



**October 1, 2024**

**Arizona Complete Health-Long Term Care Implementation  
Care1st Member Move to Arizona Complete Health-Complete Care Plan**

**What You Need to Know! Vol. 1**

**August 1, 2024**

Page 1 of 27

**Dear Providers, Office Staff and Billing Staff:**

Arizona Complete Health will begin to administer integrated physical and behavioral health services and Long-Term Services and Supports to approximately 12,776 Arizona Long Term Care System (ALTCS) E/PD members across AZ beginning 10/1/24. We'll communicate with you about ALTCS under the name AZ Complete Health-Long Term Care (AzCH-LTC).

Also, effective 10/1/24, all Care1st ACC and RBHA members in the Northern GSA (Mohave, Coconino, Navajo, Apache, and Yavapai Counties) will become Arizona Complete Health-Complete Care Plan (AzCH-CCP) members.

The following pages contain details to help you navigate the processes for the ALTCS members that are joining AzCH-LTC and the Care1st RBHA and ACC members joining AzCH-CCP. Please review and contact us as outlined below if you have questions or would like to talk through anything we outline in this or subsequent communications.

***Thank you!***

AzCH providers and staff:

If you have questions, please contact your AzCH Provider Engagement Specialist. If you need your assigned Provider Engagement Specialist's contact information, please email us at

[AzCHProviderEngagement@azcompletehealth.com](mailto:AzCHProviderEngagement@azcompletehealth.com).

Care1st providers and staff:

If you have questions, please call Network Management at (866) 560-4042 (Options in order: 5, 7) or email [SM\\_AZ\\_PNO@care1staz.com](mailto:SM_AZ_PNO@care1staz.com).

**Your Contract**

On 10/1/24, we are completing a corporate restructure designed to better align our lines of business that serve AHCCCS members. Effective 10/1/24, Bridgeway Health Solutions of Arizona, Inc., a wholly owned subsidiary of Centene Corporation, will acquire all assets and liabilities of Care1st Health Plan Arizona, Inc. and Health Net Access, Inc., a Health Net of Arizona, Inc. Medicaid affiliate. We'll continue doing business as Arizona Complete Health—Complete Care Plan and Arizona Complete Health—Long Term Care.

## Claim Submission

Health Plan	Date of Service (DOS)	LOB	Claim Type	Timely Filing	EDI Clearinghouse Payer ID	Paper Claims Mailing Address
AzCH-CCP	DOS on or after 10/1/24 <b>NO CHANGE</b>	ACC RBHA	Professional and Institutional	120 days	68069	Arizona Complete Health- Complete Care Plan PO Box 9010 Farmington, MO 63640-9010
AzCH-LTC	DOS on or after 10/1/24 <b>NEW</b>	ALTCS	Professional and Institutional	120 days	68069	Arizona Complete Health- Long Term Care PO Box 9010 Farmington, MO 63640-9010
Care1st	DOS through 9/30/24 <b>NEW</b>	ACC RBHA	Professional and Institutional	6 mo	68069	Care1st Health Plan PO Box 8070 Farmington, MO 63640-8070

## Additional Claim Submission Instructions – *ALTCS DOS ON OR AFTER 10/1/2024*

### Professional Services

- When billing a professional service with *DOS spanning before and after 10/1/24*, to avoid eligibility rejections, please split the services and submit the claim for DOS on or after 10/1/24.
- Also, if the 1st DOS on claim is prior to 10/1/24 the claim will reject as it must be billed to the prior plan, so please make sure the 1st DOS listed is 10/1/24 or after.
- Professional (837P) service date for all claim lines is in Loop 2400 (DTP\*472\*from-through~) or in FL-24a the unshaded area on the CMS1500 02/12 paper form.

### Institutional Outpatient Bill Type and Non-DRG Services

- When billing DOS *spanning before and after 10/1/24*, to avoid eligibility rejections, please split the services and submit the claim for DOS on or after 10/1/24.
- Also, if the 1st DOS on the claim is prior to 10/1/24, the claim will reject as it must be billed to the prior plan; please make sure the 1st DOS listed is 10/01/24 or after.
- When billing services with an outpatient bill type or non-DRG institutional services, please use the earliest “From Date” in the claim submission.
- Institutional statement earliest service date is in Loop 2300 (DTP\*434\*from-through~) or in FL-06 of the UB-04 CMS-1450 paper form.

### Institutional Inpatient DRG Services

- When billing institutional inpatient DRG services for DOS 10/1/24 and after, please use the “Through Date Institutional” statement date located in Loop 2300 (DTP\*434\*from-through~) or FL-06 of the UB-04 CMS-1450 paper form.
- Should the admission date and discharge date span the 10/1/24 cutover date, AHCCCS requires that the “From Date” be sent as the subscriber’s earliest effective date with the payer responsible for the claim based on the date of discharge.
- Also, if the 1st DOS on the claim is prior to 10/1/24, the claim will reject as it must be billed to the prior plan; please make sure the 1st DOS listed is 10/1/24 or after.

### Billing NPI, i.e., Organizational NPI aka GNPI is Required

- Box 33a on CMS-1500 paper submissions or 837P - Loop 2010AA NM108 / NM109
- Box 56 on UB-04 paper submissions or 837I - Loop 2010AA NM108 / NM109

### Claim Rejections

- Claims that are not legible or not submitted on the correct form type or not submitted in conformance with the Health Insurance Portability and Accountability Act (HIPAA) transactions requirements, National Uniform Claim Committee Edits (NUCC) and 5010 Standards, will be returned to providers without being processed. This is known as a claim or encounter rejection.
- Rejected claims or encounters do not count as a clean initial submission. **Timely filing guidelines are not considered for rejected claims.**
- For successful electronic data interchange (EDI) claim submission, please utilize the electronic reporting made available by your vendor or clearinghouse. There may be several levels of electronic reporting:
  - Acceptance/rejection reports from EDI vendor
  - Acceptance/rejection reports from EDI clearinghouse
  - Acceptance/rejection reports from the Health Plan
- We encourage you to contact your vendor or clearinghouse to see how these reports can be accessed and viewed. All electronic claims that reject must be corrected and resubmitted. Rejected claims may be resubmitted electronically.
- Top rejection reasons include:
  1. Invalid Member
  2. Invalid Member Date of Birth
  3. DOS prior to 10/1/24

**Additional Claim Submission Instructions – North ACC & RBHA Members DOS THROUGH 9/30/24**

**NO CHANGE FROM CURRENT PROCESS**

**Additional Claim Submission Instructions – North ACC & RBHA Members DOS ON OR AFTER 10/1/24**

Care1st will process claims for DOS through 9/30/24. Effective for DOS 10/1/24 and forward, claims for North ACC & RBHA members that become AzCH-CCP members are submitted to AzCH-CCP

**Professional Services**

- When billing a professional service with *DOS spanning before and after 10/1/24*, to avoid eligibility denials, please split the services into two separate claim submissions and submit DOS prior to 10/1/24 to Care1st and DOS 10/1/24 to AzCH-CCP or the new plan.
- Professional (837P) service date for all claim lines is in Loop 2400 (DTP\*472\*from-through~) or in FL-24a the unshaded area on the CMS1500 02/12 paper form.

**Institutional Outpatient Bill Type and Non-DRG Services**

- When billing DOS *spanning before and after 10/1/24*, to avoid eligibility denials, please split the services into two separate claim submissions and submit DOS prior to 10/1/24 to Care1st and DOS 10/1/24 to AzCH-CCP or the new plan.
- When billing services with an outpatient bill type or non-DRG institutional services, please use the earliest “From Date” in the claim submission.
- Institutional statement earliest service date is in Loop 2300 (DTP\*434\*from-through~) or in FL-06 of the UB-04 CMS-1450 paper form.

