

## 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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### WellCare Liberty Dual Eligible Member Claims

When a member is WellCare Liberty Dual Eligible, multiple claim submissions can create a big problem. You may end up recouping a claim you did not intend to, and then submitting multiple claims to get the issue corrected for both WellCare and Care1st. To help ensure your claim is processed correctly the first time, and to avoid unexpected recoupments, please follow the steps below.

- **For WellCare Liberty dual members, submit the claim to WellCare Liberty following Medicare billing requirements**
  - WellCare Liberty follows all Medicare billing guidelines. Ensuring the claim is billed per the primary carrier guidelines reduces the chance of a denied primary EOB.
  - WellCare will crossover the Medicare claim to Care1st on the date the EOB is issued.
    - Please give Care1st time to process this crossover claim. The Care1st EOB is typically received within 45 days of the WellCare EOB.
- **In many cases, Care1st will process the WellCare Liberty crossover claim at the same payment rate you would receive per AHCCCS billing guidelines**  
*Examples: Dialysis, Inpatient facility claims, Professional service claims, etc.*
  - If Care1st is not able to process the crossover claim as billed (due to billing requirement differences), you will receive a notice of the required correction.
    - Claims that typically require corrected billing are DME rentals (unit issues), Home Health (form type), FQHC/RHC or ASC claims billed on a UB to WellCare Liberty (form type), and some Lab claims (bundling issues)
    - For these types of denials, ensure you are sending the corrected claim to Care1st only, to avoid having the original WellCare Liberty claim reversed and the new claim denied
      - For CMS-1500 claims, make sure you list the member's AHCCCS ID in field 1A
      - For UB04 claims, make sure you list the Care1st payer ID (14163) in field 51
  - In some cases, you might be entitled to receive a higher payment if billed under AHCCCS guidelines.  
*Example: Outpatient services when revenue code changes for AHCCCS are applicable*
    - For CMS-1500 claims
      - Bill with a corrected claim code and the original MHC claim ID in field 22 for CMS-1500
      - Bill the member's AHCCCS ID in field 1A
      - Rebill all services, making changes as applicable
    - For UB04 claims:
      - Bill with bill type XX7 and the original MHC claim ID in field 64 for UB-04
      - Bill with the Care1st payer ID (14163) in field 51
      - Rebill all services, making changes as applicable
- **If new billing or other changes will impact the WellCare Liberty payment, bill the corrected claim to WellCare and a new crossover claim will be created for Care1st processing**

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