



## **Network Notification**

**Notice Date:** June 17, 2019  
**To:** Indiana Medicaid Providers  
**From:** CareSource  
**Subject:** Provider Dispute Process

---

Providers are required to utilize the Payment Dispute Process if the claim didn't adjudicate as expected. Providers must submit a payment dispute within sixty (60) calendar days of receipt of explanation of payment (EOP).

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:

- Disagrees with claim that has been denied, adjusted or contested.
- Challenges a request for reimbursement for an overpayment or underpayment of a claim.
- Seeks resolution of a billing determination or other monetary dispute.
- Submission of a claim for retrospective review

The following conditions are not considered payment disputes and should be appealed:

- Clinical Appeals
- Submission of a corrected claim

In the event the matter is not resolved to the provider's satisfaction within thirty (30) days after the provider commenced the informal process, the provider shall have sixty (60) days after the end of the thirty (30) day period to submit a formal appeal notice. If the dispute decision is to uphold the original claim adjudication, providers may appeal the dispute.

Dispute forms can be on **CareSource.com** > Provider Overview > Tools & Resources > [Forms](#) located under the forms page, and 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