JOHNS HOPKINS
HEALTH PLANS

JOB AID: Provider Clinical Appeal Submission Web Form

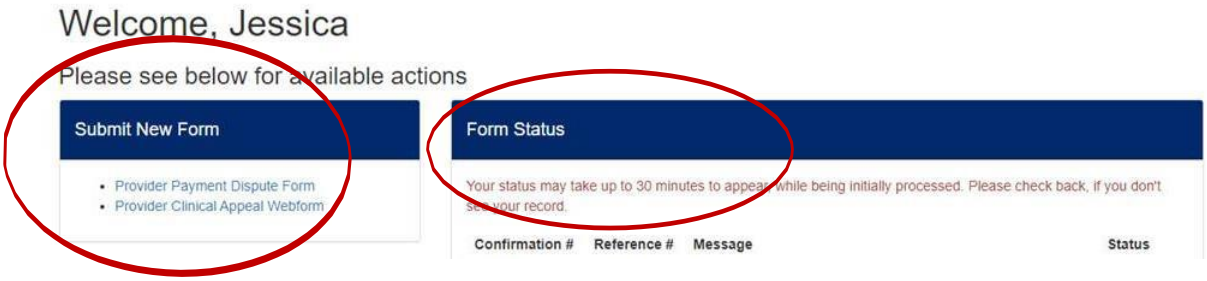
A. Please log on to the HealthLINK portal:

- HealthLINK portal for Johns Hopkins US Family Health Plan

B. Under the References menu, select Provider Clinical Appeal Submission Form Payment Dispute Form.

USFHP

C. The landing page will display available forms. The Submit New Form section contains the web forms available for use. The Provider Clinical Appeal Webform is the second on the list. As more forms become available to the provider community, they will be added here.



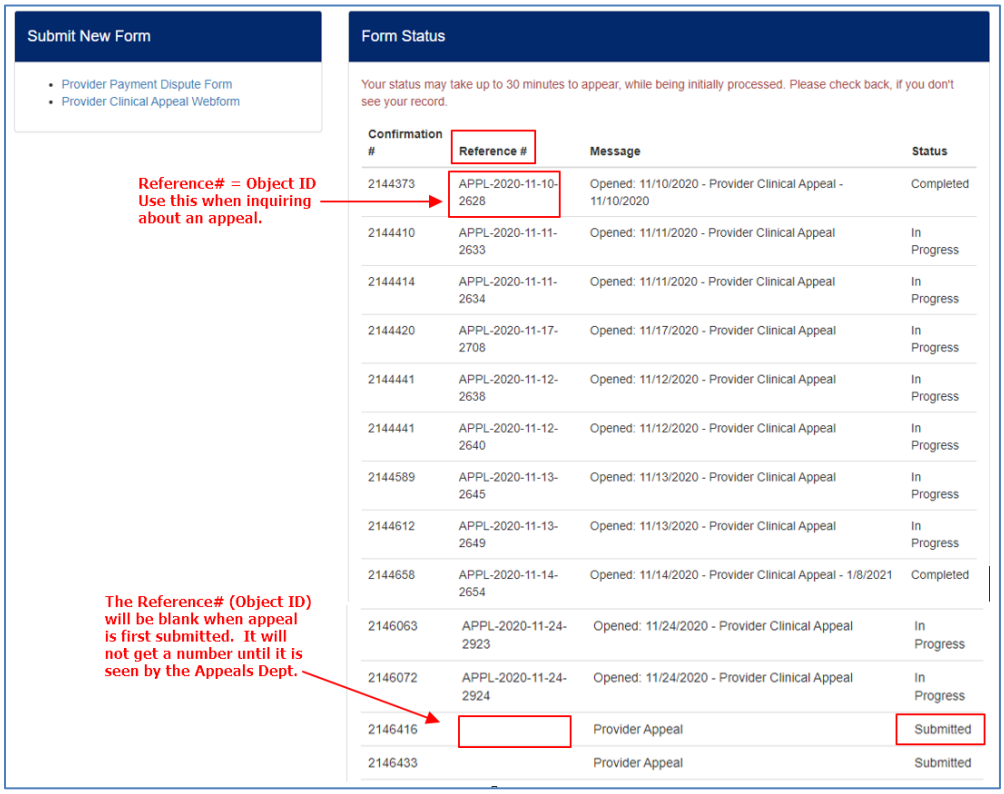
D. The Form Status section contains a list of submitted forms and the status of each. The data included here:

