



CountyCare
HEALTH PLAN

Provider Dispute Submission User Guide

Updated September 2019



CountyCare Provider Dispute System

- Providers have the right to submit a dispute decisions made by CountyCare. Providers may submit a dispute through the new CountyCare Provider Dispute System. Provider disputes may be submitted for any of the following reasons: payment/claims, contracting, eligibility, prior authorization, provider enrollment or system issue.
 - All requests for disputes **must be received within 60 calendar days from the date of the Explanation of Payment (EOP) or Remittance Notice.**
- Once all necessary information has been received from the provider, all dispute types will be researched and responded to in no more than 30 business days from receipt of the dispute, with either a confirmed and completed resolution OR a substantive response detailing actions and timeframe to resolve the dispute.
- Please refer to the CountyCare Provider Manual for more information:
<http://www.countycare.com/providers/provider-manual>



Provider Dispute System Overview

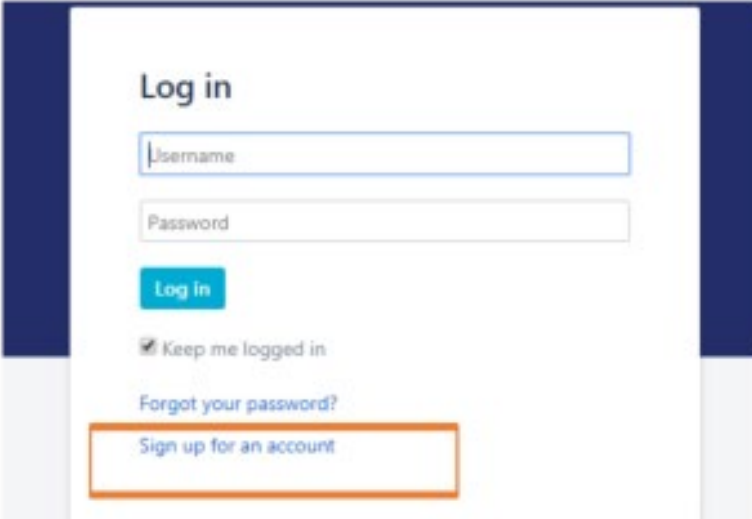
- ❑ The Provider Dispute System is available for contracted and non-contracted providers.
Access the CountyCare Provider Dispute System here:
www.countycareproviderdispute.jira.evolenthealth.com
- ❑ Upon submission of the dispute, providers will receive a CountyCare tracking number in the specified format leading with 03, Example:
 - ❑ 03-YYMMDD-xxxxx (example: 03-191001-00001)
- ❑ Note that Customer Service and Provider Relations representatives will not be able to create tickets on behalf of providers.

Provider Dispute System Registration

www.countycareproviderdispute.jira.evolenthealth.com

Instructions for registration (new user):

1. Access the **County Care Provider Dispute Form**: www.countycareproviderdispute.jira.evolenthealth.com
2. Click **Sign Up for an Account**
3. Enter Name, Email, Username, Password and confirm Password



The screenshot shows a login interface with the following elements:

- Log in** header
- Username input field
- Password input field
- Log In button (teal)
- Keep me logged in
- Forgot your password?
- Sign up for an account** link (highlighted with an orange border)

Submit a Provider Dispute

Instructions for submitting a dispute:


1. Access the **County Care Provider Dispute Form URL**
2. Click on "CountyCare Provider Dispute Form."



Service Desk Portal
HPS Partner Service Desk

Welcome! You can raise new case from the options provided.

What do you need help with?

 County Care Provider Dispute Form

Submit a Provider Dispute (continued)



Service Desk Portal / HPS Partner Service Desk
County Care Provider Dispute Form

If requesting status on a submitted dispute please use the ticketing system. Should the need arise to speak directly with a team member concerning a submitted dispute please contact your provider relations representative. <http://www.countycare.com/resource/provider-relations-representative-reference>

Subject

Provide a brief summary of the request.

