



# NAVINET CLAIMS DISPUTES USER GUIDE

NaviNet Forms and Dashboards



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# OVERVIEW

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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 statutes of previously submitted disputes

## **CLAIMS DISPUTES**

# DEFINITION

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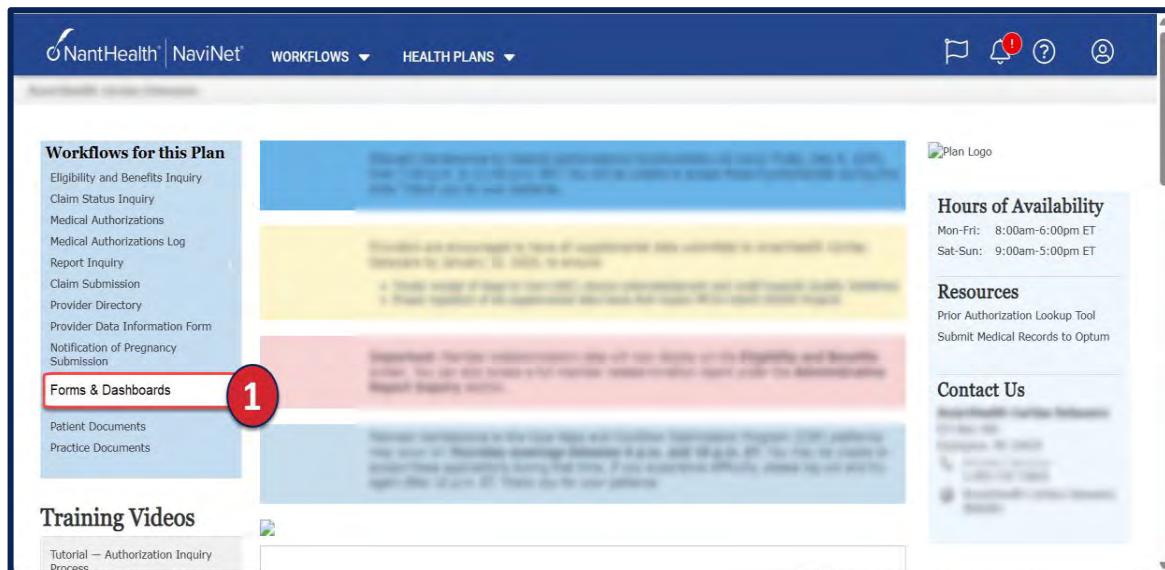
## **Claim Disputes**

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.

# CLAIMS DISPUTES

## Guidelines to submit Claims Disputes

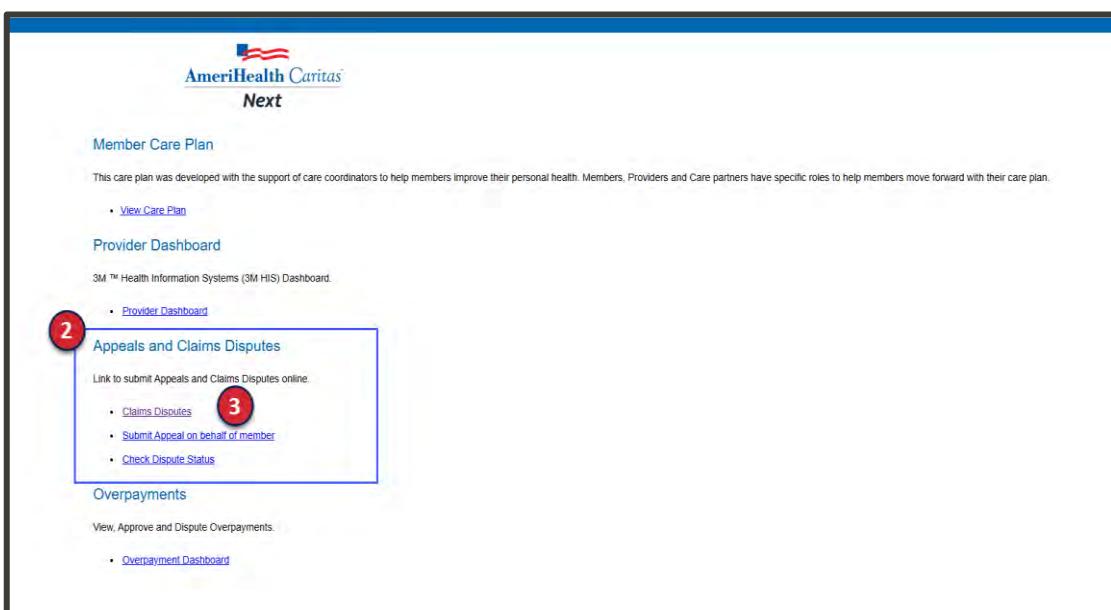
1. Click Forms & Dashboard from the Workflows for this Plan



