SUD Residential Treatment authorizations should have attachments. Refer to the SUD Residential treatment authorization guidelines on the AD Provider website.

- Submit the authorization:

Please note that most authorizations entered by providers will auto-approve. If the status of an authorization is not 'Auto-Approved', providers may contact Billing Support (billing.multother@multco.us) for assistance using the email link found on the authorization page. DO NOT enter another authorization if an authorization did not auto-approve – contact Billing Support for assistance or to have the authorization corrected.

View Existing Member Authorizations

To view service authorizations already entered for members, click the Referral Manager link on the dashboard:

Search by the member name, Member ID, authorization or reference number. The search dates will default to today's date. If searching by name or Member ID and the default date range is used, the search results will only display the member's currently active authorizations. Remember to change the date range of the search if reviewing the member's entire authorization history.

Authorization Status

Each authorization will have a status. Claims must be linked to an authorization in an approved status covering the date of service to be paid – if the authorization is not approved, the claim not approve.

The status of approved authorizations are listed in green font:

Non-approved statuses with a completed determination (e.g. denied, cancel, etc.) are listed in red font:

Pending statuses without a completed determination (e.g. received, pend, etc.) are listed in blue font:

Most Multnomah Other authorization have a status of one of the following:

- Auto-Approved: Authorization was automatically approved by the system
- Approved: Authorization was reviewed by plan staff and manually approved
- Cancel: Authorization was cancelled by plan staff – typically at the provider's request, if a duplicate with an existing authorization, or if the member became ineligible.
- Denied - Age-Mismatch: Typically either a youth was enrolled in an adult authorization type or a youth was enrolled in an adult authorization type. Contact Billing Support

(billing.multother@multco.us). If the authorization type was entered incorrectly, request a correction; if the member is eligible, provide a brief explanation of why the member is eligible.

- Invalid Provider: Provider is not contracted with Multnomah Other to provide this specific service; Contact Billing Support (billing.multother@multco.us) to request a correction in authorization type. Providers may contact Multnomah Other/their Multnomah County assigned program staff about becoming a contracted provider if desire.
- Pend: The system was not able to automatically approve the authorization using current authorization rules. Typically this is due to the member having an existing authorization that conflicts with the authorization being entered. Contact Billing Support (billing.multother@multco.us) to investigate.
- Pend – Retro-Authorization: The authorization was entered after the timely entry deadline. Plan staff will adjust the start date to be within the timely entry deadline and reprocess the authorization; if there was an extenuating circumstance that prevented the auth from being entered within the timeline, contact Billing Support (billing.multother@multco.us).
- Received: Authorization requires prior authorization and/or utilization review by plan staff; Providers should ensure that any required forms/documents have been uploaded or submitted to utilization review staff. Plan staff will contact the provider if additional documentation is needed or with a determination – refer to the provider manual and the treatment authorization guideline for the service type on the [AD Provider website](https://www.mul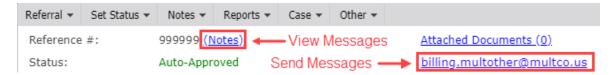tco.us/behavioral-health/addiction-provider-resources) (https://www.multco.us/behavioral-health/addiction-provider-resources) for additional information.

Correct/Modify an Authorization

Contact Billing Support (billing.multother@multco.us) if an authorization is incorrect and needs modification; please do not submit another authorization if the initial authorization is incorrect.

Send/View Messages through the Referral Manager

Providers may send secure messages regarding a specific authorization using CIM; these messages will only be accessible to CIM users who have access to the authorization (typically provider/agency and plan staff).

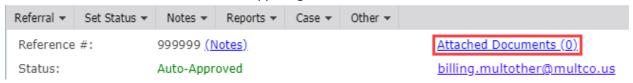To send a secure message click the email address listed at the top of the authorization.

