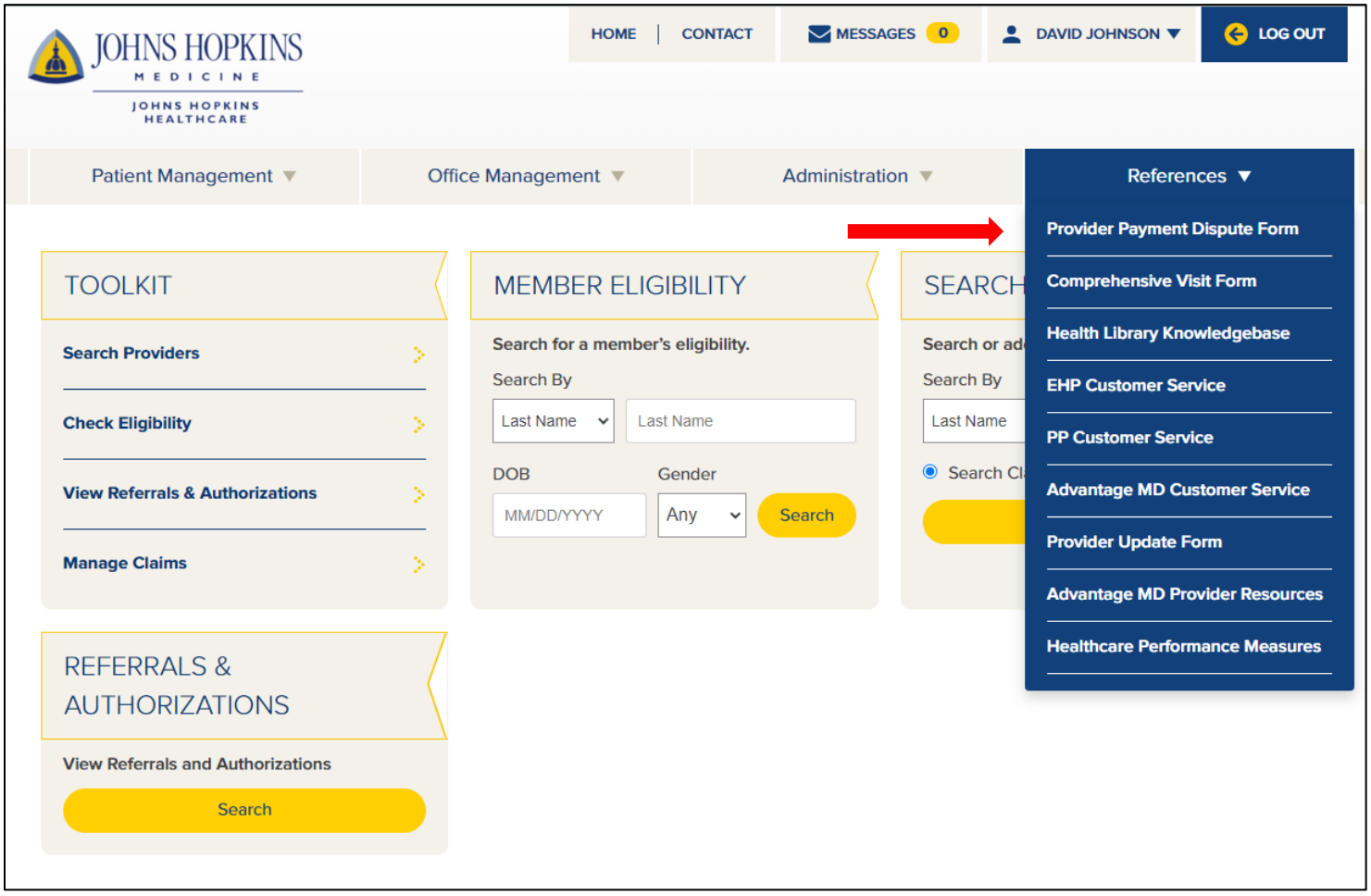
JOB AID: Provider Payment Dispute Web Form in HealthLINK

