



## Network Notification

**Notice Date:** May 4, 2019  
**To:** Ohio Medicare Advantage and MyCare Providers  
**From:** CareSource®  
**Subject:** Claim Appeals Initial Determination for Payment

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### Summary

CareSource would like to remind all Medicare Advantage (MA) and Ohio MyCare providers that Centers for Medicare & Medicaid Services (CMS) considers the claim review to be the Initial Determination for payment of service. As a result, any request for authorization or payment of a denied claim is considered a claim appeal and not a retro-authorization request.

### Action

All appeals must be submitted through the Provider Portal. You can access the Provider Portal by visiting **CareSource.com** > Providers > Provider Portal > [Log-in](#) or by faxing the request to 937-531-2398.

All non-participating providers who submit a claim appeal must also submit a signed *Waiver of Liability* before the appeal can be processed, per the Medicare Claims Processing Manual (Chapter 29 – Appeals of Claims Decisions):

Section 270.2.3 - How to Make and Revoke a Transfer of Appeal Rights (Rev. 2926, Issued: 04-11-14, Effective: 07-14-14, Implementation: 07-14-14)

B. Waiver of Right to Payment for the Items or Services at Issue:

*The provider or supplier who accepts the appeal rights must waive the right to collect payment from the beneficiary for the item or service that is the subject of the appeal. The provider or supplier may collect any applicable deductible or coinsurance. The provider or supplier agrees to this waiver by completing and signing Section II of the Transfer of Appeal Rights form with a handwritten ink signature. The waiver to collect payment remains in effect regardless of the outcome of the appeal decision.*  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c29.pdf>

The Waiver of Liability form can be found at CareSource.com > Provider Overview > Tools & Resources > [Forms](#).

### Impact

In line with Medicare guidelines, you should not submit retro-authorization requests for denied claims.

### Importance

When you correctly submit the request for reconsideration as a claim appeal, you help ensure the request is directed to the most appropriate department for more timely and efficient processing.

### Questions?

If you have any questions about the claim appeal submission process, please call Provider Services or contact your regional Provider Engagement Representative.

MA Provider Services: **1-844-679-7865** (Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time)

Ohio MyCare Provider Services: **1-800-488-0134** (Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time)

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