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## Summary

Effective Jan. 1, 2021 CareSource will be adjusting the timely filing deadline for all claim appeals and payment disputes associated with our Medicare Advantage, Dual Advantage and MyCare Ohio members.

Starting Jan. 1, 2021, providers must submit all claim appeals and payment disputes within sixty (60) days from the date of service, date of denial, date of discharge, or date of payment denial (unless otherwise specified in your contract) in order to submit an appeal or payment dispute.

## Impact

Any claim appeal or payment dispute received past this timeframe, without documentation of Good Cause for the delay, will not be processed for determination.

As a reminder: All Medicare Advantage and Dual Advantage network providers do not have appeal rights and therefore only have payment dispute rights. For all non-network providers and MyCare providers, the payment dispute process should be used for all payment issues that are not related to a lack of authorization or an incomplete authorization. Any request incorrectly submitted as an appeal will be converted to a dispute and processed for resolution.

## Importance

This change is in alignment with CMS regulations, per the “Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance” chapter; section 50.2.1 – “[Guidelines for Accepting Level 1 Appeal Requests](#)” which states appeal requests must be filed within 60 calendar days from the date of the notice of the initial determination.

As a reminder, all out-of-network providers must submit a signed waiver of liability with their claim appeal before the claim appeal can be processed for resolution.

Dispute and appeal forms, including the waiver of liability, can be located on the [Forms](#) page of the CareSource website and can be submitted to CareSource through the following methods:

- x Provider Portal: <https://providerportal.caresource.com>
- x Fax: 937-531-2398

