# Care1st Health Plan Arizona – December 2021

# News you can use!



# **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

#### Provider Not Contracted - Auth Required:

- · Refer all laboratory services to Sonora Quest (our exclusive lab)
- Refer to the Prior Authorization Guidelines on the

#### Primary Insurance on File-Bill Primary Insurance:

- Verify coverage at each appointment
- Use AHCCCS online to verify other coverage

#### 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
- Resubmissions must be received within 12 months of the date of service, or eligibility posting date, whichever is greater



#### Care1st Health Plan Arizona

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Phone: 602.778.1800 Toll Free: (866).560.4042

## Reminders of Claims Billing Changes Effective 10/1/2021 and 1/1/2022

As we enter into the new year, we want to take this opportunity to remind everyone of the correct billing address for members due to plan transitions of 10/1/2021 and 1/1/2022.

#### Wellcare Liberty D-SNP/Wellcare by Allwell Dual Member Claims

Effective for dates of service 1/1/2022 and after, claims processing for the D-SNP dual eligible members moves from the WellCare Liberty Xcelys platform to the Wellcare by Allwell Amisys platform. Claims processed on the Amisys system will not automatically crossover to Care1st. Please be sure to submit a claim (based on AHCCCS billing guidelines) with either a paper or electronic copy of the Wellcare EOB to Care1st for secondary processing.

- When submitting initial or resubmission Medicare D-SNP dual-eligible claims for all members for dates of service through 12/31/2021, please submit:
  - Electronic claims through Change Healthcare, or a service that has a reciprocal agreement with Change Healthcare, Payer ID 14163
  - Paper claims should be mailed to:

Wellcare Health Plans Claims Department PO Box 31224

Tampa, FL 33631-3224

- When submitting initial or resubmission Medicare D-SNP dual-eligible claims for all members for dates of service 1/1/2022 and after, please submit:
  - Electronic claims through EDI Clearinghouse, Payer ID 68069
  - Paper claims should be mailed to:

Wellcare by Allwell Attn: Claims PO Box 9010 Farmington, MO 63640-9010

### AHCCCS (Medicaid) Claims - Migration of Central Members

As a reminder, the Care1st members residing in Maricopa, Gila, and Pinal counties migrated from Care1st to the AzCH Complete Care Plan effective 10/01/2021.

- When submitting initial or resubmission AHCCCS claims for these members for dates of service 10/1/2021 and after, please submit:
  - Electronic claims through Availity, Payer ID 68069
  - Paper claims should be mailed to:

Arizona Complete Health Care Plan

PO Box 9010

Farmington, MO 63640

- When submitting initial or resubmission AHCCCS claims for these members for dates of service through 9/30/2021, or for dates of service 10/01/2018 and after for members in Apache, Coconino, Mohave, Navajo, and Yavapai counties, please submit:
  - Electronic claims 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

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.