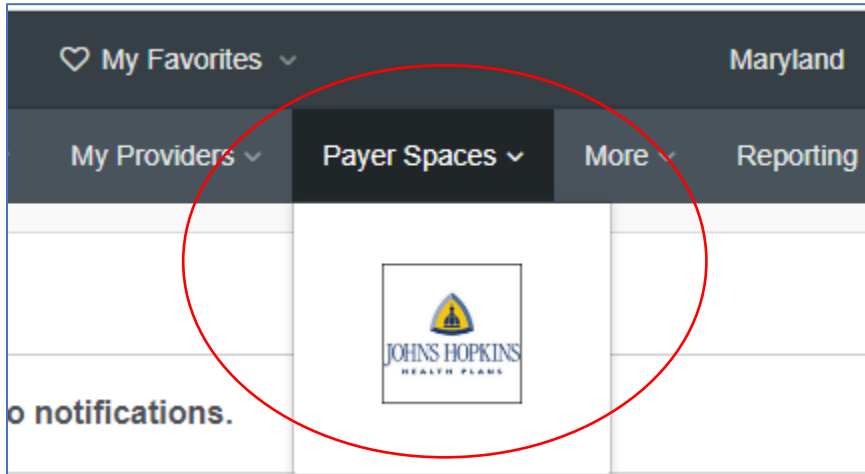
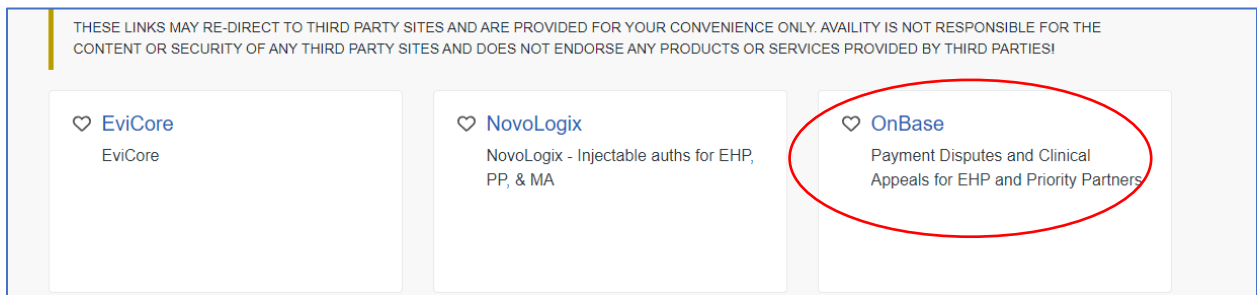


Accessing OnBase through Availity for Payment Disputes and Clinical Appeals for Employer Health Programs (EHP) and Priority Partners

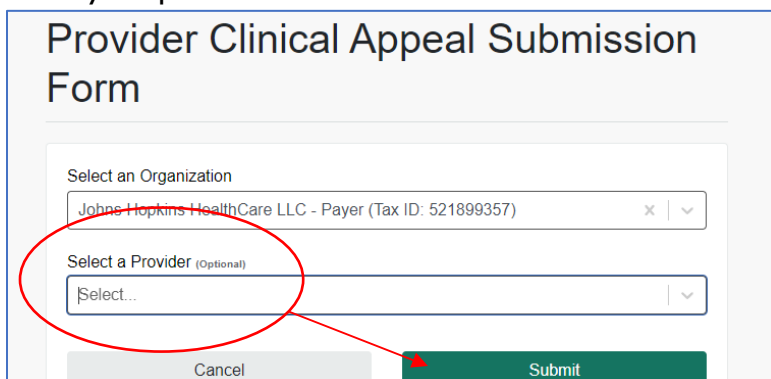
1.
Go to Payer Spaces.



2.
Click on OnBase.



3.
Select your provider in the Select a Provider tab and click Submit.



The screenshot shows the 'Provider Clinical Appeal Submission Form'. It has a title 'Provider Clinical Appeal Submission Form'. Below the title is a form with two dropdown menus. The first dropdown is labeled 'Select an Organization' and has 'Johns Hopkins HealthCare LLC - Payer (Tax ID: 521899357)' selected. The second dropdown is labeled 'Select a Provider (Optional)' and has 'Select...' selected. This second dropdown is circled in red. At the bottom of the form are two buttons: 'Cancel' and 'Submit'.



4.
You will then see this screen.

Welcome, Novita

Please see below for available actions

Submit New Form

- Provider Payment Dispute Webform
- Provider Appeal Webform


Form Status

Please note : Member reimbursement status updates are only visible to members for whom the reimbursement is being requested. If the reimbursement is being submitted on behalf of a dependent, then the spouse or dependent member should log into the portal to view the reimbursement status.

Your status may take up to 30 minutes to appear, while being initially processed. Please check back, if you don't see your record.

