



CountyCare
HEALTH PLAN

Provider Dispute Submission User Guide

Updated March 2022



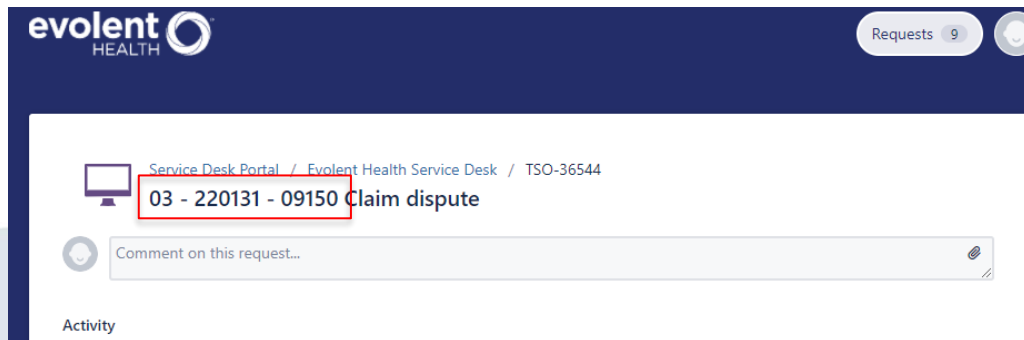
CountyCare Provider Dispute System

- Providers have the right to submit a dispute.
- Providers submit a dispute through the CountyCare Provider Dispute System.
- Provider disputes may be submitted for any of the following reasons:
 - Payment/Claims (e.g. denied as duplicate, timely filing, paid for incorrect amount, patient credit file, recoupment, rejections)
 - Prior authorization
 - IMPACT/Legacy Registration Status
 - Member Eligibility
 - Provider Contracting
- All requests for disputes **must be received within 60 calendar days from the date of the Explanation of Payment (EOP).**
- Once all necessary information has been received from the provider, all dispute types will be researched and responded to within 30 calendar days from receipt of the dispute, with either a completed resolution OR a substantive response detailing actions and timeframe to resolve the dispute.



How to Submit a Provider Dispute

- ❑ The Provider Dispute System is available all providers (contracted and non-contracted) through a portal link:
<https://countycareproviderdispute.jira.evolenthealth.com/>
- ❑ Note, this link is **not** supported by Internet Explorer. Please use another browser to access the Provider Dispute System.
- ❑ Upon submission, a CountyCare tracking number will populate at the top of the dispute ticket. CountyCare tracking numbers lead with 03:
 - ❑ Format: 03-YYMMDD-xxxxx, Example: 03-191001-00001

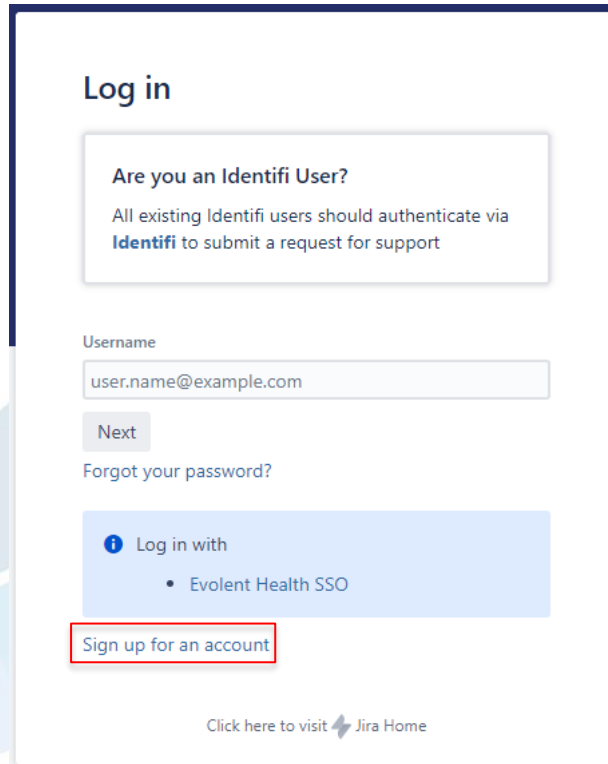


- ❑ Provider Services and Provider representatives will not be able to submit disputes on behalf of providers. Providers must submit disputes directly into the Provider Dispute System.



