



## Blue Cross® Blue Shield® of Arizona Provider Forum Health Choice (Medicaid) & ACA StandardHealth with Health Choice

Lazaro Torres – Network Operations  
Wednesday, March 18, 2026  
11:30 AM – 12:30 PM



Health  
Choice

# Provider Forum Agenda

- ❖ Welcome & Introductions – Health Choice Leadership 5 mins
- ❖ Apprentice Workshop – Mark Faul 3 mins
- ❖ Faster Prior Auth Decisions – Lazaro Torres 2 mins
- ❖ Digital Newsletters – Lazaro Torres 5 mins
- ❖ In-Person Visits – Lazaro Torres 2 mins
- ❖ Payment Policy Initiatives – Matthew Kingry 5 mins
- ❖ Availity: 275 Attachments & 278 Authorizations – Matthew Kingry 5 mins
- ❖ Provider Portal Survey Results – Lazaro Torres 5 mins
- ❖ Provider Portal User Guide – Lazaro Torres 3 mins
- ❖ Provider Portal Demo – Holly Balderrama 5 mins
- ❖ Provider Resources and Education 5 mins
- ❖ Q&A 15 mins



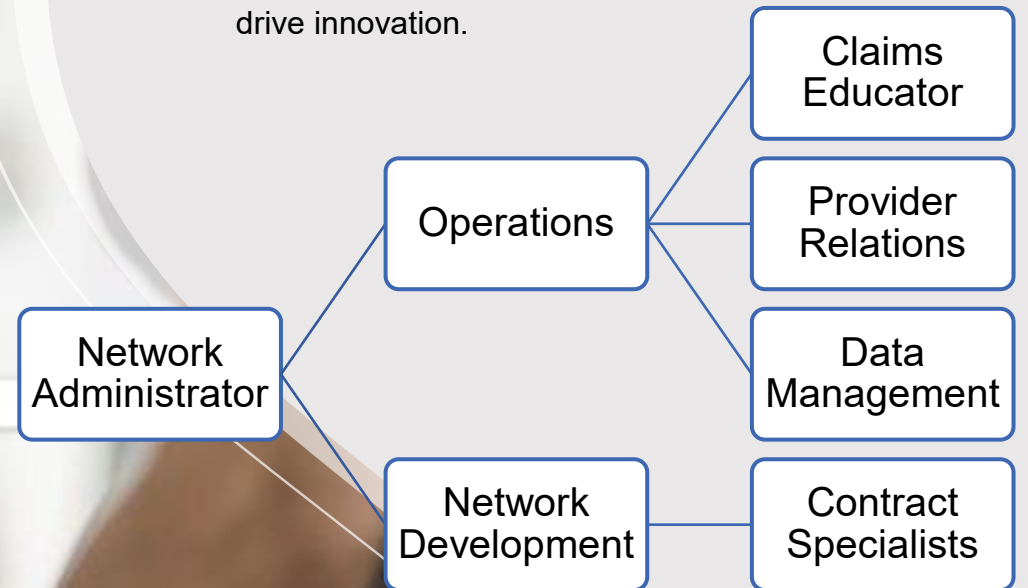
# Medicaid Network Services

## 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.



Stay Informed!



Communication



Provider Forum



Provider Notices



Newsletters

[Provider Announcements](#)

[Provider Education](#)

[Providers Newsletters & Provider Forums](#)

# Invitation: Apprenticeship Workshop

Mark Faul – Workforce Development

3 Minutes



# Workforce Development

## Registered Healthcare Apprenticeships Workshop - Hybrid

### Join us in person at

BlueCrossBlueShieldAZ/Health Choice  
8220 N. 23rd Avenue  
Phoenix, AZ 85021  
Admin building 1 –  
Coconino Conf. Room

Thu, March 26, 2026  
9:00 AM - 11:00 AM



Registered Apprenticeship programs offer the opportunity to:

- Create flexible training options that ensure workers develop the right skills
- Demonstrate investment in your community
- Improve productivity, profitability, and your bottom line
- Recruit and develop a diverse and highly skilled workforce that helps grow your business
- Reduce turnover, improve loyalty and retain top talent
- Vet workers and instill your company's culture

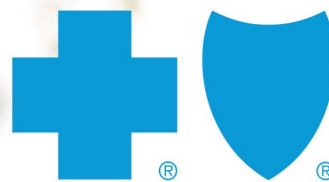
This workshop will also identify **funding opportunities** to support your apprenticeships

Click here to register: [Register Here](#)

# Faster Prior Auth Decisions

Lazaro Torres – Network Operations

2 Minutes



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

- Standard Prior Authorization (PA) turnaround time reduced from 14 calendar days to 7 calendar days
- No change to expedited/urgent PA timeframes

## What's changing



- Faster determinations support quicker care decisions and scheduling
- Reduced administrative follow-up on pending PA requests

## Benefits to Providers



- Applies to standard (non-urgent) PA requests
- Submitting complete clinical documentation with the initial request helps avoid delays

## What providers should know



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

## Updated Provider Manuals



## Health Choice Provider Portal Feature



# NEW: Digital Newsletters

Lazaro Torres – Network Operations

5 Minutes



# Launch of Medicaid Digital Provider Newsletter



BlueCross BlueShield Arizona | Health Choice | AZ Blue Blog | NewsCenter | Provider Portal

## AZ Blue Medicaid Connect

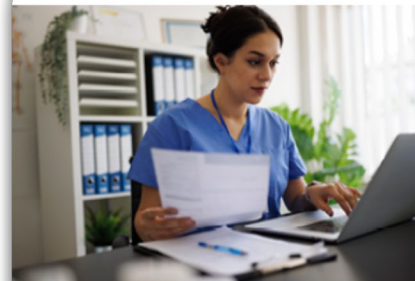
Medicaid Provider Newsletter

### Faxing is out - Electronic Submissions are in!

Learn how upcoming EDI upgrades will make authorization requests and attachments faster and easier for your practice.

[Read More](#)


### IN THIS ISSUE



#### Updates Made to Make Your Workflow Easier

Learn how our latest updates make everyday tasks easier, including quicker prior auths, clearer claims and eligibility status, and simplified roster tools.


[Read More](#)



#### More AHCCCS Support for Patients. Less Work for You.

Discover how our Community Assistors help patients navigate AHCCCS, and get a shareable form for your members.

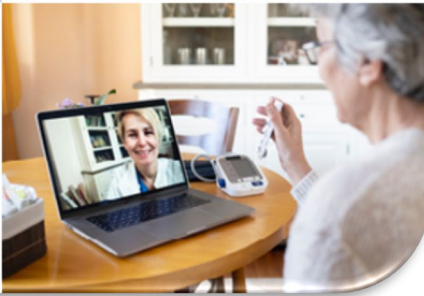
[Read More](#)



#### Coding Updates You Need

New ICD-10 and CPT codes effective October 1, 2025.

