

Timely receipt of primary payer's EOB can help reduce timely filing denials for secondary claims

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Many members have both primary and secondary insurance policies, and it's important to know which policy is primary. We want to make it as easy as possible for you to find out so you can avoid claim denials for not filing the secondary claim within the timely filing guidelines.

Before the member arrives for their appointment, check the primary insurance carrier using the Eligibility and Benefits app in Availity. Log onto [Availity.com](https://www.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 the explanation of benefits (EOB) from the primary carrier 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 claim system will deny the claim because we don't have the EOB. This can cause a delay in receipt of your payment and can even cause you to miss the timely filing guideline.

We want you to have of the information you need to know the very best way to file your claims. For more information about filing claims, visit [Anthem.com/provider/claims-submissions](https://www.anthem.com/provider/claims-submissions). For help using Availity, log onto [Availity.com](https://www.availity.com) and select the Help & Training tab.

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