To view any messages sent regarding this authorization, click the 'Notes' link next to the authorization reference number.
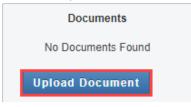
Upload Documents to Existing Authorizations

Some Multnomah Other authorizations require documentation be attached to the authorization in CIM. Documentation may be attached after the authorization was created. To upload documents :
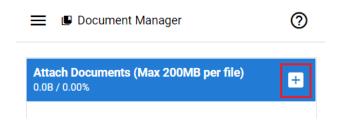
1. Click the Attached Documents link in the upper right hand corner:

Referral ▾	Set Status ▾	Notes ▾	Reports ▾	Case ▾	Other ▾	
Reference #:		999999 (Notes)				Attached Documents (0).
Status:		Auto-Approved				billing.multother@multco.us

2. Click the 'Upload Document' button in the upper left hand corner of the window that opens:

Documents

No Documents Found

Upload Document

3. Click the + button, select the file to upload in the window that opens to upload and then save:

☰ ▣ Document Manager   ⑦

Attach Documents (Max 200MB per file)
0.0B / 0.00%   ⊞

Referral Report

Access the Referral Report page through the left hand navigation bar under Referral & Authorizations:

◔ Referrals & Authorizations
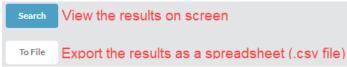   Referral Manager
    Referral Reports

Reports can be generated by client, provider/agency, authorization type, authorization status, etc. Note that when searching by authorization type all Multnomah Other authorizations start with 'Multnomah Other A and D' (e.g. Multnomah Other A and D Outpatient). If searching by authorization type, providers must select an authorization type that begins with 'Multnomah Other A and D'. Authorization types that do not begin with this phrase are used by other carriers and will not return any authorizations.

The search criteria defaults the date range of the report to today's date; that is the report will only display current authorizations unless the date range is changed:

Submitted From	06/12/2019	← Today's Date →	Submitted To	06/12/2019

Review the report on the screen by clicking 'Search'. Reports may be exported to a spreadsheet as a comma separated file (.csv) by clicking the 'To File' button.
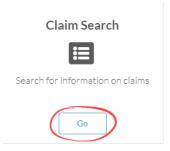
Search View the results on screen

To File Export the results as a spreadsheet (.csv file)

Claims

Once a claim has been accepted by PH Tech and is in process or has been adjudicated, the claim is visible and managed in CIM. Claims are not submitted via CIM.

View Member Claims

Claims are viewable through the Claim Search area of CIM. Claim Search is accessible from the dashboard:
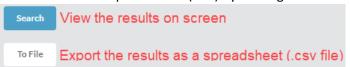

Use Claims Search to check the status and view information for claims in process or already adjudicated. Claims are searchable by a wide range of criteria: by name, Member ID, claim number, service date, claim status, etc.

The search criteria defaults the date range to today's date; the date range may need to be updated (this is not necessary when searching by a specific claim number).

View the claim search results on the screen by clicking 'Search'. Results may be exported to a spreadsheet as a comma separated file (.csv) by clicking the 'To File' button.

Each service line of a claim will have an associated Claim Adjustment Reason Code (CARC) that provides a brief explanation of the claim decision and is listed in the EOB column. Providers can refer to the Multnomah Other Common Denial Reasons (CARCs) document on the AD Provider website (https://www.multco.us/behavioral-health/addiction-provider-resources) for a list of common denial reasons and possible resolutions. Providers needing additional assistance with denied claims may send a message through the claim in CIM to billing.multother@multco.us. Providers who need approved claims voided or refunded may contact PH Tech directly at mult_oth.claims@phtech.com.

Send/View Messages through the Claim

Providers may send secure messages regarding a specific claim using CIM; these messages will only be accessible to CIM users who have access to the claim (typically provider/agency and plan staff).

