



BCBSAZ HEALTH CHOICE
Provider Newsletter

July – September 2024



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

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What's New!



Join Us for Project ECHO at BCBSAZ Health Choice!

Beginning September 16, 2024, we will be continuing Mountain ECHO Academy, a training series that features three programs: **Substance Use Disorders (SUD)**, **Trauma in Children (TIC)**, and **Social Determinants of Health (SDOH)**! Upon registration you will choose which program(s) you'd like to attend.

Each program will offer monthly sessions for 6 months, each with a lecture and case consultation. The lectures feature experts from across the state providing information on evidence-based practices, new guidelines, resources, and other topics related to the program area. The case consultations allow participants to bring a de-identified case to the group to solicit feedback from a statewide multidisciplinary participant panel.

This "all-teach, all-learn" model allows for skills development, networking, and a place to help fellow colleagues. We also offer Certificates of Attendance that may be used for Continuing Education Units (CEUs). We hope to see you there!

Upcoming Series: September 16, 2024, through April 21, 2025

Frequency: Mondays every month, **SUD** – 1st Monday,
TIC – 2nd Monday, **SDOH** – 3rd Monday

Time: Noon to 1 p.m. (AZ)

Location: Join us on Zoom!

Register: healthchoiceaz.com/providers/mountain-echo/

Supporting Cultural Competency and Language Access Services

Cultural competency in healthcare describes the ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including the tailoring of healthcare delivery to meet patients' social, cultural, and linguistic needs. A culturally competent healthcare system acknowledges the importance of culture, incorporates the assessment of cross-cultural relations, recognizes the potential impact of cultural differences, expands cultural knowledge, and adapts services to meet culturally unique needs. Ultimately, cultural competency is recognized as an essential means of reducing racial and ethnic disparities in healthcare.

Visit us online for Language Services (Provider Job Aid), Plan-specific resources, LGBTQIA+, Improving Patient Social Determinants of Health: **Cultural Competency | AZBlue**

*Please take our virtual training course (video) at the link above: *Cultural and Language Requirements for Delivering Care**

What's New!

AHCCCS Releases Covered Behavioral Health Services Guide – Effective 10/1/2024

In response to stakeholder input and the need to further strengthen Arizona's behavioral health system, the Arizona Health Care Cost Containment System (AHCCCS) has released an updated version of the Covered Behavioral Health Services Guide. AHCCCS has published the Covered Behavioral Health Services Guide (CBHSG) with an effective date of 10/1/2024.

AHCCCS greatly appreciates the attention and insights shared by Arizona's provider community while developing and refining this important resource. Their feedback on the original draft (released in July 2024) has been used to create an updated version which is now available on the [AHCCCS Medical Billing and Coding Resource Page](#). Changes to the Guide have been specified in the footnotes of the updated version.

The following sections have received significant updates and/or additional information since the original posting:

- Intensive Outpatient Programs (IOP), which includes updates related to telehealth
- Peer Support, which includes updates related to the 10/1/2024 closure of the per diem code and increases the daily limit on the 15-min service code
- Case Management, which includes a new section for Behavioral Health Outreach Services

The Covered Behavioral Health Services Guide is a resource for behavioral health providers that clarifies basic billing and coding information. The purpose of the document is to compile billing and compliance information and codify rules for service delivery, billing, and encounters.

Stakeholders are welcome to submit questions about the Guide via email to CBHSGCodingQuestions@azahcccs.gov. AHCCCS has updated the Frequently Asked Questions (FAQs) and have published to inform stakeholders interested in the Covered Behavioral Health Services Guide.

These FAQs feature answers to numerous questions that have been asked since the launch of the Guide and will be updated as needed by the agency.

The Covered Behavioral Health Services Guide is a resource for behavioral health providers that clarifies basic billing and coding information. The purpose of the document is to compile billing and compliance information and to codify rules for service delivery, billing, and encounters.

Please also reference The Behavioral Health Services Matrix (formerly called B2 Matrix).

The guide, matrix, and FAQs have been published to the Medical Coding Resources web page and can be found under the Behavioral Health Service Matrix and Guide drop-down menu.

What's New!

AHCCCS Vaccine for Children (VFC) Coding and Reimbursement Update – Effective 10/1/2024

The Affordable Care Act (ACA) mandates that vaccine administration fees be paid to certain physicians and other providers administering vaccines to Medicaid-enrolled members, including those administered to children under the Vaccines for Children (VFC) program. There has been confusion regarding the reimbursement for immunization administration fees when VFC stock is administered to members. AHCCCS is sharing this guidance for clarification.

The finalized rule includes the following language “The provider will also receive a single administration fee for any vaccine provided, regardless of the number of vaccine/toxoid components, and will not receive the Medicare administration rate for those services.” The **CDC VFC Operations guide** further highlights this point, which states, “Administration fees are per vaccine and not per antigen.”

Under the ACA, both the vaccine code and the vaccine administration code must be reported by all providers reporting vaccine administration services. If the vaccine is provided through the VFC program, the SL modifier must be added to both the vaccine code and the vaccine administration code (refer to the **AHCCCS FFS Billing Manual Chapter 10**). Providers shall not add the SL modifier to vaccine and administration codes used to report services provided to members who are over 18 years of age or for vaccines that are not covered under the VFC program administered to children.

When vaccines are administered separately, i.e., through separate injections, an administration fee will be paid for each separate administration. Physicians should not separate vaccine toxoids typically administered together into separate syringes to report multiple vaccine administration codes whereby inappropriately giving single-antigen vaccines when a combo could be used: In addition, section 1903(i)(15) of the Act provides that no payment shall be made “with respect to any amount expended for a single-antigen vaccine and its administration in any case in which the administration of a combined-antigen vaccine was medically appropriate (as determined by the Secretary)”.

Reporting multiple injections depends on which vaccine administration codes are used to report the services. When more than one vaccine is administered with counseling to a member 18 years of age or younger, each injection is reported with CPT code 90460 and SL modifier. Providers will be paid a separate fee for each injection. If more than one vaccine/toxoid is included in a single injection, additional reimbursement will not be made for administration of other additional toxoids included in the injection identified with CPT code 90460.

Effective 10/1/24, code 90461 will be closed.

The only code billable for VFC immunization administration will be 90460 with the SL modifier.

Any claim with 90461, regardless of modifier, will be denied. This applies to both OMB-0938-1197 FORM 1500 or UB50. The claim must include 90460 with SL modifier (Box 24); the toxoid administered (Box 19), and the rendering provider (Box 17). Per ARS 36-135; all vaccines administered shall be reported to the Arizona State Immunization Information System (ASIIS): azleg.gov/ars/36/00135.htm

Please share this guidance with providers who are participating in the VFC program.

What's New!

AHCCCS Partners with Health Management Systems to Conduct Regular Claims Audits

The Arizona Health Care Cost Containment System (AHCCCS) has partnered with Health Management Systems, Inc. (HMS), a Gainwell Technologies company, to conduct periodic reviews of claims paid by AHCCCS for healthcare services rendered to Medicaid members to ensure Arizona's participation in the Centers for Medicare & Medicaid Services (CMS), Recovery Audit Program (which is run by Recovery Audit Contractors [RACs] like HMS). The purpose of the RAC program is to identify and recover payments made to Medicaid providers that do not meet state and federal requirements to ensure the integrity of paid claims, including coding validation, payment accuracy, compliance with state and federal regulations, policies, and contractual requirements.

The webinar will be recorded and made available on the AHCCCS website.

Be sure to view [AHCCCS' OIG webpage](#) for updates related to the Recovery Audit Program.

BCBSAZ Health Choice & BCBSAZ Health Choice Pathway Q3 Provider Forum

BCBSAZ Health Choice and BCBSAZ Health Choice Pathway will be hosting our third Provider Forum of 2024.

We will hold this event ONLINE ONLY, via Zoom Webinar.

Please register and come join us!

Zoom Webinar

Wednesday, September 25, 2024

11:30 a.m. – 1 p.m.

You can participate by joining us online:

From your PC, Mac, Linux, iOS, or Android,

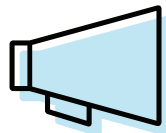
AND By calling: US: +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or +1 669 900 6833

Webinar ID: 831 9647 2106.

Please submit any questions in advance to:

Jadelyn.Fields@azblue.com with your name, contact information and the office name (TIN).

We Heard You!



At Health Choice, we are dedicated to making a difference. The opinion of your practice is an important source of information that will help us identify and deliver the solutions that will best meet your needs. Come join us, let us share our progress with you, and provide your feedback to our team.

What's New!

