



# 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 statuses of previously submitted disputes

## **CLAIMS DISPUTES**

# DEFINITION

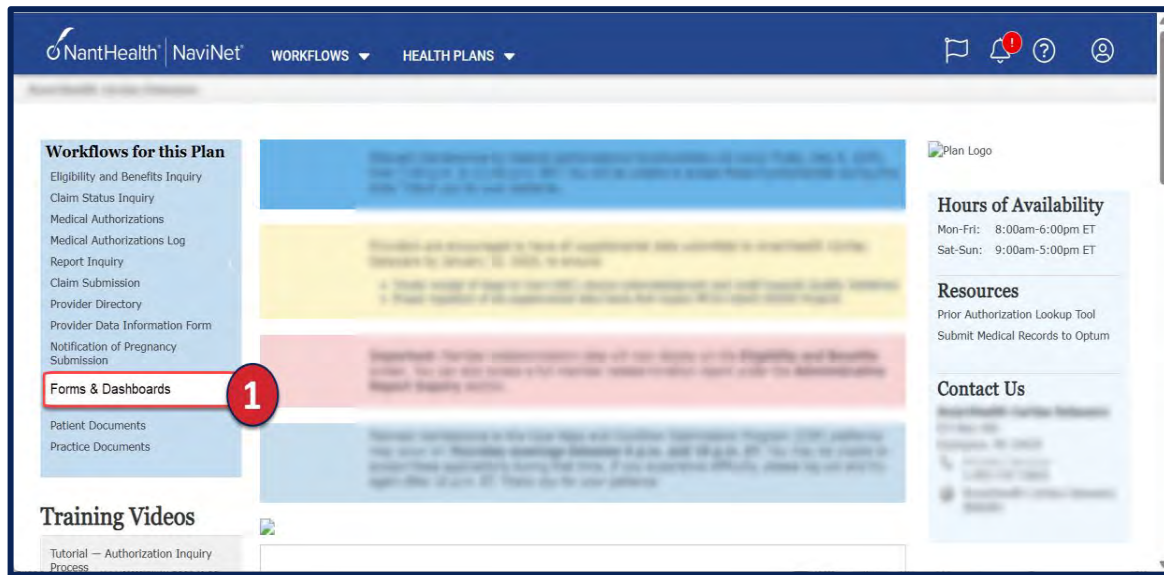
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## Claim Disputes

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.

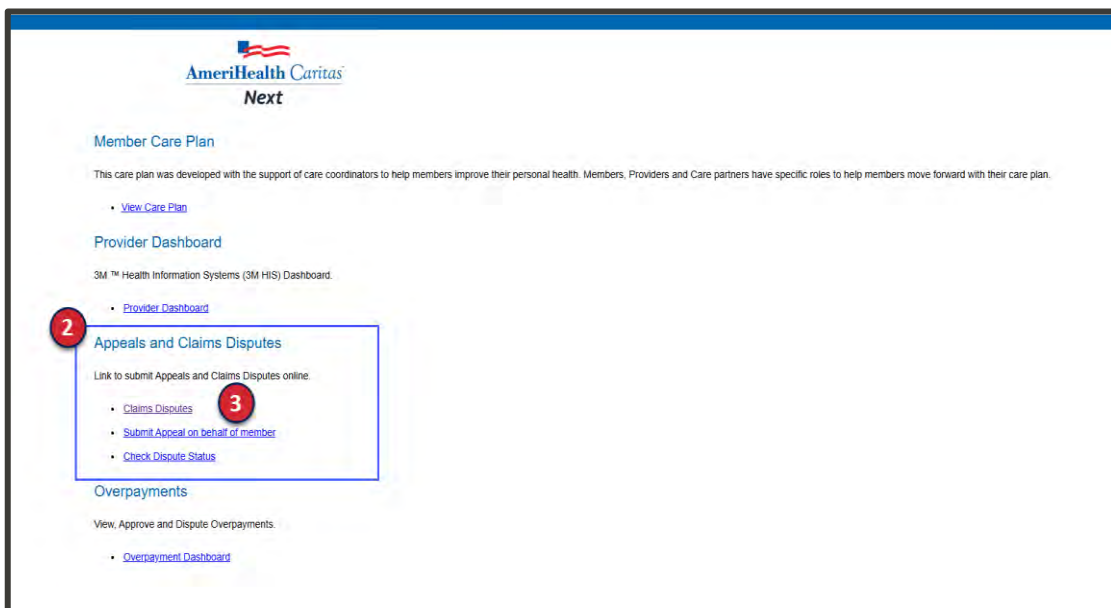
## Guidelines to submit Claims Disputes

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

The screenshot shows the AmeriHealth Caritas Next logo at the top. Below it, there is a dropdown menu labeled "Health Plan : /AmeriHealth Caritas Next-". A red circle with the number "4" is placed over the dropdown menu. To the right of the dropdown menu are two buttons: "Submit" and "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

The screenshot shows the AmeriHealth Caritas Next logo at the top. Below it, the "Claim Disputes" form is displayed. The form is divided into several sections: "Provider Info" (with fields for Provider, Phone, Tax ID, and Email ID), "Member Info" (with fields for Member name, Member's ID, and Member DOB), and "Claim Info" (with fields for Date of Service From, Payment Notification Date, Diagnosis Code, Claim ID, and Other). There are also fields for "Contact (if different than above)" (Fax, NPI), "Mailing Address", and "Supporting Documents" (with a "Choose Files" button). A large text area at the bottom is labeled "State your rationale for the appeal and expected outcome. Please attach any supporting documentation that will assist with resolution." and "Rationale: here". A red circle with the number "5" is placed over the "Provider" field, a red circle with the number "6" is placed over the "Choose Files" button, a red circle with the number "7" is placed over the "Claim ID" field, and a red circle with the number "8" is placed over the "Submit" button. The "Submit", "Clear", and "Back" buttons are at the bottom right.

# 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

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## Check Dispute Status

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

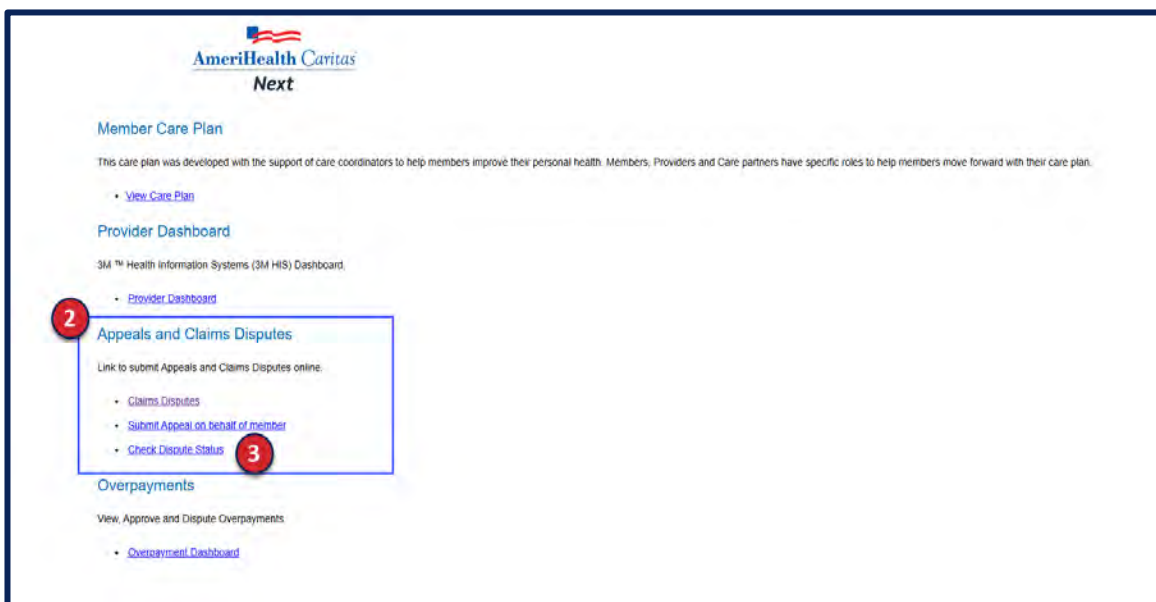
## Guidelines to Check Dispute Status

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 displayed in red. Below it, the 'Search By' section is highlighted with a red circle containing the number 4. This section includes a dropdown menu for 'Payee ID \*' and a section titled 'AND ONE OF THE FOLLOWING:' which contains 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' which includes 'Begin Date' and 'End Date' fields with calendar icons. At the bottom of the form, there are 'Back' and 'Search' buttons. A red circle containing the number 5 is placed over 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**, **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 Dispute Status										
Member ID	Member Name	Claim ID	Service Start Date	Service End Date	Dispute/Appell Review 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	2025-10-18	Overtured	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	2025-11-03		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	2023-10-12	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				