



## **Network Notification**

**Notice Date:** October 2, 2018  
**To:** Ohio Medicaid and MyCare Ohio Providers  
**Subject:** Electronic Provider Appeals Required  
**Effective Date:** December 1, 2018

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To minimize delays and expedite appeal processing, this network notification communicates a change to appeal submission requirements.

### **ELECTRONIC APPEALS REQUIRED**

Beginning **Dec. 1, 2018**, providers must submit appeals electronically via the [Provider Portal](#) or by fax to 937-531-2398. Claim appeals should be submitted via the portal and pre-service appeals should be submitted via fax.

**Provider appeals received via mail will not be accepted or processed.**

### **EXCEPTION**

For medical record submissions that exceed 12 MB, please submit appeals via fax to 937-531-2398 or on disc to the following address:

CareSource Provider Appeals Department  
P.O. Box 2008  
Dayton, Ohio 45401

### **NOTE**

Please do not submit the following items as appeals:

- Retroactive authorization requests
- Coordination of benefits updates
- New claims
- Corrected claims
- Claims that require a sterilization consent form

If these items are submitted as appeals, CareSource will not accept or process them.

If you have questions, please contact Provider Services at **1-800-488-0134** from 8 a.m. – 6 p.m., Monday through Friday Eastern Standard Time (EST).