



NAVINET PROVIDER APPEALS USER GUIDE

NaviNet Forms and Dashboards
AmeriHealth Caritas New Hampshire

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OVERVIEW

The purpose of this user guide is to demonstrate how to complete the ACNH Provider Appeals and the Check Appeal Status function through the Forms and Dashboard workflow

Learning Objectives

In this guide, you will learn to do the following:

- Access the Forms and Dashboards workflow
- Submit a Provider Appeals
- Review the statuses of previously submitted disputes

PROVIDER APPEALS

DEFINITION

Provider Appeals

AmeriHealth Caritas New Hampshire providers may file a claim appeal of an adverse action by AmeriHealth Caritas New Hampshire, except for member appeals or grievances, which are described in Section VI of the Provider Manual.

SUBMIT PROVIDER APPEALS

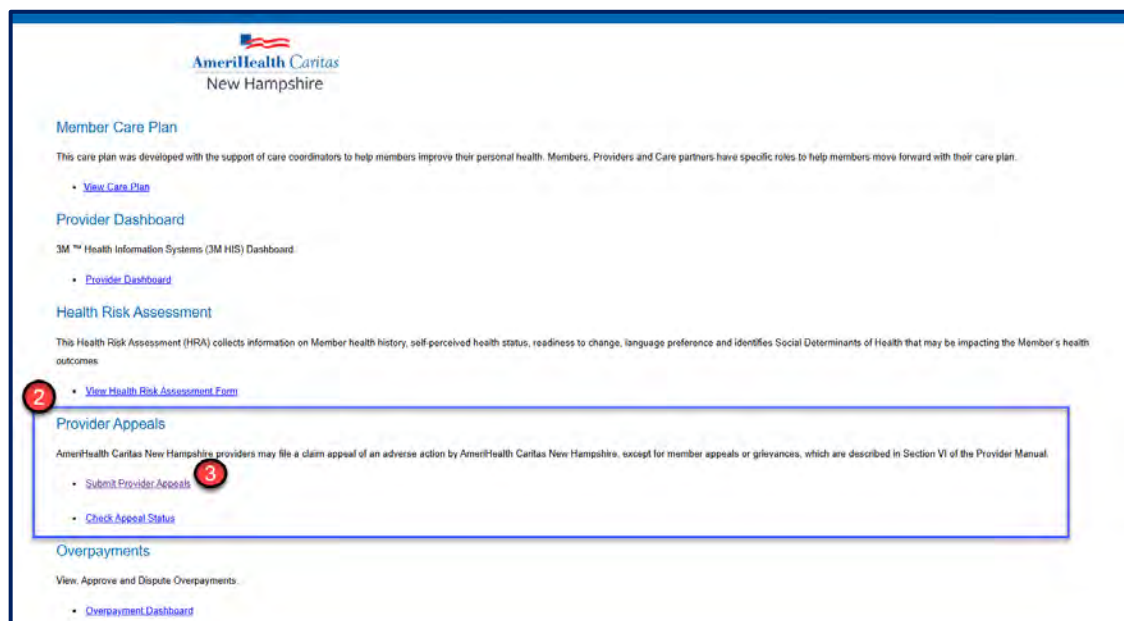
Guidelines to Submit Provider Appeals

1. Click Forms & Dashboard from the Workflows for this Plan



The ACNH Forms & Dashboard screen will display

2. Navigate to the Provider Appeals section
3. Click the Submit Provider Appeals link



SUBMIT PROVIDER APPEALS CONT.



The **Submit Provider Appeal** form will display, along with a disclaimer of when this form should not be used.

4. Complete the required fields on the form
5. Attach supporting documents
6. State the rationale that will assist in the resolution
7. Click the Submit button

AmeriHealth Caritas
New Hampshire

Provider Appeals Form

The Provider Appeal process is **NOT** intended for any of the following scenarios. Please do not use this form if:

- Your request is related to a pre-service denial, for services that haven't been provided and/or a claim hasn't been submitted.
- Your request is related to an Overpayment/Recovery dispute. Please reference the Recovery findings letter for appeal/dispute submission guidelines.
- Your request is related to a Vendor-related dispute. Please reference the findings letter for appeal/dispute submission guidelines.
- You are submitting a corrected claim.

Provider Info 4

Group
Provider *
Phone
Tax ID *
Medicaid ID
Email ID

Member Info

Member Name *
Member's ID *

Claim Info

Date of Service From
Payment Notification Date
Diagnosis Code
Claim ID *
CPT/HCPCS Codes

Contact *

Fax
NPI *

Mailing Address

Address Line1
Address Line2
City Select State Zip

Member DOS *

Date of Service To
NDC Code
Type
Reason *
Supporting Documents
eg: pdf, doc, docx, jpg, png, xls, xlsx

Actions against them f
Choose Files No file chosen 5

6

State your rationale for the appeal and expected outcome. Please attach any supporting documentation that will assist with resolution. *

Add rationale here

7 Submit Clear Back

SUBMIT PROVIDER APPEALS CONT.



