



Network Notification

Date: February 3, 2012

Number: OH-P-2012-07

To: Ohio Providers

From: CareSource

Subject: Provider/Group Change Request Form Updated

Advance written notice of status changes, such as a change in address, phone, or adding or deleting a provider to your practice help us keep our records current and are critical for claims processing.

How to Submit Changes to CareSource

Please complete the [Provider/Group Change Request Form](#) and submit to CareSource:

- **Participating Providers:** Email form to: providermaintenance@caresource.com
- **Non-Participating Providers:** Fax form to (937) 531-3910

Timeline of Provider Changes

Type of Change	Minimum Notice Required
New providers or deleting providers	Immediate
Phone number change	10 calendar days
Address change	60 calendar days
Providers leave the practice	60 calendar days
Change in capacity to accept members	60 calendar days

Why is this Important?

This information is critical to process your claims. In addition, it ensures our directories are up-to-date, and reduces unnecessary calls to your practice. This information is also reportable to Medicaid and Medicare.