



Health Choice Provider Forum
Blue Cross® Blue Shield® of Arizona Health Choice

Lazaro Torres – Network Operations

Wednesday, October 28, 2026

11:30 AM – 12:30 PM

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Health Choice

Proprietary & Confidential

Provider Forum Agenda

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❖ Welcome & Introductions – Health Choice Leadership	5 mins
❖ AZ Blue Health Choice Branding – Lazaro Torres	2 mins
❖ Mission Moment – Lazaro Torres	3 mins
❖ HCP Supplemental Benefits Comparison Chart – Diana Tim	5 mins
❖ In-Person Visits – Lazaro Torres	5 mins
❖ Provider Satisfaction Survey – Lazaro Torres	3 mins
❖ Work Requirements – Mark Faul & Cynthia Ross	5 mins
❖ Provider Communications – Lazaro Torres	5 mins
❖ Quality Performance Measures and EPSDT Best Practices – Kelly Varga	5 mins
❖ Behavioral Health Workforce: Apprenticeship Success – Mark Faul	5 mins
❖ Ascend Behavior Partners – Jonathan Mueller	5 mins
❖ Health Choice Provider Portal – Lazaro Torres	2 mins
❖ Provider Resources and Education	5 mins
❖ Q&A	5 mins

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Medicaid Network Services

Diverse Professionals

Our team is composed of professionals from a broad range of backgrounds, bringing a wealth of experience and perspectives.

Dedication to Excellence

Each team member demonstrates a strong commitment to excellence within their area of expertise—consistently delivering high-quality results that ensures our collective success and drive innovation.

Network Administrator

- Operations
- Claims Educator
- Provider Relations
- Network Development
- Contract Specialists
- Data Management

AZ Blue Health Choice Branding

Lazaro Torres – Network Operations

2 Minutes



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AZ Blue Health Choice Provider Networks

Supporting Providers Across Multiple Lines of Business

AZ Blue Health Choice

Medicaid (AHCCCS) & KidsCare Members

Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties.

Health Choice Pathway (HMO D-SNP)

Medicare + Medicaid Eligible Members

Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties.

ACA Health Choice Plans

Marketplace Individual & Family Plans

Apache, Coconino, Cochise, Greenlee, Gila, Graham, Maricopa, Mohave, Navajo, Pima, Pinal and Santa Cruz counties*.

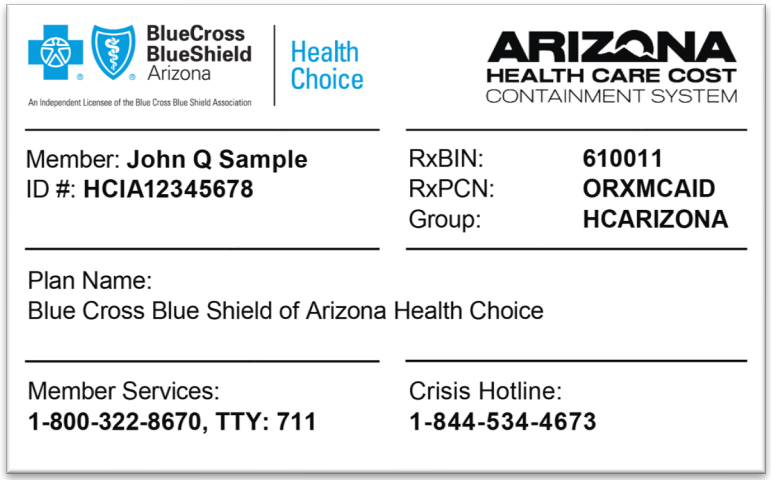
The AZ Blue Health Choice Provider Network team supports provider contracting, network development, and provider relations across D-SNP (Medicaid + Medicare), Medicaid, and ACA Health Choice products.

* Specific plan offerings vary per county for the ACA Health Choice plans

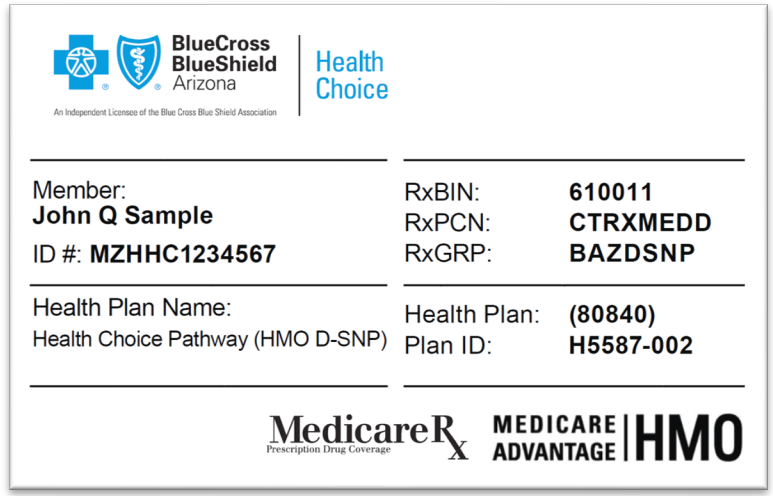
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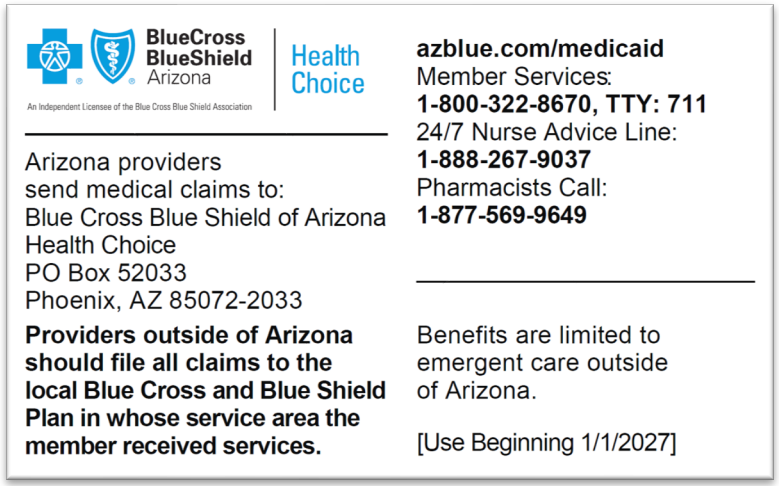
2027 Sample ID Cards – Medicaid + D-SNP

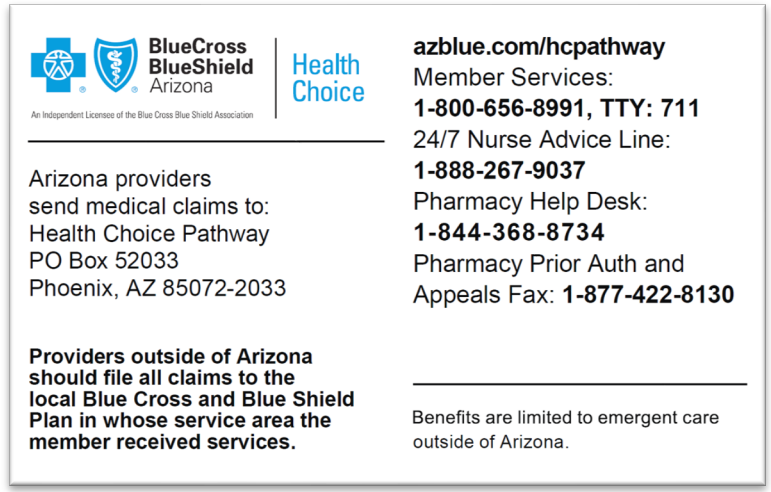
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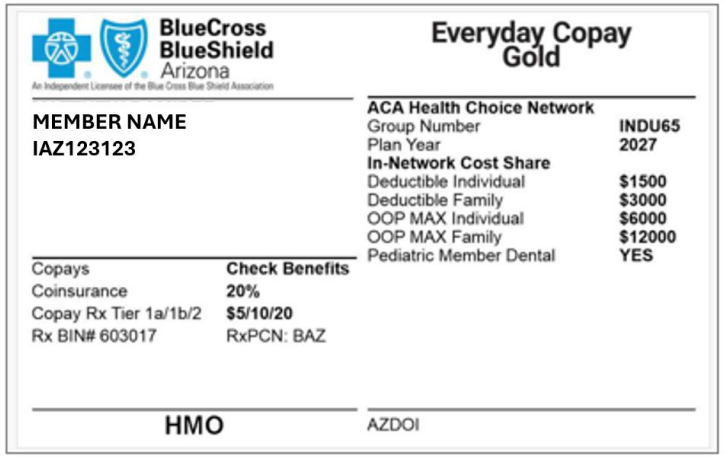






ACA Health Choice: 2027 Sample ID Cards

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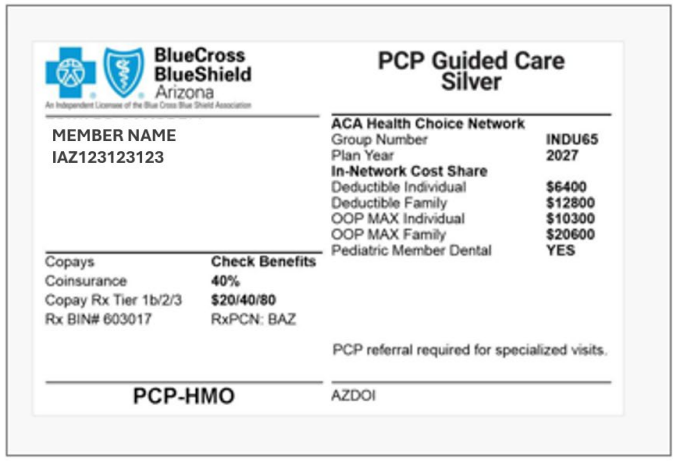
Everyday Copay Gold

MEMBER NAME
IAZ123123

ACA Health Choice Network	
Group Number	INDU65
Plan Year	2027
In-Network Cost Share	
Deductible Individual	$1500
Deductible Family	$3000
OOP MAX Individual	$6000
OOP MAX Family	$12000
Pediatric Member Dental	YES

Copays	Check Benefits
Coinsurance	20%
Copay Rx Tier 1a/1b/2	$5/10/20
Rx BIN# 603017	RxPCN: BAZ

HMO | AZDOI


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PCP Guided Care Silver

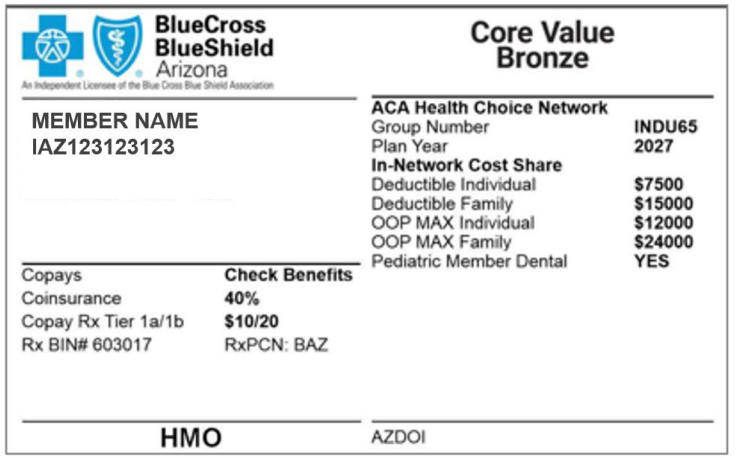
MEMBER NAME
IAZ123123123

ACA Health Choice Network	
Group Number	INDU65
Plan Year	2027
In-Network Cost Share	
Deductible Individual	$6400
Deductible Family	$12800
OOP MAX Individual	$10300
OOP MAX Family	$20600
Pediatric Member Dental	YES

Copays	Check Benefits
Coinsurance	40%
Copay Rx Tier 1b/2/3	$20/40/80
Rx BIN# 603017	RxPCN: BAZ

PCP referral required for specialized visits.

PCP-HMO | AZDOI


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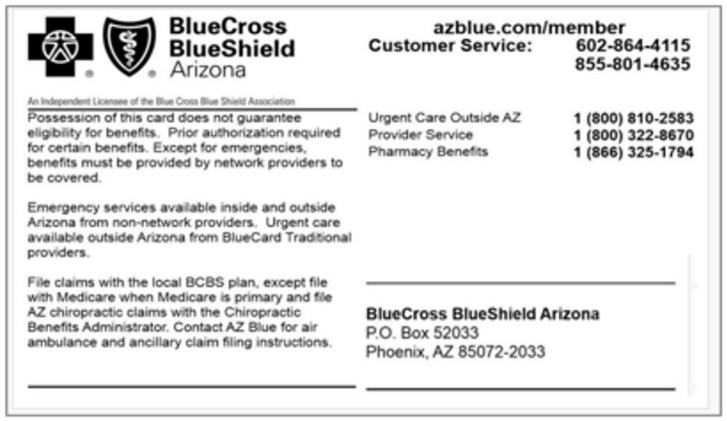
Core Value Bronze

MEMBER NAME
IAZ123123123

ACA Health Choice Network	
Group Number	INDU65
Plan Year	2027
In-Network Cost Share	
Deductible Individual	$7500
Deductible Family	$15000
OOP MAX Individual	$12000
OOP MAX Family	$24000
Pediatric Member Dental	YES

Copays	Check Benefits
Coinsurance	40%
Copay Rx Tier 1a/1b	$10/20
Rx BIN# 603017	RxPCN: BAZ

HMO | AZDOI


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azblue.com/member
Customer Service: 602-864-4115
855-801-4635

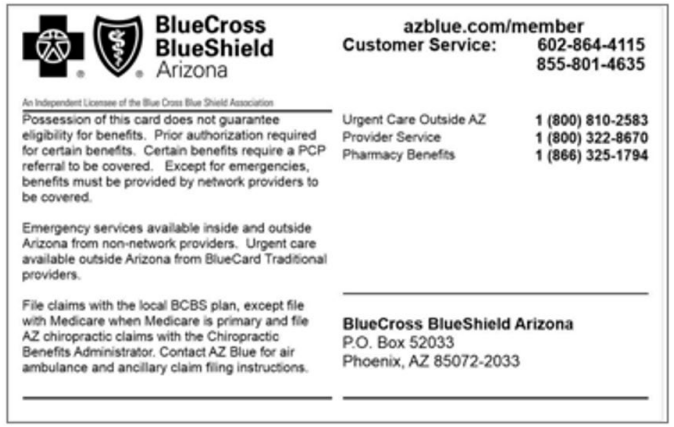
Possession of this card does not guarantee eligibility for benefits. Prior authorization required for certain benefits. Except for emergencies, benefits must be provided by network providers to be covered.

Emergency services available inside and outside Arizona from non-network providers. Urgent care available outside Arizona from BlueCard Traditional providers.

File claims with the local BCBS plan, except file with Medicare when Medicare is primary and file AZ chiropractic claims with the Chiropractic Benefits Administrator. Contact AZ Blue for air ambulance and ancillary claim filing instructions.

Urgent Care Outside AZ	1 (800) 810-2583
Provider Service	1 (800) 322-8670
Pharmacy Benefits	1 (866) 325-1794

BlueCross BlueShield Arizona
P.O. Box 52033
Phoenix, AZ 85072-2033


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azblue.com/member
Customer Service: 602-864-4115
855-801-4635

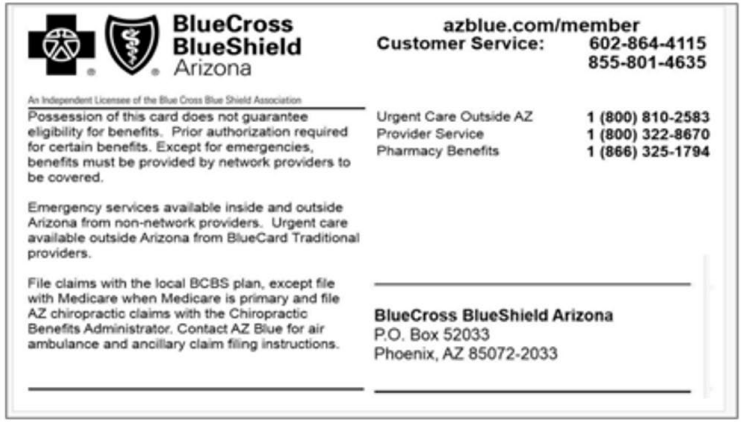
Possession of this card does not guarantee eligibility for benefits. Prior authorization required for certain benefits. Certain benefits require a PCP referral to be covered. Except for emergencies, benefits must be provided by network providers to be covered.

Emergency services available inside and outside Arizona from non-network providers. Urgent care available outside Arizona from BlueCard Traditional providers.

File claims with the local BCBS plan, except file with Medicare when Medicare is primary and file AZ chiropractic claims with the Chiropractic Benefits Administrator. Contact AZ Blue for air ambulance and ancillary claim filing instructions.

Urgent Care Outside AZ	1 (800) 810-2583
Provider Service	1 (800) 322-8670
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Customer Service: 602-864-4115
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Possession of this card does not guarantee eligibility for benefits. Prior authorization required for certain benefits. Except for emergencies, benefits must be provided by network providers to be covered.

Emergency services available inside and outside Arizona from non-network providers. Urgent care available outside Arizona from BlueCard Traditional providers.

File claims with the local BCBS plan, except file with Medicare when Medicare is primary and file AZ chiropractic claims with the Chiropractic Benefits Administrator. Contact AZ Blue for air ambulance and ancillary claim filing instructions.

Urgent Care Outside AZ	1 (800) 810-2583
Provider Service	1 (800) 322-8670
Pharmacy Benefits	1 (866) 325-1794

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Phoenix, AZ 85072-2033

ACA Health Choice Network

Formerly known as StandardHealth with Health Choice

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ACA Health Choice Network

BlueCross BlueShield Arizona

Location	Hospitals/Medical Centers
Apache	White Mountain Regional Medical Center
Cochise	Copper Queen Community Hospital Benson Hospital Northern Cochise Community Hospital
Coconino/ Border Counties	Flagstaff Medical Center Kane County Hospital Page Hospital
Gila	Banner Payson Medical Center Cobre Valley Regional Medical Center
Graham/ Greenlee	Mt Graham Regional Medical Center
Maricopa	Abrazo Health Banner Health HonorHealth Valleywise
Mohave/ Border Counties	Colorado River Medical Center Kingman Regional Medical Center La Paz Regional Hospital Western Arizona Regional Medical Center
Navajo	Little Colorado Medical Center Summit Healthcare Regional Medical Center
Pima	Banner Health Hospital Carondelet Health Northwest Medical Center Tucson Medical Center
Pinal	Banner Casa Grande Medical Center Florence/HonorHealth
Santa Cruz	Carondelet Health



The above represents hospitals and medical facilities contracted as of 1/1/27. Please check our provider directory at azblue.com/find-a-doctor to verify current hospitals and facilities.

Urgent Care/Retail Health Clinics

Did you know that urgent care centers and retail health clinics can treat many injuries and illnesses, and often cost less than an emergency room? However, visits to retail health clinics, urgent care centers, and emergency rooms are not a substitute for an ongoing relationship with a primary care physician. ***In a true emergency, always dial 911.***

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BlueCross BlueShield Arizona

ACA Health Choice Network



The ACA Health Choice Network from AZ Blue delivers on our commitment to provide quality care while lowering costs for individual and family Affordable Care Act (ACA) Plans.

Partnering with Health Choice to deliver a network of doctors and hospitals statewide with enhanced coordination of care

For residents of Maricopa, Pima, Apache, Coconino, Gila, Graham, Mohave, Navajo, Pinal, Cochise, Greenlee, and Santa Cruz counties

Includes Abrazo Health, Banner Health, Carondelet Health, HonorHealth, Tucson Medical Center, Kingman Regional Medical Center, Flagstaff Medical Center, Valleywise, and more

Offers access to thousands of providers throughout the state.

Plans offered with the ACA Health Choice Network

- PCP Guided Care
- Core Value
- Everyday Copay

Finding care in the ACA Health Choice Network

- Only providers in the ACA Health Choice Network are considered in-network.
- Go to your member portal at azblue.com/member and click **Find Care** to find all providers in your network.
- Check with your doctors, facilities, and other health professionals to make sure they are in the ACA Health Choice Network before receiving care.