Confirmation #	Reference #	Message	Status
There were no results found			

5.
Enter your tax ID, then click Lookup Provider.
Enter the Billing provider NPI, then click Lookup NPI.



Requestor Information

Requestor Name

Requestor Phone

Provider Information

Billing Provider Tax ID [Lookup Provider](#)

Provider/Facility Name

Provider Address

Provider State

Provider Telephone

Billing Provider NPI [Lookup NPI](#)

Provider Group Number

Provider City

Provider Zip

6. After all the billing information is filled in, scroll down and click on Add.

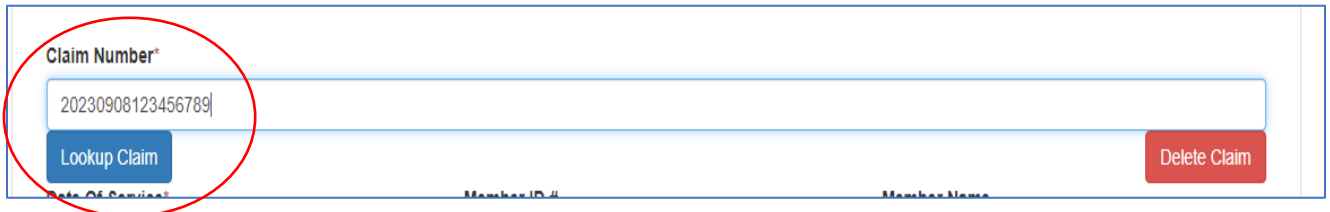


demographic changes in writing to the email address: ProviderChanges@jhnp.org

Claim Dispute Information

Add

7. Add the claim number with format YYYYMMDDclaim# and click on the Lookup Claim.



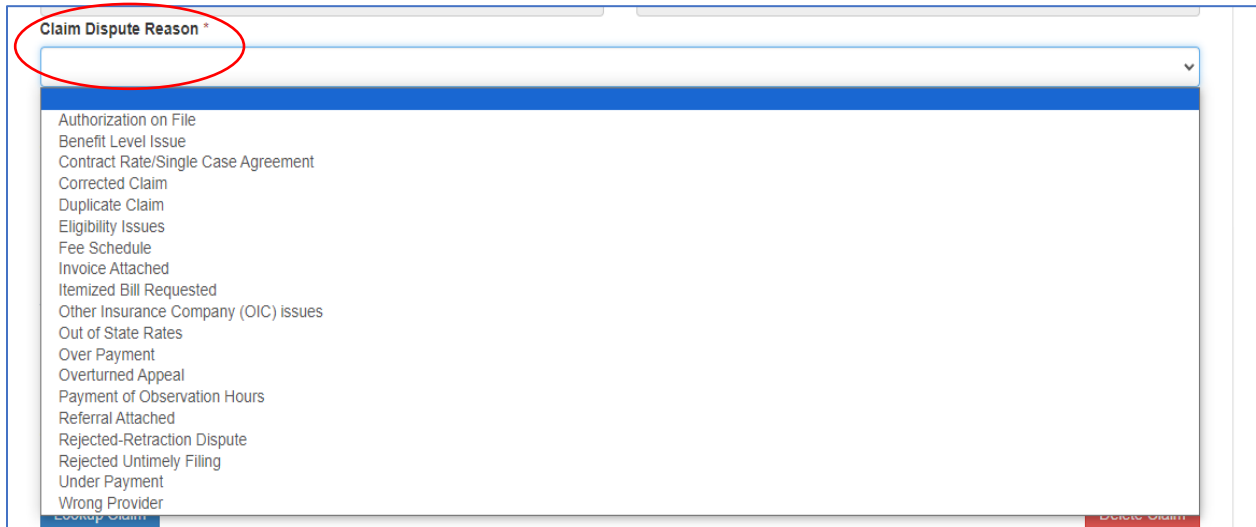
Claim Number*

20230908123456789

Lookup Claim

Delete Claim

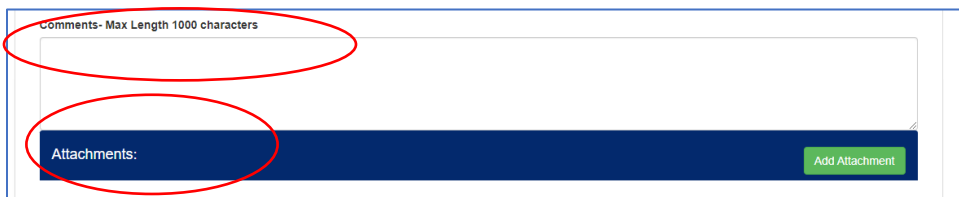
8. Your claim will be populated. You can enter the dispute reason by clicking on the tab.



