



Arizona Association of Health Plans

Credentialing Alliance

ORGANIZATIONAL DATA FORM

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY INCLUDING ATTACHMENTS SO THAT WE MAY PROCESS YOUR REQUEST. New providers receive written confirmation of their effective date with the health plan. Members may not be seen until the provider receives written confirmation that a request or change is approved and completed (this includes approval by the Credentialing Committee if applicable). Please Type or Print Clearly.

DIRECTIONS:

- Please type or print this form clearly and return the completed form with attachments (attachments will need to be scanned if submitted electronically)
Please complete a separate Organizational Data Form for entities with different AHCCCS ID #'s and/or License #'s.

Attach the following:

- IRS 941 coupon or accurate W9
Liability insurance face/certificate
List of practitioners providing services at each location (include full name, title/degree, specialty, board certified? (Y/N), DOB, AZ license#, AHCCCSID#, Individual NPI, Start Date, practice locations)
Copy of all accreditation certificates (including Medicare)
NON-ACCREDITED FACILITIES: Copy of most recent State and/or Medicare Survey Audit

Form fields including: 1099 Registered Name, Facility Name, Lines of Business, Medicare participation, Facility Type, Billing Service Name, PAY TO ADDRESS, PRIMARY ADDRESS, MAILING ADDRESS, CREDENTIALING CONTACT, and various checkboxes for services and business types.

The fax number and phone number for each participating plan is listed in the table below.

**If your intent is to apply for participation in a Health Plan network**, please send only to the Plan(s) you are interested in joining. NOT ALL Plans provide services in every county. Please contact the Plan directly to verify that they provide services in your county and that they are accepting new providers.

**If you are adding a location/facility under an existing Health Plan contract**, please only send to the Plan(s) you are contracted with.

HEALTH PLAN	PHONE	FAX	WEBSITE
Care1st Health Plan Arizona	(602) 778-1800 (options in order 5, 7)	(602) 778-1875	<a href="http://www.care1st.com/az">www.care1st.com/az</a>
Comprehensive Medical and Dental Program (CMDP)	(602) 351-2245 or (800) 201-1795 (options in order 1, 2, 3)	(602) 264-3801	<a href="http://www.azdes.gov/cmdp">www.azdes.gov/cmdp</a>
Health Choice Arizona	(800) 322-8670 (options in order 4, 7)	Maricopa/Pinal/Gila: (480) 303-4433 Apache/Navajo/Mohave/Coconino: (480) 760-4709 Yuma/LaPaz: (866) 851-2623 Pima/Santa Cruz: (520) 322-5784 All Dentists (Statewide): (480) 760-4706	<a href="http://www.healthchoiceaz.com">www.healthchoiceaz.com</a>
Mercy Care Plan	(602) 263-3000 (Express Code 631)	(860) 975-3201	<a href="http://www.mercycareplan.com">www.mercycareplan.com</a>
Phoenix Health Plan	(602) 824-3720	(602) 674-6670	<a href="http://www.phoenixhealthplan.com">www.phoenixhealthplan.com</a>
SCAN Health Plan Arizona	(602) 778-3350	(602) 778-3351	<a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a>
UnitedHealthcare Community Plan	(877) 842-3210	(612) 234-0211	<a href="http://www.uhccommunityplan.com">www.uhccommunityplan.com</a>
The University of Arizona Health Plans	(520) 874-5290 or (800) 552-5656	(520) 874-7142	<a href="http://www.ufcaz.com">www.ufcaz.com</a> <a href="http://www.mhpaz.com">www.mhpaz.com</a> <a href="http://www.universitycareadvantage.com">www.universitycareadvantage.com</a> <a href="http://www.universityhealthcaregroup.com">www.universityhealthcaregroup.com</a>

*Each plan retains the right to make their own contracting decisions (whether or not to add organizations to their network) and also will make their own credentialing committee decisions (review of the primary source verification information obtained by OptumInsight™ resulting in approval/denial by the plan's committee). You will receive separate communication from each plan regarding the effective date of your credentialing and the effective date of your contract.*