[Read More](#)



#### See What's Staying the Same for Medicaid Telehealth

[Read More](#)

**Direct Link**  
[First Digital Provider Newsletter](#)

**Subscribe Here:**  
[Health Choice Provider Newsletter\\*](#)

# In-Person Visits

Lazaro Torres – Network Operations

2 Minutes





## 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 250 in-person visits completed between January and February, reflecting strong provider engagement

[Provider Escalation Process \(Click Here\)](#)

# Payment Initiative Policies

Matthew Kingry – Reimbursement Services

5 Minutes



# Payment Initiative Policies

## Why?

Rising medical costs continue to be a nationwide problem. We as an insurance company want to do our part in preventing fraud, waste, and abuse in medical coding and billing

## Service Categories Impacted

### Professional

- Behavioral IOP Coding
- Multiple E&M Services Performed on the same Date of Service
- Secondary Claim Editing  
Payment Policy Management and Coding Validation
- Psychotherapy Add-on Services

### Institutional

- ED Diversion
- Secondary Claim Editing  
Prospective and Retrospective Clinical Chart Validation
- Sepsis DRG Coding

# Availity

Matthew Kingry – Reimbursement Services

5 Minutes



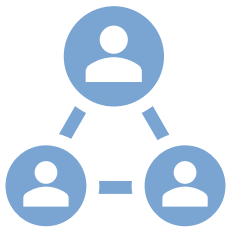


## New Transactions with Availity



### 275 – Attachments

- Submit required documentation electronically. (e.g., medical records, attachments).
- Streamlines medical records and attachments submissions



### 278 – Authorization Requests & Status

- Submit and track prior authorization requests electronically.
- Faster approvals & real-time status updates



# Electronic Transactions Made Easy

## Transactions

- 837 Institutional, Professional & Dental
- 270/271 Eligibility
- 275 Attachments
- 276/277 Claim Status
- 278 Authorization
- 835 Electronic Remittance

## Payer IDs

- Health Choice Arizona: **62179**
- Health Choice Pathway: **62180**
- ACA Standard Health w/ Health Choice: **RP105**



## Why Switch to Electronic Transactions?

- Real-time claim + eligibility responses
- Auto-posting with 835 ERA improves efficiency
- Less paperwork with upcoming 275 & 278

## Getting Started (3 Steps)

1. Register with Availity Essentials
2. Set up EDI connections with your PM/EHR or clearinghouse to enable X12 Transactions
3. Test and go live. Enable ERAs (835) for automated posting.

# Resources



[Availity EDI Connection Guide](#)



[Availity EDI Companion Guide](#)



For questions or assistance,  
contact [HCEDIGroup@azblue.com](mailto:HCEDIGroup@azblue.com)

Contact your assigned Provider  
Representative for other inquiries.

# Provider Portal Usability Survey Results

Lazaro Torres – Network Operations

5 Minutes



# Provider Portal Usability Survey\*

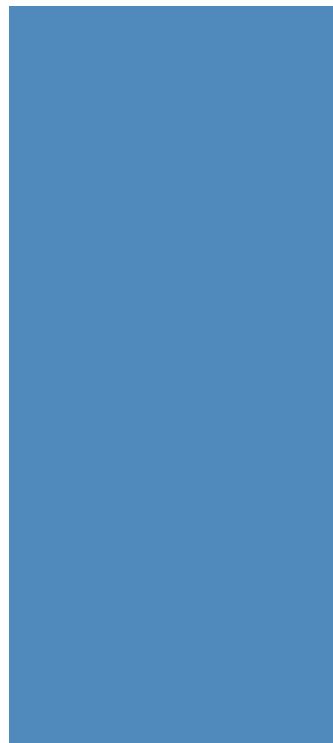
10/14/2025 – 12/12/2025



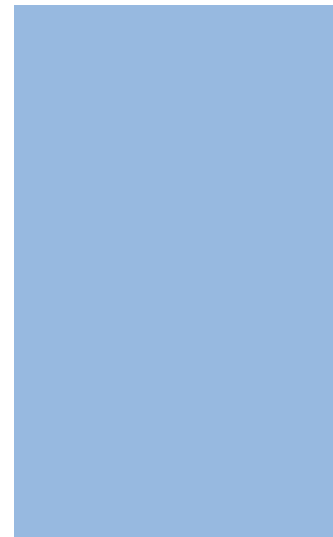
Health  
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■ Responses ■ Unique Provider Groups

556



402

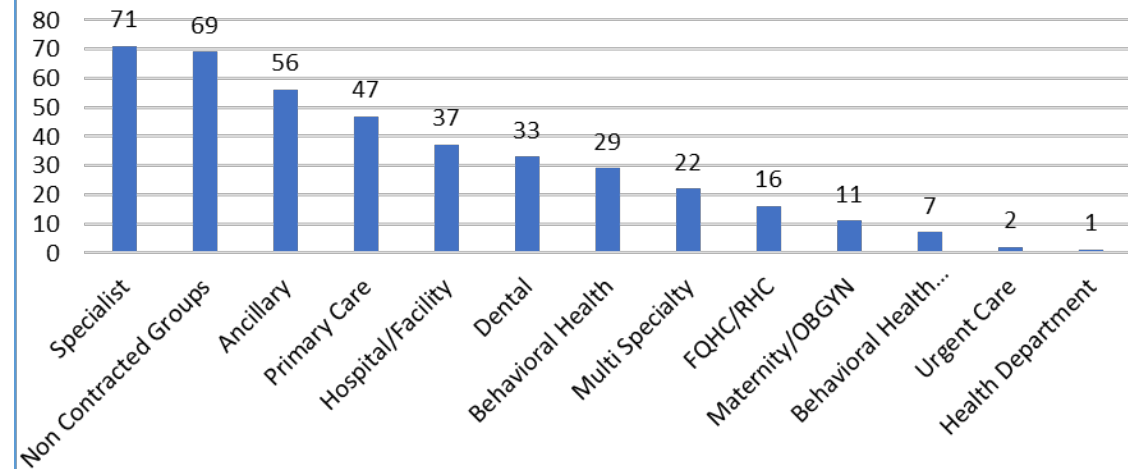


Total

## Key Highlights

- 556 responses from 402 provider groups
- Deployment: Provider Portal to collect from providers utilizing provider portal
- Administered from October 14, 2025, through December 12, 2025

