Provider Resource Guide

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

Provider Rep Name:

Email:

Phone:

[BCBSAZ Health Choice Provider Manual]

[BCBSAZ Health Choice Pathway Provider Manual]

[ACA StandardHealth with Health Choice Provider Manual]

[BCBSAZ Health Choice Provider Portal]

BCBSAZ Network Services Hours of Operation:
Monday – Friday, 8 a.m. – 5 p.m. (except holidays)

	BCBSAZ Health Choice	BCBSAZ Health Choice Pathway
Member Services Telephone Line (claims, language or ASO interpretation services, and eligibility questions) Email: HCHComments@azblue.com	1-800-322-8670 or 480-968-6866	1-800-656-8991 or 480-968-6866
Medical Service and Behavioral Health Prior Authorization Fax	1-877-422-8120 Prior Authorization Form	1-877-424-5680 Prior Authorization Form
Pharmacy Prior Authorization Fax	1-877-422-8130 Prior Authorization Form	1-877-424-5690 Prior Authorization Form
Behavioral Health Inpatient Facility (BHIF), Behavioral Health Residential Facility (BHRF), Therapeutic Foster Care for Children (TFC), and Substance Use Disorder (SUD BHRF) Fax	480-760-4732 Prior Authorization Form	
eviCore PA Department	1-888-693-3211 | 1-888-693-3210 (Fax) eviCore Healthcare | Empowering the Improvement of Care	
Labatory and Provider In Office Test List	Provider Office Lab Testing (POLT) List	
Nurse Advice Line	1-888-267-9037	
Statewide Crisis Helpline	1-844-534-HOPE (4673) or 988	

ACA StandardHealth with Health Choice

BCBSAZ Network Services Hours of Operation: Monday – Friday, 8 a.m. – 4:30 p.m. (except holidays)

Member Services Telephone Line (claims, language or ASO interpretation services, and eligibility questions) Email: ACAStandardHealth_ProviderInquiries@azblue.com	1-800-322-8670 or 480-968-6866 (ACA StandardHealth with Health Choice members should contact Customer Service at the number on their ID card.)
Medical Service and Behavioral Health Prior Authorization Fax	602-864-5308 Prior Authorization Form
Pharmacy and Prescription Medication Formulary	Providers of Prescription Drugs
Behavioral Health Out of Home Prior Auth Fax	480-760-4732 Prior Authorization Form
eviCore PA Department	1-888-693-3211 | 1-888-693-3210 (Fax) eviCore Healthcare | Empowering the Improvement of Care
Labatory and Provider In Office Test List	Provider Office Lab Testing (POLT) List

BCBSAZ Health Choice Provider Portal

This self-service option offers up-to-date information, including:

- Member Eligibility Search
- Medical and Pharmacy Prior Authorization Requests
- Claim Status/Claim Reconsideration Request/Claim Dispute
- Provider Demographic Summary Updates (requests to add/terminate a provider, update service location, phone number changes)
- Access to the Credentialing Portal
- Online E-Apply for AzAHP Practitioners
- Provider Education and Interactive Courses
- Provider Notices & Newsletters

providerportal.healthchoiceaz.com/

Easy-to-follow portal training video(s) are available under the ***Providers*** section of our websites by clicking ***Provider Education.***

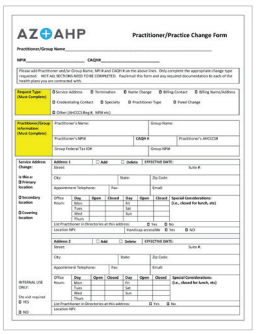
BCBSAZ Health Choice Provider Portal Help Desk (including credentialing portal questions):

480-760-4651 or
HCHproviderportal@azblue.com

Our comprehensive disease and care management programs are designed to improve the quality of life for members with chronic diseases and complex conditions.
Care Management Referral Form

Credentialing

Credentialing Portal



To report changes or updates to existing practitioners or practices, please forward the **Practitioner/Practice Change Form** to our credentialing department at **HCHCredentialing@azblue.com** or your network rep.

Contracting (applies only to providers who are currently contracted with BCBSAZ Health Choice)

Should you desire to vacate our network AND plan to terminate your contract, please provide 90-day notice (on company letterhead and signed by authorized individual) to your provider rep.

Please notify your provider rep if you have changes to your provider registration, NPI, or TIN (due to organizational mergers or acquisitions).

Appointment Availability Standards
BCBSAZ Health Choice
BCBSAZ Health Choice Pathway

For more information, please see Chapter 3 of the BCBSAZ Health Choice Provider Manual (includes after-hours information).

It is the policy of BCBSAZ Health Choice to actively monitor the adequacy of the provider network to ensure compliance with AHCCCS ACOM Chapter 417 Appointment Availability, Transportation Timeliness, Monitoring and Reporting, NCQA HPA NET Standards, and BCBSAZ Health Choice policies and procedures, ensuring and facilitating member access to covered services, benefits, and quality care.

