



## Network Notification

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**Date:** January 31, 2012

**Number:** OH-P-2012-01

**To:** Ohio Hospital Providers

**From:** CareSource

**Subject:** Individual Claim Payment of \$500,000 and Higher

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Attention Hospital Providers: Effective immediately, for any individual claim payment of \$500,000 or greater, CareSource will require the following to be submitted with the claim:

- An itemized bill
- Medical record
- Discharge summary

This will only apply to final inpatient hospital bill submissions; interim claim payments are not subject to this requirement.

Any claim that is submitted without this required information will be denied for payment until the information is received and reviewed.

Please contact your CareSource Provider Relations Representative if you have any questions.