Mission Moment

Lazaro Torres – Network Operations

3 Minutes



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Grand Canyon flash flood response

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Responding to requests from the Hualapai and Havasupai tribes impacted by flash floods in September 2026



9

pallets of water delivered

500+

sandbags delivered

Delivery support from Flagstaff Family Food Center

HCP Supplemental Benefits Comparison Chart

Diana Tim – Sr. Medicare Analyst

5 Minutes



Supplemental Comparison Chart 2026 to 2027

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BENEFIT TYPE	2026 HEALTH CHOICE PATHWAY		2027 HEALTH CHOICE PATHWAY	
Dental	2 oral exams & 2 prophylaxis (cleanings) per year, 1 every 6 months. Exam and cleaning must be performed in the same preventive office visit. 1 fluoride treatment per year. 2 dental X-rays per year; X-rays do not need to be taken during the preventive office visit. (X-ray can consist of: 1 of either bitewing X-rays or 1 complete set – also known as a full-mouth (FMX) set or a panoramic X-ray. Complete/panoramic only allowed once every 36 months.) Denture adjustments up to 4 times a year. Dentures covered once every 5 years. No PA required for dentures.	$3,500 combined Allowance Yearly for Diagnostic, Preventive, and Comprehensive Dental Services	2 oral exams & 2 prophylaxis (cleanings) per year, 1 every 6 months. Exam and cleaning must be performed in the same preventive office visit. 1 fluoride treatment per year. 2 dental X-rays per year; X-rays do not need to be taken during the preventive office visit. (X-ray can consist of: 1 of either bitewing X-rays or 1 complete set – also known as a full-mouth (FMX) set or a panoramic X-ray. Complete/panoramic only allowed once every 36 months.) Denture adjustments up to 4 times a year. Dentures covered once every 5 years. No PA required for dentures.	**$2,000 combined Allowance Yearly for Diagnostic, Preventive, and Comprehensive Dental Services**
Vision	1 routine eye exam per year. $350 unlimited eyewear, includes contact lenses and eyeglasses (lenses and frames).	$350 Allowance Yearly	1 routine eye exam per year. **$250** unlimited eyewear, includes contact lenses and eyeglasses (lenses and frames).	**$250 Allowance Yearly**
Hearing	1 routine hearing exam per year. Unlimited hearing aid fittings and evaluations for 1 year; the first 12 months after purchase of hearing aids. 2 hearing aids (one per ear, every 3 years). The benefit is administered by TruHearing®. If you are not currently contracted with TruHearing, you will need to join TruHearing's network to assist these members in accessing this benefit. To begin the credentialing process, call TruHearing's Provider Contracting team at **801-938-1294** or email **ProviderContracting@TruHearing.com.**	2 hearing aids (one per ear, every 3 years)	1 routine hearing exam per year. Unlimited hearing aid fittings and evaluations for 1 year; the first 12 months after purchase of hearing aids. 2 hearing aids (one per ear, every 3 years). The benefit is administered by TruHearing®. If you are not currently contracted with TruHearing, you will need to join TruHearing's network to assist these members in accessing this benefit. To begin the credentialing process, call TruHearing's Provider Contracting team at **801-938-1294** or email **ProviderContracting@TruHearing.com.**	2 hearing aids (one per ear, every 3 years)

BENEFIT TYPE	2026 HEALTH CHOICE PATHWAY		2027 HEALTH CHOICE PATHWAY	
Meals	Up to 28 meals per admit, once per calendar year. Members recently discharged from an inpatient facility (Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation). PA required.	Up to 28 Meals Once a Year	Up to 28 meals per admit, once per calendar year. Members recently discharged from an inpatient facility (Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation). PA required.	Up to 28 Meals Once a Year
	Up to 28 meals, once per calendar year, for members with an eligible chronic condition who are under care management may be eligible to receive healthy meals as part of a supervised program to assist during a healthy lifestyle modification. Eligible chronic conditions include: Chronic obstructive pulmonary disease (COPD), Congestive heart failure (CHF), Diabetes (DM). PA required. The benefit is administered by Mom's Meals.	Up to 28 Meals Once a Year	Up to 28 meals, once per calendar year, for members with an eligible chronic condition who are under care management may be eligible to receive healthy meals as part of a supervised program to assist during a healthy lifestyle modification. Eligible chronic conditions include: Chronic obstructive pulmonary disease (COPD), Congestive heart failure (CHF), Diabetes (DM). PA required. The benefit is administered by Mom's Meals.	Up to 28 Meals Once a Year
Transport	Van or medical transport to a plan-approved health-related location.	24 One-Way Trips a Year	Van or medical transport to a plan-approved health-related location.	24 One-Way Trips a Year
OTC	$50 allowance every three months for OTC products. Unused allowance does not roll over to the next quarter. Allowance remaining at the end of the year does not carry over to the following plan year. Visit **bcbs-az.thehelperbeesportal.com** or call **1-888-454-1423.** The benefit is administered by The Helper Bees. Healthy Food and Produce is covered under SSBCI. (See Section: Healthy Food and Produce.)	$50 Allowance Every 3 Months	$50 allowance every three months for OTC products. Unused allowance does not roll over to the next quarter. Allowance remaining at the end of the year does not carry over to the following plan year. **Visit the Member Portal at azblue.com/hcportal, navigate to Flex Benefits and Healthy Rewards, or call 1-800-998-3181. The benefit is administered by Sunny Benefits.** Healthy Food and Produce is covered under SSBCI. (See Section: Healthy Food and Produce.)	$50 Allowance Every 3 Months

Red indicates changes from contract year 2026 to 2027

2026–2027 Benefits Comparison (Continued)

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BENEFIT TYPE	2026 HEALTH CHOICE PATHWAY		2027 HEALTH CHOICE PATHWAY	
Healthy Food and Produce	Special Supplemental Benefits for the Chronically Ill (SSBCI) $225 allowance every three months for healthy food and produce. Unused allowance does not roll over to the next month. Allowance remaining at the end of the year does not carry over to the following plan year. Visit **bcbs-az.thehelperbeesportal.com** or call **1-888-454-1423.** The benefit is administered by The Helper Bees. To be eligible for the Healthy Food and Produce benefit, you must be diagnosed with a chronic condition, such as: • Cardiovascular disorders • Chronic heart failure • Diabetes mellitus • Overweight, obesity, and metabolic syndrome • Chronic gastrointestinal disease • Chronic lung disorders • Chronic and disabling mental health conditions • Chronic conditions that impair vision, hearing, taste, touch, and smell • Chronic alcohol use disorder and other substance use disorders (SUDs) • Conditions that require continued therapy services in order for individuals to maintain or retain functioning The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify, as other coverage criteria may also apply. OTC Items is a separate benefit and not combined. (See Section: OTC.)	$225 Allowance Every 3 Months	Special Supplemental Benefits for the Chronically Ill (SSBCI) $225 allowance every three months for healthy food and produce. Unused allowance does not roll over to the next month. Allowance remaining at the end of the year does not carry over to the following plan year. **Visit the Member Portal at azblue.com/hcportal, navigate to Flex Benefits and Healthy Rewards, or call 1-800-998-3181. The benefit is administered by Sunny Benefits.** To be eligible for the Healthy Food and Produce benefit, you must be diagnosed with a chronic condition, such as: • Cardiovascular disorders • Chronic heart failure • Diabetes mellitus • Overweight, obesity, and metabolic syndrome • Chronic gastrointestinal disease • Chronic lung disorders • Chronic and disabling mental health conditions • Chronic conditions that impair vision, hearing, taste, touch, and smell • Chronic alcohol use disorder and other substance use disorders (SUDs) • Conditions that require continued therapy services in order for individuals to maintain or retain functioning The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify, as other coverage criteria may also apply. OTC Items is a separate benefit and not combined. (See Section: OTC.)	$225 Allowance Every 3 Months
Telehealth Services	Visit azblue.com/**hcportal** for virtual visits, 24 hours a day, 7 days a week **Not all conditions can be treated through virtual visits.*		Visit azblue.com/**hcportal** for virtual visits, 24 hours a day, 7 days a week **Not all conditions can be treated through virtual visits.*	

BENEFIT TYPE	2026 HEALTH CHOICE PATHWAY	2027 HEALTH CHOICE PATHWAY
Fitness	Fitness Benefit provided by SilverSneakers®. Includes access to fitness centers and at-home kits. Members can choose one of the following at-home kit options: Pedometer to track daily steps, SilverSneakers ball, Resistance band, Yoga strap, Inspire 3 Fitbit. Visit **SilverSneakers.com** or call **1-888-423-4632.**	Fitness Benefit provided by SilverSneakers®. Includes access to fitness centers and at-home kits. Members can choose one of the following at-home kit options: Pedometer to track daily steps, SilverSneakers ball, Resistance band, Yoga strap, Inspire 3 Fitbit. Visit **SilverSneakers.com** or call **1-888-423-4632.**
Part D	Copay Levels: Generic / Brand / Catastrophic LIS (1): $0 / $0 / $0 LIS (2): $1.60 or $5.10 (Depending on Extra Help level or institutional status) / $4.90 or $12.65 (Depending on Extra Help level or institutional status) / $0 LIS (3): $1.60 or $5.10 (Depending on Extra Help level or institutional status) / $4.90 or $12.65 (Depending on Extra Help level or institutional status) / $0	Copay Levels: Generic / Brand / Catastrophic LIS (1): $0 / $0 / $0 LIS (2): **$1.65 or $5.80** (Depending on Extra Help level or institutional status) / **$5.00 or $14.40** (Depending on Extra Help level or institutional status) / $0 LIS (3): **$1.65 or $5.80** (Depending on Extra Help level or institutional status) / **$5.00 or $14.40** (Depending on Extra Help level or institutional status) / $0
Prior Auth	Click **here** for current Health Choice prior authorization requirements.	Click **here** for current Health Choice prior authorization requirements.
Medicare Changes	In-network maximum enrollee out-of-pocket cost: $8,800. ER/Post Stabilization Care: Beneficiary pays 0% or 20% of the cost up to $115. Opioid Treatment Services: Beneficiary pays $0 copay.	In-network maximum enrollee out-of-pocket cost: **$9,850.** ER/Post Stabilization Care: Beneficiary pays 0% or 20% of the cost up to $115. Opioid Treatment Services: Beneficiary pays $0 copay.
Personal Emergency Response System (PERS) (Supplemental)	$0 copayment Personal emergency response system (PERS), also known as medical alert systems, provide continuous in-home and mobile monitoring to aging and at-risk populations. PERS allows members to call for assistance 24/7, whether at home or on the go. To order a PERS device or for additional questions, call **1-800-979-9238,** TTY: 711, 8 a.m. to 5 p.m., Monday through Friday or visit **bcbsaz.connectamerica.com.** The benefit is administered by Connect America.	$0 copayment Personal emergency response system (PERS), also known as medical alert systems, provide continuous in-home and mobile monitoring to aging and at-risk populations. PERS allows members to call for assistance 24/7, whether at home or on the go. To order a PERS device or for additional questions, call **1-800-979-9238,** TTY: 711, 8 a.m. to 5 p.m., Monday through Friday or visit **bcbsaz.connectamerica.com.** The benefit is administered by Connect America.

Red indicates changes from contract year 2026 to 2027

2026 – 2027 Supplemental Benefits Comparison Chart

In-Person Visits

Lazaro Torres – Network Operations

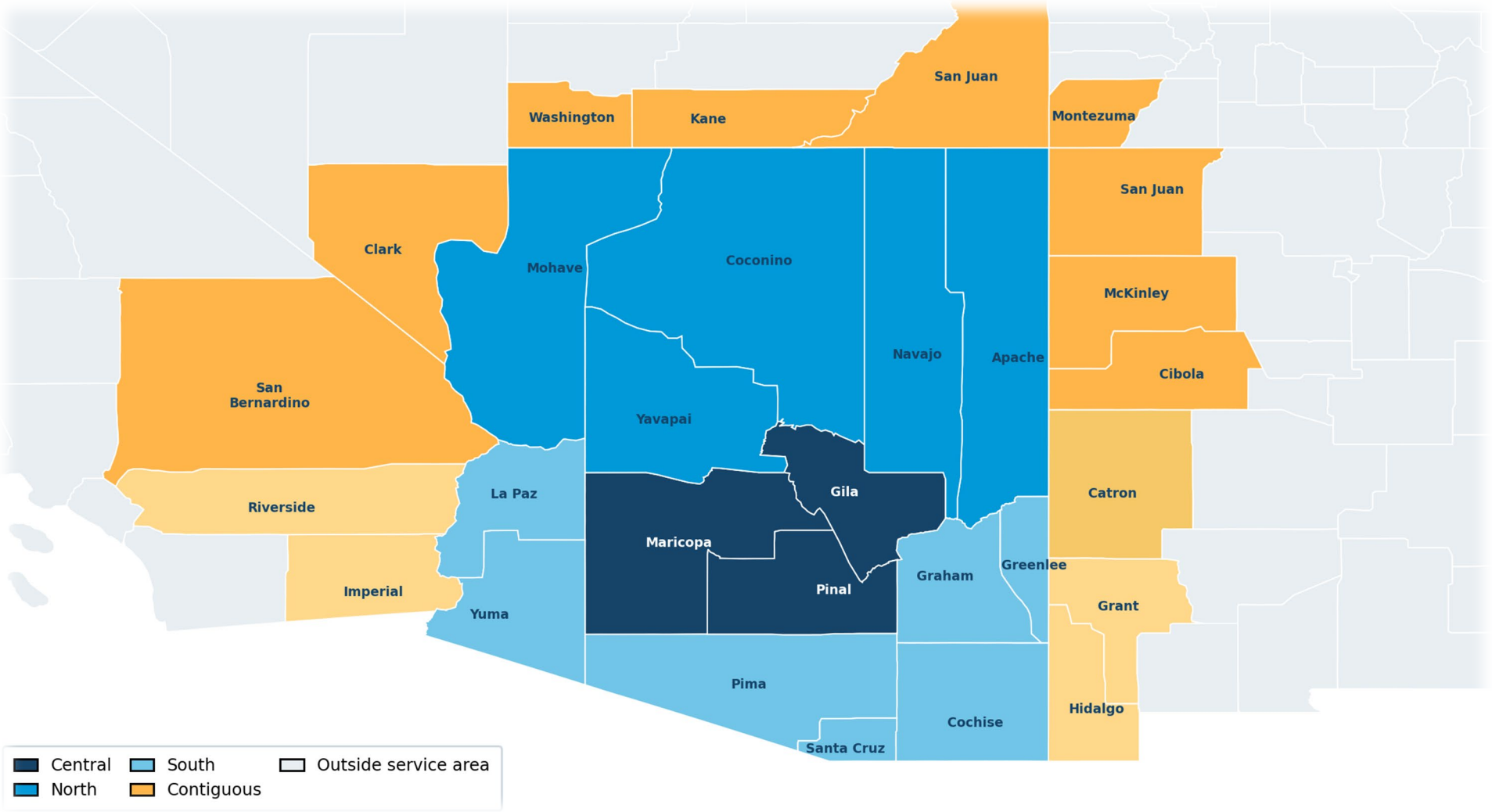
5 Minutes



Health Choice Provider Relations Coverage

Arizona counties and contiguous service counties by GSA region

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Health Choice Provider Relations Team

Colored dots indicate each GSA region covered

Angie M.
Gila, AZ; Maricopa, AZ; Apache, AZ

Brian G.
Maricopa, AZ

Carlos A.
Maricopa, AZ

Cindy S.
Maricopa, AZ

Dottie W.
Maricopa, AZ; Pinal, AZ

Erin P.
Maricopa, AZ

Sonia J.
Maricopa, AZ

Kristina B.
Coconino, AZ; Navajo, AZ; Yavapai, AZ; Montezuma, CO +6 more

Kristine D.
Cochise, AZ; Graham, AZ; Greenlee, AZ; La Paz, AZ +4 more

Jill M.
Mohave, AZ; Santa Cruz, AZ; Yuma, AZ; Imperial, CA +3 more



In-Person Engagement to Support Your Practice

What this means for your practice

- 1:1 support from your assigned Health Choice representative
- Help navigating Provider Portal tools and self-service options
- Addressing questions and concerns in real time

What to Expect

- Personalized guidance tailored to your practice workflow
- Opportunity to share feedback and improvement ideas

Interested in an in-person visit?

- Let us know—our Provider Relations team will coordinate a visit that works for you

More than 1,100 in-person visits YTD

completed by the Health Choice Provider Relations team

January – October 2026

Provider Escalation Process

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PROVIDER ESCALATION PROCESS

Dear Provider,

Blue Cross® Blue Shield® of Arizona Health Choice is committed to ensuring that you have an open line of communication with us at all times. If you feel your concerns are not being met in a timely fashion, or to your satisfaction, please contact our team in the order listed below.

YOUR PROVIDER PERFORMANCE REPRESENTATIVE:
Please log in to our secure **Provider Portal** should you need assistance identifying your Provider Representative.

FOR NON-CONTRACTED PROVIDERS:
Non-Contracted Provider Representative
HCHNonContracted@azblue.com
480-968-6866

NETWORK OPERATIONS RELATED CONCERNS:
Holly Balderrama
Manager of Network Operations – Provider Claims Educator
Holly.Balderrama@azblue.com
480-433-1807
Please add your Group Practice Name and Tax ID Number to the subject line of your email.

NETWORK CONTRACTING RELATED CONCERNS:
Kym Chestnutwood
Manager of Contracting
HCHNetworkContracting@azblue.com
Please add subject line: Contract Negotiation, Contract Status, and/or Contract Language depending on the nature of your inquiry.

CONTRACTING & OPERATIONS DIRECTORS:

Lazaro Torres
Director of Network Operations
HCHAZNetworkLeadership@azblue.com
480-640-3353

Aimee Perez
Director of Network Contracting
Aimee.Perez@azblue.com
480-760-4551

Your Provider Performance Representative will maintain regular contact to coordinate site visits. Should you require assistance, please contact your representative. For additional support, our secure Provider Portal offers real-time information and self-service options.

We will address your needs in a timely and thorough manner.

Best Regards,

Charlotte Whitmore
VP of Network Services
charlotte.whitmore@azblue.com
602-916-8560



Provider Escalation Process (Click Here)

2026 Provider Satisfaction Survey - In Progress

Lazaro Torres – Network Operations

3 Minutes



Your Feedback Matters: 2026 Provider Satisfaction Survey

Your feedback shapes how we support our provider network. The annual Provider Satisfaction Survey guides future improvements to the provider experience.

SURVEY TIMELINE

Begins
October 5, 2026

Ends
December 21, 2026

How You May Be Contacted

Selected providers and office staff may be contacted by email, mail, or phone during the survey period.

Enhanced 2026 Outreach

Expanded outreach in 2026 to encourage participation and boost response rates.

Please Share Your Feedback

Please take a few minutes to respond — your input drives real improvements.



Thank you for your continued partnership and dedication to serving our members.

KeepMyAHCCCS – H.R.1 Information for Partners

Mark Faul – Workforce Development Administrator

5 Minutes



Proprietary & Confidential

H.R. 1: What Partners and Providers Need to Know

Starting January 1, 2027

AHCCCS begins work requirements and 6-month renewals for some adults ages 19–64 in the adult group.

Who may be affected

- Ages 19–64
- No Medicare
- Not eligible for another AHCCCS coverage group

Two key changes

- Meet work requirements or qualify for an exemption
- Renew coverage every 6 months

Important reassurance

Most AHCCCS members are not impacted. AHCCCS will notify members if the changes apply to them.

Frontline goal: provide accurate, consistent guidance without guessing about a member's status.

KEEP MY AHCCCS

How Members Can Meet the Work Requirement

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

A

Income

At least $580 in monthly income.

B

Qualifying activities

80 hours per month of work, school, job training, a work program, community service, volunteering, or a combination.

C

Combination

Some qualifying income plus some hours of qualifying activities.

Examples of qualifying pathways

Employment • Self-employment • College or career education • High school/GED • ARIZONA@WORK • SNAP E&T • Verified community volunteering

Household MAGI income may be used when determining whether the $580 income threshold is met.

KEEP MY AHCCCS

2

Exemptions and How AHCCCS Verifies Eligibility

BlueCross BlueShield Arizona
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Common exemptions

- American Indian or Alaska Native
- Parent/caregiver for a child age 13 or younger, or a person with a disability
- Pregnancy or 12-month postpartum period
- Former foster youth under age 26
- Certain veterans, medically frail individuals, treatment participants, and justice-involved individuals

Short-term hardship exemptions

Inpatient care, medical travel, a federally declared disaster, or residence in a county with high unemployment.

Verification approach

AHCCCS will first use available data sources. If automatic verification is not possible, AHCCCS may request information from the member.

Check existing data → **Request information** → **Member responds**

AHCCCS Partners – English - Keep My AHCCCS

KEEP MY AHCCCS

3

Timing, Renewals, and Member Response

BlueCross BlueShield Arizona
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Health Choice

New applicants

For applications on or after January 1, 2027, AHCCCS assesses the month before application.

Renewals

For renewals on or after March 1, 2027, AHCCCS assesses any one month since the last renewal.

6-month cycle

Adults in the adult group move from annual to 6-month renewals during their first renewal in 2027. AI/AN members remain on a 12-month cycle.

If AHCCCS needs more information

1. AHCCCS contacts the member
2. **Member has 35 days to respond**
3. If unresolved, AHCCCS sends a coverage-ending notice
4. **Member has 30 more days to show compliance or exemption**

A notice must explain the reason, effective date, and review or appeal rights.

KEEP MY AHCCCS

Frontline Staff: What to Say, Do, and Avoid

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

DO

- Remind members that AHCCCS will notify them if changes apply
- Direct members to KeepMyAHCCCS.com
- Encourage contact-information updates through Health-e-Arizona Plus
- Encourage weekly checks of mail and email
- Help members respond by AHCCCS deadlines

DON'T

- Guess about exemption or compliance status
- Tell a member that coverage is ending
- Tell members to send documentation unless AHCCCS requests it
- Share unofficial or unverified guidance

Trusted resources KeepMyAHCCCS.com | Health-e-Arizona Plus | HEAplus live chat | 855-220-0903 | Community Assistors / local DES office

Partner role: reinforce official information, help members stay reachable, and support timely responses.