Creating An Account

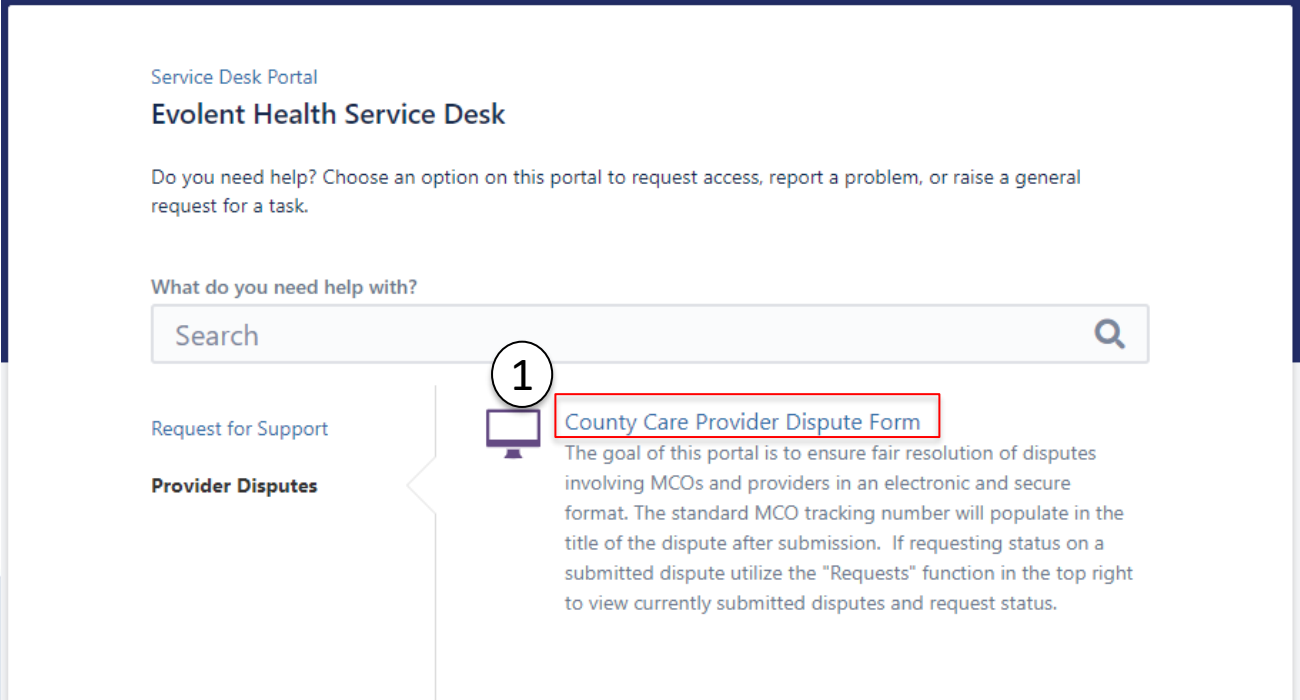
1. Go to:
<https://countycareproviderdispute.jira.evolenthealth.com/>
2. Click “Sign Up for an Account”
3. Enter name, email, username, password and confirm password



The screenshot shows a Jira login page titled "Log in". It contains a message asking if the user is an Identifi user, followed by a "Username" input field with the placeholder "user.name@example.com" and a "Next" button. Below that is a "Forgot your password?" link. A blue box offers to "Log in with" "Evotent Health SSO". At the bottom, a red box highlights the "Sign up for an account" link. A footer link says "Click here to visit Jira Home".

How to Submit a Provider Dispute

1. Once you sign into the dispute system, click on “CountyCare Provider Dispute Form”



Service Desk Portal
Evolent Health Service Desk

Do you need help? Choose an option on this portal to request access, report a problem, or raise a general request for a task.

What do you need help with?

Search

Request for Support

Provider Disputes

1 [County Care Provider Dispute Form](#)

The goal of this portal is to ensure fair resolution of disputes involving MCOs and providers in an electronic and secure format. The standard MCO tracking number will populate in the title of the dispute after submission. If requesting status on a submitted dispute utilize the "Requests" function in the top right to view currently submitted disputes and request status.

How to Submit a Provider Dispute



Service Desk Portal / Evolent Health Service Desk

County Care Provider Dispute Form

The goal of this portal is to ensure fair resolution of disputes involving MCOs and providers in an electronic and secure format. The standard MCO tracking number will populate in the title of the dispute after submission. If requesting status on a submitted dispute utilize the "Requests" function in the top right to view currently submitted disputes and request status.

2. Please complete this **Multiple Claim Dispute Template** to attach multiple claims.

Summary

3.

Provide a brief summary of the request.

Reason For Dispute/Complaint

4.

Description

5.

