



NAVINET CLAIMS DISPUTES USER GUIDE

NaviNet Forms and Dashboards

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OVERVIEW

The purpose of this user guide is to demonstrate how to complete the AmeriHealth Caritas Next Claims Disputes and the Check Dispute 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 the Claims Disputes form
- Review the statuses of previously submitted disputes

CLAIMS DISPUTES

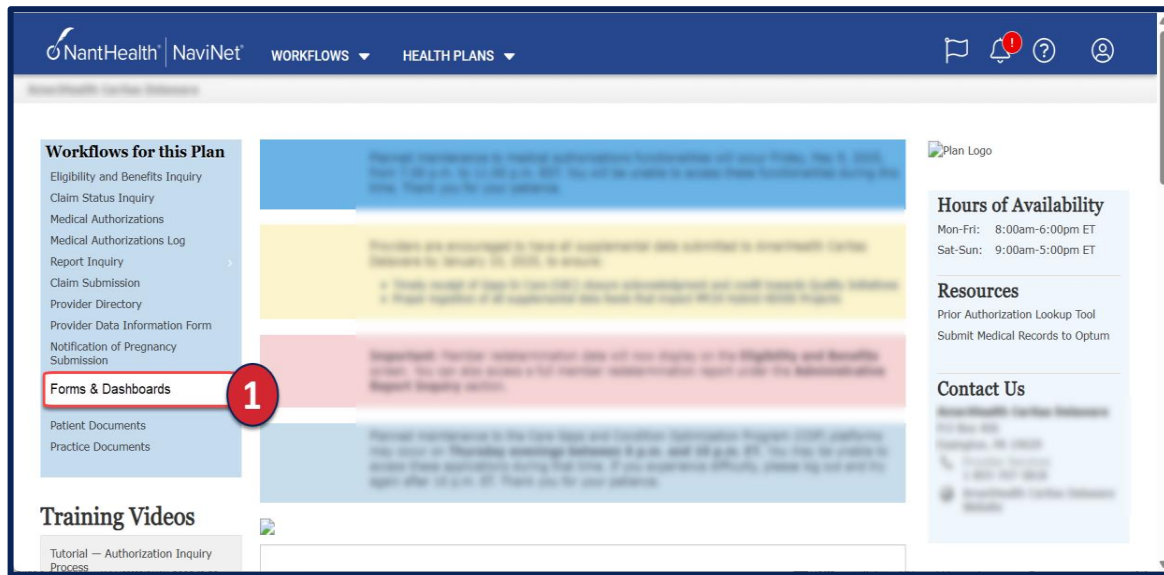
DEFINITION

Claim Disputes

Providers may file a dispute about the Plan's policies or procedures, or any aspects of the Plan's administrative functions, including proposed actions, claims-and billing-related issues, and service authorizations.