KEEP MY AHCCCS

5

Where to Direct Members

Information / resources:
KeepMyAHCCCS.com

Account / contact-information actions:
HealthEArizonaPlus.gov

Direct help via chat:
HEAplus live chat

Recorded help line:
(855) 220-0903

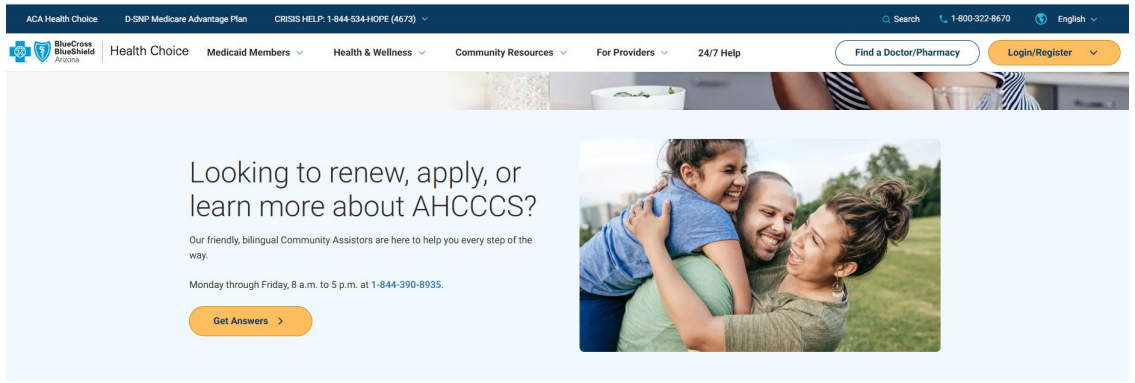
For direct help, use the HEAplus live chat.

Community Assistors:
Individuals can search for one here.

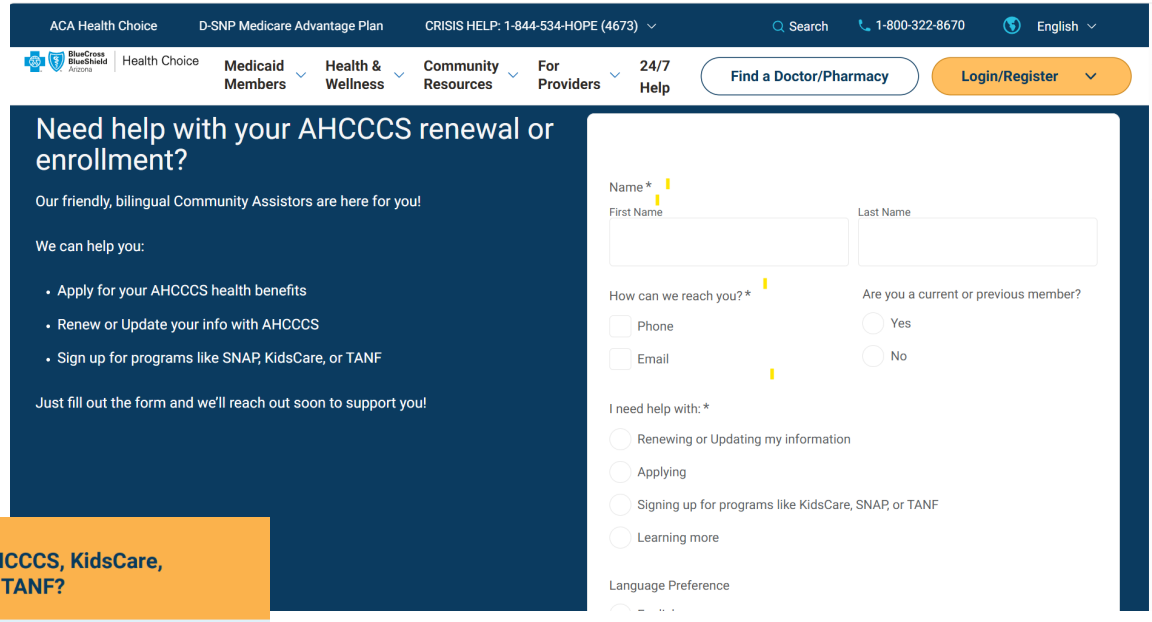
In-person:
Local DES eligibility office

AZBlue Health Choice Community Assistor Program

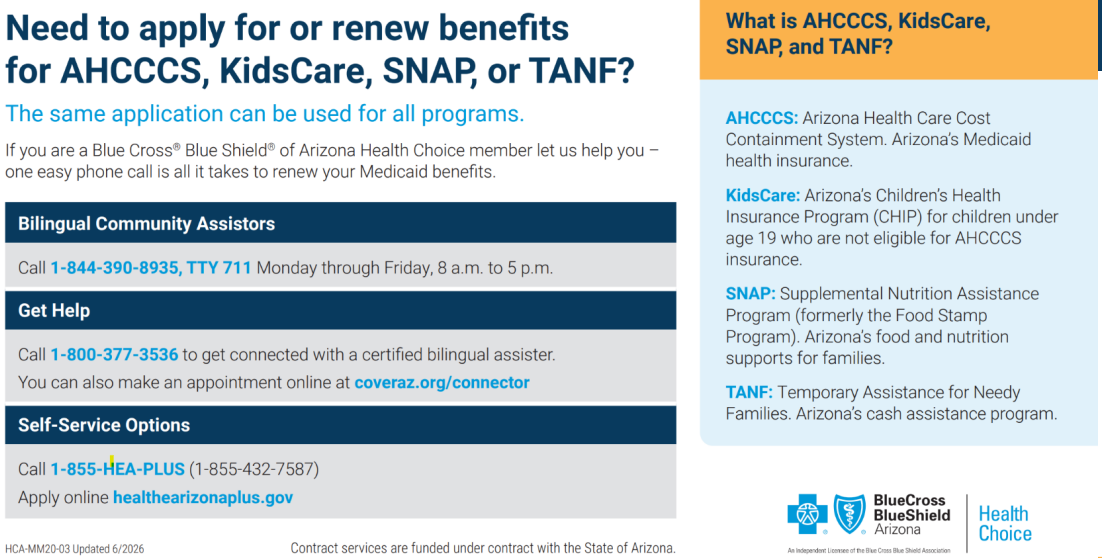
Homepage
Button links to: [Health Choice AZ | How to Apply for AHCCCS]



How to Apply for AHCCCS Web updates:



Marketing and Outreach Material



Provider Communications

Lazaro Torres – Network Operations

5 Minutes



Proprietary & Confidential

Staying Compliant & Informed

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Health Choice



Communications

Important Links

Provider Announcements

Provider Education

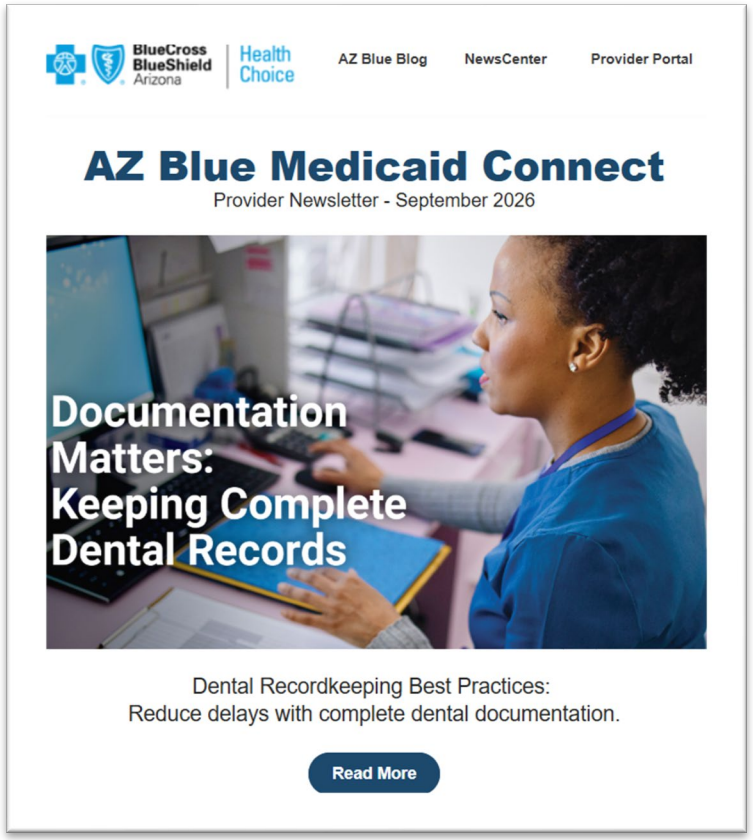
Provider Newsletters & Forums

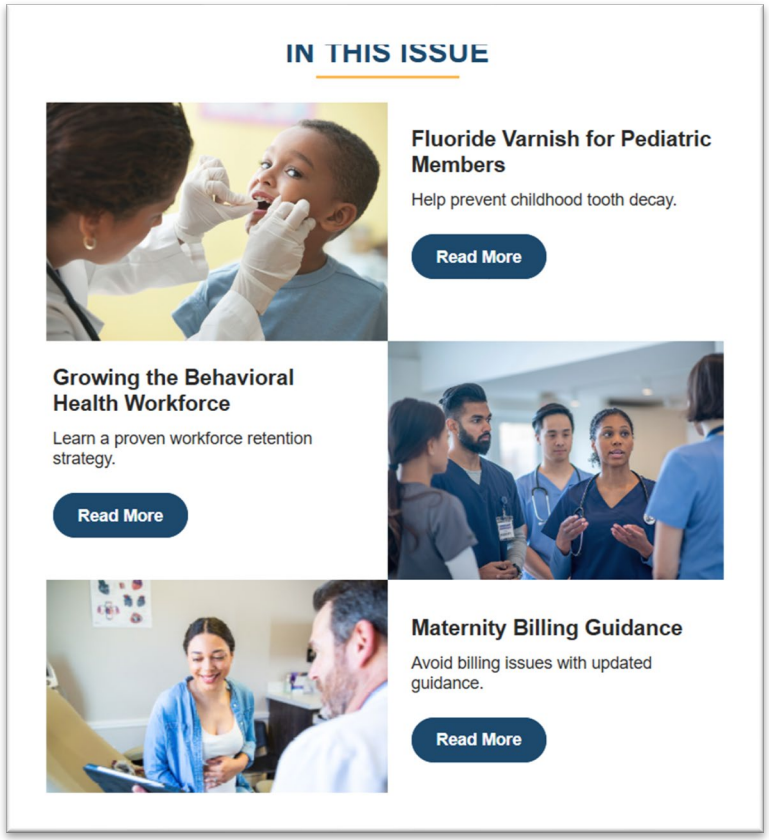
Health Choice Provider Newsletter

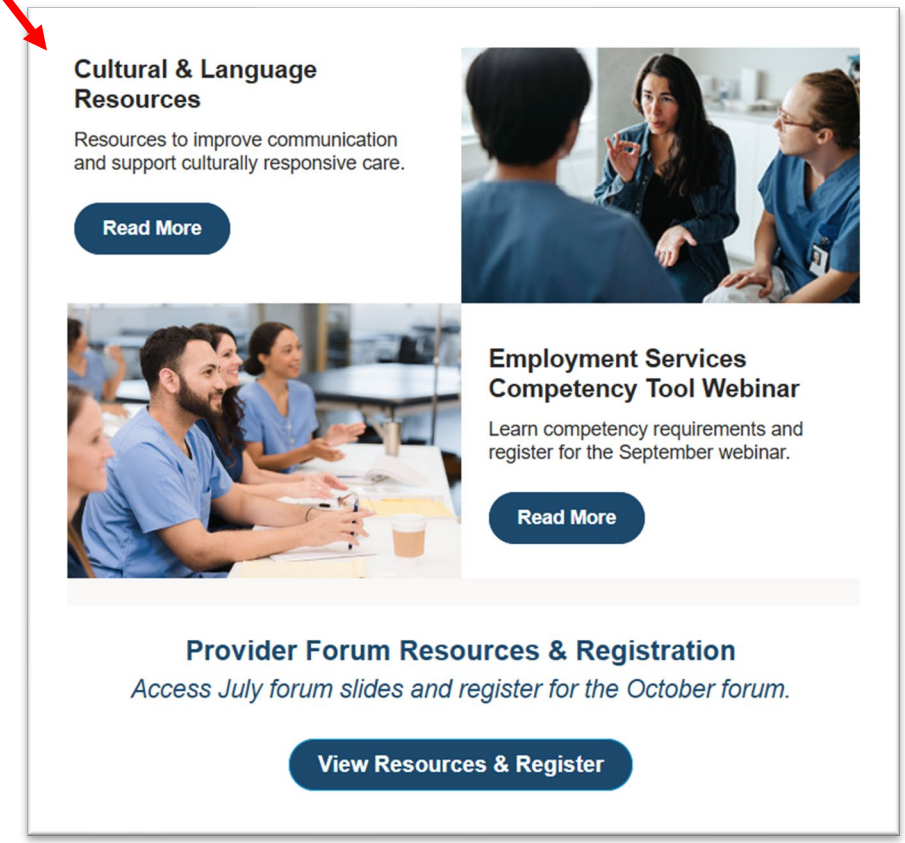
September 2026

Providers
Take the Cultural Competency Training

BlueCross BlueShield Arizona | Health Choice
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Health Choice Digital Communications

Subscribe Here

*ProviderConnect@azblue.com

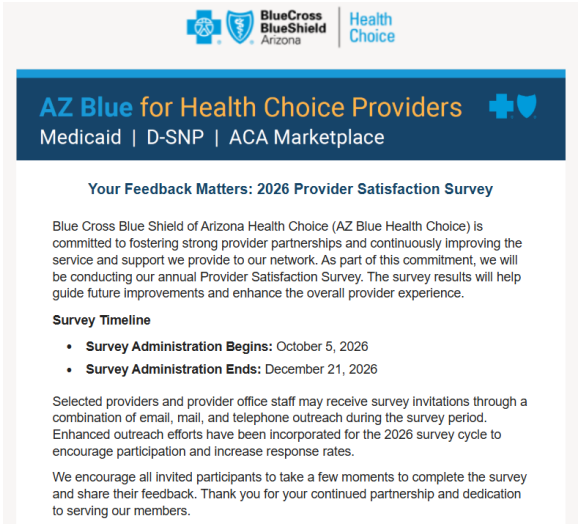
Health Choice Provider Alerts

September 2026

BlueCross BlueShield Arizona | Health Choice

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Provider satisfaction survey



BlueCross BlueShield Arizona | Health Choice

AZ Blue for Health Choice Providers

Medicaid | D-SNP | ACA Marketplace

Your Feedback Matters: 2026 Provider Satisfaction Survey

Blue Cross Blue Shield of Arizona Health Choice (AZ Blue Health Choice) is committed to fostering strong provider partnerships and continuously improving the service and support we provide to our network. As part of this commitment, we will be conducting our annual Provider Satisfaction Survey. The survey results will help guide future improvements and enhance the overall provider experience.

Survey Timeline

- **Survey Administration Begins:** October 5, 2026
- **Survey Administration Ends:** December 21, 2026

Selected providers and provider office staff may receive survey invitations through a combination of email, mail, and telephone outreach during the survey period. Enhanced outreach efforts have been incorporated for the 2026 survey cycle to encourage participation and increase response rates.

We encourage all invited participants to take a few moments to complete the survey and share their feedback. Thank you for your continued partnership and dedication to serving our members.

AHCCCS partner resources

AHCCCS Partner Resource: KeepMyAHCCCS Websitee

AHCCCS has launched a new KeepMyAHCCCS Partner Information webpage designed to help providers, health plans, community organizations, and other partners prepare for upcoming Medicaid eligibility changes that begin January 1, 2027.

The website serves as a central resource for information on:

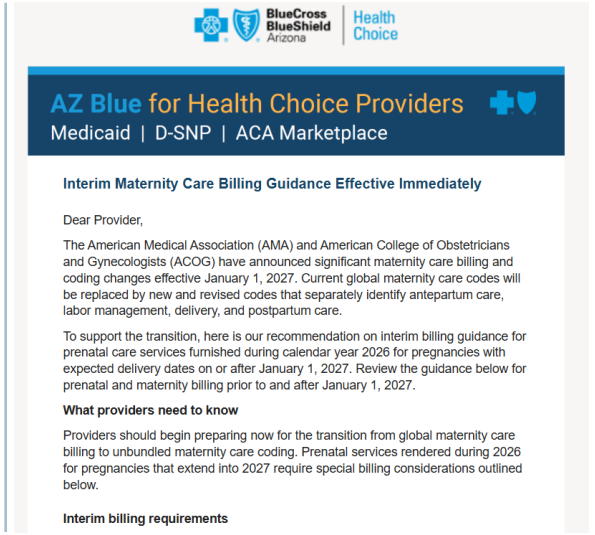
- Work requirements
- Six-month renewal redeterminations
- Member eligibility and exemption information
- Frequently Asked Questions (FAQs)
- Partner toolkits and co-brandable educational materials
- Additional resources that will be added over time

Providers are encouraged to bookmark the site and check back regularly for updates and new materials to support member outreach and education. Some resources may be added in phases as AHCCCS continues implementation planning.

Access the KeepMyAHCCCS Partner Page at keepmyahcccs.com/partner for the latest information on AHCCCS eligibility and renewal changes.

AZ Blue Health Choice
Medicaid Provider Relations & Operations

Maternity care billing guidance



BlueCross BlueShield Arizona | Health Choice

AZ Blue for Health Choice Providers

Medicaid | D-SNP | ACA Marketplace

Interim Maternity Care Billing Guidance Effective Immediately

Dear Provider,

The American Medical Association (AMA) and American College of Obstetricians and Gynecologists (ACOG) have announced significant maternity care billing and coding changes effective January 1, 2027. Current global maternity care codes will be replaced by new and revised codes that separately identify antepartum care, labor management, delivery, and postpartum care.

To support the transition, here is our recommendation on interim billing guidance for prenatal care services furnished during calendar year 2026 for pregnancies with expected delivery dates on or after January 1, 2027. Review the guidance below for prenatal and maternity billing prior to and after January 1, 2027.

What providers need to know

Providers should begin preparing now for the transition from global maternity care billing to unbundled maternity care coding. Prenatal services rendered during 2026 for pregnancies that extend into 2027 require special billing considerations outlined below.

Interim billing requirements

AHCCCS QM Portal



BlueCross BlueShield Arizona | Health Choice

AZ Blue for Health Choice Providers

Medicaid | D-SNP | ACA Marketplace

Dear Provider,

Effective September 15, 2026, the AHCCCS QM Portal Technical Assistance page will no longer be available for external or internal users. AHCCCS has transitioned technical assistance requests to its ServiceNow platform.

To submit a technical assistance request, please visit the **AHCCCS ServiceNow Portal:** AHCCCS ServiceNow Portal

An active ServiceNow account is required to submit requests. Information on registering for a ServiceNow account is available in the User Guides section of the portal.

For additional assistance, contact the AHCCCS Customer Support Center at **(602) 417-4451.**

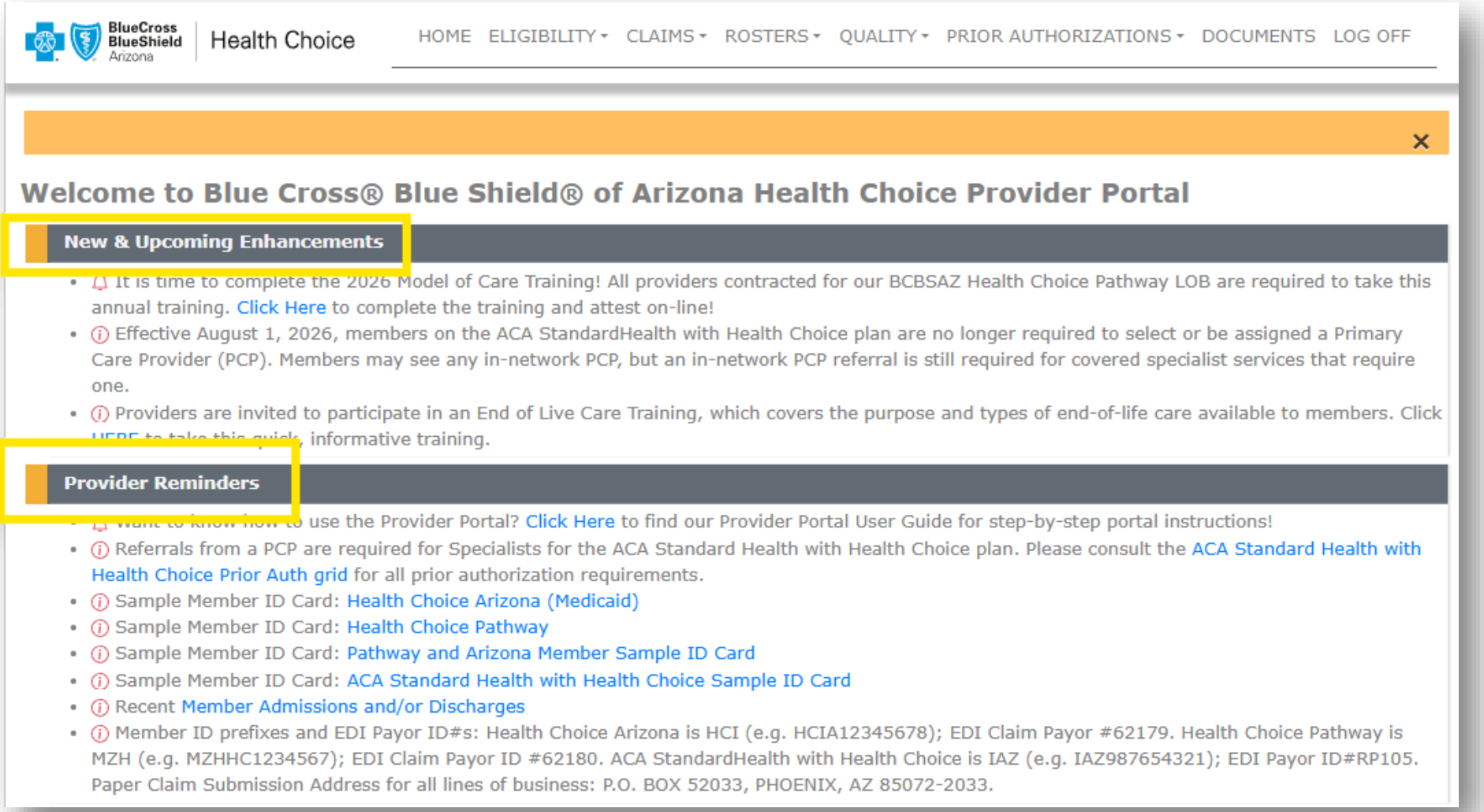
Thank you for your attention to this important update.