The screenshot shows the NantHealth NaviNet interface. At the top, there are navigation links for 'WORKFLOWS' and 'HEALTH PLANS'. Below these are icons for a flag, a bell with a red notification, a question mark, and a user profile. The main content area is titled 'Workflows for this Plan' and lists various options: Eligibility and Benefits Inquiry, Claim Status Inquiry, Medical Authorizations, Medical Authorizations Log, Report Inquiry, Claim Submission, Provider Directory, Provider Data Information Form, Notification of Pregnancy Submission, and 'Forms & Dashboards'. The 'Forms & Dashboards' link is highlighted with a red box and circled with a red number 1. Other sections visible include 'Training Videos' and 'Hours of Availability'.

The AC Next Forms & Dashboard screen will display

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



The screenshot shows the AmeriHealth Caritas Next interface. At the top, there is a logo with the text 'AmeriHealth Caritas' and 'Next'. Below the logo is a 'Member Care Plan' section with a 'View Care Plan' link. Further down is a 'Provider Dashboard' section with a 'Provider Dashboard' link. The main content area is titled 'Appeals and Claims Disputes' and contains a list of links: 'Claims Disputes' (circled with a red number 3), 'Submit Appeal on behalf of member', and 'Check Dispute Status'. Below this is an 'Overpayments' section with a 'Overpayment Dashboard' link. A red box highlights the 'Appeals and Claims Disputes' link, which is circled with a red number 2.