Once the form is submitted, a receipt message will appear, detailing the resolution timeframe and contact information.

8. Click Ok

The completed form is sent to the **Complaints and Grievance** team for follow-up.

Provider Appeals Form

The Provider Appeal process is NOT intended for any of the following scenarios. Please do not use this form if:

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- Your request is related to an Overpayment/Recovery dispute. Please reference the Recovery findings letter for appeal/dispute submission guidelines.
- Your request is related to a Vendor-related dispute. Please reference the findings letter for appeal/dispute submission guidelines.
- You are submitting a corrected claim.

Provider Info Group <input type="text"/> Provider * <input type="text"/> Phone <input type="text"/> Tax ID * <input type="text"/> Medicaid ID <input type="text"/> Email ID <input type="text"/>	Contact * Fax <input type="text"/> NPI * <input type="text"/> Mailing Address Address Line1 <input type="text"/> Address Line2 <input type="text"/> City <input type="text"/> Select Sta ▼ Zip <input type="text"/>
Member Info Member Name * <input type="text"/> Member's ID * <input type="text"/>	Member DOB * <input type="text"/>

Claim Info
Date of Service
Payment Method
Diagnosis Code
Claim ID *
CPT/HCPCS

AmeriHealth Caritas New Hampshire received your appeal on 11/14/2025. Please accept this letter as receipt of your correspondence. AmeriHealth Caritas New Hampshire will respond to your documentation within 30 calendar days.

If you require further information regarding this research, please contact Provider Services at 1-888-599-1479.

State your rationale for the appeal and expected outcome. Please attach any supporting documentation that will assist with resolution. *

CHECK APPEAL STATUS

DESCRIPTION

Check Appeal Status

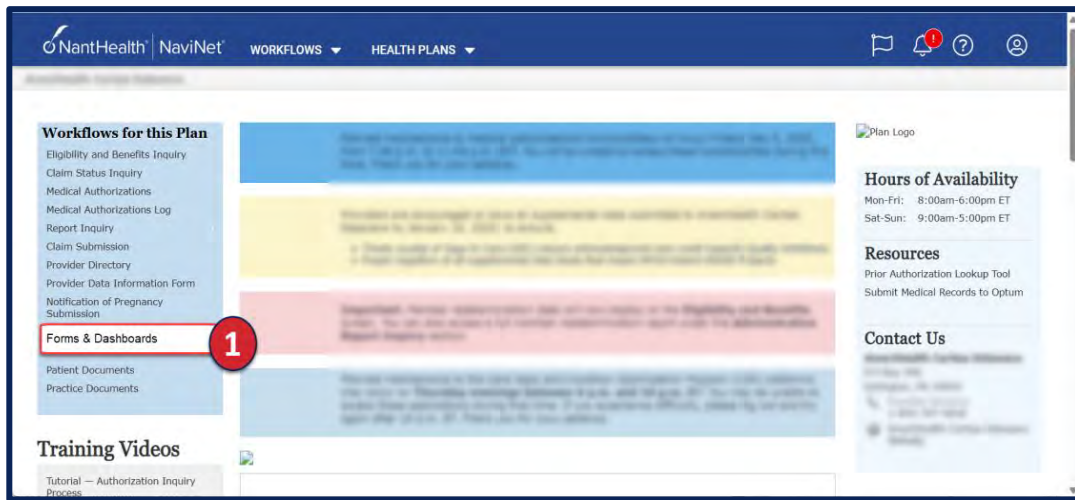
This functionality will be used to check or view the status of previously submitted claim appeals.