View Alert | **View Alert** | **View Alert**

Health Choice Digital Communications

Subscribe Here

Health Choice Provider Portal Alerts



Behavioral Health Workforce: Apprenticeship Success

Mark Faul – Workforce Development Administrator

Jonathan Mueller – Ascent Behavior Partners

5 Minutes



Proprietary & Confidential



Ascend™
Behavior Partners

Our BCBA Residency Building the Next Generation

5 Minutes

AZ Blue Health Choice | October 2026

THE WORKFORCE NEED

More families need skilled clinicians

1 in 31

Children identified with ASD

Age 8, CDC ADDM sites, 2022.

Compared with 1 in 150 in 2000.

+28%

U.S. BCBA job demand

Increase in postings requiring or preferring BCBA certification, 2024–2025.

2,841

Arizona job postings

BCBA / BCBA-D postings in 2025.

A demand indicator, not a vacancy count.

Historical research: geographic access gaps persisted despite BCBA workforce growth (2018–2021).

Sources: CDC ADDM; BACB / Lightcast (2026), pp. 1–3; Yingling et al. (2022). Details and limitations in notes.

OUR APPRENTICESHIP APPROACH

A supported path to becoming a BCBA

01

RBT foundation

Maintain certification and build treatment skills through direct work with children.

02

Cohort fieldwork

Combine graduate coursework with weekly group supervision and a sequenced curriculum.

03

Residency

Develop advanced clinical skills alongside an experienced BCBA over approximately 12–13 months.

READINESS FOR RESIDENCY

Advancement follows demonstrated skill

500+

Fieldwork hours accrued

Before applying for residency; paired with graduate study and RBT good standing.

90%+

Observed performance

Across 3 observations of teaching, behavior-plan integrity and professionalism.

3

Consecutive months

Proficient monthly progress reviews, plus completion of Ascend's RBT training pathway.

HANDS-ON CLINICAL LEARNING

Residents practice the work of a BCBA

Assessment & programming

Participate in assessments, interpret data with a supervisor, and write behavior analytic programming.

Treatment & team development

Observe treatment, support technician training, and learn through supervised case work.

Family partnership

Practice parent training, work in clients' homes as needed, and support progress toward graduation.

MENTORSHIP & ACCOUNTABILITY

Experienced supervisors guide the work

Weekly mentorship

Dedicated residency 1:1 check-ins and ongoing case oversight keep practice within the trainee's scope.

Learning with peers

Weekly cohort supervision, up to 10 trainees, with curriculum aligned to BACB content.

Competence matters

Experienced BCBA / BCBA-D mentors provide feedback, document progress, and address performance concerns.

BUILDING STRONG FOUNDATIONS

Ascend invests in the next generation

Time to learn

Supervision at no charge to trainees

Paid work under the residency structure

Dedicated BCBA mentoring time

Growing from within

Clinicians who know our families

Support through certification

A requested 24-month commitment after certification

Transforming Lives

Building clinically prepared BCBAs and future service capacity around children and families.

OUR RESULTS

Building the next generation of BCBAs

20+

BCBAs produced

4

in the past year

Growing our own clinical workforce

Source: Ascend leadership, October 2026



Ascend™
Behavior Partners

Transforming Lives Building Strong Foundations

Questions & discussion

jonathan@ascendbehavior.com
(775) 560-3345

REFERENCES

Sources & program context

Ascend | Fieldwork and Residency Guidelines v1.1
Program structure, entry criteria, supervision and investment

CDC | Autism data and statistics (2025)
ADDM identified prevalence among 8-year-olds: 2000 and 2022

BACB / Lightcast | U.S. Employment Demand, 2010–2025 (2026)
National change and Arizona job postings; pp. 1–3

Yingling, Ruther & Dubuque | Geographic access, 2018–2021 (2022)
Historical evidence of persistent inequities despite workforce growth

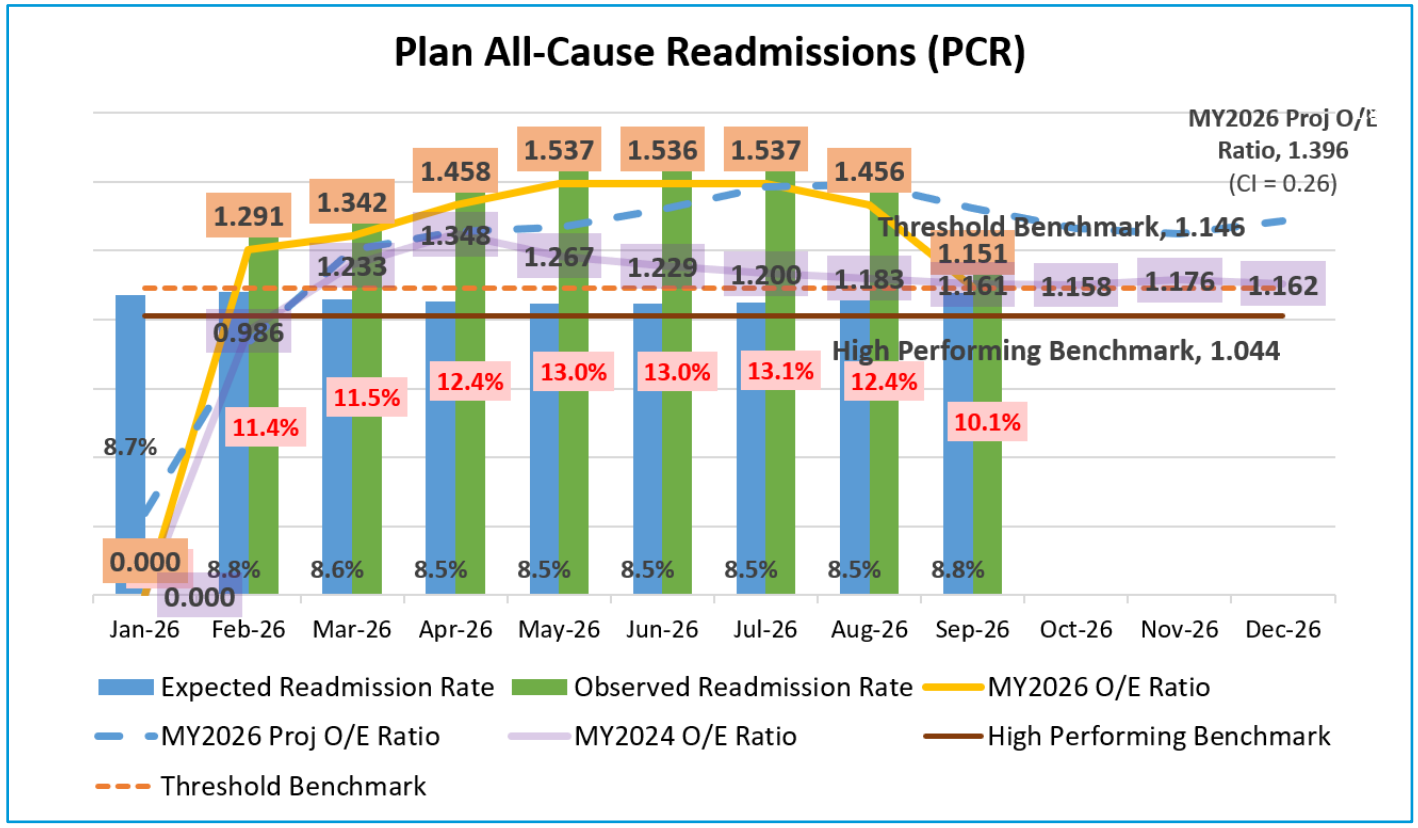
Quality Performance Measures & EPSDT Best Practices

Kelly Varga

5 Minutes



Inpatient Discharge – AHCCCS Primary Measures



Status	Description
PCR Measure	For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.
Teams	Clinical and Transition of Care
Initiatives	VBP Contracting (Northern BH Alliance), Member and Provider Outreach, Behavioral Health Homes, Provider Alerts
Data	Administrative

NOTE: A lower O/E ratio indicates better performance

August 2026 Inpatient Discharge – Most Prevalent Readmit Primary Diagnoses

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Plan All-Cause Readmissions (PCR)

09/30/2026

Last Refresh: 10/25/2026 2:54:21 PM

Age Group	Total Discharge	Total Readmission	Observed Rate	Expected Count	Expected Rate	O/E
Age 18-44	2302	212	9.21%	177.365	7.70%	1.1953
Age 45-54	1062	116	10.92%	97.375	9.17%	1.1913
Age 55-64	1522	165	10.84%	153.760	10.10%	1.0731
Total	**4886**	**493**	**10.09%**	**428.500**	**8.77%**	**1.1505**

County: All

Race: All

Top 10 Readmission Diagnoses

Readmit Diagnosis Group	Readmission	Estimated Readmission Risk	% of Total Readmissions
Alcohol abuse and dependence	47	4.302	9.5%
Opioid use and dependence	34	2.681	6.9%
Sepsis	34	3.818	6.9%
Major depressive disorder	24	2.236	4.9%
Hypertensive heart disease	15	1.799	3.0%
Acute kidney failure	8	0.802	1.6%
Acute respiratory failure with hypoxia	7	0.853	1.4%
Schizoaffective disorder, unspecified	7	0.573	1.4%
Unspecified psychosis not due to a substance or known physiological condition	7	0.618	1.4%
Other chest pain	6	0.636	1.2%
Bipolar disorder	5	0.405	1.0%
Chest pain, unspecified	5	0.470	1.0%

Plan All-Cause Readmissions – Alcohol Dependence, Uncomplicated

BlueCross BlueShield Arizona
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Discharging Facility	Disch Diagnosis Code	Discharge Diagnosis	Readmission Facility	Readmit Diagnosis	Total Readmission
[redacted]	F10.20	Alcohol abuse and dependence	[redacted]	Chest pain, unspecified	1
				Alcohol abuse and dependence	1
			[redacted]	Unspecified mood [affective] disorder	1
				Alcohol abuse and dependence	1
				Other stimulant dependence, uncomplicated	1
				Unstable angina	1
[redacted]	F10.20	Alcohol abuse and dependence		Alcohol abuse and dependence	1
				Major depressive disorder	1
					1
				Displaced trimalleolar fracture of right lower leg, initial encounter for closed fracture	1
				Alcohol abuse and dependence	1
				Alcohol abuse and dependence	1
[redacted]	F10.20	Alcohol abuse and dependence		Alcohol abuse and dependence	4
				Bipolar disorder	1
[redacted]	F10.20	Alcohol abuse and dependence		Unspecified psychosis not due to a substance or known	1

August 2026 Inpatient Discharge – Most Prevalent Readmit Primary Diagnoses

BlueCross BlueShield Arizona
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Health Choice

Readmit Summary for Top Six Counties

County	Total Discharge	Observed Readmission	Observed Rate	Expected Readmission	Expected Rate	O/E
MARICOPA	**2210**	**249**	**11.27%**	**194.212**	**8.79%**	**1.2821**
Native American	144	22	15.28%	12.410	8.62%	1.7728
Caucasian	1134	131	11.55%	100.763	8.89%	1.3001
Not Provided	680	71	10.44%	59.541	8.76%	1.1925
Black or African American	211	21	9.95%	17.826	8.45%	1.1781
Hispanic, Latino or Spanish Origin	20	2	10.00%	1.809	9.04%	1.1057
Asian or Pacific Islander	21	2	9.52%	1.863	8.87%	1.0733
YAVAPAI	**456**	**50**	**10.96%**	**40.802**	**8.95%**	**1.2254**
Native American	13	2	15.38%	1.082	8.32%	1.8481
Caucasian	311	36	11.58%	27.728	8.92%	1.2983
Not Provided	126	12	9.52%	11.492	9.12%	1.0442
Black or African American	5	0	0.00%	0.403	8.07%	0.0000
Hispanic, Latino or Spanish Origin	1	0	0.00%	0.096	9.63%	0.0000
NAVAJO	**320**	**31**	**9.69%**	**27.190**	**8.50%**	**1.1401**
PINAL	**504**	**48**	**9.52%**	**44.027**	**8.74%**	**1.0902**
Black or African American	42	6	14.29%	3.384	8.06%	1.7731
Native American	42	5	11.90%	3.583	8.53%	1.3955
Not Provided	149	16	10.74%	13.671	9.18%	1.1704
Caucasian	257	20	7.78%	21.990	8.56%	0.9095
Hispanic, Latino or Spanish Origin	10	1	10.00%	1.100	11.00%	0.9095
Asian or Pacific Islander	3	0	0.00%	0.212	7.07%	0.0000
Other Race or Ethnicity	1	0	0.00%	0.088	8.80%	0.0000
MOHAVE	**952**	**79**	**8.30%**	**84.974**	**8.93%**	**0.9297**
COCONINO	**229**	**14**	**6.11%**	**18.986**	**8.29%**	**0.7374**
Total	**4671**	**471**	**10.08%**	**410.191**	**8.78%**	**1.1482**

August 2026 Inpatient Discharge – Maricopa County PCR Summary

County	Total Discharge	Observed Readmission	Observed Rate	Expected Readmission	Expected Rate	O/E
MARICOPA	**2210**	**249**	**11.27%**	**194.212**	**8.79%**	**1.2821**
Native American	144	22	15.28%	12.410	8.62%	1.7728
Caucasian	1134	131	11.55%	100.763	8.89%	1.3001
Not Provided	680	71	10.44%	59.541	8.76%	1.1925
Black or African American	211	21	9.95%	17.826	8.45%	1.1781
Hispanic, Latino or Spanish Origin	20	2	10.00%	1.809	9.04%	1.1057
Asian or Pacific Islander	21	2	9.52%	1.863	8.87%	1.0733
Total	**2210**	**249**	**11.27%**	**194.212**	**8.79%**	**1.2821**

Age Group	Total Discharge	Total Readmission	Observed Rate	Expected Count	Expected Rate	O/E
Age 18-44	1157	121	10.46%	90.221	7.80%	1.3411
Age 45-54	485	66	13.61%	45.030	9.28%	1.4657
Age 55-64	568	62	10.92%	58.961	10.38%	1.0515
Total	**2210**	**249**	**11.27%**	**194.212**	**8.79%**	**1.2821**

County: MARICOPA

Race: All

Top 10 Readmission Diagnoses

Readmit Diagnosis Group	Readmission	Estimated Readmission Risk	% of Total Readmissions
Opioid use and dependence	30	2.393	6.1%
Alcohol abuse and dependence	27	2.413	5.5%
Sepsis	17	2.093	3.4%
Major depressive disorder	15	1.370	3.0%
Hypertensive heart disease	9	1.118	1.8%
Acute respiratory failure with hypoxia	4	0.437	0.8%
Bipolar disorder	4	0.327	0.8%
Schizoaffective disorder, unspecified	4	0.327	0.8%
Unspecified psychosis not due to a substance or known physiological condition	4	0.369	0.8%
Acute kidney failure	3	0.259	0.6%
Chest pain, unspecified	3	0.254	0.6%
Noninfective gastroenteritis and colitis, unspecified	3	0.301	0.6%

August 2026 Inpatient Discharge – Pinal County PCR Summary

BlueCross BlueShield Arizona
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County	Total Discharge	Observed Readmission	Observed Rate	Expected Readmission	Expected Rate	O/E
PINAL	**504**	**48**	**9.52%**	**44.027**	**8.74%**	**1.0902**
Black or African American	42	6	14.29%	3.384	8.06%	1.7731
Native American	42	5	11.90%	3.583	8.53%	1.3955
Not Provided	149	16	10.74%	13.671	9.18%	1.1704
Caucasian	257	20	7.78%	21.990	8.56%	0.9095
Hispanic, Latino or Spanish Origin	10	1	10.00%	1.100	11.00%	0.9095
Asian or Pacific Islander	3	0	0.00%	0.212	7.07%	0.0000
Other Race or Ethnicity	1	0	0.00%	0.088	8.80%	0.0000
Total	**504**	**48**	**9.52%**	**44.027**	**8.74%**	**1.0902**

Age Group	Total Discharge	Total Readmission	Observed Rate	Expected Count	Expected Rate	O/E
Age 18-44	227	21	9.25%	16.847	7.42%	1.2465
Age 45-54	120	9	7.50%	11.188	9.32%	0.8044
Age 55-64	157	18	11.46%	15.992	10.19%	1.1256
Total	**504**	**48**	**9.52%**	**44.027**	**8.74%**	**1.0902**

County: PINAL

Race: All

Top 10 Readmission Diagnoses

Readmit Diagnosis Group	Readmission	Estimated Readmission Risk	% of Total Readmissions
Sepsis	3	0.399	0.6%
Acute posthemorrhagic anemia	2	0.237	0.4%
Alcohol abuse and dependence	2	0.205	0.4%
Opioid use and dependence	2	0.147	0.4%
Other chest pain	2	0.197	0.4%
Other pulmonary embolism without acute cor pulmonale	2	0.125	0.4%
Schizoaffective disorder, unspecified	2	0.165	0.4%
Urinary tract infection, site not specified	2	0.212	0.4%
Acute kidney failure	1	0.087	0.2%
Atherosclerotic heart disease of native coronary artery without angina pectoris	1	0.079	0.2%
Chest pain, unspecified	1	0.140	0.2%
Chronic or unspecified gastric ulcer with hemorrhage	1	0.079	0.2%

August 2026 Inpatient Discharge – Yavapai County PCR Summary

County	Total Discharge	Observed Readmission	Observed Rate	Expected Readmission	Expected Rate	O/E
YAVAPAI	**456**	**50**	**10.96%**	**40.802**	**8.95%**	**1.2254**
Native American	13	2	15.38%	1.082	8.32%	1.8481
Caucasian	311	36	11.58%	27.728	8.92%	1.2983
Not Provided	126	12	9.52%	11.492	9.12%	1.0442
Black or African American	5	0	0.00%	0.403	8.07%	0.0000
Hispanic, Latino or Spanish Origin	1	0	0.00%	0.096	9.63%	0.0000
Total	**456**	**50**	**10.96%**	**40.802**	**8.95%**	**1.2254**

Age Group	Total Discharge	Total Readmission	Observed Rate	Expected Count	Expected Rate	O/E
Age 18-44	197	23	11.68%	15.787	8.01%	1.4569
Age 45-54	101	14	13.86%	9.313	9.22%	1.5034
Age 55-64	158	13	8.23%	15.702	9.94%	0.8279
Total	**456**	**50**	**10.96%**	**40.802**	**8.95%**	**1.2254**

County: YAVAPAI

Race: All

Top 10 Readmission Diagnoses

Readmit Diagnosis Group	Readmission	Estimated Readmission Risk	% of Total Readmissions
Alcohol abuse and dependence	11	1.014	2.2%
Bipolar disorder, current episode depressed, severe, without psychotic features	3	0.232	0.6%
Major depressive disorder	3	0.230	0.6%
Hypertensive heart disease	2	0.254	0.4%
Other pulmonary embolism without acute cor pulmonale	2	0.217	0.4%
Pneumonia	2	0.230	0.4%
Acute kidney failure	1	0.116	0.2%
Acute respiratory failure with hypoxia	1	0.158	0.2%
Altered mental status, unspecified	1	0.108	0.2%
Atherosclerotic heart disease of native coronary artery without angina pectoris	1	0.090	0.2%
Bipolar disorder	1	0.078	0.2%
Calculus of gallbladder with chronic cholecystitis without obstruction	1	0.072	0.2%



WCV Quality Improvement Best Practices and Strategies

5 Minutes

October 28, 2026

Proprietary & Confidential

Well Child Visits (WCV)

WELL CHILD VISITS

The WCV measure is a HEDIS® metric defined by NCQA. It evaluates whether children and adolescents ages 3 to 21 have had **one or more comprehensive well-care visits** within the measurement year. These visits must be performed by a **primary care provider (PCP)** or **OB/GYN.**

Goals of AHCCCS Quality Measures

- Improve health outcomes for children
- Ensure there is access to preventive and primary care services
- Strengthen partnerships with contracted health plans

Why WCV Matters

- Screening and early detection of vision, speech, and developmental delay

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A Well Child Visit for AHCCCS includes the following elements:

- Height and Weight assessment (BMI)
- Immunizations
- Comprehensive Physical Exam
- Diet and Nutrition Review
- Developmental Assessment
- Mental Health Screening
- Hearing, Vision, and Dental Screenings

Child and Adolescent Performance Metrics
Pediatric Well-Care Visits (WCV)
Age: Birth to 21
Frequency: 6 visits by 15 months, 2 visits between 15 and 30 months, then annually ages 3 to 21
Qualifying CPT Codes: New patient well visit: **99381-99385** Established patient well visit: **99391-99395** ***NOTE:** Well visits can be scheduled at any time during the year; BCBSAZ Health Choice does not impose restrictions around timing of well visits. Per measure specifications, a minimum of 2 weeks between visit dates is required for well-care visit measures to be included in the related quality measure. Telehealth well visits, which were permitted during COVID, are no longer acceptable for well child visit HEDIS measures in 2025

Technical Specifications

- 6 well-child visits on or before the 15 month birthday
- 2 well-child visits the day after the 15 month birthday up to the 30 month birthday

***Per AHCCCS, a sick visit can have the addition of an EPSDT visit and be coded as a separate identifiable evaluation and management service (use Modifier 25)**

AMPM430_EPSDT_ServiceCodes.pdf

Well-Child Visits in the First 30 Months of Life (W30) - NCQA

Child and Adolescent Well-Care Visits (WCV) - NCQA

Well Child Visits (WCV)

Considerations:

- **Starting early in the year with outreach for scheduling, or early outreach according to birthday month**
- **Hosting a WCV Event or Back to School Event with BCBSAZ Health Choice**
- **Sport Physicals and Sick Visits - Consider adding WCV elements**
  - **Flagging charts to inform the provider that a Well Visit has not occurred yet and may not be scheduled**
- **BCBSAZ Health Choice has Healthy Rewards, $25 per child**
  - **0-15 months up to six visits (max is $150 annually)**
  - **16-30 months eligible only once per year**
- **Utilizing the Missed Appointment Log for Health Choice to outreach**

**Sharing this information allows our EPSDT Health Promotion Coordinators to:*

Follow up with members and families

Assist with care coordination

Help reschedule missed appointments to keep care on track

BCBSAZ Health Choice does not impose restrictions around timing of wellness visits

Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)

Weight Assessment and Counseling for Nutrition and Physical Activity

The WCC performance measure is a HEDIS® metric defined by NCQA. It evaluates whether children and adolescents **ages 3–17 years** have evidence of the components of WCC during the measurement year.