# CLAIMS DISPUTES CONT.

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



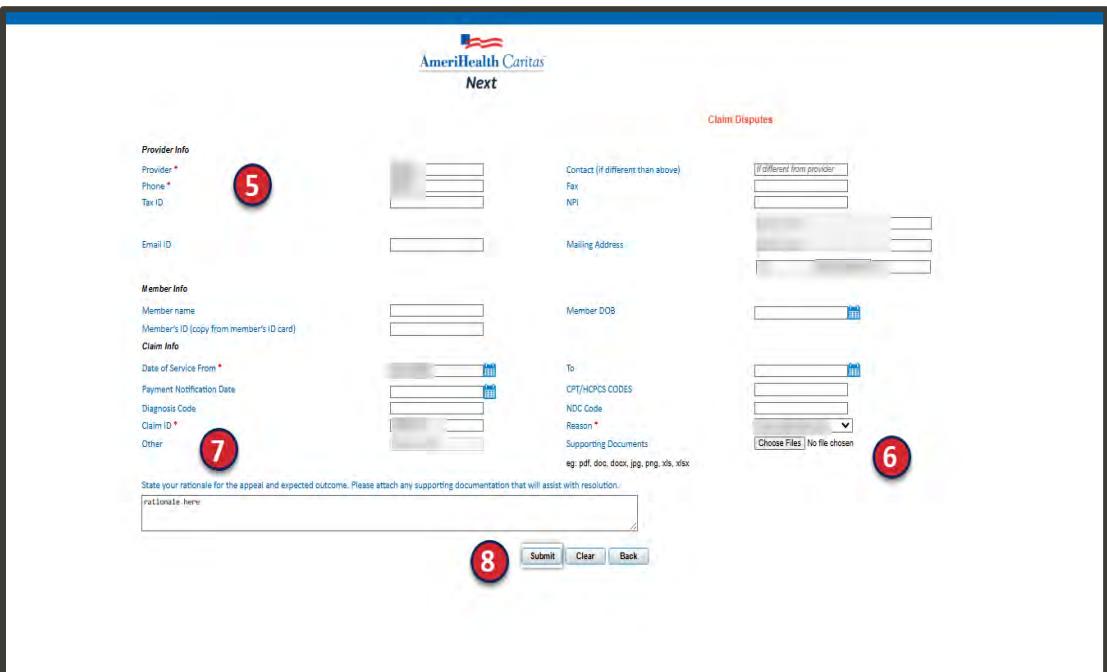
AmeriHealth Caritas  
Next

Health Plan : AmeriHealth Caritas Next -

Submit Back

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 \*  
Phone \*  
Tax ID

**Member Info**

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

**Claim Info**

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

**Contact (if different from above)**

Fax  
NPI

**Mailing Address**

**To:**

CPT/HCP3 CODES  
NDC Code  
Reason \*

**Supporting Documents**

eg. pdf, doc, docx, jpg, png, xls, xlsx  
Choose File: No file chosen

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

Submit Clear Back

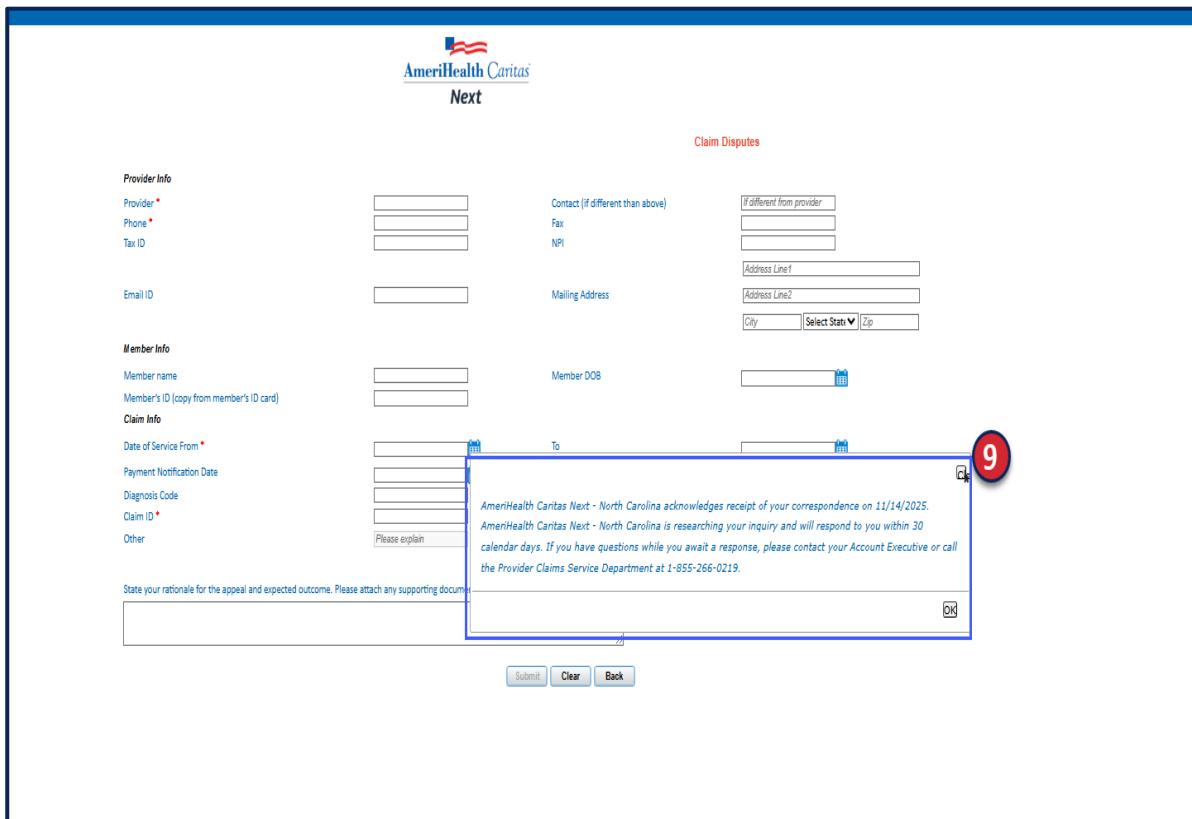
# CLAIMS DISPUTES CONT.

