



# NETWORK *Notification*

**Notice Date:** May 11, 2022  
**To:** Georgia Medicaid Providers  
**From:** CareSource  
**Subject:** Claim Payment Disputes  
**Effective Date:** Reminder July 18, 2019

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## Summary

This notice is a reminder regarding the Claim Payment Dispute process for claims involving underpayments and overpayments which became effective July 18, 2019.

## Impact

A payment dispute is a written notice from a provider that challenges a request for reimbursement for an overpayment or underpayment of a claim. Providers are encouraged to work through the Payment Dispute Process for scenarios involving claims that are underpaid or overpaid.

Claims involving denials, in whole or in part, are subject to the appeals process. Applicable appeals timely filing limitations apply.

Providers must submit a payment dispute within three (3) months of claim payment.

The adjustment request must include sufficient documentation to identify each claim in the request. Documentation must be submitted to support the adjustment request. Incomplete submissions may be returned with no further action taken.

CareSource will render a Payment Dispute decision within fifteen (15) calendar days of receipt. If the decision is to uphold the original payment, you will receive a letter. A new explanation of payment (EOP) will be issued for overturned decisions.

Payments disputes can be submitted to CareSource through the following methods:

- Provider Portal: <https://providerportal.caresource.com/GA/User/Login>
- Fax: **937-531-2398**
- Mail:

CareSource  
Attn: Provider Appeals Department  
P.O. Box 2008  
Dayton, OH 45401

The following scenarios are not considered Payment Disputes and are subject to the Appeals process. Appeals timely filing limitations apply.

- Submission of a challenge based on a medical necessity denial of pre-authorization
- Submission of a challenge based on denial of payment, in whole or in part

**Questions?**

If you have additional questions, please contact Provider Services at **888-202-1058** or your Health Partner Representative.

GA-MED-P-1087136

DCH Approval: 2/23/2022