BMI Percentile

- Documented as a value or on an age-growth chart

Counseling for Nutrition

- Discussion of at least *One* of the Following: current nutrition behaviors (eating habits, dieting behaviors), checklist indicating nutrition was addressed, educational materials on nutrition provided in person, anticipatory guidance specific to nutrition, weight or obesity counseling, or counseling or referral for nutrition education. (Documenting "appetite" or "well-nourished" does not meet counseling criteria)

Counseling for Physical Activity

- Discussion of at least *One* of the Following: current physical activity behaviors (exercise routine, sports participation, sports physical), checklist indicating physical activity was addressed, anticipatory guidance specific to physical activity, weight or obesity counseling, educational materials on physical activity provided in person, counseling or referral for physical activity

Value Set Coding for WCC:

BMI Percentile Assessment:	Nutritional Counseling:
Z68.51	Z71.3
Z68.52	
Z68.53	**Physical Activity Counseling:**
Z68.54	Z71.82
Z68.55	
Z68.56	

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - NCQA

Additional Wellness Visit elements for younger children: Developmental Screening, Lead Screening and Fluoride varnish application (Performance Measures)

- **Generalized Developmental Screening**: 9 month, 18 month, and 30 month visits utilizing an approved developmental screening tool.
  - **Codes**: Z13.42 with the 96110
  - Accepted screening tools are described in the CMS core measure Developmental Screening in the First Three Years of Life Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) Technical Specifications and Resource Manual for 2026 Reporting
- **Autism Spectrum Disorder (ASD) Screening** at 18 months *and* 24 month of age
  - **Code**: 96110 (*do not utilize* Z13.42 for domain-specific developmental delays)
  - AHCCCS states, *only for the 18-month EPSDT visit* may the 96110 code be used twice (with the generalized screening) as the clinical circumstances warrant more than one tool is used during this visit.

A positive developmental screening, submit the referral to AzEIP (Arizona Early Intervention Program) information at AzEIP@azdes.gov
Fax: 602-357-1978, Phone: 888-592-0140

- **Lead Screening:** At least one capillary or venous test on or before the child's Second birthday. (AZ Department of Health Services recommends screening at 12 months and 24 months of age).
  - **Code:** Z13.88 for routine lead screening
  - Healthcare providers must report elevated blood lead results to ADHS within 5 days.

- **Fluoride Varnish** application with primary care is reimbursable if it is provided by a PCP or mid-level provider. Members as early as 6 months of age with at least one tooth eruption up to 5 years of age. Additional applications may be reimbursed every three months during EPSDT visits until the member's 5 year birthday. Online certification is available and is needed prior to application. Submit the training certificate to AZ Blue at: hchcredentialing@azblue.com
  - **CPT Code:** 99188
  - Recommended fluoride varnish application training: Oral Health Education and Training

AMPM430_EPSDT_ServiceCodes.pdf

Health Choice Provider Portal

Lazaro Torres – Network Operations

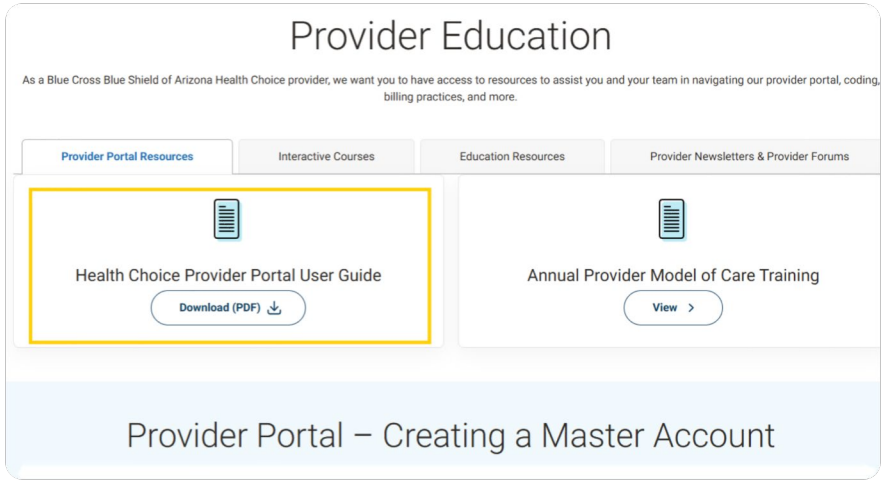
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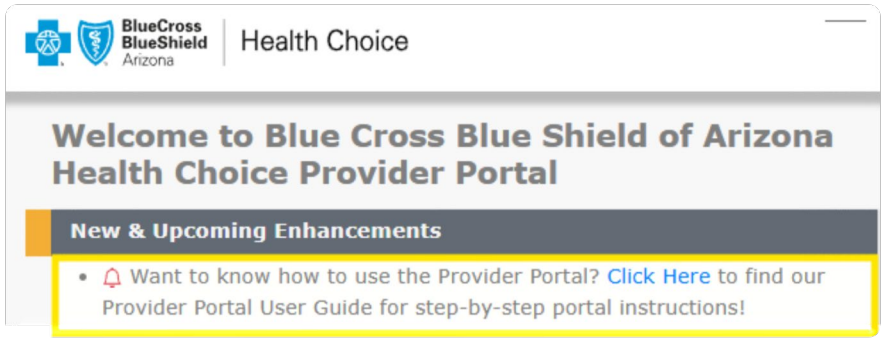
Provider Portal User Guide



For Providers → Provider Education



Provider Portal User Guide



Direct Link:

[Provider Education | Medicaid | AZ Blue]

User Guide Sections

Section	Title
1	Introduction
2	Getting Started & Logging In
3	E-Credentialing & Provider Demographic Request
4	Eligibility & Benefits
5	Claims Management
6	Prior Authorizations
7	EOB / ERA Search
8	Gaps in Care
9	Provider and Member Rosters
10	Revalidation
11	Education & Resources
12	Frequently Asked Questions (FAQ)

Provider Tools for Health Choice Providers

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Available through the Health Choice Provider Portal and Availity

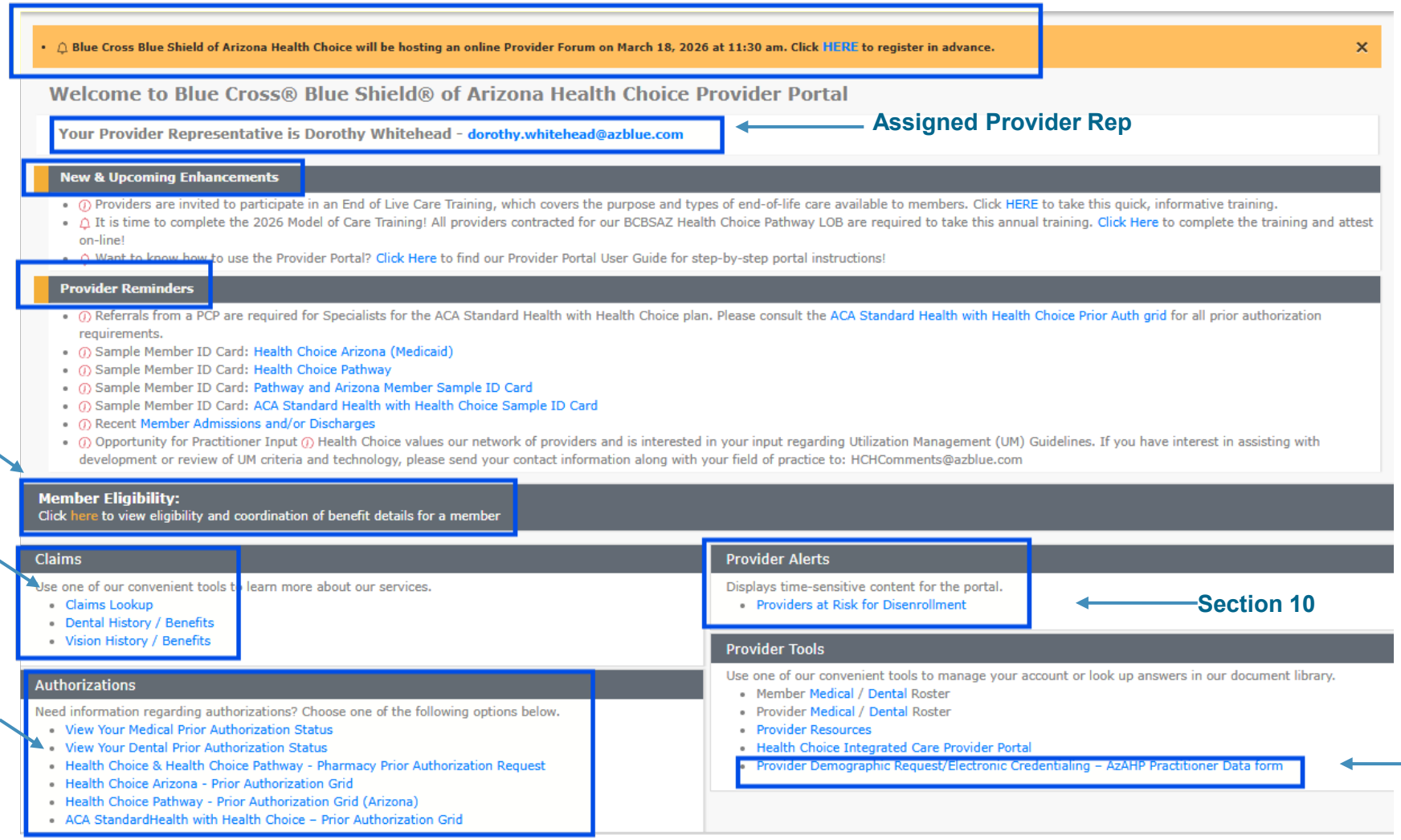
Health Choice Provider Portal

- Eligibility & benefits
- Claims management and EOB / ERA search
- Prior authorizations and gaps in care
- Provider and member rosters
- E-credentialing, demographic requests and revalidation
- Education, resources and FAQs

Availity

- Claim submission (837)
  Professional, institutional and dental
- Claim status (276/277)
- Eligibility inquiries (270/271)
- Electronic remittance advice (835)
- Attachments (275)
- Authorization requests & status (278)

Health Choice Provider Portal



Need access?

Contact your Admin User or Provider Portal Support

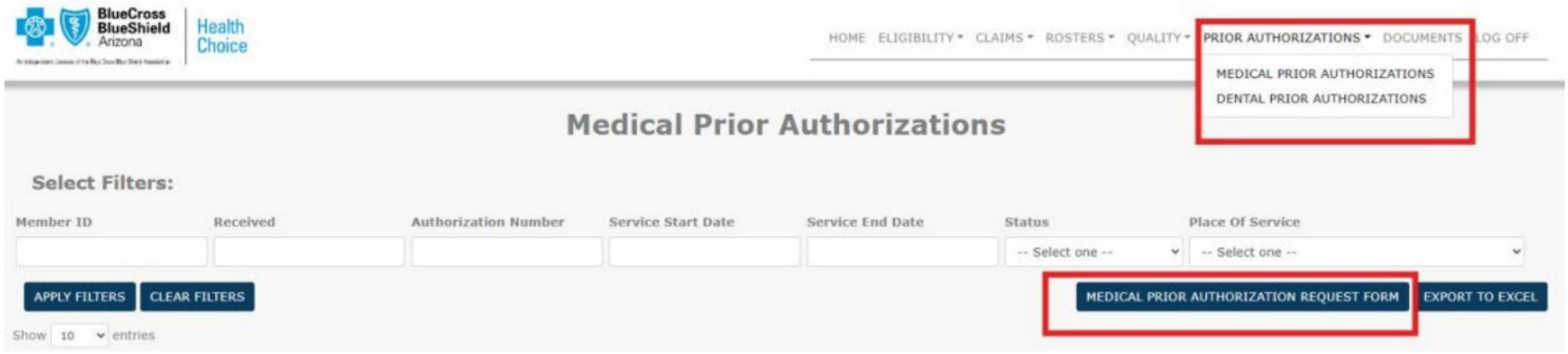
480-760-4651
or 800-322-8670

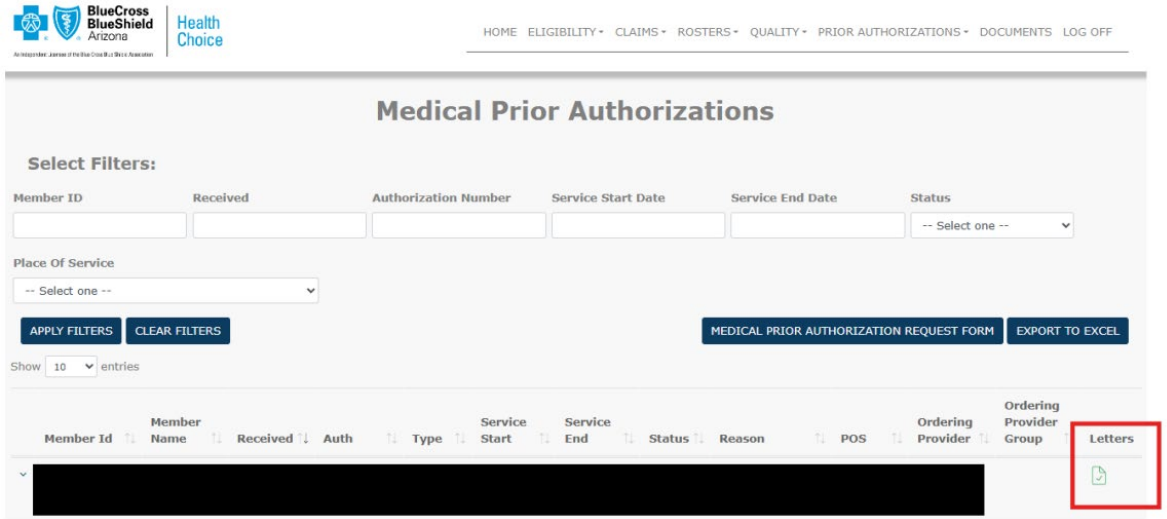
HCHproviderportal@azblue.com

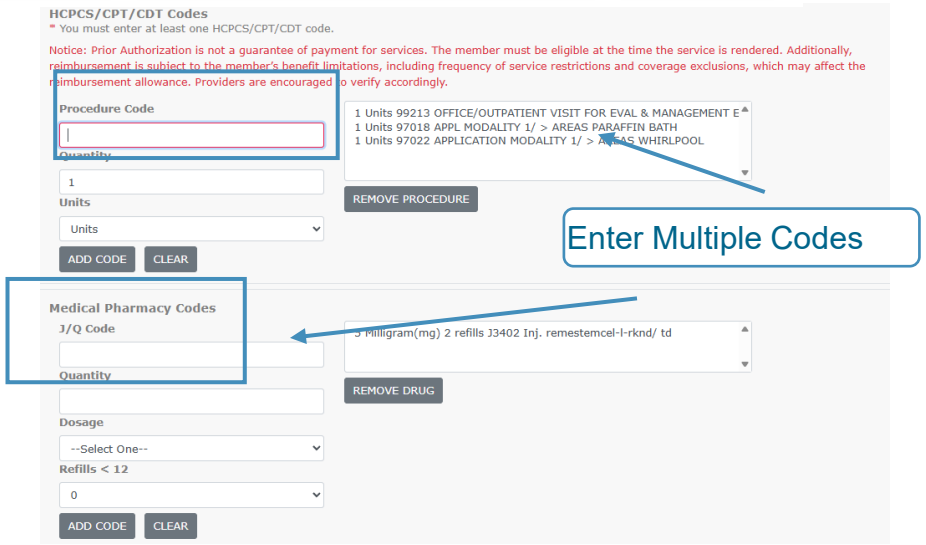
Refer to User Guide: Section 2.7

Prior Authorization – Section 6

Provider Portal Demonstration



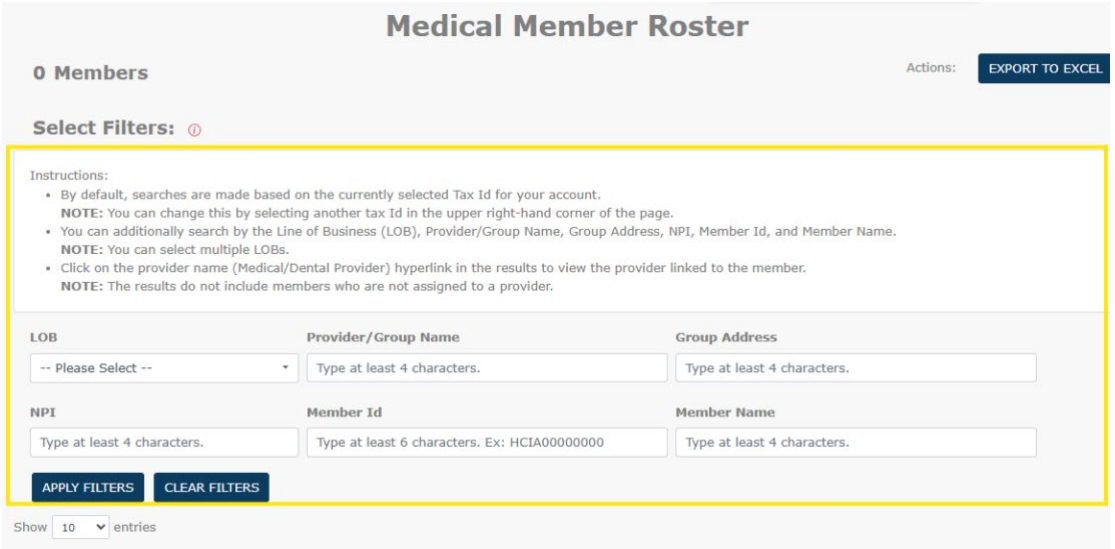


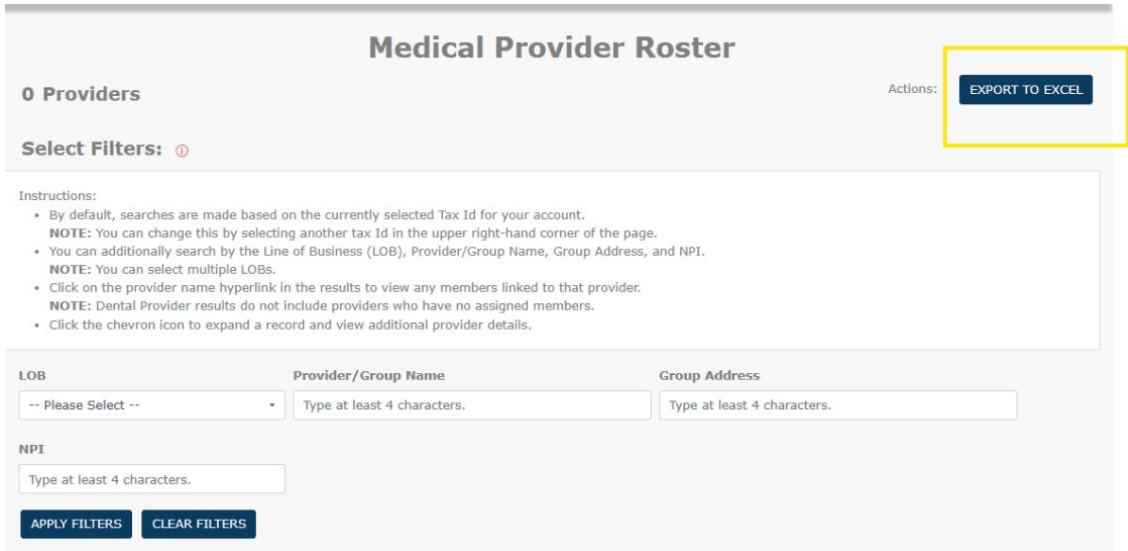


Provider & Member Rosters – Section 9

Provider Portal Demonstration







Eligibility & Gaps in Care

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Full Name	LOB	Member ID	Gender	Date of Birth	Address	Effective Date
[redacted]	HCA	HCIA[redacted]	[redacted]	[redacted]	[redacted]	10/01/2025