To send a secure message click the email icon (✉) in the upper right hand corner of the claim. The email to: field will automatically pre-fill to directly contact PH Tech's claims department. Providers may contact PH Tech directly to request a claim be reprocessed or have an approved claim refunded/voided. For billing questions regarding the claim or to request an exception, replace the pre-filled address with billing.multother@multco.us:
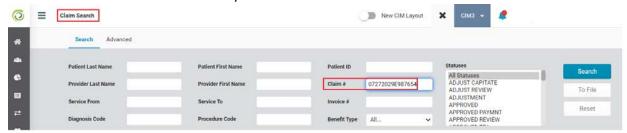
To view messages sent through the claim link, click the notepad icon on the left of the claim service line. Service lines with notes have a red dot on the notepad icon:

Upload Documents to an Existing Claim

Some Multnomah Other claims may require documentation like the Explanation of Benefits (EOB) to be attached to the claim in CIM. To upload documents:
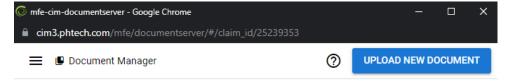
1. Go into the claim under Claim Search using the claim number. The client's ID or name and the Service From and Service To dates may be used instead.
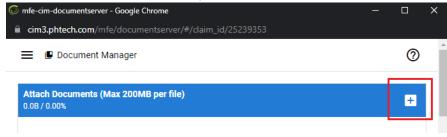

2. Once you bring up the needed claim, click on the blue Documents link

3. Click on UPLOAD NEW DOCUMENT

4. Click on the '+' button to attach your document and SAVE.

Voucher View

Voucher View is used to view vouchers in CIM. Access Voucher View through the left hand navigation bar under Claims & Payments:

Multnomah Other recommends reviewing vouchers on a regular basis for claim statuses and reviewing EOB Codes for any denied claims to determine the reason for the denial. Vouchers are searchable by check date or check number. All claims processed and fully adjudicated will be listed individually on the claim:

PH TECH

CLAIMS VOUCHER STATEMENT

Multnomah County - Multnomah Other

AGENCY NAME
209 SW 4TH AVE SUITE 520
PORTAND, OR 97204-1817

Run Date: 5/17/2019

Patient Name Procedure Code	Service Date	Units	Billed Charges	Allowed Amount	Write-off	Paid By Others	Add Pat	Deduct	Copay	Coins	Interest	EOB Code	Sequest. Withhold	Withhold	FFS Equiv	Net Pay
CLIENT, TEST	CLM # 05032019E0955			MEM # Z00000000 PAT # 192					PROVIDER, CONTRACTED							
H0005 HF	4/25/2019	1	$65.00	$40.00	$25.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	24, R01	$0.00	$0.00	$40.00	$0.00
Claim Totals:			$65.00	$40.00	$25.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$40.00	$0.00
PATIENT, ADULT	CLM # 05102019S1762			MEM # Z99999999 PAT # I33					CLINICIAN, TEST							
H0048	3/11/2019	1	$28.00	$12.00	$28.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	4	$0.00	$0.00	$0.00	$0.00
H0005 HF	3/13/2019	1	$49.58	$40.00	$9.58	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	24, R01	$0.00	$0.00	$40.00	$0.00
H0004 HF	3/13/2019	4	$112.36	$70.00	$42.36	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	24, R01	$0.00	$0.00	$70.00	$0.00
Claim Totals:			$189.94	$122.00	$79.94	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$110.00	$0.00

Typically approved claims have an EOB Code of 24. There is an Explanation of Benefits Summary at the bottom of each voucher that lists a description of each EOB Code (CARC) used in the voucher.

EOB -	EXPLANATION OF BENEFITS SUMMARY
24	Charges are covered under a capitation agreement/managed care plan.
4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
R01	Not for encounter data.

Please call PH Tech at 800-478-2818 with questions regarding this voucher, or fax requests along with a copy of the voucher in question to 503-566-9801.

Providers may refer to the Multnomah Other Common Denial Reasons (CARCs) document on the AD Provider website (https://www.multco.us/behavioral-health/addiction-provider-resources) for a list of common denial EOB Codes (CARCs) and possible resolutions.

PH Tech CIM Manual

This CIM Quick Guide is intended as a brief overview, with some Multnomah Other specific details. Please refer to the CIM manual provided by PH Tech for more detailed information or for topics not discussed in this document.

The PH Tech CIM Provider Manual is located in the Provider Services page:

Questions? Technical Assistance?

Contact us at billing.multother@multco.us