



Equian Process

Frequently Asked Questions

Q: What is the time period to respond to Equian reviews as their reports do not include the timeframe to respond?

A: Standard appeals process timeframes are used.

Q: Are the Equian reviews considered a claim denial or a clinical denial?

A: Claim denial

Q: All appeals should go to CareSource, not Equian?

A: Correct

Q: Equian has given time extension to review findings for some claims. Is CareSource aware of the approved extension time by Equian?

A: Yes

Q: What logic is being utilized by Equian to deny charges?

A: Equian utilizes both state and federal guidelines, as well as proper billing guidelines, and CareSource policy to review the itemized bill.

Q: Network notifications have stated that the Equian reviews are different from medical necessity review; they are denying experimental items, which is truly a medical necessity issue. Is Equian also conducting medical necessity audits?

A: Equian reviews claims for billing accuracy per the itemized bill and does not review claims for medical necessity. Equian follows applicable CareSource policies located at CareSource.com. If the claim is appealed, medical records are then reviewed to determine if the service is appropriate.

Q: How does the provider contact Equian?

A: Providers may contact Equian at claimresolution@equian.com. The phone number is 888-895-2254. Equian will answer inquiries regarding general questions, but will defer to CareSource for details.



Q: Who should providers contact at CareSource with issues/concerns similar to this with Equian?

A: Appeals regarding the Equian payment reductions are submitted to CareSource Appeals through the Provider Portal. If at any time your questions are not answered through the above resources, please contact your CareSource health partner representative and they will assist you.

Q: Equian is removing charges that Medicare will reimburse for. What is the rationale used by Equian to deny a charge that Medicare will pay for?

A: Equian utilizes state and federal guidelines, as well as proper billing guidelines. Please refer to the forensic review report (FRR) for further details. If you have supporting information/documentation, this should be submitted to CareSource through the appeals process.

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