A. Please log on to the HealthLINK portal:

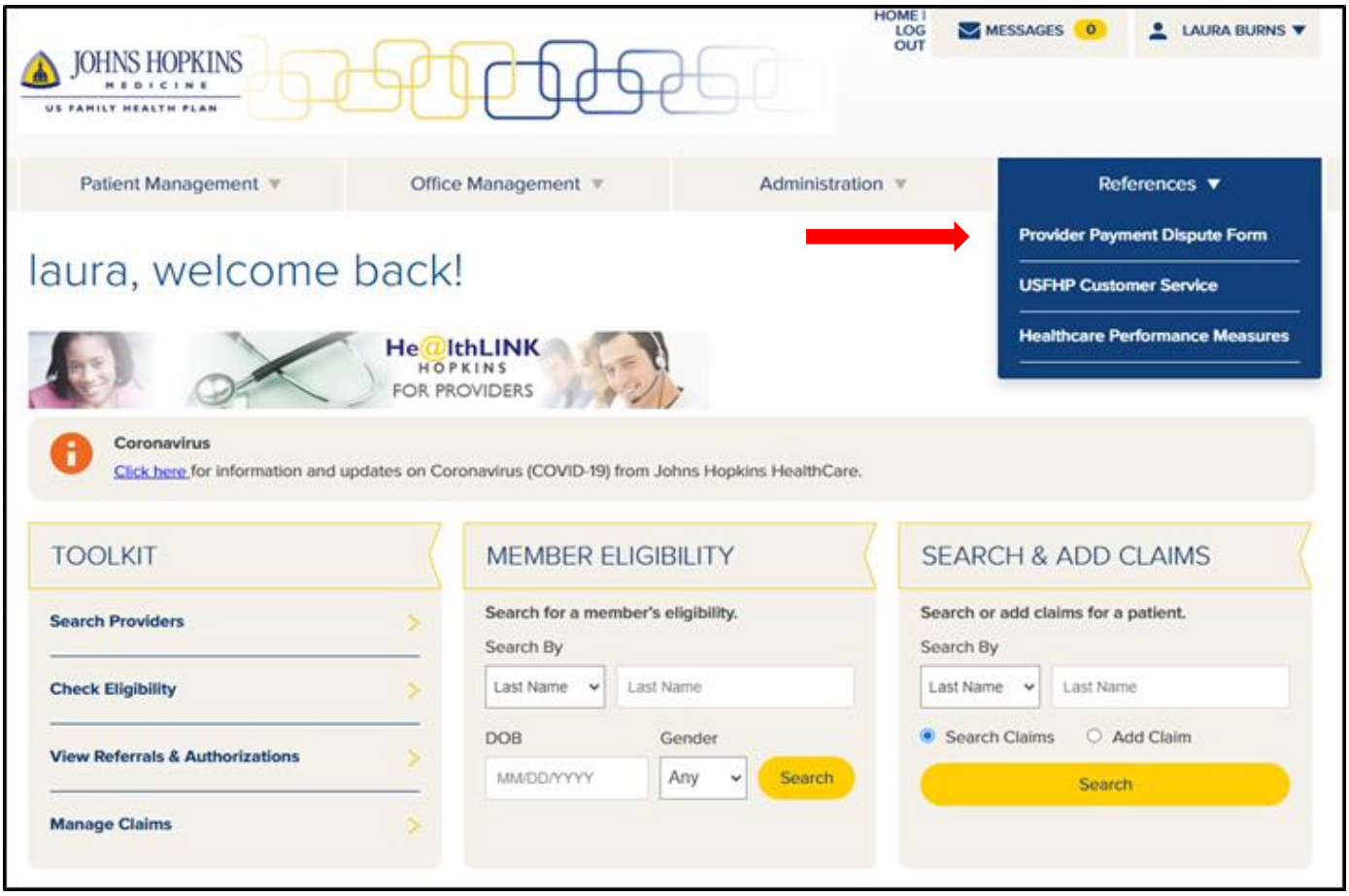
- HealthLINK portal for EHP/Priority Partners/Advantage MD.
- HealthLINK portal for USFHP.

