



NETWORK *Notification*

Notice Date: February 17, 2021
To: Georgia Marketplace Providers
From: CareSource
Subject: Timely Filing for Claims Appeals
Effective Date: November 1, 2020

Summary

Effective November 2020, the timely filing limitation for claim appeals has changed to 365 days from the date of service or date of discharge.

As a reminder, providers are encouraged to utilize the claim payment dispute process prior to appealing. More information related to the claim payment dispute process can be found in the provider manual and on our website: [Claim Payment Disputes](#)

This change does not apply to pre-service clinical appeals. If you disagree with a clinical decision we have made regarding medical necessity, an appeal must be submitted within 180 days of the adverse benefit determination and must include the member's written consent allowing the provider to appeal on the member's behalf. The Appointment of Representative form must be completed and submitted with the clinical appeal.

Questions?

For questions, please contact Provider Services at: **1-833-230-2155** (Monday through Friday, 7 a.m. to 7 p.m. Eastern Standard Time).

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