**Table of Contents**

Claim Submission Instructions ....................... 3
Claims Submission Instructions continued ..... 3
Reimbursement Time..................................... 4
Provider Claims Dispute Procedures ............ 5
Provider Claims Dispute forms...................... 6
Claim Submission Instructions
Claims for services provided to members assigned to Accountable Healthcare IPA must be sent to the following address:

Accountable Healthcare IPA

2525 Cherry Ave #225

Signal Hill, CA 90755-2051

Attn: Claims Department

For Disputed Claims, Mail Disputes To:

Accountable Healthcare IPA

2525 Cherry Ave #225

Signal Hill, CA 90755-2051

Attn: Claims Appeals/Provider Disputes Department
Claim Submission Instructions continued

Acknowledgement of Receipt of Claims – To confirm if a claim or claims have been received by Accountable Healthcare IPA, please direct your call to the Accountable Healthcare IPA Customer Service line. Customer Service Representatives are available Monday through Friday from 9:00 a.m. to 6:00 p.m. Please call (562)435-3333

Calling Accountable Healthcare IPA Regarding Claims – Questions regarding claim filing requirements, provider claim status, or assistance with interpreting EOBs can be directed to the Accountable Healthcare IPA Customer Service line. Customer Service Representatives are available Monday through Friday from 9:00 a.m. to 6:00 p.m. Please call (562)435-3333

Electronic Claims Submission – For information regarding electronic claims submission, please contact Provider Services by calling (562) 435-3333 or ext. 213

Claims Filing Deadline – Accountable Healthcare IPA deadline for the receipt of a contacted provider claim is ninety (90) calendar days after the date of service, except as required by state and federal law. Any provider contract with deadlines for the receipt of claims that is less than ninety (90) calendar days shall be deemed ninety (90) calendar days. Accountable Healthcare IPA, after review, will allow additional time for “good cause”, providing the provider submits the documentation with the claim to support late filing. If the provider disagrees with Accountable Healthcare IPA determination regarding timeliness of claim submission, the claim can be submitted to Provider Dispute.

Reimbursement Time
Accountable Healthcare IPA shall reimburse each complete, claim, or portion thereof, whether in state or out of state, as soon as practical but no later than:

- For Health Maintenance Organizations (HMO) Claims: Thirty (30) calendar days for Medi-Cal and forty-five (45) working days after the date of receipt of the complete claim by Accountable Healthcare IPA, unless the complete claim or portion thereof is contested or denied.

Denying, Adjusting, or Contesting a Claim
Accountable Healthcare IPA will not improperly deny, adjust, or contest a claim. For each claim that is denied, adjusted, or contested, Accountable Healthcare IPA will provide an accurate and clear written explanation of the specific reason for the action taken within forty-five (45) working days for HMO claims, after the receipt of the claim by Accountable Healthcare IPA. Accurate and clear written reasons for action taken will be included on Accountable Healthcare IPA Explanation of Benefits (EOBs).

Claims Tracers and Re-Submissions
Claim tracers or re-submissions are utilized by most providers to follow up on claims for which they have received no determination, no payment, or no denial notice. **Tracers and re-submissions are not Provider Disputes.** Such claims should be stamped “Tracer” or “Re-submission” and should be sent to the current mailing address you are using for your initial claims submissions.
Initial Claim Submissions and Determinations

Initial claims submissions are first-time submissions of a claim for payment. Initial claim payment and denied determinations are processed claims, and are explained in detail on the explanation of benefits (EOB). You should utilize the EOB to review claim determinations, post the information in your Accounts Receivable, and identify any claim determinations with which you may disagree. It is not the responsibility of Accountable Healthcare IPA to reconcile your Accounts Receivable nor is it acceptable to submit a request for reconciliation as a provider dispute.

Provider Claim Dispute Procedures

Definition of a Contracted Provider Dispute – A contracted provider dispute is a provider’s written notice to Accountable Healthcare IPA and/or the member’s applicable health plan challenging, appealing, or requesting reconsideration of a claim (or a bundled group of substantially similar multiple claims that are individually numbered) that has been denied, adjusted, or contested or seeking resolution of a billing determination or other contract dispute.

Time Period for Submission of Provider Disputes

All Provider Disputes must be received by Accountable Healthcare IPA within 365 calendar days from the action (whether by Accountable Healthcare IPA or you) that led to the dispute (or the most recent action if there are multiple actions) that led to the dispute.

Provider Disputes that do not include all required information may be returned to you for completion. An amended Provider Dispute, which includes the missing information, may be submitted to Accountable Healthcare IPA within thirty (30) working days of your receipt of a returned Provider Dispute.

Time Period for Resolution and Written Determination of Provider Dispute

Accountable Healthcare IPA will issue a written determination stating the pertinent facts and explaining the reasons for its determination within forty-five (45) working days after the date of receipt of the Provider Dispute or the amended Provider Dispute.
PROVIDER DISPUTE RESOLUTION REQUEST FORM

INSTRUCTIONS
- Please complete the below form. Fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information to support the description of the dispute. Do not include a copy of a claim that was previously processed.
- For routine follow-up, please use the Claims Follow-Up Form instead of the Provider Dispute Resolution Form.
- Mail the completed form to: Accountable Healthcare IPA
  2525 Cherry Ave, #225
  Signal Hill, CA 90755-2051

*PROVIDER NAME: ____________________________
*PROVIDER TAX ID # / Medicare ID #: ____________________________

PROVIDER ADDRESS:

PROVIDER TYPE
- [ ] MD
- [ ] Mental Health Professional
- [ ] Mental Health Institutional
- [ ] Hospital
- [ ] ASC
- [ ] SNF
- [ ] DME
- [ ] Rehab
- [ ] Home Health
- [ ] Ambulance
- [ ] Other ____________________________

(Please specify type of “other”)

CLAIM INFORMATION
- [ ] Single
- [ ] Multiple “LIKE” Claims (complete attached spreadsheet)

Number of claims: ___

* Patient Name: ____________________________
Date of Birth: ____________________________

* Health Plan ID Number: ____________________________
Patient Account Number: ____________________________
Original Claim ID Number: ____________________________

(If multiple claims, use attached spreadsheet)

Service “From/To” Date: ____________________________
Original Claim Amount Billed: ____________________________
Original Claim Amount Paid: ____________________________

DISPUTE TYPE
- [ ] Claim
- [ ] Appeal of Medical Necessity / Utilization Management Decision
- [ ] Disputing Request For Reimbursement Of Overpayment
- [ ] Seeking Resolution Of A Billing Determination
- [ ] Contract Dispute
- [ ] Other: ____________________________

* DESCRIPTION OF DISPUTE:

EXPECTED OUTCOME:

Contact Name (please print) ____________________________
Title ____________________________
Phone Number ____________________________

Signature ____________________________
Date ____________________________
Fax Number ____________________________