



Blue Cross® Blue Shield® of Arizona
Health Choice

2025 Provider Newsletter



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Health
Choice

Contents

What's New!

2 – 3

Claims Corner

3 – 5

Community Outreach Spotlight

6 – 7

Health Choice Pathway (HMO D-SNP) Corner

8

Tribal Corner

10

Pharmacy Corner

10

Behavioral Health Corner

11 – 13

Workforce Development

14 – 15

Dental Corner

17

Pediatric Corner

18 – 19

Maternal Health Corner

20 – 22

Affordable Care Act (ACA) Marketplace Corner

23

Provider Education

24 – 33

What's New!

Welcome Dr. Ron Lopez, Chief Medical Officer



We are pleased to announce that Dr. Ron Lopez joined our organization as the new Chief Medical Officer on February 17, 2025. Dr. Lopez comes to us with an extensive background in family medicine, sports medicine, and healthcare leadership, and we are excited to have him lead our clinical efforts as we continue to innovate and improve care for our Medicaid members.

Dr. Lopez's impressive career spans more than 22 years, during which he has had the privilege of working with diverse populations—from multigenerational families to professional athletes. His passion for improving health outcomes is evident not only in his clinical practice but also in his entrepreneurial achievements. Dr. Lopez also has an impressive track record of innovation in care management; he led the transformation of a company from an electronic decision-support entity to a fully accredited specialty benefits care management provider.

Provider Forums

Have Topics for the Provider Forum? Please email your questions or suggestions to ProviderConnect@azblue.com. Provider Forums are performed periodically throughout the year. This is an opportunity for providers to share insights and collaborate on strategies to enhance and strengthen healthcare service delivery.

Keep an eye out for provider notices for the next upcoming Provider Forum. Visit the Provider Education section on our website for past provider forum presentations.

What's New!

Provider Satisfaction Survey

We appreciated your feedback in helping us enhance the quality, efficiency, and timeliness of care for your patients. To better understand your needs, we partnered with Press Ganey to conduct a Provider Satisfaction Survey, which has now been completed.

The vast majority are satisfied overall and are willing to recommend Blue Cross Blue Shield of Arizona Health Choice to other physicians and patients.

- 88% are very satisfied or satisfied with Blue Cross Blue Shield of Arizona Health Choice, overall.
- 86% would definitely or probably recommend Blue Cross Blue Shield of Arizona Health Choice to their patients.
- 85% would recommend Blue Cross Blue Shield of Arizona Health Choice to other providers.

To view the results, click here: [Provider Satisfaction Survey Results](#)

Thank you for your dedication to our members and for partnering with us to continually improve our services.

AHCCCS Provider Survey

We sincerely thank all providers who took the time to complete the recent AHCCCS survey evaluating Managed Care Organizations (MCOs). Your feedback on Claims, Customer Service, Credentialing, Prior Authorization, Quality Measures, and Access to Non-Title XIX/XXI services education is deeply appreciated.

Your insights help us understand what we're doing well and guide us in continuing to improve our support for Arizona's provider community. To view the results of past provider surveys, please use this link to navigate to the AHCCCS website at: azahcccs.gov/PlansProviders/CurrentProviders/providersurvey.html

Claims Corner

Transition in Claims Processing System

All claims will migrate to a single claims system for processing in October 2025. There is no change in claim submission method; providers will continue to submit claims directly to us, and we will be making an update to the instructions and guidance in our Provider Manual(s) accordingly.

This transition streamlines operations and delivers a more efficient, accurate, and integrated experience for providers through benefits such as:

- Increased Claims Accuracy
- Faster Claims Turnaround
- Reduced Administrative Costs
- Seamless System Integration
- Scalable and Flexible Infrastructure
- Enhanced Workflow Efficiency
- Improved Provider Experience

Claims Corner

Claims Clearinghouse Update – Availity

To enhance your provider experience, we are excited to announce a new partnership with Availity EDI Clearinghouse to support electronic data interchange (EDI) transactions.

Providers must either register with Availity EDI clearinghouse or another clearinghouse of your choice that has an established connection with Availity. If you work with a software vendor that provides EDI services, let them know which clearinghouse you have chosen. If your organization does not have an Availity account, first **register in Availity Essentials™**. For additional Availity resources, refer to the Availity **EDI Connection Guide**.

Note: Providers can submit claims via any clearinghouse and the claims will route over to Availity. You can review the full communication for details **here**.

Claim Edit Enhancements

Our plan adheres to nationally recognized coding methodologies to ensure accurate claims adjudication. This includes, but is not limited to, the use of the National Correct Coding Initiative (NCCI) for professional services, ambulatory surgery, outpatient services, multiple procedure and surgical reductions, and global day evaluation and management bundling standards, in alignment with government program requirements and applicable laws.

As part of our ongoing commitment to best practices and compliance with industry standards, we will be implementing enhancements to our claims editing programs beginning November 3, 2025. These updates are designed to improve payment accuracy by identifying complex coding errors that may not be captured by standard editing systems.

Key features of the enhanced program include:



Advanced clinical and coding algorithms based on nationally sourced edits



Manual and systemic reviews conducted by certified coding professionals



Minimal disruption to claims processing: 97–99% of claims will continue to auto adjudicate, with only 1–3% flagged for additional review

These enhancements aim to support correct coding and billing practices while increasing transparency in claims evaluation. As a result, you may notice changes in claim outcomes and edits reflected in your Explanation of Benefits (EOB) or electronic remittance notices. These changes are based on widely accepted industry standards and are intended to help you and your billing team better understand our payment decisions.

If you have questions regarding these updates, please contact your provider representative. Contact information is available through the provider portal or by calling Customer Service at **1-800-322-8670, TTY: 711**.