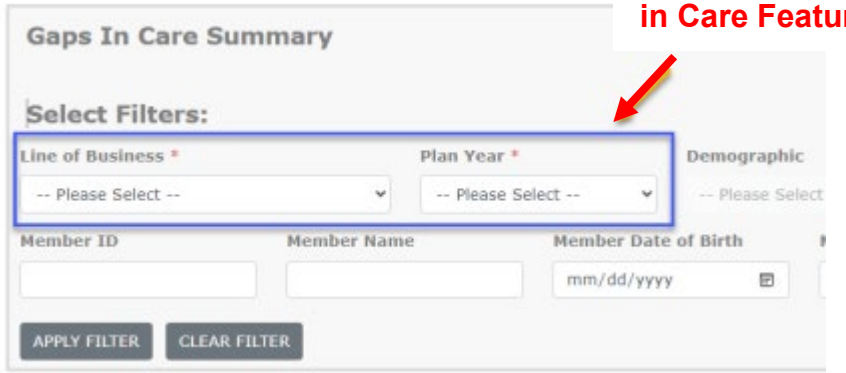
Status	Effective Date	Termination Date	Rate Code	Benefit Plan	Assigned PCP	PCP Phone	Assigned PDP	PDP Phone
Active	10-01-2025		4413	Age 1-20	[redacted] Davis	[redacted]	[redacted] Robert	[redacted]

Coordination of Benefits:

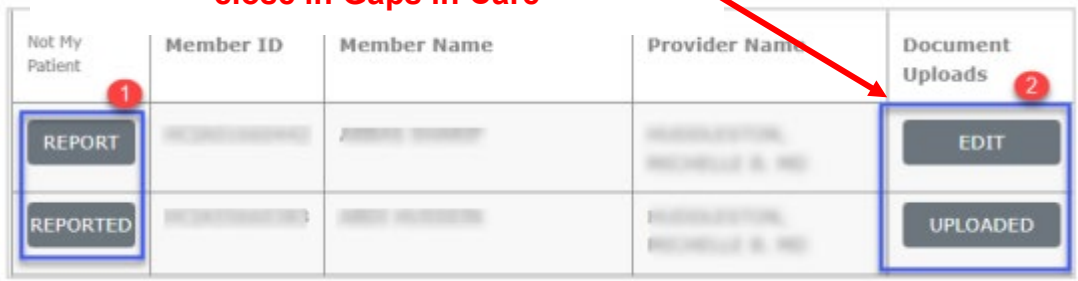
Status	Plan	Group Number	Policy Number	Coverage Type	Effective Date	Termination Date
Active	AETNA HEALTHCARE	[redacted]	[redacted]	Medical **(M)**	12-01-2025	

Section 4: Eligibility Screen: Effective Date, Assigned PCP, COB information

Section 8: Gaps in Care Feature



Section 8 – Upload documentation to close in Gaps in Care



Upcoming Health Choice Provider Forums

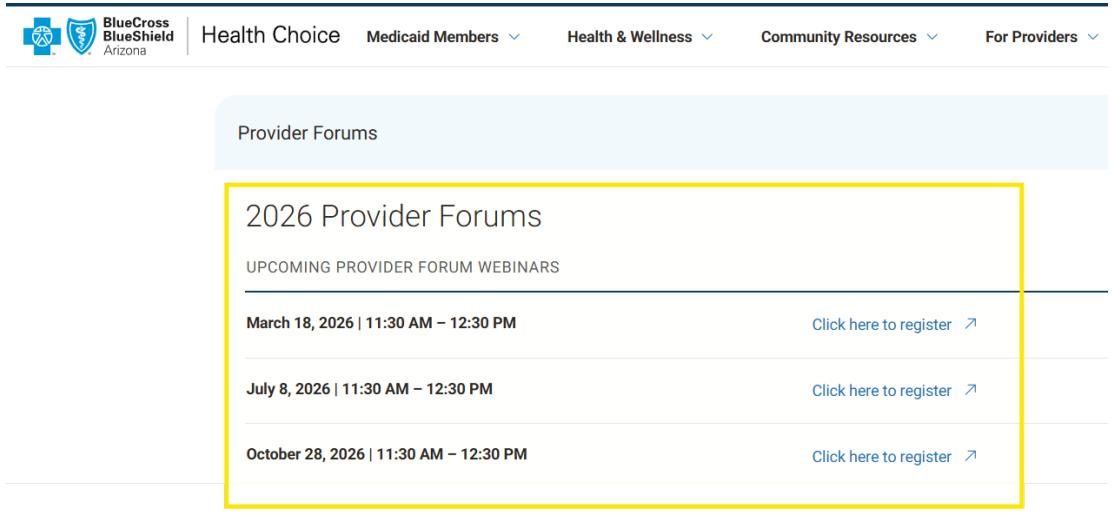


Upcoming Provider Forums

BlueCross BlueShield Arizona | Health Choice
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Next Provider Forum – March 17, 2027

Register: https://events.teams.microsoft.com/event/e84338a7-3b50-46d3-b8ba-6246026c91d2@14c47b18-fc55-4da5-98f0-1f17e206cadc



Azblue.com/Medicaid → For Providers → Provider Education → Provider Forums & Newsletters

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Questions?

ProviderConnect@azblue.com

Provider Resources & Education

Holly Balderrama – Network Services



Proprietary & Confidential

Key Reminders

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Keep Provider Information Current

Submit timely updates to demographics (address, phone, panel status) to ensure directory accuracy.



Respond Timely to Requests

Promptly address outreach (records requests, audits, follow-ups) to stay compliant.



Utilize the Provider Portal

Use the portal for eligibility checks, claims status, prior authorizations, e-credentialing, and more.



Align with AHCCCS Requirements

Maintain compliance with documentation, access standards, and site visit readiness.



Submit Complete Prior Authorizations

Ensure requests are accurate and submitted timely to prevent delays in care and processing.



Leverage Your PPR

Partner with your Provider Relations Representative for support, issue resolution, and training.



Ensure Claims Accuracy

Submit clean claims with correct coding and documentation to reduce denials and rework.



Engage and Provide Feedback

Ask questions and share input—your feedback helps improve processes and provider experience.

Availity: Benefits & Getting Started

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Why go electronic?

Real-time responses
Claim and eligibility responses

Efficient posting
835 ERA auto-posting improves efficiency

Less paperwork
275 attachments and 278 authorization transactions

Getting started in 3 steps

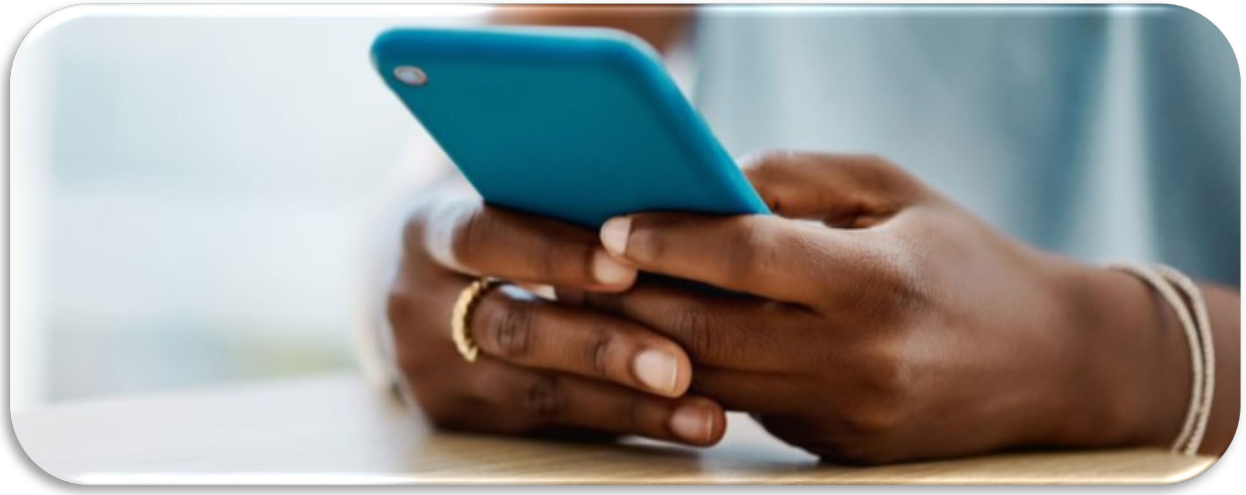
01 Register
Register with Availity Essentials.

02 Connect
Set up EDI connections with your PM/EHR or clearinghouse to enable X12 transactions.

03 Test & go live
Enable ERAs (835) for automated posting.

Availity Client Services 800-282-4548

Availity Resources & Support



EDI guides

01 [Availity EDI Connection Guide]

02 [Availity EDI Companion Guide]

Questions?

For questions or assistance, contact

HCEDIGroup@azblue.com

Contact your assigned Provider Representative for other inquiries.

Tribal Corner

Tribal Program

The foundation of our Tribal Program is built on acknowledgement, honoring, and respecting the sovereignty and diverse cultures of all the Tribal Nations throughout the State of Arizona.

It is through this understanding that Health Choice and its contracted providers are able to work towards decreasing health disparities, ensuring health equity, and maximizing access to physical and behavioral health services. In order to achieve these goals, it is essential that Health Choice engage with Tribes in open, continuous, and meaningful consultation. Our view is that true consultation consists of ongoing information exchange and mutual understanding, which leads to informed decision-making.

We support this overarching goal through active participation and engagement in establishing, maintaining, and developing collaborative relationships with Tribal Leaders, collaborating with the Tribes, and AHCCCS policy development and protocols to maximize the effectiveness of communication and ensure the delivery of quality care and services.

Tribal Services Contact Information:

Brianna Flores
brianna.barrios@azblue.com



Access to Care Reminder for AIHP and Tribal ALTCS Members

Blue Cross Blue Shield of Arizona Health Choice is committed to ensuring equitable access to care for all AHCCCS members. As a reminder, participating providers are expected to serve members enrolled in the American Indian Health Program (AIHP) and Tribal Arizona Long Term Care System (Tribal ALTCS) in accordance with their Provider Participation Agreement. Working together helps ensure members receive timely access to the healthcare services they need.

Click **here** to view the full Provider Participation Agreement.

EPSDT Forms & Missed Appointment Logs

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EPSDT Form Submission – Key Reminders

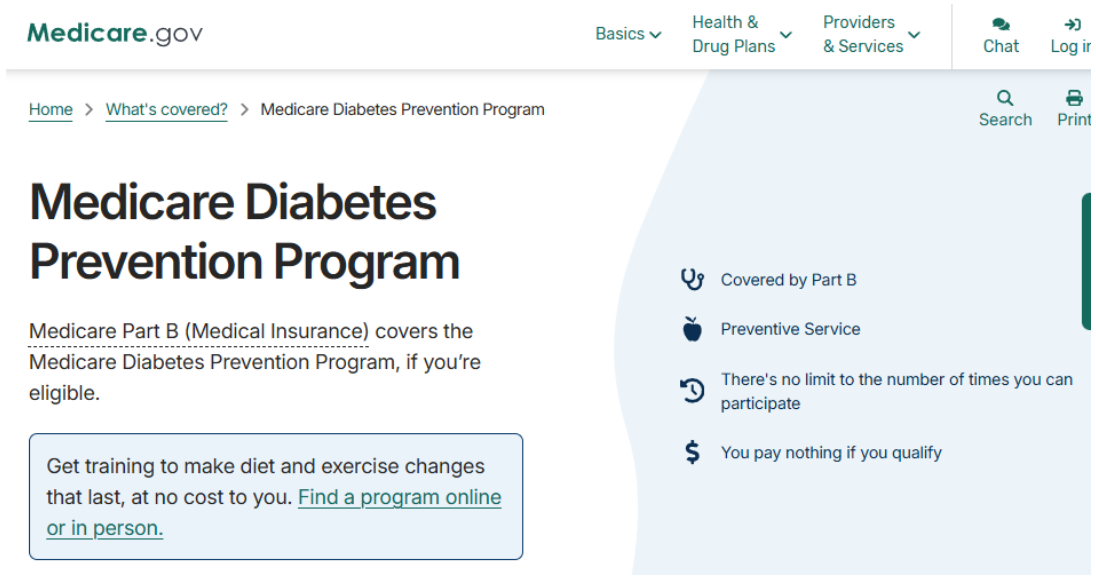
- ✓ Submit promptly after each well-child visit (do not hold for bulk submission)
- ✓ At minimum, submit monthly to meet AHCCCS expectations
- ✓ Complete the age-appropriate AHCCCS EPSDT form (or approved EHR equivalent)
- ✓ Submit to BCBSAZ Health Choice (not AHCCCS)
- ✓ 2026 Providers Medicaid EPSDT Alert

Missed Appointment Logs – Key Reminders

- ✓ Submit missed medical and dental appointment logs weekly (preferred)
- ✓ Timely submission allows Health Choice to:
  - ✓ Conduct outreach to members and families quickly
  - ✓ Support care coordination efforts
  - ✓ Assist with rescheduling and reduce gaps in care
- ✓ Delays in reporting missed visits limit timely follow-up and member engagement

Medicare Diabetes Prevention Program (MDPP)

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Description

The Medicare Diabetes Prevention Program is a health behavior change program to help you prevent type 2 diabetes.

The program has 16 sessions. You'll do one session per week within a 6-month period. In these sessions, you'll get:

- A specially trained coach to help keep you motivated
- Training to make realistic, lasting behavior changes around diet and exercise
- Tips for getting more exercise
- Strategies to control your weight
- Support from people with similar goals and challenges (if you choose to participate in-person or through distance learning)

After the first 6 months, you get 6 follow-up sessions (one per month for 6 months) to help you maintain healthy habits.

Feedback

Who's eligible

You're at risk for developing type 2 diabetes, and **all** of these conditions apply to you:

- Within 12 months before attending your first core session, you have either a:
  - Hemoglobin A1c test result between 5.7% and 6.4%
  - Fasting plasma glucose of 110-125mg/dL
  - 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerant test)
- You have a body mass index (BMI) of 25 or more (BMI of 23 or more if you're Asian).
- You've never been diagnosed with type 1 or type 2 diabetes or End-Stage Renal Disease (ESRD).

Feedback

Provider requirements

- You can get these services from an approved Medicare Diabetes Prevention Program supplier. These suppliers may be traditional health care providers or organizations like community centers or faith-based organizations.
- If you're in a Medicare Advantage Plan, you may have to go to an in-network provider to get these services. Contact your plan for more information.

Program Details and Find Providers
https://www.medicare.gov/coverage/medicare-diabetes-prevention-program#MDPP

CDC: Prediabetes
https://www.cdc.gov/diabetes/prevention-type-2/prediabetes-prevent-type-2.html

American Diabetes Association - Prediabetes
https://diabetes.org/about-diabetes/prediabetes

MDPP: Information Available to our Members

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Diabetes



Did you know diabetes is one of the leading causes of disability and death in the U.S.?

According to the CDC, and the American Diabetes Association, over 38 million Americans have Diabetes. Type 1 diabetes is when the body doesn't produce insulin. It often develops in children, teens, and young adults, but can happen at any age. Type 2 diabetes is the most common form of diabetes and occurs when your body doesn't use insulin properly. Type 2 diabetes most often develops in people 45 or older, however more and more children, teens, and young adults are also developing it.

Diabetes affects heart health and can also cause blindness, kidney failure, and amputations of feet and/or legs not related to accidents or injury.

If you have an increased risk of diabetes due to family history or if you're overweight, you need to make diabetes prevention a priority. Fortunately, this can be as simple as eating healthier foods, and it's easier than you think.

Take the first steps towards a healthier diet by adding more fresh vegetables, fruits, whole grains and leaner meats to your shopping list and try to include them in most meals. In time it'll get easier to eat more healthy foods, plus eating healthy foods will help you lose weight.

For more information about diabetes, visit these websites:
American Diabetes Association
American Heart Association
U.S. Department of Health & Human Services
Medicare Diabetes Prevention Program

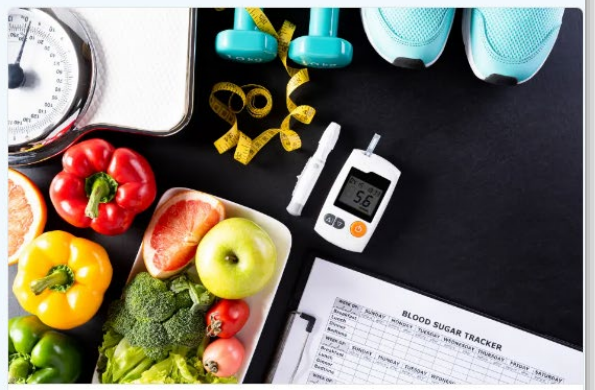
In Network Medicare Diabetes Prevention Program Providers:

- Diabetes – Sun Health Wellness
- Diabetes Education and Classes | Tucson Medical Center

Symptoms & Prevention

Fortunately, there are ways to prevent diabetes, or if you already have diabetes, to manage it so that you can lead a healthier life.





Symptoms of diabetes include:

- Fatigue
- Frequent urination
- Increased thirst or hunger
- Weight loss
- Blurred vision
- Slowed healing of wounds

Ways to prevent diabetes include:

- Losing weight
- Eating healthier
- Controlling your blood pressure and cholesterol
- Quitting smoking if you are a smoker

Health Choice Pathway: Diabetes

https://www.azblue.com/health-choice-pathway/members/health-tips/diabetes-2

Model of Care (MOC) Training & Attestation

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Health Choice Pathway 2026 Annual MOC training is available online!

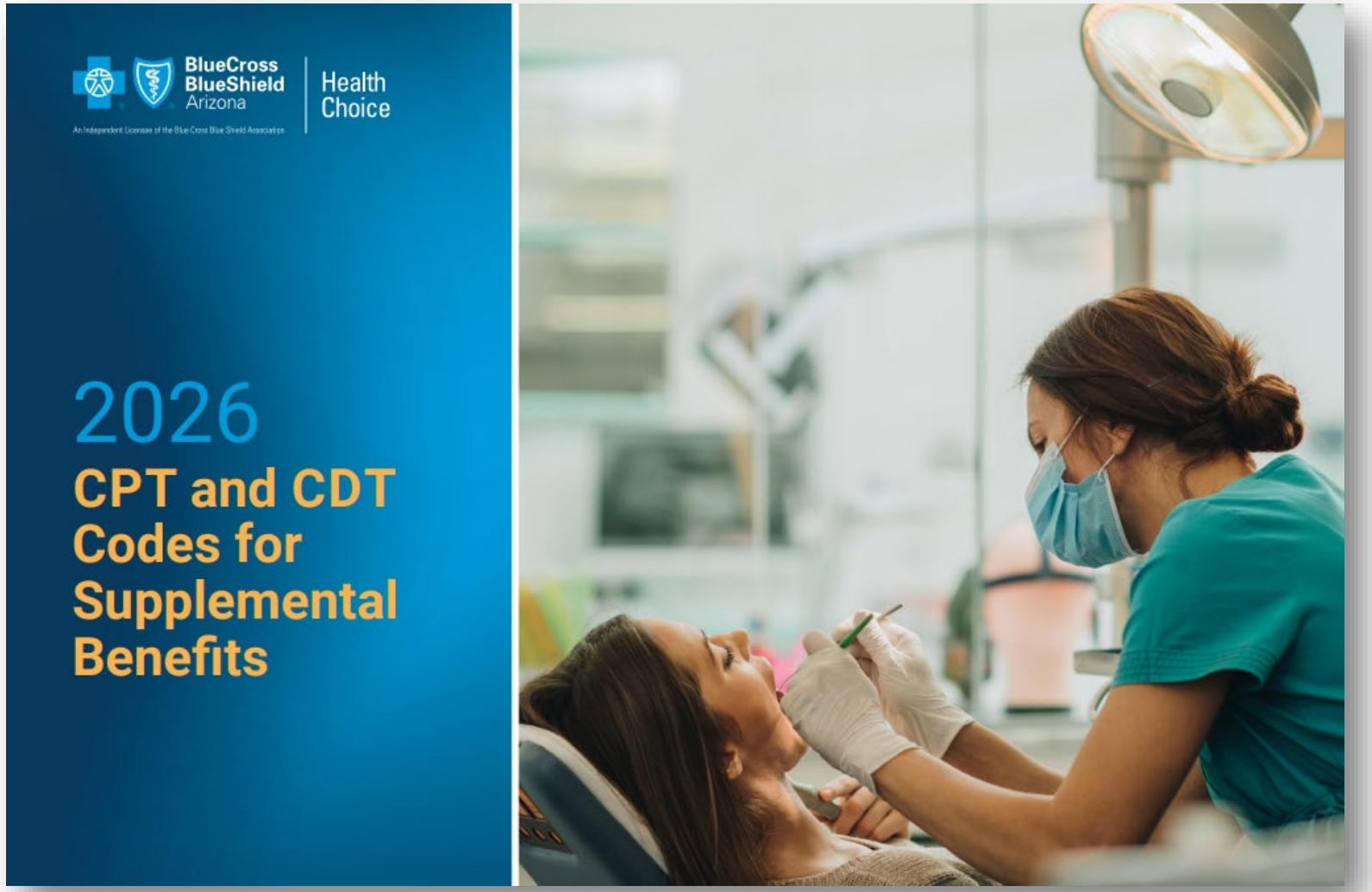


CMS requires all D-SNPs to maintain a Model of Care (MOC), and all Health Choice staff, vendors, and providers must complete basic MOC training.

