

Provider Tips



Top 5 Denial Reasons and Reminders to Reduce Denials:

1. **Primary Insurance on file-Bill Primary Insurance:**
 - Verify coverage at each appointment
 - Use AHCCCS online to verify other coverage
2. **Duplicate Billing:**
 - Use the Care1st Web portal to confirm claim status at any time
 - Allow 45-60 days from the initial claim submission prior to resubmitting
 - Contact Claims Customer Service to assist with questions prior to submitting duplicates
3. **Patient Not Eligible on Date of Service:**
 - Confirm eligibility on AHCCCS online or with Care1st Member Services prior to claims submission
4. **Provider Not Contracted – Auth Required:**
 - Refer all laboratory services to Sonora Quest (our exclusive lab)
 - Refer to the Prior Authorization Guidelines on our website
5. **Exceeds Timely Filing Guidelines:**
 - Initial claim submission must be received no later than 6 months from the date of service, or eligibility posting date, whichever is greater
 - Care1st secondary claims must be received within 6 months from the date of service/eligibility posting date, or within 60 days of the primary carrier's processing date as indicated on the EOB, whichever is greater
 - Resubmissions must be received within 12 months of the date of service, or eligibility posting date, whichever is greater



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Our goal is to help you reduce denials on your claims submissions!

The Number 1 Denial Reason is Primary Insurance on File – Bill Primary Insurance
 Below are some helpful tips for you to reduce denials for this reason

1st: Be sure to confirm the members' insurance coverage at every visit. In addition to checking with the member, we recommend that you also use the AHCCCS online system to verify other coverage. If you do not already have an AHCCCS online account, you can register at: <https://azweb.statedenied.us/Account/Login.aspx?ReturnUrl=%2f>. Then click on Register under the New Accounts section on the left side of the screen.

Once your account is established, you can use the Member Verification to verify a member's eligibility with Care1st and also determine if the member has primary Medicare or commercial coverage that should be billed before submitting for the claim to Care1st for processing.

The Medical Enrollment section at the bottom of Member Eligibility Verification: Eligibility and Enrollment screen can identify the Health Plan the member has enrolled in, as well as the Period Start and Period End dates:

Medical Enrollment				
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type Insurance Type
010234 CARE 1ST ARIZONA	10/01/2016		1116 - TANF EXPANDED 21-44 MALE NO MDC	A ACU/CAP HM HEALTH MAINTENANCE ORGANIZATION (HMO)

From there, clicking on the Medicare Benefits tab at the top of the screen will show you if the member has Medicare coverage:

Member Eligibility Verification: Eligibility And Enrollment						
Medicare HMO		Medicare HMO				
Medicare HMO Plan ID	Medicare HMO Plan Name	Start Date	End Date	Service Type		
H5430	CARE 1ST HEALTH PLAN OF AZ	07/01/2014		30 HEALTH BENEFIT PLAN COVERAGE		
Medicare						
Claim Number	Medicare Type	Indicator	Start Date	End Date	Insurance Type	Service Type
A	Y		01/01/1998		MA MEDICARE PART A	
B	Y		01/01/1998		MB MEDICARE PART B	
D	Y		01/01/2006		OT OTHER	30 HEALTH BENEFIT PLAN COVERAGE
Medicare Part D Enrollment						
Health Plan/Name	Period Start	Period End	Service Type			
H5430001 CARE1ST+	07/01/2014		BB PHARMACY			

Click on the Third Party Liability tab at the top of the screen to show any Commercial coverage:

Member Eligibility Verification: Eligibility And Enrollment						
Third Party Liability		Third Party Liability				
Policy Number	Carrier Name	Begin Date	End Date	Coverage Type	Insurance Type	Service Type
	UNITED HEALTHCARE	04/01/2016	03/31/2018	MEDICAL	C1 COMMERCIAL	30 HEALTH BENEFIT PLAN COVERAGE

2nd: AHCCCS is always the payer of last resort. Sending the claims to the carriers in the correct order for coordination of benefits will help to ensure the claim is processed timely and any payments owed are received promptly. When members have primary insurance, please do not bill Care1st until the remittance advice is received from the primary carrier. This also will save you time in reconciling the denial from us for primary coverage.

3rd: If you still have questions on primary coverage, contact Care1st Customer Service for additional details on the members primary coverage.