Updates to the EviCore Provider Portal

The management of BCBSAZ Health Choice Advance Imaging prior authorizations through EviCore will transition from the MedSolutions portal platform to the CareCore National portal platform effective December 1, 2024. While this change will have minimal impact on providers, the steps to submit authorizations through the portal will slightly differ.

To support our providers, we would like to invite you to attend an upcoming virtual orientation session provided by EviCore.

BCBSAZ Health Choice EviCore Migration Provider Orientation

What: A 30–60-minute informational session and demonstration of how to submit prior authorization requests through the new portal platform.

Who: Designed specifically for provider office staff

When: Various time options available in October 2024

Where: Virtual via Webex

Register today!

1. Go to evicore.webex.com
2. Select “Webex Training” from the menu bar on the top left.
3. Click the “Upcoming” tab.
4. Type “Health Choice of Arizona Migration Provider Orientation” into the search bar and click “Search”
5. Click “**Register**” next to the session you wish to attend and enter your information.

Once you’ve registered, you will receive a confirmation email. Please keep the email so you have the Webex link, meeting number, password, and call-in number for the session you will be attending. We recommend that you add the session to your calendar, so you receive meeting reminders.

For inquiries regarding the EviCore web portal, email the Web Support team at portal.support@evicore.com, or call **1-800-646-0418 (Option 2)**.

For any Client or Provider inquiries not associated with this training, email ClientServices@evicore.com or call **1-800-646-0418 (Option 4)**.

Advanced Psychopharmacology Training

PSI’s Advanced Perinatal Mental Health Psychopharmacology Training, provided by perinatal psychiatric experts, is an evidence-based training on psychiatric prescribing during pregnancy and lactation. It is designed for psychiatric prescribers who have previously completed at least fourteen hours of perinatal mental health training. This advanced training combines expert presentation with case studies, group discussion, and practical examples. It is an interactive, case-based advanced seminar, covering differential diagnosis, medication challenges, and your questions.



**2023 - 2024 PSI AZ
Scholarship Application Form
6 CMEs provided**

What's New!

CALOCUS Self-Paced Online Training

Starting August 26th, 2024, a new online self-paced CALOCUS training is available. AHCCCS has updated the CALOCUS FAQs located at azahcccs.gov/systemofcare for reference and provides additional information down below.

AHCCCS, health plans' Workforce Development, and the CALOCUS vendor collaborated and now offer the self-paced online module which includes the ability to save the learner's progress and includes the competency exam.

The CALOCUS training is available at:
training.communitypsychiatry.org/?tenant=deerfield

Providers will need to create an account using the following steps to access the self-paced online training:

1. Click "Create a New Account"
2. Use your company email address as your username. Use this same email address for all other email fields.
 - a. Please make note of the password you use for your registration as you will need this to log in to the site.
3. Enter C00097calcs in the "Company ID" field.
 - a. NOTE: Please ensure you enter the correct company ID. You will not be able to successfully create an account if you do not enter the correct company ID.

4. Once you've entered all registration information, an automatic email from "Admin User" (via AACP) with the subject line "AACP: account confirmation" will be sent to the company email address you entered.
 - a. NOTE: If you do not see this automatic email in your inbox, please check your spam folder.
5. Confirm your email account by selecting the link included in the email.
6. Select "continue" on the web page stating that your account registration has been confirmed.
7. You will be taken to the "AACP LOCUS and CALOCUS training certification dashboard." Select "Go to Course" to enter CALOCUS training for the first time.
 - a. NOTE: After you've initiated this course, the CALOCUS Training will show up in the dashboard under the heading "in progress courses" and you can resume course content by selecting the link "CALOCUS Training by AACP."

The new CALOCUS training will take approximately 3 hours to complete. The learner will receive a certificate following successful completion of the course. This certificate of completion will be uploaded into RELIAS to receive training credit.

Please share this information with all appropriate parties within your organization. Questions should be sent by email to systemofcare@azahcccs.gov.

What's New!

National Substance Use and Mental Health Services (N-SUMHSS) Survey

Dear Substance Use and/or Mental Health Treatment Facility provider,

We are writing to request your participation in the 2024 National Substance Use and Mental Health Services Survey (N-SUMHSS). This voluntary annual survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and conducted by ICF, the contractor who will be conducting the 2024 N-SUMHSS data collection on SAMHSA's behalf.

The survey collects data from all known substance use and mental health facilities in the United States, its territories, and the District of Columbia. Your participation in the N-SUMHSS is critical to its success, ensuring a comprehensive snapshot of the substance use and mental health services in your area, while improving the understanding of the national treatment resource landscape.

Facilities participating in the N-SUMHSS may be eligible to be listed on [FindTreatment.gov](https://www.findtreatment.gov), which may help potential clients you do not currently serve to reach you. In addition, by participating in the N-SUMHSS, your facility will be properly represented in analyses and reports describing substance use and mental health treatment in the United States.

We urge you to complete this survey promptly. The survey should be completed by you or another person knowledgeable about your facility's daily operations.

For more information on this survey, please visit info.nsumhss.samhsa.gov.

If your facility no longer provides substance use or mental health services, has had an address change, or if you have any questions about the survey, please call the N-SUMHSS helpdesk at **1-833-302-1759** or send an email to ICFsupport@nsumhss.org.

Thank you very much for your participation in this important effort.

October 2 - Community Grand Rounds – Protection Against Winter Respiratory Viruses: An Update on the RSV, COVID, and Flu Vaccines

Protection Against Winter Respiratory Viruses: An Update on the RSV, COVID, and Flu Vaccines

Please join us virtually for a timely discussion with Arizona infectious disease and public health experts.

Register Now

**Wednesday, October 2, 2024
12 p.m. – 1 p.m., virtual**

Application for CEUs has been filed with the American Academy of Family Physicians, Determination of credit is pending.

All registrations will be confirmed via email with the details on how to join the webinar

Presenters:

Nathan B. Price, MD

*Associate Professor, Pediatrics
University of Arizona College of
Medicine*

R. Nicholas Staab, MD, MSPH

*Assistant Medical Director,
Maricopa County Department of
Public Health*

Joel Terriquez, MD, FIDSA, CIC

*Medical Director, Bureau
of Infectious Disease and
Immunizations, Arizona
Department of Health Services*

What's New!

2024 Annual Model of Care Training: Special Needs Plans (D-SNPs)

A SNP is a type of Medicare Advantage plan providing targeted care, improved care coordination, and continuity of care to members with special needs. SNPs operate under the Model of Care (MOC) structure to identify and help meet the unique healthcare needs of each SNP member.

BCBSAZ Health Choice Pathway 2024 Annual MOC training is available online!

Visit: [Provider Education | Health Choice Pathway](#)

Click the drop down 'For Providers' and select 'Provider Education' to access the online presentation and attestation.

- Special Needs Plan (SNP) Model of Care (MOC) training is required initially and annually by the Centers for Medicare & Medicaid Services (CMS) for care providers who treat members in SNPs.
- A SNP is a type of Medicare

Advantage plan that provides targeted care, improved care coordination, and continuity of care to members with special needs.

- You are considered to be a SNP care provider if you treat members who are enrolled in a SNP, even if you treat just one SNP member.
- One clinical or non-clinical staff member of each practice, clinic, or medical group may take the training and communicate the information within the practice.

2024 Healthy Rewards Program









We want to remind our members about the amazing benefits available to them through the BCBSAZ Health Choice Healthy Rewards program. Check out all the easy ways our members can be rewarded, just for keeping healthy.

Healthy Rewards Program: Health Choice AZ

Healthy Rewards: Health Choice Pathway







BCBSAZ Health Choice Arizona (Medicaid)

Member Services: 1-800-322-8670, TTY: 711

-  **\$25 for a Well Child Visit, 0 – 15 months**, up to six visits (Up to \$150 annually)
-  **\$25 for a Well Child Visit 16 – 30 months**, once per year
-  **\$25 per Well Child Visit, 3 – 21 years of age**, once per year
-  **\$50 for Mammogram** during the measurement year for women 50 – 74 years of age
-  **\$25 for a Prenatal Visit** within the first trimester
-  **\$25 for a Postpartum Visit**, 7 – 84 days post delivery
-  **\$25 for completing a Health Risk Assessment**, members ages 3 – 17
-  **\$25 Oral Evaluation** with a dental provider, for children under 21 years of age

BCBSAZ Health Choice Pathway (Medicare)

Member Services: 1-800-656-8991, TTY: 711

- \$25 for Medicare Annual Wellness Visit** (All HCP members) 
- \$25 for Colorectal screening** during the measurement year, 45 – 75 years of age 
- \$50 for Mammogram** during the measurement year for women 50 – 74 years of age 
- \$25 for a Diabetic Eye Exam**, 18 – 75 years of age with diabetes (type 1 & 2) 
- \$50 for Osteoporosis Management** in women 67 – 85 years of age with fracture 
- \$25 for completing a Health Risk Assessment** (Initial or Annual) 

HCA members need to call Member Services for gift card redemption.