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.

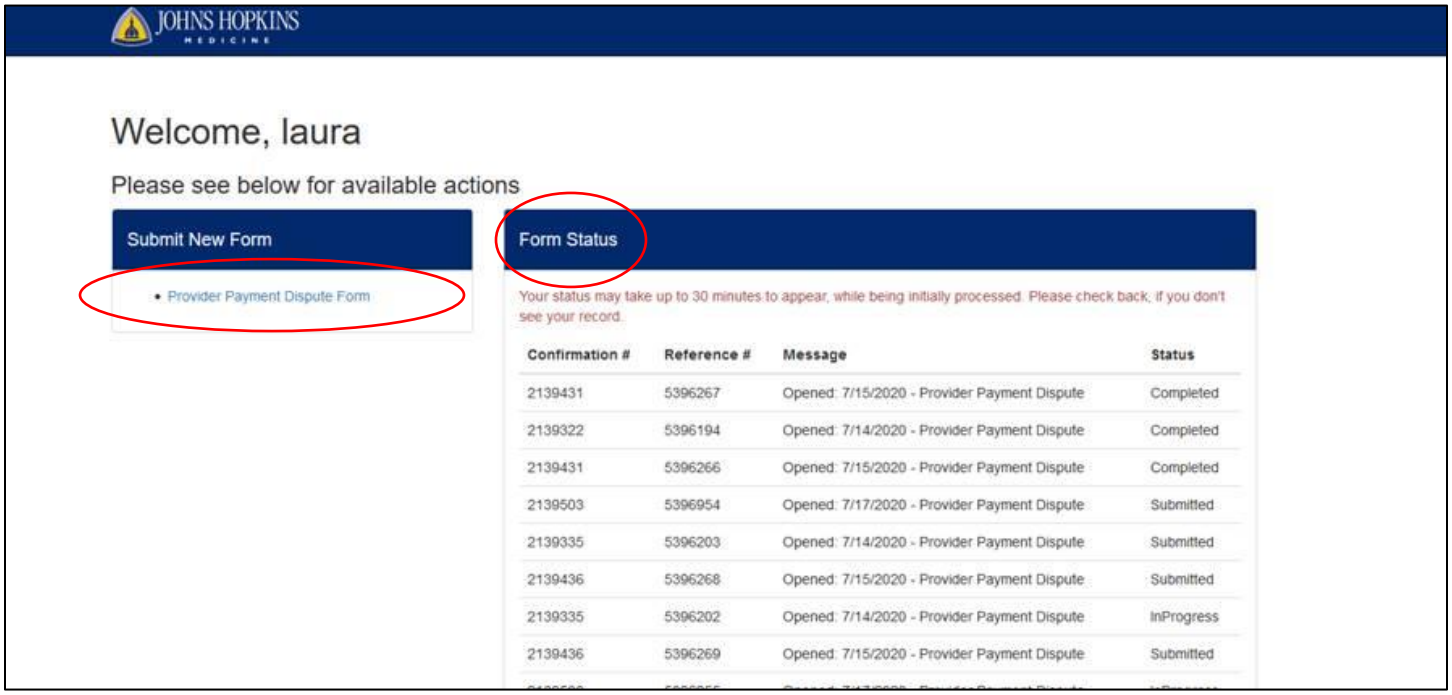
Priority Partners and EHP Provider Portal



USFHP Provider Portal



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.