2. If submitting a dispute that impacts multiple claims, download, fill out, and attach the standardized "Multiple Claim Dispute Template" at the top of the form. **Failure to complete this form accurately may result in dispute closure.**

3. **REQUIRED:** Input a brief summary for the dispute title

4. **REQUIRED:** Select a reason for the dispute from the following options:

- Claim denied as duplicate
- Claim was denied for no auth, but auth is not required
- Claim denied for no auth, but auth was obtained (see attachment)
- Claim denied for readmission
- Claim denied for timely filing
- Claim paid for incorrect amount
- Claim rejection
- IMPACT- Provider Enrollment
- Member Eligibility
- Patient Credit File
- Payment not received/delayed
- Prior Authorization
- Provider Contracting
- Recoupment

5. **REQUIRED:** Provide as much detail as possible in the "Description" box such as dispute details, and any prior outreach to resolve dispute, if applicable.



How to Submit a Provider Dispute

6

Category
None

Number of Claims (optional)

7

Claim Number (optional)

If you are disputing more than one claim, please type "0" for the claim number field. Then fill out and attach the **Multiple Claim Dispute Template** above with all of the required claim information. *If the template is not filled out with all applicable claim data, the ticket will be rejected for not enough information given.*

8

Member ID (optional)
N/A

Provider ID (optional)
N/A

Date of Service

Provider Name

Enter facility name or Provider first and last name.

Provider TIN

9 Digits are Required

Provider NPI

If you are an Atypical Provider, please submit 0000000000 (10 zeros) in the NPI box

Provider Type
None

6. **REQUIRED:** Select the dispute category from the following options:

- Claim Dispute
- Claim Dispute – Readmission
 - *This would match “Claim denied for readmission” under “reason for dispute”*
- Medical Necessity Appeal

7. If dispute impacts multiple claims, type the number of claims being disputed. If only one claim is being disputed, type the sole claim number under “Claim Number”.

8. If applicable, type the corresponding member ID and provider ID, Date of Service for the claim being disputed.



How to Submit a Provider Dispute

Category
None

Number of Claims (optional)

Claim Number (optional)

If you are disputing more than one claim, please type "0" for the claim number field. Then fill out and attach the **Multiple Claim Dispute Template** above with all of the required claim information. *If the template is not filled out with all applicable claim data, the ticket will be rejected for not enough information given.*

Member ID (optional)
N/A

Provider ID (optional)
N/A

Date of Service

Provider Name
Enter facility name or Provider first and last name.

Provider TIN
9 Digits are Required

Provider NPI
If you are an Atypical Provider, please submit 0000000000 (10 zeros) in the NPI box

Provider Type
None

9. **REQUIRED:** Type the Provider Name, TIN, and NPI for claims being disputed.

10. **REQUIRED:** Select the Provider Type from the following options:

- Primary Care
- Specialist (non-Behavioral Health)
- Specialist (Behavioral Health – Mental Health/Substance Abuse)
- Hospital
- Nursing or Long-Term Care Facility
- Home and Community Based Waiver/services
- Durable Medical Equip/Laboratory/Imaging
- Home Health/Hospice
- Supportive Living
- Transportation
- Federally Qualified Health Center/Rural Health Clinic
- Health Department
- Pharmacy
- Dental/Dentist



How to Submit a Provider Dispute

11. Submitter First and Last Name (optional)

11. Submitter Email (optional)

11. Submitter Phone Number (optional)

12. Attachment (optional)

13. CountyCare Tracking Number (optional)

13. Responsible Client Team Member (optional)

13. Private request

13. Create Cancel

11. Fill out full name, email and phone number of the person who is submitting the dispute

12. Upload attachments, if applicable. If more than one claim is being disputed for the same reason, fully fill out and attach the “Multiple Claim Dispute Template” at the top of the form. **Failure to complete this form accurately may result in dispute closure.**

13. Click “Create” to submit dispute to CountyCare.

Viewing Submitted Disputes

The screenshot shows the Evolent Health Service Desk Portal. In the top right corner, there is a "Requests" button with a notification icon, highlighted with a red box. Below the header, there are filter options: "Open requests", "Created by me", and "Any request type". A search bar labeled "Search for requests" is also highlighted with a red box. Below the filters, a table of requests is shown, with one row highlighted in orange: a computer icon, reference "PSD-152", summary "03 - 190918 - 0004 test", service desk "HPS Partner Service Desk", status "TRiage", and requester "HPS1es0001@gmail.com".

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 functionality is available to help find previously submitted disputes
- Ticket statuses will indicate the current state of the dispute
 - If more information is needed from the provider, the status will change to “Awaiting Provider Clarification” and a notification email will be sent to the provider
- If at any time the status changes, an email notification will be sent to the provider stating the status has been changed

Provider Dispute Resolution

- Once all necessary information has been received from the provider, the ticket status will be “In Progress.”
- From there, all disputes will be researched and responded to within 30 calendar days providing a completed resolution OR a substantive response detailing actions and timeframe to resolve the dispute.