HCP member rewards are distributed on a prepaid Visa® flex card based on claims activity. It is essential for providers to bill the correct codes to ensure member rewards are distributed.

Did You Know?

Change in Minimum Subcontract Provisions Effective 10/01/2024

Effective 10/01/2024, AHCCCS has made updates to the Minimum Subcontract Provisions (MSPs). These updates have been posted to the AHCCCS website. The MSPs are referenced and incorporated into the AHCCCS Provider Participation Agreement, Provider Contracts, and the BCBSAZ Health Choice Provider Manual, Chapter 3. All AHCCCS providers are required to comply with the MSPs.

Summary of Changes - Minimum Subcontract Provisions Effective 10/1/24. Please note, AHCCCS has made recent revision to the Artificial Intelligence Prohibitions section.

MSPs are available here: azahcccs.gov/PlansProviders/HealthPlans/minimumsubcontractprovisions.html

Pyx Health Programs for Caregivers and Teens

Exciting News! BCBSAZ Health Choice now offers the Pyx Health program to teen members ages 13-17 years and to the caregivers of our Health Choice Pathway D-SNP members. All adult members continue to have access to this valuable resource. Pyx Health's mobile app and trained, compassionate call center staff provide relatable support to address loneliness and provide resources for social needs. For more information or to help your patients enroll with Pyx, visit our websites.

Pyx Health for Teens:
healthchoiceaz.com/pyxhealth/

Pyx Health for Caregivers:
azblue.com/health-choice-pathway/about/pyx-health



2024 Lunch-and-Learn Monthly Series: Mindfulness



BCBSAZ Health Choice and Northland Family Help Center invite you to join us as we present the topic of mindfulness and how it can better support your approach to care. This lunch-and-learn series is ideal for those who are looking to build an understanding of and integrate intentional awareness into their personal and professional interactions through mindfulness.

When: The fourth Monday of every month from 11:30 a.m. to noon starting 01/22/2024.

One-time Registration Required:

azblue.zoom.us/meeting/register/tZAucuChrz4tHtUMoNVlqF3irzSgHen7nsmi

Did You Know?

Help seniors improve their balance and work to prevent falls with SilverSneakers®

We know that maintaining a steady sense of balance is crucial in fall prevention. What exercises can senior patients do to improve their balance? Since falls often happen during everyday activities such as climbing stairs or walking on slippery floors, functional training can be especially beneficial.

Functional training strengthens the body for daily activities. This workout method is designed to mimic everyday movements¹. By training these movement patterns, seniors can build and maintain the strength needed to live independently, reducing the risk of falls and age-related aches and pains.

Every **SilverSneakers class** features movements like these. Many classes also use equipment like resistance bands, dumbbells, and fitness balls that can help seniors move in different ways. A good class to recommend is SilverSneakers Circuit. This beginner-friendly class includes fall-prevention drills and exercises to improve strength and endurance. It's offered both in-person at **participating fitness locations** and **online with SilverSneakers LIVE**.

Ways to get active with SilverSneakers

SilverSneakers is more than a traditional fitness program – it's a way of life. Designed specifically for seniors, there's something to help them get started and achieve their health and fitness goals. And it may be included with their Medicare Advantage plan at no additional cost.

With SilverSneakers, members get access to:

- A nationwide network of participating locations², with group fitness classes³ at select locations
- **SilverSneakers LIVE** online classes and workshops taught 7 days a week by instructors trained in senior fitness

- **SilverSneakers On-Demand** library with 200+ online workout videos
- SilverSneakers GO mobile app with digital workout programs
- SilverSneakers Community classes offered in neighborhood locations outside of the gym

Have members go to **SilverSneakers.com/GetStarted** to activate their **FREE SilverSneakers member account and get their Member ID number today**.

1. ageility.com/ageility-blog/functional-exercises-older-adults/
2. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
3. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved. SSFP7611_0724

Did You Know?

Our Physical and Correspondence Address

As of August 1, 2023, the BCBSAZ Health Choice physical and correspondence address is:

8220 N. 23rd Ave, Phoenix, AZ 85021

NOTE: The claim submission address is not changing. All providers are encouraged to submit claims/encounters electronically. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim/encounter sent, and minimizes clerical data entry errors.

As a reminder, Arizona providers and contracted providers located in contiguous counties to Arizona will continue to submit claims to BCBSAZ Health Choice directly.

Claim submission:

BCBSAZ Health Choice (AHCCCS)

BCBSAZ Health Choice **Payer ID# 62179**
P.O. BOX 52033, Phoenix, AZ 85072-2033

BCBSAZ Health Choice Pathway

(Medicare Advantage D-SNP)
BCBSAZ Health Choice Pathway **Payer ID# 62180**
P.O. BOX 52033, Phoenix, AZ 85072-2033

ACA StandardHealth with Health Choice

(ACA IU65 – effective 1/1/2024)
BCBSAZ Health Choice **Payer ID# RP105**
P.O. BOX 52033, Phoenix, AZ 85072-2033

Sending Correspondence to a specific department?

Help us stay efficient in distributing your mail to the correct department. Please indicate which department your mail should be directed to:

BCBSAZ Health Choice, BCBSAZ Health Choice Pathway, or ACA StandardHealth with Health Choice

Attention: SPECIFIC DEPARTMENT (i.e., Claim Reconsideration/Dispute/Appeal/Grievances, FWA, EPSDT Forms, Dental Prior Authorization forms, Medical Claims Review)

8220 N. 23rd Ave
Phoenix, AZ 85021

BCBSAZ Health Choice Centers of Excellence (COE)

Centers of Excellence (COE) provide exceptional care in these areas, meet state and national standards for best practices, and have required staffing and metrics each year to remain a COE. For more information about each of these agencies, please visit [Centers of Excellence | Health Choice AZ](#).

If you have any questions, please feel free to reach out to Rose Kent, Social Determinants of Health (SDOH) and COE Coordinator,
rose.kent@azblue.com.

AAPC Coding Tool

The AAPC website offers a free medical coding and billing tool through Codify. Codify offers an E/M calculator for multiple years. The tool is easy to use and can assist in leveling an office visit.

Steps to access Codify:

- Go to the AAPC website (aapc.com/)
- Select the “Software and Services” dropdown
- Select “Calculators and Tools”
- Select the E/M calculator that would be appropriate for the date of service
 - aapc.com/codes/em-calculator

Did You Know?

Practice/Company Notifications: Changes, Updates, Additions

Contracted providers are required to notify the health plan in writing of **any changes** at least 90 days prior to the effective date of change. Examples of changes, updates, additions, and staff terminations include:

- Practice/company name/ change of ownership
- Physical services addresses
- Payee address
- Tax identification number
- NPI
- Staff additions/terminations
- Phone and/or fax numbers

*In addition, the provider **must** register the change with the appropriate regulators (CMS, AHCCCS) prior to the effective date of change and notice to the health plan.*

Please note that failure to keep information current may result in claim rejections, non-payments, or returned check payments.

Providers are also required to complete the appropriate AzAHP form to Request for Participation/Update Information and will include notice on company letterhead (or a notice signed by the Practice/Company staff). Providers can submit requests directly through your secure online Provider Portal. From the 'Home Screen' under 'Provider Tools' -> Provider Demographic Request/ Electronic Credentialing – AzAHP Practitioner Form.

The secure Provider Portal is designed with you in mind; we streamline your access to important information by offering a self-service model. Enhancements that give YOU, the provider, greater control and more immediate acknowledgement and response times.

Completing the online AzAHP Practitioner form allows users to save information and return at a later time to finish without risk of losing the information. Once completed, the form can be printed and mailed to other

health plans that require the AzAHP Practitioner form. For practitioners practicing at the same location, information can be copied from one form into another form. Currently, only the Practitioner AzAHP form is available for online submission.

Visit us online at:

[Provider Education | Health Choice AZ](#) for additional instruction on submitting online Credentialing request(s).

Please note: Credentialing and Network Contracting are two separate processes. There must be an executed agreement as well as a completed credentialing event before a practitioner or facility can provide services to Health Choice Members. Our credentialing department sends initial approval letters informing you of each practitioner or facility credentialed with Health Choice.

Providers can also submit and initiate Credentialing in the following ways:

If the provider is not yet contracted:

Email form to HCHContracting@azblue.com

For contracted providers:

Submit request via your secure provider portal (E-Apply) or email to the Credentialing Department at: HCHCredentialing@azblue.com

If we can provide staff training, please contact your Provider Performance Representative. Keeping your staff trained saves you time and money!