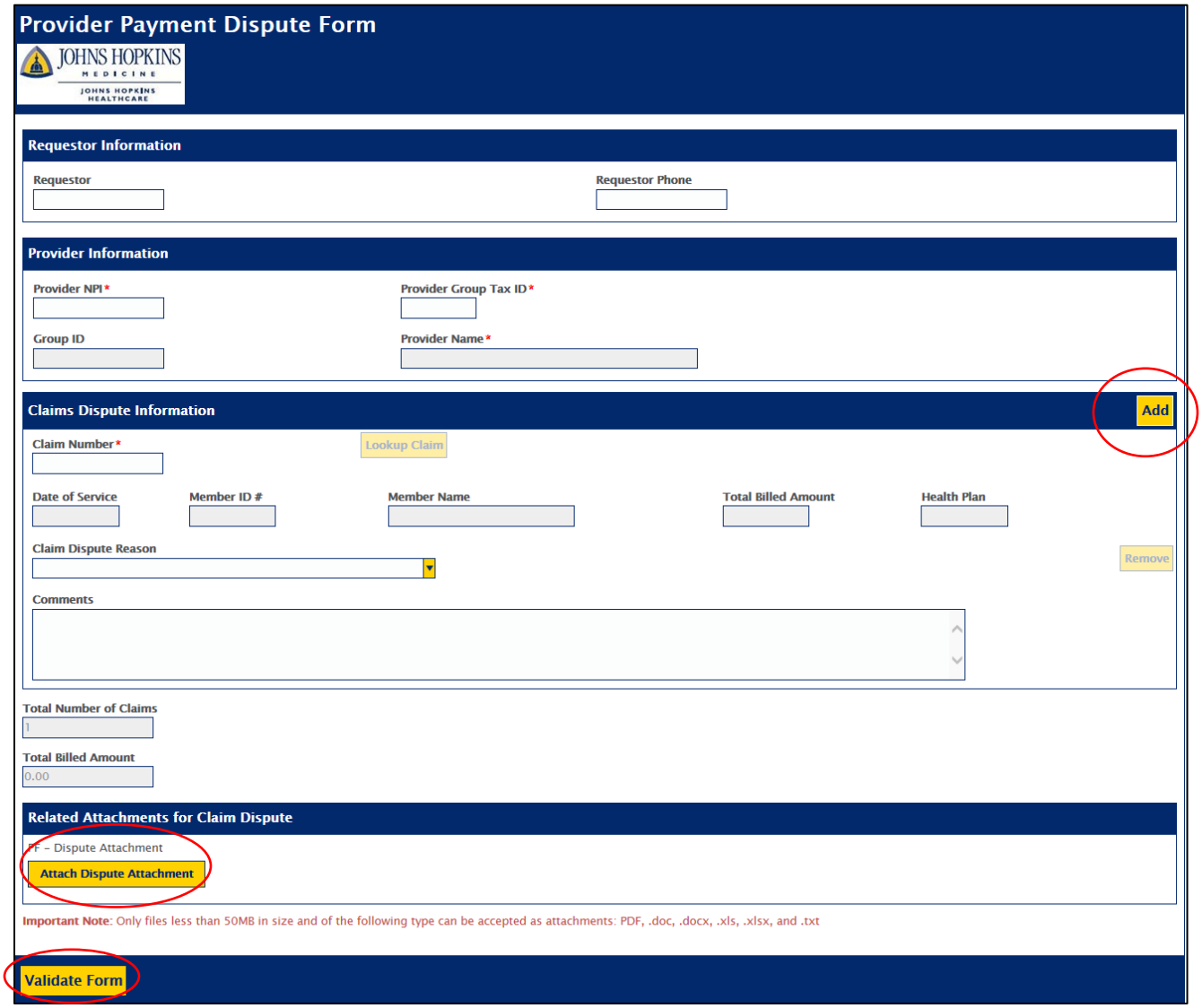


The Form Status column contains a list of submitted forms and the status of each. The data included here:

- **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 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
Overturned Appeal	N	Y
Payment of Observation Hours	N	Y
Referral Attached	Y	N
Rejected-Retraction 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).