Office Ally

MERCY CARE PLAN (AHCCCS) - (86052) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- Email request sent by an authorized individual for the provider to the payer as follows:
    o Email Subject: ERA Enrollment Request_Mercy Care AHCCCS
    o Email Subject: Please process the ERA Enrollment request with the following details:
        ▪ Type of EDI transactions requested: 835
        ▪ Provider Name:
        ▪ AHCCCS 6-digit Provider ID:
        ▪ Provider NPI:
        ▪ Provider TAX-ID:
        ▪ Please provide the name of the clearinghouse: **Office Ally**

WHERE SHOULD I SEND THE FORM(S)?

- Email to servicedesk@azahcccs.gov

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 7-10 business days

HOW DO I CHECK STATUS?

- Send an email to servicedesk@azahcccs.gov if you have not received approval from the payer in the allotted turnaround timeframe listed above.