Claim Dispute Reason *

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

9. You can add comments and attachments.



Comments- Max Length 1000 characters

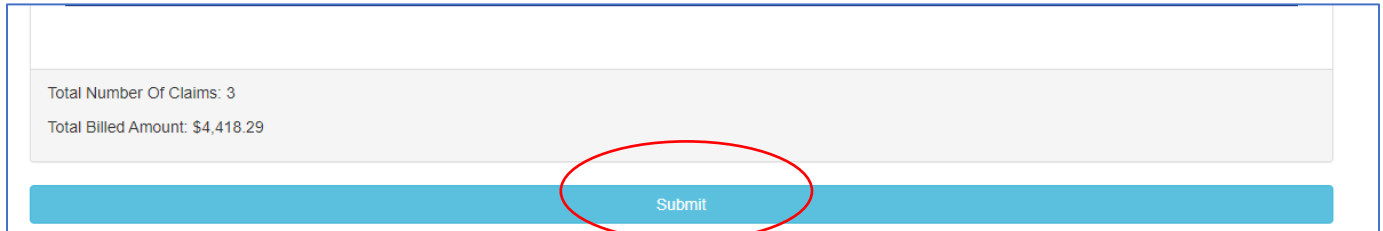
Attachments:

Add Attachment

NOTE: You can add more claims by clicking the Add button on top.

10.

On the bottom of the form, you can see the number of claims that you are disputing and the total amount. Once you are finished, click on the Submit button.

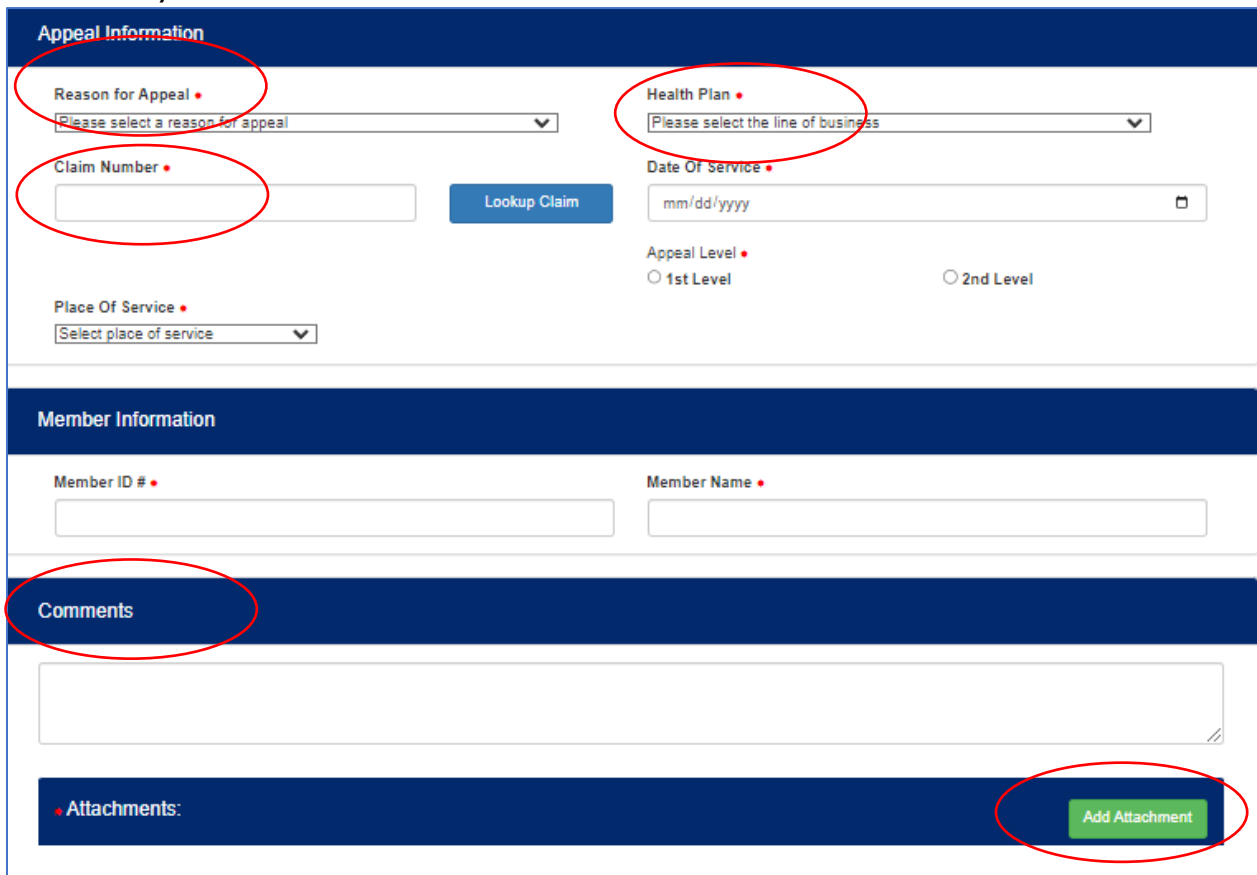


Total Number Of Claims: 3
Total Billed Amount: \$4,418.29

Submit

11.

For appeals, please enter the reason for the appeal and the corresponding Johns Hopkins Health Plan. Once you enter the claim number, the claim information will be populated automatically.



Appeal Information

Reason for Appeal •
Please select a reason for appeal

Health Plan •
Please select the line of business

Claim Number •

Lookup Claim

Date Of Service •
mm/dd/yyyy

Appeal Level •
 1st Level 2nd Level

Place Of Service •
Select place of service

Member Information

Member ID # •

Member Name •

Comments

Attachments: Add Attachment

Please note, that for appeals you can also add comments and attachments.