**Institutional Inpatient DRG Services**

- When billing institutional inpatient DRG services for DOS 10/1/24 and after please use the “Through Date Institutional” statement date located in Loop 2300 (DTP\*434\*from-through~) or FL-06 of the UB-04 CMS-1450 paper form.
- Should the admission date and discharge date span the 10/1/24 cutover date, AHCCCS requires that the “From Date” be sent as the subscriber’s earliest effective date with the payer responsible for the claim based on the date of discharge.

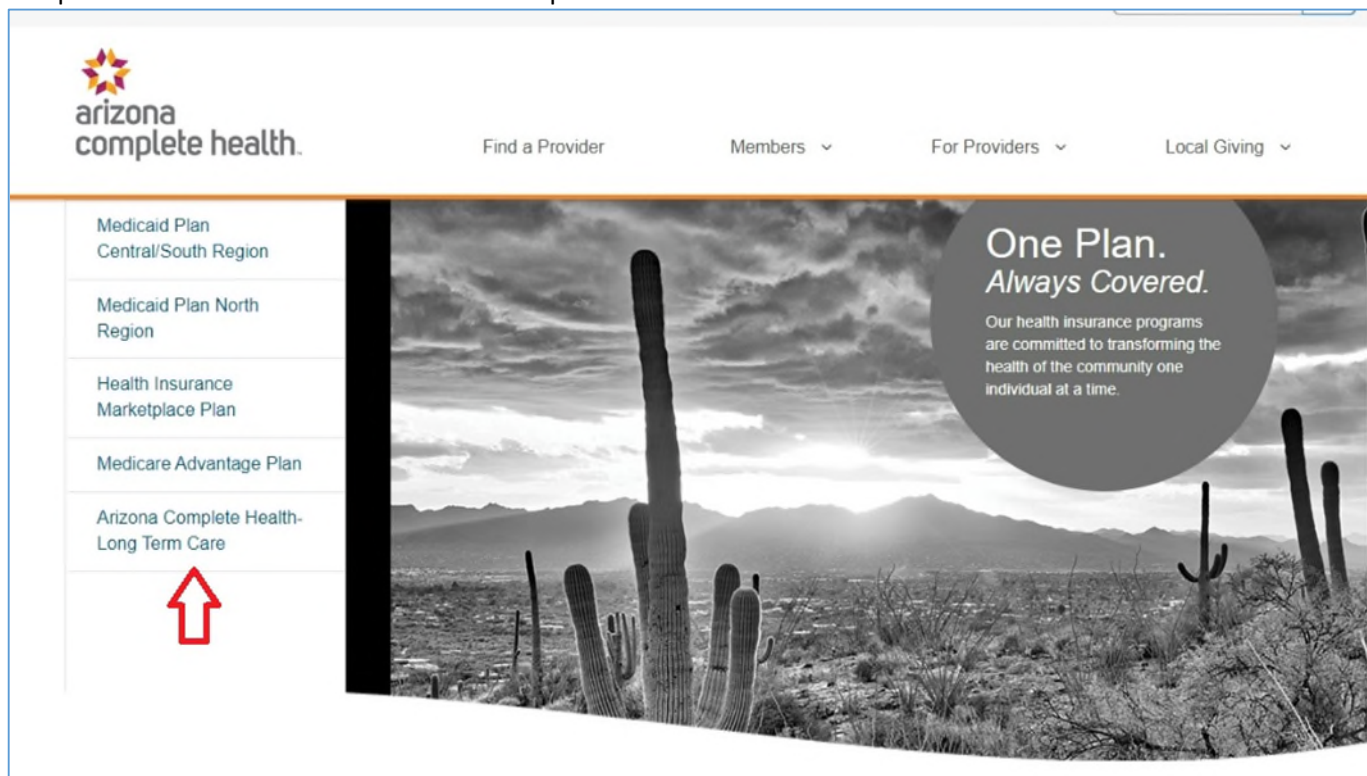
## Website and Provider Portals

**Care1st:** [www.care1staz.com](http://www.care1staz.com) will continue to be available to providers after 10/1/24. Functions like eligibility look up and claim inquiries will be available for DOS through 9/30/24.

**AzCH:** [www.arizonacompletehealth.com](http://www.arizonacompletehealth.com) is currently available to support our AzCH-CCP (ACC and RBHA) business.

- Effective for DOS 10/1/24 and forward, the site will provide eligibility verification, claim status inquiry, etc., for those Care1st members that join AzCH-CCP on 10/1/24.
- We've also launched an option on the website to support our new AzCH-LTC (ALTCS) business. Eligibility verification, claim status inquiry, etc. will be available for AzCH-LTC for dates of service 10/1/24 and after.

The picture below shows the new AzCH-LTC option.

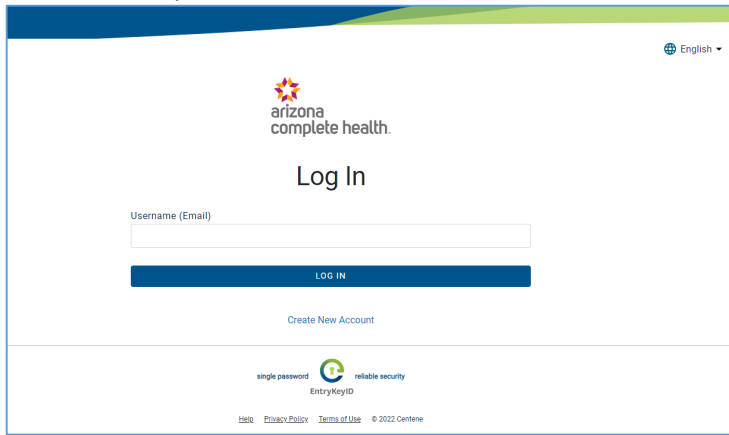


Portal registration instructions are on the next page.

## Portal Registration Instructions:

Use the portal to:

- Verify member eligibility
- Check claim status and submit reconsiderations
- Submit and confirm prior authorizations
- View detailed patient roster



The screenshot shows the Arizona Complete Health Log In page. At the top right, there is a language selection dropdown set to "English". The Arizona Complete Health logo is centered at the top. Below the logo, the text "Log In" is displayed. A text input field labeled "Username (Email)" is positioned below the "Log In" text. A blue "LOG IN" button is located directly under the input field. Below the button is a link for "Create New Account". At the bottom of the page, there is a logo for "EntryKeyID" with the tagline "single password reliable security". At the very bottom, there are links for "Help", "Privacy Policy", and "Terms of Use", along with the copyright notice "© 2022 Centene".

1. Select **Login** from the For Providers Menu.
2. Select **login/register**.
3. Select **Create New Account**.
4. **Type your email address** and **click Next** on the EntryKeyID login screen.
5. **Setup your EntryKeyID login preferences** (first and last name, language, and password).
6. Click **Create Account**, and receive an email to verify who you are.
7. Click **Activate Your New Account** in the EntryKeyID account activation email to establish your identity to use our portal.
8. On the confirmation screen, click **Log In To Register > Enter your password** and **log into the portal**.

## How to identify a member is ACC, ALTCS or RBHA using the AHCCCS Online Eligibility Verification portal

### 1. RBHA members:

- a. In Eligibility and Enrollment screen under 'Contract Type' in 'Medical Enrollment' section
  - i. C = SMI Integrated
- b. Also, navigate to the 'Behavioral Health Services' tab.
- c. Under the 'BHS Category', you will see 'S SMI' (RBHA) or 'G GENERAL MENTAL HEALTH SERVICES' (ACC).
- d. For members transitioning from Care1st to AzCH-CCP, expect to see the Care1st line with an 'End Date' of 9/30/2024 and a newly added SMI line with a 'Begin Date' of 10/1/2024 and a BHS Site of 'AZ COMPLETE HEALTH.'