We appreciate your cooperation and understanding as we implement these improvements.

Claims Corner

Provider Reminder: Appeal Fax Line

The Blue Cross Blue Shield of Arizona Health Choice team is committed to delivering timely and accurate responses to your inquiries. To help us serve you better, please use the designated appeal fax line for submitting service authorization denial appeals.

Appeal Fax Line:

480-760-4739

This fax line supports appeals for the following products:

- Blue Cross Blue Shield of Arizona Health Choice (HCA)
- Health Choice Pathway (HCP)
- ACA StandardHealth with Health Choice

Additional Appeal Submission Options:



Phone: **1-800-322-8670, TTY: 711**



Email: hch.grievanceforms@azblue.com



Mail: Blue Cross Blue Shield of Arizona Health Choice
Attention: Member Appeals
P.O. Box 52033
Phoenix, AZ 85072-2033

Need More Info?

Refer to the Provider Manual under the “For Providers” tab on our websites:

- **HCA: Chapter 15** – Claim Disputes, Member Appeals, and Member Grievances
- **HCP: Chapter 9** – Grievance, Appeals, Claim Resubmission, and Reconsiderations
- **ACA Plan: Chapter 15** – Claim Disputes, Member Appeals, and Member Grievances

Tips & Tricks – 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

Community Outreach **Spotlight**

Alhambra Elementary School District, in collaboration with Blue Cross Blue Shield of Arizona Health Choice, successfully hosted a Community Health Fair that united families for a day of valuable resources and support. The event was a great success, offering a wide variety of services including childhood vaccinations, dental and vision screenings, biometric and diabetes screenings, mental health resources, nutrition education, overdose prevention tools, insurance information, and even free produce bags. It was a remarkable showcase of how partnerships can bring vital healthcare closer to families in need.

AZ Blue + Alhambra ESD Bring Health Resources to Families

In the Media:

- **Daily Independent** – Alhambra Elementary School District and AZ Blue host free community health fair
- **AZFamily** – Alhambra Elementary School District and AZ Blue host free community health fair
- **Telemundo** – Alhambra Elementary School District and AZ Blue host free community health fair
- **FOX10** – Alhambra Elementary School District and AZ Blue host free community health fair

Partner Spotlight:

Thank You for Helping Us Close Care Gaps

The Blue Cross Blue Shield of Arizona Health Choice Outreach Team extends a heartfelt thank you to our provider partners for collaborating with us to close care gaps and promote healthier futures for children across Arizona.

We are especially grateful to:

- Happy Kids Pediatrics
- Dr. Ahmad Khan
- Creek Valley Clinic
- Mountain View Pediatrics
- Change Point Integrated Health
- Adelante Healthcare
- Havasu Pediatrics
- Rainbow Pediatrics
- Kingman Walk-In Clinic
- A Tooth Doctor for Kids
- General Dentistry for Kids
- Smile Zone
- Super Smiles for Kids
- Every Kid's Dentist & Orthodontist
- Cute Smiles for Kids

Your commitment to hosting member events and providing quality services has helped children build healthier habits and receive the care they need. Together, we are making a lasting impact in our communities.

Interested in hosting an event?

If your clinic would like to host a member event to support well-child visits or dental screenings, please reach out to:

Lupe Campos
Guadalupe.campos@azblue.com
or **480-270-2615**.

She looks forward to connecting with you!

Community Outreach **Spotlight**

Enhancing EHR Data for Gap Closures

Did you know that integrating SNOMED CT and LOINC codes into your EHR workflows can directly enhance your provider group's performance on quality measures?

As we continue to advance our data-driven approach to quality care, it's essential that providers understand the role of standardized terminologies in electronic health records (EHRs). Two key standards—**LOINC** (Logical Observation Identifiers Names and Codes) and **SNOMED CT** (Systematized Nomenclature of Medicine – Clinical Terms)—are foundational to accurate and actionable clinical documentation.

- **LOINC** identifies the test or measurement performed.
- **SNOMED CT** captures the clinical meaning or result of that test. Together, they enable interoperability and support effective gap closure strategies.

What We're Seeing

Recent reviews show that many provider groups:

- Do not have LOINC or SNOMED codes entered in their EHRs
- Store measure data in non-structured fields, making it difficult to extract
- The screening numerator codes for measures are LOINC codes, which are not in claims
- Many of the intervention codes for measures are SNOMED codes, which are not in claims

What You Can Do

We encourage providers to:

- Update EHRs to include LOINC and SNOMED codes for screenings and interventions
- Ensure contracts include provisions for full-code EHR feeds with frequent updates
- Develop action plans for non-EHR workflows to capture and submit structured data
- Engage leadership in transitioning to or enhancing value-based contracts to support data sharing

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+, and Improving Patient Social Determinants of Health: azblue.com/medicaid/providers/cultural-competency

We offer training on Cultural and Linguistic Requirements for Delivering Quality Care. To take our training, visit azblue.com/medicaid/providers/provider-education.

Health Choice Pathway (HMO D-SNP) Corner

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.

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 you might recommend is SilverSneakers Circuit. This beginner-friendly class includes fall-prevention drills and exercises to improve members' strength and endurance. It's offered both in-person at **participating fitness locations** and **online with SilverSneakers LIVE**.

Have members go to **[SilverSneakers.com/GetStarted](https://www.silversneakers.com)** to activate their FREE SilverSneakers member account and get their Member ID number today.

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2025 Annual Model of Care Training: Special Needs Plans (D-SNP)

An 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.

Health Choice Pathway 2025 Annual MOC training is available online! Visit:



azblue.com/health-choice-pathway/providers/provider-education

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.
- You are considered to be an SNP care provider if you treat members who are enrolled in an 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.

