



# Corrected Claims, Claim Review, Provider Disputes, and Medical Necessity Appeals

## Step 1: Initial Claim Review

- Initial attempt at reconsideration of claim

### Four Intake Options:

1. Call Customer Service
2. Call or Email Provider Representative
3. CountyCare Claim Review (within Provider Portal)  
<http://www.countycare.com/providers/portal>
4. **\*NEW\*** Mail Claim Review Form (formerly Claim Dispute Form)

## Step 2: Provider Claims Disputes

- A Provider Dispute is a formal notice of challenge or concern with CountyCare. Some examples include:
  - appeals or additional reconsideration of a claim or grouping of claims previously reviewed\*
  - resolution request of contractual dispute (network status) impacting claims payment
  - concern regarding claims payment
  - medical necessity appeal
- Subsequent to filing a Claims Review, providers can submit a Claim Dispute

*\*Providers can submit a Claim Dispute without submitting a Claim Review*

### UPDATE: One Intake Option:

- NEW ticketing system for Provider Disputes; available through the CountyCare website on the 'Provider Complaints, Provider Disputes, Member Grievances, and Member Appeals' tab
  - Provider will receive MCO Tracking Number; this number will be used to track and escalate your dispute as needed.

### Key Information to Know

As of 10/1/19, there will be two ways to electronically submit disputes or requests for review:

- OPTION 1: CountyCare Claim Review <http://www.countycare.com/providers/portal>
  - The current Provider Portal will be used for Claim Review only, and should be used as an initial step to reviewing a claim concern
  
- OPTION 2: CountyCare Claim Dispute System [www.countycareproviderdispute.jira.evolenthealth.com](http://www.countycareproviderdispute.jira.evolenthealth.com)
  - Available to submit a Provider Dispute as outlined above
  - Providers will receive an MCO Tracking Number
  
- Historical Claim Dispute Form has been revised to reflect the processes above, and is now called the Claim Review Form
  - The form can now be mailed in addition to submitting through the current Provider Portal (no change)
  - The Claim Review Form can be found at <http://www.countycare.com/providers/provider-billing-resources>

\*All requests for claim review/reconsideration, claim disputes or appeals must be received within 60 calendar days from the date of the Explanation of Payment or Remittance Notice. Corrected claims must be submitted within 180 days from the date of service. Instructions on how to submit a corrected claim is located on the CountyCare website under Provider Billing Resources.