Member Eligibility Verification: Eligibility And Enrollment Print | Help

[Recipient Search](#) | [Eligibility And Enrollment](#) | [Third Party Liability](#) | [CoPayment](#) | [Medicare Benefits](#) | [Behavioral Health Services](#) | [Share of Cost](#) | [Additional Benefits](#)

Requested Data:		Last Name:	
AHCCCS ID:			
DOB:			
Begin Date of Service:	02/26/2024	First Name:	
End Date of Service:	02/26/2024	SSN:	
		Medicare Claim Number	
		OR	
		Medicare Beneficiary ID:	

Returned Data:		Last Name:	
AHCCCS ID:			
DOB:			
DOD:		First Name:	
Gender: F		SSN:	
		Medicare Beneficiary ID:	

Demographics				
Mailing Address 1	Mailing Address 2	City	State	Zip
			AZ	86005

Eligibility Renewal Date	
Eligibility Renewal Date:	02/28/2025

Eligibility				
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On
ACUTE	MC MEDICAID	07/01/2022		06/08/2022

Medical Enrollment				
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type
010254 CARE1ST HEALTH PLAN	10/01/2022		3717 - ADULT <40% EXP FEMALE 21-44 NO MDC	C ACU/CAR/ACU
<a href="#">Service Type Codes</a>				

Member Eligibility Verification: Eligibility And Enrollment Print | Help

[Recipient Search](#) | [Eligibility And Enrollment](#) | [Third Party Liability](#) | [CoPayment](#) | [Medicare Benefits](#) | [Behavioral Health Services](#) | [Share of Cost](#) | [Additional Benefits](#)

Requested Data:		Last Name:	
AHCCCS ID:			
DOB:			
Begin Date of Service:	02/26/2024	First Name:	
End Date of Service:	02/26/2024	SSN:	
		Medicare Claim Number	
		OR	
		Medicare Beneficiary ID:	

Returned Data:		Last Name:	
AHCCCS ID:			
DOB:			
DOD:		First Name:	
Gender: F		SSN:	
		Medicare Beneficiary ID:	

Behavioral Health Services				
BHS Category	Begin Date	End Date	BHS Site	BHS Service Type
S SMI	10/01/2022		50 CARE 1ST ARIZONA	CH MENTAL HEALTH FACILITY - OUTPATIENT

AZ State Behavioral Health Services	
NO SBH FOUND	

\*\*\* This verification does not constitute a guarantee of payment \*\*\*



## How to identify a member is ACC, ALTCS or RBHA using the AHCCCS Online Eligibility Verification portal

### 2. ACC and ALTCS members:

- a. Navigate to the "Eligibility and Enrollment" tab.
- b. In Eligibility and Enrollment screen under 'Contract Type' in 'Medical Enrollment' section
  - i. Contract Type includes 'ACC' = ACC
  - ii. Contract Type includes 'LTC' = ALTCS
- c. Under the 'Eligibility Group Description' you will see either Acute or ALTCS.
- d. For ACC and ALTCS members transitioning to AzCH-CCP or AzCH-LTC, under the 'Medical Enrollment' expect to see the former health plan's name with an 'Period End' of 9/30/2024 and a new line with a 'Period Start' of 10/1/2024 and 'AZ COMPLETE HEALTH CARE' listed.

Replace screen shot and highlight everything plus the "A" under contract type.

ACC Member Ex:

Member Eligibility Verification: Eligibility And Enrollment Print | Help

[Recipient Search](#) | [Eligibility And Enrollment](#) | [Third Party Liability](#) | [CoPayment](#) | [Medicare Benefits](#) | [Behavioral Health Services](#) | [Share of Cost](#) | [Additional Benefits](#)

Requested Data:		Last Name:	
AHCCCS ID:		First Name:	
DOB:		SSN:	
Begin Date of Service: 01/01/2024		Medicare Claim Number	
End Date of Service: 05/15/2024		OR	
		Medicare Beneficiary ID:	

Returned Data:		Last Name:	
AHCCCS ID:		First Name:	
DOB:		SSN:	
DOD:		Medicare Claim Number	
Gender: F		OR	
		Medicare Beneficiary ID:	

Demographics				
Mailing Address 1	Mailing Address 2	City	State	Zip
			AZ	85365

Eligibility Renewal Date	
Eligibility Renewal Date:	11/30/2024

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
ACUTE	MC MEDICAID	01/01/2023		01/24/2023	

Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
010422 AZ COMPLETE HEALTH CARE	01/24/2023		1117 - TANF EXPANDED 21-44 FEMALE NO MDC	A ACC/CAP	HM HEALTH MAINTENANCE ORGANIZATION (HMO)

[Service Type Codes](#)

ALTCS Member Ex:

Member Eligibility Verification: Eligibility And Enrollment Print | Help

[Recipient Search](#) | [Eligibility And Enrollment](#) | [Third Party Liability](#) | [CoPayment](#) | [Medicare Benefits](#) | [Behavioral Health Services](#) | [Share of Cost](#) | [Additional Benefits](#)

Requested Data:		Last Name:	
AHCCCS ID:		First Name:	
DOB:		SSN:	
Begin Date of Service: 01/01/20		Medicare Claim Number	
End Date of Service: 05/15/2024		OR	
		Medicare Beneficiary ID:	

Returned Data:		Last Name:	
AHCCCS ID:		First Name:	
DOB:		SSN:	
DOD:		Medicare Claim Number	
Gender: M		OR	
		Medicare Beneficiary ID:	

Demographics				
Mailing Address 1	Mailing Address 2	City	State	Zip
			AZ	85705

Eligibility Renewal Date	
Eligibility Renewal Date:	01/31/2025

Eligibility					
Eligibility Group Description	Insurance Type	Begin Date	End Date	Added On	
LTC	LC LONG TERM CARE	11/01/2019		02/12/2020	





Medical Enrollment					
Health Plan ID/Description	Period Start	Period End	Rate Code	Contract Type	Insurance Type
110306 MERCY CARE PLAN - LTC	12/14/2019		2220 - SSI DISABLED WITH QMB	LTC/CAP	HM HEALTH MAINTENANCE ORGANIZATION (HMO)

[Service Type Codes](#)

The tables on the following pages provide details, comments, and instructions for key areas/topics by line of business and effective date:

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
Care Management	AzCH-CCP ACC/RBHA	No Change	Continue to call Customer Service (866) 796-0542 for Care Management referrals
	AzCH-LTC ALTCS	DOS 10/1/24 & after	Case Management will coordinate directly with Care Management when applicable.
	Care1st ACC/RBHA	DOS through 9/30/24	Continue to call Customer Service (866) 560-4042 for Care Management referrals
Case Management	AzCH-CCP ACC/RBHA	No Change	Service is not applicable to ACC/RBHA
	AzCH-LTC ALTCS	DOS 10/1/24 & after	Please contact the assigned Case Manager directly or call Customer Service (833) 236-7979
	Care1st ACC/RBHA	DOS through 9/30/24	Service is not applicable to ACC/RBHA
Chiropractic Services	AzCH-CCP ACC/RBHA	No Change	American Specialty Health (ASH) administers chiropractic services
	AzCH-LTC ALTCS	DOS 10/1/24 & after	American Specialty Health (ASH) will administer chiropractic services
	Care1st ACC/RBHA	DOS through 9/30/24	Handle as you do today
Claim Disputes & Appeals	AzCH-CCP ACC/RBHA	No Change	<i>Submit Claims Disputes &amp; Appeals to:</i> Arizona Complete Health Attention: Grievance and Appeals (Include "Provider Claim Dispute" or "Appeal") 1850 W. Rio Salado Parkway Suite 211 Tempe, AZ 85281  <i>Online claim dispute submission via our secure provider portal coming soon. Details forthcoming.</i>
	AzCH-LTC ALTCS	DOS 10/1/24 & after	<i>Submit Claims Disputes &amp; Appeals to:</i> Arizona Complete Health Attention: Grievance and Appeals (Include "Provider Claim Dispute" or "Appeal") 1850 W. Rio Salado Parkway Suite 211 Tempe, AZ 85281  <i>Online claim dispute submission via our secure provider portal coming soon. Details forthcoming.</i>
	Care1st ACC/RBHA	DOS through 9/30/24	<i>Submit Claims Disputes &amp; Appeals to:</i> Care1st Health Plan Attention: Grievances and Appeals (Include "Provider Claim Dispute" or "Appeal") 1850 W Rio Salado Parkway Suite 211 Tempe, AZ 85281