CHECK APPEAL STATUS



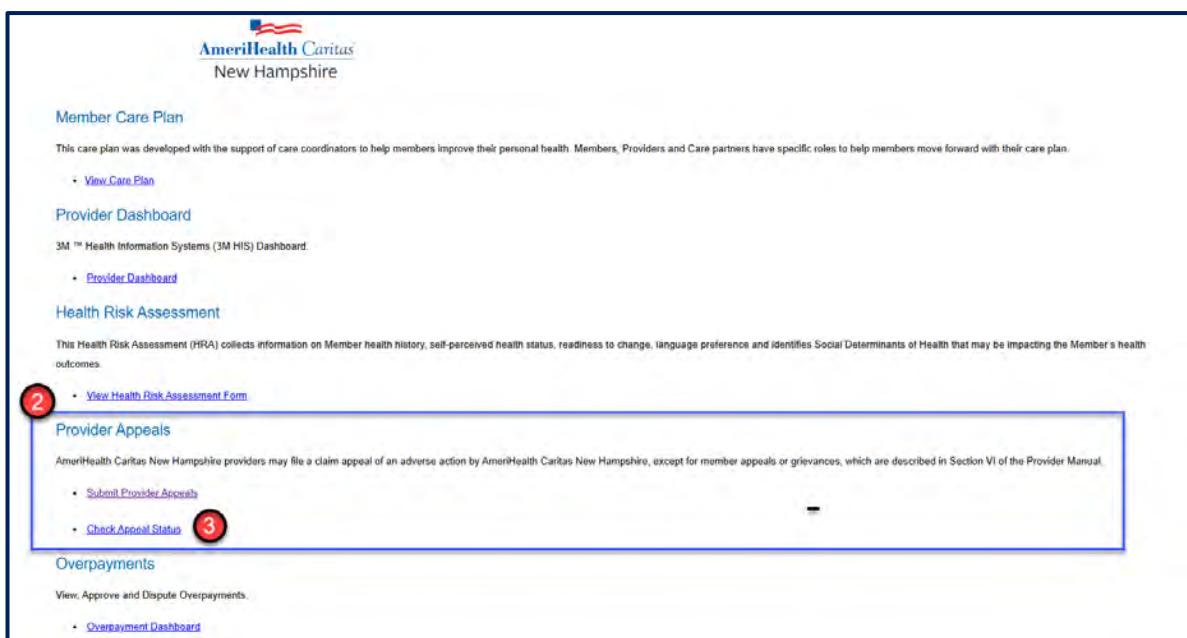
Guidelines to review the Check Appeal Status

1. Click Forms & Dashboard from the Workflows for this Plan



The ACNH Forms & Dashboard screen will display

2. Navigate to the Provider Appeals section
3. Click the Check Appeal Status link



The **Check Appeal Status** form will display. The search criteria will be based on the provider's NaviNet login information.

4. Perform a search by using the **Payee ID** and one of the following data elements:
 - Claim ID or
 - Member ID or
 - Submission Date Range – Begin Date and End Date
5. Click the Search button

The screenshot shows a web form titled "Check Dispute Status". A red circle with the number "4" points to the "Payee ID" dropdown menu. Below it, the text "AND ONE OF THE FOLLOWING:" is followed by three options: "Claim ID" with a text input field, "OR" with "Member's ID" and a text input field, and "OR" with "Submission Date Range". The "Submission Date Range" section includes "Begin Date" and "End Date" text input fields, each with a calendar icon. At the bottom, there are "Back" and "Search" buttons. A red circle with the number "5" points to the "Search" button. A note at the bottom states: "NOTE: Search results will include up to 18 months of status history from today's date".

Note: Providers will be able to view 18 months of status history based on the date the claim dispute/appeal is received.

CHECK APPEAL STATUS CONT.



The search will return one of the following statuses: **In Progress**, **Overtured**, **Upheld**, or **Voided** and will include the date the determination letter was uploaded into the system.

A copy of the determination letter will be available under **Practice Documents**.

Check Appeal Status										
Member ID	Member Name	Claim ID	Service Start Date	Service End Date	Dispute/Appeal Receive Date	Status	Completion Date	Decision Letter Upload Date	Voided Reason	Voided Service Form Number
			2023-09-12	2023-09-12	2025-10-13	In Progress		2025-11-06		
			2023-09-12	2023-09-12	2025-10-13	In Progress		2025-11-06		
			2023-09-12	2023-09-12	2025-10-17	In Progress				
			2023-09-12	2023-09-12	2025-10-17	In Progress				
			2023-09-12	2023-09-12	2025-10-17	In Progress				
			2023-09-12	2023-09-12	2025-10-17	In Progress				
			2023-09-12	2023-09-12	2025-10-17	In Progress				
			2023-09-12	2023-09-12	2025-10-17	In Progress				
			2023-09-12	2023-09-12	2025-10-17	In Progress				
			2023-09-12	2023-09-12	2025-10-17	In Progress				
			2023-09-12	2023-09-12	2025-10-17	In Progress				
			2023-09-12	2023-09-12	2025-10-17	In Progress				
			2023-09-12	2023-09-12	2025-10-17	In Progress				
			2023-09-12	2023-09-12	2025-10-17	Upheld	2025-10-17	2025-10-28		
			2023-09-12	2023-09-12	2025-10-17	Overtured	2025-11-04	2025-11-04		