

Claim Reconsiderations and Disputes – Provider Portal Desk Reference

Follow this process when you would like Health Choice to re-adjudicate a claim.

Important information before you get started.

- The reconsideration and dispute features are enabled based on Tax Id number.
- The eligibility of a claim reconsideration is based on the original claim’s date of service.
- Only claims that fall within the time frames indicated below will be eligible for reconsideration.
 - **Health Choice Arizona:** 12-month time frame from the date of service to file a reconsideration.
 - **Health Choice Pathway:** 18-month time frame from the date of service to file a reconsideration.
- The system is set up to ensure that only claims that meet these guidelines will allow you to proceed with a reconsideration through the provider portal.
- If your claim is outside the time frame, you will see the following disclaimer once your claim is located, “Please contact your Provider representative; the claim Date of Service has exceeded the time frame for reconsideration.”
- Only claims in a **Paid, Check Not Cashed, or Denied** status are eligible for reconsideration, and only claims in a finalized status for reconsideration are eligible for a dispute.
- The provider portal allows for up to two reconsiderations and one formal dispute per claim. If you would like to file a second formal dispute, review chapter 15 (Health Choice Arizona) or chapter 9* (Health Choice Pathway) of the Provider Manual for instructions. **Health Choice Pathway—a dispute is referred to as an appeal*

Logging In

1. Log in to the portal with your TIN, User ID, and password.
<https://providerportal.healthchoiceaz.com/>
2. Once logged in, your view will default to the “Home” screen.

Submitting a Claim Reconsideration

1. To start, select **CLAIMS** in the upper navigation bar, then **VIEW ALL CLAIMS**.

The screenshot shows the top navigation bar of the Health Choice Provider Portal. The navigation items are: HOME, ELIGIBILITY, CLAIMS (highlighted with a red box), MEMBER ROSTER, A/R REPORTS, QUALITY, PRIOR AUTHORIZATIONS, DOCUMENTS, and LOG OFF. A dropdown menu for CLAIMS is open, showing options: VIEW ALL CLAIMS (highlighted with a red box), RECONSIDERATIONS, and DISPUTES.

Below the navigation bar is a "Welcome to Health Choice Provider Portal" section. It features a "Member Eligibility" form with the following fields: First Name, Last Name, Date of Birth (with a calendar icon), Member Id, and a SEARCH button.

At the bottom, there are three columns of links:

- Claims:** Claims Lookup, Dental Claims History, Vision Claims History
- Authorizations:** View Your Medical Prior Authorization Status, Health Choice - Pharmacy Prior Authorization Request, Health Choice Arizona - Prior Authorization Grid, Health Choice Generations - Prior Authorization Grid (Arizona)
- Provider Tools:** Provider Member Roster, Provider Resources, Internet Explorer Compatibility View Instructions, Health Choice Integrated Care Provider Portal, Provider Demographic Summary, EFT/ERA Setup Request Form

- Next, locate the claim you want Health Choice to reconsider. You can enter one or more filters to narrow results. For example, you can enter the member's ID and date of service, then select **APPLY FILTERS**. If you are having trouble locating your claim, try removing filters added to increase search results. Only claims in a Paid, Check Not Cashed, or Denied status can be submitted for reconsideration.

259,125 Claims Actions: BULK RECONSIDERATION EXPORT TO EXCEL

Select Filters:

Claim Number Provider Name Member Id Member Name Date Of Service Received Date Paid Date

Status LOB Billed Allowed Paid Check # Reconsideration Status

-- Please Select -- -- Please Select -- \$ 0.00 \$ 0.00 \$ 0.00 --Please Select --

APPLY FILTERS CLEAR FILTERS

Show 10 entries

Bulk	Claim Number	Provider Name	Member Id	Member Name	Date Of Service	Received Date	Paid Date	Status	LOB	Billed	Allowed	Paid	Check #	Reconsideration Status	Docs
▼		MOHAMMAD A SUBHAN			11/12/2019	01/01/2020	02/20/2020	PAID	HCG	\$365.00	\$145.95	\$116.31	869985	Complete	
▼		ICAL CENTE KINGMAN REGIONAL MED			09/10/2019	01/01/2020	01/31/2020	PAID	HCA	\$16,108.70	\$1,435.58	\$1,435.58	764879	Under Review	
▼		RAUCHEL FARRIS			12/27/2019	01/01/2020	04/03/2020	PAID	HCA	\$386.00	\$62.65	\$62.65	776233	Complete	

- Once the page filters, locate the correct claim. Select the down arrow to expand the claim to see claim status details and the reconsideration section.