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
Dental	AzCH-CCP ACC/RBHA	No Change	Centene (formerly Envolve) Dental administers dental services.
	AzCH-LTC ALTCS	DOS 10/1/24 & after	Centene (formerly Envolve) will administer Dental services. Separate details are being shared with the dental network.
	Care1st ACC/RBHA	DOS through 9/30/24	Centene (formerly Envolve) Dental administers dental services.
EFT/835 (Electronic Remittance Advices)  Virtual Credit Card (VCC) is addressed further down in this communication	AzCH-CCP ACC/RBHA	No Change	EFT/835 (Electronic Remittance Advice) are available through Zelis (Payspan) <b>Care1st providers must register with Zelis (Payspan) for this line of business to receive EFT/835 for Care1st members that become AzCH-CCP members on 10/1/24. Please register now!</b> Separate instructions are further down in this communication
	AzCH-LTC ALTCS	DOS 10/1/24 & after	EFT/835 (Electronic Remittance Advice): Zelis (Payspan). <b>You must register for EFT/835s for this line of business. Please register now!</b> Separate instructions are further down in this communication
	Care1st ACC/RBHA	DOS through 9/30/24	No Change. EFT/835 (Electronic Remittance Advice) are available through Zelis (Payspan)
Formulary (Preferred Drug Lists)	AzCH-CCP ACC/RBHA	No Change	The Preferred Drug Lists are available on <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> .
	AzCH-LTC ALTCS	DOS 10/1/24 & after	The Preferred Drug List will be available on our website <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a>
	Care1st ACC/RBHA	DOS through 9/30/24	The Preferred Drug Lists are available on <a href="http://www.care1staz.com">www.care1staz.com</a> .
Lab Services	AzCH-CCP ACC/RBHA	No Change	Sonora Quest is our exclusive lab partner
	AzCH-LTC ALTCS	DOS 10/1/24 & after	Sonora Quest will be our exclusive lab partner
	Care1st ACC/RBHA	DOS through 9/30/24	Sonora Quest is our exclusive lab partner

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
Member ID Card	AzCH-CCP ACC/RBHA	No Change	<div style="border: 1px solid black; padding: 10px;">   <p><b>Arizona Health Care Cost Containment System</b></p> <p>Member Name: AHCCCS ID#:</p> <p>Arizona Complete Health-Complete Care Plan  Member Services: <b>1-888-788-4408</b> (TTY/TDD: 711)  Nurse Advice Line: <b>1-866-534-5963</b> (TTY/TDD: 711)  Crisis Services: <b>1-844-534-4673</b> (TTY/TDD: 711)</p> <hr/> <p style="text-align: center;"><b>IMPORTANT INFORMATION</b></p> <p>In a life threatening emergency call <b>911</b> or go to the nearest emergency room. Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of the law. This card is not a guarantee for services. To verify benefits visit: <b>azcompletehealth.com/completecare</b> or call <b>1-888-788-4408</b></p> <p><b>Pharmacy Help Desk: 1-833-750-4358</b> (TTY/TDD: 711)  RXBIN: 003858 RXPCN: MA RXGRP: 2DZA</p> <p><b>Submit Medical Claims to:</b>  EDI Claims Payer ID: 68069  PO Box 9010  Farmington, MO 63640-9010  <b>Provider Services: 1-866-796-0542</b> (TTY/TDD: 711)</p> </div>
	AzCH-LTC ALTCS	DOS 10/1/24 & after	<p>ALTCS members will receive a new ID card from AzCH-LTC in early October.</p> <div style="border: 1px solid black; padding: 10px;">   <p><b>Arizona Health Care Cost Containment System</b></p> <p>Member Name: &lt;Member Name&gt;  AHCCCS ID#: &lt;Member ID&gt;</p> <p>Arizona Complete Health-Long Term Care  Member Services: <b>1-833-236-7979</b> (TTY/TDD: 711)  Nurse Advice Line: <b>1-866-534-5963</b> (TTY/TDD: 711)  Crisis Services: <b>1-844-534-4673</b> (TTY/TDD: 711)</p> <hr/> <p style="text-align: center;"><b>IMPORTANT INFORMATION</b></p> <p>In a life threatening emergency call <b>911</b> or go to the nearest emergency room. Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of the law. This card is not a guarantee for services. To verify benefits visit: <b>azcompletehealth.com/longtermcare</b> or call <b>1-833-236-7979</b>.</p> <p><b>Pharmacy Help Desk: 1-833-750-4358</b> (TTY/TDD: 711)  RXBIN: 003858 RXPCN: MA RXGRP: 2DZA</p> <p><b>Submit Medical Claims to:</b>  EDI Claims Payer ID: 68069  PO Box 9010  Farmington, MO 63640-9010  <b>Provider Services: 1-833-236-7979</b> (TTY/TDD: 711)</p> </div>
	Care1st ACC/RBHA	DOS 10/1/24 & after	<p>Care1st members will receive a new ID card from their new plan in early October. The ID card for those joining AzCH-CCP will look like the one above</p>

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
NPI Billing & Notification	AzCH-CCP ACC/RBHA	No Change	Billing NPI, i.e., Organizational NPI aka GNPI is required on your claims. To avoid claim pends, denials, etc., it's critical you notify us of all billing GNPIs you are including on your claims <i>before you bill</i> so we can confirm the GNPI(s) is loaded in our system. Also see <b>Additional Claim Submission Instructions</b> sections above.
	AzCH-LTC ALTCS	DOS 10/1/24 & after	Billing NPI, i.e., Organizational NPI aka GNPI is required on your claims. To avoid claim pends, denials, etc., it's critical you notify us of all billing GNPIs you are including on your claims <i>before you bill</i> so we can confirm the GNPI(s) is loaded in our system. Also see <b>Additional Claim Submission Instructions</b> sections above.
	Care1st ACC/RBHA	DOS through 9/30/24	Billing NPI, i.e., Organizational NPI aka GNPI is required on your claims. To avoid claim pends, denials, etc., it's critical you notify us of all billing GNPIs you are including on your claims <i>before you bill</i> so we can confirm the GNPI(s) is loaded in our system. Also see <b>Additional Claim Submission Instructions</b> sections above.
Paper and .pdf Remittance Advices	AzCH-CCP ACC/RBHA	No Change	Providers receiving paper remittance advices receive them from Change Healthcare (Optum). You may also download a copy from our secure provider portal.
	AzCH-LTC ALTCS	DOS 10/1/24 & after	Providers receiving paper remittance advices receive them from Change Healthcare (Optum). You may also download a copy from our secure provider portal.
	Care1st ACC/RBHA	DOS through 9/30/24	Providers receiving paper remittance advices receive them from Change Healthcare (Optum). You may also download a copy from our secure provider portal.

