



NAVINET PROVIDER DISPUTES USER GUIDE

NaviNet Forms and Dashboards
AmeriHealth Caritas Ohio



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**CHECK DISPUTE
STATUS**

OVERVIEW

The purpose of this user guide is to demonstrate how to complete the ACOH Provider Disputes and the Check Dispute Status function through the Forms and Dashboard workflow

Learning Objectives

In this guide, you will learn to do the following:

- Access the Forms and Dashboards workflow
- Submit the Provider Disputes form
- Review the statuses of previously submitted disputes

PROVIDER DISPUTES

DEFINITION

Provider Disputes (Grievance)

A Provider Grievance is an oral or written expression of dissatisfaction about any matter other than an adverse benefit determination.

Grievances may include, but are not limited to, the quality of care or services provided, as well as aspects of interpersonal relationships, such as the rudeness of a provider or employee, or failure to respect the enrollee's rights, regardless of whether remedial action is requested.

A Grievance includes an enrollee's right to dispute an extension of time proposed by the ODM (Ohio Department of Medicaid) to make an authorization decision.

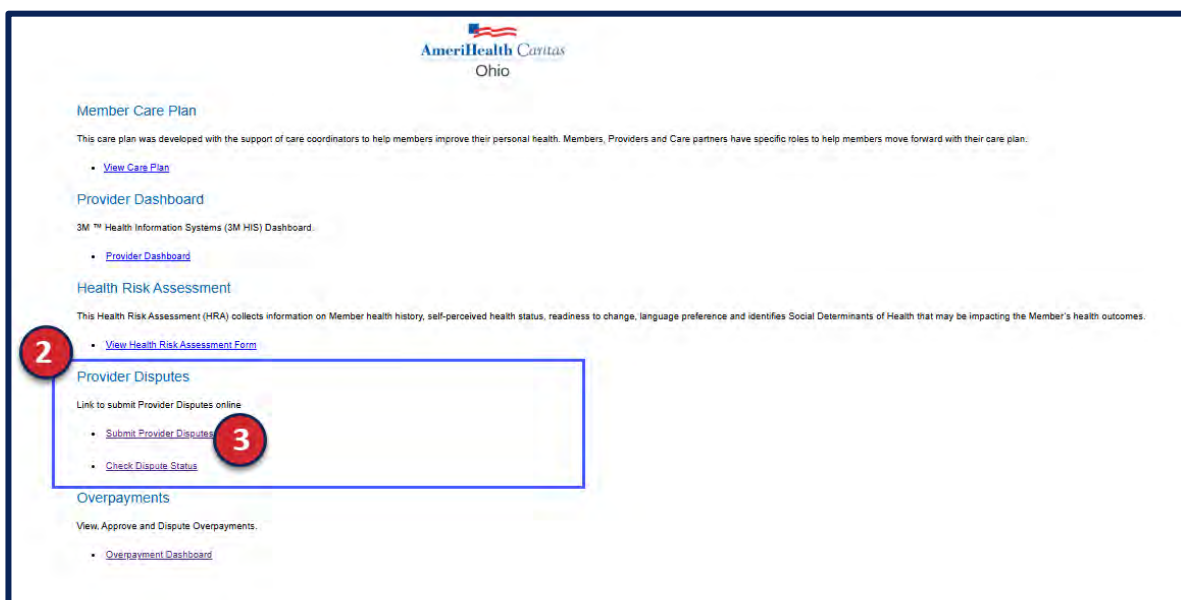
Guidelines to submit a Provider Dispute

1. Click Forms & Dashboard from the Workflows for this Plan



The ACOH Forms & Dashboard screen will display

1. Navigate to the Provider Disputes section
2. Click the Submit Provider Disputes link



PROVIDER DISPUTES CONT.



The **Provider Disputes** form displays, along with a disclaimer of when this form should not be used.

4. Complete the required fields on the form
5. Attach supporting documents
6. State the rationale that will assist in the resolution
7. Click the Submit button

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Provider Disputes Form

DO NOT USE THIS FORM IF:

- You are submitting a corrected claim
- You are replying to a request for information such as:
 - Medical Records
 - Itemized Bill

Please follow the steps outlined within the request received or review the Provider Manual for options to submit the information outlined above.

