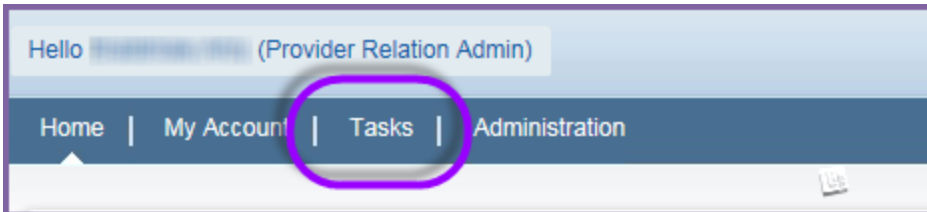


# Dispute Steps through Web Portal

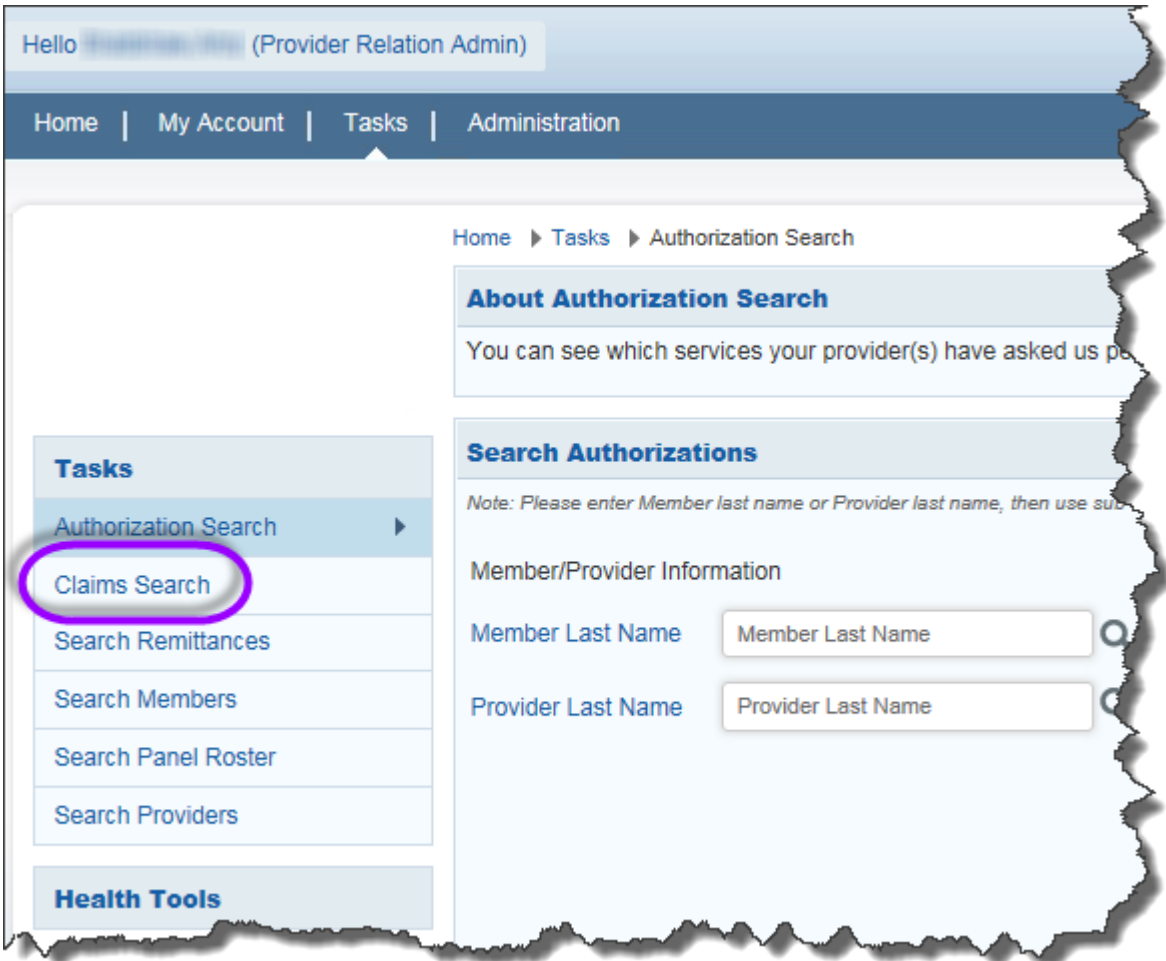


*(Please note, this is not the process for a corrected claim. Corrected claims can be submitted through the same process as submitting a new claim using our WebConnect tool and designating the claim as a corrected claim.)*