## Provider Groups



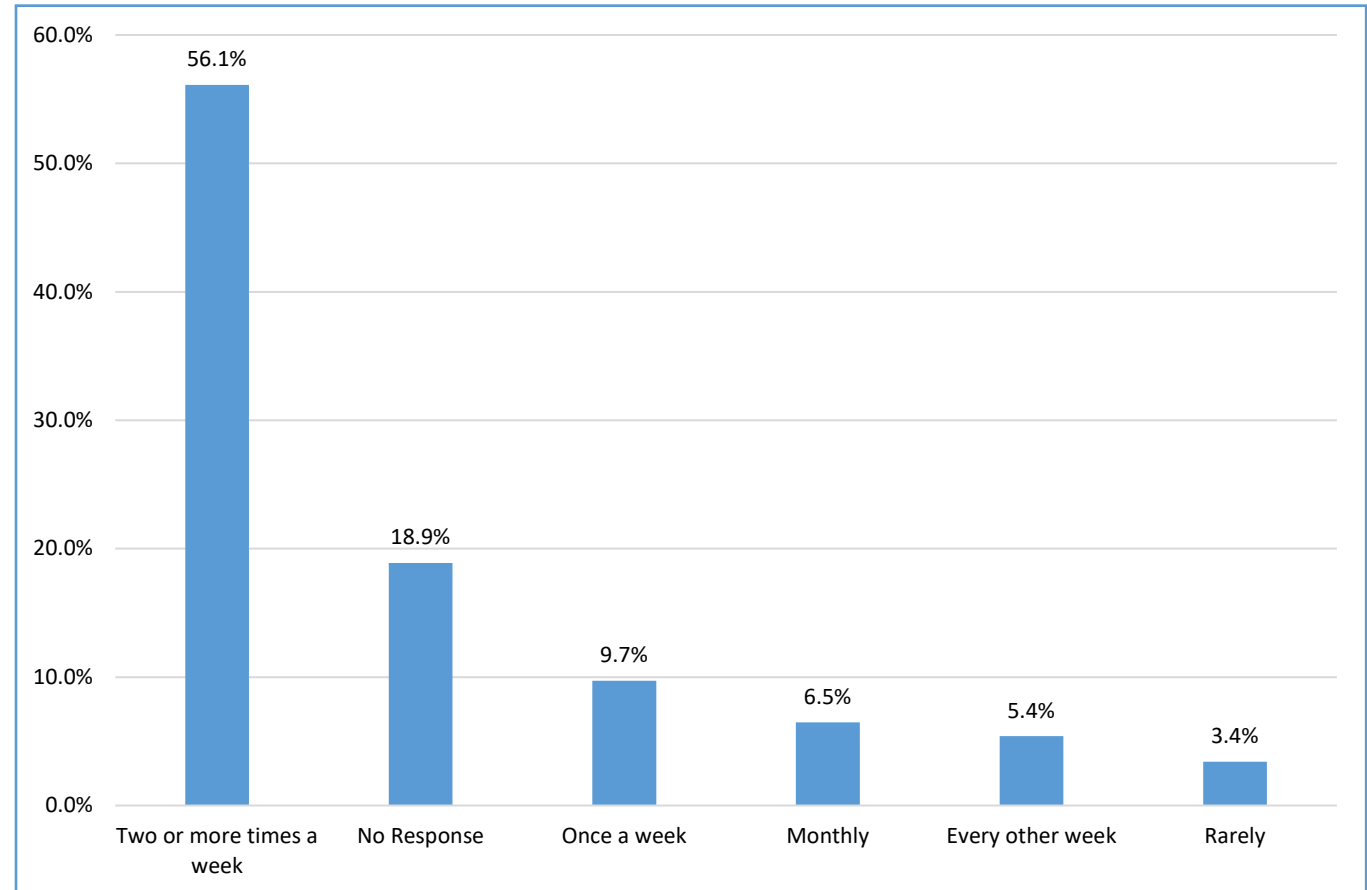
*\*Non-required AHCCCS Survey*

# How often do you use the Provider Portal?

10/14/2025 – 12/12/2025

## Key Highlights (n=556)

- Overall, 66% access the portal at least weekly
  - 56% two or more times per week
  - 10% weekly
- Nearly 19% did not respond, suggesting an **opportunity** to further understand usage behaviors.

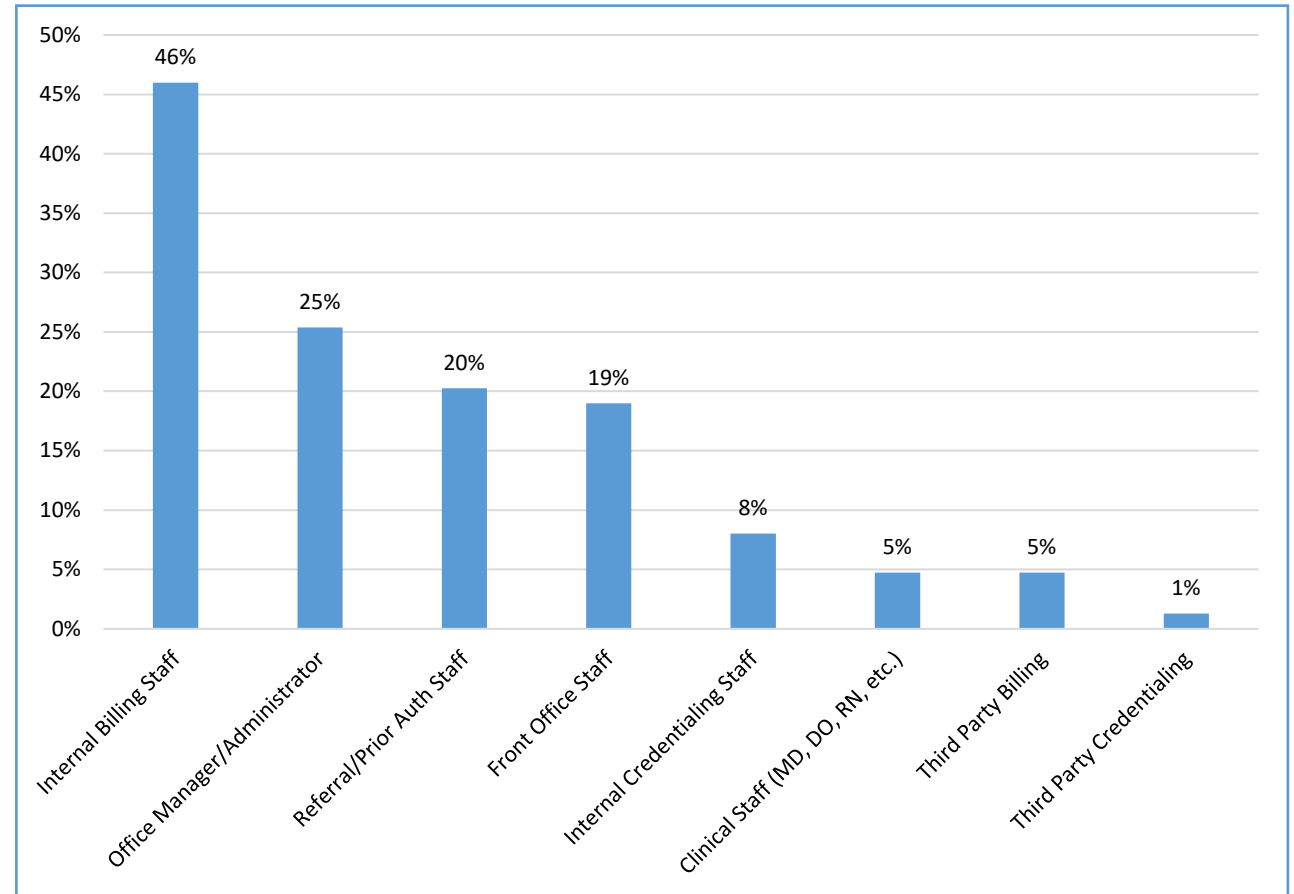


# Provider Staff Utilizing Portal

10/14/2025 – 12/12/2025

## Key Highlights (n=548)

- Internal Billing Staff are the primary users **(46%)**
- Office Managers/Administrators **(25%)** and Referral/Prior Auth Staff **(20%)**.
- Front Office Staff **(19%)**
- Credentialing **(8%)**, Clinical Staff **(5%)**, and Third-Party Billing **(5%)**
- Third-Party Credentialing **(1%)**
  
- **Opportunity** to increase training and awareness so lower-utilizing roles better understand available portal capabilities.

