



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

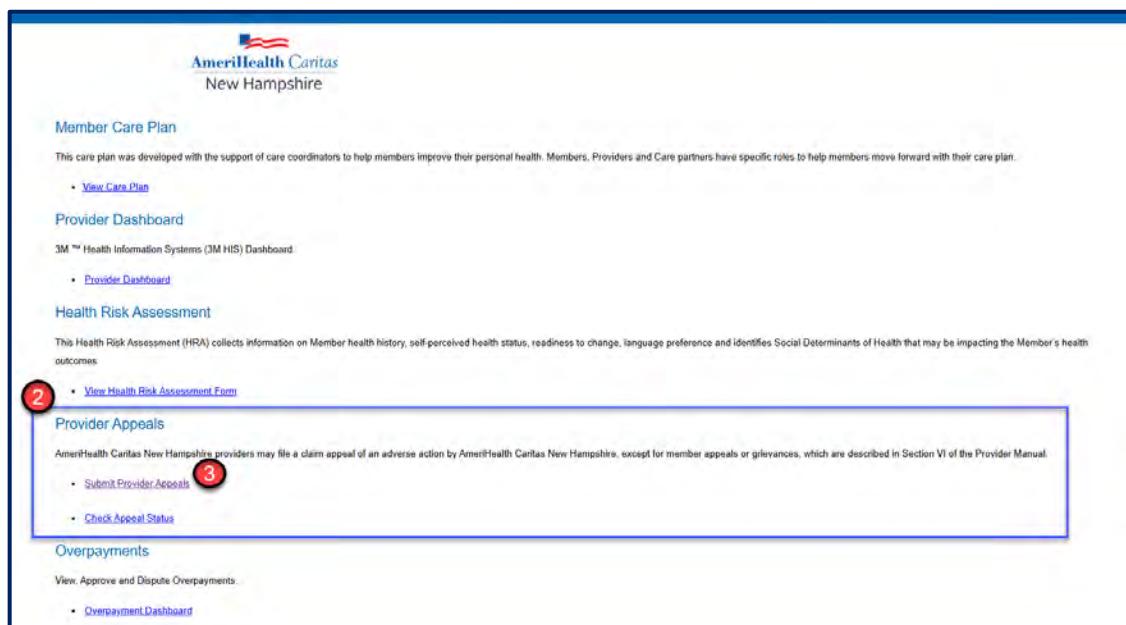
Guidelines to Submit Provider Appeals

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.

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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

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

Contact *

Address Line1
Address Line2
City Select State Zip

Member Info

Member Name *
Member's ID *

Member DOB *

Claim Info

Date of Service From

Payment Notification Date

Diagnosis Code
Claim ID *
CPT/HOPCS Codes

Date of Service To

NDC Code
Type
Reason *
Actions against them
Supporting Documents
eg: pdf, doc, docx, jpg, png, xls, xlsx
 No file chosen (5)

Rationale (6)

Add rationale here

Submit **Clear** **Back** (7)

SUBMIT PROVIDER APPEALS CONT.

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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:

- 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

Group	Provider *	Contact *
Phone		Fax
Tax ID *		NPI *
Medicaid ID		
Email ID		

Member Info

Member Name *	Member DOB *
Member's ID	

Claim Info

Date of Service: 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.

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

Diagnosis Code: CPT/HOPC:

OK 8

Choose Reason: Select Reason

Choose File: Choose Files | No file chosen

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

Submit | Clear | Back

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



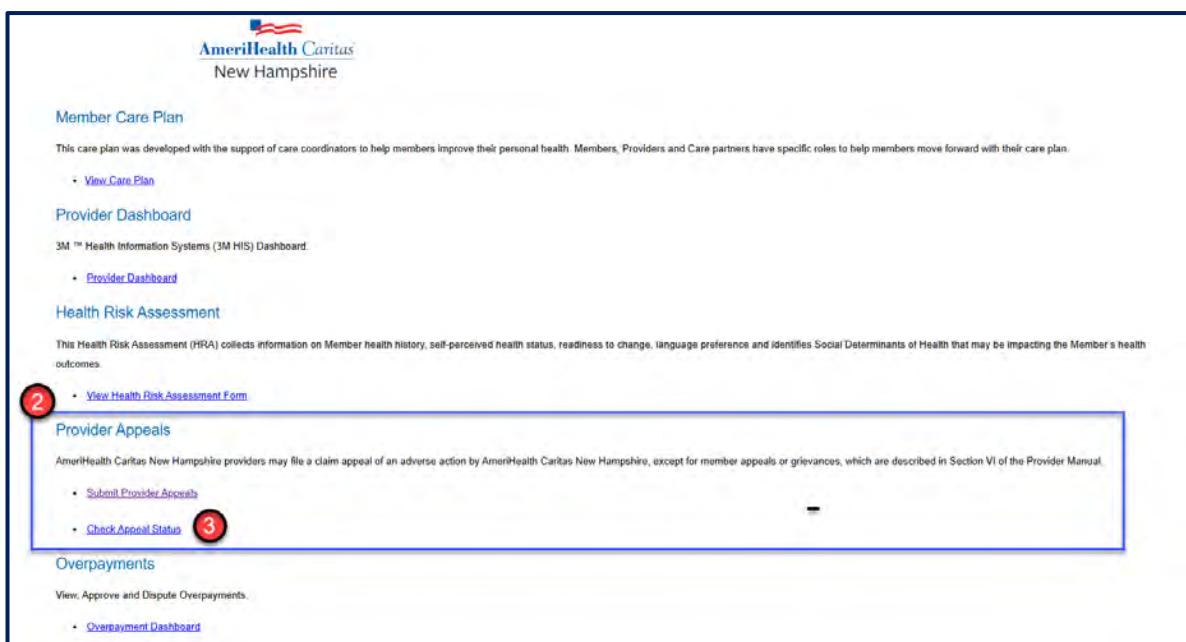
Guidelines to review the Check Appeal Status

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



CHECK APPEAL STATUS CONT.



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

Check Dispute Status

Search By

4

Payee ID: *

AND ONE OF THE FOLLOWING:

Claim ID:

OR

Member's ID:

OR

Submission Date Range

Begin Date:

End Date:

Back Search 5

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, Overturned, 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	Appeal/Appeal Receive Date	Status	Completion Date	Decision Letter Upload Date	Voided Reason	Voided Service Form Number
2923-09-12			2023-09-12	2023-09-12	2025-10-13	In Progress		2025-11-06		
2923-09-12			2023-09-12	2023-09-12	2025-10-13	In Progress		2025-11-06		
2923-09-12			2023-09-12	2023-09-12	2025-10-17	In Progress				
2923-09-12			2023-09-12	2023-09-12	2025-10-17	In Progress				
2923-09-12			2023-09-12	2023-09-12	2025-10-17	In Progress				
2923-09-12			2023-09-12	2023-09-12	2025-10-17	In Progress				
2923-09-12			2023-09-12	2023-09-12	2025-10-17	In Progress				
2923-09-12			2023-09-12	2023-09-12	2025-10-17	In Progress				
2923-09-12			2023-09-12	2023-09-12	2025-10-17	In Progress				
2923-09-12			2023-09-12	2023-09-12	2025-10-17	Upheld	2025-10-17	2025-10-28		
2923-09-12			2023-09-12	2023-09-12	2025-10-17	Overturned	2025-11-04	2025-11-04		