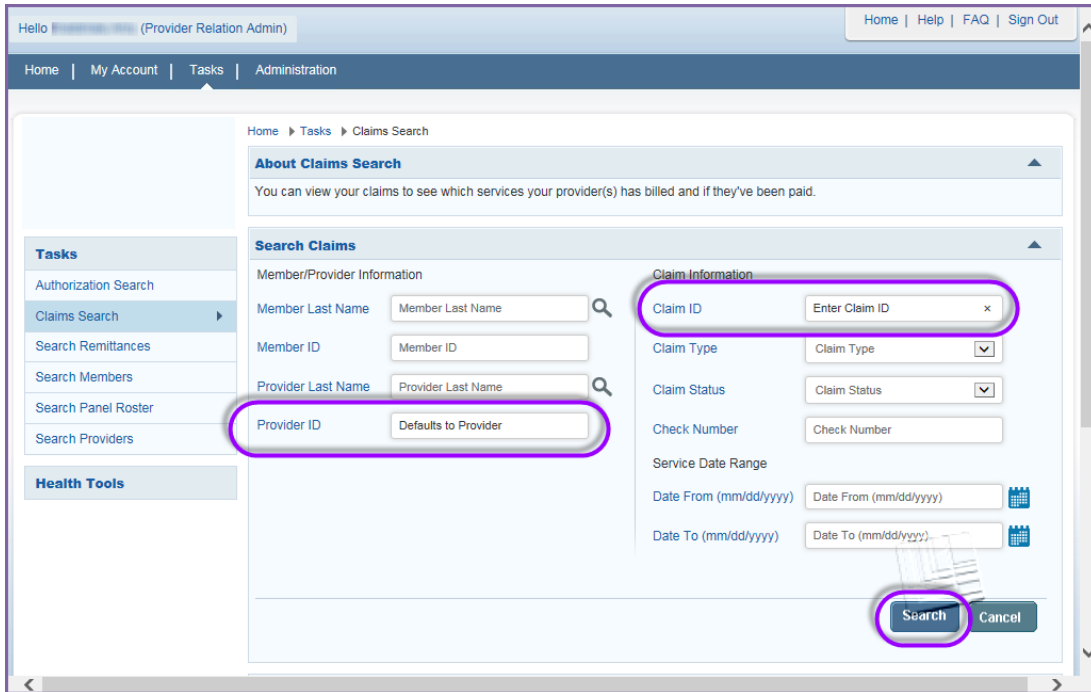
1. The Provider logs into the Secure Provider Portal [Medicaid Web Portal \(MWP\)](#).
2. Click on **Tasks** from the banner on the top



