

Provider Claim Adjustments, Reconsiderations, and Disputes

Absolute Total Care partners with all of our contracted and non-contracted providers to ensure that we provide efficient and straightforward processes for processing claims and any subsequent adjustments, reconsiderations, or disputes. We would like to provide you with an overview of the required time frames and brief description of these steps.

| Claim Submission Types | Time Frame |
|--|------------|
| Initial | 365* |
| Adjustment | 365* |
| Reconsideration | 365* |
| Dispute | 60** |
| *From date of service. **From date of denial. | |

Claims Adjustments (Corrections/Resubmissions): Requests to change the initial claim.

- To correct a billing error (invalid or incorrect information) in the initial claim submission.
- To reprocess a previous partially paid claim.

Claim Reconsiderations: Submitted when a provider disagrees with how a clean or adjusted claim was processed.

Examples include but are not limited to:

- Denials related to code edit or authorization. Requests related to code edit or authorization denial require medical records and must accompany the request for reconsideration.
- Payment amount which does not align with expected payment.

Submitters have **365 calendar days** from the date of service (as confirmed on the Explanation of Payment) to file a timely adjustment or reconsideration request via EDI, through the Secure Provider Portal found on our website at absolutetotalcare.com, or by mail to the address below. Requests submitted by mail must include a completed Provider Claim Adjustment/Reconsideration Form, which can be found on the Provider Manuals and Forms page of our website, as well as supporting documentation.

Provider Disputes: Submitted when a provider has received an unsatisfactory response to a previous reconsideration request.

- Any adverse action, including the denial or reduction of claims for services included on a clean claim.
- In-network providers may also dispute Absolute Total Care's policies, procedures, rates, contract disputes, and any aspects of Absolute Total Care's administrative functions.

Effective July 1, 2020, submitters have **60 calendar days** from receipt of notice of an adverse action to file a dispute. Disputes must be submitted in writing to the address below and must include a completed Provider Dispute Form, which can be found on the Provider Manuals and Forms page of our website, as well as supporting documentation.

Please send appropriate forms and supporting documentation to Absolute Total Care, P.O. Box 3050, Farmington, MO 63640-3821. Requests sent to the incorrect address will be returned to the submitter.

Please note that additional information about the claims and dispute process, including related forms, can be found in the Provider Manual, which is available on our website at absolutetotalcare.com. You can also call Provider Services at 1-866-433-6041 with any questions.