



CountyCare
HEALTH PLAN

Provider Dispute Submission User Guide

Updated December 2020



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 (such as an unsatisfactory Claim Review resolution)
 - Contracting
 - Eligibility
 - Prior authorization
 - Provider enrollment
 - System issue
- 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/>

- ❑ Upon submission, a CountyCare tracking number will populate at the top of the dispute ticket. CountyCare tracking numbers lead with 03:

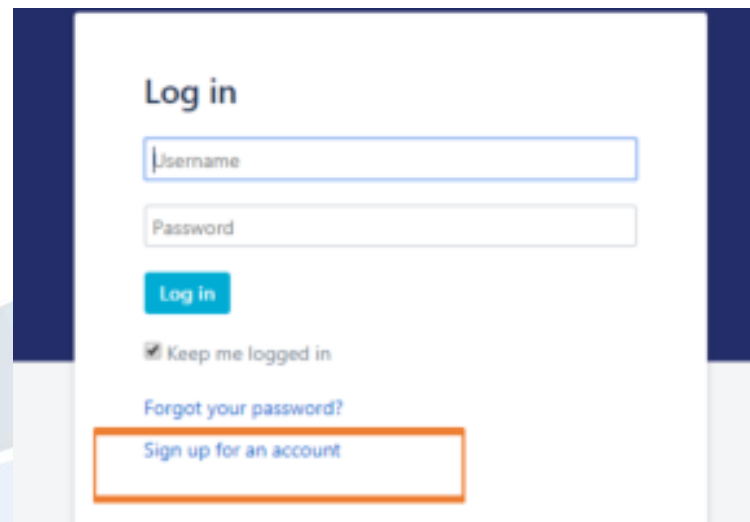
- ❑ Format: 03-YYMMDD-xxxxx, Example: 03-191001-00001



- ❑ 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:
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
- Keep me logged in
- Forgot your password? link
- Sign up for an account** link, which is highlighted with an orange border.

How to Submit a Provider 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

How to Submit a Provider Dispute

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>

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Subject

Provide a brief summary of the request.

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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

3. Input the subject of the dispute
4. Select a reason for the dispute
5. If "Payment/Claims" is selected, 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

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How to Submit a Provider Dispute

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Description

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

6. Provide as much detail as possible in the “Description” box outlining other methods used to resolve the issue such as:

- Reaching out to Provider Representative
- Calling Customer Service
- Submitting a Claim or Medical Necessity Review via Provider Portal or mail

7. Upload attachments, if applicable. If more than one claim is being disputed for the same reason, attach a spreadsheet containing all the claim numbers and detail.

8. Click “Create” to submit.

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Create Cancel



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.