



Network Notification

Notice Date: July 10, 2018
To: Ohio Medicaid and MyCare Health Partners
From: CareSource®
Subject: Inventory Reduction Progress and Issue Reporting

CareSource continues to deliver operational improvements to our health partners, and we are making progress on addressing reported issues. You can expect marked improvements in service levels associated with provider onboarding, configuration, appeals and claims payment. And, we are pleased to share our metrics and progress:

Provider Onboarding: CareSource's provider onboarding goal is to credential and load providers within 90 days of receipt of a complete application. CareSource met that goal on May 31. Since May 1, provider onboarding inventory decreased 92 percent.

Configuration Inventory: CareSource's configuration goal to improve system performance is to reduce open tickets substantially. Since May 1, open configuration tickets decreased 43 percent.

Pended Claims Inventory: CareSource's pended claims goal is to reduce pended claims to 2.5 days receipt on hand. CareSource has 1 day receipt on hand. Since May 1, this represents a 60 percent decrease in inventory.

Provider Appeals Inventory: CareSource's provider appeals goal is to respond to appeals within 30 days of receipt, with 15 days contingency for extenuating circumstances. Since May 1, provider appeals inventory decreased by 95 percent.

Additionally, we have recently learned CareSource's hospital network may be experiencing claims rejections for 340B drugs billed with outpatient services with an SE modifier. The previous system update to outpatient claims that require NDC validation did not have outpatient services place of service included as part of the completed work. A system update to make the necessary changes to alleviate the 340B rejection issue will be complete no later than July 13, 2018. Providers can resubmit previously rejected claims beginning July 16, 2018.

As communicated in the June 1, 2018, network notification, please revisit the [Tips to Prevent Payment Delays](#). It's important to note again mass claims adjustments will automatically reprocess impacted claims. Previously reported issues do not need to be reported again to your health partner relations specialist or as an ODM complaint. New issues should be reported to your health partner relations specialist for assessment, determination of an estimated completion date and monitoring to closure.

We appreciate and value your partnership and service provided to CareSource members.

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