



Network Notification

Date: September 5, 2013

Number: OH-P-2013-15

To: Ohio Providers

From: CareSource

Subject: Provider Issue Resolution Process

In our effort to continue to “make it easier” for you, we would like to take this opportunity to remind you of our problem resolution strategy.

To simplify operational efficiencies for our Providers, you have 365 days from the date of service or, in the case of an inpatient admission from date of discharge, to successfully submit a claim. In addition, CareSource’s appeal time frame is 365 days from the Date of Service. This timeline includes submitting corrected claims.

Retrospective review is conducted if requested within 180 days from the date of service, date of discharge or 90 days from the date from the other carrier’s Explanation of Benefits (EOB). Retrospective reviews are determined within 30 calendar days of the receipt of the request.

CareSource wants to make sure you receive the best service every time you contact us, and we want to make sure the right teams are called on to do so!

To help enhance the services we provide and to accomplish our goals, we ask you to direct claims inquiries to the [Provider Portal](#) and/or our **Provider Services Department**. This team is trained to respond to claims inquiries, equipped to document those inquiries and to route your needs to the most appropriate team for attention when necessary. We ask you to use these sources as outlined below:

Category	Source(s)
Member Eligibility Check	IVR Provider Portal
Coordination of Benefits	Provider Portal
Prior Authorization	Provider Portal 1-800-488-0134. Please listen for the menu option.

To offer you the best service, we have standardized internal operations for the **Provider Relations Team** and the **Provider Services Department**.

Provider Relations is responsible for ongoing provider education, PCP capacity changes, provider demographic changes, orientations and any escalated issues that have not been resolved through your first line resources, such as the Provider Portal and/or the Provider Services Department.

Your Provider Relations Representative is available to assist with root cause analysis, to trend any issues your office may be having and to educate you and your office on new offerings and enhancements from CareSource.

Our **Provider Services Department** is trained and equipped to respond to claims and other non-contract related inquiries. The **Provider Services Department** serves as the main point of contact for all providers; they document all calls and inquiries. Reporting on these calls and inquiries goes to the management team who reviews for trends and provider needs, then responds accordingly.

If you have a question about:	Then:
The status of a claim and it has been less than 45 days since submission,	Please use the Claims Inquiry function on the Provider Portal for the status on the processing of your claim.
A claim that is in the 'pending', or P9 status,	There is no action required on your part. This means the claim needs manual intervention and is being reviewed.
A claim that has been in a 'pending', or P9 status and it has been greater than 60 days,	Please call the Provider Services Department for the status on this claim.
A claim that has been processed but you disagree with how the claim processed and your claim was submitted correctly.	Please submit a formal appeal within 365 days from the date of payment or denial.

Following the processes outlined above enables us to assist you better, more consistently and in a more efficient manner.

We appreciate your partnership in this matter.