Visit our page to complete the required MOC Training and Attestation

Provider Education - BCBSAZ Health Choice Pathway

2026 Supplemental Benefits
Health Choice Pathway



Dental X-Ray Coverage Update

- Members are limited to **two dental X-rays per year**, which may include
  - **Two bitewings** (D0272 or D0274), **or**
  - **One bitewing** (D0272 or D0274) **and One Complete Set (FMX/Panoramic)** (D0210 or D0330)
- Complete set/panoramic X-rays are limited to once every 36 months
- D0220 and D0270 are covered as needed and count toward the $3,500 annual dental benefit limit

Click here for information: CDT-and-CPT-Codes-for-Supplemental-Benefits.pdf

Electronic Visit Verification (EVV)

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Health Choice

Topics

- Auto-Verified Visits vs. Manual Visits
- EVV Compliance Definitions and Expectations
- What Makes a Visit “Manual”
- What Qualifies as an Auto-Verified Visit
- EVV Auto-Verification as a Compliance Indicator
- Aggregator Reports (Visit Verification Summary)
- Monitoring EVV Performance Metrics
- Differential Adjusted Payment (DAP) Overview
- Auto-Verification Threshold Requirements
- Live-In Caregiver EVV Data Requirements
- Live-In Caregiver Compliance Expectations

EVV Compliance - AHCCCS Slide Deck

EVV Webinar

AHCCCS Provider Training Videos





Visit the AHCCCS Website: Electronic Visit Verification (EVV) Website

FWA & Incident-To Billing – Compliance Awareness

Fraud, Waste & Abuse (FWA)

Reporting Fraud, Waste & Abuse (FWA)

- Providers are required to report suspected or potential FWA.

Reporting options

- Provider Services Representative
- SIU Hotline: 1-800-232-2345 ext. 4875 | 602-864-4875 | TTY 711 (24/7)
- Email: HCHFWA@azblue.com
- Reports should include all available supporting information
- Additional guidance available via Code Blue

Resources

- About OIG from the Arizona Office of Inspection General AHCCCS
- HHS-OIG Compliance Training
- A Roadmap for New Physicians: Guide for physicians on how to avoid Fraud & Abuse.

Incident-To Billing (AHCCCS Medicaid)

- Incident-to billing is not permitted for AHCCCS Medicaid members
- Services must be billed under the actual rendering provider's NPI
- Applies to physicians and non-physician practitioners
- Limited exception: properly registered Locum Tenens arrangements
- Rendering and ROPA providers must be registered with AHCCCS

References

- Chapter_07_General_Billing_Rules_HCA.pdf
- AHCCCS FFS Manual Chapter 3: Provider Records and Registration
- Provider Participation Agreement
- FFSChapter3ProviderRecordsandRegistration.pdf
- ROPA

Provider Resources / Trainings

Cultural Competency

- Provider Language Services Job Aid
- AHCCCS Contractors' Interpreter Services – Quick Reference Guide
- Required Training: Cultural and Language Requirements for Delivering Care
- Conversation Starters: Culture and Needs

Advance Directives

- We developed an interactive training course for providers and their staff, called “End of Life Care” with content on Advance Directives, Advance Care Planning, Hospice, and Palliative Care. Click here to access our Provider Education resources.
- HealthCurrent, Arizona’s Health Information Exchange, maintains a free registry called the “Arizona Healthcare Directives Registry” where individuals can send advance directives for secure storage and accessibility to healthcare providers and loved ones.

Member Rights

Member Rights & Responsibilities & Privacy Notices are included in the Member Handbook and can be located on the Health Choice website at:

- azblue.com/medicaid/members/member-services (Member Rights and Responsibilities tab)
- azblue.com/health-choice-pathway/members/member-information (Member Rights and Responsibilities tab)
- azblue.com/medicaid/privacy-and-legal

*Refer to the PA Grid in our website for complete and accurate information

Provider Resources (cont.)

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Behavioral Health Resources

- AHCCCS Medical Policy Manual – Exhibit 300-2B
- AHCCCS Covered Behavioral Health Services Guide (CBHSG)
- AHCCCS CBHSG FAQ
- B2 Matrix
- Same Day Disallow Table
- ASAM CONTINUUM Implementation

Provider Office Lab Tests (POLT)

- Visit our websites under 'For Providers' -> 'Provider Notices' or 'Provider Education' for a complete listing of In-Office Laboratory Testing description and CPT Codes (POLT List):
- Provider Education | Medicaid | AZ Blue
- Provider Education | Dual Eligibility Special Needs Plan (D-SNP) | AZ Blue
- Education | ACA Health Choice

EPSDT Clinical Sample Templates

- Complete the age-appropriate AHCCCS EPSDT form (or approved EHR equivalent)
- Missed medical and dental appointment logs should be submitted—weekly, if possible.
- EPSDT Forms & Resources
- Forms | Medicaid | AZ Blue
- AHCCCS Medical Policy Manual (AMPM)

Provider Resources (cont.)

BlueCross BlueShield Arizona
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Health Choice

AHCCCS Pharmacy Information

Stay informed on the latest pharmacy-related resources and guidance available through AHCCCS, including:

- Pharmacy Updates
- Pharmacy & Therapeutics Committee
- AHCCCS Drug List
- Prior Authorization Criteria
- Policies and Guidance
- AIHP Pharmacy Information
- Non-Title AHCCCS Pharmacy Information

Click here to access AHCCCS Pharmacy Information and Resources.

988 Suicide & Crisis Lifeline

Individuals experiencing emotional distress, mental health concerns, or substance use crises can call, text, or chat **988** to connect with trained crisis counselors. Services are free, confidential, and **available 24 hours a day, 7 days a week.**

Medical Records Standards

- Providers are required to maintain **legible, complete, and accurate medical records** and make them available to Health Choice and AHCCCS for quality reviews, audits, and other administrative requirements. Requested medical records must be provided within **five (5) business days** of the request. Timely compliance helps support regulatory requirements and quality oversight activities.

Maternity Corner



Maternity Care Management

We offer a care management program for pregnant women with high-risk conditions. Maternity care managers are nurses who are available to provide condition-specific education and help pregnant women obtain the medical, behavioral, social, and community resources they need during the pregnant and post-partum period. If you are pregnant and have a high-risk condition, care management is available to help.

Examples of high-risk conditions are:

- diabetes
- hypertension
- history of preterm labor or delivery
- pregnant with more than one baby
- teenager
- previous delivery less than 18 months
- late prenatal care
- sexually transmitted diseases
- HIV
- age 35 and older
- drug or alcohol use
- homeless
- domestic violence
- history of post-partum depression
- serious mental illness

For information about our Maternity Care Management program, please call the Stork Line toll-free at 1-800-828-7514.



Well-child Visits and Immunizations

Taking your baby to the doctor for well-child visits and shots is one of the most important things you can do to keep your child from getting very sick. Children ages 0-2 years should visit their physician at 1, 2, 4, 6, 9, 12, 15, 18, and 24 months. Many important items that should be addressed include:

- Checking normal height, weight, and head growth
- Assisting mothers with breast feeding and other feeding/nutrition concerns
- Checking for proper vision, speech, and hearing development
- Checking the teeth and making needed dental referrals
- Checking blood count, lead level, and possibly TB screening
- Giving vaccinations for diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, influenza, hepatitis A and B, and chicken pox

To help ensure your child receives an annual check-up, we offer a special program for babies, children, and youth up to the age of 21. In this program, your child may receive check-ups, covered health care services, and dental services at no cost to you. In addition, if your child needs to see a specialist, we will cover that service as long as you receive a referral from your provider.



Healthy Start, Bright Futures

Taking your children to the doctor for well-child visits and shots is one of the most important things you can do to keep them from getting very sick.

- Make sure your baby gets all needed shots **before** your baby is 15 weeks old.
- Take your baby for eight (8) well-child visits **before** the baby is 15 months old.
- Make sure your baby gets all of their shots **before** your baby's second birthday.
- Make sure your child gets all their shots **before** your child's thirteenth birthday.
- We will mail reminders to you **before** each important date. The letters will tell you everything you need to know to keep your family healthy!

For more information about Healthy Start, Bright Futures, call Member Services toll-free at 1-800-322-8670, Monday through Friday (except holidays), 6 a.m. – 6 p.m. TTY/TDD users can call 711. You can also contact us by email at HCHComments@azblue.com.

Family Planning

We cover family planning services. For information about Family Planning, click here.

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Family Planning

Blue Cross Blue Shield of Arizona Health Choice covers family planning services. This service helps you plan when you want to have a baby or prevent pregnancy.

View List



Family planning services include information, treatment, and counseling about birth control. You can get family planning services from any Medicaid doctor. You don't need a referral.

Have you lost your AHCCCS eligibility or Family Planning Benefits?

Visit AHCCCS for more information

For additional resources and help with family planning, you can also call:

- AZ Department of Health Services: 1-800-833-4642 (toll-free)
- Apache County Health Department: 1-928-333-2415
- Coconino County Health Department: 1-928-679-7272
- Gila County (Planned Parenthood of Central and Northern Arizona): 1-928-425-3223
- Mohave County Health Department: 1-928-753-0748
- Maricopa County (Planned Parenthood of Central Arizona): 1-602-277-7526
- Navajo County Public Health Services District: 1-928-524-4750
- Pinal County Department of Public Health: 1-800-231-8499

Resources

- Maternal Newborn Health | Medicaid | AZ Blue
- Family Planning | Medicaid | AZ Blue
- The importance of Prenatal Syphilis Testing and Treatment

Referring, Ordering, Prescribing, Attending (ROPA) Providers

BlueCross BlueShield Arizona
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Health Choice

Referring, Ordering, Prescribing, Attending (ROPA) Providers Required to Register with AHCCCS

The Patient Protection and Affordable Care Act (ACA) and the 21st Century Cures Act (Cures) require that all health care providers who **refer** AHCCCS members for an item or service, who **order** non-physician services for members, who **prescribe** medications to members, and who **attend**/certify medical necessity for services and/or who take primary responsibility for members' medical care must be registered as AHCCCS providers. AHCCCS calls this initiative, and these providers, "ROPA."

Until these acts passed, referring, ordering, prescribing, and attending providers were required to obtain and maintain a National Provider Identifier (NPI), but were not required to be registered as an AHCCCS provider, but with the implementation of ROPA requirements any registrable healthcare provider who is not already registered as an active AHCCCS provider must register or be identified as an Exception non-registerable provider*, if applicable.

To make the ROPA registration process as simple as possible, AHCCCS developed a streamlined application for ROPA providers who meet all of the following criteria:

- Have a National Provider Identifier (NPI) from the National Plan and Provider Enumeration System (NPPES),
- Already fully enrolled in Medicare or another state's Medicaid program, and
- Do not intend to bill AHCCCS for services.

ROPA Provider Listings

All health care providers who **refer** AHCCCS members for an item or service, who **order** non-physician services for members, who **prescribe** medications to members, and who **attend**/certify medical necessity for services and/or who take primary responsibility for members' medical care must be registered as AHCCCS providers or be listed as an allowed not registered Exception provider.

To validate providers who meet these requirements, AHCCCS publishes two listings as follows on a regular basis:

AHCCCS Active, Registered Providers by NPI who may Refer, Order, Prescribe, or Attend

ROPA Excepted Providers List (Residents, Interns, Pharmacists)

**There are limited types of providers who can refer, order, prescribe or attend who are not registerable provider types with AHCCCS, including pharmacists, residents, and interns. The providers in the above list will not be required to formally register with AHCCCS but will be tracked for validity through an alternative tracking system.*

Steps To Comply with ROPA

If you are a provider who refers, orders, or acts as an attending provider for AHCCCS members, and you are not represented on either of the above lists, you must begin the registration or exception provider designation process.

View Details on ROPA Here

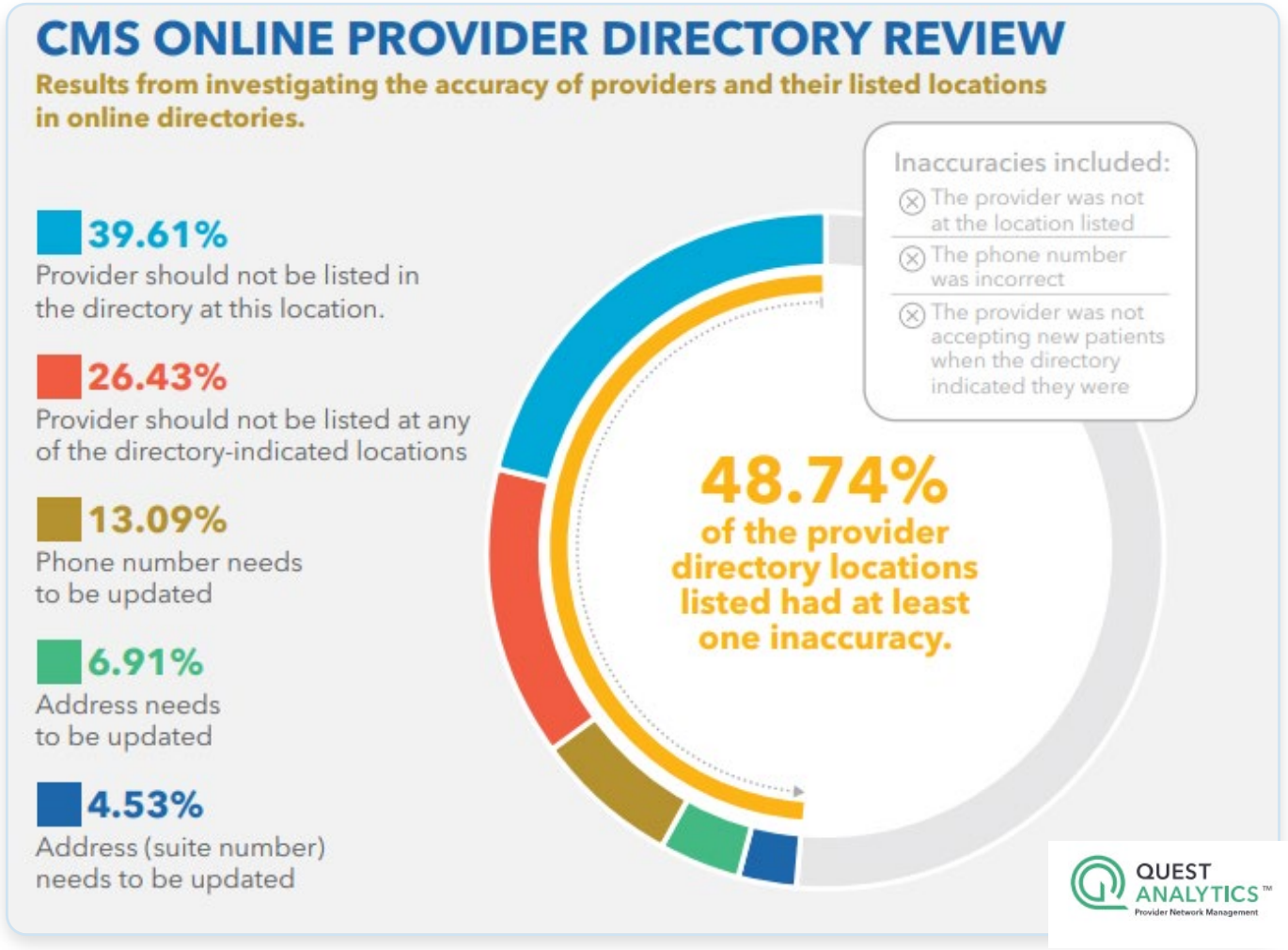
Provider Updates Matter

Best Practices

- Notify your Rep in writing at least 90 days prior to the effective date of change or as soon as possible

Inaccuracies Include

- Provider not at the location listed
- Incorrect phone number
- Provider was not accepting new patients when the directory indicated they were



Provider Manual Section 3.9 – Changes to Provider Information on File, ACOM 406, 42 CFR 438.10(h), NET 5

UM Criteria and Medical Decision-Making (MDM)

BlueCross BlueShield Arizona
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Health Choice

Utilization Management (UM) Criteria and Medical Decision Making (MDM)

Blue Cross Blue Shield of Arizona Health Choice applies objective and evidence-based criteria and takes individual circumstances and the local delivery system into account when determining the medical appropriateness of healthcare services.

Evidence-based criteria includes InterQual, LCD, NCD, and health plan-developed guidance.

Given your clinical expertise, we welcome your involvement in developing and reviewing criteria. We value our network of providers and are interested in your input regarding Utilization Management (UM) Guidelines. If you have an interest in assisting with the development or review of UM criteria and technology, please send your contact information along with your field of practice to: **HCHComments@azblue.com.**

Access Clinical Practice Guidelines

Our plan encourages providers to stay informed by reviewing our current clinical practice guidelines located here. Our webpage includes information including, but not limited, to the topics below.

- Bronchiolitis in Early Childhood
- Children and Adolescents with Obesity
- Chronic Kidney Disease
- Chronic Pain
- Concussion in Children
- Depression
- Diabetes
- Migraine in Children and Adolescents
- Oral Health for Infants, Children, and Adolescents
- Pregnant and Parenting Women with Substance Use Disorder
- Substance Use Disorders

You may also find information from nationally recognized resources such as InterQual Guidelines, CMS Coverage Determinations, Hayes Knowledge Center, and UpToDate.

Medical Determination Criteria

Our clinical and medical management teams use national guidelines and resources when making medical determinations. The resources include, but are not limited to:

- InterQual Guidelines ↗
- CMS National Coverage Determination ↗
- CMS Local Coverage Determination ↗
- UptoDate ↗
- Plan Developed Clinical Policies
  - Behavioral Health Residential Facility Criteria – Adults and Children
  - Adults Behavioral Health Therapeutic Homes
  - Therapeutic Foster Care for Children
  - Admission and Continued Stay Authorization Criteria for **Behavioral Health Inpatient Facilities (BHIF) for persons under age 21/Residential Treatment Center**

To obtain our national and state recognized medical necessity criteria applied to behavioral health and medical decisions, please contact us at 1-800-322-8670 (TTY: 711).

For more information about our care management programs, please call us at **1-800-322-8670** (TTY: 711).

Visit our website: Clinical Guidelines | Medicaid | AZ Blue

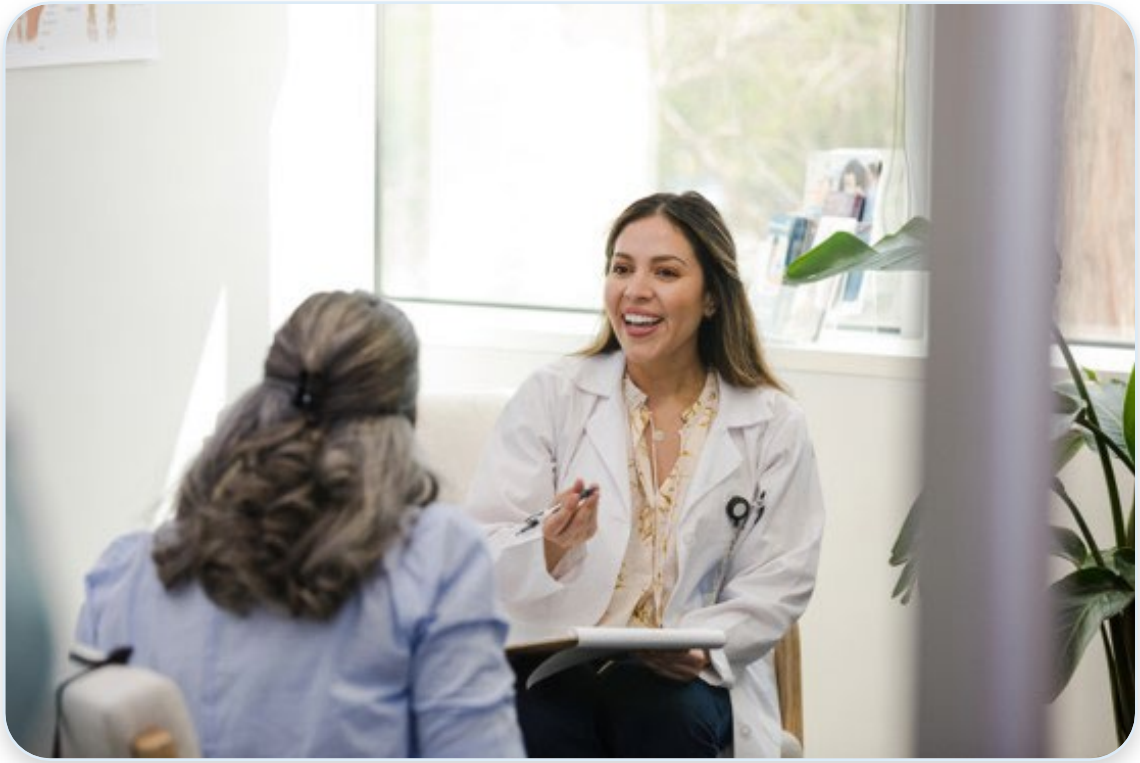
Targeted Investments (TI) Program

Stakeholders are encouraged to stay informed on the latest Targeted Investments (TI) 2.0 program announcements and updates by subscribing to the TI newsletter and regularly visiting the AHCCCS TI website. Resources include:

- TI 2.0 Program Organizations List
- TI 2.0 Program Timeline
- Eligible Provider Types
- AHCCCS Threshold Requirements
- CMS Correspondence

For questions, contact targetedinvestments@azahcccs.gov

Click here to access TI 2.0 resources and updates.