- **Confirmation #**: The confirmation for the submitted form.
- **Reference #**: The reference number for each individual clinical appeal included on the submitted form. If three clinical appeals are keyed into a single form, there would be a single confirmation number and three reference numbers.
- **Message**: A general message regarding the form submission.
- **Status**: The status of the clinical appeal submission (for each individual appeal). Three values will be shown:

a. Submitted: Indicates the form was submitted but processing of the form has not begun.

b. In Progress: Indicates the form is being processed.

c. Complete: Indicates the form has been processed to a final disposition.



Confirmation #	Reference #	Message	Status
2144373	APPL-2020-11-10-2628	Opened: 11/10/2020 - Provider Clinical Appeal - 11/10/2020	Completed
2144410	APPL-2020-11-11-2633	Opened: 11/11/2020 - Provider Clinical Appeal	In Progress
2144414	APPL-2020-11-11-2634	Opened: 11/11/2020 - Provider Clinical Appeal	In Progress
2144420	APPL-2020-11-17-2708	Opened: 11/17/2020 - Provider Clinical Appeal	In Progress
2144441	APPL-2020-11-12-2638	Opened: 11/12/2020 - Provider Clinical Appeal	In Progress
2144441	APPL-2020-11-12-2640	Opened: 11/12/2020 - Provider Clinical Appeal	In Progress
2144589	APPL-2020-11-13-2645	Opened: 11/13/2020 - Provider Clinical Appeal	In Progress
2144612	APPL-2020-11-13-2649	Opened: 11/13/2020 - Provider Clinical Appeal	In Progress
2144658	APPL-2020-11-14-2654	Opened: 11/14/2020 - Provider Clinical Appeal - 1/8/2021	Completed
2146063	APPL-2020-11-24-2923	Opened: 11/24/2020 - Provider Clinical Appeal	In Progress
2146072	APPL-2020-11-24-2924	Opened: 11/24/2020 - Provider Clinical Appeal	In Progress
2146416		Provider Appeal	Submitted
2146433		Provider Appeal	Submitted

E. Selecting the Provider Clinical Appeal Submission Form link brings the user to the web form. Each part of the form is explained in the next sections.

F. The table below contains the fields and descriptions found in the Requestor Information and Provider Information sections of the Provider Clinical Appeal web form.

Form Field	Description
1. Requestor Information	
Requestor	Optional (who is completing the form)
Phone	Optional (phone number in the event the submitter needs to be contacted)
2. Provider Information	
Note: Provider Details are editable but changes made on this form will not update any details within JHHC systems of record.	
Provider Tax ID	Required
Provider NPI	Preferred. Form can be submitted without it.
Provider/Facility Name	Auto Populated based upon Tax ID/selected provider
Provider Address	Auto Populated based upon Tax ID/selected provider
Provider City	Auto Populated based upon Tax ID/selected provider
Provider State	Auto Populated based upon Tax ID/selected provider
Provider Zip	Auto Populated based upon Tax ID/selected provider
Provider Telephone	Auto Populated based upon Tax ID/selected provider
Provider Fax	Required for Web Form submitted Appeal Auto Populated based upon Tax ID/selected provider

1. Requestor Information
   a. [Optionally] enter a name to be used for any needed contact into Requestor.
   b. [Optionally] enter the requestor's telephone (recommended if name is entered).
2. Provider Information
   a. Key the appropriate Provider Tax ID **and** Provider NPI.
      If the Provider Group Tax ID is associated with multiple Provider Groups, a list will be provided to select the appropriate Group ID to which this dispute is associated.
   b. Provider demographics will be auto populated based upon validation of the Provider Group Tax ID.
   c. If Provider Group Tax ID is not found (cannot be validated); the field will be highlighted.