Supplemental Benefits

Refer to our website for a list of supplemental benefits available to Health Choice Pathway members under the Supplemental Benefits section of our website.

azblue.com/health-choice-pathway

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

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

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

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

Access Clinical Practice Guidelines

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

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

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

Tribal Corner

Blue Cross Blue Shield of Arizona Health Choice Tribal Program

The foundation of the Tribal Program is built on acknowledging, honoring, and respecting the sovereignty and diverse cultures of all the Tribal Nations throughout our service area, as well as throughout the State of Arizona.

Blue Cross Blue Shield of Arizona Health Choice supports this overarching goal through active participation and engagement in establishing, maintaining, and developing collaborative relationships with Tribal Leaders, collaborating with the Tribes and AHCCCS policy development, and using protocols to maximize the effectiveness of communication and ensure the delivery of quality care and services. Check our provider notification section for any upcoming Tribal events.

Please visit us online for Tribal Program-specific content and education-related material:

azblue.com/medicaid/providers/tribal-program

Provider Compliance Notice for AIHP and Tribal ALTCS Services

AHCCCS providers are required to offer healthcare services to all AHCCCS members enrolled in the American Indian Health Program (AIHP) and Tribal Arizona Long Term Care System (Tribal ALTCS), as stated in the Provider Participation Agreement. The refusal to provide services based on a member's enrollment in these programs is not acceptable and will be addressed accordingly.

[Click here to view our communication.](#)

Pharmacy Corner

Coverage Determination for Select TerSera Therapeutics Medications

The following medications made by TerSera are no longer covered under the Blue Cross Blue Shield of Arizona Health Choice Medicaid and Blue Cross Blue Shield of Arizona Health Choice Pathway D-SNP plans, effective May 1, 2025:

- J9353 Margetuximab-cmkb (Margenza) injection
- J9202 Goserelin (Zoladex) implant
- J1201 Cetirizine (Quzyttir) injection
- J8670 Rolapitant (Varubi) oral tablets
- J8499 Telotristat (Xermelo) oral tablets
- J2278 Ziconotide (Prialt) injection

[Click here to view our communication.](#)

Behavioral Health Corner



The State of Arizona has contracted with Blue Cross Blue Shield of Arizona 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. Our 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:
azblue.com/medicaid/providers/behavioral-health-resources

2025 Behavioral Health Medical Necessity Criteria

We have published the 2025 Behavioral Health Medical Necessity Criteria on our website. Additionally, Blue Cross Blue Shield of Arizona Health Choice approved new medical necessity criteria for Behavioral Health Inpatient Facilities for persons under 21, effective February 5, 2025. For your reference, the updated Provider Clinical Guidelines and Medical Determination Criteria can be accessed on our website at: azblue.com/medicaid/providers/clinical-guidelines.

Behavioral Health Medical Necessity Criteria:

2025 Behavioral Health Residential Facility (BHRF) Prior Authorization and Continued Stay Criteria

2025 Behavioral Health Inpatient Facility for persons Under 21/Residential Treatment Prior Authorization and Continued Stay Criteria (New Criteria)

2025 Prior Authorization and Continued Stay Authorization Criteria Therapeutic Foster Care for Children

InterQual BH Criteria: Adult and Geriatric Psychiatric Inpatient

InterQual Children and Adolescent Psychiatric Inpatient

InterQual BH Electroconvulsive Therapy (ECT), acute, short term, continuation, or maintenance

InterQual BH Transcranial Magnetic Stimulation (TMS)

AHCCCS Covered Behavioral Health Services Guide Updates

The guide has been published to the AHCCCS Medical Coding Resources web page at azahcccs.gov/PlansProviders/MedicalCodingResources.html (go to the Behavioral Health Services Matrix, Guide, and Same Day Disallow Table drop-down menu). The drop-down menu also includes Frequently Asked Questions (FAQs).

Please refer to the footnotes included in the CBHSG and the Same Day Disallow Table, which indicate revisions to the previous version. As a reminder, the AHCCCS Behavioral Health Services Matrix (B2 Matrix) is updated and published monthly, with the current month's information. Refer to the 'as of' date in the header of the Matrix document.

Questions may be submitted directly to AHCCCS by email CBHSGCodingQuestions@azahcccs.gov.

Behavioral Health Corner

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 found at azahcccs.gov/Fraud/Providers/actions.html

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. For more information, visit azahcccs.gov/Resources/GovernmentalOversight/EnrollmentMoratoriums.html.

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 Blue Cross Blue Shield of Arizona Health Choice by visiting: azblue.com/medicaid/providers/fraud-abuse

Any AHCCCS member who needs help because of a sober living home closure can call 2-1-1 (press option 7).

Serious Emotional Disturbance (SED) Determination Process Update

All SED identification requests must be submitted through the **Serious Emotional Disturbance (SED) Identification/Removal of Identification Request Form** found at forms.office.com/r/K2Uq47njaA.

This form is secure and approved for submitting Protected Health Information (PHI). A separate secure email will no longer be accepted if submitted to the previous inbox of systemofcare@azahcccs.gov.

[Click here to view our communication.](#)

Behavioral Health Corner

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.

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.

Join Us for Project ECHO!

Mountain ECHO Academy, a training series that features three programs:

- **Substance Use Disorders (SUD)**
- **Trauma in Children (TIC)**
- **Complex Care**

Each program will offer sessions every other month 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 find support while helping fellow colleagues. We also offer Certificates of Attendance that may be used for Continuing Education Units (CEUs). We hope to see you there!

It's not too late to register for our current series running through April 20, 2026! Series months: December, February, April

- **Frequency:** Mondays every other month
 - **SUD** – 1st Monday
 - **TIC** – 2nd Monday
 - **Complex Care** – 3rd Monday
- **Time:** Noon to 1 p.m. (AZ)
- **Location:** Join us on Zoom!
- **Register:** azblue.com/medicaid/providers/mountain-echo

More information: Rose.Kent@azblue.com

Workforce Development

Unlock Workforce Solutions!

