Blue Cross Blue Shield of Arizona Health Choice

How to Join the Network

Blue Cross Blue Shield of Arizona Health Choice offers Medicaid, Medicare Advantage Dual Special Needs Plan, and ACA products in select Arizona counties.

Health Benefit Plans

☒ Affordable Care Act Plan (statewide - not including Yuma, Laz Paz, Yavapai)
☒ Medicaid programs (Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai)
☒ Medicare Advantage-Dual Special Needs Plan (Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, Yavapai)

Network participation applies to all selected Health Benefit Plans, subject to credentialing approval.

Application Process

Provider Documents to Submit	*Health Choice Response*
1. Submit Letter of Interest on the provider's letterhead: 1. Practice name- Must match what is on your W9 2. Practice address 3. Practice main phone number 4. Practice credentialing contact (name, email, and phone number) 5. Tax ID 6. Number of providers in your practice 7. Network Affiliation(s) – Hospital privileges 8. Are you contracted with any other AHCCCS plans? 9. Corporate or locally owned? 10. Geographic location(s) served 11. Provider specialty and Subspecialty services 12. Target populations and age categories 13. List of codes for supplies/services provided 14. Appointment availability: a. Office hours of operation? b. When is the next available urgent appointment for new patient? c. When is the next available routine appointment for a new patient? d. When is the next available urgent appointment for an established patient? e. When is the next available routine appointment for an established patient? f. What is the average wait time, in minutes, to see patients that have an appointment? g. Do you offer access to a physician on call after hours (i.e., answering service, call back option in phone tree, etc.)? For Behavioral Health providers, please include a summary description of programs and a website link for review. The program description should include the following information: 1. Target populations and age categories 2. Specific Models of Care 3. Therapies Used 4. Frequency of Program treatment	Health Choice will acknowledge receipt and review the request. Please allow at least 30 days for a determination. If invited to participate, additional documents, including a credentialing application, may be required. If a contract is not offered, you will be notified by email. Your application will be kept on file for six months.

5. Identify if specific medication treatment is offered: a. Spravato registered as a treatment location center on SPRAVATO® Treatment Center Locator | SPRAVATO® (esketamine) Nasal Spray b. Ketamine c. TMS **2. IRS Form W-9** 3. **Non-Delegated Group Roster**- a list of the providers under the TIN to be contracted, who will provide services to our members. It must include name, title, NPI, and AHCCCS ID. We recommend using our template to ensure the correct information is submitted.	
Submit the Letter of Interest, W-9 and Roster to **HCHcontracting@azblue.com**	

- Submission of a Letter of Interest, W-9 and Roster does not approve participation or authorize services. Providers without a complete credentialing application and executed contract are out-of-network and services require prior authorization.

- Medicaid providers must be AHCCCS registered and not appear on AHCCCS or CMS exclusion lists.
  **Providers are prohibited from billing AHCCCS members, including Qualified Medicare Beneficiary (QMB) Only members, for AHCCCS covered services (Provider Manual, Ch. 7)*

- To avoid delays, keep CAQH applications and attestations current and authorize Health Choice access, as applicable.

Thank you for your interest in participating in the Blue Cross Blue Shield of Arizona Health Choice network!