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
Payment Integrity	AzCH-CCP ACC/RBHA	No Change	Existing payment integrity policies and initiatives are posted here: <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> > For Providers > Provider Resources > Clinical & Payment Policies. Communications distributed for changes/new policies are available at <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> > For Providers > Provider Resources > Provider News <i>Please Note: AzCH has several additional policies and initiatives in place that Care1st did not. AzCH-CCP payment integrity policies and initiatives will be followed for claims for members that move from Care1st to AzCH-CCP.</i>
	AzCH-LTC ALTCS	DOS 10/1/24 & after	Payment integrity policies and initiatives are posted here: <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> > For Providers > Provider Resources > Clinical & Payment Policies. Communications distributed for changes/new policies are available at <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> > For Providers > Provider Resources > Provider News
	Care1st ACC/RBHA	DOS through 9/30/24	Existing payment integrity policies and Initiatives are posted here: <a href="http://www.care1staz.com">www.care1staz.com</a> > For Providers > Provider Resources > Practice Guidelines (scroll down to Clinical Policies). Communications distributed for changes/new policies are available at <a href="http://www.care1staz.com">www.care1staz.com</a> For Providers > Provider Resources > Provider News
Pharmacy BIN, PCN & Group Number	AzCH-CCP ACC/RBHA	No Change	BIN 003858; PCN MA; Group ID 2DZA
	AzCH-LTC ALTCS	DOS 10/1/24 & after	BIN 003858; PCN MA; Group ID 2DZA
	Care1st ACC/RBHA	DOS through 9/30/24	BIN 003858; PCN MA; Group ID 2DVA
Pharmacy Email Box	AzCH-CCP ACC/RBHA	No Change	<a href="mailto:azchpharmacy@azcompletehealth.com">azchpharmacy@azcompletehealth.com</a> Email box is available for questions on the Preferred Drug Lists or in office injectables (bio-pharmacy) requests
	AzCH-LTC ALTCS	DOS 10/1/24 & after	<a href="mailto:SM_AZALTCSPharmacy@arizonacompletehealth.com">SM_AZALTCSPharmacy@arizonacompletehealth.com</a> Email box is available for questions on the Preferred Drug Lists or in office injectables (bio-pharmacy) requests
	Care1st ACC/RBHA	DOS through 9/30/24	<a href="mailto:care1stpharmacy@care1staz.com">care1stpharmacy@care1staz.com</a> Email box is available for questions on the Preferred Drug Lists or in office injectables (bio-pharmacy) requests

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
Pharmacy Prior Authorizations (PAs)	AzCH-CCP ACC/RBHA	No Change	<ul style="list-style-type: none"> <li>Submit requests electronically via Cover my Meds: <a href="https://www.covermy meds.com/main/prior-authorization-forms">https://www.covermy meds.com/main/prior-authorization-forms</a> or fax request to (833) 546-1508</li> <li>In office injectables (bio-pharmacy): Submit request through the secure Provider Portal <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> or fax PA requests to (833) 466-1311</li> </ul>
	AzCH-LTC ALTCS	DOS 10/1/24 & after	<p>Banner, Mercy Care and United are sharing open pharmacy PAs with AzCH-LTC. AzCH-LTC is honoring open pharmacy PAs through expiration or 9/30/25, <i>whichever comes first</i>.</p> <p>In office injectables (bio-pharmacy) are being honored through expiration or 12/31/24, <i>whichever comes first</i></p> <ul style="list-style-type: none"> <li>For a DOS 10/1/24 and after submit request electronically via Cover my Meds <a href="https://www.covermy meds.com/main/prior-authorization-forms">https://www.covermy meds.com/main/prior-authorization-forms</a> or fax PA request to (833) 546-1508</li> <li>In office injectables (bio-pharmacy): Submit requests through the secure Provider Portal <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> or fax PA request to (833) 466-1311</li> </ul>
	Care1st ACC/RBHA	DOS through 9/30/24	Continue to follow the same process you follow today for pharmacy PA requests and in office injectables (bio-pharmacy) drug PA requests. For those members that join AzCH-CCP, open (unused) PAs will be moved from the Care1st business unit to the AzCH-CCP business unit
Pharmacy PA Form	AzCH-CCP ACC/RBHA	No Change	<p>Use the PA Form(s) located on our website <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a></p> <ul style="list-style-type: none"> <li>The Pharmacy PA Fax Form for pharmacy dispensed medication requests</li> <li>The Medical (bio-pharmacy) PA Fax Form for provider administered (in office injectable) requests</li> </ul>
	AzCH-LTC ALTCS	DOS 10/1/24 & after	<p>Use the PA Form(s) located on our website <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a></p> <ul style="list-style-type: none"> <li>The Pharmacy PA Fax Form for pharmacy dispensed medication requests</li> <li>The Medical (bio-pharmacy) PA Fax Form for provider administered (in office injectable) requests</li> </ul>
	Care1st ACC/RBHA	DOS through 9/30/24	Continue to use the same form you use today and submit exactly as you do today.

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
PA Existing/Open	AzCH-CCP ACC/RBHA	No Change	Open PAs for Care1st members that become AzCH-CCP members effective 10/1/24 will be honored through their expiration date.
	AzCH-LTC ALTCS	DOS 10/1/24 & after	Banner, Mercy Care and United are sharing <i>open</i> (unused) PAs with AzCH-LTC. Except for LTSS services, which may be allowed a lengthier transition, AzCH-LTC is honoring open PAs through the expiration date or 12/31/24, <i>whichever comes first</i> .
	Care1st ACC/RBHA	DOS through 9/30/24	Continue to use the same form you use today and submit exactly as you do today.



Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions						
PAs New	AzCH-CCP ACC/RBHA	No Change	<p>What if I don't have an existing open PA and am providing a service 10/1/24 and after to a former Care1st member, now AzCH-CCP member?</p> <ul style="list-style-type: none"> <li><i>If you are not a participating (non-par) provider with AzCH-CCP, like all non-par providers, a PA is required for all services. You may submit a PA request via our secure provider portal (preferred) or fax</i> <table border="1" data-bbox="839 451 1457 665"> <tr> <td>BH Inpatient/Outpatient</td> <td>Initial requests: (844) 918-1192 Continued Stay/Discharge Summary: (844) 893-5855</td> </tr> <tr> <td>Medical Outpatient</td> <td>(855) 764-8513</td> </tr> <tr> <td>Medical Inpatient/SNF</td> <td>(855) 764-8513</td> </tr> </table> </li> </ul>	BH Inpatient/Outpatient	Initial requests: (844) 918-1192 Continued Stay/Discharge Summary: (844) 893-5855	Medical Outpatient	(855) 764-8513	Medical Inpatient/SNF	(855) 764-8513
BH Inpatient/Outpatient	Initial requests: (844) 918-1192 Continued Stay/Discharge Summary: (844) 893-5855								
Medical Outpatient	(855) 764-8513								
Medical Inpatient/SNF	(855) 764-8513								
	AzCH-LTC ALTCS	DOS 10/1/24 & after	<p>What if I don't have an existing open PA and am providing a service 10/1/24 and after to a former Banner, Mercy Care or United member, now AzCH-LTC member?</p> <ul style="list-style-type: none"> <li><i>If you are not a participating (non-par) provider with AzCH-LTC, like all non-par providers, a PA is required for all services. You may submit a PA request via our secure provider portal (preferred) or fax</i> <table border="1" data-bbox="839 1168 1457 1382"> <tr> <td>BH Inpatient/Outpatient</td> <td>Initial requests: (844) 918-1192 Continued Stay/Discharge Summary: (844) 893-5855</td> </tr> <tr> <td>Medical Outpatient</td> <td>(855) 764-8513</td> </tr> <tr> <td>Medical Inpatient/SNF</td> <td>(855) 764-8513</td> </tr> </table> </li> </ul> <p><a href="http://www.arizonacompletehealth.com">www.arizonacompletehealth.com</a></p>	BH Inpatient/Outpatient	Initial requests: (844) 918-1192 Continued Stay/Discharge Summary: (844) 893-5855	Medical Outpatient	(855) 764-8513	Medical Inpatient/SNF	(855) 764-8513
BH Inpatient/Outpatient	Initial requests: (844) 918-1192 Continued Stay/Discharge Summary: (844) 893-5855								
Medical Outpatient	(855) 764-8513								
Medical Inpatient/SNF	(855) 764-8513								