G. Appeal Information portion of the form

If Reason for Appeal selected = Pre-Service or Pharmacy:

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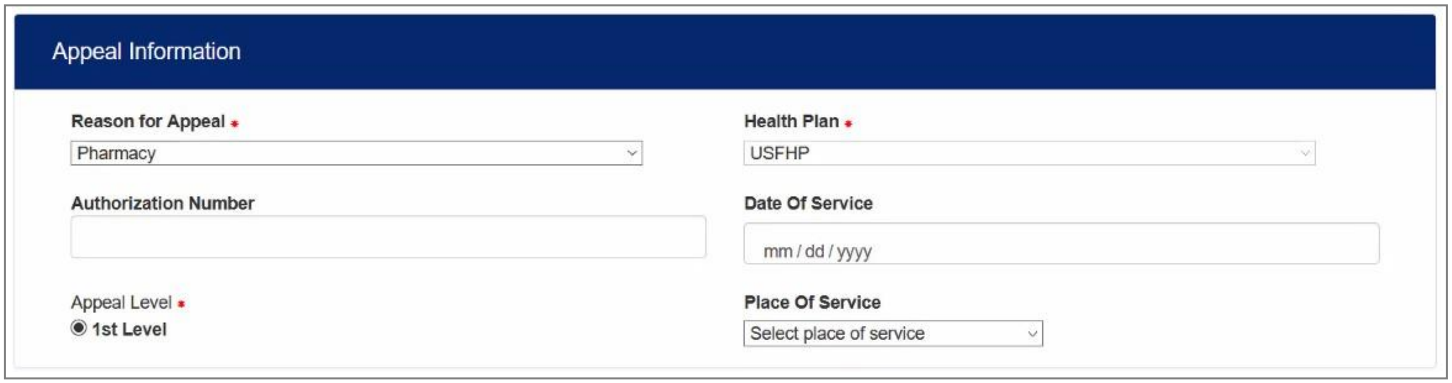
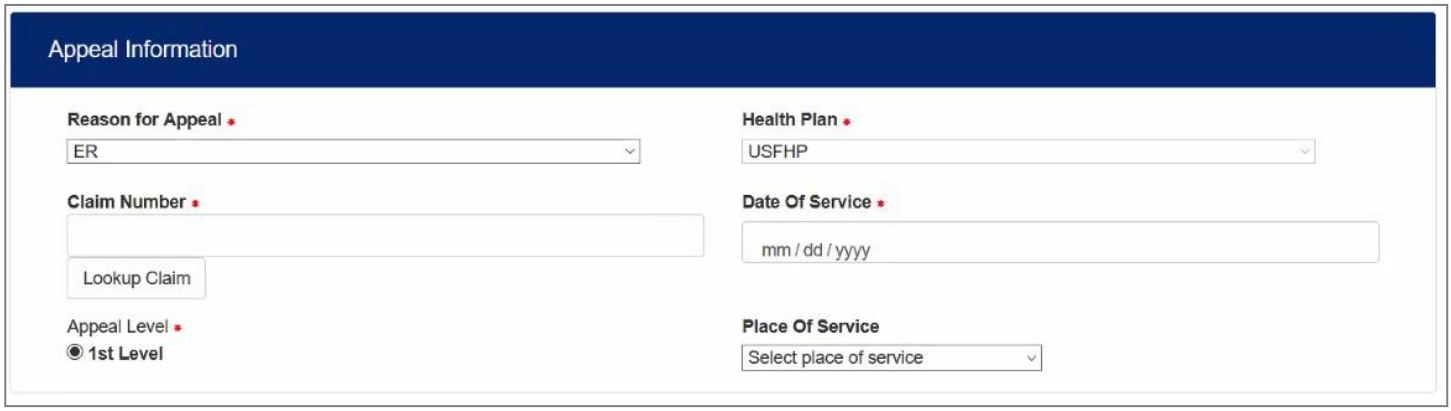


If Reason for Appeal selected is NOT Pre-Service or Pharmacy:



H. The table below contains the fields and descriptions found in the Appeals Information section of form. Examples follow.