Differential Adjusted Payment (DAP) Program



The Differential Adjusted Payment (DAP) program provides enhanced reimbursement to qualifying providers who meet AHCCCS-established criteria supporting improved care quality, member experience, and cost of care. Providers are encouraged to review available DAP resources, including:

- Qualifying Provider Lists
- DAP Frequently Asked Questions (FAQ)
- Program Requirements and Eligibility Information
- DAP Funding and Payment Information

Please note that qualifying provider lists are subject to change throughout the contract year. DAP payments are limited to Title XIX/XXI claims and encounters. Non-Title XIX/XXI funded claims and encounters, including grant-funded services, are not eligible for DAP payments.

Click here to access DAP resources and provider information.

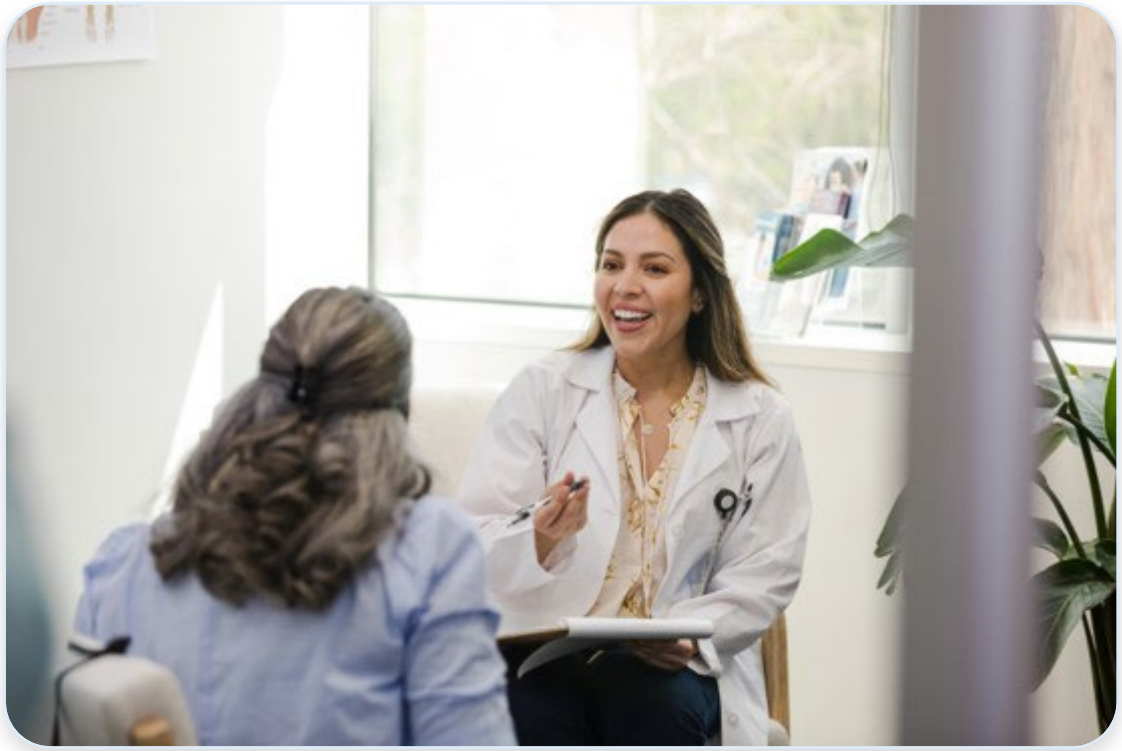
CommunityCares

BlueCross BlueShield Arizona
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Health Choice

CommunityCares: Connecting Members to Community Resources

CommunityCares is Arizona's closed-loop referral system, a single statewide technology platform that enables information sharing between healthcare providers and social services. It streamlines referrals while also tracking outcomes. CommunityCares is administered by Contexture, in partnership with UniteUs, AHCCCS, 2-1-1 Arizona, and Solari Crisis and Human Services. Blue Cross Blue Shield of Arizona Health Choice staff use CommunityCares to refer members with social needs to community resources and to gather data on the needs of our member population. New community-based organizations (CBOs) and healthcare providers join the CommunityCares network each month. Financial incentives are available for CBOs who join the CommunityCares network. Blue Cross Blue Shield of Arizona Health Choice encourages provider participation. For more information, visit the CommunityCares webpage: **contexture.org/communitycares/.**

contexture CommunityCares
Powered by UNITE US



How does CommunityCares work?



Resources:

- CommunityCares
- CommunityCares - Contexture

Healthy Rewards Programs

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Healthy Rewards Program

Participate in our Healthy Rewards Program – Earn Gift Cards!

We want to remind our members about the amazing benefits available to them through the Healthy Rewards program.

English > Español >



Healthy Rewards | Dual Eligibility Special Needs Plan (D-SNP) | AZ Blue

Healthy Rewards Program

We care about our members staying healthy. Our members earn rewards in the form of a prepaid Mastercard® flex card just for completing screenings and appointments meant to keep everyone feeling their best.

Healthy Rewards Program Flyer - English

Folleto de Programa de Healthy Rewards - Español



Healthy Rewards Program | Medicaid | AZ Blue

2026 Faster Prior Authorization Decisions for Providers – Effective 1/1/2026

BlueCross BlueShield Arizona
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Health Choice

What's changing

- Standard Prior Authorization (PA) turnaround time reduced from 14 calendar days to 7 calendar days

Benefits to Providers

- Faster determinations support quicker care decisions and scheduling

What providers should know

- Applies to standard (non-urgent) PA requests. No change to expedited/urgent PA timeframes
- Reduced administrative follow-up on pending PA requests
- Submitting complete clinical documentation with the initial request helps avoid delays

Updated Provider Manuals

- Health Choice (Medicaid) – Chapters 6 and 20
- Health Choice Pathway – Chapter 6
- ACA StandardHealth with Health Choice – Chapter 6

Health Choice Provider Portal Feature



Proprietary & Confidential

PA Reminders

Prior Auth (PA) Grids

- PA Guidelines | Health Choice AZ
- Prior Authorization Guidelines | Health Choice Pathway
- PA Guidelines | ACA Health Choice

Provider Portal Utilization

- Utilize the Health Choice Provider Portal for expedited responses & processing
- For out-of-network (OON) authorizations, the PA team will ask you to refer to an in-network provider

Technical Support

- Work with your Provider Portal admin to add you as a user

Technical Support

- HCHProviderPortal@azblue.com
- (480) 760-4651

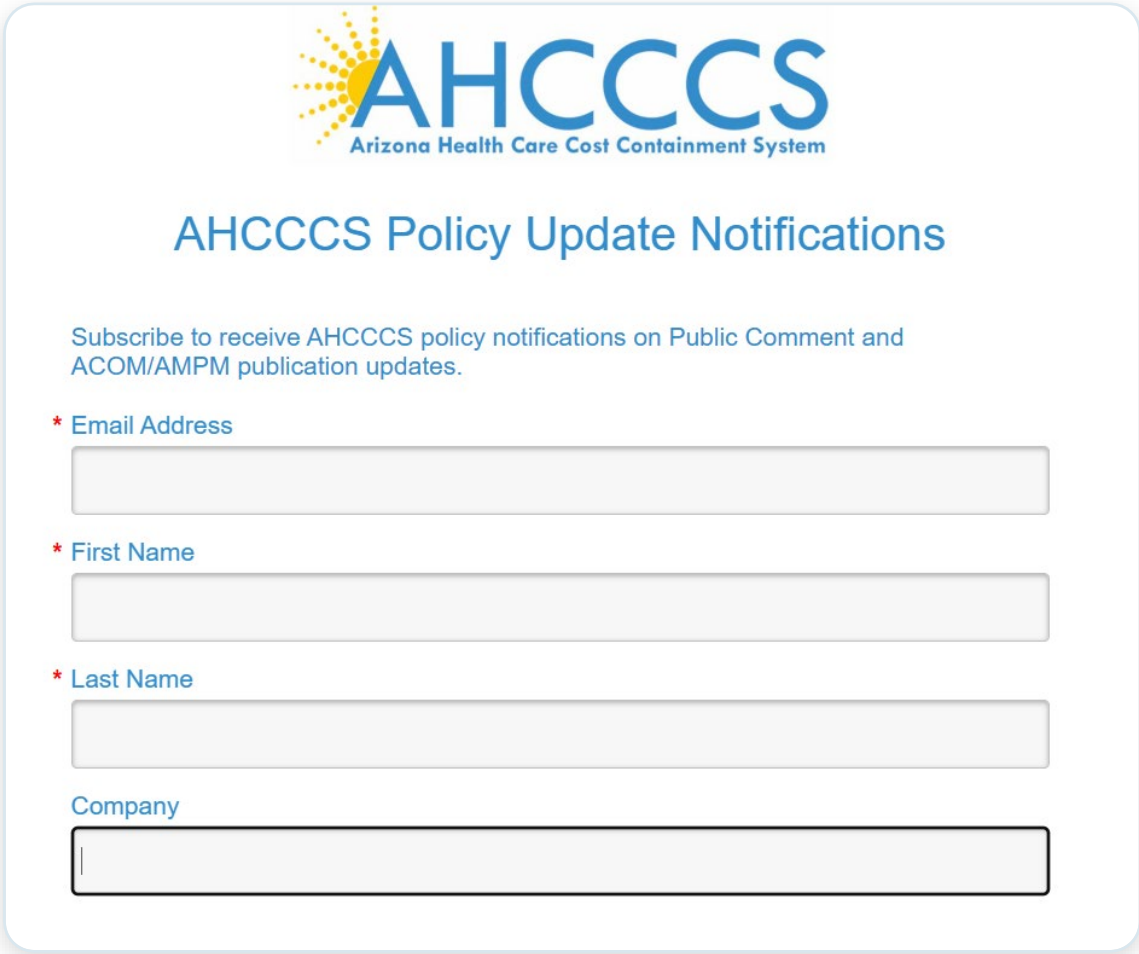
Need a personalized walkthrough?

- Contact your assigned Provider Representative

*Refer to the PA Grid in our website for complete and accurate information

Stay Up To Date With AHCCCS Notifications

- AHCCCS Medical Policy Manual (AMPM)
- AHCCCS Contractors Operations Manual (ACOM)
- Medical Coding Resources & AHCCCS Encounters Resource
- Public Notices and Opportunities for Public Comment
- AHCCCS News & Press Releases
- Visit the CMS website and subscribe to email updates for the latest information on Medicare and Marketplace enrollment, policies, benefits, etc.



Provider Revalidation

A provider must revalidate enrollment of their provider id periodically to maintain Medicaid billing privileges. In general, providers are required to revalidate every four years. AHCCCS also reserves the right to request off-cycle revalidations.

As part of the revalidation process the provider is subject to the same screening and disclosures captured during the initial enrollment. Additionally, based on provider type the process could include an enrollment fee, site visit, and fingerprint criminal background check required as a part of the screening requirements.

Beginning November 2022, AHCCCS-Division of Member and Provider Services (DMPS) will begin notifying providers through the United States Postal Service mail who are required to revalidate their Medicaid id. The revalidation process will ascend over a 10-month period beginning in November 2022 through August 2023.

Provider Revalidation Dates Spreadsheet

Note: If you don't see your name on the provider spreadsheet no further action is required.

What AHCCCS Providers Need to Know:

- Any provider who has not completed the revalidation process in the AHCCCS Provider Enrollment Portal (APEP) will be listed on the Provider Revalidation Spreadsheet, receive written notification, and have 90 days (about 3 months) to apply.
- The notification will include a temporary 14-digit application id number required to access the provider file for the first time.
- Providers who fail to respond to the request could experience delays such as termination and/or loss of billing privileges, access to AHCCCS Online Portal which is required to view and submit claims and prior authorizations.
- Providers with questions, those who are no longer participating as a Medicaid provider, and those no longer employed with an organization, are asked to contact APEPTrainingQuestions@azahcccs.gov

How Providers Can Complete the Revalidation Process

To begin your revalidation application today, login to your Existing Providers: To access APEP Direct

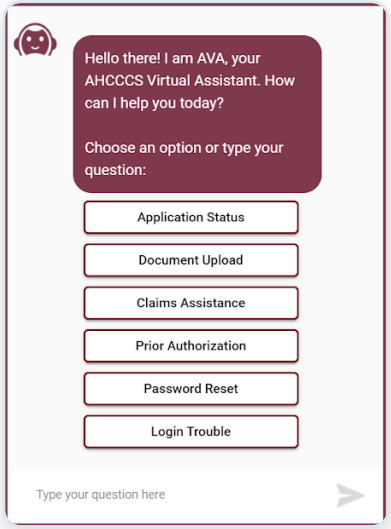
Below are step-by-step instructions designed to teach providers how to complete a revalidation using a 14-digit Application ID APEP .

For additional questions regarding how to troubleshoot through APEP to complete the revalidation application, contact APEPTrainingQuestions@azahcccs.gov or Provider Assistance (602)417-7670 option 5, include the provider name, NPI, and a brief description of the issue.

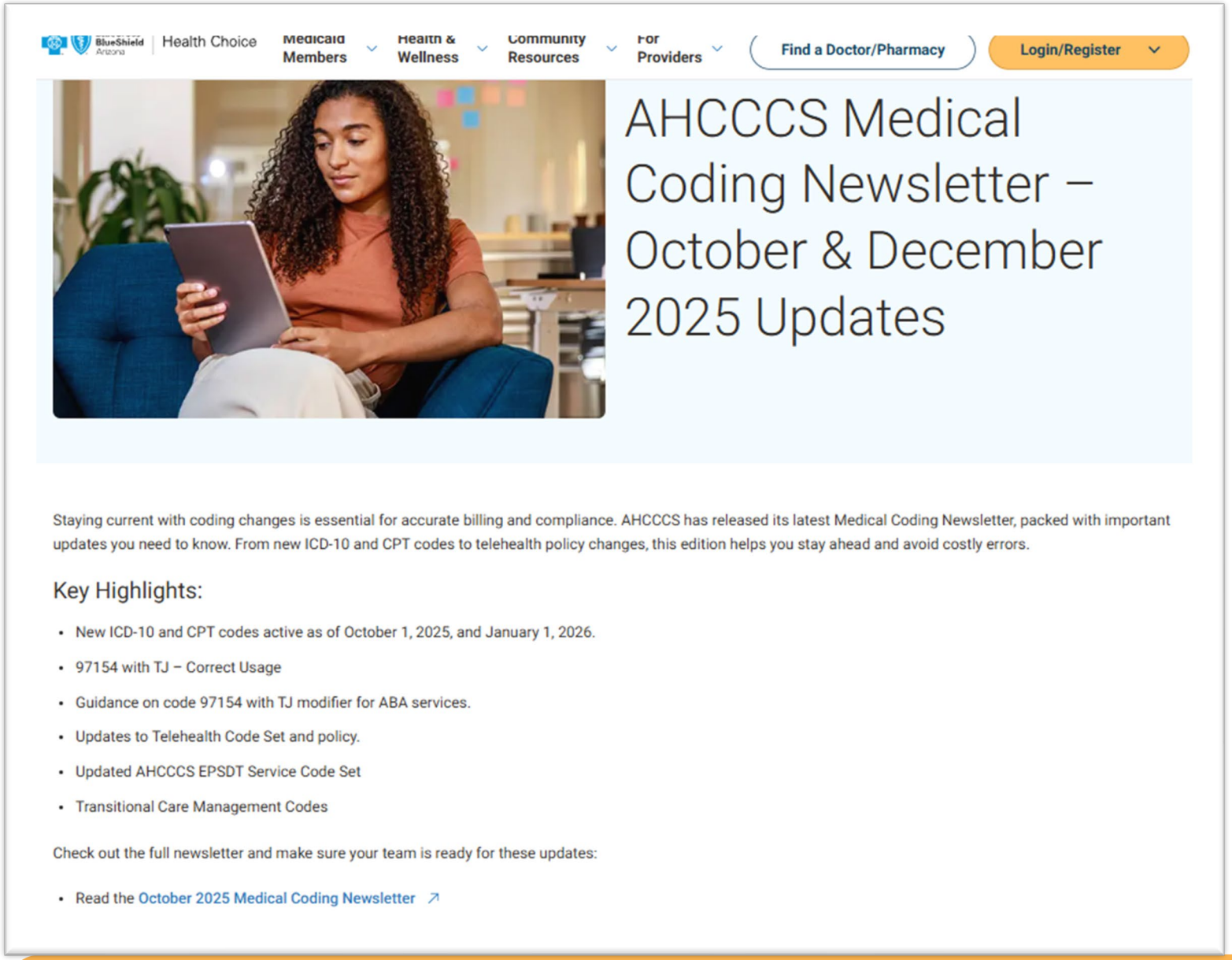
AHCCCS Resources:

If the provider has questions about the process, they are encouraged to review resources on the AHCCCS website, www.azahcccs.gov/apep, which include:

- Domain access in APEP
- Provider FAQ
- Provider Chat Bot, AVA, located at the bottom right-hand corner https://chat.azahcccs.gov/



Medical Coding Resources



Resources:

- Health Choice Provider Newsletter
- AHCCCS Medical Coding Resources
- AHCCCS Fee-For-Service Fee Schedules

The AHCCCS Medical Coding Unit has published FAQs with answers, policy links, and related resources. View FAQ.

Medical Coding Resources



Resources:

- AHCCCS Medical Coding Resources
- AHCCCS Fee-For-Service Fee Schedules

The AHCCCS Medical Coding Unit has published FAQs with answers, policy links, and related resources. View FAQ.

Stay informed of the latest coding updates, billing guidance, procedure codes, modifiers, and claims processing requirements by regularly reviewing AHCCCS Medical Coding Resources.

Blue Cross® Blue Shield ® of Arizona Health Choice Websites & Provider Manual



Health Choice Arizona Medicaid

Website: https://www.azblue.com/medicaid

Provider Manual: https://www.azblue.com/medicaid/providers/provider-manual



Health Choice Pathway – HMO D-SNP

Website: https://www.azblue.com/health-choice-pathway

Provider Manual: https://www.azblue.com/health-choice-pathway/providers/provider-manual



ACA Health Choice (formerly ACA StandardHealth with Health Choice)

Website: https://www.azblue.com/aca-health-choice

Provider Manual:

https://www.azblue.com/aca-health-choice/providers/provider-manual

Our Providers Manual also include samples of our Member ID Cards for each Line of Business (LOB)



Provider Reimbursement

Claim Submission Process

Providers must submit any professional, institutional and dental claims (837 P/I/D) to BCBSAZ Health Choice through Availity EDI Clearinghouse using specified payer IDs.

For 837 Submissions the Subscriber ID must be as follows:

- BCBSAZ Health Choice Arizona (#**62179)** = 9 characters and begins with ‘A’ or 12 characters and begins with ‘HCIA’.
- BCBSAZ Health Choice Pathway (#**62180)** = 9 characters and begins with ‘HC’ or 12 characters and begins with ‘MZH’.
- BCBCAZ ACA Standard Health with Health Choice (**#RP105**) = 9-11 characters all numeric or 12-14 characters and begins with ‘IAZ’ then all numeric.

ERAs Availability

BCBSAZ Health Choice 835 ERAs are available through Availity

Registration

- Register with Availity EDI Clearinghouse or another clearinghouse of your choice that has an established connection with Availity
- If you work with a software vendor that provides EDI services, let them know which clearinghouse you have chosen

Claim Submissions

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

All providers are recommended to submit claims electronically. Electronic billing ensures efficiency, accuracy, timeliness of payments, ease of administrative burden, eliminates cost of sending paper claims, and reduces clerical data entry errors.

BCBSAZ Health Choice (AHCCCS)

Health Choice Arizona Payer ID# 62179

P.O. BOX 52033, Phoenix, AZ 85072-2033

BCBSAZ Health Choice Pathway (Medicare Advantage D-SNP)

Health Choice Pathway Payer ID# 62180

P.O. BOX 52033, Phoenix, AZ 85072-2033

ACA Health Choice (formerly ACA StandardHealth with Health Choice)

ACA Health Choice Payer ID# RP105

P.O. BOX 52033, Phoenix, AZ 85072-2033

Keep your records updated to prevent claim rejections, delays in payment, and/or returned payments.

Claim Submission Reminders

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice



No Staples Required on Paper Claims

- Do not staple documents or claims
- Attachments should indicate the claim numbers on each page

Reminder
Contracted providers located in contiguous counties to Arizona must submit claims directly to Health Choice



Prior Authorization Number

- Submit claims with the full and complete Prior Authorization number, including leading zeros

Reminder
Visit our website for updated Prior Authorization (PA) Grids



Sending Correspondence?

- Indicate which department your mail should be routed to

Attention: SPECIFIC DEPARTMENT
8220 N. 23rd Ave
Phoenix, AZ 85021

Bordering Counties*

CA: San Bernardino

NV: Clark, Lincoln

UT: Kane, Washington

CO: Montezuma

NM: San Juan, McKinley, Cibola, Catron, Grant, Hidalgo

*Subject to change.



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Health Choice

azblue.com/hca