Did You Know?

Medical Record Standards

Providers are required to maintain medical records in a detailed and comprehensive manner, which conforms to good professional medical practice, permits effective professional medical review and medical audit processes, and which facilitates an adequate system for follow-up treatment. The provider must ensure that records are accessible to authorized persons only. Medical records must be available to BCBSAZ Health Choice and AHCCCS for purposes of quality review or other administrative requirements, free of charge to BCBSAZ Health Choice and any vendor BCBSAZ Health Choice delegates to for the purposes of Medical Record Reviews.

A.R.S. 32-1401(2) defines adequate medical records as “legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warning provided to the patient and to provide for another practitioner to assume continuity of the patient’s care at any point in the course of treatment.”

Inspection and audit of records and facilities:

Providers must provide medical records or copies of medical records for any BCBSAZ Health Choice member upon request by BCBSAZ Health Choice. **Medical records must be available within five (5) working days of a request.** Failure to provide BCBSAZ Health Choice with medical records that result in a sanction to BCBSAZ Health Choice by a regulator will result in such sanction being deducted in full of future payments to the offending provider. BCBSAZ Health Choice will issue a written notification seven (7) days prior to the sanction being imposed.

AHCCCS Rules and Policy Regarding Billing for Arizona Physicians and Advanced Practitioners

This communication serves as a reminder of the AHCCCS Rules and Policy regarding billing for Arizona Physicians and Advanced Practitioners. In accordance with AHCCCS’s guidelines, *all rendering providers must bill under their own NPI number.* As a result, incident-to billing is not permissible for advanced practitioners. (A rendering provider is defined as the individual who provided care to the client and needs to be reported as such in box 24J of the CMS 1500 claim form.)

Per the AHCCCS Participating Provider Agreement General Terms and Conditions: “No provider may bill with another provider’s ID number, except in locum tenens situations and in accordance with applicable AHCCCS policy.” Locum tenens providers must submit claims using the AHCCCS provider ID number of the physician for whom the locum tenens provider is substituting or temporarily assisting. Locum tenens arrangements will be recognized and restricted to the length of the locum tenens registration with the American Medical Association.

In connection with our ongoing activities to monitor claim payment and billing, we identified claims submitted to BCBSAZ Health Choice inappropriately that are non-compliant with this billing policy. We will continue auditing claims and/or encounters for this purpose. We may deny claims and/or recoup payments issued on any incorrect claim submissions. To prevent this from occurring, we request that you review your organization’s billing practice for compliance with these requirements.

Did You Know?

AHCCCS Provider Disenrollment, Registration Updates, and Revalidation

Beginning in October 2022, AHCCCS started a 10-month process of disenrolling providers who have not complied with multiple re-registration requests. Any provider who has not completed the revalidation process in the AHCCCS Provider Enrollment Portal (APEP) will receive written notification to submit an application. Providers who do not respond will receive written notification of pending disenrollment and appeal rights.

To avoid termination and/or loss of billing privileges, providers must respond and take action, following specific actions outlined in the letter, within the noted time frames. Failure to complete these actions result in disenrollment and claim denials.

What AHCCCS Providers Need to Know:

- Providers who need to complete the revalidation process or meet additional screening requirements will be notified in writing through United States Postal Service mail.
- AHCCCS will review the submitted application and issue a written notice upon completion.
- Providers who have an expired license will be notified in writing to submit the current license or certification.
- Providers who fail to respond to the request could experience delays such as termination and/or loss of billing privileges.

AHCCCS Provider Enrollment Applications and Revalidations Portal (Apep)

[AHCCCS Provider Enrollment Applications and Revalidations \(azahcccs.gov\)](https://www.azahcccs.gov)

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.

Provider Registration Updates

BCBSAZ Health Choice is reminding providers that updates must be reported to both CAQH and AHCCCS to include any changes/updates to either provider practice/site locations.

Additionally, BCBSAZ Health Choice encourages providers to update CAQH and/or AHCCCS demographic race/ethnicity and languages spoken fields. This helps facilitate our efforts to ensure members with specific race/ethnic background or spoken languages other than English are linked with providers who can also help ensure access to culturally competent care and services.

Maintaining Enrollment as an AHCCCS Provider

Reporting Changes and Maintaining Current License and Certifications. After being approved as an AHCCCS-registered provider, you are required to:

- Report any changes to your information using APEP. Changes may include, but are not limited to:
 - Change in service address
 - Changes in ownership or managing employees
 - get more from PE.
- Maintain current license and certifications
- Respond to any requests from AHCCCS about your enrollment information

Revalidation

A provider must revalidate their enrollment every four years to maintain Medicaid billing privileges. AHCCCS reserves the right to request off-cycle revalidations.

For more information on AHCCCS Provider Registration and maintaining enrollment as an AHCCCS provider, please visit the AHCCCS website at [AHCCCS Provider Enrollment Applications and Revalidations \(azahcccs.gov\)](https://www.azahcccs.gov)

Did You Know?

Changes to AHCCCS Provider Enrollment and Billing System Close Ability for Fraudulent Behavioral Health Claims Payments

In response to the discovery of significant fraudulent Medicaid behavioral health billing in Arizona, AHCCCS has made numerous system changes to stop deceptive providers who bill for services that are or were not provided, not appropriate, or not necessary. Please refer to the [Provider Suspensions and Terminations \(azahcccs.gov\)](https://www.azahcccs.gov).

Some of the holistic, system-wide improvements to the Medicaid payment system include:

- Added ability to flag concerning claims
- Ended ability for providers to bill on behalf of others
- Imposed prepayment review for various scenarios including multiple providers billing the same client on the same day for similar services, excessive number of hours per day, and the age of patients

A few of the changes to the AHCCCS provider enrollment process include:

- Moved three behavioral health provider types to the high-risk category which requires a Fingerprint Clearance Background Check and site visit

- Received federal approval for a 6-month **moratorium on all new provider enrollments** for Behavioral Health Outpatient Clinics, Integrated Clinics, Non-Emergency Transportation providers, Behavioral Health Residential Facilities, and Community Service Agencies providers

Anyone can report suspicion of provider or member fraud using the AHCCCS Report Fraud web page or by calling **602-417-4045** or, outside of Arizona, **1-888-ITS-NOT-OK (1-888-487-6686)**. Providers can also make a report directly through BCBSAZ Health Choice by visiting: **Fraud, Waste & Abuse - BCBSAZ Health Choice (healthchoiceaz.com)**. Any AHCCCS member who needs help because of a sober living home closure can call **2-1-1** (press option 7).

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

BCBSAZ 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. BCBSAZ 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.

Innovation Corner

Targeted Investments 2.0 (TI 2.0) Updates

Please find below links to the slides and the recording for Quality Improvement Collaborative 3, hosted on August 8, 2024.

- QIC 3 Slides: [here](#)
- QIC 3 Recording: A full recording of QIC 3 is available on our YouTube page [here](#)
- AHCCCS Office Hours: Please find a link to the upcoming AHCCCS Office Hours [here](#)

Community Health Worker (CHW) Resources

AHCCCS CHW Reimbursable Codes: Education and training for patient self-management by a qualified nonphysician healthcare professional using a standardized curriculum, face-to-face with the patient each billed

in 30-minute increments, with a maximum of 4 units per day, up to 24 units per month per member can be claimed. AHCCCS billing codes can be found below and AHCCCS FAQs can be found [here](#).

- 98960: Education and training provided for an individual patient for each 30 minutes of service
- 98961: For a group of two to four patients
- 98962: For a group of five to eight patients

ASU CHW Training Program

Please find community partner CHW resources [here](#). If you are interested in applying to the ASU CHW program, please find additional details [here](#) and the application [here](#). For additional information about the ASU CHW program, please email: chwtp@asu.edu, and if you have any follow-up questions for Dr. Mindy McEntee, please contact [mindy.mcentee@asu.edu](mailto:mcentee@asu.edu). For CHW resources and billing guidance from AHCCCS, please explore this web page [here](#).

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. BCBSAZ 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. BCBSAZ Health Choice encourages provider participation. For more information, visit the CommunityCares webpage: contexture.org/communitycares/.



Innovation Corner

The Office of Individual and Family Affairs (OIFA) and Health Equity Advancement Roadshow

Have you heard of the Office of Individual and Family Affairs (OIFA)? If not, then this article is for you! Established in Arizona in 2007, OIFA aims to promote recovery, resiliency, and wellness for individuals facing mental health and substance use challenges. Today, OIFA remains committed to these principles while increasing awareness around mental health, offering support by amplifying the voices of our members and service providers, fostering collaboration to strengthen connections with those we serve, and identifying barriers and needs using a non-judgmental approach.