Form Field	Description
3. Appeal Information	
Reason For Appeal	Required: Available options are - ER - Observation - Pre-Service - Pharmacy - Administrative Denial - Code Preview/Claim Check - Itemized Bill and Medical Records - Other/Attach Additional Information or Explanation - Clinical Review for Medical Necessity
Health Plan	Required: If user submitting through USFHP Portal – will auto-populate with USFHP If user submitting through Non-USFHP Portal – will auto populate (from Claim) if Claim Entered. If Authorization is entered; must be manually populated.
If Reason for Appeal selected is Pre-Service or Pharmacy – An Authorization Number is required. If Reason for Appeal selected is NOT Pre-Service or Pharmacy – A Claim Number is required. The form will render the fields as needed, (Claim or Authorization Number)	
Authorization Number	Required if Reason for Appeal is: “Pre-Service” or “Pharmacy”
Claim Number	Required if Reason for Appeal is NOT: “Pre-Service” or “Pharmacy”
Date Of Service	Auto Populated from the claim, if entered. Must be manually entered if Authorization # is entered but not required

3. Appeal Information

This section will contain the specific Claim or Authorization number being appealed.

a. Select the appropriate Reason for Appeal from the drop down.
   If “Pharmacy” or “Pre-Service” are selected, then an Authorization number is required and the form will provide a field for the Authorization number to be keyed.

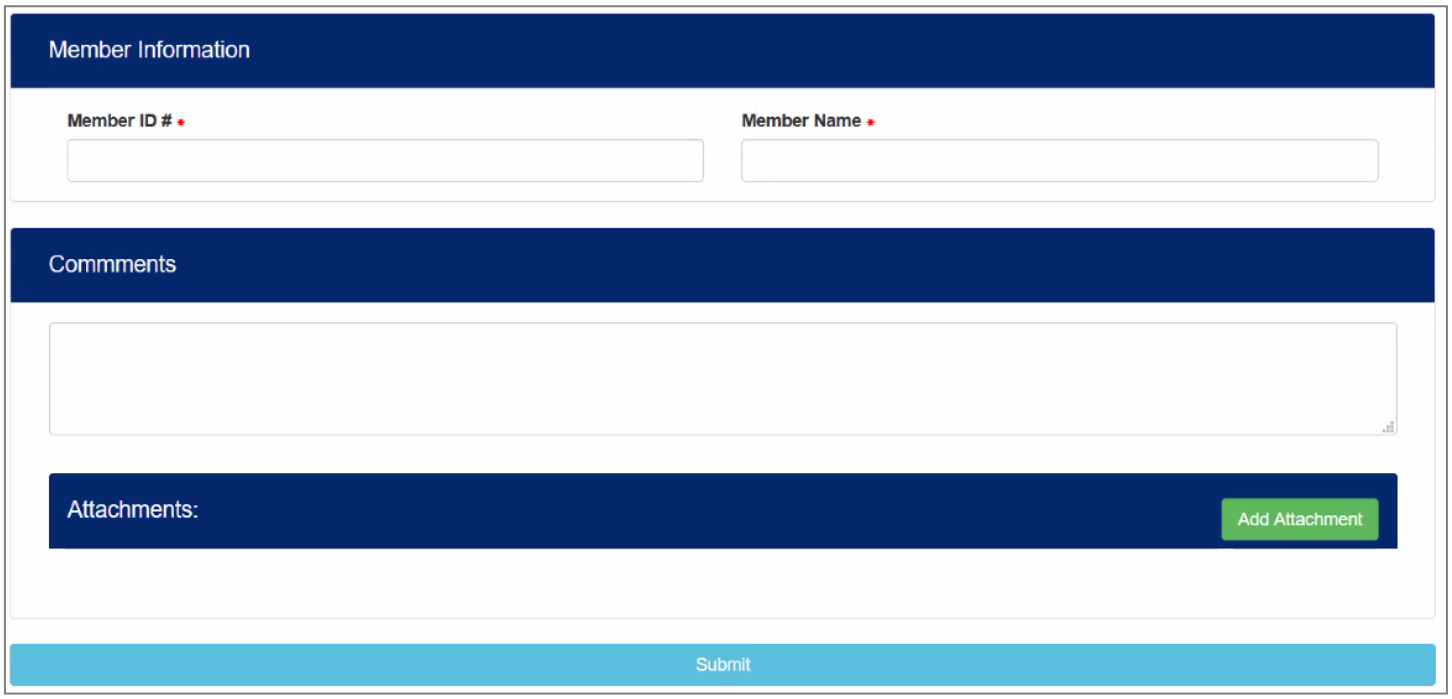
   Note: The Authorization number cannot be validated and, as such, additional data will need to be manually populated.