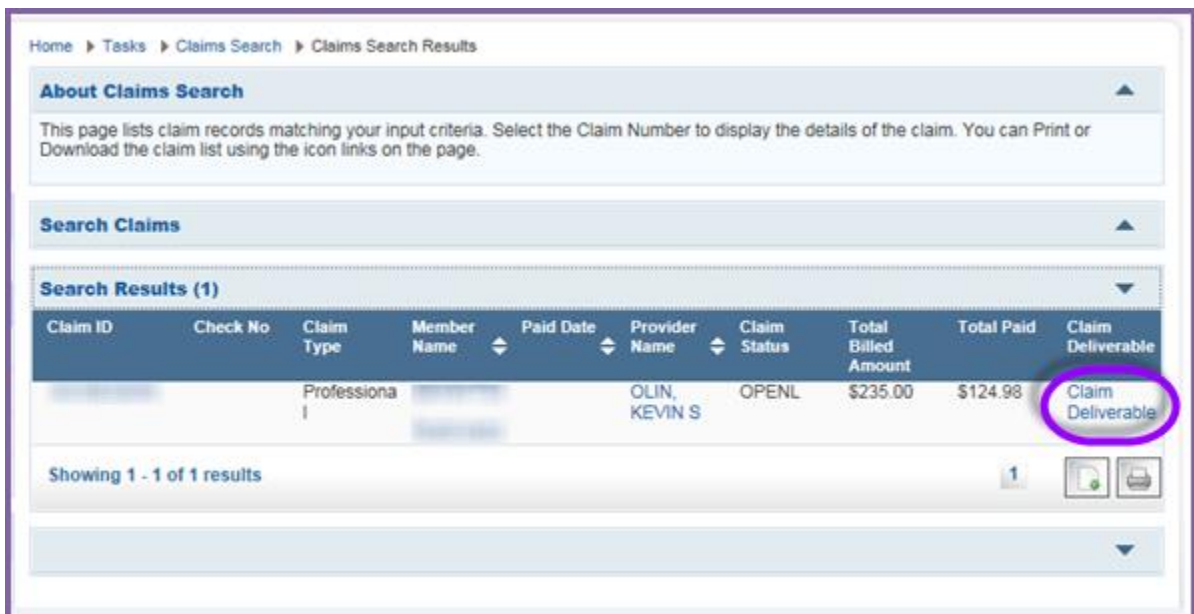
3. Click on **Claims Search** located in the left pane under "Tasks".



- The **Provider Name** should default to the logged in provider. Enter **Claim ID**, and click the **search** button at the lower right.



- The Search results grid will load.
- The Provider will see **“Claim Deliverable”** link under the **Claim Deliverable** column in the Search results grid. Click on the **Claim Deliverable** link to begin the Dispute process for the selected claim.



## Dispute Steps though Web Portal



7. This will take the Provider to the **Upload Claim Deliverables** screen.
8. Most of the information on the screen will be 'Auto populated' based on the claim number
9. Provider will select a **Type of Claim Resubmission (Dispute)** from the dropdown and enters the information in the relevant Mandatory fields;
  - a. **Submitter's First Name,**
  - b. **Submitter's Last Name, &**
  - c. **Submitter's Phone Number**

The screenshot shows the 'Upload Claim Deliverables' form. The form is titled 'Upload Claim Deliverables' and includes a disclaimer: 'This form is only for resubmissions, which do not require a Corrected Claim. All Resubmissions require supporting documentation. This form shall not be used to submit Grievances and Appeals'. The form contains several input fields, some of which are highlighted with red circles. The highlighted fields are: 'Type of Claim Resubmission' (a dropdown menu), 'Submitter's First Name', 'Submitter's Last Name', and 'Submitter's Phone Number'. Other fields include Claim Number (14210E32035), NPI (1043293632), Provider Name (OLIN, KEVIN S), Provider Street Address (6225 S Rural Rd Ste 111), Provider City (Tempe), Provider State (AZ), Provider ZIP (85283), Provider Contact Number (4807207488), Remittance Advise Date, Date of Service (From) (04/02/2014), Date of Service (To) (04/02/2014), Amount Billed (235.0000), Amount Paid (124.9800), Member Name (QSYSYT33, PQOFJ532), Member ID (932865088), and Comments. There is a 'Browse...' button and a 'Submit' button at the bottom of the form.

10. The **Comments** field is a mandatory input required, *when* the selected Type of claim Resubmission (Dispute) is "Other"

The screenshot shows the 'Upload Claim Deliverables' form, identical to the previous one. The 'Comments' field is highlighted with a red circle. The form contains the same disclaimer and input fields as the previous screenshot, including Claim Number (14210E32035), NPI (1043293632), Provider Name (OLIN, KEVIN S), Provider Street Address (6225 S Rural Rd Ste 111), Provider City (Tempe), Provider State (AZ), Provider ZIP (85283), Provider Contact Number (4807207488), Remittance Advise Date, Date of Service (From) (04/02/2014), Date of Service (To) (04/02/2014), Amount Billed (235.0000), Amount Paid (124.9800), Member Name (QSYSYT33, PQOFJ532), Member ID (932865088), and Comments. There is a 'Browse...' button and a 'Submit' button at the bottom of the form.

