

## Provider Appeal/Dispute Procedure

### Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

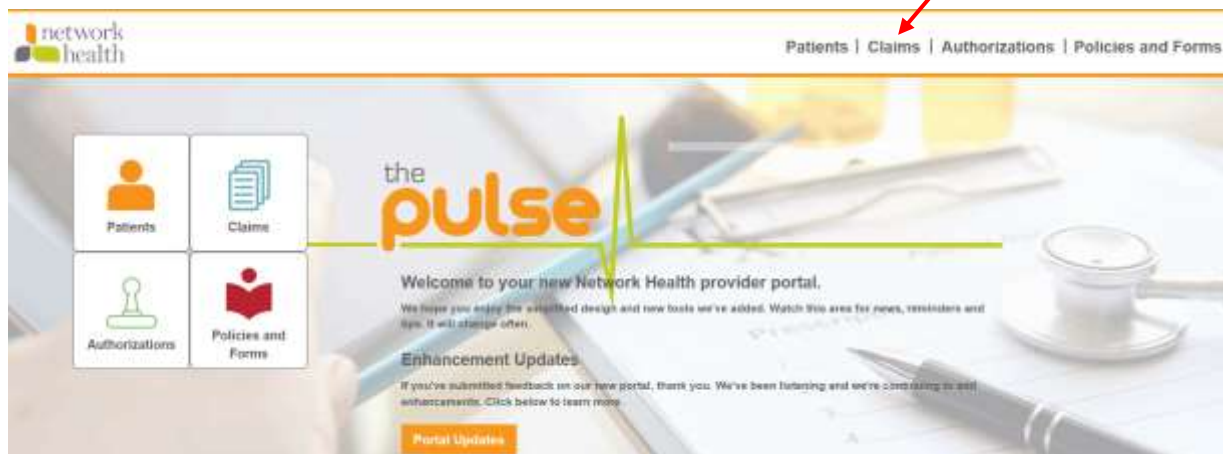
#### Abstract Purpose:

Outlined below is Network Health's procedure, for all lines of business, when submitting a provider appeal or a provider dispute.

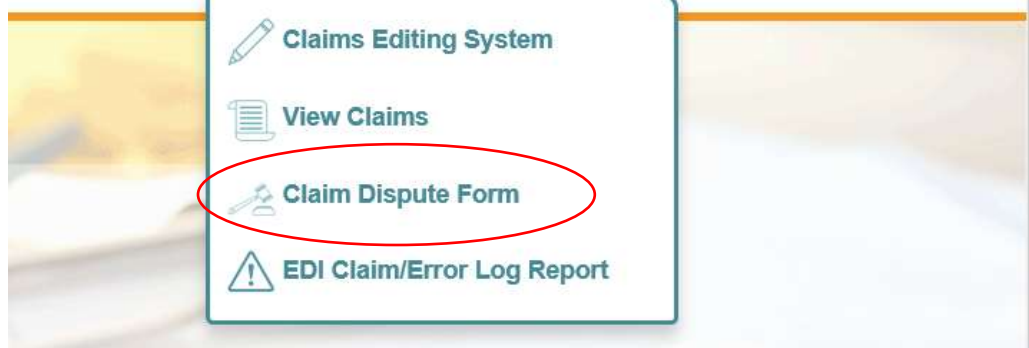
#### Procedure Detail:

All Provider's must be registered users on Network Health's provider portal to submit a provider appeal or provider dispute.

- If the provider is not a registered user on the provider portal, they can go to Network Health.com/**Provider Resources** and click **Sign Up Now** under **Provider Portal Access**.
- Once the Provider has logged on to the provider portal, select the **Claims** icon at the top of the screen:



This icon will contain the link to the **Claim Dispute Form**; the provider will click on this link and will be directed to the new dispute application.



**Viewing Previous Disputes:**

The provider will have the option to review **Previous Disputes** from the main dispute page.