Provider Info

Provider Name/Group * **4**

Phone

Tax ID *

Medicaid ID *

Email ID *

Member Info

Member name *

Member's ID *

Claim Info

Date of Service From *

Payment Notification Date *

Diagnosis Code

Claim ID * **6**

Contact (if different from provider)

Fax

NPI *

Mailing Address

Member DOB

To

CPT/HCPCS CODES

NDC Code

Reason *

Supporting Documents

eg: pdf, doc, docx, jpg, png, xls, xlsx

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Choose Files No file chosen

State your rationale for the appeal and expected outcome. Please attach any supporting documentation that will assist with resolution. *

Rationale here

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Submit Clear Back



Once the form is submitted, a receipt message will appear detailing the time frame and contact information.

8. Click Ok

The completed form is sent to the **Complaints and Grievance** team for the next steps.

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Provider Disputes Form

DO NOT USE THIS FORM IF:

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 - Medical Records
 - Itemized Bill

Please follow the steps outlined within the request received or review the Provider Manual for options to submit the information outlined above.

Provider Info

Provider Name/Group *
Phone
Tax ID *
Medicaid ID *
Email ID *

Member Info

Member name *
Member's ID *

Claim Info

Date of Service From *
Payment Notification Date *
Diagnosis Code
Claim ID *

Contact (If different from provider)
Fax
* * *

If different from provider

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AmeriHealth Caritas Ohio acknowledges receipt of your Claim Dispute on 11/14/2025.

AmeriHealth Caritas Ohio will make a determination and provide written notice of the resolution of your Claim Dispute within 15 calendar days unless a medical necessity review is needed then we will respond in 30 calendar days.

OK

CPT/HCPCS CODES
NDC Code
Reason *
Supporting Documents
eg. pdf, doc, docx, jpg, png, xls, xlsx

Select Reason
Choose Files No file chosen

State your rationale for the appeal and expected outcome. Please attach any supporting documentation that will assist with resolution. *

Submit Clear Back

CHECK DISPUTE STATUS

DESCRIPTION

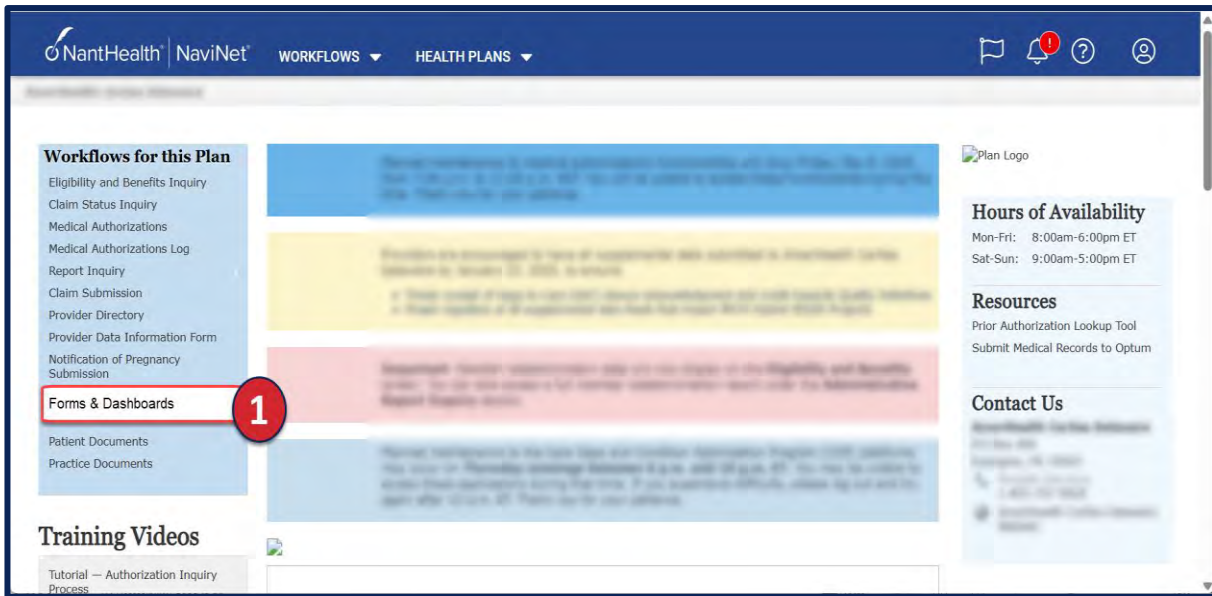
Check Dispute Status

This functionality will be used to check or view the status of previously submitted disputes.