In a collaborative effort to engage with healthcare providers, members, family members, and peers, OIFA and the Health Equity Advancement Team launched the Roadshow presentation in October 2023. Through this Roadshow, we aim to foster connections, enhance awareness, and provide support, ultimately leading to improved healthcare and greater equity.

During the Roadshow, we engage with provider staff and members through informative presentations and open discussions. We encourage active participation, questions, and the sharing of insights to make this engagement truly collaborative.

- **Facilitating Networking:** The OIFA and Health Equity Advancement Roadshow aim to create new networking opportunities for providers, members, family members, and peers, fostering connections and collaboration.
- **Increasing Awareness:** One of its purposes is to educate and raise awareness about OIFA and the Member Advocacy Council among providers, members, peers, and family members, ensuring that they understand its role, mission, and the role members play.
- **Providing Support:** The Roadshow is designed to answer questions and offer support, addressing the needs and concerns of providers, family members, and members, promoting a supportive environment.
- **Identifying Barriers and Needs:** Building relationships with providers, family members, and members, the

Roadshow aims to identify barriers and service needs, fostering collaboration and partnerships to enhance healthcare and equality.

These Roadshow presentations have traveled through Northern Arizona with plans to continue across the state throughout 2024. The OIFA and Health Equity Advancement teams may be reaching out to your practice to schedule Roadshow presentations.

If you are interested in having the OIFA and Health Equity Advancement teams present, please contact us at Oifa@azblue.com.

For additional OIFA resources, visit us online: [The Office of Individual and Family Affairs | Health Choice AZ](#).

988 - National Suicide Prevention Hotline

988 has been designated as the three-digit telephone dialing code that will route callers to the National Suicide Prevention Lifeline (NSPL). When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing National Suicide Prevention Lifeline network based on the area code of the incoming phone number. These trained counselors will listen, provide support, and connect people to resources as needed. Services through the NSPL are free and available 24/7 to any individual.

BCBSAZ Health Choice Tribal Program

Response to Supai Village August 2024

In response to the devastating flooding in Supai Village in August 2024, the BCBSAZ Health Choice Tribal Program coordinated a vital relief effort to support the approximately 200 residents living eight miles down at the bottom of the Grand Canyon. The Tribal Program quickly mobilized to provide critical support. Working closely with tribal representatives, we coordinated a food drop at Hilltop, which included pallets of essential items such as:

- Watermelons
- Celery
- Green grapes
- Coffee creamer
- 2 pallets of water
- Coffee whole beans
- Sports drink
- Mixed bread/pastries
- Yellow squash
- Italian squash
- Green cabbage
- Cantaloupe
- Baby food
- Cranberry juice
- Sweet potato chips
- Hand soap

These supplies were transported by helicopter into the village on August 28, 2024, where they were distributed not only to Health Choice members but to the broader community during this critical time reinforces the importance of these relationships, as we work together to ensure the safety, health, and well-being of those we serve.

Our partner, Real Hope Inc., demonstrated remarkable efficiency executing the food drop. They successfully coordinated the delivery of essential items to the remote village. This logistical achievement involved planning and communication to ensure that the food and supplies reached Supai Village in a timely manner. Real Hope Inc.'s ability to manage this operation highlights their commitment to support remote and underserved communities through seamless and reliable service.

The collaborative effort, involving emergency response staff, member outreach, and clinical teams, ensured we stayed informed about conditions in the canyon. Daily reports were provided to the tribal liaison and internal staff to keep everyone aligned on the situation, reinforcing our commitment to the safety and well-being of the community.

Attached are pictures showcasing the successful food drop and the distribution process, reflecting the collaborative effort and dedication involved in this vital service.



Behavioral Health Corner



The State of Arizona has contracted with BCBSAZ Health Choice (the Plan) to administer the AHCCCS Complete Care (ACC) plan, an integrated delivery system of care including physical health, behavioral health, and substance abuse services. BCBSAZ Health Choice's geographic service area for integrated care includes Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties.

Please visit us online for Behavioral Health specific content and education-related material:
[Behavioral Health Resources | Health Choice AZ](#)

Advance Directives, End-of-Life Care, and Hospice

BCBSAZ Health Choice supports the right of members to develop advance directives and utilize end-of-life care and hospice services when desired by the member. Contract providers should discuss advance directives with all adult members receiving medical care. Adult members and members with special healthcare needs or their representatives should be provided written information about formulating advance directives that ensures provider involvement. For members in a Behavioral Health Residential Facility (BHRF) that have completed an advance directive, the document must be kept confidential but be readily available (for example: in a sealed envelope attached to the refrigerator).

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. The registry was moved from the Arizona Secretary of State to HealthCurrent in Fall 2021, pursuant to AZ state bill SB 1352.

To participate or find information: [Home - Contexture](#)

BCBSAZ Health Choice has 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.

- Purpose: Understand the purpose and types of end-of-life care, state laws, advance directives, and provider requirements around end-of-life care.
- The training can be used to meet AHCCCS and BCBSAZ Health Choice provider requirements to train staff, patients, and the community on advance directives and end-of-life care.

To access additional interactive training, visit us online at:

[Provider Education | Health Choice AZ](#)

Behavioral Health Corner

Prior authorization and Continued Stay Form for Behavioral Health Inpatient Facility (BHIF), Behavioral Health Residential Facility (BHRF), and Therapeutic Foster Care (TFC)

BCBSAZ Health Choice has enhanced and revised the “BHIF, BHRF, TFC, and Behavioral Health Prior Authorization and Continued Stay Form.” The enhanced form is available now on our websites for use with the BCBSAZ Health Choice and ACA StandardHealth with Health Choice plans.

What has changed? All Prior Authorization (PA) and continued stay requests require the identification of the attending or licensed treating practitioner.

Why? To identify the licensed treating practitioner for communication of approval and denials.

Who? NCQA defines a treating practitioner as “A licensed or certified professional who provides medical care or behavioral healthcare services;” “the practitioner who requested the care, service or procedure subject to medical necessity review.” If a practitioner refers a member for a treatment or for preservice requests, either the referring practitioner or the practitioner who will ultimately provide the treatment, service, or procedure may be considered the treating practitioner.

Other Requirements:

- All request forms must be typed.
- All required fields must be completed.

- All requests require the identification of the attending or licensed treating practitioner.
- Expedited or Standard must be checked. All BHRF requests are considered expedited. *Expedited means a request for which a provider indicates, or a Contractor determines, that using the standard time frame for issuing an authorization decision could seriously jeopardize the member’s life or health or ability to attain, maintain, or regain maximum function.*
- The member or guardian must agree with the request.
- Complete in PDF fillable version.

For questions contact:
Robert Fleet
BCBSAZ Health Choice Manager,
Behavioral Health Medical
Management
Robert.fleet@azblue.com

Perinatal Psychiatry Line



Arizona has a new **Perinatal Psychiatry Access Line** that launched on June 1, 2023. If you have any patients who are pregnant or postpartum and struggling with substance use or mental health issues, please call **1-888-290-1336**. There will be consulting perinatal psychiatrists who will provide free clinical guidance Monday through Friday from 12:30 to 4:30 p.m.

Please use this link for flier distribution to patients and for display in your clinics:
[Arizona Perinatal Psychiatry Access Line](#)

Workforce Development

No-Cost Professional Training Certification Opportunity

Over the past several months, BCBSAZ Health Choice, AHCCCS, the Arizona Workforce Development Alliance, and Association for Talent Development (ATD) have been working on a collaborative professional development opportunity. These two professional programs, offered at no cost, are now available for enrollment.

Training and Facilitation Certificate Program - The Training and Facilitation program is intended for staff whose primary function has them serving as a trainer/facilitator and are new to the role or have not received formal professional development in this area. This program is offered over six half-day sessions. Complete attendance and participation is required to receive credit. All attendees must meet eligibility requirements and sign an attestation statement.

ATD Integrated Talent Management Certificate Program - The Integrated Talent Management (ITM) program is intended for those whose primary function has them serving in a leader role within Training/Workforce Development/Talent Management and are new to the role or have not received formal professional development in this area. This program is offered over two full-day sessions. Complete attendance and participation is required to receive credit. All attendees must meet eligibility requirements and sign an attestation statement.

For more information and registration for these valuable courses, please visit the [Workforce Development Programs for AHCCCS Providers](#) web page.

TIP: To complete registration, attendees must know the Provider Type Code for the AHCCCS-contracted organization through which they are employed.

Upon completion, those choosing to attend will receive a professional electronic badge from ATD that helps further build their Training/Workforce Development/Talent Management connections and impact and identifies them as a Training/Workforce Development/Talent Management professional in Arizona and beyond.

