Provider Disputes
Frequently Asked Questions (FAQ)

What is a provider dispute?

Disputes are between a provider and Absolute Total Care (ATC). **In and Out-of-Network** providers may dispute the denial of payment of a claim (to include non-payment) and/or the denial or reduction of a covered service, including emergency care. **In-Network Providers** may also dispute ATC's policies, procedures and any aspects of ATC's administrative functions.

When does a dispute need to be received?

Providers are allowed 30 calendar days from the receipt of notice of an adverse action to file a written dispute. To be classified a provider dispute these concerns must be submitted in writing or by utilizing the Provider Dispute form located on absolutetotalcare.com.

Where are provider disputes sent?

Absolute Total Care
Attn: Provider Disputes
1441 Main Street, Suite 900
Columbia, SC 29201
Phone: 866-433-6041
Fax: 866-912-3605
Email: atcnetworkrelations@centene.com

What is not considered a valid provider dispute?

A) ATC's decision not to contract with provider.
B) ATC's decision to terminate a contract with provider.
C) Service denials due to payment adjustments for National Correct Coding Initiative (NCCI).
D) Grievances and Appeals related to provider acting as an Authorized Representative of our member (pre-service medical necessity denials will be handled as a member appeal).
E) Services that are not covered under SCDHHS's contract with Absolute Total Care.

What is the turnaround time for dispute resolutions?

A) Resolutions will be provided 30 calendar days from the date the dispute was received.
B) If additional information is required to render a decision on the dispute, ATC may extend the timeframe by 15 calendar days based on mutual agreement of the provider with ATC.

What is a claim adjustment?

If a provider has a question or is not satisfied with an adverse action more than 30 days old, but no more than 365 days from date of service. Providers may discuss amount reimbursed or denial of a particular service. Providers may also submit in writing, with all necessary documentation, including the EOP for consideration of additional reimbursement. Documentation submitted must contain claim adjustment request form.

Where are claim adjustments mailed?

Absolute Total Care
P.O. Box 3000
Farmington, MO 63640-3800

What is the turnaround time for claim adjustments?

All adjustments and corrections to processed claims must be received and resolved within 365 days from the date of service. Resolutions will be provided 30 calendar days from the date claim adjustment was received.

Is a member appeal the same as a provider dispute?

No, a member appeal is the request for review of an "action" or a request to change a previous decision made by ATC. An "action" is:

- The denial or limited authorization of a requested service, including the type or level of service
- The reduction, suspension, or termination of a previously authorized service
- The denial, in whole or part of payment for a service
- The failure to provide services in a timely manner, as defined by the State of South Carolina
- The failure of ATC to act within authorization time frame requirements.
- For a resident of a rural area with only one MCO, the denial of a Medicaid member's request to exercise his or her right, to obtain services outside ATC's network

Only a member or a member's authorized representative can file an appeal with ATC. A member can give permission for a person or a provider to act on their behalf in writing or by completing the Appointment of Authorized Representative Form found on the website absolutetotalcare.com. Requests for an appeal that are received without the member consent cannot be processed.

Additional information on the member appeal process can be found on the website absolutetotalcare.com and in the Provider Manual.

Is a member grievance the same as a provider dispute?

No, a member grievance is an expression of dissatisfaction about any matter other than an "action" such as wait time to see a doctor, rudeness of a provider or office staff and unclean facilities. Only a member or a member's authorized representative can file a grievance with ATC. A member can give permission for a person or a provider to act on their behalf in writing or by completing the Appointment of Authorized Representative Form found on the website absolutetotalcare.com.

Additional information on the member grievance process can be found on the website absolutetotalcare.com and in the Provider Manual.