CHECK DISPUTE STATUS

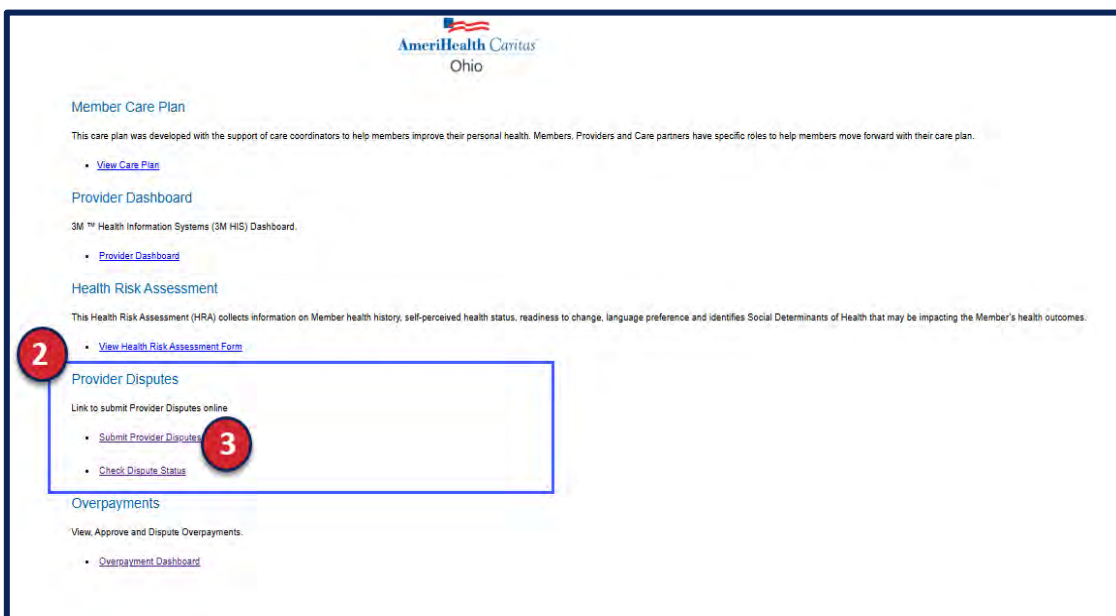
Guidelines to Check Dispute Status

1. Click Forms & Dashboard from the Workflows for this Plan



The ACOH Forms & Dashboard screen will display

2. Navigate to the Provider Disputes section
3. Click the Check Dispute Status link



The **Check Dispute Status** form will display. The search criteria will be based on the provider's NaviNet login form.

4. Perform a search by using the **Payee ID** and one of the following data elements:
 - Claim ID **or**
 - Member ID **or**
 - Submission Date Range – Begin Date and End Date
5. Click the Search button

The screenshot shows the 'Check Dispute Status' form. At the top, it says 'Check Dispute Status'. Below that, there is a 'Search By' section with a dropdown menu for 'Payee ID *'. A red circle with the number '4' is placed over this dropdown. Below this, it says 'AND ONE OF THE FOLLOWING:'. There are three options: 'Claim ID', 'Member's ID', and 'Submission Date Range'. Each has a corresponding input field. Below 'Submission Date Range', there are two date pickers for 'Begin Date' and 'End Date'. At the bottom, there are 'Back' and 'Search' buttons. A red circle with the number '5' is placed over the 'Search' button. At the very bottom, there is a note: 'NOTE: Search results will include up to 18 months of status history from today's date'.

Note: Providers will be able to view 18 months of status history based on the date the claim dispute/appeal is received.

CHECK DISPUTE STATUS CONT.



The search will return one of the following statuses: **In Progress**, **Overtured**, **Upheld**, or **Voided** and will include the date the determination letter was uploaded into the system.

A copy of the determination letter will be available under **Practice Documents**.

| Check Dispute Status | | | | | | | | | | |
|----------------------|-------------|----------|--------------------|------------------|-----------------------------|-------------|-----------------|-----------------------------|----------------------------|----------------------------|
| Member ID | Member Name | Claim ID | Service Start Date | Service End Date | Dispute/Appeal Receive Date | Status | Completion Date | Decision Letter Upload Date | Voided Reason | Voided Service Form Number |
| | | | 2020-09-16 | 2020-09-16 | 2025-09-16 | In Progress | | | | |
| | | | 2020-09-16 | 2020-09-16 | 2025-11-10 | In Progress | | | | |
| | | | 2020-09-16 | 2020-09-16 | 2025-11-10 | Overtured | 2025-11-12 | | | |
| | | | 2020-09-16 | 2020-09-16 | 2025-11-10 | Upheld | 2025-11-12 | | | |
| | | | 2020-09-16 | 2020-09-16 | 2025-11-10 | Voided | | | EXP Reroute* | TEST930441 |
| | | | 2020-09-16 | 2020-09-16 | 2025-11-10 | Voided | | | Provider Submission Error* | |