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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

Email ID

Contact (if different than above)

If different from provider

Fax

NPI

Mailing Address

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

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

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.

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Submit  Clear  Back

**CHECK DISPUTE STATUS**

# DESCRIPTION

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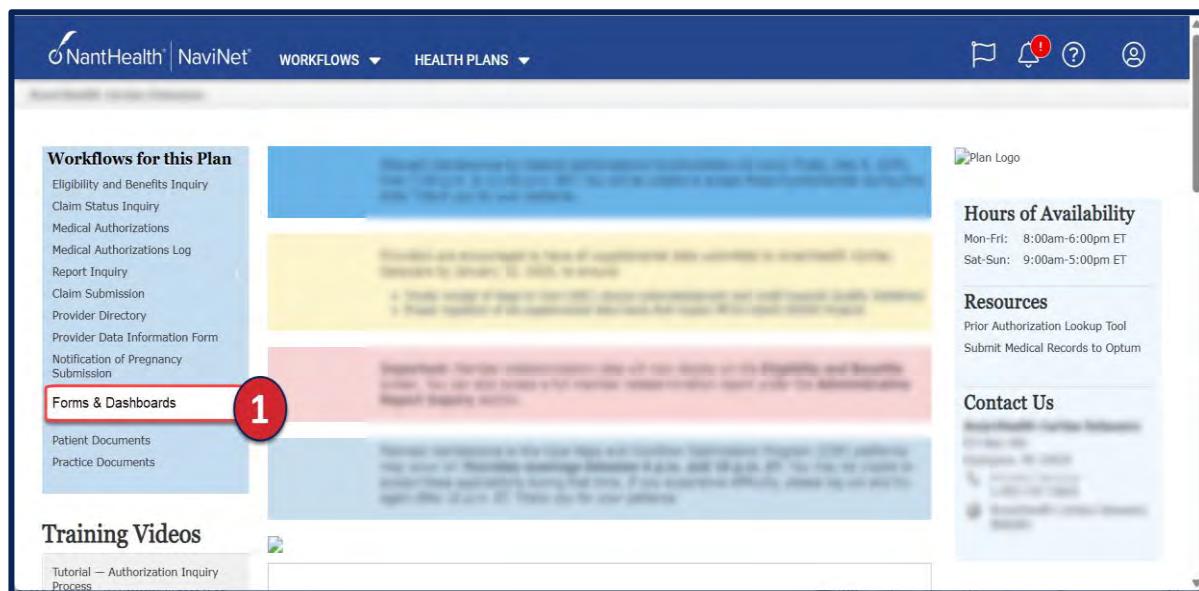
## Check Dispute Status

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

# CHECK DISPUTE STATUS

## Guidelines to Check Dispute Status

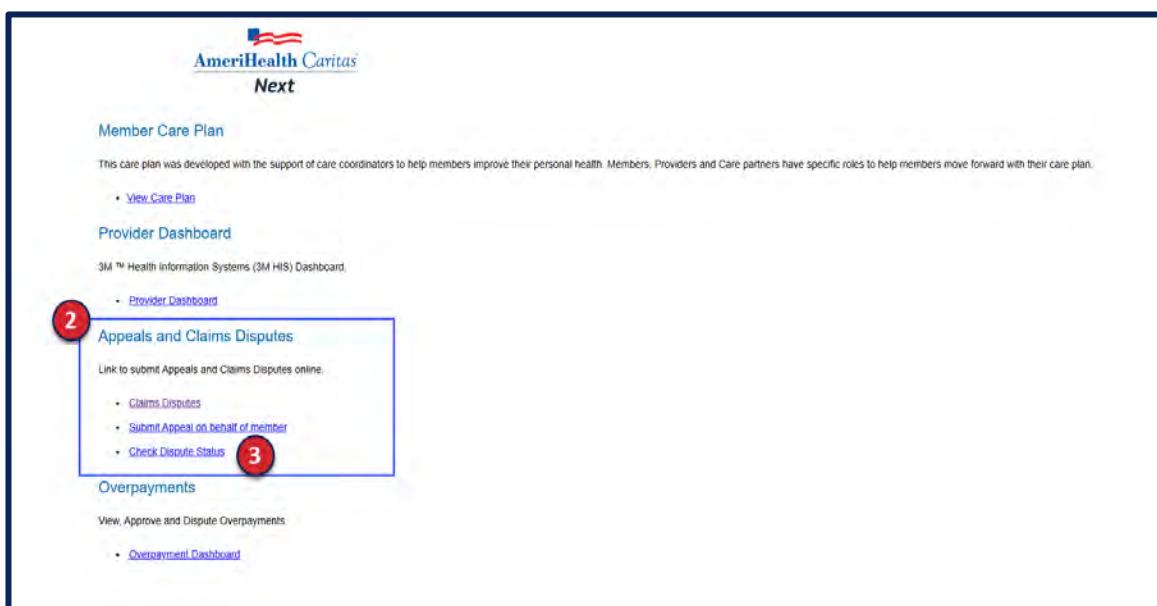
1. Click Forms & Dashboard from the Workflows for this Plan



