Updated

CountyCare Provider Dispute System and Process for 30-Day Readmission Disputes

Since 10/1/2019, CountyCare has a standard **single-intake** Provider Dispute System for providers. This dispute system is referenced on the CountyCare website (www.countycare.com) under "For Providers"-"Provider Resources"- "Provider Dispute User Guide."

- ❑ The Provider Dispute User Guide details how to register on the CountyCare Provider Dispute System and how to submit disputes, including readmission disputes. The direct link to the Provider Dispute System is https://countycareproviderdispute.jira.evolenthealth.com/
    - ❑ Note, this link is **not** supported by Internet Explorer. Please use another browser to access the Provider Dispute System.
- ❑ CountyCare recently introduced a payment policy regarding inpatient readmissions effective 7/1/2021. This policy can be found here. Claims denied under this policy will present with an explanation code of **PPIR**. Effective 4/1/2022, if you receive a claim denial for this reason and wish to submit a dispute, the CountyCare Provider Disputes System should be utilized using the readmission field options on the form.

As of 3/7/2022, CountyCare's Provider Dispute System has been enhanced to require the below fields from the provider. Provider should select the underlined items when submitting disputes due to readmissions:

- **Reason for dispute (select one from the drop down)**
    - Claim denied as duplicate
    - Claim was denied 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
- **Summary of the dispute**
    - For all disputes, include all relevant information for the claim such as member RIN, member name, claim number, date of service, and historical activity such as prior outreach to CountyCare. Attach any corresponding documents to support the dispute.
    - When submitting a dispute for readmission,
        - state that the dispute is due to the PPIR denial.

  - include relevant clinical information on the dispute. Information that was not previously submitted as part of the original Prior Authorization request for the stay should be included. Information related to the member's discharge plan. If no previous clinical information was submitted, clinicals from the original stay should be included as well.
  - Note: Disputes submitted with no clinical information will be administratively closed with the original upheld claim denial.
- **Dispute category (select one from the drop down)**
  - Claim Dispute
  - Claim Dispute- Readmission
  - Medical Necessity Appeal
- **Provider Name, Provider TIN, Provider NPI**
- **Provider Type**
- If multiple claims are being disputed, providers must upload the IAMHP-standardized "Multiple Claim Dispute Template" embedded at the top of the page. **Failure to complete the form accurately may result in dispute closure.**

Once the dispute is submitted, providers will receive the standard MCO tracking number from CountyCare. An example of the CountyCare MCO tracking number is: 03-YYMMDD-xxxxx.

Providers should not go to the Provider Portal to submit a dispute. Providers are not able to get the standard MCO tracking number through the Provider Portal. The "Claim Review" and "Medical Necessity Appeal" functions on the Provider Portal do **not** give providers the standard MCO tracking number for disputing through the HFS portal. Additionally, call center and provider relations representatives will not be able to submit disputes on behalf of the provider.