



JOB AID: Provider Payment Dispute Web Form in HealthLINK

A. Please log on to the HealthLINK portal:

- [HealthLINK portal for EHP/Priority Partners/Advantage MD.](#)
- [HealthLINK portal for USFHP.](#)

B. Once the provider or designated authorized agent has logged on the appropriate HealthLINK portal, they will navigate to the References menu to select Provider Payment Dispute Form.

Priority Partners and EHP Provider Portal

The screenshot displays the Johns Hopkins HealthLINK portal interface. At the top, there is a navigation bar with the following elements: the Johns Hopkins Medicine logo, links for HOME, CONTACT, MESSAGES (0), and a user profile for DAVID JOHNSON with a dropdown arrow, and a LOG OUT button. Below the navigation bar, there are three main menu categories: Patient Management, Office Management, and Administration. A fourth category, References, is shown as a dropdown menu on the right side of the screen. The References dropdown menu contains the following items: Provider Payment Dispute Form, Comprehensive Visit Form, Health Library Knowledgebase, EHP Customer Service, PP Customer Service, Advantage MD Customer Service, Provider Update Form, Advantage MD Provider Resources, and Healthcare Performance Measures. A red arrow points from the References dropdown menu to the Provider Payment Dispute Form option. The main content area of the portal is divided into several sections: TOOLKIT (with links for Search Providers, Check Eligibility, View Referrals & Authorizations, and Manage Claims), MEMBER ELIGIBILITY (with a search form for member eligibility), SEARCH (with a search form), and REFERRALS & AUTHORIZATIONS (with a search button).

- C. Upon selecting the Provider Payment Dispute Form option, you can view available web forms. The Submit New Form section displays the available web forms. The Provider Payment Dispute Payment Form is at the top of the list. As forms become available to the provider community, they will be added in this area. Click on the Provider Payment Dispute Form link.

Confirmation #	Reference #	Message	Status
2139431	5396267	Opened: 7/15/2020 - Provider Payment Dispute	Completed
2139322	5396194	Opened: 7/14/2020 - Provider Payment Dispute	Completed
2139431	5396266	Opened: 7/15/2020 - Provider Payment Dispute	Completed
2139503	5396954	Opened: 7/17/2020 - Provider Payment Dispute	Submitted
2139335	5396203	Opened: 7/14/2020 - Provider Payment Dispute	Submitted
2139436	5396268	Opened: 7/15/2020 - Provider Payment Dispute	Submitted
2139335	5396202	Opened: 7/14/2020 - Provider Payment Dispute	InProgress
2139436	5396269	Opened: 7/15/2020 - Provider Payment Dispute	Submitted

The Form Status column 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 claim included on the submitted form. If three claims are entered into a single form, there will be a single Confirmation Number and three reference numbers.
- **Message:** A general message regarding the form submission.
- **Status:** The status of the payment dispute (for each individual claim). 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

D. Provider Payment Dispute Form

The screenshot shows the 'Provider Payment Dispute Form' interface. It is divided into several sections:

- Requestor Information:** Includes fields for 'Requestor' and 'Requestor Phone'.
- Provider Information:** Includes fields for 'Provider NPI *', 'Provider Group Tax ID *', 'Group ID', and 'Provider Name *'.
- Claims Dispute Information:** This section contains a table for claim details. It has a yellow 'Add' button in the top right corner. The table has columns for 'Claim Number *', 'Date of Service', 'Member ID #', 'Member Name', 'Total Billed Amount', and 'Health Plan'. There is a 'Lookup Claim' button next to the Claim Number field. Below the table is a 'Claim Dispute Reason' dropdown menu and a 'Remove' button. A 'Comments' text area is also present.
- Summary:** Shows 'Total Number of Claims' (with a value of 1) and 'Total Billed Amount' (with a value of 0.00).
- Related Attachments for Claim Dispute:** Shows a file named 'PF - Dispute Attachment' with a yellow 'Attach Dispute Attachment' button.
- Footer:** Contains an 'Important Note' about file size and type, and a yellow 'Validate Form' button.

