Please see below for instructions on how to submit a Participating Provider Dispute through the Secure Provider Portal:

Dispute Steps though 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	e banner or	n the top
Hello (Prov	ider Relation	Admin)
Home My Account	Tasks	Administration
	$\overline{}$	U.

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

Home My Account Tasks	Administration				
	Home E Tasks E Autho	rization Search	-		
	About Authorizatio	on Search	-		
	You can see which ser	vices your provider(s) have a	sked us p		
			1		
Tasks	Search Authorizat	ions			
Authorization Search	Note: Please enter Member last name or Provider last name, then use su				
Claims Search	Member/Provider Info	mation			
Search Remittances	Member Last Name	Member Last Name	9		
Search Members	Provider Last Name	Provider Last Name	Q		
Search Panel Roster					
Search Providers			1		
Health Tools					
Health Tools					

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

(10010	or regiation	(Admin)					
ome My Account	Tasks	Administration					
		Home & Tasks & Claim	Search				
		About Claims Sear	ob				^
		You can view your clair	ms to see which services y	our provider(s) has	billed and if they've been pa	id.	
Tasks		Search Claims					-
Authorization Search		Member/Provider Infor	mation		Claim Information		
Claims Search		Member Last Name	Member Last Name	a	Claim ID	Enter Claim ID	- × J
Search Remittances		Member ID	Member ID		Claim Type	Claim Type	~
Search Members		Provider Last Name	Provider Last Name	Q.	Claim Status	Glaim Status	
Search Panel Roster	6	Provider ID	Defaults to Provider		Charles Management	Coheren bluerbare	
Search Providers			1		Check Number	Check Humber	
Health Tools					Date From (mm/ddbased)	Ender Frenze (manufalation and	0010
					Date From (minutesyyyy)	Data Prom (minuta yyyy)	
					Date To (mm/dd/yyyy)	Date To (mm/dd/yyyy)	11111
						Search	Cancel

5. The Search results grid will load.

6. 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.

About Claim	is Search								-
This page lists Download the	claim records m claim list using th	atching your in the icon links on	put criteria. the page.	Select the Clair	n Number to d	isplay the de	tails of the cla	im. You can Pri	nt or
Search Clai	ms								-
Search Res	ults (1)								-
Claim ID	Check No	Claim Type	Member Name	♦ Paid Date	Provider Name 🜩	Claim Status	Total Billed Amount	Total Paid	Claim Deliverabl
		Professiona I			OLIN, KEVIN S	OPENL	\$235.00	\$124.98	Claim Deliverabl
Showing 1 -	1 of 1 results							1	

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

his form is only for resubmissions, which do not r	equire a Corrected Claim. All Resubmissions require supporting documentat	tion. This form shall not be used to submit Grievances and Appeal
Claim Number 14210E32035	Type of Claim ResubmissionSelect	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 QSYSYT33, PQOFJS32
Member ID 932865088	Comments	

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

his form is only for resubmissions, which do no	t require a Corrected Claim. All Resubmissions require supporting documentation	on. This form shall not be used to submit Grievances and Appeal
Claim Number 14210E32035	Type of Claim ResubmissionSelect 🗸	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 QSYSYT33, PQOFJS32
Member ID 932865088	Comments	2

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

,		
Claim Number 14210E32035	Type of Claim ResubmissionSelect 💙	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 QSYSYT33, PQOFJS32
Member ID 932865088	Comments	

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 Xo
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.

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, PQOFJS32	