

## Provider Tips



### Top 5 Denial Reasons and Reminders to Reduce Denials:

1. **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
2. **Patient Not Eligible on Date of Service:**
  - Confirm eligibility on AHCCCS online or Care1st Member Services prior to claims submission
3. **Primary Insurance on File-Bill Primary Insurance:**
  - Verify coverage at each appointment
  - Use AHCCCS online to verify other coverage
4. **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
5. **Provider Not Contracted – Auth Required:**
  - Refer all laboratory services to Sonora Quest (our exclusive lab)
  - Refer to the Prior Authorization Guidelines on the website



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 1870 W Rio Salado Parkway  
 Tempe, AZ 85281  
**Phone:** 602.778.1800  
**Toll Free:** (866).560.4042

### Wellcare by Allwell D-SNP – Care1st Dual-Eligible Member Claims

A new year lies before us with lots of opportunities as well as potential pitfalls that can cause delays or denials in claim payments. As always, our goal is to help you get your claim paid correctly the first time and to avoid resubmissions. To that end, we have listed some reminders regarding correct Medicare/AHCCCS billing for the Care1st Dual-Eligible members for 2022.

- Wellcare Liberty D-SNP is rebranded as Wellcare by Allwell D-SNP and claims are now processed on a different platform for date of service 1/1/2022 and after
  - Provider Services is available at **1-866-796-0542 (TTY 711)**
  - You may also use the provider portal at [www.wellcare.com/allwellAZ](http://www.wellcare.com/allwellAZ)  
*Note: Click Member Logon, then Continue; if needed, create an account*
- At this time, Wellcare by Allwell D-SNP is not able to cross-over secondary claims to the Care1st claim processing system
  - When providers receive remittance advice notices (RA/EOB) from Wellcare by Allwell, submit a separate secondary claim with the RA/EOB to Care1st, following AHCCCS billing guidelines
- AHCCCS claims for Care1st dual-eligible members for dates of service 1/1/2022 and after may be submitted electronically or by a Red & White paper claim.
  - Electronic claims are submitted through Change Healthcare, or a service that has a reciprocal agreement with Change Healthcare, Payer ID **57116**
  - Paper claims should be mailed to:
 

Wellcare Health Plans Claims Department  
 PO Box 31224  
 Tampa, FL 33631-3224
- Please be sure these claims are received by Care1st within 6 months of the date of service, or within 60 days of the Wellcare by Allwell EOB processing date, whichever is greater.
- On a separate note, while our top five claim denial reasons remain the same, we have seen an increase in the number of denials relating to ineligible members.
  - Please remember that you can check member eligibility through the AHCCCS Online Website. You must register for a username to use this site if you have not already done so.  
<https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>

As always, you can reach out to Network Management or the Provider Claims Liasons at the location listed to the left if you have questions or concerns.