ATD has implemented a Customer Care Team to assist with registration issues or questions. The Customer Care Team is available at **1-800-628-2783**.



Workforce Development

Training Series: Empowering Providers to Address Equity in Arizona Healthcare (Live in Relias)

We are excited to announce a new training series, commissioned by the Arizona Health Care Cost Containment System (AHCCCS) and created through a collaboration between ASU's Social Transformation Lab and the Southwest Interdisciplinary Research Center. This learning series includes six online courses designed for behavioral health providers to improve substance use disorder service delivery in Black, Indigenous, and Latiné communities across Arizona.

"Empowering Providers to Address Equity in Arizona Healthcare" Online Learning Series

The series includes the following courses:

- ASU - Understanding Arizona's Health Systems through a Diverse Perspective (Foundational Course)
- ASU - Exploring Client Dynamics and Fostering Trust in the Healthcare System
- ASU - Navigating Arizona's Health Systems and Social Determinants of Health

- ASU - Strategies for Mutual Benefit in Provider-Client Dynamics
- ASU - Understanding the Impact of Historical Trauma on the Client's Recovery Journey
- ASU - Unveiling Biases & Barriers in Substance Use Disorder Treatment

NOTE 1: The Foundational Course must be completed prior to any of the other courses in the series. Other courses may be completed in any order.

NOTE 2: Use the keyword "ASU" to easily find this course series.

For more information on the series, contact Dr. Mako Fitts Ward at mfw@asu.edu.



Dental Corner



AHCCCS Dental Requirement Periodicity Schedule and Uniform Warranty

As a reminder, all BCBSAZ Health Choice members under 21 years of age are assigned to a dental home by six months of age or upon enrollment. Members under 21 years of age must be seen by a dentist for routine preventive care according to the dental periodicity schedule contained in the AHCCCS Medical Policy Manual located at [azahcccs.gov/shared/MedicalPolicyManual/](https://www.azahcccs.gov/shared/MedicalPolicyManual/) (AMPM 431- Attachment A).

The AHCCCS Dental Periodicity Schedule gives dental providers the necessary information regarding the time frame in which age-related required screenings and services are to be rendered by the providers. Please post a copy of the schedule in your office for easy reference and to utilize at every dental visit to ensure all age-appropriate screenings and services are conducted during each visit. Providers are also encouraged to refer to the AHCCCS Dental Uniform Warranty List to determine the frequency a restoration or other services can be replaced.

AHCCCS Dental Uniform Warranty List is located at: [azahcccs.gov/PlansProviders/GuidesManualsPolicies/](https://www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/)

If you have any questions, please contact the BCBSAZ Health Choice Dental Department at **480-968-6866**.

BCBSAZ Health Choice is happy to collaborate with you on health fairs, outreach, and scheduling. Contact Lupe Campos, Community Relations Manager, at Guadalupe.campos@azblue.com or Sarab Sabagh, Oral Health Program Manager, at Sarab.sabagh@azblue.com

Pediatric Corner

EPSDT REMINDERS

Complete a Well-Child Visit during a Sick Visit

One of BCBSAZ Health Choice's primary goals is to ensure our youngest members receive the preventive care they need. Your role as a provider is vital in increasing the rate of preventive and EPSDT screening among children. When a member presents to your office for a sick visit, and their records indicate the need for a well-child visit, you can use the opportunity to provide additional services included in the EPSDT (well-child) visit and get paid for both.

- Both EPSDT visit and sick visit must be billed on the same claim form
- Must add modifier 25 to sick visit CPT codes (99201-99215) when billed with an EPSDT visit code to indicate that a significant, separately identifiable evaluation and management service was provided by the same physician on the same day as the preventive medicine service.
- A qualifying sick diagnosis code needs to be submitted to support the additional E&M service.
- The documentation for the problem-focused visit must be separate from the EPSDT (well-child) visit.

Pediatric Care Management

BCBSAZ Health Choice has a team of skilled pediatric care managers who promote health literacy specific to the needs of children with high-risk conditions. Our pediatric care managers are registered nurses who understand the role social determinants of health have on impacting health outcomes. Pediatric care managers interface with parents/guardians, providers, and community constituents to facilitate educational and coordination of care interventions for high-risk infants, children, and adolescents.

Please email our Care Management (CM) referral form to: HCH_PediatricsCM@azblue.com or fax 480-317-3358.

The CM referral form can be located under the 'For Providers' section of our website under Forms: healthchoiceaz.com



EPSDT Clinical Sample Templates

Please keep sending us your clinical sample templates in a timely manner for your Well Child Visits! As a reminder, please include the AHCCCS ID on the clinical sample template and EMR's and verify your sending a complete file. Please submit EPSDT Clinical Sample Templates and EMR's directly to the EPSDT department, either by email or fax.

EPSDT screening for AHCCCS members less than 21 years of age is required. Submission can be completed with fax or mail. All EPSDT information is logged into the members file for tracking and reporting purposes as required by AHCCCS. Age-appropriate screenings include vision, hearing, oral health, nutrition, development, tuberculosis (TB), BMI and lead. Any referrals you have for the member are also noted.

Working together we can keep kids healthy. Healthy children will lead to healthy adults.

Email: HCEPSDTCHEC@azblue.com
Fax: 480-760-4716

The Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP) is Arizona's statewide interagency system of services and supports for families of infants and toddlers, birth to three years of age, with disabilities or delays. AzEIP is established by Part C of the individual with Disabilities Education Act, which provides eligible children, and their families access to services to enhance the capacity of families and caregivers to support the child's development.

A child, birth to 36 months of age who has not reached 50% of the developmental milestones expected at their chronological age in one or more of the following areas is eligible for AzEIP services

- Physical (Fine or gross motor, including vision and hearing)
- Cognitive
- Communication
- Social or emotional
- Adaptive

A child with an **established condition** known to have a high probability of resulting in developmental delay is also eligible. The conditions include but are not limited to:

- Chromosomal abnormalities
- Metabolic disorders
- Cerebral Palsy
- Severe auditory or visual impairment
- Failure to thrive/undernutrition
- Severe attachment disorders
- Disorders reflecting disturbances in the nervous system (Autism Spectrum Disorders, born addicted to narcotics or alcohol)

During the EPSDT well-child visit, the PCP will determine the child's developmental status through discussion with the parents and utilization of developmental screening tools. If the PCP identifies potential developmental delays, they may request an evaluation by a specialist by submitting the clinical information and request for evaluation and services to HCA.

To initiate the referral process, contact AzEIP directly at **1-888-592-0140**, or via the AzEIP website at: [Arizona Early Intervention Program Policies and Procedures | Arizona Department of Economic Security \(az.gov\)](#)

For additional information, please contact the BCBSAZ Health Choice EPSDT department at **480-760-4821**.

Missed Appointment Logs

As a reminder, please submit missed medical and dental appointment logs.

For medical please fax the log to **480-760-4708** or email HCHcomments@azblue.com

For dental please fax the log to **480-350-2217**

Appointment log forms are located on our website under For Providers -> Provider Manual -> Exhibits 3.5.1 (Medical) and 3.5.2 (Dental).

Arizona State Immunization Information System (ASIIS)

Timely administration of childhood and adolescent immunizations are more essential this year than ever, and AHCCCS requires that all administered immunizations are logged into ASIIS, the statewide immunization portal. Data integrity in ASIIS is critically important because common data entry errors like duplicate patient records and mis-keyed dosage information can make it difficult for providers, plans, and AHCCCS to know which members are truly overdue for immunizations. We highly recommend that you require your staff who enter data into ASIIS to complete the patient data and dose data trainings on ASIIS's online learning portal, APO TRAIN. aipo.myabsorb.com/?KEYNAME=AIPOTRAIN

Maternal Health Corner

Well-Woman Preventive and Family Planning Services

BCBSAZ Health Choice is committed to providing members with access to quality, medically necessary, and appropriate services. The purpose of this notice is to remind you of the coverage for an annual well-woman preventive care visit for women wishing to obtain the recommended preventive services, including preconception counseling.

