

## How to Join the Blue Cross Blue Shield of Arizona Health Choice Network

Blue Cross Blue Shield of Arizona Health Choice serves eight Arizona counties as a Medicaid Managed Care Organization under the AHCCCS Complete Care (ACC) contract and as dual special needs plan (DSNP), a Medicare Advantage plan for individuals who qualify for both Medicare and Medicaid, known as Health Choice Pathway. We also offer an individual Affordable Care Act (ACA) plan, ACA StandardHealth with Health Choice, in seven counties.

### Health Benefit Plan(s)

- Affordable Care Act Plan (Coconino, Maricopa, Gila, Pinal, Pima, Santa Cruz, and Mohave)
- 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)

*Applying for network participation includes all Health Benefit Plans (subject to credentialing approval).*

### Application Process

Submit your request participation as a Letter of Interest, with relevant details about your practice:

<i>Provider Documents to Submit</i>	<i>Health Choice Response</i>
Letter of Interest on the provider’s letterhead: <ul style="list-style-type: none"> <li>• Number of providers in your practice and their specialties</li> <li>• Other Health Plan Affiliation(s)</li> <li>• Hospital Affiliation(s)</li> <li>• Geographic service location(s) and hours of operation, including any alternative hours (i.e. weekends, evenings)</li> <li>• List of services and specialties, including any unique services/tests/programs. For behavioral health providers, this should be your program description.</li> <li>• Name, title and email of authorized signature authority</li> </ul>	Health Choice will acknowledge receipt of your request and review it for consideration. Please allow at least 30 days for Health Choice to make a determination.  If invited to participate, additional documents may be requested such as a credentialing application  If a contract is not extended, you will be notified via email. Your application will be retained on file for a period of 6 months should any needs arise.
W-9 Form	

- Submission of a completed and valid IRS Form W-9 is required for all providers requesting participation. Submission of a W-9 does not constitute approval, participation, or authorization to render services. Providers must not schedule, render, or bill for services to Blue Cross Blue Shield of Arizona Health Choice members unless and until the contracting and credentialing processes are completed and the provider has received written confirmation of participation, including a fully executed agreement. For avoidance of doubt, providers who have not yet submitted a complete credentialing application (as confirmed in writing by Blue Cross Blue Shield of Arizona Health Choice) and do not have a fully executed contract will be treated as out-of-network and are not eligible for in-network reimbursement for services rendered to Blue Cross Blue Shield of Arizona Health Choice members. Out-of-network services require a prior authorization. Receipt of an authorization from Health Choice does not guarantee payment.

- Providers must be AHCCCS registered in order to participate in the Medicaid\* network and cannot be listed on the 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 credentialing delays, please ensure the CAQH application and attestation is up to date and that Health Choice is authorized to access your data (as applicable).
- If your Tax ID is already contracted and need to update practitioner or facility information, please submit documents through the Provider Portal:  
<https://providerportal.healthchoiceaz.com/Azahp/AzahpAccount/AzahpLogin>  
OR submit by email to [HCHCredentialing@azblue.com](mailto:HCHCredentialing@azblue.com). Submitting credentialing documents by any other way may result in processing delays.

Contracting questions can be submitted to [HCHContracting@azblue.com](mailto:HCHContracting@azblue.com)

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