Join the Arizona Workforce Development Alliance (AWFDA) for personalized support, collaborative problem-solving, and expert technical assistance during our office hours on Tuesday, November 18, 2025, at 1 p.m. Whether you're navigating workforce challenges, seeking best practices, or looking to connect with peers across Arizona's healthcare and human services network, this is your space to engage, learn, and grow.

What to Expect:

- **Open Agenda:** Bring your questions and challenges—this is your time to engage.
- **Collaborative Learning:** Topics may include Relias navigation, training requirements, succession planning, and general workforce development best practices.
- **Shared Insights:** Please note this is a joint session with other provider organizations. While you're encouraged to bring real-world challenges, be aware that information shared will be visible to all participants (no PHI).
- **Confidentiality Reminder:** Sessions will not be recorded or distributed.

To reserve your spot, please register here:

[Microsoft Virtual Events Powered by Teams](#)

Workforce Development Provider Forum every 2nd Thursday at 10 a.m.

Please join the **Healthcare Workforce Development Provider Forum**, where collaboration meets innovation to shape the future of Arizona's health and human services workforce. This forum brings together providers, educators, policymakers, and community leaders committed to strengthening the talent pipeline, addressing workforce gaps, and advancing equitable access to care across our state.

Today's dialogue is more than just discussion—it's a catalyst for action. Together, we'll explore strategies, share insights, and build partnerships that empower our workforce and elevate the quality of care for every Arizonan.

[Click Here to Join on Tuesday, November 18 at 1 p.m.](#)

Unable to attend or want to share information with your team? You can find the recorded session and additional information posted to the AzAHP website (within a week of each live event).

[Click Here to View the Archives](#)

Action Summit 3: Growing Arizona's Healthcare Workforce - Pathways, Connections, and Collaboration

- Monday, November 3, 2025
8:30 a.m. - 4 p.m.
- Tuesday, November 4, 2025
8:30 a.m. - 1 p.m.
- Rio Salado Conference Center | 2323 W 14th St, Tempe, AZ 85281

The Arizona Healthcare Workforce Summit is a pivotal conference dedicated to addressing the state's pressing healthcare workforce challenges. The summit focuses on building sustainable career pathways, enhancing training programs, and fostering partnerships to meet the growing demand for healthcare services.

Who will be in attendance?

This summit brings together healthcare professionals, educators, policymakers, and industry leaders to collaborate on innovative solutions.

Workforce Development

What you will experience

Enjoy hearing from healthcare leaders and participate in action planning sessions to help create healthcare workforce strategies for now and in the future.

[Click Here to Save A Seat](#) (Seats are limited)

Support for Healthcare Staff Training & Instructional Design

Are you a healthcare provider looking to enhance your staff training programs or develop engaging, effective learning materials? Blue Cross Blue Shield of Arizona Health Choice is here to help. Whether you're launching a new onboarding process, updating clinical competencies, or building a customized curriculum, our team can connect you with instructional design expertise and tailored technical assistance. We understand the unique challenges of healthcare education—and we're ready to support your goals with practical, scalable solutions. Let's work together to strengthen your workforce and elevate the quality of care across Arizona. Contact Mark.Faul@azblue.com

Unlocking Talent Potential: Why Employers Should Create Internships

Internships aren't just for students—they're a strategic advantage for your business.

On October 7, 2025, this workshop—featuring representatives from Blue Cross Blue Shield of Arizona Health Choice and the Maricopa County Community College District—explored how internships can deliver real business value.

Key Benefits:

- Build a reliable pipeline of future talent
- Reduce hiring costs and turnover
- Bring fresh skills and perspectives into your workplace
- Strengthen your brand as an employer of choice in the community

Whether you're just exploring the idea or ready to formalize a program, this session offers practical strategies and insights to help you succeed.

[Click here to watch the recording.](#)

Workforce Development – Resource Support

Blue Cross Blue Shield of Arizona Health Choice is a member of the Arizona Association of Health Plans (AzAHP) that represents the state's major health insurance providers. AzAHP works to promote affordable, quality healthcare coverage for Arizonans. As part of their mission, AzAHP provides resources to support workforce development in the healthcare industry. On their website, azahp.org/awfdc-training-resources, they offer information and links to training programs and industry events. These resources can help agencies meet contract requirements and assist current employees in advancing their skills in Arizona's growing healthcare sector.

Professional Training Opportunities

For more information and registration for professional development opportunities, visit the Workforce Development Programs for AHCCCS Providers web page at azahcccs.gov/AHCCCS/Initiatives/ARPA/ARPScholarships.html. **TIP:** To complete registration, attendees must know the Provider Type Code for the AHCCCS contracted organization through which they are employed.



Encourage Members to Join the Member Advocacy Council (MAC)

The Member Advocacy Council (MAC) gives our members a voice in shaping their healthcare experience. By sharing feedback, they help improve services, programs, and policies that directly impact their care. MAC events are open to all members, designated caregivers, guardians, peer support specialists, recovery centers, health homes, contracted providers, community stakeholders, Independent Oversight Committee members, NAMI, tribal members, veterans and their families, and veteran-affiliated organizations.

Why It Matters

- **Real Impact:** Member input drives meaningful change
- **Community & Connection:** Members join others passionate about better healthcare
- **Knowledge & Empowerment:** Participants learn more about their health plan and available resources
- **Incentive:** Members receive a \$25 gift card for attending and participating in each meeting

Your Role as a Provider

Your encouragement makes a difference. Members trust your guidance—help them take an active role in improving care for themselves and their community.

