Care1st Health Plan Arizona – December 2017

News you can use!

Billers' Corner

Provider Tips

Top 5 Denial Reasons and Reminders to Reduce Denials:

1. **Duplicates:**
   - Use the Care1st Web portal to confirm claim status day or night
   - Allow 45-60 days from the initial claim submission prior to resubmitting
   - Contact Claims Customer Service to assist with questions prior to resubmitting claims

2. **Primary Insurance Coverage:**
   - Verify coverage at each appointment
   - Use AHCCCS online to verify other coverage

3. **Provider Not Contracted – Authorization Required**
   - Refer all lab services to Sonora Quest (our exclusive contracted lab)
   - Refer to the Prior Auth Guidelines on our website

4. **Patient Not Eligible on Date of Service**
   - Confirm eligibility on AHCCCS online prior to claims submission

5. **Exceeds Timely Filing Guidelines**
   - Submit initial claims within 6-months of date of service
   - Submit resubmissions within 12-months of the date of service
   - Contact Claims Customer Service for questions

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Member Billing - Medicare

Effective 1/1/18, ONECare members have a new ID number. Members will also have a new ID card, which includes the new ID number. Be sure to ask for the new ONECare ID number when a ONECare member calls to schedule an appointment and make a copy of the new card when the member comes for a visit in 2018. Please bill the new ID number on all claims effective 1/1/18.

The new ONECare ID number uses the AHCCCS ID, removing the A as the first character and adding an M as the last character. Knowing this may assist your office in billing these dual eligible members. See example below:

Additional Medicare Billing Reminders: To avoid processing delays, it's important to bill claims to the primary insurer with the primary insurance member ID

- When a member is enrolled with both our Medicare plan (ONECare) and our AHCCCS plan (Care1st), the ONECare ID number should be billed on the claim because ONECare is primary.

- For dual-eligible members covered by a Medicare payer other than ONECare that have Care1st as their secondary plan, please submit the secondary claim to Care1st with the AHCCCS ID and make sure to include the Medicare Remittance Advice.

- As a reminder, when the member is ONECare <u>and</u> Care1st, ONECare processes the claim as the primary payer and makes every attempt to use the Cross-Over Process to cross the claim over to Care1st for processing as the secondary payer to reduce the burden of you of submitting the claim twice. However, because there are exception situations when the Cross-Over Process can't be employed, *if the Care1st remittance advice is not received within 90 days of submission of the ONECare claim*, please submit the secondary claim to Care1st.

- You can check claims status on our web-portal 24-hours a day at www.Care1stAZ.com. Please contact Network Management if you need assistance.