

# Health Plans

---

## **Timely Filing Guidelines**

Claims must be submitted within the timely filing timeframe specified in your contract. Health First Health Plans only accepts one member and one provider per claim.

All additional information reasonably required by Health First Health Plans to verify and confirm the services and charges must be provided on request. The provider must complete and return requests for additional information within 30 calendar days of Health First Health Plans request.

**Claims submitted after the timely filing period expires will be denied, unless proof of timely filing can be demonstrated according to the Proof of Timely Filing guidelines.**

### **Proof of Timely Filing**

#### **Medicare Advantage Providers: Timely filing of a Primary Claim:**

All claims (electronic or paper) for services rendered after January 1, 2010 must be submitted within one (1) year from the date of service.

#### **Commercial, Individual & PPO participating Providers: Timely Filing of a Primary Claim:**

Submission of a claim (electronic or paper) to the Health Plan within six (6) months from the date of service / discharge or the date the provider has been furnished with the correct insurance information.

#### **Commercial & Medicare Advantage participating Providers: Timely Filing of a Secondary Claim:**

Submission of a claim (electronic or paper) to the Health Plan within 90 days after the final determination by the primary insurer.

For full details regarding our Timely Filing Policy, please contact your Provider Representative and refer to Policy CL-125.

Health First Commercial Plans, Inc. and Health First Insurance, Inc. are both doing business under the name of Health First Health Plans. Health First Health Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

08/2017