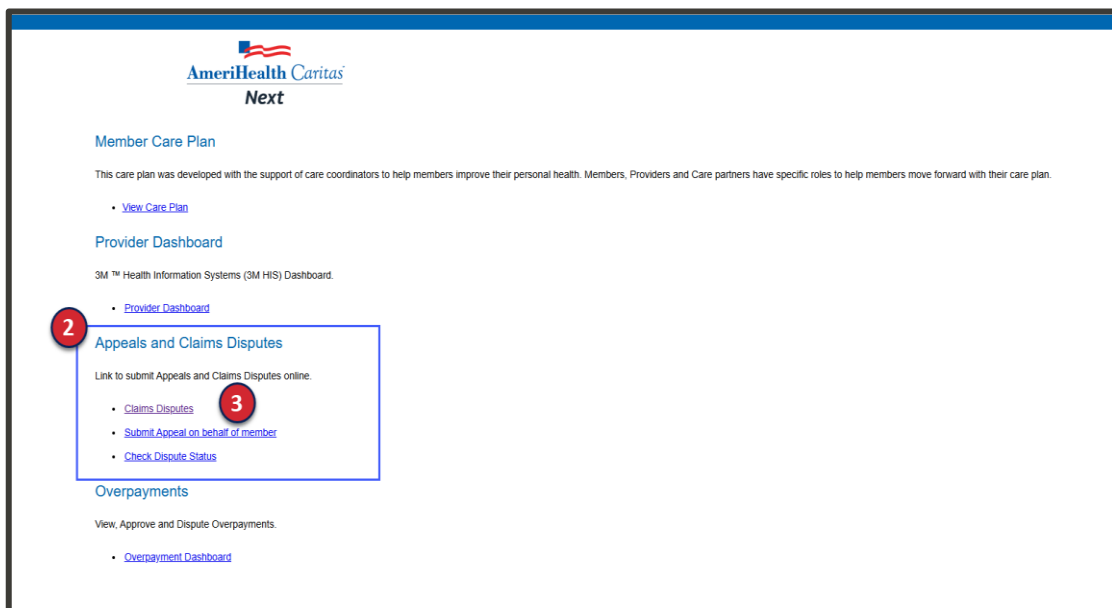
Guidelines to submit Claims Disputes

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



The AC Next Forms & Dashboard screen will display

2. Navigate to the Appeals and Claims Disputes section
3. Click the Claims Disputes link



4. Select the specific AC Next plan from the drop-down menu and click Submit

AmeriHealth Caritas Next

Health Plan : (AmeriHealth Caritas Next -)

Submit Back

4

The **Claim Disputes** form displays

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

AmeriHealth Caritas Next

Claim Disputes

Provider Info

Provider * 5

Phone *

Tax ID

Email ID

Contact (if different than above)

Fax

NPI

If different from provider

Member Info

Member name

Member's ID (copy from member's ID card)

Member DOB

Claim Info

Date of Service From *

Payment Notification Date

Diagnosis Code

Claim ID * 7

Other

To

CPT/HCPCS CODES

NDC Code

Reason *

Supporting Documents

eg: pdf, doc, docx, jpg, png, xls, xlsx

Choose Files No file chosen 6

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

Rationale here

Submit Clear Back 8

CLAIMS DISPUTES CONT.



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

9. Click Ok

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

AmeriHealth Caritas Next

Claim Disputes

Provider Info

Provider *
Phone *
Tax ID

Contact (if different than above)
Fax
NPI

If different from provider
Address Line1
Address Line2
City Select State Zip

Member Info

Member name
Member's ID (copy from member's ID card)

Member DOB

Claim Info

Date of Service From *
Payment Notification Date
Diagnosis Code
Claim ID *
Other
Please explain

To

State your rationale for the appeal and expected outcome. Please attach any supporting documents.

Submit Clear Back

AmeriHealth Caritas Next - North Carolina acknowledges receipt of your correspondence on 11/14/2025. AmeriHealth Caritas Next - North Carolina is researching your inquiry and will respond to you within 30 calendar days. If you have questions while you await a response, please contact your Account Executive or call the Provider Claims Service Department at 1-855-266-0219.