1 Claims Actions: BULK RECONSIDERATION EXPORT TO EXCEL

Select Filters:

Claim Number Provider Name Member Id Member Name Date Of Service Received Date Paid Date

Status LOB Billed Allowed Paid Check # Reconsideration Status

-- Please Select -- -- Please Select -- \$ 0.00 \$ 0.00 \$ 0.00 --Please Select --

APPLY FILTERS CLEAR FILTERS

Show 10 entries

Bulk	Claim Number	Provider Name	Member Id	Member Name	Date Of Service	Received Date	Paid Date	Status	LOB	Billed	Allowed	Paid	Check #	Reconsideration Status	Docs
▼		ICAL CENTE KINGMAN REGIONAL MED			11/04/2019	11/19/2019	01/14/2020	PAID	HCA	\$5,218.00	\$483.57	\$483.57	761613		

- Select the appropriate **Reason Code** for your request for reconsideration. A short note about your reconsideration in the **Custom Reason** box is required to help guide the processor when reviewing the claim. Then select the **RECONSIDERATION REQUEST** button.

Bulk	Claim Number	Provider Name	Member Id	Member Name	Date Of Service	Received Date	Paid Date	Status	LOB	Billed	Allowed	Paid	Check #	Reconsideration Status	Docs
<input type="checkbox"/>					1/04/2019	11/19/2019	01/14/2020	PAID	HCA	\$5,218.00	\$483.57	\$483.57	761613		

Status	Date Of Service	Procedure	Quantity	Paid Date	Billed	Deductible	Allowed	COB	Co-Pay/Co-Ins	Paid	Reason Code
PAID	11-04-2019	84484	1	01-14-2020	\$396.00	\$0.00	\$12.78	\$0.00	\$0.00	\$12.78	OUTPATIENT LINE APPROVED FOR PAYMENT BASED ON AHCCCS ALLOWABLE
PAID	11-04-2019	9928525	1	01-14-2020	\$2,114.00	\$0.00	\$297.00	\$0.00	\$0.00	\$297.00	REDUCED TO A LOWER LEVEL OF CARE
PAID	11-04-2019	83880	1	01-14-2020	\$654.00	\$0.00	\$40.24	\$0.00	\$0.00	\$40.24	OUTPATIENT LINE APPROVED FOR PAYMENT BASED ON AHCCCS ALLOWABLE
PAID	11-04-2019	71046	1	01-14-2020	\$602.00	\$0.00	\$66.63	\$0.00	\$0.00	\$66.63	OUTPATIENT LINE APPROVED FOR PAYMENT BASED ON AHCCCS ALLOWABLE

Reason Code

CPT/HCPC Code underpaid

Custom Reason

Our claim with the total billed charges \$5,218 downgraded our Emergency Room charges for not

RECONSIDERATION REQUEST

The information will then be submitted and will be saved and attached to the original claim details.

Request ID	Reconsideration Status	Date Submitted	Reason	Reason Text	Response
702	New	9/22/2020	CPT/HCPC Code underpaid	Our claim with the total billed charges \$5,218 downgraded our Emergency Room charges for not	

Bulk Reconsiderations

Reconsiderations can be submitted in bulk; however, all claims chosen in that reconsideration **must have the same reconsideration reason**.

- Start by locating the claims page that has multiple claims that need to be reconsidered for the same reason.
- Select the **Bulk** checkbox next to each claim that needs to be reconsidered.

Note: If the claim is not eligible for reconsideration, the **Bulk** checkbox will not be available next to the claim.