## Dispute Steps though Web Portal



11. The Provider can upload supporting documentation (any type of file) from here by clicking the “**Browse**” button and thus activating the Browse functionality.

**Upload Claim Deliverables**

This form is only for resubmissions, which do not require a Corrected Claim. All Resubmissions require supporting documentation. This form shall not be used to submit Grievances and Appeals

Claim Number	14210E32035	Type of Claim Resubmission	---Select---	NPI	1043293632
Provider Name	OLIN, KEVIN S	Submitter's First Name		Submitter's Last Name	
Submitter's Phone Number		Provider Street Address	6225 S Rural Rd Ste 111	Provider City	Tempe
Provider State	AZ	Provider ZIP	85283	Provider Contact Number	4807207488
Remittance Advise Date		Date of Service (From)	04/02/2014	Date of Service (To)	04/02/2014
Amount Billed	235.0000	Amount Paid	124.9800	Member Name	QSYST33, PQOFJ532
Member ID	932865088	Comments			

**Browse...** **Submit**

12. On successful attachment of the supporting documentation, the Provider clicks “**Submit**” at the bottom and receives a **Confirmation message** window. Upon clicking “**Yes**” the provider receives a success message, completing the workflow for submission.

**Confirmation**

Are you sure you want to Submit this Claim deliverable?

**Yes** **No**

**Upload Claim Deliverables**

This form is only for resubmissions, which do not require a Corrected Claim. All Resubmissions require supporting documentation. This form shall not be used to submit Grievances and Appeals

Claim Deliverable has been submitted successfully !!!

13. The Provider can view a previously submitted document (any type of file) from the below screen through clicking the link under the **Claim ID** column of the displayed grid, thus activating the **View Deliverable** functionality.

## Dispute Steps though Web Portal



Claim ID	Submitter Name	File Name	Submission Date	View Deliverable
15147C000417	Kevin Olin	SubmitGrievance-LA(4).pdf	3/6/2017 7:26:56 PM	
15147C000417	Kevin Olin	SubmitGrievance-LA(2).pdf	3/6/2017 6:24:16 PM	
15147C000417	Kevin Olin	adverseIncidentReportingInstructionsDefinitions-LA(3).pdf	3/6/2017 6:22:55 PM	
15147C000417	Kevin Olin		3/6/2017 6:21:50 PM	
15147C000417	Kevin Olin	Testing worddoc for Upload(2).docx	3/6/2017 3:51:30 PM	

14. The submitted resubmission form is displayed, and the user can view the previously submitted information on the form and download the attachment by clicking the **Download File** button or through the **Button** below the **View Deliverable** column of the displayed Grid

Resubmission Form
✕

Claim Number(s):	14210E32035
Type of Claim Resubmission:	Medical Records Required
NPI:	1043293632
Provider Name:	OLIN, KEVIN S
Submitter's name:	Tejas, Moola
Submitter's Phone Number:	7654329876
Provider Street Address:	6225 S Rural Rd Ste 111
Provider City:	Tempe
Provider State:	AZ
Provider Zip:	85283
Provider Phone Number:	4807207488
Date of Service (From):	4/2/2014 12:00:00 AM
Date of Service (To):	4/2/2014 12:00:00 AM
Remittance Advise Date:	
Amount Billed:	235.0000
Amount Paid:	124.9800
Member Name:	QSYSYT33, PQOFJ32
Member ID:	A125448789
Comments:	

Download File

✕ Close

15. Alternatively click **Close** button to exit.

16. The provider's Dispute submission will be reviewed and processed by claims operations team. Please note, there is no status provided of the Dispute on the tool. A remit will be sent with the new claim to the provider once the request has been processed.

**Note** – The Provider has to repeat the process from claim search to upload deliverables for another claim