Let's build a better healthcare system—together.

Interested members can contact:
Maria Reyes



602-864-5779



Maria.Reyes@azblue.com

Dental Corner

How to Reduce Dental No-Shows

American Dental Association reports 30% of Medicaid patients typically fail to keep their appointments. Improving dental compliance also requires addressing the barriers to dental care faced by Medicaid families, which include:

- Lack of transportation
- Homelessness
- Erratic phone and mail service
- Trouble finding dental offices open when parents are off work
- Gaps in Medicaid coverage

The following strategies are suggested to improve the no-show or cancellation rates in your office:

- Designate a staff member to make daily reminder calls for the next day's appointment.
- Set up a reminder system. The number one reason patients don't show up to their appointment is simply forgetting, so reminders are essential.
- Use the patient-preferred contact method for reminders. Asking the patient how they prefer to be contacted and using that method increases the likelihood your patients will get the reminder message.
- Ensure you have current contact information for your patients. Make it a practice to verify the patient's contact information during check-in at each appointment.
- Educate regarding the negative effect of delaying treatment. You can refer non-compliant members to Blue Cross Blue Shield of Arizona Health Choice Care management by emailing a completed Care Management Referral form to HCHHCACaseManagement@azblue.com or by fax to 480-317-3358.
- Utilize interpretation services.
- Keep records of patients who frequently miss appointments. Contracted providers are encouraged to document and report members who do not show up for their scheduled dental visits using the Missed Dental Appointment Log. The Missed Dental

Appointment Log can be found on our website at azblue.com/health-choice-az/providers/forms. Once completed, the form can be faxed or mailed to the EPSDT Department for follow-up.

- Book the next appointment when the patient is checking out. Patients who schedule their next appointment during checkout are less likely to forget. We encourage all contracted providers to schedule the next dental screening at the current office visit, particularly for children 24 months of age and younger.
- Remind Blue Cross Blue Shield of Arizona Health Choice members that they can receive \$25 for completing an oral evaluation with a dental provider for members under 21 years of age.
- Expand your business hours to reduce scheduling conflicts. You may also consider opening on weekends to accommodate patients who can't come in during your regular business hours.
- Remind your patients transportation is available if needed. Please have the member contact Member Services at **1-800-322-8670** to assist with transportation arrangements.
- Hosting a health fair is a great way to close the gaps in care and invite back members who missed their recall appointments.

If you have any questions, please contact our Dental Department at **480-968-6866**.

Blue Cross Blue Shield of Arizona 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 Blue Cross Blue Shield of Arizona 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.
- You 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

Blue Cross Blue Shield of Arizona Health Choice has a team of skilled integrated pediatric care managers that play a vital role in coordinating care for infants, children, and adolescents with complex medical and behavioral health conditions. These highly trained registered nurses work in clinically informed roles to help bridge the gaps across systems for members. Pediatric care managers provide care coordination, advocacy, system navigation, and interdisciplinary collaboration for members by working with parents/guardians, providers, and community constituents. We encourage you to refer individuals for the Care Management Program. You can submit the Care Management referral form by email to HCHHCACaseManagement@azblue.com or fax to 480-317-3358.

The CM referral form is located under the 'For Providers' section of our website under Forms: azblue.com/medicaid/providers/forms

EPSDT Clinical Sample Templates

EPSDT screening for AHCCCS members fewer than 21 years of age is required. All EPSDT information is logged into the

member's file for tracking and reporting purposes as required by AHCCCS. Age-appropriate screenings include vision, hearing, oral health, nutrition, developmental, tuberculosis (TB), Body Mass Index (BMI), and lead. Any referrals you have for the member are also noted.

Please continue to send us your clinical sample templates or approved equivalent forms as soon as possible after completion of a well-child visit! Submitting forms at least weekly allows for the EPSDT Coordinators to conduct timely outreach to members and their families when needed.

As a reminder, please include the member's AHCCCS ID on the clinical sample template and EMRs. EPSDT Clinical Sample Templates and EMRs can be sent directly to the EPSDT department by email or fax.

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

azahcccs.gov/shared/medicalpolicymanual/

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

Email:

HCHEPSDTCHEC@azblue.com

Fax: 480-760-4716

Pediatric Corner

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 Individuals 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 attachments 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:

des.az.gov/services/disabilities/early-intervention/azeip-policies-and-procedures

For additional information, please contact our EPSDT department at **480-760-4821**.

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. Providers who provide vaccines to children who are 18 years and under must be enrolled in the Vaccines for Children (VFC) program. 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.

[Click here to access the Arizona Immunization Program Training](#)

Missed Appointment Logs

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

These can be faxed to the EPSDT Program at 480-760-4716. Appointment log forms are located on our website at: azblue.com/medicaid/providers/provider-manual

Maternal Health Corner

Well-Woman Preventive and Family Planning Services

Blue Cross Blue Shield of Arizona 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



Maternal Health Corner



Claim Submission of Postpartum Visit

Blue Cross Blue Shield of Arizona 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.

Our maternal team 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.

OB Care Management

Did you know we have an OB Care Management (OB CM) 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: azblue.com/medicaid/providers/forms

Maternal Health Corner

Perinatal Psychiatry Line

Launched on June 1, 2023, Arizona has a new Perinatal Psychiatry Access Line. If you have any patients that 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 flyer distribution to patients and to have for display in your clinics: azahcccs.gov/shared/Downloads/News/2023/APAL_Flier.pdf

[Click here to access additional interactive training.](#)

Syphilis testing

In the context of the rapidly increasing rates of maternal and congenital syphilis in AZ and across the country, the American College of Obstetricians and Gynecologists (ACOG) and Centers for Disease Control and Prevention (CDC) recommend that all pregnant women be serologically **tested for syphilis three times during pregnancy**, regardless of risk:

- During the first prenatal care visit
- During the third trimester
- At time of delivery

Routine testing during pregnancy and treatment of positive results are pivotal to changing the landscape in the increasing rates of congenital syphilis.