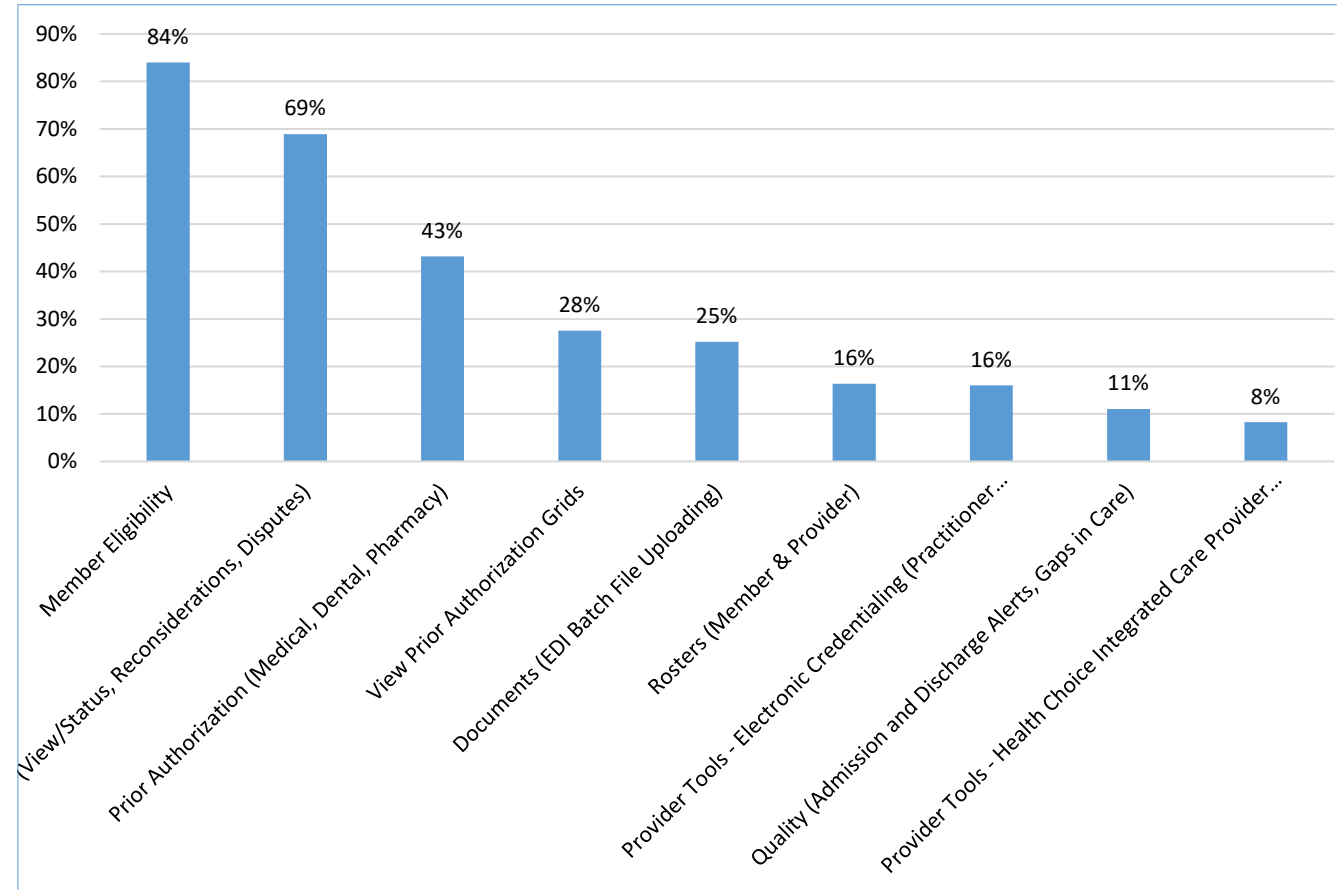


# Most Frequently Used Features or Sections (Select All)

10/14/2025 – 12/12/2025

## Key Highlights (n=544)

- Eligibility is the most-used feature (**84%**),
- Prior Authorization tools see strong utilization (**71%**):
  - Medical/Dental PA submissions (**43%**)
  - PA Grids (**28%**)
- Claims functions (**69%**)
- **Opportunity** to increase awareness of available features (Gaps in Care, Rosters)
- Targeted training and communication around underutilized features that could reduce manual work

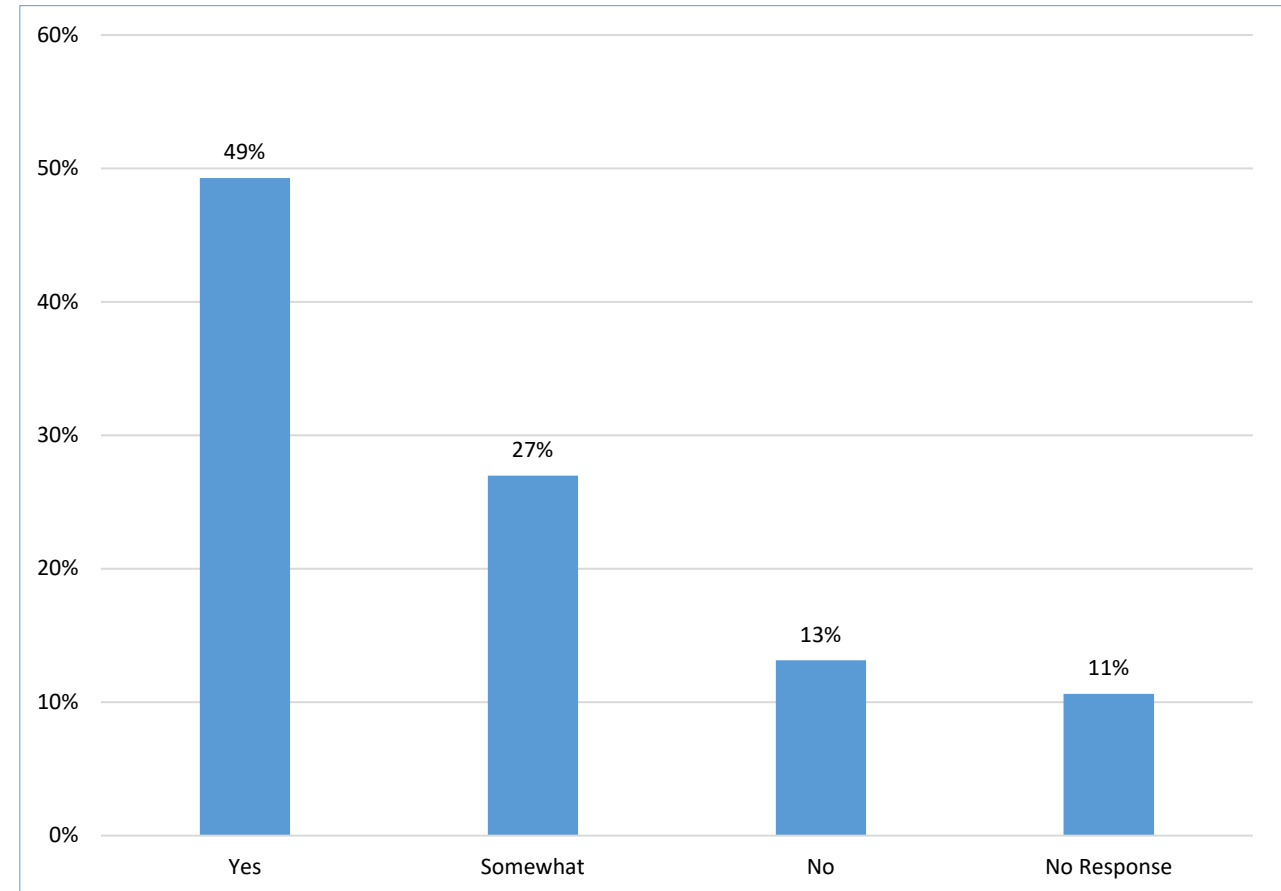


# Does the Provider Portal help reduce administrative tasks and workload in your organization?

10/14/2025 – 12/12/2025

## Key Highlights (n=556)

- **76%** of providers report the portal reduces or somewhat reduces administrative workload:
  - Yes (**49%**)
  - Somewhat (**27%**)
- No (**13%**)
- No Response (**11%**)
  
- **Opportunity** to engage with providers who responded “No”



