Working Directly with Allwell

Allwell from Health Net (Allwell) welcomes you - our providers back to our direct contract network. As we transition away from the Arizona Priority Care (AZPC) delegated network structure, providers are encouraged to reference this document to align processes and ensure you are using the correct tools when working with Allwell.

What does this mean for our Allwell members?

You will be able to continue providing quality care and services to our Allwell members through your direct network contracts.

Allwell from Health Net members who are currently within the AZPC network will receive new Member ID Cards. These cards will indicate that they are a part of our direct network. Please observe the sample Member ID Card below.

Where do we begin?

Providers are encouraged to register for our Secure Provider Portal and reference this document for the following upcoming changes:

NAME CHANGE

Starting October 1st, 2018 Allwell from Health Net will start using its name new name Allwell from Arizona Complete Health for the Medicare Annual Enrollment Period. All materials will change over to the new name on January 1, 2019 for the new plan year. Although our name is changing, we are still committed to our mission: **Transforming the Health of the Community, One Person at a Time**.

Starting October 1, 2018

THIS UPDATE APPLIES TO THE FOLLOWING **ARIZONA COMPLETE HEALTH** PROVIDERS TYPES:

• Physicians

• Medical Groups/IPAs

• Hospitals

• Ancillary Providers

That are currently contracted with AZPC.

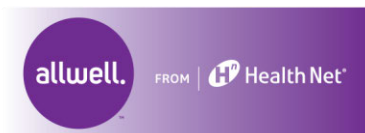## LINES OF BUSINESS:

• Allwell (Medicare)

PROVIDER SERVICES:

Allwell from Arizona Complete Health
1-866-796-0542

Starting October 1, 2018

www.Azcompletehealth.com

CLAIMS

Reference the charts below when submitting electronic or paper claims for processing.

If the date of service is:	*Then* the Payer ID number is:	*Then* providers can submit claims to the below address:
On or before 12/31/2018	27154	AZPC 585 N. Juniper Dr. Chandler, AZ 85226
On or After 01/01/2019	68069	Attn: Claims P.O. Box 9030 Farmington, MO 63640
Claims Timely Filling Limit for all Dates of Service (DOS):		
First Time Submissions	95 Days from DOS	
Corrected Claims, Reconsiderations and Claims Disputes	90 Days from EOP Date	

PAYSPAN - Electronic Funds Transfers and Remittance Advices

Allwell is pleased to partner with PaySpan Health to provide an innovative web-based solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service is provided at no cost to providers and allows online enrollment. For more information on how to register with PaySpan please visit:
https://www.azcompletehealth.com/providers/resources/electronic-transactions/payspan.html

Providers new to PaySpan may register for EFT payments by contacting PaySpan directly at: 877-331-7154 and requesting a registration code and PIN.

SECURE PROVIDER PORTAL

Our Secure Portal is designed to allow you to get the job done. Register for the portal at: provider.azcompletehealth.com to gain access to:

- Verify Member Eligibility
- Check & Submit Claims
- View Patient Lists
- Submit & Confirm Authorizations

PROVIDER ENGAGEMENT SPECIALIST

When providers need assistance in navigating the Arizona Complete Health system, the Provider Engagement team is your key contact. Our Provider Engagement Specialists (PES) are experts in their field and assist with resolving complex issues that impact our providers. We work closely with all departments at the health plan to ensure your voice is heard.
Your Provider Engagement Specialist focuses on quality and continuous service. They are your point of contact when you have questions regarding the following:

- Contracts
- Claims
- Credentialing
- Authorizations
- Deliverables
- Provider Portal
- Specialty Referral Process
- Corrective Actions

PRIOR AUTHORIZATIONS

Providers are able to utilize our online authorization tool to help determine whether services require prior authorization.
To access the online Pre-Auth Check Tool, please follow the below steps:

1. Visit azcompletehealth.com
2. Click the **For Providers** tab
3. Click the **Pre-Auth Check Tool**
4. Click the **Medicare Pre-Auth Check Tool**
5. Answer the populated **yes** or **no** questions.
6. If all answers are **no**, a box will populate and allow you to key in a **procedure code**.
7. Once the code is entered click the green **Check** button. The information in the new window will indicate if the service requires prior authorization.

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update or if additional education is needed please contact your Provider Engagement Specialist or email AzCHProviderEngagement@azcompletehealth.com.