For additional guidance please reference the [Provider Manual](#) Chapter 16, and AHCCCS [AMPM 410](#).

Doula Providers

As of October 1, 2024, AHCCCS now provides Medicaid reimbursement for doula services, following approval from the Centers for Medicare & Medicaid Services (CMS).

This development stems from Senate Bill 1811, passed in 2021, which established a Voluntary Licensing Program for Doulas under the Arizona Department of Health Services (ADHS). ADHS is responsible for setting the standards and certification requirements for doulas practicing in the state.

Key Highlights:

- Doulas must be certified by ADHS to qualify for Medicaid reimbursement.
- Services must be delivered within the doula's scope of practice.
- Claims must use approved billing codes for covered services.

For certification details and application steps, visit: azdhs.gov/licensing/blpo/doulas

Other Resources

- [Senate Bill 1811](#)
- [AHCCCS Doula SPA](#)
- [Doula Frequently Asked Questions](#)

Affordable Care Act (ACA) Marketplace **Corner**

2026 ACA StandardHealth with Health Choice

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

Plans offered with the ACA Health Choice Network

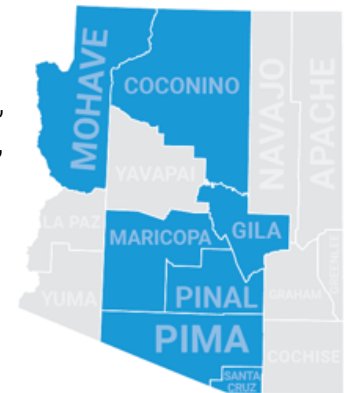
- ACA StandardHealth with Health Choice HMO
- Requires a designated primary care provider and specialist referrals
- Offers coordination of care for those with multiple providers to make it easy to manage your care

Finding care in the ACA Health Choice Network

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

The ACA Health Choice Network consists of over 16,500 providers throughout the state.

- Available to residents in Maricopa, Pima, Pinal, Coconino, Gila, Mohave, and Santa Cruz counties
- Includes Abrazo Health, Banner Health, Carondelet Health Network, HonorHealth, Tucson Medical Center, Kingman Regional Hospital, Flagstaff Medical Center, Valleywise Hospital, and more. Please check our provider directory at azblue.com/find-a-doctor to verify current hospitals and facilities.



Unauthorized Marketplace Plan Enrollment

The Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health and Human Services (HHS) have issued multiple public notices regarding unauthorized enrollment in Affordable Care Act (ACA) Marketplace health plans by agents and brokers without consumer knowledge or consent.

AHCCCS (Arizona Health Care Cost Containment System) has also received multiple reports of members unknowingly enrolled in Marketplace plans or coerced into enrollment. For this reason, HHS encourages individuals who qualify for Medicaid to end their Marketplace coverage. Learn more about AHCCCS eligibility here: azahcccs.gov/Members/GetCovered/.

Refer to the entire communication and notice here: [BCBS_HCM_Fax-Marketplace-Enrollment.pdf](#)

Provider Education

Targeted Investments 2.0 (TI 2.0) Updates

The Targeted Investments Program (TI 2.0) aligns with AHCCCS' strategic plan and Arizona's Section 1115 Waiver to support and incentivize providers to develop and enhance comprehensive whole-person care systems that effectively address the social risk factors that adversely affect health. Eligible Medicaid provider organizations that meet certain benchmarks will receive financial incentives through managed care plans for developing infrastructure and protocols to optimize coordination of services designed to meet the member's acute, behavioral, and health-related social needs (HRSN) and address identified health inequities among their patient population. Stakeholders can stay informed on the latest TI 2.0 announcements by signing up for the AHCCCS TI newsletter. Check the TI website often to see the latest news about the program by visiting Targeted Investments.

AHCCCS Electronic Visit Verification (EVV) 2.0 – Transitioning to In-House Aggregator 10/1/25

AHCCCS has announced a major change regarding Electronic Visit Verification (EVV) services:

Effective October 1, 2025, AHCCCS will no longer contract with Sandata for EVV services. Instead, AHCCCS will bring EVV in-house by developing and maintaining its own EVV aggregator.

An initial FAQ document is posted on the AHCCCS EVV web page at azahcccs.gov/EVV under "General Resources and Frequently Asked Questions."

[Click here to view our communication details.](#)

CommunityCares: Connecting Members to Community Resources

CommunityCares is Arizona's closed-loop referral system, a single statewide technology platform that enables information sharing between healthcare providers and social services. It streamlines referrals while also tracking outcomes. CommunityCares is administered by Contexture, in partnership with UniteUs, AHCCCS, 2-1-1 Arizona, and Solari Crisis and Human Services. Blue Cross Blue Shield of Arizona Health Choice staff use CommunityCares to refer members with social needs to community resources and to gather data on the needs of our member population. New community-based organizations (CBOs) and healthcare providers

join the CommunityCares network each month. Financial incentives are available for CBOs who join the CommunityCares network. Blue Cross Blue Shield of Arizona Health Choice encourages provider participation. For more information, visit the CommunityCares webpage: contexture.org/communitycares/.



Provider Education

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

The Office of Individual and Family Affairs (OIFA) promotes the recovery, resiliency, and wellness of individuals and families with mental health and substance use challenges.

Mental health matters to Blue Cross Blue Shield of Arizona Health Choice and we strive to reduce the stigma surrounding it. There should be no shame in seeking help. The success behind our OIFA program is the fact that our team understands where our members are at because they have lived experience themselves or with a family member. If you are interested in having the OIFA and Health Equity Advancement teams present, please contact us at Oifa@azblue.com.

