arizona complete health
Complete Care Plan

Provider Update

Contractual | February 13, 2019 | 2 Pages | Update 19-109

Revision to Timely Filing Submission

This communication supersedes the provider update #19-081 distributed on January 31, 2019, entitled Timely Filing Submission Requirements.

Arizona Complete Health-Complete Care Plan would like to thank all providers who have reached out to us regarding our recent timely filing change. We listened to your feedback and are extending the timeframe for initial claim submissions from our originally communicated 90 days to 120 days. This communication details our new timely filing guidelines.

REVISED GUIDELINES

Effective March 1, 2019 Arizona Complete Health-Complete Care Plan's timely filing guidelines will be revised to reflect the following timeframes:

Effective 3/1/2019	Initial Claims	Secondary Claims (COB)	Reconsideration & Appeals
Participating provider	120 Days from DOS, DOD or DOE posting	180 Days from DOS	365 Days from DOS
Non-participating providers	180 Days from DOS, DOD or DOE posting	180 Days from DOS	365 Days from DOS

Providers are able to utilize AzCH-Complete Care Plan's online Provider Operation Manual for more information on our timely filling guidelines. To access our provider operations manuals visit: https://www.azcompletehealth.com/providers/resources/forms-resources.html

PLEASE NOTE

- Meeting the above timely filing guidelines is required to avoid claims denials.
- If you are a participating provider and your contract outlines specified timely filing requirements, you are not affected by the above statements and should continue submitting claims in accordance with the timeframes in your contract.

Claims submitted with a DOS before March 1, 2019 would comply with AzCH-Complete Care Plan's previous timely filing guidelines notated below.

DOS Prior to 3/1/2019	Initial Claims	Secondary Claims (COB)	Reconsideration & Appeals
All Providers	180 Days from DOS, DOD or DOE posting	180 Days from DOS	365 Days from DOS

RELEVANT DEFINITIONS

- Initial Claims, Reconsideration and Appeals - days are calculated from the date of service (DOS) to the date the claims is received by AzCH-Complete Care Plan.
- For observation and inpatient stays - days are calculated from the date of discharge (DOD) to the date the claim is received by AzCH-Complete Care Plan.

THIS UPDATE APPLIES TO THE FOLLOWING **ARIZONA COMPLETE HEALTH** PROVIDERS TYPES:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers
- Behavioral Health Providers
- FQHC

LINES OF BUSINESS:

- AzCH-Complete Care Plan (Medicaid)

PROVIDER SERVICES:

AzCHProviderEngagement@azcompletehealth.com
1-866-796-0542
www.Azcompletehealth.com

RELEVANT DEFINITIONS CONTINUED

- Date of Eligibility (DOE) Posting - when members are granted retro-eligibility, timely filing guidelines would start from the date the member's eligibility was posted or the DOS (whichever is later) to the date the claim is received by AzCH-Complete Care Plan.
- Request for Reconsideration should be submitted when the provider disagrees with the original claim outcome (payment amount, denial reason, etc.).
- Request for Appeals should be sent only if the provider finds the reconsideration request result unsatisfactory.

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update or if additional education is needed please contact your Provider Engagement Specialist or email AzCHProviderEngagement@azcompletehealth.com.