   If Reason for Appeal other than “Pharmacy” or “Pre-Service” is selected, a Claim Number is required.
   Note: Provider Information must be completed and validated before entering proceeding.

b. Key the claim number or Authorization Number as appropriate.
   If a Claim Number is being provided, select “Lookup Claim.”

   i. If Claim Number is not found (cannot be validated), the field is highlighted and no additional data will be returned/populated.
   ii. The claim will be validated to ensure it is associated with the Provider Group Tax ID provided in Provider Information. If the claim does not validate against the Provider Group Tax ID, the Claim Number field will be highlighted and no additional data will be returned/populated.
   iii. Upon Claim Validation, the Health Plan, Date of Service, Place of Service, Member ID; and Member Name will be auto populated from the claims data.

I. Below are the Member Information, Comments. And Attachments sections of the form.

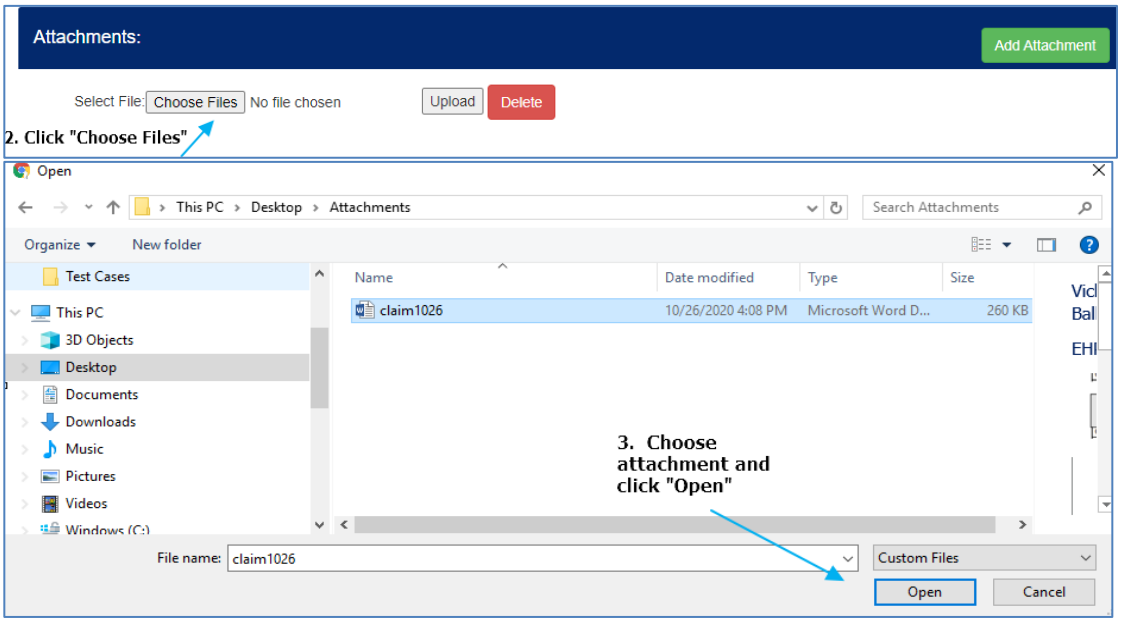


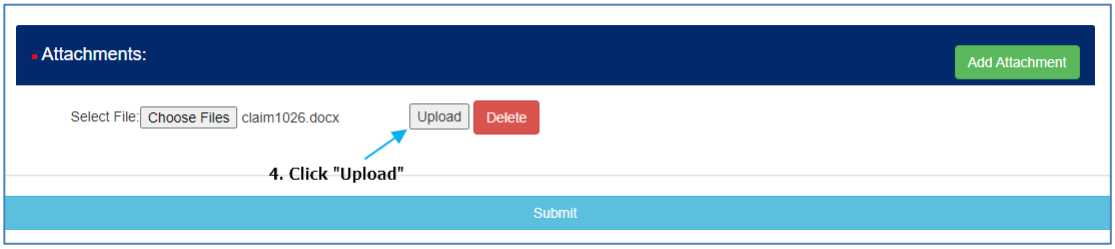
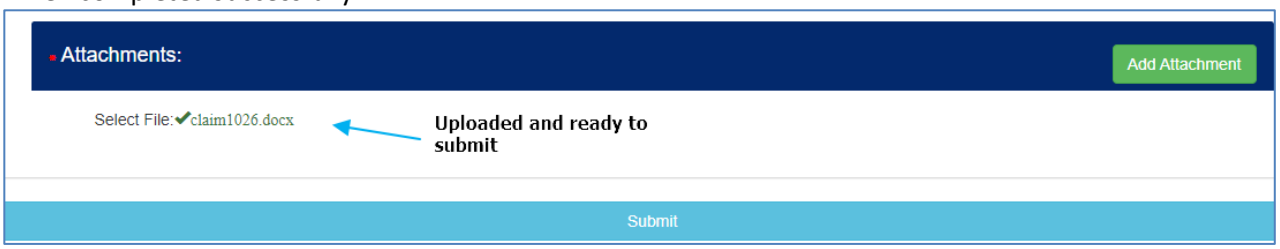
J. The table below contains the fields and descriptions found in the Member Information. Comments and Attachments section of form. Examples follow.

Form Field	Description
4. Member Information	
Member ID#	Required Auto populated if Appeal entered Must be manually entered if Authorization # entered
Member Name	Required Auto populated if Appeal entered Must be manually entered if Authorization # entered
5. Comments	
	Comments are required if reason for appeal is “Other - - -“
6. Attachments	
	Comments are required if reason for appeal is “Administrative Denial” “Itemized - - -“ “Other - - -“

4. Member Information
   a. The Member ID and Member Name are both required.
   b. If Claim Number is entered and validated, the Member ID and Member Name are auto-populated from the claim data.
   c. If an Authorization number is entered, the Member ID and Member Name must be manually populated but the submitter.

5. Comments
   Comments are a free-form text field and is required if either of the following Reasons for Appeal is selected:
   i. Itemized Bill and Medical Records
   ii. Other/Attach Additional Information or Explanation
6. Attachments
   a. Attachments are permitted with an Appeals submission and are required if any of the following Reasons for Appeal is selected
      i. Itemized Bill and Medical Records
      ii. Other/Attach Additional Information or Explanation
   b. Attachments are limited to the following files types:
      i. PDF .pdf
      ii. Word document .doc or .docx
      iii. Excel document .xls or .xlsx
      iv. Text file .txt





When completed successfully: