

Provider Appeals Information and Documentation Requirements

CalViva Health and Health Net Community Solutions, Inc. (Health Net) are sending a reminder to participating providers about the necessary information and documentation to include when submitting an appeal.

OVERVIEW

Providers should use the Provider Dispute Resolution Request form for appeals. If a dispute is for multiple, substantially similar claims, the Provider Dispute Resolution Request spreadsheet (page two of the request form) should also be submitted with the request form. The provider dispute must include:

- Provider's name
- Provider tax identification (ID) number or National Provider Identifier (NPI)
- Contact information, including telephone number
- Original claim number

Participating providers who submit disputes to the CalViva Health Provider Disputes and Appeals Unit are not charged for processing provider disputes. There is no discrimination or retaliation against a participating provider who uses the provider dispute process.

SHARED RISK PROVIDERS

Providers participating through a Health Net participating physician group (PPG):

- Cannot be charged a processing fee when utilizing the PPG's provider dispute process.
- Must submit disputes to the PPG that processed the claim.
- For inpatient hospital stays, submit documentation for the entire inpatient stay (including the date of service under appeal) to the PPG that processed the claim.

INFORMATION NEEDED

If the dispute is regarding a claim or a request for reimbursement of an overpayment of a claim, the dispute must include:

- Clear identification of the disputed item.
- Date(s) of service.
- Clear explanation about why the provider believes the payment amount, request for additional information, request for reimbursement of an overpayment, or other action is incorrect.

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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- If the provider receives denials from both the at-risk hospital or PPG and Health Net, include a copy of the denials.

If the dispute is not about a claim, the provider must include a clear explanation of the reason for the dispute, including, if applicable, relevant references to the *Provider Participation Agreement (PPA)*.

SUPPORTING DOCUMENTATION – NON-SHARED RISK PROVIDERS

When submitting documents for a provider appeal or additional documentation is requested relating to an appeal, the provider should only include documents with the dates that are requested or are in dispute unless otherwise specified. Documentation for dates outside of the scope of the request or appeal should not be included. For example, a member has an inpatient hospital stay from January 1 to January 10 but services on January 8 and January 9 are in dispute. Only itemized documentation for January 8 and January 9 should be submitted. Documentation for the entire stay from January 1 to January 10 is not required.

ADDITIONAL INFORMATION

Additional information regarding appeals and dispute resolution is available on the provider website at provider.healthnet.com in the Provider Library under *Operations Manuals > Dispute Resolution, Organization Determinations and Appeals > Provider Appeals and Dispute Resolution*. The Provider Dispute Resolution Request form is also available in the Provider Library under *Forms > Provider Dispute Resolution Request – CalViva Health*.

Providers are encouraged to access the provider portal online for real-time information about eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.