Medical and dental appointments will be available to BCBSAZ Health Choice members using the following criteria:

PCPs (including high-volume or high-impact providers): (NCQA HPA 2023, NET 2A-1 – 3)

- **Emergent PCP appointments:** same day of request or within 24 hours
- **Urgent care PCP appointments:** within two (2) business days of request
- **Routine care PCP appointments:** within twenty-one (21) calendar days of request

After-Hours Care: Appointment availability monitoring for PCPs also includes a review for the provision of after-hours care. Each provider must have twenty-four (24) hours per day, seven (7) days per week coverage (NCQA, HPA 2023, NET 2A-3). It is not acceptable to refer BCBSAZ Health Choice members to the emergency room as a means to provide after-hours or vacation coverage. It is the responsibility of the PCP to arrange after-hours care and vacation coverage by a contracted BCBSAZ Health Choice physician. Acceptable coverage includes the following:

- An answering service that picks up the physician office's telephone after hours. The operator will then contact the physician or their covering physician.
- An answering machine that either directs the caller to the office of the covering physician or directs the caller to call the physician at another number.
- Call forwarding services that automatically send the call to another number that will reach the physician or their covering physician.

Dentists: (NCQA HPA 2023, NET 2C-1 – 2)

- **Urgent care appointments:** no later than three (3) days of request
- **Routine care appointments:** within forty-five (45) days of request

Maternity Care: (NCQA HPA 2023, NET 2C-1 – 2)

- **First trimester:** within fourteen (14) calendar days of request
- **Second trimester:** within seven (7) calendar days of request
- **Third trimester:** within three (3) business days of request
- **High-risk pregnancies:** as expeditiously as the members' condition requires but no later than three (3) business days, or immediately if an emergency exists

Specialists (including Dental Specialists and high-volume and/or high-impact specialists): (NCQA HPA 2023, NET 2C-1 – 2)

- **Urgent care appointments:** as expeditiously as the member's health condition requires, but no later than two business days from the request
- **Routine care appointments:** within 45 calendar days of referral

Behavioral Health Providers (including high-volume and/or high-impact providers): (NCQA HPA 2023, NET 2B-1 – 4) BCBSAZ Health Choice conducts an annual analysis of the monitoring of appointment availability for behavioral health practitioners who prescribe medications (e.g., psychiatrists) and for behavioral healthcare practitioners who do not prescribe (e.g., psychologists).

- **Emergent care appointments:** within 6 hours for a non-life-threatening emergency
- **Urgent appointments:** within 24 hours
- **Routine care appointments:**
  - Routine: Initial Assessment within seven calendar days of referral
  - Routine (for members under the age of 18): First service within 21 days following the initial assessment
  - Routine (for members over age 18): First service within 23 days following the initial assessment
  - Routine: All subsequent behavioral health services within the time frame indicated by the behavioral health condition, but no later than 45 calendar days from identification of need

Cultural Competency Our plans are designed to guarantee a member's right to be treated fairly and with respect without regard to age, ethnicity, race, sex (gender), religion, national origin, creed, tribal affiliation, ancestry, gender identity, sexual orientation, marital status, genetic information, socio-economic status, physical or intellectual disability, ability to pay, mental/physical diagnosis, and/or cultural and linguistic need.

healthchoiceaz.com/providers/cultural-competency/

Additional provisions regarding referrals from a PCP or BCBSAZ Health Choice Behavioral Health Coordinator

Referrals for a member to receive a psychiatric evaluation, medication management, or appointments with a behavioral health medical professional are provided according to the needs of the member, and within the appointment standards described above but no later than within 30 days of identified need to prevent a member from experiencing a lapse in medically necessary psychotropic medications.

Waiting Times

At the provider office waiting times shall be no more than 45 minutes, except when the provider is unavailable due to an emergency. It is expected provider offices will communicate the delay and the reason for the delay to the member and/or fulfill the appointment in the most expeditious manner.

Missed Appointments

- BCBSAZ Health Choice strongly encourages providers to notify us of members who miss their scheduled appointment. Missed appointments should be reported using the Missed Medical Appointment Log and should be faxed weekly to BCBSAZ at: 480-760-4716 or emailed to: **HCHEPSDTCHEC@azblue.com.**

Fraud, Waste, and Abuse

- As a Medicaid and/or Medicare services provider, it is your responsibility to immediately report matters involving fraud, waste, and abuse. The direct link for reporting suspected fraud, waste, and abuse through the AHCCCS webpage is: **https://www.azahcccs.gov/Fraud/ReportFraud/onlineform.aspx**
- **Advance Directives**—Providers must discuss advance directives with all adult members receiving medical care.