Frequency:

- Annual physical exam (well exam) that assesses overall health
- Clinical breast and pelvic exams (according to current best practice recommendations)
- Regular review and administration of immunizations, screenings, and testing as appropriate for age and risk factors

Screening, counseling, and treatment for positive results as part of the well-woman preventive care visit to include:

- Proper nutrition, physical activity, and elevated BMI indicative of obesity
- Tobacco/substance use, abuse, and/or dependency
- Interpersonal and domestic violence screening

- Depression screening and mental well-being
- Sexually transmitted infections including Human Immunodeficiency Virus (HIV)
- Family planning counseling
 - Information on family planning options, including Long-Acting Reversible Contraceptives (LARC) and Immediate Long-Acting Reversible Contraceptives (IPLARC) services which are reimbursed through regular claims processes
- Preconception counseling and treatment that includes discussion regarding a healthy lifestyle before and between pregnancies:
 - Reproductive history and sexual practices
 - Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake
 - Physical activity or exercise
 - Oral health care
 - Chronic disease management
 - Emotional wellness
 - Tobacco and substance use (opioids, alcohol, marijuana, and prescription drugs)
 - Recommended intervals between pregnancies

NOTE: Preconception counseling does not include genetic testing

Claim Submission of Postpartum Visit

BCBSAZ Health Choice understands the importance of the postpartum visit to identify postpartum depression, stress, anxiety, substance use, and medical morbidities which impact postpartum health.

Please submit a claim when your patients attend their postpartum visit.

The maternal team at BCBSAZ Health Choice provides outreach to our postpartum members. We offer assistance with scheduling their postpartum visit, transportation, and education on the importance of keeping their postpartum visit to ensure their physical, emotional, and family planning needs are met.

Your submission of a postpartum claim facilitates identifying members who have attended their postpartum visit. The maternal team will implement additional outreach interventions for members who have not attended their postpartum visit.

Our goal is to decrease serious maternal morbidities by promoting postpartum access to care and improving healthy maternal outcomes.

Maternal Health Corner

Maternal RSV Vaccine (Abrysvo)

Abrysvo is open for ordering in the Arizona State Immunization System (ASIIS) for VFC-eligible Pediatric Maternal patients. The Order Set can be found in the ASIIS VOMS as "RSV/NIRSEVIMAB - VFC" ABRYSVO.

Abrysvo is a single dose vaccine indicated for active immunization of pregnant individuals at 32 through 36 weeks gestational age for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by respiratory syncytial virus (RSV) in infants. Maternal immunization with Abrysvo is designed to provide infants protection immediately at birth through 6 months of age.

Additional Information and resources links:

- [RSV Symptoms and Care | CDC](#)
- [Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices – United States, 2023 | MMWR \(cdc.gov\)](#)
- [RSV \(Respiratory Syncytial Virus\) | CDC](#)
- [Package Insert - ABRYSVO™](#)

OB Care Management

Did you know BCBSAZ Health Choice also has an OB Care Management team comprised of skilled nursing professionals and maternal child assistants who provide integrated culturally sensitive interventions to high-risk moms? High-risk conditionals are often identified from the timely submission of TOB forms.

If you have a pregnant member with high-risk medical or BH conditions, please refer to our OB CM team. Please email our Care Management (CM) referral form to: HCHHCACaseManagement@azblue.com or fax 480-317-3358. The CM referral form can be located under the 'For Providers' section of our website under Forms: healthchoiceaz.com

Syphilis testing

Prenatal syphilis screening is important to both mom and her fetus. Undiagnosed syphilis during pregnancy delays treatment and can result in transmission to the fetus (congenital syphilis). Congenital syphilis is associated with stillborn delivery and neonatal death.



We Heard You & We're Here to Help!

Provider Portal

The BCBSAZ Health Choice Arizona Provider Portal is designed with you in mind. Included in this site, and accessed through a secure portal, is patient data such as claims history and prior authorizations.

Are you registered for the Provider Portal? Sign up today!

Get access to member eligibility, claim status, prior authorization status, and much MORE!

healthchoiceaz.com/providers/provider-portal

If you do not have an account, we have easy instructions for creating an account on the portal login page. If you have any questions about the provider portal, please contact our Provider Services team at **1-800-322-8670** or contact your Provider Performance Representative.

Customer service is the fabric of our organization. Our internal infrastructure is designed to provide your patients speedy access to customer service representatives and to expedite claims processing.

Features and upgrades include:

- The Credentialing Portal is BCBSAZ Health Choice's online, electronic portal for submitting the AzAHP Practitioner Data form for automatic routing to our Credentialing department.
 - E-Apply: providerportal.healthchoiceaz.com/Azahp/AzahpAccount
- **UPGRADE:** Claim Reconsideration requests and Claim Dispute requests
- **UPGRADE:** Improved access to provider rosters and paneled member information
 - Admission & Discharge Alerts
 - COVID Gap List

Provider Directory Maintenance

BCBSAZ Health Choice is conducting maintenance of the provider directory! To ensure your information is accurately reflected in our directory, please log in to your CAQH and update any information which may be outdated, including:

1. Practice address, phone number, and hours
2. Hospital affiliations
3. Board certification
4. Languages spoken

The above information reflected in your CAQH may be utilized for the provider directory and displayed to members. Hospital affiliations are frequently inaccurately reflected on the CAQH. It is important to maintain accuracy of this information so members can easily identify where they may receive care from you. Please confirm the accuracy of the hospitals listed on your CAQH and reattest to finalize any changes made.



We Heard You & We're Here to Help!

Provider Manuals

Our Provider Manuals are designed to provide basic information about the administration of the BCBSAZ Health Choice Arizona, BCBSAZ Health Choice Pathway, and the ACA StandardHealth with Health Choice programs. Details within our manuals are intended to furnish providers and their staff with information, covered services, and claim and/or encounter submission requirements. The BCBSAZ Health Choice provider manual is an extension of the BCBSAZ Health Choice Subcontractor Agreement, executed by the participating provider. The participating provider agrees to abide by all terms and conditions set forth within our Provider Manuals. The Provider Manual is incorporated into the contract each provider holds with BCBSAZ Health Choice.

Maintenance of the Provider Manual is performed annually with review and revisions necessary to align with AHCCCS, CMS, as well as regulatory governing agency (i.e., ACOG, ADA, ADHS) updates. Annual review of the Provider Manual is conducted every July for BCBSAZ Health Choice (Medicaid) and every January for BCBSAZ Health Choice Pathway (Medicare D-SNP).

Hospital administrators, physicians, and other medical professionals may only be interested in reviewing chapters pertaining to their specialty directly, in addition to Chapter

1 of the BCBSAZ Health Choice and BCBSAZ Health Choice Pathway provider manuals as well as chapters regarding our philosophy and guidance in Care Management.

However, office staff and billers of providers should also become familiar with the requirements for member eligibility and enrollment (Chapter 2), provider responsibility (Chapter 3), prior authorization requirements (Chapter 6), claims submissions, billing policies and procedures, formal dispute, and appeal processes (HCA Chapters 7-15, HCP Chapters 8-9). Use of our Provider Manuals will help reduce questions and expedite the claims process by ensuring that claims are submitted correctly the first time.

Providers will refer to the ACA StandardHealth with Health Choice provider manual for ACA IU65 program/product specifics.

Provider Office Laboratory Testing – POLT List

In our ongoing efforts to ensure the provision of quality care and services to our members, BCBSAZ Health Choice, BCBSAZ Health Choice Pathway, and ACA StandardHealth with Health Choice annually review our list of approved Provider Office Lab Testing (POLT) codes.

Please refer to our websites under 'For Providers' -> Provider Education for the complete listing of Provider Office Laboratory Testing (POLT) Description and CPT Codes:

- **BCBSAZ Health Choice Arizona:**
[Health Choice AZ](#)
- **BCBSAZ Health Choice Pathway:**
[Health Choice Pathway | AZBlue](#)
- **ACA StandardHealth with Health Choice:**
[ACA StandardHealth Health Choice](#)

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Tips & Tricks – Expanded Topical Fluoride AHCCCS Coverage with PCPs

Topical Fluoride for Children (TFC) is a new HEDIS measure for 2023: Medicaid members 1-4 years of age who received at least two fluoride varnish applications.

The United States Preventive Services Task Force (USPSTF) has targeted nondental **primary care** clinicians to assist with topical application of fluoride in younger children because they are more likely than dentists to have contact with children younger than six years.

- Fluoride varnish is easily applied, comes in many flavors, and is well tolerated by children, making it ideal for integration into medical practice.
- The varnish remains on the teeth for one to seven days before dissolving. During that time, it repairs early defects and decay, and strengthens teeth.
- There are no absolute contraindications to varnish, and it does not cause fluorosis.
- Topical fluoride varnish is associated with a 37% to 63% reduction in caries.

AHCCCS has expanded the covered ages for PCP reimbursement of topical fluoride application.

- Prior to 10/1/23 Arizona Medicaid coverage for PCP fluoride application included children 6 months until their 2nd birthday.
- Beginning 10/1/23, PCP topical fluoride coverage includes members **6 months until their 5th birthday**.
- The expanded age range better aligns with the USPSTF recommendation as well as the new associated HEDIS measure (TFC).

