



Network Notification

Notice Date: June 1, 2019
To: Georgia Medicaid Providers
From: CareSource
Subject: Provider Dispute Process

CareSource is instituting a new Payment Dispute Process for providers effective 07/18/2019.

Providers are encouraged to work through the Payment Dispute Process for claim disputes relating to underpayments or overpayments prior to filing an appeal. Providers must submit a payment dispute within three (3) months of claim payment.

This process will enable providers to submit claim related challenges to CareSource for review and investigation.

A provider payment dispute is a written notice from a provider that:

- Challenges a request for reimbursement for an overpayment or underpayment of a claim.
- Seeks resolution of a billing determination or other monetary dispute.

The following conditions are not considered Payment Disputes:

- 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
- Submission of corrected claims.
- Submission of claims for retro review.

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 will be returned with no further action taken. The dispute may be resubmitted within ten (10) calendar days with the supporting documentation.

CareSource will render a Payment Dispute decision letter within fifteen (15) calendar days of receipt. If the decision is to uphold the original claim adjudication, providers will receive appeal rights.

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

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

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