Appointment Availability Standards for ACA StandardHealth with Health Choice

To ensure and evaluate the accessibility to services and compliance with other participation obligations, we may periodically perform telephonic or on-site reviews of PCP and specialist offices. These visits address various aspects of the administrative requirements and are facilitated by the provider's assigned Provider Performance Representative. Provider requirements for member access to healthcare services include the following appointment availability and wait times:

Access to Service and Availability Guidelines	
Type of Care [(URAC MHP v8,1, NM 3-3(a)(i) & (a)(ii)]	Appointment Wait Time Standards Must Be
Routine and preventive care visits: Includes services that promote good health, reduce the likelihood of disease, or provide early detection of a disease or illness. Examples include routine primary care visits, immunizations, and screening tests.	Within 15 days
Behavioral Health: Includes services by a behavioral health practitioner such as addiction medicine, board-certified behavioral analyst, developmental/behavioral pediatrics, licensed clinical social worker, licensed independent substance abuse counselor, licensed marriage and family therapist, licensed professional counselor, psychologist, neuropsychology, psychiatric nurse practitioner, psychiatrist, and neuropsychiatry.	Within 10 days
Specialty care visits (Non-Urgent): Includes services by a physician or practitioner who has education, training, or qualifications in a specialty other than those practiced by primary care providers. Examples include but not limited to visits to a cardiologist, orthopedic surgeon, ophthalmologist, psychiatrist, or dermatologist.	Within 30 days
*Qualified health plans (QHPs) are ACA-compliant and available to individuals/families on the Health Insurance Marketplace.	

Access to Service and Availability Guidelines		
Type of Care [(URAC MHP v8,1, NM 3-3(a)(i) & (a)(ii)]		Appointment Wait Time Standards Must Be
After-hours coverage: Includes services in response to the patient's non- emergency medical and mental health needs outside of regular office hours. Examples include an answering service, on-call practitioner, and phone system messaging that clearly conveys access options.		24 hours/day, 7 days/week
Office wait time: Wait time is measured from the scheduled appointment time until the patient is seen by a healthcare professional, barring unforeseen emergencies.		Within 30 minutes
Telephone wait time during office hours: Wait time is measured from the time the telephone call is answered until the patient is given an opportunity to discuss the purpose of the call.		Within 3 minutes
Medical telephone triage: A healthcare professional shall triage patient telephone messages and return calls.	Emergency calls Urgent calls non-urgent calls	Immediately 2 business hours 4 business hours

Claims Submission

At BCBSAZ Health Choice, we accept both electronic and paper claims from providers. To help you improve your efficiency so that you can focus on patient care, we encourage you to submit claims electronically by utilizing Electronic Data Interchange (EDI).

The benefits of EDI are:

- Faster transaction time and payment
- Reduced operational costs compared to paper claims (printing, collating, postage, etc.)
- Increased accuracy resulting from validation of data elements
- Reduced adjustments

We work with Change Healthcare to make the electronic claims submission process as seamless as possible. BCBSAZ Health Choice is fully 5010-compliant and can also accept 4010 claims. Enroll with Change Healthcare at **changehealthcare.com/enrollment.**

Name	Phone Number	Transaction Type/Format	Payer ID
Change Healthcare	1-877-469-3263	HCFA 1500- Professional (837P) UB 92 and UB 04- Institutional (837I) Claims Status Inquiry/Response (276/277)	BCBSAZ Health Choice- 62179 BCBSAZ Health Choice Pathway- 62180 ACA StandardHealth with Health Choice - RP105
Change Healthcare	1-866-506-2830	Electronic Remittance Advice (835)	BCBSAZ Health Choice- 62179 BCBSAZ Health Choice Pathway- 62180 ACA StandardHealth with Health Choice - RP105
Change Healthcare	1-877-469-3263	Eligibility Inquiry and Response (270/271) Claims Status Inquiry/Response (276/277)	HCOAZ

Timely Filing Rules

Timeliness	BCBSAZ Health Choice
Initial Claims Submissions	6 months from the date of service or PPC (If HCP is primary, the claim timeliness changes to 7 months from the date of service or eligibility date)
Corrected Claim Re-submission	12 months from the Date of Service (DOS)
Dispute	60 Days from Claim Determination OR 12 Months from DOS (end)
Second Level Dispute	30 Calendar Days after Dispute Decision

Timeliness	BCBSAZ Health Choice Pathway
Initial Claims Submissions	6 months from the Date of Service (DOS)
Corrected Claim Re-submission	18 months from the DOS
Dispute	18 months from the DOS
Second Level Dispute	60 Days after the Decision OR 18 Months from DOS (end)

Timeliness	ACA StandardHealth with Health Choice
Initial Claims Submissions	6 months from the Date of Service (DOS)
Corrected Claim Re-submission	12 months from the DOS
Dispute	**Disputes related to coverage, benefit book exclusions, medical necessity, non-contracted claim denials** Within 2 years from date of denial (there is only one level of internal appeal) **Payment disputes (Services are covered, provider believes the services weren't reimbursed correctly/underpaid)** One year after denial or other notification, or date of the occurrence if the provider did not receive notification (level one, internal appeal)
Second Level Dispute	**Disputes related to coverage, benefit book exclusions, medical necessity, non-contracted claim denials** Up to 4 months from date of final internal adverse determination (external) **Payment disputes (Services are covered, provider believes the services weren't reimbursed correctly/underpaid)** Within 60 days of Provider's receipt of Level 1 decision (level two, internal appeal)