

## 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 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 the 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



**Care1st Health Plan Arizona**  
 432 N 44<sup>th</sup> St  
 Suite 100  
 Phoenix, AZ 85008  
**Phone:** 602.778.1800  
**Toll Free:** 866.560.4042

### Claims Reminders – Medicaid

To expedite handling, it is important to mail your submission to the correct address based on the type of submission.

For WellCare (Medicare), refer to the [WellCare Quick Reference Guide](https://www.wellcare.com/en/Arizona/ONECare-Migration) for the appropriate addresses: <https://www.wellcare.com/en/Arizona/ONECare-Migration> > [Quick Reference Guide \(Download\)](#)

Please ensure that the correct Member ID (found on the ID card) is included on all submissions

### Medical and Behavioral Health Claim Submissions:

- We strongly encourage you to submit claims electronically (including those with primary coverage).
  - Our payer ID is 57116
  - Care1st partners with Change Healthcare as our preferred EDI clearinghouse
  - You may connect directly to Change Healthcare, or in some cases your existing clearinghouse or trading partner may maintain reciprocal agreements with Change Healthcare. Contact your claims vendor to determine if they have connectivity to Change Healthcare.
  - For Change Healthcare Submitter/Client Connectivity Services: 1-877-411-7271
- All Paper claims (including claims with attachments) must be submitted on a **red and white claim form** with the claim sorted as the first page of the document and mailed to:
 

Attention Claim Department  
 PO Box 31224  
 Tampa, FL 33631-3224

  - Handwritten, faxed or replicated claim forms are **not** accepted
  - Resubmissions, including those with medical records are also mailed to the address above. **Be sure to sort the red and white claim as the first page of the document.**

### Dental Claim Submissions:

#### Electronic Claim Submission for Dates of Service **on and after** October 1, 2019:

You may submit claims to DentaQuest electronically in two ways:

1. Through the DentaQuest website at [www.dentaquest.com](http://www.dentaquest.com). Claims for services that require the inclusion of x-rays or reports may be submitted electronically by using [www.NEA-FAST.com](http://www.NEA-FAST.com) to attach the required documentation or by attaching the x-rays. Electronic claim submission via DentaQuest's website requires *provider registration* as indicated under the WEBSITE section of this communication.
2. Via clearinghouse or direct. DentaQuest can accept HIPAA compliant 837D files from Change Healthcare (844.217-1199), DentalXChange (800.576.6412), eSolutions (866.633.4726), TriZetto Provider Solutions (800.969.3666) for acceptance of EDI claims. DentaQuest's Payer I.D. is CX014. For direct connection, please email [EDITEAM@greatdentalplans.com](mailto:EDITEAM@greatdentalplans.com)

#### Paper Claim Submission for Dates of Service **on and after** October 1, 2019:

Please submit paper claims using the ADA claim form to:

DentaQuest of Arizona, LLC - Claims  
 PO Box 2906  
 Milwaukee, WI 53201-2906

For questions on claim submissions, please contact DentaQuest at 800.440.3408

Refer to the Care1st website for details on submissions for claims with dates of service **on or before** September 30, 2019: [www.care1staz.com](http://www.care1staz.com) > Care1st > Providers > Dental

### Claims Disputes & Appeals

- Claim disputes should include a complete Claim Dispute Form or letter detailing the factual and legal basis for the dispute and should be mailed to:
 

Care1st Provider Claim Disputes  
 432 N 44th Street, STE 100  
 Phoenix AZ 85008

### Refunds & Overpayment Correspondence

- Refunds and overpayment correspondence should include a detailed explanation along with a copy of the remittance advice or cover letter that contains the member ID and claim number and should be mailed to:
 

Care1st Correspondence  
 432 N 44th Street, STE 100  
 Phoenix AZ 85008