

## 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. **Provider Not Contracted – Auth Required:**
  - Refer all laboratory services to Sonora Quest (our exclusive lab)
  - Refer to the Prior Authorization Guidelines on the website
3. **Primary Insurance on File-Bill Primary Insurance:**
  - Verify coverage at each appointment
  - Use AHCCCS online to verify other coverage
4. **Patient Not Eligible on Date of Service:**
  - Confirm eligibility on AHCCCS online or Care1st Member Services prior to claims submission
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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### Change in Claim Billing Address and Payer ID Impact on Maternity Claims for Care1st ACC (No Impact for Care1st RBHA – ACC Member Claims)

- Effective 12/01/22 Care1st migrated our ACC business to the Centene claims systems, which involves different payer ID numbers and mailing addresses for dates of service on claims before and after 12/01/22.

Date of Service (DOS)	Line of Business	Claim Type	EDI Clearinghouse Payer ID	Paper Claims Mailing Address
DOS through 11/30/22 <b>NO CHANGE</b>	ACC	Professional and Institutional	57116	Care1st Health Plan Claims Department PO Box 31224 Tampa, FL 33631
DOS on or after 12/1/22 <b>CHANGE</b>	ACC	Professional and Institutional	68069	Care1st Health Plan PO Box 8070 Farmington, MO 63640-8070

- As maternity services for Care1st ACC members may involve dates both before and after 12/01/22, Care1st is providing additional direction on these types of services to help ensure your claim payment is processed on the first submission.

### Billing Maternity Services

- When billing prenatal visits with dates of service spanning before and after 12/1/22, please split the services into two separate claim submissions to avoid eligibility rejections.
- Bill claim(s) for prenatal visits that occurred prior to 12/1/22 to Payer ID 57116 or the mail to the Tampa address listed above
- Bill claim(s) for prenatal visits and delivery charges on 12/1/22 and after to Payer ID 68069 or mail to the Farmington address listed above.
- The delivery charge billed for dates of service 12/01/22 and after, must reflect the correct level of reimbursement requested (Delivery only, or Total OB Package) based on the total number of antepartum visits performed for the member (regardless of the different payer ID's).
- When 5 or more total prenatal visits are performed the appropriate total OB delivery code must be billed
- Fee for service delivery codes are used when 4 or less total prenatal visits are performed by the provider

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