3. Then select the **BULK RECONSIDERATION** button.

39,733 Claims Actions: **BULK RECONSIDERATION** EXPORT TO EXCEL

Select Filters:

Claim Number Provider Name Member Id Member Name Date Of Service Received Date Paid Date

Status DENIED LOB -- Please Select -- Billed \$ 0.00 Allowed \$ 0.00 Paid \$ 0.00 Check # -- Please Select -- Reconsideration Status

APPLY FILTERS CLEAR FILTERS

Show 10 entries

Bulk	Claim Number	Provider Name	Member Id	Member Name	Date Of Service	Received Date	Paid Date	Status	LOB	Billed	Allowed	Paid	Check #	Reconsideration Status	Docs
<input type="checkbox"/>					04/22/2019	01/01/2020	01/15/2020	DENIED	HCA	\$1,123.00	\$0.00	\$0.00	0		
<input type="checkbox"/>					03/11/2019	01/01/2020	01/10/2020	DENIED	HCA	\$1,424.00	\$0.00	\$0.00	0		
<input checked="" type="checkbox"/>					12/02/2019	01/02/2020	01/10/2020	DENIED	HCA	\$1,633.50	\$0.00	\$0.00	0		
<input checked="" type="checkbox"/>					12/26/2019	01/02/2020	01/08/2020	DENIED	HCA	\$134.00	\$0.00	\$0.00	0		
<input type="checkbox"/>					12/23/2019	01/02/2020	01/15/2020	DENIED	HCA	\$924.00	\$0.00	\$0.00	0	New	
<input checked="" type="checkbox"/>					09/24/2019	01/02/2020	01/15/2020	DENIED	HCA	\$362.00	\$0.00	\$0.00	0		

4. A pop-up window will appear with the selected claims and one **Reason Code** and one **Custom Reason** box. Select the appropriate reason code for your request for reconsideration that applies to all of the claims selected. A short note about your reconsideration in the **Custom Reason** box is required to help guide the processor when reviewing the claims. Then select **BATCH SUBMIT**.

Total Selected: 3

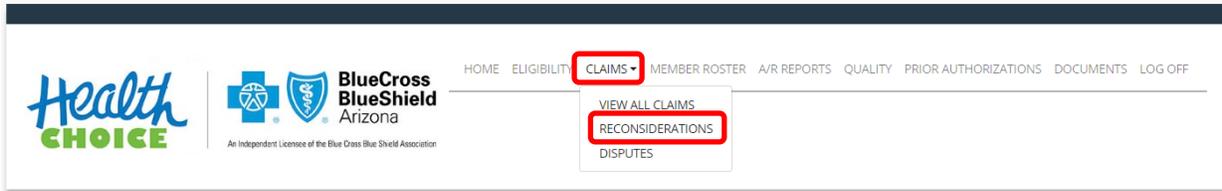
Claim Number	Provider Name	Member ID	Member Name	Service Start Date	Service Receive Date	Status
				12/2/2019	1/2/2020	DENIED
				9/24/2019	1/2/2020	DENIED
				12/26/2019	1/2/2020	DENIED

Reason Code: Auth on file Custom Reason: Authorization now on file, please reprocess. **BATCH SUBMIT** CLOSE

Checking the Status of a Claim Reconsideration

The status of your request will be updated as it is worked. You should check back regularly to see where the request is in the process. Reconsiderations can take up to 30 calendar days to process.

1. Select **CLAIMS** in the upper navigation bar, then **RECONSIDERATIONS**.



2. All claims that have a reconsideration initiated in the provider portal will be listed here. Scroll through the list to locate the claim you would like to check the status on or use the filter above to narrow the results.

The columns labeled **Submitted**, **Reviewed**, and **Finalized** will be date stamped as it is worked. Additionally, once the reconsideration is processed, the status will change, and you will receive a note from the processor in the **Response** section with details on the decision. If the claim is reprocessed, you will receive a new claim number in addition to the note. If you receive a denied status, this means it was reviewed for reconsideration, and Health Choice agreed with its original decision.

The screenshot shows the 'Claims Reconsideration' page. It includes a filter section with fields for Claim Number, Reconsideration Status, Member Number, Member Name, and Service Start Date. Below the filters is a table with the following columns: Reconsideration Status, ClaimNumber, Line Of Business, Member Name, Member Number, Service Start Date, Adjudicated, Submitted, Reviewed, Finalized, Reason, and Response. The 'Reconsideration Status' and 'Response' column headers are highlighted with red boxes. A single row of data is visible in the table.