# How does the Health Choice Provider Portal compare to other health plans that you contract with?

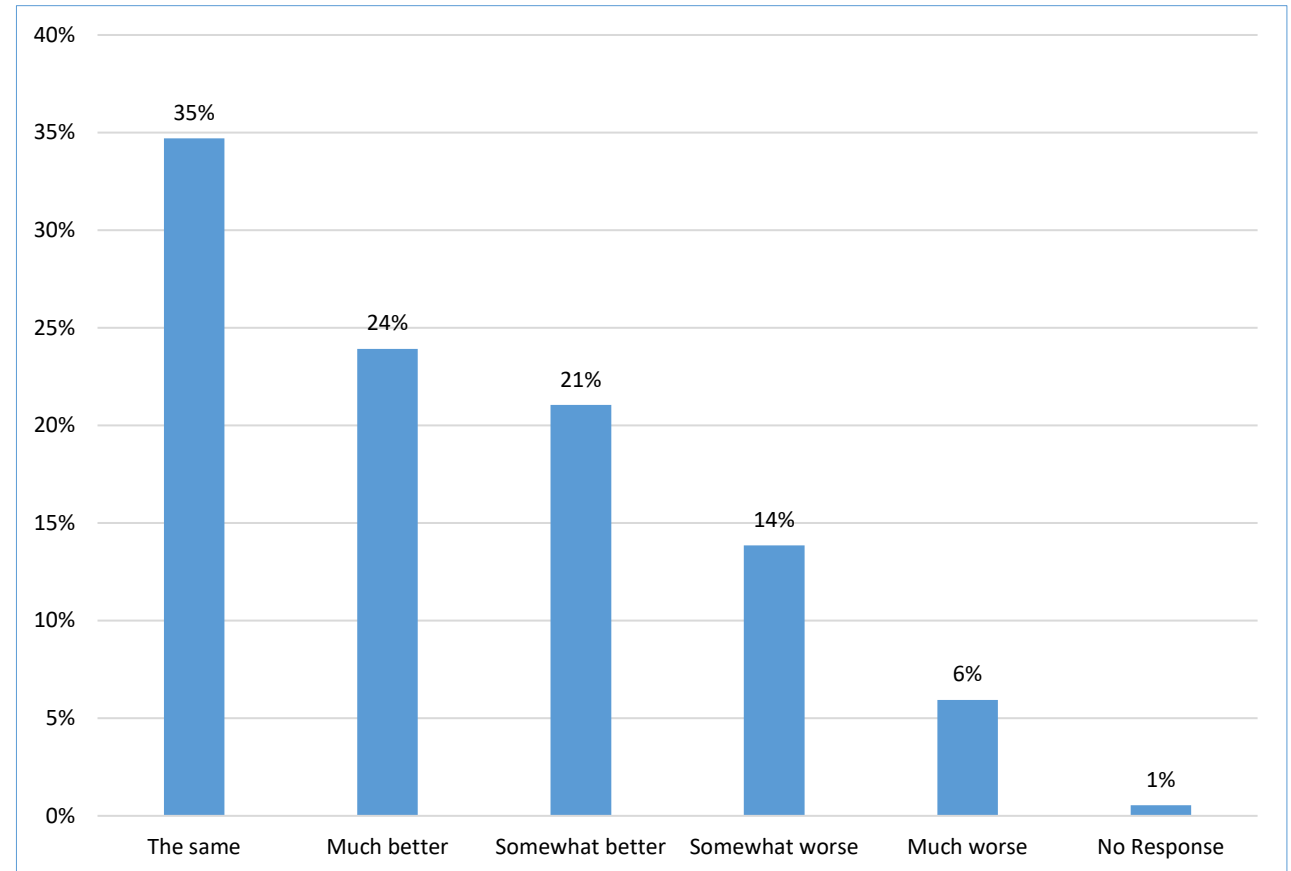
10/14/2025 – 12/12/2025



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## Key Highlights (n=556)

- **45% - Much better or somewhat better** than other portals
  - Much better (24%)
  - Somewhat better (21%)
- **20% - Much Worse or somewhat worse** than other portals:
  - Much worse (6%)
  - Somewhat worse (14%)
- **35% - About the same**
- **Opportunity** to engage with providers who responded much or somewhat worse



# Provider Portal Preference & Feedback

## 10/14/2025 – 12/12/2025

### Provider Portal Preference

Categories	Mentions
No Preference	269
Unspecified Preference*	148*
No Comment	87
Health Plan Administered Portal	39
Dislikes Availability	14
Availability Preference	33
Neutral	8
Other Portal Preference (UHC, Carelon, Delta, Centene)	7

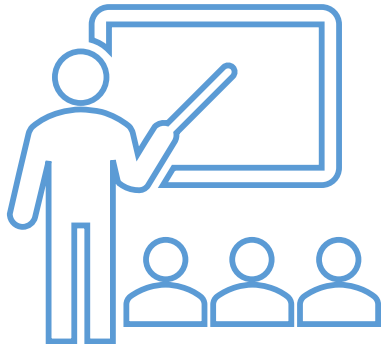
**\*Footnote:**

Much better/Somewhat Better	47%
Much worse/ Somewhat Worse	22%
The same	31%

# Plan of Action



- ✓ **Build a Baseline for Ongoing Improvement**
- ✓ **Expand Electronic Submission Capabilities via Availity**
  - 275 – Attachments – Coming Soon
  - 278 – Authorization Requests & Status – Coming Soon
- ✓ **Strengthen Provider Education & Awareness**
  - Provider Communication: Digital Newsletters, Provider Notices, Provider Portal
  - Portal Demo
  - Provider Forums
  - In-Person Site Visits
  - Targeted education to providers
- ✓ **Enhance Portal Performance & System Reliability**
  - Display samples of Member ID cards in Portal
- ✓ **Provider Portal User Guide**
  - Live in Website and Provider Portal



# NEW: Health Choice Provider Portal User Guide

Lazaro Torres – Network Operations

3 Minutes



# Provider Portal User Guide





## Blue Cross® Blue Shield® of Arizona Health Choice Provider Portal User Guide

azblue.com/Medicaid

### For Providers → Provider Education

#### Provider Education

As a Blue Cross Blue Shield of Arizona Health Choice provider, we want you to have access to resources to assist you and your team in navigating our provider portal, coding, billing practices, and more.


Provider Portal Resources	Interactive Courses	Education Resources	Provider Newsletters & Provider Forums
 Health Choice Provider Portal User Guide <a href="#">Download (PDF) ↓</a>		 Annual Provider Model of Care Training <a href="#">View &gt;</a>	

Provider Portal – Creating a Master Account

### Provider Portal User Guide

#### Welcome to Blue Cross Blue Shield of Arizona Health Choice Provider Portal

##### New & Upcoming Enhancements

-  Want to know how to use the Provider Portal? [Click Here](#) to find our Provider Portal User Guide for step-by-step portal instructions!

## 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)

**Direct Link:**  
[Provider Education | Medicaid | AZ Blue](#)

# Health Choice Provider Portal



Health Choice

© Cross Blue Shield Association

## Welcome to Blue Cross Blue Shield of Arizona Health Choice Provider Portal

Your Provider Representative is Brian Gibbs - [brian.gibbs@azblue.com](mailto:brian.gibbs@azblue.com)

Assigned Provider Rep

### New & Upcoming Enhancements

- Want to know how to use the Provider Portal? [Click Here](#) to find our Provider Portal User Guide for step-by-step portal instructions!
- New! Our First Provider e-Newsletter is Here! Read the [First Issue Here](#). Send an email to [ProviderConnect@azblue.com](mailto:ProviderConnect@azblue.com) to subscribe for future newsletters.
- AHCCCS is pleased to invite Provider to join an upcoming webinar focused on enhancements to the AHCCCS Provider Enrollment Portal (APEP). Register [HERE](#) to learn of planned improvements scheduled over the next 18 months.

### Provider Reminders

- Join a 60-minute AWFDC webinar on March 23, 2026 for an overview of the 2026 Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA), including a walkthrough of the survey and live Q&A. [Click Here](#) to register.
- Blue Cross Blue Shield of Arizona Health Choice will be hosting an online Provider Forum on March 18, 2026 at 11:30 am. [Click Here](#) to register in advance.
- [Gaps in Care](#) is now live on our provider portal with the ability to upload supporting documentation to help close Gap measures!
- Member ID prefixes and EDI Payor ID#s: Health Choice Arizona is HCI (e.g. HCIA12345678); EDI Claim Payor #62179. Health Choice Pathway is MZH (e.g. MZHHC1234567); EDI Claim Payor ID #62180. ACA StandardHealth with Health Choice is IA7 (e.g. IA7987654321); EDI Payor ID#RP105. Paper Claim Submission Address for all lines of business: P.O. BOX 52033, PHOENIX, AZ 85072-2033.

- Sample Member ID Card: Health Choice Arizona (Medicaid)
- Sample Member ID Card: Health Choice Pathway
- Sample Member ID Card: Pathway and Arizona Member Sample ID Card
- Sample Member ID Card: ACA Standard Health with Health Choice Sample ID Card

We Heard You!