Member Advocacy Council

Blue Cross Blue Shield of Arizona Health Choice has a Member Advocacy Council (MAC) that is open to all members, designated caregivers, guardians, peer support specialists, recovery centers, health homes, contracted providers, community stakeholders, Independent Oversight Committee members, NAMI, tribal members, veterans and their families, and veteran affiliated organizations. The MAC meetings are held quarterly. Please contact member advocate Maria.Reyes@azblue.com with any questions.

For additional OIFA resources, visit us online: azblue.com/medicaid/members/the-office-of-individual-and-family-affairs

Provider Manuals

The Blue Cross Blue Shield of Arizona Health Choice Provider Manuals serve as foundational resources for the administration of the following programs:

- **Blue Cross Blue Shield of Arizona Health Choice** (Medicaid)
- **Health Choice Pathway** (Medicare D-SNP)
- **ACA StandardHealth with Health Choice** (ACA Plan)

These manuals are designed to equip providers and their staff with essential information regarding covered services, administrative procedures, and claim or encounter submission requirements. Each manual functions as an extension of the Blue Cross Blue Shield of Arizona Health Choice Subcontractor Agreement and is contractually binding. By participating, providers agree to comply with all terms and conditions outlined in the applicable manual. The Provider Manuals are reviewed and updated annually to ensure alignment with guidance from AHCCCS, CMS, and other regulatory bodies.

EviCore Provider Portal

We successfully transitioned the management of Advance Imaging prior authorizations through EviCore from the MedSolutions portal platform to the CareCore National portal platform.

Please note that this will NOT impact access to the provider portal.

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).

For additional information and education material visit: azblue.com/medicaid/providers/provider-education

Provider Education

Provider Office Lab Tests (POLT)

The Blue Cross Blue Shield of Arizona Health Choice Provider Network includes both LabCorp and Sonora Quest Laboratories to provide a full array of laboratory services, including reference and specialty. Blue Cross Blue Shield of Arizona Health Choice has specific lab services designated on the POLT (Provider Office Laboratory Testing) list for providers to perform in their office.

ACA StandardHealth with Health Choice is only contracted with Sonora Quest Laboratories

Visit our websites under 'For Providers' -> 'Provider Notices' or 'Provider Education' for a complete listing of In-Office Laboratory Testing description and CPT Codes (POLT List):

- Blue Cross Blue Shield of Arizona Health Choice (HCA): [azblue.com/medicaid/providers/provider-education](https://www.azblue.com/medicaid/providers/provider-education)
- Health Choice Pathway (HCP): [azblue.com/health-choice-pathway/providers/provider-education](https://www.azblue.com/health-choice-pathway/providers/provider-education)
- ACA StandardHealth with Health Choice (ACA SH HC): [azblue.com/aca-standardhealth-health-choice/providers/education](https://www.azblue.com/aca-standardhealth-health-choice/providers/education)

Refer to the prior authorization grid for laboratory services that require prior authorization.

In our ongoing efforts to ensure the provision of quality care and services for our members and to ensure that appropriate services are being rendered to our members, we ask that you utilize ONLY contracted providers.

Please reference below for service locations:

- LabCorp - [labcorp.com](https://www.labcorp.com)
- Sonora Quest - [sonoraquest.com](https://www.sonoraquest.com)

Medical Record Standards

As a reminder, medical records must be available to Blue Cross Blue Shield of Arizona Health Choice and AHCCCS for purposes of quality review or other administrative requirements, free of charge to Blue Cross Blue Shield of Arizona Health Choice and any vendor Blue Cross Blue Shield of Arizona 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 Blue Cross Blue Shield of Arizona Health Choice member upon request by Blue Cross Blue Shield of Arizona Health Choice. **Medical records must be available within five (5) working days of a request.** Failure to provide Blue Cross Blue Shield of Arizona Health Choice with medical records that result in a sanction to Blue Cross Blue Shield of Arizona Health Choice by a regulator will result in such sanction being deducted in full of future payments to the offending provider. Blue Cross Blue Shield of Arizona Health Choice will issue a written notification seven (7) days prior to the sanction being imposed.

Provider Education

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 at azblue.com/hcportal. From the 'Home Screen' under 'Provider Tools' -> Provider Demographic Request/Electronic Credentialing – AzAHP Practitioner Form.

Visit us online at:

azblue.com/medicaid/providers/provider-education for additional instructions 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 our members. Our credentialing department sends initial approval letters informing you of each practitioner or facility credentialed with our plan.

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

Telehealth Updates

CMS PHE flexibilities have now been extended until September 30, 2025.

For more details, visit: cms.gov/medicare/coverage/telehealth, azahcccs.gov/AHCCCS/Initiatives/Telehealth/, or [BCBS_HCM_Fax_Telehealth-Updates.pdf](#).

DEA Telehealth Prescribing Rule Update:

The public comment period for the new DEA Telehealth Prescribing Rules has now ended, with over 6,000 comments submitted.

You can review the proposed rule at: [federalregister.gov](https://www.federalregister.gov).

Provider Education

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 these agencies, please visit azblue.com/medicaid/health-wellness/centers-of-excellence.

We are excited to welcome a new COE to our network:

- **Hospice of the Valley** - Supportive Care for Dementia Program
3811 N 44th St
Phoenix, AZ 85018
602-767-8300
hov.org/dementia/supportive-care-for-dementia/
- **Beacon Group** as our first Centers of Excellence in Vocational and Employment Services
1951 W Camelback Rd Suite 400
Phoenix, AZ 85015
602-207-8726
<https://beacongroupp.org/>

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.

