



SUBMIT YOUR MEDICAL RECORDS AND BE ENTERED TO WIN ONE OF SEVERAL PRIZES – READ BELOW!

Reminder: AHCCCS Annual Data Validation Study

May 24, 2010

Dear Care1st Practitioners and Staff and Hospitals and Staff:

AHCCCS recently mailed out requests for medical records for services you provided to Care1st members. The request was mailed on or about Thursday, May 6th. All records must be submitted to the appropriate health plan by **Friday, May 28th, 2010.**

If you anticipate any problems in supplying the requested information please contact Provider Network Operations at 602.778.1880 (Options in order: 5, 7).

Your early cooperation and assistance will expedite the completion of these studies, prevent the need for your office to field multiple follow-up phone calls from us, and make you eligible for our special prize drawing. ☺

As an incentive to those that submit their records quickly and timely Care1st will be holding a drawing the week following the conclusion of the project. As soon as we are in receipt of the records requested from your office/facility, you will be entered into the drawing. Your office/facility will continue to be entered into the drawing each week after you submit your records through May 28, 2010...so the sooner you submit your records, the greater your chance to WIN one of the following prizes:

- (1) One night stay at the Westin Kierland Resort & Spa– located next to Kierland Commons in Scottsdale**
- (10) \$50 Gift cards to one of the following local eateries: P.F. Chang’s China Bistro, Paradise Bakery**
- (5) \$15 Starbuck gift cards**

We REALLY appreciate your cooperation with this AHCCCS mandated study. **REMINDER:** All records are due by **Friday, May 28th, 2010.** Each record not received is subject to a \$1000 sanction by the AHCCCS Administration. So, get your records in early – avoid sanctions – and make yourself eligible for our special prize drawing.

Please note:

- All records for services rendered between **2/1/07 – 5/31/07** must be submitted.
- Ensure the date of birth (DOB) and AHCCCS recipient ID# on the patient medical record matches the DOB and AHCCCS recipient ID# on the Provider or Facility Member List when the office/facility has multiple patients with the same name.
- Records should be fastened with rubber bands or paper/binder clips only. **Please no staples!**
- Send **complete** medical records for the timeframe specified above to:
Care1st Health Plan
Attn: Debbie Muir/Provider Network Operations
2355 E Camelback Rd, Suite 300
Phoenix, AZ 85016
- Include the following with practitioner/ancillary records:
 1. All services provided by the practitioner.
 2. Outside test results (labs, radiology services, etc.)
 3. Letters (or other appropriate documentation) from specialty providers who saw the patient.
- Include the following with hospital inpatient records:
 1. Discharge Summary (preferred), or History & Physical, or Op Report, or Consultation documentation.
 2. Ambulance record if appropriate.
- Included the following with hospital outpatient records:
 1. ER Reports, labs, x-rays, outpatient OP reports, therapy documentation, any other outpatient services as appropriate.
 2. Ambulance records if appropriate.

THANK YOU VERY MUCH FOR YOUR ASSISTANCE WITH THIS PROJECT!!

Provider Network Operations
Phone 602.778.1800 or 866.560.4042 (Options in order: 5, 7)
Fax 602.778.1875
Visit our website at www.care1st.com/az