Reconsideration Status	ClaimNumber	Line Of Business	Member Name	Member Number	Service Start Date	Adjudicated	Submitted	Reviewed	Finalized	Reason	Response
Under Review		HCA			11/04/2019	11/19/2019	09/22/2020	09/22/2020		Our claim with the total billed charges \$5,218 downgraded our Emergency Room charges for not	Claim is under review for underpayment and downgrade of emergency room charges.

- As stated previously, the provider portal allows for up to two reconsiderations and one formal dispute per claim. If the reconsideration is denied and you would like to submit a second reconsideration, click the down arrow next to the reconsideration status. Select the appropriate **Reason** for your request. A short note in the **Reason Text** box is required to help guide the processor when reviewing the claim. Then select the **RECONSIDERATION REQUEST** button. The information will then be submitted, and you can check the status of the second reconsideration by repeating the steps above.

Reconsideration Status	Claim Number	Line Of Business	Member Name	Member Number	Service Start Date	Adjudicated	Submitted	Reviewed	Finalized	Reason	Response
Denied		HCA			11/04/2019	11/19/2019	09/22/2020	09/22/2020	09/22/2020	Our claim with the total billed charges \$5,218 downgraded our Emergency Room charges for not	Claim review complete. Decision was upheld, not enough medical documentation to support level of care.

Reason: --Select a Reason--

Reason Text:

RECONSIDERATION REQUEST

-Or-

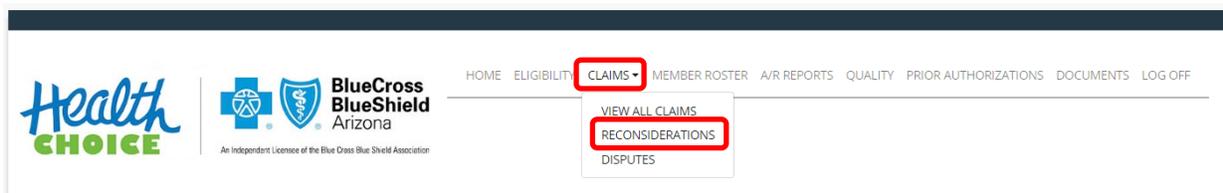
REQUEST DISPUTE

If you have exhausted two reconsiderations or have done one and want to move to a dispute, follow the step below to submit a formal dispute via the provider portal.

Submitting a Formal Dispute

Only claims in a finalized status for reconsideration (Denied or Complete) are eligible for a dispute.

- Select **CLAIMS** in the upper navigation bar, then **RECONSIDERATIONS**.



2. Scroll through the list to locate the claim you would like to dispute or use the filters to narrow the results. Select the down arrow to expand the claim to see claim status details and the reconsideration section. Select **REQUEST DISPUTE**.

Claims Reconsideration

Select Filters:

Claim Number: Reconsideration Status: --Please Select-- Member Number: Member Name: Service Start Date:

APPLY FILTERS CLEAR FILTERS

Show 10 entries

Reconsideration Status	Claim Number	Line Of Business	Member Name	Member Number	Service Start Date	Adjudicated	Submitted	Reviewed	Finalized	Reason	Response
Denied		HCA			11/04/2019	11/19/2019	09/22/2020	09/22/2020	09/22/2020	Our claim with the total billed charges \$5,218 downgraded our Emergency Room charges for not	Claim review complete. Decision was upheld, not enough medical documentation to support level of care.

Reason: --Select a Reason-- Reason Text:

RECONSIDERATION REQUEST

-Or-

REQUEST DISPUTE

3. Complete the **Dispute a Claim** form. All fields must be completed to submit the dispute. Then attach supporting documentation* for the dispute by selecting **Choose Files**, then locate file and select **Open**. The file will then show attached to the dispute form. Select **SUBMIT**.

*Note: If you are submitting a dispute for Health Choice Pathway and answer "No" to **Contract**, a link will be displayed. Click the link to load a Waiver of Liability (WOL) form on a separate browser tab. Before submitting the dispute, complete the WOL form, and attach it to your dispute submission.

