Network Health:
Provider Appeal/Dispute Process

Provider Appeal: The process of appealing an entire claim denial, when there is no payment made by Network Health.

Provider Dispute: The process of disputing a claim when there was partial payment made by Network Health. The provider is disputing the payment that was made, or the denial of other services billed on the claim.

After an adverse determination of coverage made by Network Health, following the denial of the claim, a Provider Appeal/Dispute can be filled as the next step.

The submission process is the same whether submitting a Provider Appeal (entire claim denial/no payment) or Provider Dispute (partial claim denial/partial payment).

Timeframes for submitting a Provider Appeal or Provider Dispute:

Please Note: All timeframes listed below are from the original remittance advice date and all decisions are final.

Participating Providers:

Commercial and Medicare Advantage Membership: Participating providers have one hundred and twenty (120) calendar days to submit a provider dispute, unless specifically noted in their contract. Participating providers do not have appeal rights, and all decisions are final.

Non-Participating Providers:

Commercial Membership:

If you are a non-participating provider and your claim was partially denied, you have one hundred and twenty (120) calendar days to submit a provider dispute.

Medicare:

Partially denied claim: If you are a non-participating provider and your claim was partially denied, you have one hundred and twenty (120) calendar days to submit a dispute.

Full claim denial: If you are a non-participating provider and your claim was a full claim denial, you have sixty (60) calendar days to submit an appeal. Appeal requests must include pertinent clinical information, if applicable, and a signed Waiver of Liability formally - agreeing to hold the member harmless regardless of the outcome, as required by the Centers for Medicare & Medicaid Services (CMS). If Network Health upholds the claims denial, your appeal will be forwarded to Maximus Federal Service.

Submitting a Provider Appeal or Provider Dispute:

Provider Appeals and Provider Disputes are filed in the same manor via the Network Health Plan Provider Portal.

- All providers must be registered users of 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 the Provider Portal, select the Claims icon at the top of the screen. This icon will contain the link to the Claim Dispute Form. Click on this link you will be directed to the new dispute application. From there, you will be given the option to submit a provider appeal or provider dispute by selecting the tab titled Submit a dispute. Follow the on-screen directions to complete.
- Once a dispute has been submitted, the provider will receive an email which will contain their confirmation number, and hyperlinks to the Provider Dispute page.