Reason for Dispute/Complaint (optional)

Payment/Claims: routes to Claims Department

Contracting: routes to Network Management

Eligibility: routes to Enrollment team

Prior Authorization: routes to UM

Provider Enrollment: reviewed by Claims Department

System Issue: reviewed by Claims Department

Description

- Complete all required fields on the form.
- If “Payment/Claims” is selected, please further specify in the second drop down:
 - Claim was denied for no authorization, but authorization was obtained (see attachment for authorization).
 - Claim was denied for no authorization, but no authorization is required for this service.
 - Claim was denied for untimely filing in error (see attachment for proof of timely filing).
 - Claim was denied as a duplicate.
 - Claim was denied for member eligibility (see attachment of MEDI screenshot).
 - Claim was paid for incorrect amount.
 - Claim was processed as an out of network provider.
 - Payment not received / delayed
 - Other



Submit a Provider Dispute (continued)

1. Provide as much detail as possible on why this claim is being disputed, i.e. denied for no authorization but auth was received, Claim paid less than contracted rate (what is expected payment), Coding edit, but claim was billed according to HFS guidelines.
2. Describe prior actions taken to resolve issue. Include date, contact person, and prior resolution
3. File a claims review through the provider portal: www.countycare.com/providers/portal
4. Outreach to Provider Representative: ProviderServices@CountyCare.com or 312-864-8200, Option 6
5. Request a claims review through Customer Service: 312-864-8200
6. Mail a claims review form to: CountyCare Health Plan PO Box 211592, Eagan, MN 55121-2892
7. Previously filed this form with a related issue, reference prior CountyCare Tracking Number

Category

Claim Number

If you have multiple numbers to report in one field (i.e., multiple Claim Numbers), please include in an attachment.

Member ID

Provider Medicaid ID

Provider NPI (optional)

Provider TIN (optional)

Provider Name

Enter facility name or Provider first and last name.

Date of Service (optional)

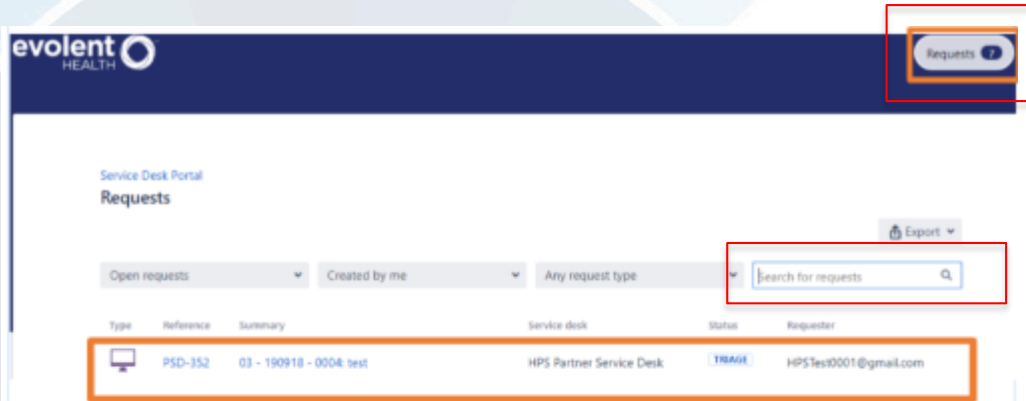

Attachment (optional)

 Drag and drop files, paste screenshots, or [browse](#)



- Provide as much detail as possible in the Description box outlining other methods to resolve the issue such as:
 1. Submitting a Claim Review through the Provider Portal
 2. Reaching out to Provider Representative
 3. Calling Customer Service
 4. Submitting a Claim Review form via mail
- Click “Create” to submit form.

Viewing Submitted Disputes



Dispute status and resolution:

1. There are 7 statuses to track receipt, review, and resolution of each submitted dispute form.
2. An email notification will be sent each time the dispute status changes

Status	Description
Triage	Ticket Submitted Pending MCO review
Awaiting Provider Clarification	MCO has asked for more detail from the submitter in order to properly resolve disputed. If additional information is not provided in 10 Calendar days ticket will be closed.
Queued	Routed to appropriate team for review
Under MCO Review	Appropriate MCO Administrators are reviewing dispute
In Progress	The dispute is being actively worked
Resolution Proposed	Root cause has been identified and plan to resolve is in place. Ticket will remain in this status until resolved
Closed	Work proposed is complete and dispute is resolved

- Click on the “Requests” button at the top right-hand corner of screen.
- Filter and search text box functionality is available to help find previously submitted disputes
- Ticket statuses will inform current state of dispute
 - If more information is needed from the provider, status will be in “Awaiting Provider Clarification”
- If the status changes, an email notification will be sent to the provider

Provider Dispute Resolution

- Once all necessary information has been received from the provider, all dispute types will be researched and responded to in no more than 30 business days from receipt of the dispute, with either a confirmed and completed resolution OR a substantive response detailing actions and timeframe to resolve the dispute.
- For more information:
 - Contact your Provider Relations Representative or email us:
ProviderServices@countycare.com
 - Visit our Provider website at <http://www.countycare.com/providers>

