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 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 Health Net needs more information in order to process the claim.
- **Challenge a request** by Health Net 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 to Health Net 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 Health Net decisions arising from member grievances, appeals and other member services actions.
- **Challenge capitation deductions** that are the result of Health Net 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

Health Net Commercial Provider Disputes
PO Box 9040
Farmington, MO 63640-9040

21-625g/FLY319435EH01w (10/21)