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
PAs New Cont'd	Care1st ACC/RBHA	DOS through 9/30/24	Follow the same process you use to obtain PA today
	Care1st ACC/RBHA	DOS 10/1/24 and after	For those members that move to AzCH-CCP follow the instructions above
PA Form Location	AzCH-CCP ACC/RBHA	No Change	PA Form(s) are located on our website <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a>
	AzCH-LTC ALTCS	DOS 10/1/24 & after	PA Form(s) will be located on our website <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a>
	Care1st ACC/RBHA	DOS through 9/30/24	PA Form(s) are located on our website <a href="http://www.care1staz.com">www.care1staz.com</a>
PA Guidelines	AzCH-CCP ACC/RBHA	No Change	Our Medicaid Pre-Auth Check Tool identifies PA requirements by code and is available on our website <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a>
	AzCH-LTC ALTCS	DOS 10/1/24 & after	Our Medicaid Pre-Auth Check Tool available on our website <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> that identifies PA requirements by code will be updated to include ALTCS services beginning on 10/1/24
	Care1st ACC/RBHA	DOS through 9/30/24	Our Pre-Auth Check Tool identifies PA requirements by code and is available on our website <a href="http://www.care1staz.com">www.care1staz.com</a>

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
PAs Outside Partners	AzCH-CCP ACC/RBHA	No Change	<p>Although the AzCH-LTC PA Team is responsible for most PAs, AzCH-LTC works with outside partners for review of PA for certain services. Those partners, listed below are honoring the open Care1st PAs through expiration or 12/31/24, whichever comes first.</p> <ol style="list-style-type: none"> <li>1. <b>Complex imaging, MRA, MRI, PET, and CT:</b> Evolent (formerly known as NIA). Open PAs will be honored through expiration or 12/31/24, whichever comes first. <a href="https://www1.radmd.com/">https://www1.radmd.com/</a>(800) 424-4806.</li> <li>2. <b>Dental Services:</b> Centene Dental (formerly Envolve). Open PAs will be honored through expiration or 12/31/24, whichever comes first. <a href="https://pwp.envolvedental.com/PWP/Landing">https://pwp.envolvedental.com/PWP/Landing</a> Follow prompts in AzCH-CCP or AzCH-LTC customer service IVR to reach by phone.</li> <li>3. <b>Home Health:</b> Tango (formerly PHCN or Professional Cares). Open PAs will be honored through expiration or 12/31/24, whichever comes first. <a href="https://tangocare.com/">https://tangocare.com/</a> (602) 395-5100</li> <li>4. <b>Orthopedic Procedures:</b> Turning Point. Although Turning Point reviews requests, PAs are entered into the AzCH system for claims payment. Open PAs will be honored through expiration or 12/31/24, whichever comes first. <a href="https://www.myturningpoint-healthcare.com/">https://www.myturningpoint-healthcare.com/</a> (480) 865-2486.</li> <li>5. <b>Oncology/Supportive Drugs:</b> Evolent (formerly New Century Health). Open PAs will be honored through expiration or 12/31/24, whichever comes first. New oncology/supportive drug requests should be submitted to New Century Health directly <a href="https://um.newcenturyhealth.com/Account/Logon/frm_LogOn">https://um.newcenturyhealth.com/Account/Logon/frm_LogOn</a> (888) 999-7713 Option 6</li> <li>6. <b>Routine Vision:</b> Centene Vision (formerly Envolve). Open PAs will be honored through expiration or 12/31/24, whichever comes first. <a href="https://www.envolvevision.com/">https://www.envolvevision.com/</a> (800) 465-6972</li> </ol>

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
PAs Outside Partners	AzCH-LTC ALTCS	DOS 10/1/24 & after	<p>Although the AzCH-LTC PA Team is responsible for most PAs, AzCH-LTC works with outside partners for review of PA for certain services. Those partners, listed below are honoring the open Banner, Mercy Care and United PAs through expiration or 12/31/24, whichever comes first.</p> <ol style="list-style-type: none"> <li><b>Complex imaging, MRA, MRI, PET, and CT:</b> Evolent (formerly known as NIA). Open PAs will be honored through expiration or 12/31/24, whichever comes first. <a href="https://www1.radmd.com/">https://www1.radmd.com/</a> (800) 424-4806.</li> <li><b>Dental Services:</b> Centene Dental (formerly Envolve). Open PAs will be honored through expiration or 12/31/24, whichever comes first. <a href="https://pwp.envolvedental.com/PWP/Landing">https://pwp.envolvedental.com/PWP/Landing</a> Follow prompts in AzCH-CCP or AzCH-LTC customer service IVR to reach by phone.</li> <li><b>Home Health:</b> Tango (formerly PHCN or Professional Cares). Open PAs will be honored through expiration or 12/31/24, whichever comes first. <a href="https://tangocare.com/">https://tangocare.com/</a> (602) 395-5100</li> <li><b>Orthopedic Procedures:</b> Turning Point. Although Turning Point reviews NIA requests, PAs are entered into the AzCH system for claims payment. Open PAs will be honored through expiration or 12/31/24, whichever comes first. <a href="https://www.myturningpoint-healthcare.com/">https://www.myturningpoint-healthcare.com/</a> (480) 865-2486.</li> <li><b>Oncology/Supportive Drugs:</b> Evolent (formerly New Century Health). Open PAs will be honored through expiration or 12/31/24, whichever comes first. New oncology/supportive drug requests should be submitted to New Century Health directly <a href="https://um.newcenturyhealth.com/Account/Logon/frm_LogOn">https://um.newcenturyhealth.com/Account/Logon/frm_LogOn</a> (888) 999-7713 Option 6</li> <li><b>Routine Vision:</b> Centene Vision (formerly Envolve). Open PAs will be honored through expiration or 12/31/24, whichever comes first. <a href="https://www.envolvevision.com/">https://www.envolvevision.com/</a> (800) 465-6972</li> </ol>
	Care1st ACC/RBHA	DOS through 9/30/24	Follow the same process you follow today.
Provider Communication Distribution List Registration	All	DOS 10/1/24 & after	<p>As of 10/1/24, we'll use email to distribute communications and will no longer use blast fax. <b>Please make sure you sign up for our communications ASAP!</b> Registration is done via our website <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> &gt; For Providers &gt; Provider News &gt; Scroll down on left to Provider Update SignUp</p>

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
Provider Engagement	AzCH-CCP ACC/RBHA	No Change	If you need your assigned Provider Engagement Specialist's contact information, please email us at <a href="mailto:AzCHProviderEngagement@azcompletehealth.com">AzCHProviderEngagement@azcompletehealth.com</a> .
	AzCH-LTC ALTCS	DOS 10/1/24 & after	If you need your assigned Provider Engagement Specialist's contact information, please email us at <a href="mailto:AzCHProviderEngagement@azcompletehealth.com">AzCHProviderEngagement@azcompletehealth.com</a>
	Care1st ACC/RBHA	DOS through 9/30/24	Call Network Management at (866) 560-4042 (Options in order: 5, 7) or email <a href="mailto:SM_AZ_PNO@care1staz.com">SM_AZ_PNO@care1staz.com</a> . After 10/1/24 if you have a question on a DOS prior to 10/1/24 please reference the AzCH Contact List further down in this communication.
Provider Integrated Care Communication Meetings	AzCH-CCP ACC/RBHA	No Change	2 attendees per agency/provider group Please email <a href="mailto:AzCHProviderCommunication@azcompletehealth.com">AzCHProviderCommunication@azcompletehealth.com</a> to request the meeting invitation. Schedule: 2 <sup>nd</sup> Wed of each month 1:30-3:00PM
	AzCH-LTC ALTCS	DOS 10/1/24 & after	2 attendees per agency/provider group Please email <a href="mailto:AzCHProviderCommunication@azcompletehealth.com">AzCHProviderCommunication@azcompletehealth.com</a> to request the meeting invitation. Schedule: TBD. Meetings will begin in 2025
	Care1st ACC/RBHA	DOS through 9/30/24	N/A
Provider Manual	AzCH-CCP ACC/RBHA	No Change	Available at <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> > For Providers > Provider Resources > Manuals and Forms
	AzCH-LTC ALTCS	DOS 10/1/24 & after	Available at <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> > For Providers > Provider Resources > Manuals and Forms
	Care1st ACC/RBHA	DOS through 9/30/24	Available at <a href="http://www.care1staz.com">www.care1staz.com</a> > For Providers > Provider Resources > Manuals, Forms, Resources