- If the provider wishes to view Previous Disputes, they will click on the **Previous Disputes** tab; any dispute they have submitted to date will populate
  - The dispute will indicate the following:
    - The date the dispute was submitted
    - Claim number
    - Dispute confirmation number
    - Dispute status
    - If there was a letter of determination attached to the dispute

**Provider Dispute**

Submit a Dispute **Previous Disputes**

Search for a claim by entering the claim ID below.

Search for Claims

Claim ID

Search

Result

Results will appear here.

**Selections**

You have not selected any claims to dispute.

[Proceed to Step 2 - Add Detail](#)

**Provider Dispute**

Submit a Dispute Previous Disputes

Date	Claims	Confirmation Number	Status	Letter of Determination
12/02/2019	[Redacted]	[Redacted]	Completed (Upheld)	Letter of Determination
11/18/2019	[Redacted]	[Redacted]	Received	N/A

## Submitting an appeal/dispute:

If the provider wishes to submit an appeal or dispute; they should be on the tab titled **Submit a Dispute**.

They will enter the claim number they are appealing/disputing in to the **Claim ID** field of the application and hit **Search** to begin the process.

**Provider Dispute**

**Submit a Dispute** Previous Disputes

Search for a claim by entering the claim ID below.

**Search for Claims**

Claim ID

Search

**Result**

Results will appear here.

**Selections**

You have not selected any claims to dispute.

Proceed to Step 2 - Add Detail

- The application will populate the claim ID, patient name, service date and billed charges in the **Result** section
- Once the provider confirms this is the correct claim, they will hit the **Select** button which will then show the claim as **Selected**
- The provider will click **Proceed to Step 2-Add Detail** to move to the next step in the application

**Provider Dispute**

**Submit a Dispute** Previous Disputes

Search for a claim by entering the claim ID below.

**Search for Claims**

Claim ID

Search

**Result**

Claim ID	Name	Service Date	Amount	
				Select

**Result**

Claim ID	Name	Service Date	Amount	
				Selected

**Selections**

You have not selected any claims to dispute.

Proceed to Step 2 - Add Detail

The provider will be taken to another screen where they are required to indicate if they are a **Participating/Non-Participating Provider**, and they are required to upload **documents** to support the appeal or dispute. When both have been completed, they click on **Submit Dispute**:

- This screen also clearly indicates the appeal and dispute time frames, the provider will have this information before they submit the dispute.

network health

Patients | Claims | Authorizations | Policies and Forms

### Add Provider Dispute Detail

You have selected 1 claim to dispute. Add detail and attach all relevant documentation below. You must attach at least one document to the dispute. Fields marked with an asterisk are required. Click Submit to send your request to Network Health.

Each file must be less than 10 MB. The following types are accepted: PDF, Word, jpg, gif, png.

All references listed below are from the original insurance service date, and all decisions are final.

Commercial claims: Participating and Non-Participating providers have 120 days to submit a dispute.  
Medicare claims: Participating providers have 120 days to submit a dispute. Non-Participating providers have 120 days to submit a dispute (partial claim denial) and only 60 days to file an appeal (only claim denial).

Are you a participating provider?  Yes  No

Claim #

Claim ID	Patient	Service Date	Billed Amount
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Explanation\*

Documents\*

Submit Dispute

When the dispute has been submitted, the provider will receive an email with their confirmation number, and hyperlinks to the Provider dispute page.

They can also visit the **Provider Dispute** page to review the status of the dispute or select either the **Portal Admin** or **Network Health** home pages for additional resources.



## Provider Dispute

Thank you. This dispute has been submitted to Network Health. Your confirmation number is:

NH02032020 [redacted]

Visit the Provider Dispute page and click the Previous Disputes tab to follow the progress of this request.

## Where To Go Next

- [Provider Dispute page](#)
- [Portal Admin home](#)
- [Network Health home](#)

**Related Policies:**

Provider Dispute Policy

**Approved July 1, 2020**

**Next review date July 1, 2021**