



Network Notification

Notice Date: September 20, 2019
To: West Virginia Marketplace Providers
From: CareSource
Subject: Claim Timely Filing and Appeals Timeframes
Effective Date: November 1, 2019

Effective **November 1, 2019**, CareSource will begin enforcing the terms of the Marketplace provider contracts relating to timeframes for submission of claims and appeals. Claims and appeals must be submitted to CareSource pursuant to your contract agreement and the guidelines outlined below. Please consider this your 30 day advanced notice.

Claim Processing Guidelines

- Providers have **180 calendar days from the date of service or discharge** that a covered service was rendered to submit a claim. If the claim is submitted after 180 calendar days, the claim will be denied as outside timely filing parameters.
- Claims will be denied if incomplete, incorrect or unclear information is included. Please refer to your contract agreement, as other denial reasons may apply.
- If a member has other insurance and CareSource is secondary, the provider must submit the claim and the primary payor's Explanation of Payment (EOP) within **180 calendar days of the date the provider receives the claim response from the primary payor.**
- If a provider does not agree with the decision on a processed claim, he or she has 365 calendar days from the date of service or discharge to file an appeal. **However, per their contract agreement, if CareSource is not the primary payor, providers have 90 calendar days from the date the provider receives an EOP from the primary payor to file an appeal related to Coordination of Benefits and 180 calendar days from the date of service or discharge to file an appeal regarding an authorization.**
- If the claim appeal is submitted after the required timeframe, the claim will not be reconsidered, and the appeal will be denied.
- If a claim is denied for missing Coordination of Benefits (COB) information, the provider must submit the primary payer's EOP for paper claims or primary carrier's payment information for Electronic Data Exchange (EDI) claims within the remainder of the initial claim timely filing period. If the initial timely filing period has passed, the EOP must be submitted to CareSource within 180 calendar days from the primary payer's EOP date. If a copy of the claim and EOP are not submitted within the required timeframe, the claim will be denied as outside timely filing parameters.

For additional information, please refer to your contract agreement. Additionally, CareSource will be updating the [Provider Manual](#) for CareSource Marketplace plans (CareSource.com/documents/mp-health-partner-manual/) to include the contract provisions detailed above. For additional claim submission requirements that are not addressed in this network notification, refer to your contract agreement and/or the provider manual. Should you have any questions, please call CareSource Provider Services at **1-855-202-1091**.