- Recent Member Admissions and/or Discharges
- Opportunity for Practitioner Input Health Choice values our network of providers and is interested in your input regarding Utilization Management (UM) Guidelines. If you have interest in assisting with development or review of UM criteria and technology, please send your contact information along with your field of practice to: [HCHComments@azblue.com](mailto:HCHComments@azblue.com)

### Member Eligibility:

[Click here](#) to view eligibility and coordination of benefit details for a member

### Claims

Use one of our convenient tools to learn more about our services.

- Claims Lookup
- Dental History / Benefits
- Vision History / Benefits

### Provider Alerts

Displays time-sensitive content for the portal.

- [Providers at Risk for Disenrollment](#)

Section 10

### Provider Tools

Use one of our convenient tools to manage your account or look up answers in our document library.

- Member [Medical / Dental Roster](#)
- Provider [Medical / Dental Roster](#)
- [Provider Resources](#)
- [Health Choice Integrated Care Provider Portal](#)
- [Provider Demographic Request/Electronic Credentialing - AzAHP Practitioner Data form](#)

Section 3

Section 4

Section 5

Need access?  
Contact your Admin User or Provider Portal Support  
480-760-4651 or 800-322-8670 or email [HCHproviderportal@azblue.com](mailto:HCHproviderportal@azblue.com)  
Refer to User Guide: Section 2.7

# Prior Authorization – Section 6

HOME ELIGIBILITY CLAIMS ROSTERS QUALITY **PRIOR AUTHORIZATIONS** DOCUMENTS LOG OFF

MEDICAL PRIOR AUTHORIZATIONS  
DENTAL PRIOR AUTHORIZATIONS

## Medical Prior Authorizations

Select Filters:

Member ID Received Authorization Number Service Start Date Service End Date Status -- Select one -- Place Of Service -- Select one --

APPLY FILTERS CLEAR FILTERS

Show 10 entries

MEDICAL PRIOR AUTHORIZATION REQUEST FORM EXPORT TO EXCEL

## Medical Prior Authorizations

Select Filters:

Member ID Received Authorization Number Service Start Date Service End Date Status -- Select one --

Place Of Service -- Select one --

APPLY FILTERS CLEAR FILTERS

Show 10 entries

MEDICAL PRIOR AUTHORIZATION REQUEST FORM EXPORT TO EXCEL

Member Id	Member Name	Received	Auth	Type	Service Start	Service End	Status	Reason	POS	Ordering Provider	Ordering Provider Group	Letters

HCPCS/CPT/CDT Codes  
\* You must enter at least one HCPCS/CPT/CDT code.

Notice: Prior Authorization is not a guarantee of payment for services. The member must be eligible at the time the service is rendered. Additionally, reimbursement is subject to the member's benefit limitations, including frequency of service restrictions and coverage exclusions, which may affect the reimbursement allowance. Providers are encouraged to verify accordingly.

Procedure Code  
1 Units 99213 OFFICE/OUTPATIENT VISIT FOR EVAL & MANAGEMENT E  
1 Units 97018 APPL MODALITY 1/ > AREAS PARAFFIN BATH  
1 Units 97022 APPLICATION MODALITY 1/ > AREAS WHIRLPOOL

1  
Units  
Units  
REMOVE PROCEDURE

ADD CODE CLEAR

Medical Pharmacy Codes  
J/Q Code  
Quantity  
Dosage  
Refills < 12

5 Milligram(mg) 2 refills J3402 Inj. remestemcel-l-rknd/ td

REMOVE DRUG

ADD CODE CLEAR

Enter Multiple Codes

# Provider & Member Rosters – Section 9



## Medical Member Roster

0 Members

Actions: [EXPORT TO EXCEL](#)

Select Filters: ⓘ

### Instructions:

- By default, searches are made based on the currently selected Tax Id for your account.  
**NOTE:** You can change this by selecting another tax Id in the upper right-hand corner of the page.
- You can additionally search by the Line of Business (LOB), Provider/Group Name, Group Address, NPI, Member Id, and Member Name.  
**NOTE:** You can select multiple LOBs.
- Click on the provider name (Medical/Dental Provider) hyperlink in the results to view the provider linked to the member.  
**NOTE:** The results do not include members who are not assigned to a provider.

LOB	Provider/Group Name	Group Address
-- Please Select --	Type at least 4 characters.	Type at least 4 characters.
NPI	Member Id	Member Name
Type at least 4 characters.	Type at least 6 characters. Ex: HCIA00000000	Type at least 4 characters.

[APPLY FILTERS](#) [CLEAR FILTERS](#)

Show 10 entries

## Medical Provider Roster

0 Providers

Actions: [EXPORT TO EXCEL](#)

Select Filters: ⓘ

### Instructions:

- By default, searches are made based on the currently selected Tax Id for your account.  
**NOTE:** You can change this by selecting another tax Id in the upper right-hand corner of the page.
- You can additionally search by the Line of Business (LOB), Provider/Group Name, Group Address, and NPI.  
**NOTE:** You can select multiple LOBs.
- Click on the provider name hyperlink in the results to view any members linked to that provider.  
**NOTE:** Dental Provider results do not include providers who have no assigned members.
- Click the chevron icon to expand a record and view additional provider details.

LOB	Provider/Group Name	Group Address
-- Please Select --	Type at least 4 characters.	Type at least 4 characters.
NPI	Type at least 4 characters.	

[APPLY FILTERS](#) [CLEAR FILTERS](#)

# Eligibility & Gaps in Care

### Member Eligibility

First Name:  Last Name:  Date Of Birth:  Member Id:  (OR) IAZ-06

**APPLY FILTERS** **CLEAR FILTERS** **EXPORT TO EXCEL**

StandardHealth with Health Choice (1/1/2024 - 12/31/2024)  
 Family - Silver 4 - 730N  
 Out-of-pocket Maximum: \$14,400.00  
 Out-of-pocket Remaining (Family): \$12,684.88  
 Out-of-pocket Remaining (Individual): \$13,244.19

**Grace Period Alert!**  
 Claims for member(s) are currently pended and in a grace period.  
 Call 800-322-8670 for more information.

**NOTE: The out-of-pocket remaining benefits balance excludes any pending claims.**

Show 10 entries

Full Name	LOB	Member ID	Gender	Date of Birth	Address	Effective Date
K [redacted] h	HCS	IAZ [redacted]-06	M	09/04/2021	8 [redacted]	08/01/2024
K [redacted] h	HCS	IAZ [redacted]-06	M	09/04/2021	8 [redacted]	05/01/2024

Section 4: Eligibility Screen: Effective Date, Grace Period, Out-of-Pocket Remaining,

### Gaps In Care Summary

**Select Filters:**

Line of Business \*  Plan Year \*  Demographic

Member ID  Member Name  Member Date of Birth

**APPLY FILTER** **CLEAR FILTER**

Section 8: Gaps in Care Feature

Section 8 – Upload documentation to close in Gaps in Care

Not My Patient	Member ID	Member Name	Provider Name	Document Uploads
<input type="checkbox"/>	[redacted]	[redacted]	[redacted]	<input type="button" value="EDIT"/>
<input type="checkbox"/>	[redacted]	[redacted]	[redacted]	<input type="button" value="UPLOADED"/>

# Provider Resources & Education

Holly Balderrama – Network Services

5 Minutes



# Electronic Visit Verification (EVV)

## 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 Video on February 12, 2026



**Auto-Verification**

- The auto-verified percentage is the main indicator of EVV compliance
  - Capturing all the required data at the point of care
  - Supports data quality by getting it right the first time
  - A Key Performance Indicator (KPI) that AHCCCS must report to the Centers for Medicare and Medicaid Services (CMS)
  - The methodology has been revised to address the basic Cures Act requirements

Visit the AHCCCS Website: [Electronic Visit Verification \(EVV\) Website](#)

## 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: [HCHFVA@azblue.com](mailto:HCHFVA@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.](#)

# Fraud, Waste & Abuse (FWA)




- 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](#)