Health Choice BlueCross BlueShield Arizona
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HOME ELIGIBILITY CLAIMS MEMBER ROSTER A/R REPORTS QUALITY PRIOR AUTHORIZATIONS DOCUMENTS LOG OFF

Dispute a Claim

Date Created 9/22/2020

Claim/EDI Tracking Number 932380514	Claim Type UB-04	Dispute Type COD-Coding Dispute	Line Of Business HCA
Start Date of Service 11/04/2019	End Date of Service 11/04/2019	Place Of Service 22-Outpatient Hospital	Contract Yes
Member ID Number	Member Name	Member Date of Birth	
Provider ID(TIN) 942916102	Provider NPI 1245659119	Provider Phone Number (928)757-2101	Provider Fax Number (928)757-0666

Dispute Reason (explain why claim is being disputed) 9914 Character(s) Remaining

Facility has advised that our ER charges are accurate and CMS has recognized _____

Relief Requested (provide the expected outcome of the appeal and why) 9952 Character(s) Remaining

Pay claim line at the appropriate level of care.

Send Acknowledgement Letter To:

Contact Person
John Doe

Address
1234 Woods Lane

City
Phoenix

State
AZ

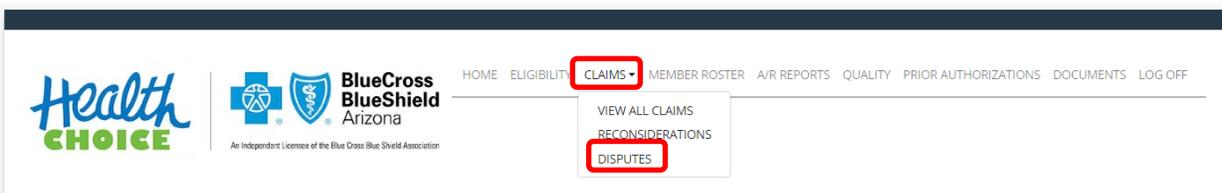
Postal Code
85008

Supporting Documentation supporting_...ntation.pdf
File types accepted: .pdf, .doc, .docx, .txt

Checking the Status of a Claim Dispute

The status of your dispute will be updated as it is worked. You should check back regularly to see where the request is in the process. Formal disputes can take up to 30 calendar days for Health Choice Arizona and 60 calendar days for Health Choice Pathway.

1. To locate a submitted dispute, select **CLAIMS** in the upper navigation bar, then **DISPUTES**.



- All claims that have a dispute initiated in the provider portal will be listed here. Scroll through the list to locate the claim you would like to check the status on or use the filter above to narrow the results.

The columns labeled **Submitted Date**, **Processing Date**, and **Mailed Date** will be date stamped as it is worked.

Disputes

Select Filters:

Claim Number: Dispute Status: --Please Select-- Dispute Type: --Please Select-- Member Number: Member Name: LOB: --Please Select-- Provider NPI:

APPLY FILTERS CLEAR FILTERS

Show 10 entries

Status	Submitted Date	Processing Date	Upheld Date	Overturned Date	Mailed Date	Dispute ID	Claim Number	Dispute Type	Member Name	Member Number	Provider NPI	LOB	Decision Letter
Processing	09/22/2020	09/22/2020			09/22/2020	000063		Coding Dispute			1245659119	HCA	

- The claim will only receive an **Upheld Date** or **Overturned Date** if it receives that final dispute status. If the claim is reprocessed, you will receive a new claim number. If you receive an Upheld status, it was reviewed, and Health Choice agreed with its original decision. Additionally, once a decision is made, a decision letter is attached to the claim in the **Decision Letter** column.

Disputes

Select Filters:

Claim Number: Dispute Status: --Please Select-- Dispute Type: --Please Select-- Member Number: Member Name: LOB: --Please Select-- Provider NPI:

APPLY FILTERS CLEAR FILTERS

Show 10 entries

Status	Submitted Date	Processing Date	Upheld Date	Overturned Date	Mailed Date	Dispute ID	Claim Number	Dispute Type	Member Name	Member Number	Provider NPI	LOB	Decision Letter
Overturned	09/22/2020	09/22/2020		09/23/2020	09/22/2020	000063		Coding Dispute			1245659119	HCA	

As noted in the beginning section, the provider portal allows for up to one formal dispute per claim. If you would like to file a second formal dispute, review chapter 15 (HCA) or chapter 9* (HCP) of the Provider Manual for instructions. *Health Choice Pathway—a dispute is referred to as an appeal