Topic	Health Plan/ Line of Business	Effective Date	Details/Comments/Instructions
Vision Routine	AzCH-CCP ACC/RBHA	No Change	Centene Vision (formerly Envolve) administers vision services
	AzCH-LTC ALTCS	DOS 10/1/24 & after	Centene Vision (formerly Envolve) will administer vision services
	Care1st ACC/RBHA	DOS through 9/30/24	Handle as you do today
Virtual Credit Card (VCC)	AzCH-CCP ACC/RBHA	No Change	If you are not enrolled in EFT, you will continue to receive paper checks until Echo's VCC program is reinstated. Echo may be reached at (800) 317-9280. To enroll in EFT, please review the separate instructions further down in this communication
	AzCH-LTC ALTCS	DOS 10/1/24 & after	We encourage you to register for EFT. Please review the separate instructions further down in this communication. If you choose not to enroll in EFT, you will initially receive paper checks and eventually will be enrolled into Echo's VCC program. Echo may be reached at (800) 317-9280
	Care1st ACC/RBHA	DOS through 9/30/24	If you are not enrolled in EFT, you will continue to receive paper checks until Echo's VCC program is reinstated. Echo may be reached at (800) 317-9280. To enroll in EFT, please review the separate instructions further down in this communication
Website / Provider Portal	AzCH-CCP ACC/RBHA	No Change	Website address is <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> <i>Registration instructions for the secure provider portal are outlined above</i>
	AzCH-LTC ALTCS	DOS 10/1/24 & after	New ALTCS focused content will be accessed through our current domain <a href="http://www.azcompletehealth.com">www.azcompletehealth.com</a> . <i>Registration instructions for the secure provider portal are outlined above</i>
	Care1st ACC/RBHA	DOS 10/1/24 & after	Existing website <a href="http://www.care1staz.com">www.care1staz.com</a> will continue to be available after 10/1/24. Functions like eligibility look up and claim inquiries will be available for DOS through 9/30/24

**How to Register with Zelis (Payspan) for EFT/835/Electronic Remittance Advices** Please, please, register for Zelis (Payspan)! Registration is a single process that enrolls you for both electronic payment and Electronic Remittance Advice (ERA) at the same time.

The following is needed to register:

1. Registration Code (details below)
2. Personal Information, i.e., practice admin
3. Account Setup, i.e., Provider Identification Number (PIN) TIN, Bank Account Info
4. Verification of Your Information

**Registration Code Details:** (3 ways to obtain request Reg Code)

Link: <https://www.payspanhealth.com/RequestRegCode/>

1. Complete “Web Registration Code Request” and you will receive a REG CODE via e-mail
2. Request Reg Code by sending email to [payspanprovidersupport@zelis.com](mailto:payspanprovidersupport@zelis.com) and request available registration codes and include TIN, Health Plan name, and your contact information (name, title, phone number)
3. Call Zelis (Payspan) at 877-331-7154, Option 1 – Monday thru Friday 8:00 am to 8:00 pm ET

After you register for electronic payments (EFT), you will:

1. Follow prompts for additional validation during your initial log in
2. Receive a deposit of less than one dollar from Zelis (Payspan) within a few business days (deposit doesn’t need to be returned to Zelis (Payspan))
3. Contact your financial institution to obtain the amount
4. Login <https://www.payspanhealth.com>. You’ll see Alert section at bottom left and will click Account Verification -> Select Verify Account and enter the amount deposited by Zelis (Payspan)

A screenshot of a web form titled "Web Registration Code Request". The form is for a provider to request a registration code. It contains several input fields: "Company Type", "Provider Phone Number", "Provider Billing Address", "Provider Tax ID #", "3rd Party Phone Number", "Provider Billing City", "Provider ID # (PIN)", "Email Address", "Provider Billing State", "Provider NPI", "Registration Code Request Comments", "Provider Billing Zip Code", "Provider or Practice Name", and "3rd Party Company Name". There is a dropdown menu for "Selected Paper" with options like "Advanced Registration Code Request", "Registration Code Request (Form 1099)", "Medical Care", "Hospital Care", "Ambulance", "Nursing Home", "Physician Services", "Mental Health Services", "Other Services", and "Other". A blue "Submit" button is located at the bottom right of the form.

### **Options for Remittance Viewing and Receipt**

You have several options for viewing and receiving remittance details. Zelis (Payspan) will match your preference for remittance information, with the following options:

- HIPAA-compliant data file that can be downloaded directly to your practice management or patient accounting system
- Electronic remittance advice presented online and printed in your location

### **If you are already registered with Zelis (Payspan) for another health plan, follow the steps below to register codes to your existing account**

1. Go to [www.payspanhealth.com](http://www.payspanhealth.com) and login to your account
2. Click Your Payments
3. Once on the ‘Your Payments and Remits’ page; to the left of the page select the ‘Reg Codes’ button under the ‘Manage’ section
4. On the right select ‘Add New Reg. Code’
5. Enter the Reg Code, Provider Identification Number (PIN) and TIN
6. Click Continue and follow the remaining steps.

Once your registration codes are activated, please allow up to 24 hours to access remittance advices on the Payspan Portal.

**\*\*REMINDER: Updates to your practice data can generate new Registration Codes that must be activated to receive EFT payments and 835 files. Please login to your Payspan account weekly to monitor and activate any new Registration Codes. \*\***

For additional assistance, click the following link to access a list of commonly asked questions at <https://www.payspanhealth.com/nps/Support/Index> or contact Zelis (Payspan) via email at [payspanprovidersupport@zelis.com](mailto:payspanprovidersupport@zelis.com) or by phone at (877) 331-7154, Option 1.

**BROWSERS:** Use the Zelis (Payspan) portal with Google Chrome, Mozilla Firefox, or Microsoft Edge

## AzCH-CCP Contact List Main Phone (866) 796-0542

Department	Phone	Fax	Website/Portal	Email Box
Care Management/Disease Management	Options 2,1,3,8			
Claims Customer Service	Options 2,1,3,2			
Compliance/Privacy	(888) 788-4408			<a href="mailto:AzCHPrivacy@azcompletehealth.com">AzCHPrivacy@azcompletehealth.com</a> <a href="mailto:AzCHCompliance@azcompletehealth.com">AzCHCompliance@azcompletehealth.com</a>
Contracting				<a href="mailto:AzCHContracts@azcompletehealth.com">AzCHContracts@azcompletehealth.com</a>
Customer Service	Options 2,1,3,0			
Fraud, Waste & Abuse	(888) 778-4408 (866) 685-8664 24/7 Hotline			<a href="mailto:AzCHFWA@azcompletehealth.com">AzCHFWA@azcompletehealth.com</a>
Inpatient Behavioral Health Admission Notifications	Submit PA request via secure provider portal (preferred) or fax notice of admission	(844) 918-1192	<a href="https://www.azcompletehealth.com/providers/login.html">https://www.azcompletehealth.com/providers/login.html</a>	
Inpatient Physical Health Admission Notifications	Submit PA request via secure provider portal (preferred) or fax notice of admission	(855) 764-8513	<a href="https://www.azcompletehealth.com/providers/login.html">https://www.azcompletehealth.com/providers/login.html</a>	
Inpatient SNF Notifications	Submit PA request via secure provider portal (preferred) or fax notice of admission	(855) 764-8513	<a href="https://www.azcompletehealth.com/providers/login.html">https://www.azcompletehealth.com/providers/login.html</a>	
Newborn Notification	FAX notice of admission	(855) 764-8513		
Prior Auth-Behavioral Health Outpatient	Submit PA request via secure provider portal (preferred) or via fax	(844) 918-1192		
Prior Auth-Bio-pharmacy (In office Injectables)	Submit PA requests via secure provider portal (preferred) or via fax	(833) 466-1311	<a href="https://www.azcompletehealth.com/providers/login.html">https://www.azcompletehealth.com/providers/login.html</a>	<a href="mailto:azchpharmacy@azcompletehealth.com">azchpharmacy@azcompletehealth.com</a> Available for questions on Preferred Drug Lists or in office injectables (bio-pharmacy) requests
Prior Auth-Dental Centene Dental (formerly Envolve)	Submit PA requests via secure provider portal (preferred) or call with questions Options 2,1,3,4		<a href="https://pwp.envolvedental.com/PWP/Landing">https://pwp.envolvedental.com/PWP/Landing</a>	



