



Announcement

Date: February 10, 2010

Number: OH-P-2010-04b

To: CareSource Providers

From: CareSource

Subject: Provider Issue Resolution Process

In our effort to continue to “make it easier” for you, we would like to take this opportunity to introduce you to our improved problem resolution strategy.

Did you know that CareSource has introduced many improved processes which have attributed to 96.5 % of **clean** claims being processed within 30 days? In addition, in the past year we have decreased our pended inventory by 43%.

To simplify operational efficiencies for our Providers, CareSource appeal time frame is 90 days from payment or denial. Retrospective review time frame is 90 days from the date of service or discharge. In addition you have 180 days from the date of service or, in the case of an inpatient admission from date of discharge, to successfully submit a claim. This timeline includes submitting corrected claims.

CareSource wants to make sure you receive the best service every time you contact us, and we want to make sure the right teams are called on to do so!

To help us enhance the services we provide and to accomplish our goals, we ask you to direct claims inquiries to the provider web portal and/ or the Provider Service Center as this team is trained to respond to claims inquiries, equipped to document your inquiries and route your needs to most appropriate team for attention when necessary. We ask you to use these sources as outlined below:

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Category	Source(s)
Member Eligibility Check	IVR Provider Portal
Coordination of Benefits	Provider Portal
Prior Authorization	Provider Portal 1-800-488-0134, please listen for the selection

To offer you the best service, we have standardized internal operations for the **Provide Relations Team** and the **Provider Service Center**.

Provider Relations is strictly responsible for contracting and contractual related needs such as PCP capacity changes, provider demographics changes, orientation for new providers to our network, and ongoing provider education.

Please know that your **Provide Relations Representative** cannot move claims through processing. They are available to assist with root cause analysis, to trend issues and to educate you and your office on new offerings and enhancements from CareSource.

Our **Provider Service Center** is trained and equipped to respond to claims and other non-contract related inquiries. The **Provider Service Center** serves as the main point of contact for all providers; they document all calls and inquiries. Call/Inquiry documentation is reported to the management team who reviews for trends and other provider needs and responds accordingly.

If you have a question about:	Then:
The status of a claim and it has been less than 45 days since submission,	Please use the Claims Inquiry function on the Provider Portal for the status on the processing of your claim.
A claim that is in the 'pending', or P9 status,	There is no action required on your part. This means the claim needs manual intervention and is being reviewed.
A claim that has been in a 'pending', or P9 status and it has been greater than 60 days,	Please call the Provider Services Representative for the status on this claim.
A claim that has been processed but you disagree with how the claim processed and your claim was submitted correctly.	Please submit a formal appeal within 90 days from the date of payment or denial.

By following the processes outlined above, it will enable us to assist you better, more consistently and in a more efficient manner.

We appreciate your partnership in this matter.