# Incident-To Billing (AHCCCS Medicaid)



# Revised: 2026 Supplemental Benefits Health Choice Pathway

## 2026 CPT and CDT Codes for Supplemental Benefits

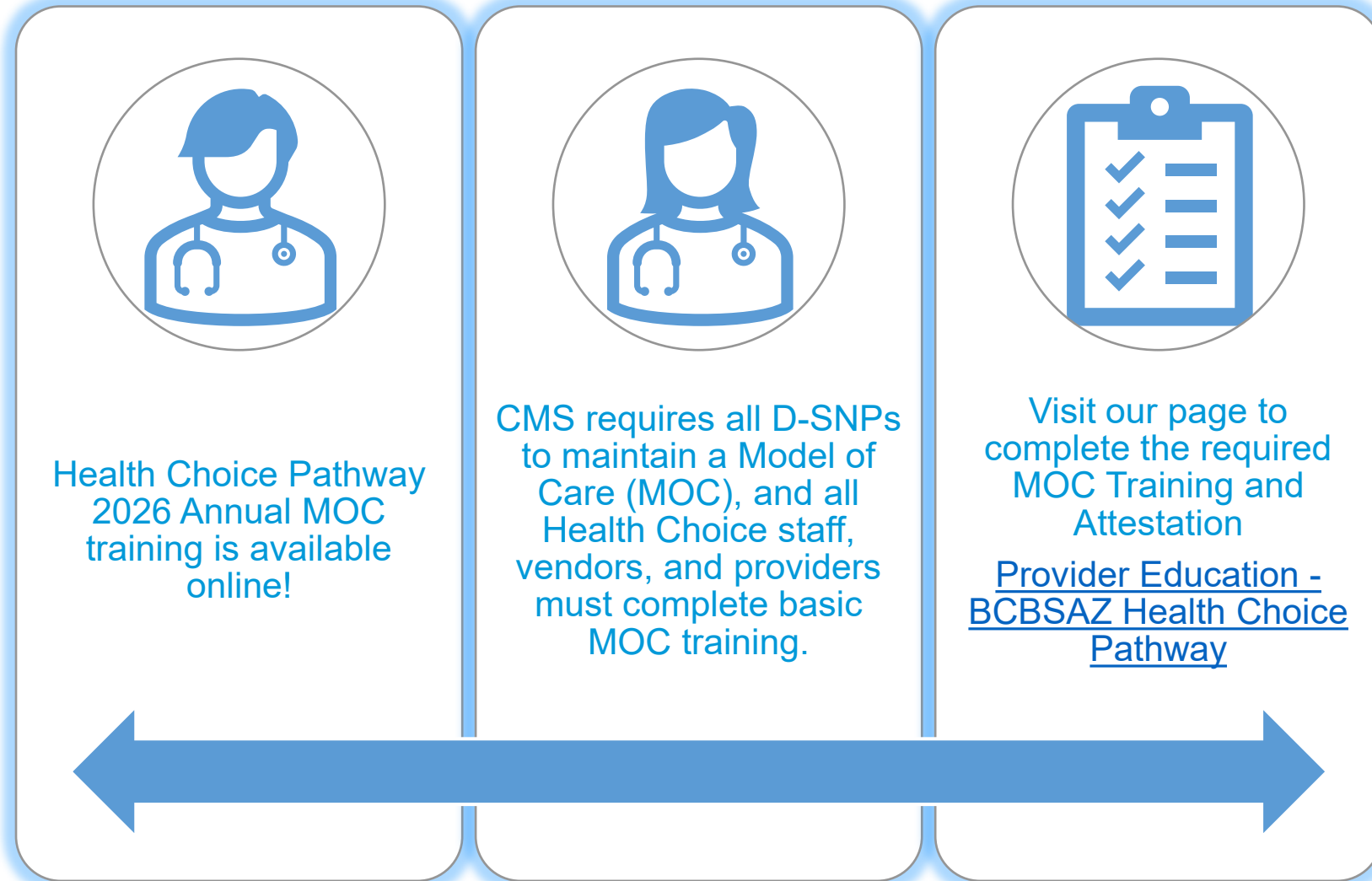


### Dental X-Ray Coverage Update

- 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](#)

# Model of Care (MOC) Training & Attestation



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.

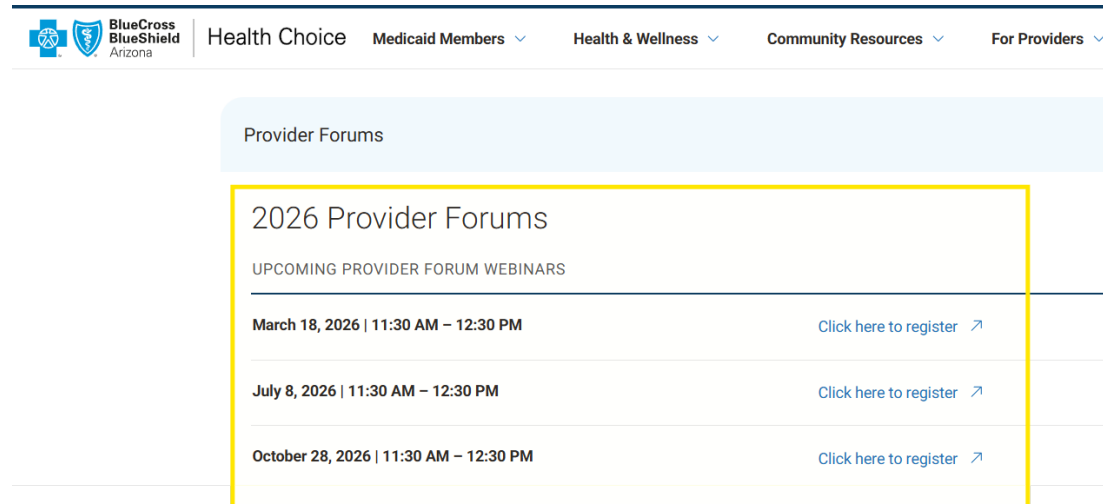
Visit our page to  
complete the required  
MOC Training and  
Attestation  
[Provider Education -  
BCBSAZ Health Choice  
Pathway](#)

# Sign Up for Upcoming Provider Forums



## 2026 Upcoming Provider Forum Webinars

March 18, 2026   11:30 AM – 12:30 PM	<b>Slide Deck Coming Soon</b>
July 8, 2026   11:30 AM – 12:30 PM	<a href="#">Click here to register</a>
October 28, 2026   11:30 AM – 12:30 PM	<a href="#">Click here to register</a>



BlueCross BlueShield Arizona | Health Choice | Medicaid Members | Health & Wellness | Community Resources | For Providers

Provider Forums

### 2026 Provider Forums

UPCOMING PROVIDER FORUM WEBINARS

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



# Questions?

**[ProviderConnect@azblue.com](mailto:ProviderConnect@azblue.com)**

# Provider Resources

- [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](#)

## Cultural Competency



- 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.
- 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.](#)