## AzCH-CCP Contact List Main Phone (866) 796-0542

Department	Phone	Fax	Website/Portal	Email Box
Prior Auth-Elective Inpatient & All Outpatient	Submit PA request via secure provider portal (preferred) or fax request	(855) 764-8513	<a href="https://www.azcompletehealth.com/providers/login.html">https://www.azcompletehealth.com/providers/login.html</a>	
Prior Auth-Home Health Tango (formerly PHCN/Professional Cares)	(602) 395-5100	(877) 612-7066 (480) 359-3834	<a href="https://tangocare.com/">https://tangocare.com/</a>	
Prior Auth-Status Inquiry	Options 2,1,7,4			
Prior Auth-Revisions to Existing Prior Auth or Questions on Denied Auth	Options 2,1,7,4			
Prior Auth-Oncology /Supportive Drugs Evolent (formerly New Century Health)	(888) 999-7713 Option 6 (Network Operations will connect to clinical team and others as needed)	(877) 622-6879	<a href="https://um.newcenturyhealth.com/Account/Logon/frm_LogOn">https://um.newcenturyhealth.com/Account/Logon/frm_LogOn</a>	
Prior Auth-Orthopedic Procedures Turning Point	(480) 865-2486	(480) 977-2925	<a href="https://www.myturningpoint-healthcare.com/">https://www.myturningpoint-healthcare.com/</a>	
Prior Auth-Pharmacy	Submit PA requests via Cover My Meds (preferred) or fax requests	(833) 546-1508	<a href="https://www.covermy meds.com/main/prior-authorization-forms/">https://www.covermy meds.com/main/prior-authorization-forms/</a>	<a href="mailto:azchpharmacy@azcompletehealth.com">azchpharmacy@azcompletehealth.com</a> Available for questions on Preferred Drug Lists or in office injectables (bio-pharmacy) requests
Prior Auth-Radiology Complex imaging, MRA, MRI, PET, and CT Evolent (formerly NIA)	(800) 424-4806		<a href="https://www1.radmd.com/">https://www1.radmd.com/</a>	
Provider Data				<a href="mailto:AzCHProviderData@azcompletehealth.com">AzCHProviderData@azcompletehealth.com</a>
Provider Relations				<a href="mailto:AzCHProviderEngagement@azcompletehealth.com">AzCHProviderEngagement@azcompletehealth.com</a>

## AzCH-LTC Contact List Main Phone (833) 236-7979

Department	Phone	Fax	Website/Portal	Email Box
Case Management	Options 4,7			
Claims Customer Service	Options 4,4			
Compliance/Privacy	(888) 788-4408			<a href="mailto:AzCHPrivacy@azcompletehealth.com">AzCHPrivacy@azcompletehealth.com</a> <a href="mailto:AzCHCompliance@azcompletehealth.com">AzCHCompliance@azcompletehealth.com</a>
Contracting				<a href="mailto:AzCHContracts@azcompletehealth.com">AzCHContracts@azcompletehealth.com</a>
Customer Service	Options 4,3			
Fraud, Waste & Abuse	(888) 778-4408 (866) 685-8664 24/7 Hotline			<a href="mailto:AzCHFWA@azcompletehealth.com">AzCHFWA@azcompletehealth.com</a>
Inpatient Behavioral Health Admission Notifications	Submit PA request via secure provider portal (preferred) or fax notice of admission	(844) 918-1192	<a href="https://www.azcompletehealth.com/providers/login.html">https://www.azcompletehealth.com/providers/login.html</a>	
Inpatient Physical Health Admission Notifications	Submit PA request via secure provider portal (preferred) or fax notice of admission	(855) 764-8513	<a href="https://www.azcompletehealth.com/providers/login.html">https://www.azcompletehealth.com/providers/login.html</a>	
Inpatient SNF Notifications	Submit PA request via secure provider portal (preferred) or fax notice of admission	(855) 764-8513	<a href="https://www.azcompletehealth.com/providers/login.html">https://www.azcompletehealth.com/providers/login.html</a>	
Newborn Notification	FAX notice of admission	(855) 764-8513		
Prior Auth-Behavioral Health Outpatient	Submit PA request via secure provider portal (preferred) or via fax	(844) 918-1192		
Prior Auth-Bio-pharmacy (In office Injectables)	Submit PA requests via secure provider portal (preferred) or via fax	(833) 466-1311	<a href="https://www.azcompletehealth.com/providers/login.html">https://www.azcompletehealth.com/providers/login.html</a>	<a href="mailto:azchpharmacy@azcompletehealth.com">azchpharmacy@azcompletehealth.com</a> Available for questions on Preferred Drug Lists or in office injectables (bio-pharmacy) requests
Prior Auth-Dental Centene Dental (formerly Envolve)	Submit PA requests via secure provider portal (preferred) or call with questions Options 4,4		<a href="https://pwp.envolvedental.com/PWP/Landing">https://pwp.envolvedental.com/PWP/Landing</a>	
Prior Auth-Elective Inpatient & All Outpatient	Submit PA request via secure provider portal (preferred) or fax notice of admission	(855) 764-8513	<a href="https://www.azcompletehealth.com/providers/login.html">https://www.azcompletehealth.com/providers/login.html</a>	

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Department	Phone	Fax	Website/Portal	Email Box
Prior Auth-Home Health Tango (formerly PHCN/Professional Cares)	(602) 395-5100	(877) 612-7066 (480) 359-3834	<a href="https://tangocare.com/">https://tangocare.com/</a>	
Prior Auth-Status Inquiry	Options 4,5			
Prior Auth-Revisions to Existing Prior Auth or Questions on Denied Auth	Options 4,5			
Prior Auth-Oncology /Supportive Drugs Evolent (formerly New Century Health)	(888) 999-7713 Option 6 (Network Operations will connect to clinical team and others as needed)	(877) 622-6879	<a href="https://um.newcenturyhealth.com/Account/Logon/frm_LogOn">https://um.newcenturyhealth.com/Account/Logon/frm_LogOn</a>	
Prior Auth- Orthopedic Procedures Turning Point	(480) 865-2486	(480) 977-2925	<a href="https://www.myturningpoint-healthcare.com/">https://www.myturningpoint-healthcare.com/</a>	
Prior Auth-Pharmacy	Submit PA requests via Cover My Meds (preferred) or fax requests	(833) 546-1508	<a href="https://www.covermy meds.com/main/prior-authorization-forms/">https://www.covermy meds.com/main/prior-authorization-forms/</a>	<a href="mailto:SM_AZALTCSParmacy@arizonacompletehealth.com">SM_AZALTCSParmacy@arizonacompletehealth.com</a> Available for questions on Preferred Drug Lists or in office injectables (bio-pharmacy) requests
Prior Auth-Radiology Complex imaging, MRA, MRI, PET, and CT Evolent (formerly NIA)	(800) 424-4806		<a href="https://www1.radmd.com/">https://www1.radmd.com/</a>	
Provider Data				<a href="mailto:AzCHProviderData@azcompletehealth.com">AzCHProviderData@azcompletehealth.com</a>
Provider Relations				<a href="mailto:AzCHProviderEngagement@azcompletehealth.com">AzCHProviderEngagement@azcompletehealth.com</a>