



NETWORK *Notification*

Notice Date: March 20, 2024
To: Ohio Medicaid Providers
From: CareSource
Subject: Timely Filing Extension

Summary

CareSource understands that since the Feb. 1, 2023, launch of the Electronic Data Interchange (EDI) providers have experienced issues with the claim submission process. The Ohio Department of Medicaid (ODM) also acknowledges this and is working diligently with its vendors to resolve system challenges and improve the provider experience. Therefore, until further notice, CareSource is extending timely filing on Ohio Medicaid claims with dates of service on or after Feb. 2, 2023 for an additional one year resulting in a two-year timely filing allowance.*

Please note there is no change to the dispute timeline. Providers may file a written dispute no later than 12 months from the date of service or 60 calendar days after the payment, denial or partial denial of a timely dispute submission, whichever is later.

*If prior authorization (PA) was not obtained timely and the reason for untimeliness meets one of the requirements of the CareSource post-service policy, you may request prior authorization for up to 30 days from the date of the claim denial for lack of prior authorization. For reference: when a CareSource member is unable to advise the provider what plan they are enrolled in due to a condition that renders them unresponsive or incapacitated.

- The member is retrospectively enrolled and covers the date of service.
- When urgent service(s) requiring authorization was/were performed and it would have been to the member's detriment to take the time to request authorization.
- The new service was not known to be needed at the time the original prior authorized service was performed.
- The need for the new service was revealed at the time the original authorized service was performed.
- The service was directly related to another service for which prior approval has already been obtained and that has already been performed.
- Services provided to a dual eligible member and the provider is notified that Medicare benefits have been exhausted after delivery of service.

When requesting prior authorization, please indicate that the PA request is associated with the Ohio timely filing extension and the reason the PA was not requested timely.

Questions?

For additional questions, please call Provider Services at **1-800-488-0134** Monday through Friday from 7 a.m. to 8 p.m. ET.

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