

COMPREHENSIVE PAIN MANAGEMENT INSTITUTE, LLC
5245 E. Main Street, Columbus, OH; 43213
Ph. 614-557-6075, F. 614-453-8222

----- Forwarded message -----

От: **Leon Margolin** <leon3087@gmail.com>

Date: **вс, 17 июн. 2018 г. в 18:12**

Subject: **Caresource - please confirm the receipt of the attached appeal**

To: <9375312398@myfax.com>

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Instructions for Appeal from CareSource manual:

CHAPTER 12: PROVIDER APPEALS PROCEDURES

Appeals of Claims Denials or Adverse Decisions

If you do not agree with the decision of a processed claim, you will have 365 days from the date of service or discharge to file an appeal. If the claims appeal is not submitted in the required time frame, the claim will not be considered and the appeal will be denied. If the appeal is denied, health partners will be notified in writing. If the appeal is approved, payment will show on the health partner's Explanation of Payment (EOP).

Please note: If you believe the claim was processed incorrectly due to incomplete, incorrect or unclear information on the claim, you should submit a corrected claim; you do not need to file an appeal. Health partners have 365 days from the date of service or discharge to submit a corrected claim.

How to Submit Appeals

Claims Appeals:

Health partners can submit claims through our secure Provider Portal, or in writing:

Provider Portal: <https://providerportal.caresource.com/OH/>

Under the Provider Portal, click on the "Claims Appeals" tab on the left.

Fax: 937-531-2398

Writing: CareSource

Attn: Health Partner Appeals

P.O. Box 2008

Dayton, OH 45401-2008

Use the Health Partner Claim Appeal Request Form located on our website. Please include:

- The member's name and CareSource member ID number
 - The health partner's name and ID number
 - The code(s) and reason why the determination should be reconsidered
 - If you are submitting a timely filing appeal, you must send proof of original receipt of the appeal by fax or Electronic Data Information (EDI) for reconsideration
 - If the appeal is regarding a clinical edit denial, the appeal must have all the supporting documentation as to the justification of reversing the determination
- If you believe the claim was processed incorrectly due to incomplete, incorrect or unclear information on the claim, you should submit a corrected claim. You do not need to file an appeal.

Content of appeal:

As President of Comprehensive Pain Management Institute, LLC ("CPMI") and pursuant to Chapter 12 of the Provider Manual and Section 3.7 of the Provider Agreement, I am hereby appealing any and all overpayment determinations made by CareSource which have resulted in the off-setting of payments to CPMI for services previously rendered to CareSource beneficiaries. As background, when this off-set was first detected by my billing company, I enquired with Pamela Morris of CareSource on November 13, 2017. At that time, I had received no notice of any overpayment or other issue which would have led to the off-set and non-

payment to CPMI. In response to my inquiry, I received an email from CareSource Associate General Counsel, Peggy Beat, which indicated that she had research the matter and found that there was an overpayment by CareSource to CPMI. I have received no other notice or information as to this overpayment. I believe that this recoupment was initiated by CareSource in retaliation to the appropriate business integrity concerns I raised. It limited access to care for vulnerable CareSource population. Please consider this as an appeal of all claims and determinations involved in the overpayment referenced in Ms. Beat's November 16, 2017 email to me and any other overpayment determination made by CareSource involving CPMI for which I have likewise received no notice.

Sincerely,


Leon Margolin, M.D.

President, Comprehensive Pain Management Institute, LLC

Examples of the payments inappropriately withheld by CareSource:

11/8/17 - #0001179 - \$17,090.56

11/15/17 - #0266746 - \$13,494.05

11/22/17 - #0485925 - \$20,374.71

11/29/17 - #0697837 - \$6655.89

12/6/17 - #0987013 - \$9265.51

12/20/17 - #1523478 - \$8909.92