CHECK DISPUTE STATUS

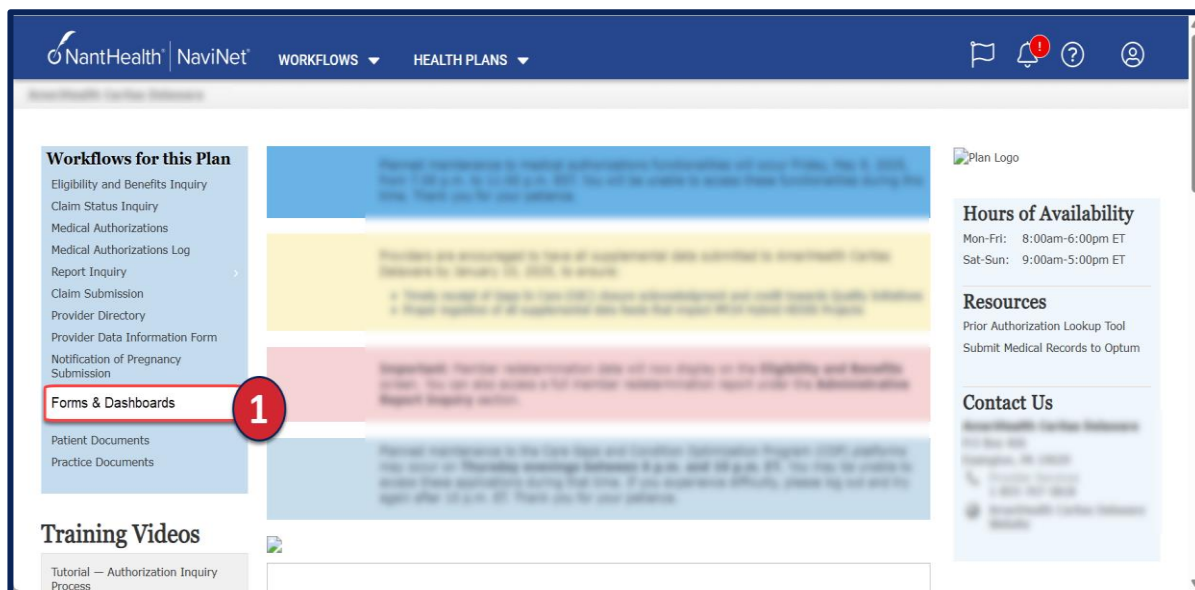
DESCRIPTION

Check Dispute Status

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

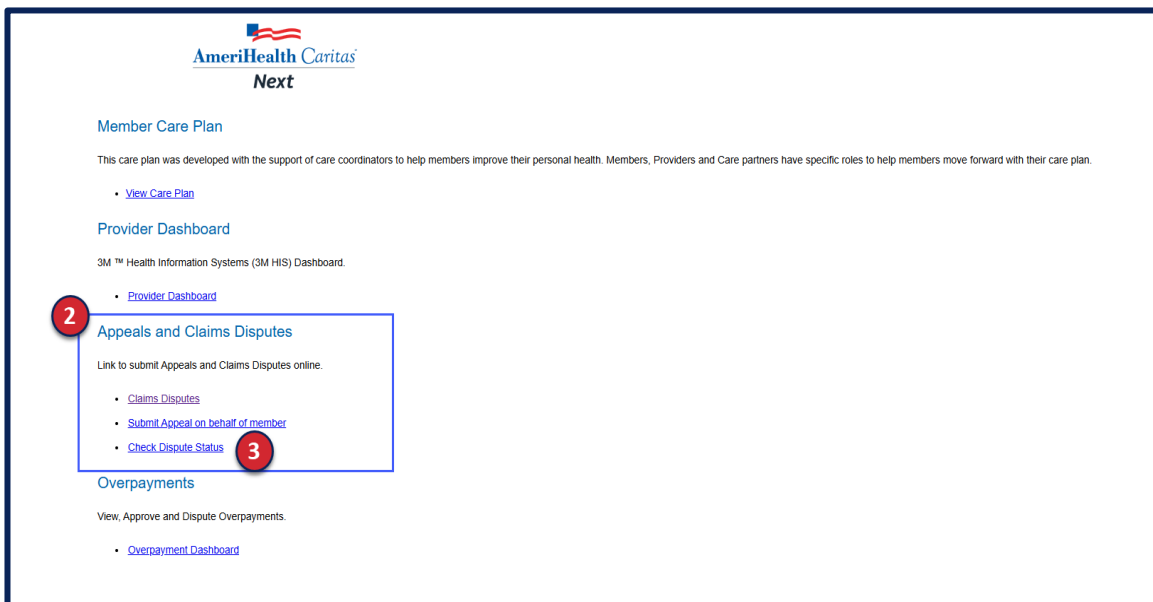
Guidelines to Check Dispute Status

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



The AmeriHealth Caritas Next Forms & Dashboard screen will display

2. Navigate to the Appeals and Claims Disputes section
3. Click the Check Dispute Status link



The **Check Dispute 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 the 'Check Dispute Status' form. At the top, the title 'Check Dispute Status' is in red. Below it, a red circle with the number '4' points to the 'Search By' section. This section includes a 'Payee ID *' dropdown menu. Below this, it says 'AND ONE OF THE FOLLOWING:'. There are three options: 'Claim ID' with a text input field containing 'asA', 'OR', 'Member's ID' with a text input field, and 'OR', 'Submission Date Range'. The 'Submission Date Range' section has 'Begin Date' and 'End Date' text input fields, each with a calendar icon. At the bottom of the form, there are 'Back' and 'Search' buttons. A red circle with the number '5' points to the 'Search' button. Below the buttons, a red note 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 DISPUTE 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 Dispute Status											
Member ID	Member Name	Claim ID	Service Start Date	Service End Date	Dispute/Appell Receive Date	Status	Completion Date	Decision Letter Upload Date	Voided Reason	Voided Service Form Number	
			2023-10-12	2023-10-13	2025-10-16	Upheld	2025-10-17	2025-10-17			
			2023-10-12	2023-10-13	2025-10-16	Overturned	2025-11-05				
			2023-10-12	2023-10-13	2025-10-21	Upheld	2025-11-05	2025-11-05			
			2023-10-12	2023-10-13	2025-10-21	Voided	2025-11-05		SHOV Scanning Error*		
			2023-10-12	2023-10-13	2025-10-30	Upheld	2025-10-30	2025-10-31			
			2023-10-12	2023-10-13	2025-10-30	In Progress					
			2023-10-12	2023-10-13	2025-11-03	Voided	2025-11-05		Duplicate Request*		
			2023-10-12	2023-10-13	2025-11-03	In Progress					
			2023-10-12	2023-10-13	2025-11-03	In Progress					
			2023-10-12	2023-10-13	2025-10-10	In Progress					
			2023-10-12	2023-10-13	2025-10-10	In Progress					
			2023-10-12	2023-10-13	2025-10-13	In Progress					