



Network Notification

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

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).