

Timely receipt of primary payer EOB helps avoid timely filing denials for secondary claims

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We understand it isn't always easy to know if we are the member's primary insurance payer. We also want to make it as easy as possible for you to find out so you can avoid claim denials because of not filing the claim within the timely filing guideline.

Before the member even arrives for their appointment, you can check the primary insurance carrier using the Eligibility and Benefits app in Availity. Log onto **Availity.com**, go to **payer spaces**, select us as the payer and use the **Patient Registration** tab to run an **Eligibility and Benefits Inquiry**. If you find that we are the primary payer, confirm that when the member arrives for their appointment. After providing services, submit the member's claim as usual. You can use Availity for that, too, through the Claims & Payments app.

If we are the secondary payer, we will need to receive an explanation of benefits (EOB) along with the claim submission to determine our payment amount. You can submit the EOB and the claim through Availity using the Claims & Payments app.

When a claim is submitted to us as the primary payer, and we are the secondary payer, our claims system will deny the claim because we don't have the EOB. This can cause delays in your receiving payment and can even cause you to miss the timely filing guideline.

For more information about filing claims, visit anthem.com/provider/claims-submissions. For help using Availity, log onto Availity.com and select the Help & Training tab.

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