Secondary Timely Filing Requirements and Coordination of Benefits Agreement

Secondary Timely Filing Requirements

Arizona Health Care Cost Containment System has secondary timely filing requirements which require UnitedHealthcare Community Plan to apply the following guidelines to our care providers:

- Claims processed after Nov. 1, 2017 for secondary payment must be submitted within **180 days** of the date of service. This includes members with Medicare coverage.
- Claims will be denied if they're submitted without an Explanation of Benefits (EOB) from the primary carrier. Policy documentation that establishes the primary carrier has denied or would deny payment can also be used.
- Care providers have **365 days** from the date of service to resubmit the claim with an EOB from the primary carrier.

Coordination of Benefits Agreement

UnitedHealthcare Community Plan has a Coordination of Benefits Agreement with the Centers for Medicare & Medicaid Services (CMS) Benefits Coordination & Recovery Center. For claims processed in 2018 care providers may:

- Receive payments or denial information for secondary claims they didn't submit to UnitedHealthcare Community Plan.
- See an increase in duplicate or incorrect form denials. This may happen because we receive secondary claims from CMS as well as the care provider.

We Can Help

If you have questions, please call your Provider Advocate. You can also call Provider Services at:

- **800-445-1638** for Medicaid, Children's Rehabilitative Services and Developmentally Disabled
- **800-377-2055** for Arizona Long Term Care/Elderly Physically Disabled

Thank you.

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