Red annotations in the image highlight the 'Add' button, the 'Attach Dispute Attachment' button, and the 'Validate Form' button.

The table below contains the fields and descriptions found on the Provider Payment Dispute Form. Please complete all fields in the form.

Form Field	Description
1. Requestor Information	
Requestor	Contact name for person completing the form
Phone	Telephone number for contact name
2. Provider Information	
Provider NPI	Required
Provider Group Tax ID	Required
Provider Name	Auto populated upon validation of NPI and Group Tax ID
3. Claims Dispute Information	
Claim Number	Required
Date of Service	Required (per claim number)
Member ID#	Auto populated upon Claim Number validation
Member Name	Auto populated upon Claim Number validation
Total Billed Amount	Auto populated upon Claim Number validation
Health Plan	Required (per claim number)
Claim Dispute Reason	Required (per claim number)
Comments	Conditionally Required for specific Dispute Reasons (see below)
4. Total Number of Claims	
	Calculated Field: Count of claims keyed.
5. Total Amount Billed	
	Calculated Field: Accumulated sum of all Total Billed Amount values from each claim keyed.

1. Requestor Information

- a. Enter a contact name
- b. Enter a contact number

2. Provider Information

- a. Type in the appropriate Provider NPI **and** Provider Group Tax ID.
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 Group ID and Name 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 and neither the Provider Group ID nor Name will be populated.

3. Claims Dispute Information.

This section will contain the specific claims detail being disputed.

- a. Enter the claim number being disputed and select Lookup Claim. To search a claim using the claim number, providers must add the date of service. The format is: **YYYYMMDDclaimnumber**. For example, if the date of service is 07/12/19 and the claim number is 123456789, the provider would enter **20190712123456789** in the "claim number" search box.

Note: Provider Information must be completed and validated before entering claims data.

- i. If Claim Number is not found (cannot be validated), the field is highlighted and no additional claims data will be returned/populated.

Note: If the same claim number is keyed in an additional line (duplicated); the look up will not return any data.

- 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 claims data will be returned/populated.

- iii. The Date of Service, Member ID; Member Name; Total Billed Amount; and Health Plan fields will be auto populated from the claims data IF the claim is valid and has been validated against the Provider Group Tax ID.
- iv. A dispute reason must be selected for every claim entered. The table below contains the list of available dispute reasons and whether an attachment or comment is required for submission.

Dispute Reason	Attachment Required	Comment Required
Authorization on File	N	Y
Benefit Level Issue	N	Y
Contract Rate/Single Case Agreement	N	Y
Duplicate Claim	Y	N
Eligibility Issues	N	Y
Fee Schedule	Y	N
Invoice Attached	Y	N
Itemized Bill Requested	Y	N
Other	N	Y
Other Insurance Company (OIC) issues	Y	N
Out of State Rates	Y	N
Over Payment	N	Y
Overtured Appeal	N	Y
Payment of Observation Hours	N	Y
Referral Attached	Y	N
Rejected-Retracton Dispute	N	Y
Rejected Untimely Filing	N	Y
Under Payment	N	Y
Wrong Provider	N	Y

4. Attachments permitted are limited to the following file types:

- a. PDF file .pdf
- b. Word document .doc or .docx
- c. Excel document .xls or .xlsx
- d. Text file .txt

5. Total Billed Amount

Auto calculated = Accumulated total of all billed amounts from all claims keyed on the form.

E. Once you have uploaded all the attachments requested to support the payment claim dispute, press the yellow Validate Form button at the bottom of the form. The Validate Form button will change to the yellow Submit Form button. Press the Submit Claim button.

- If more than one claim is being disputed, you can add additional sections for claim data as needed. Use the yellow Add button located on the far right-hand side of Section 3, Claims Dispute Information. The maximum number of claims that can be submitted on a single form is limited to 5.
- After you press the Submit Claim button, you will receive a submission Confirmation ID number for the disputed claim(s).