

11.15.2023

Arizona Complete Health – Complete Care Plan Claim Processing Update

Effective January 1, 2024, Arizona Complete Health – Complete Care Plan will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for Arizona Complete Health– Complete Care Plan members.

Plan Name	Bin	PCN	Rx Group
Arizona Complete Health	003858	MA	2DZA
Arizona Complete Health Dual	003858	MA	2DZA
Arizona Complete Health Dual-LICS	003858	MA	2DZA
Arizona Complete Behavioral Health	003858	MA	2DZA

Sample ID Card

<div style="display: flex; justify-content: space-between; align-items: center;">   </div> <p>Arizona Health Care Cost Containment System</p> <p>Member Name: AHCCCS ID#:</p> <p>Arizona Complete Health-Complete Care Plan Member Services: 1-888-788-4408 (TTY/TDD: 711) Nurse Advice Line: 1-866-534-5963 (TTY/TDD: 711) Crisis Services: 1-844-534-4673 (TTY/TDD: 711)</p>	<p style="text-align: center;">IMPORTANT INFORMATION</p> <p>In a life threatening emergency call 911 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: azcompletehealth.com/completecare or call 1-888-788-4408</p> <p>Pharmacy Help Desk: 1-833-750-4358 (TTY/TDD: 711) RXBIN: 003858 RXPCN: MA RXGRP: 2DZA</p> <p>Submit Medical Claims to: EDI Claims Payer ID: 68069 PO Box 9010 Farmington, MO 63640-9010</p> <p>Provider Services: 1-866-796-0542 (TTY/TDD: 711)</p>
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If you need a member’s specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>. If you still need assistance processing a claim, please call the Pharmacy Help Desk at **833.750.4358**.

Care1st Health Plan Arizona Processing Update

Effective January 1, 2024, Care1st Health Plan Arizona will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for Care1st Health Plan Arizona members.

Plan Name	Bin	PCN	Rx Group
Care1st	003858	MA	2DVA
Care1st Behavioral Health	003858	MA	2DVA
Care1st Dual	003858	MA	2DVA
Care1st Dual-LICS	003858	MA	2DVA

Sample ID Card

  <p>Arizona Health Care Cost Containment System</p> <hr/> <p>Member Name: AHCCCS ID#: Care1st Health Plan Arizona Member Services: 1-866-560-4042 (TTY/TDD: 711) Nurse Advice Line: 1-877-236-0375 Crisis Services: 1-844-534-4673 RxBIN: 003858 RxPCN: MA RxGRP: 2DVA</p>	<p>IMPORTANT INFORMATION</p> <p>In a life threatening emergency call 911 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: www.care1staz.com</p> <p>Submit Medical & BH Claims to: EDI Claims Payer ID: 68069 PO Box 8070 Farmington, MO 63640-8070</p> <p>Submit Dental Claims to: EDI Claims Payer ID: 46278 Envolve Dental Claims PO Box 21588 Tampa, FL 33622-1588</p> <p>Medical/BH Prior Authorization & Claims: 1-866-560-4042 Dental Prior Authorization & Claims: 1-844-876-2028 Pharmacy Help Desk: 1-833-750-4339</p>
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If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>. If you still need assistance processing a claim, please call the Pharmacy Help Desk at **833.750.4339**.

ambetter from Arizona Complete Health Claim Processing Update

Effective January 01, 2024, ambetter from Arizona Complete Health will transition to Express Scripts as their pharmacy benefits manager. Please ask members to provide their new member ID cards and enter the new Member ID Number, BIN, PCN, and Rx Group.

Please use the following information when submitting claims for ambetter from Arizona Complete Health members.

BIN:	003858
PCN:	A4
Rx Group:	2CSA

Sample Cards

 <p>ADIFI</p> <p>Subscriber: [Jane Doe] Member: [John Doe]</p> <p>Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]</p> <p>PCP: [\$10 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]</p> <p>Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only</p> <p>REFERRAL NOT REQUIRED</p> <p>RXBIN: 003858 RXPCN: A4 RXGROUP: 2CSA</p>	<p>Ambetter.AZcompletehealth.com</p> <p>Member/Provider Services: 1-866-918-4450 (TTY 711) 24/7 Nurse Line: 1-866-918-4450</p> <p>Medical Claims Address: Arizona Complete Health Attn: CLAIMS PO Box 9040 Farmington, MO 63640-9040</p> <p>Numbers below for providers: Pharmacist Only: 1-833-750-1103 EDI Payor ID: 68069 [EyeMed: 1-888-581-3648] [Envolv Dental Powered by United Concordia: 1-833-605-6272]</p> <p><small>Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit Ambetter.AZcompletehealth.com.</small></p> <p><small>AMB23-AZ-C-00048</small></p>
 <p>ADIFI</p> <p>Subscriber: [Jane Doe] Member: [John Doe]</p> <p>Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]</p> <p>PCP: [\$10 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]</p> <p>Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only</p> <p>REFERRAL NOT REQUIRED</p> <p>RXBIN: 003858 RXPCN: A4 RXGROUP: 2CSA</p>	<p>Ambetter.AZcompletehealth.com</p> <p>Member/Provider Services: 1-866-918-4450 (TTY 711) 24/7 Nurse Line: 1-866-918-4450</p> <p>Medical Claims Address: Arizona Complete Health Attn: CLAIMS PO Box 9040 Farmington, MO 63640-9040</p> <p>Numbers below for providers: Pharmacist Only: 1-833-750-1103 EDI Payor ID: 68069</p> <p><small>Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit Ambetter.AZcompletehealth.com.</small></p> <p><small>AMB23-AZ-C-00048</small></p>

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