

Provider Appeals

Participating providers can use the provider dispute resolution process to:

- **Appeal, challenge or request reconsideration** of a claim (including a bundled group of similar claims) that has been denied or adjusted by Wellcare By Health Net (Health Net*).
- **Respond to a contested claim** that the participating provider does not agree requires additional information for adjudication. A contested claim is one for which we need more information in order to process the claim.
- **Challenge a request** for reimbursement for an overpayment of a claim.
- **Appeal a participating physician group's (PPG's) written determination** following its dispute resolution process when the dispute involves an issue of medical necessity or utilization review. Submit the appeal for a de novo review, provided the appeal is made within 60 business days for Commercial and 365 days for Medicare, of the PPG's written determination.
- **Challenge capitated PPG or hospital liability** for medical services and payments that are the result of decisions arising from member grievances, appeals and other member services actions.
- **Challenge capitation deductions** that are the result of decisions arising from member billings, claims or member eligibility determinations.



Providers can complete the [Provider Dispute Resolution Request](#), available in the Provider Library at providerlibrary.healthnetcalifornia.com under *Forms and References*, when submitting an appeal.

Address for provider disputes and appeals

Medicare Provider Disputes
PO Box 9030
Farmington, MO 63640-9030