Quick Reference Guide

Simplify Office Administrative Tasks

Keep our Quick Reference Guide nearby to make pre-visit planning and post-visit tasks quick and easy.

Website: Ambetter.AZcompletehealth.com

- Patient care forms
- Pre-Auth Needed tool
- Ambetter from Arizona Complete Health news

Member Eligibility

Check member eligibility via:

- Secure Web Portal
- 24/7 Toll-Free Interactive Voice Response (IVR) Line: 1-888-926-5057
- Provider Services:
 1-888-926-5057

Pre-Visit Planning Checklist

- Provider Manual
- Preferred Drug List
- Member resources

Patient Care Gaps

Find recommended services that a member has not completed.

- 1. Visit the Secure Provider Portal.
- Review patient information for any gaps in care.
- **3.** Plan to address care gaps during future appointment.

Secure Provider Portal: Provider.AZcompletehealth.com

FROM

ambetter.

- Verify member eligibility
- Access patient health records
- View patient gaps

And more!

• Manage prior authorizations

Submit and manage claims

Claims

Timely Filing guidelines: 120 days from date of service.

Claims can be submitted via:

complete health.

- Secure Portal
- Clearinghouses: EDI Payor ID 68069
- Mail paper claims to:
 P.O. Box 9040 | Farmington,
 MO 63640-9040

- ✓ Verify member eligibility.
- ✓ Check for patient care gaps and address them during upcoming office visit.
- \checkmark Use Pre-Auth Needed tool to determine if prior authorization is needed before appointment.

Ambetter.AZcompletehealth.com

Provider and Member Services: 1-888-926-5057

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aps Prior Authorization

Use the Pre-Auth Needed tool

on our website to determine if prior authorization is required. Submit prior authorizations via:

• Secure Provider Portal

• Medical and Behavioral Fax: 1-866-597-7603

• Phone: 1-888-926-5057