## Advance Directives



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

## Member Rights



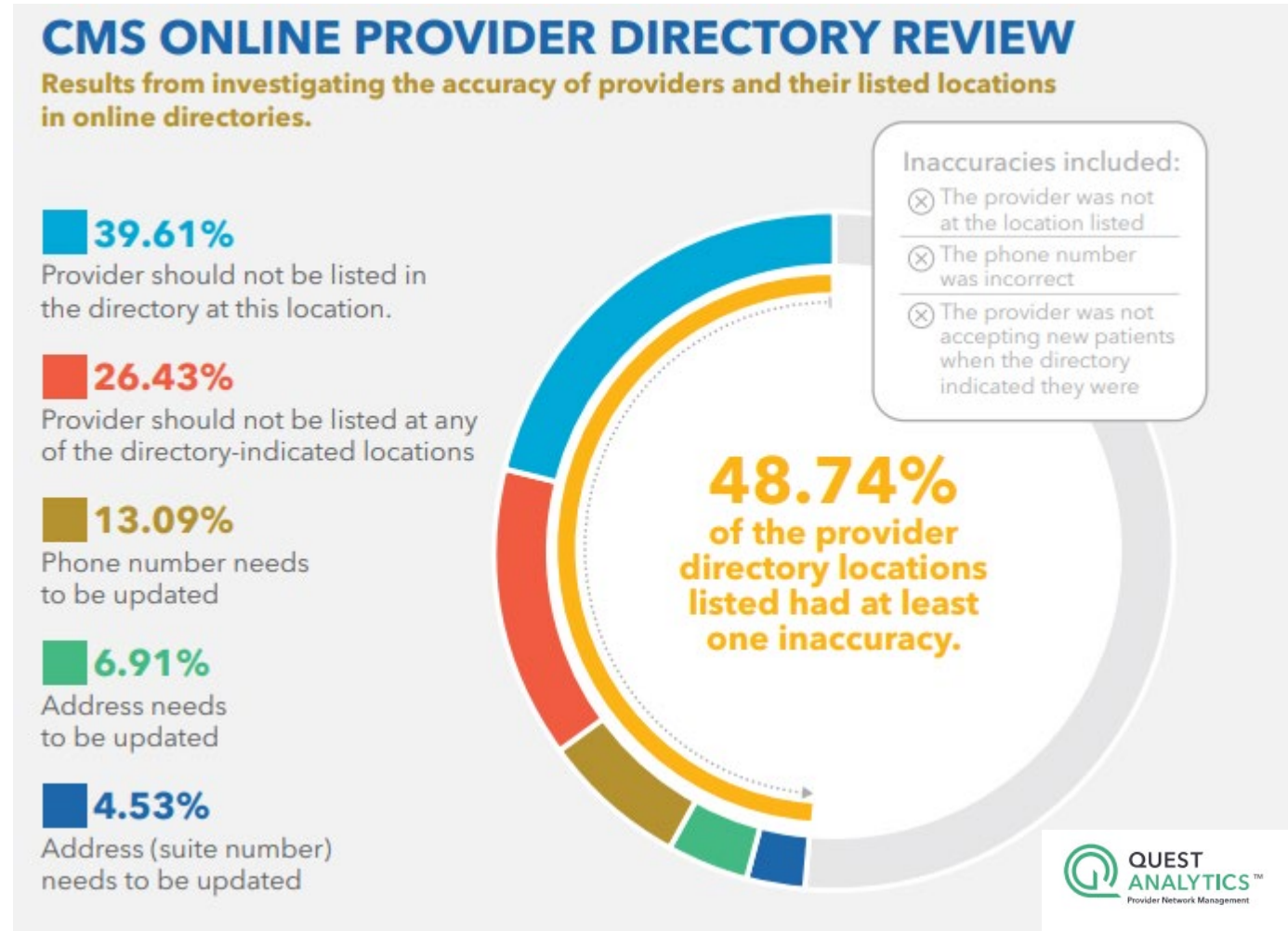
# REMINDER: Provider Updates Matter

## 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

# Provider Resources (cont.)

- [AHCCCS Medical Policy Manual – Exhibit 300-2B](#)
- [AHCCCS Covered Behavioral Health Services Guide](#)
- [ASAM CONTINUUM Implementation](#)

## Behavioral Health Resources



### Key Highlights

- New ICD-10 and CPT codes active as of October 1, 2025, and January 1, 2026.
- 97154 with TJ – Correct Usage
- Guidance on code 97154 with TJ modifier for ABA services.
- Updates to Telehealth Code Set and policy.
- Updated AHCCCS EPSDT Service Code Set
- Transitional Care Management Codes
- [Click here for more information](#)

## AHCCCS Medical Coding Newsletters



- The EPSDT Clinical Sample Templates and Periodicity Schedules can be found online via the AHCCCS Medical Policy Manual (AMPM) 430. Clinical Sample Templates can be downloaded and printed.
- [AHCCCS Medical Policy Manual \(AMPM\)](#)

## EPSDT Clinical Sample Templates



# UM Criteria and Medical Decision-Making (MDM)



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](mailto: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.

[Visit our website for more information: Clinical Guidelines | Medicaid | AZ Blue](#)

# PA Reminders

- [PA Guidelines | Health Choice AZ](#)
- [Prior Authorization Guidelines | Health Choice Pathway](#)
- [PA Guidelines | ACA Standard Health Choice](#)

## Prior Auth (PA) Grids



- 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

## Provider Portal Utilization



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

### Technical Support

- [HCHProviderPortal@azblue.com](mailto:HCHProviderPortal@azblue.com)
- (480) 760-4651

### Need a personalized walkthrough?

- Contact your assigned Provider Representative

## Technical Support



# 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](#)
- [Behavioral Health Services Matrix, Guide, and Same Day Disallow Table](#)
- [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.



## AHCCCS Policy Update Notifications

Subscribe to receive AHCCCS policy notifications on Public Comment and ACOM/AMPM publication updates.

\* Email Address

\* First Name

\* Last Name

Company

## 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](mailto: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](#)

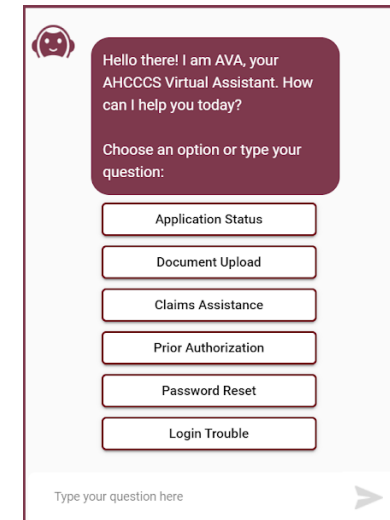
[APEP](#) 

For additional questions regarding how to troubleshoot through APEP to complete the revalidation application, contact [APEPTrainingQuestions@azahcccs.gov](mailto: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/a pep](http://www.azahcccs.gov/a pep), 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



Health Choice

Medicaid Members

Health & Wellness

Community Resources

For Providers

Find a Doctor/Pharmacy

Login/Register



Health Choice



## AHCCCS Medical Coding Newsletter – October & December 2025 Updates

Staying current with coding changes is essential for accurate billing and compliance. AHCCCS has released its latest Medical Coding Newsletter, packed with important updates you need to know. From new ICD-10 and CPT codes to telehealth policy changes, this edition helps you stay ahead and avoid costly errors.

### Key Highlights:

- New ICD-10 and CPT codes active as of October 1, 2025, and January 1, 2026.
- 97154 with TJ – Correct Usage
- Guidance on code 97154 with TJ modifier for ABA services.
- Updates to Telehealth Code Set and policy.
- Updated AHCCCS EPSDT Service Code Set
- Transitional Care Management Codes

Check out the full newsletter and make sure your team is ready for these updates:

- Read the [October 2025 Medical Coding Newsletter](#)
- Read the [December 2025 Medical Coding Newsletter](#)

### 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.](#)

# 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 StandardHealth with Health Choice

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

Provider Manual:

<https://www.azblue.com/aca-standardhealth-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



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 StandardHealth with Health Choice  
**ACA StandardHealth with 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

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

**No Staples  
Required on  
Paper Claims**



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

**Prior  
Authorization  
Number**



- Indicate which department your mail should be routed to

**Attention: SPECIFIC  
DEPARTMENT**

8220 N. 23rd Ave  
Phoenix, AZ 85021

**Sending  
Correspondence?**



## Reminder

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

## Reminder

Visit our website for updated Prior Authorization (PA) Grids

## Bordering Counties\*

CA: San Bernardino  
NV: Clark, Lincoln  
UT: Kane, Washington  
CO: Montezuma  
NM: San Juan, McKinley, Cibola, Catron, Grant, Hidalgo



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Health  
Choice

[azblue.com/hca](https://azblue.com/hca)