The screenshot shows the NantHealth NaviNet interface. At the top, there are navigation links for 'NantHealth NaviNet', 'WORKFLOWS', and 'HEALTH PLANS'. On the right side, there are icons for a flag, a bell with a red notification dot, a question mark, and a user profile. The main content area is titled 'Workflows for this Plan' and lists various options: Eligibility and Benefits Inquiry, Claim Status Inquiry, Medical Authorizations, Medical Authorizations Log, Report Inquiry, Claim Submission, Provider Directory, Provider Data Information Form, Notification of Pregnancy, and Submission. Below this list, a red box highlights the 'Forms & Dashboards' link, which is circled with a red number '1'. Further down, there are sections for 'Training Videos' (with a 'Tutorial - Authorization Inquiry Process' link) and 'Hours of Availability' (listing Mon-Fri: 8:00am-6:00pm ET and Sat-Sun: 9:00am-5:00pm ET). On the right side, there are sections for 'Resources' (Prior Authorization Lookup Tool, Submit Medical Records to Optum) and 'Contact Us' (with a 'Contact Us' link).

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 screenshot shows the AmeriHealth Caritas Next Forms & Dashboard screen. At the top, there is a logo for 'AmeriHealth Caritas' and a 'Next' button. Below the logo, there are sections for 'Member Care Plan' and 'Provider Dashboard'. The 'Provider Dashboard' section includes a link to the '3M™ Health Information Systems (3M HIS) Dashboard'. Under the 'Provider Dashboard', a red box highlights the 'Appeals and Claims Disputes' link, which is circled with a red number '2'. This link leads to a box containing three options: 'Claims Disputes', 'Submit Appeal on behalf of member', and 'Check Dispute Status'. The 'Check Dispute Status' link is circled with a red number '3'. At the bottom of the screen, there is a section for 'Overpayments' with a link to the 'Overpayment Dashboard'.

# CHECK DISPUTE STATUS CONT.

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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 a search interface titled "Check Dispute Status". At the top, there is a "Search By" section with a dropdown menu labeled "Payee ID \*". Below this, the text "AND ONE OF THE FOLLOWING:" is displayed. There are three search criteria: "Claim ID" with a text input field containing "asA", "Member's ID" with an empty text input field, and "Submission Date Range" with two date input fields for "Begin Date" and "End Date", each accompanied by a calendar icon. At the bottom of the form, there are "Back" and "Search" buttons, and a note: "NOTE: Search results will include up to 18 months of status history from today's date". A red circle with the number "4" is placed over the "Payee ID" field, and a red circle with the number "5" is placed over the "Search" button.

**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/Appeal Receive Date	Status	Completion Date	Decision Letter Upload Date	Voided Reason	Voided Service Form Number
			2023-10-12	2023-10-13	2025-10-16	Upeld	2025-10-17	2025-10-17		
			2023-10-12	2023-10-13	2025-10-18	Overturned	2025-11-05			
			2023-10-12	2023-10-13	2025-10-21	Upeld	2025-11-05	2025-11-05		
			2023-10-12	2023-10-13	2025-10-21	Voided	2025-11-05		SHDV Scanning Error*	
			2023-10-12	2023-10-13	2025-10-30	Upeld	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				