*PCPs who have completed the AHCCCS required training may be reimbursed for fluoride varnish applications completed at the EPSDT visits for members as early as six months of age with at least one tooth eruption. Additional applications occurring every three months during an EPSDT

visit, up until member's fifth birthday, may be reimbursed. Topical fluoride can be applied by ancillary staff when ordered by a PCP who has established protocols for the application.

- AHCCCS recommended training for fluoride varnish application is located at: aap.org/en/patient-care/oral-health/oral-health-education-and-training/
- Training covers caries-risk assessment, fluoride varnish, and counseling.
- Upon completion of the required training, a copy of the training certificate should be submitted to each of the Medicaid health plans that the provider works with, as this is required prior to AHCCCS health plans issuing payment for PCP applied fluoride varnish.
- For BCBSAZ Health Choice, submit certification information to: hchcredentialing@azblue.com
- PCP coding: CPT code 99188 – Application of topical fluoride varnish by a physician or other qualified healthcare professional.
 - Approximate cost of a topical fluoride application \$1
 - AHCCCS fee schedule: \$10.46 (facility rate) and \$12.26 (non-facility rate) per the most recent published AHCCCS fee schedule

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Developmental Screening – Reminders and AHCCCS Coding Update

Medicaid Core Measure: Developmental Screening in the First Three Years of Life (DEV-CH) - Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

- It is advised that all children should receive general developmental screens at recommended intervals using an evidence-based screening tool at nine, 18, and 30 months, or whenever a concern is expressed.*
- Documentation in the medical record must include the following: a note indicating the date on which the test was performed, the standardized tool used, and evidence of a screening result or screening score.
*NOTE Autism Spectrum disorder screening tests should be conducted at the 18- and 24-month visits. However, since this is a specific screening, it is not part of the DEV-CH measure.

To close General Developmental Screening gaps with claims data for the DEV-CH measure, providers must use both:

- CPT **96110** (with or without EP modifier) – developmental screening using standardized instruments AND
- ICD-10 code: **Z13.42** Encounter for Screening of Global Developmental Delays (Milestones)

AHCCCS fee schedule for 96110: (as of 10/1/23): \$11.24

The updated AHCCCS requirement of including the Z13.42 code with the 96110 CPT code to close the DEV-CH gap with claims better aligns AHCCCS requirements with CMS requirements.

*References: EncoderPro.com for Payers, Professional; CMS, Billing and Coding: Allergy Immunotherapy (A56424), 10/27/2022; Department of Health and Human

Services, Office of the OIG: Allergen Immunotherapy for Medicare Beneficiaries; The American Academy of Allergy Asthma and Immunology, Allergen Therapy Templates

As always, the **most specific documentation** in order to code appropriately is particularly important.

If you are interested in learning more about the AHCCCS performance measures or working with a BCBSAZ Health Choice Quality Improvement Specialist, contact the Quality Improvement Team
Email: hchperformanceimprovement@azblue.com

Coding and Documentation materials are based on current guidelines and are to be used for reference only. Clinical and coding decisions are to be made based on the independent judgement of the treating physician or qualified healthcare practitioner and the best interests of the patient. ICD-10-CM, CPT, and HCPCS are the authoritative referenced for purposes of assigning diagnoses and procedure codes to be reported. It is the responsibility of the physician and/or coding staff to determine and submit accurate codes, charges, and modifiers for services rendered.

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REMINDER: System, Policy Updates, Billing Requirements, and Added/Deleted Codes

As a reminder, BCBSAZ Health Choice and BCBSAZ Health Choice Pathway provides medically necessary covered services as specified by AHCCCS and CMS. Healthcare is delivered under the applicable Federal and State laws and regulations. Compliance with all periodic updates to processes and procedures is considered part of your contractual obligation as a participating healthcare provider.

Please visit the [AHCCCS Medical Policy Manual \(AMPM\)](#), [AHCCCS Contractor Operations Manual \(ACOM\)](#), [AHCCCS News & Press Releases \(azahcccs.gov\)](#), and [Medical Coding Resources](#) as available on the [AHCCCS website](#) to ensure you have reviewed the most recent versions of state guidance.

The AHCCCS Medical Coding Unit is responsible for the update and maintenance of all medical coding related to AHCCCS claims and encounters processing. This includes place of service, modifiers, new procedure codes, new diagnoses, and coding rules. This unit is also responsible for reviewing and responding to any medical coding related guidelines or questions including those related to daily limits, procedure coverage, etc.

The AHCCCS *Claims Clues* is a newsletter produced periodically by the AHCCCS Claims Department for Fee-For-Service (FFS) providers. It provides information about changes to the program, system updates, billing policies, and requirements.

Additional information can be found in the AHCCCS [Encounter Keys](#) newsletter.

Visit the [CMS website](#) and subscribe to email updates for the latest information on Medicare enrollment, policies, benefits, and other helpful tools.

Training Resources Available for Providers and Staff

BCBSAZ Health Choice has interactive training courses for providers and their staff!

To access interactive trainings visit us online at: [Provider Education | Health Choice AZ](#)

We welcome your feedback or questions:
Lauren Fofanova, LCSW Director, Integrated Healthcare Development Lauren.Fofanova@azblue.com
928-214-2303.

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Fraud, Waste, and Abuse

BCBSAZ Health Choice has a special investigations unit dedicated to investigating referrals and tips from anyone suspecting fraud, waste, and abuse (FWA). According to the National Health Care Anti-Fraud Association (NHCAA), the financial losses due to healthcare fraud are estimated to be in the tens of billions each year.

Types of FWA

- **Claim FWA:** Alteration of claims, Up-coding, Incorrect coding, Double billing, Unbundling, Billing for services not provided, Submission of false documents, Billing non-covered services as covered
- **Member FWA:** Identity theft, Prescription altering, Doctor shopping, Prescription stockpiling, Misrepresentation of eligibility or medical condition

FWA Laws

- False Claims Act – 31 U.S.C. 3729-3733
- Anti-Kickback Statute – 41 U.S.C.
- HIPAA – 45 CFR Title II, 201-250
- Deficit Reduction Act – Public Law 109-171,6032
- Whistleblower Employee Protection Act – 31 U.S.C. 3730(h)
- Stark Law – Social Security Act 1877

Confidential Reporting Lines:

- Blue Cross Blue Shield of Arizona's Special Investigations Unit maintains a confidential hotline to report suspected fraud or abuse.
 - You may request to remain anonymous. Business hours are Monday through Friday from 8 a.m. to 4:30 p.m. MST. Messages may be left outside business hours.
 - Call us at: **602-864-4875** or **1-800-232-2345 ext. 4875**

For additional information about Fraud, Waste, and Abuse:



BCBSAZ Health Choice Arizona:
[Fraud Abuse | Health Choice AZ](#)

BCBSAZ Health Choice Pathway:
[Fraud, Waste, & Abuse | Health Choice Pathway](#)

ACA StandardHealth with Health Choice:
[Fraud, Waste, & Abuse - ACA StandardHealth with Health Choice](#)

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Provider Resources

Our team brings an open vision to Arizona. We believe that those who provide care should be the leaders in creating and constructing new, better, and less invasive mechanisms for the delivery of the care they provide. We are here to inspire health and make it easy, we understand both the rewards and difficulties of managed care and health plan/provider relationships.

BCBSAZ Health Choice Arizona:
healthchoiceaz.com

BCBSAZ Health Choice Pathway:
healthchoicepathway.com

**ACA StandardHealth
with Health Choice:**
**ACA StandardHealth with Health
Choice (standardhealthhc.com)**

Visit us online for provider-specific resources! To help you and your staff stay informed and help address any questions about Health Choice, we have established the following support services:

Provider Services call center: 1-800-322-8670

- BCBSAZ Health Choice hours are 8 a.m. – 5 p.m., Monday through Friday (except holidays).
- BCBSAZ Health Choice Pathway hours are 8 a.m. – 8 p.m., 7 days a week.
 - Our Call Center staff may also be reached via: hchcomments@azblue.com
- For self-service options, please visit our provider portal: **Log in - Health Choice Provider Portal (healthchoiceaz.com)**
 - Provider Portal: **480-760-4651** or via email: hchproviderportal@azblue.com

Please take advantage of additional resources available online on the 'Providers' tab of our websites

****Member Rights & Responsibilities & Privacy Notices****

are included in the BCBSAZ Health Choice Member Handbook and can be located on the Health Choice website at:

healthchoiceaz.com/privacy-notice/

healthchoiceaz.com/members/member-services/

(Member Rights and Responsibilities tab)

healthchoicepathway.com/members/member-information/

(Member Rights and Responsibilities tab).