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

Under the Patient Protection and Affordable Care Act (ACA) and the 21st Century Cures Act, all healthcare providers who perform any of the following for AHCCCS members must be registered as AHCCCS providers:

- Refer members for services or items
- Order non-physician services
- Prescribe medications
- Attend or certify medical necessity
- Take primary responsibility for a member's care

AHCCCS refers to these providers and this requirement as **ROPA** (Referring, Ordering, Prescribing, and Attending).

Previously, these providers only needed a **National Provider Identifier (NPI)**. However, with the implementation of ROPA, any provider who is eligible for registration must either:

- Register as an **active AHCCCS provider**, or
- Be identified as an **Exception non-registerable provider**, if applicable.

Streamlined ROPA Registration

To simplify the process, AHCCCS offers a streamlined application for ROPA providers who meet all of the following:

- Hold an **NPI** from the National Plan and Provider Enumeration System (NPPES)
- Are **fully enrolled** in Medicare or another state's Medicaid program
- **Do not intend to bill AHCCCS** for services

For additional information, visit the AHCCCS website at [ROPA](#).

Provider Education

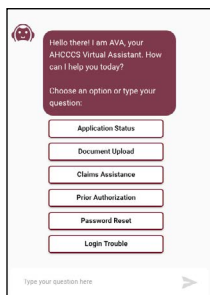
AHCCCS Provider Disenrollment, Registration Updates, and Revalidation

AHCCCS has a process of disenrolling providers who have not complied with re-registration requirements. Any provider who has not completed the revalidation process in the AHCCCS Provider Enrollment Portal (APEP) will receive written notification.

Providers must complete revalidation in the AHCCCS Provider Enrollment Portal (APEP) to avoid termination and/or disruption of provider reimbursement and services to Medicaid members.

Providers with questions, or no longer participating as a Medicaid provider, are encouraged to review resources on the AHCCCS website, azahcccs.gov/apep, which includes:

- Domain access in APEP
- Provider FAQ
- Provider Chat Bot chat.azahcccs.gov
- And so much more!



If providers are having trouble completing their revalidation, they can chat with AVA, the AHCCCS virtual chat bot. You can find AVA at the bottom right-hand corner of the AHCCCS homepage, AHCCCS Online, and the APEP portal.

AHCCCS provider enrollment applications and revalidations portal (APEP)

Visit: azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html

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

Blue Cross Blue Shield of Arizona Health Choice is reminding providers updates must be reported to both CAQH and AHCCCS to include any changes/updates to either provider practice/site locations.

Additionally, Blue Cross Blue Shield of Arizona Health Choice also 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 backgrounds 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:
 - o Change in service address
 - o Changes in ownership or managing employees
 - o Adding a New Behavioral Health Professional in the AHCCCS Provider Enrollment Portal (APEP)
- Maintain current license and certifications
- Respond to any requests from AHCCCS about your enrollment information

Provider Education

Provider Portal

The 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!

[Click here - Health Choice Provider Portal](#)

If you do not have an account, we have easy instructions for creating an account on the portal log-in 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 our online, electronic portal for submitting the AzAHP Practitioner Data form for automatic routing to our Credentialing department.
 - E-Apply: providerportal.healthchoiceaz.com/Azahp/AzahpAccount/AzahpLogin
- Locate your assigned Provider Representative contact information
- Gaps in care enhancements
- Claim Reconsideration requests and Claim Dispute/ Appeal requests
- Improved access to provider rosters and paneled member information
- Providers at-risk for disenrollment due to revalidation
- And more

Advance Directives, End of Life Care, and Hospice

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: contexture.org

We developed an interactive training course for providers and their staff, called "End of Life Care" with content on Advance Directives, Advance Care Planning, Hospice, and Palliative Care.

[Click here to access our Provider Education resources.](#)

Prior Authorization and Notifications:

For Prior Authorization Process, requirements, PA grid, and guidance; supporting documentation; eviCore (PA for advanced imaging) visit us online:

- HCA Prior Authorization Guidelines: azblue.com/medicaid/providers/pa-guidelines
- HCP Prior Authorization Guidelines: azblue.com/health-choice-pathway/providers/prior-authorization-guidelines
- ACA SH HC Prior Authorization Guidelines: azblue.com/aca-standardhealth-health-choice/providers/pa-guidelines

Provider Education

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

As a reminder, we provide 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 following resources to ensure you have reviewed the most recent versions of state guidance:

- AHCCCS Medical Policy Manual (AMPM): azahcccs.gov/PlansProviders/MedicalPolicyManual
- AHCCCS Contractor Operations Manual (ACOM): azahcccs.gov/PlansProviders/OperationsManual
- AHCCCS News & Press Releases: azahcccs.gov
- Medical Coding Resources: Available on the AHCCCS website at azahcccs.gov

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 found here: azahcccs.gov/PlansProviders/HealthPlans/encounterkeysnewsletter.html.

Visit the CMS website at cms.gov and subscribe to email updates for the latest information on Medicare and Marketplace enrollment, policies, benefits, and other helpful tools.

Provider Directory Accuracy

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 re-attest to finalize any changes made.

Additional provider information that must also be complete and accurate are:

- Accepting new patients
- Specialty
- Medical group affiliations

Provider Education

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.

- Blue Cross Blue Shield of Arizona Health Choice: azblue.com/medicaid
- Health Choice Pathway: azblue.com/health-choice-pathway
- ACA StandardHealth with Health Choice: azblue.com/aca-standardhealth-health-choice

Visit us online 'For Providers' 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
 - o **1-800-322-8670**
 - o Blue Cross Blue Shield of Arizona Health Choice hours are 8 a.m. – 5 p.m., Monday through Friday (except holidays).
 - o Health Choice Pathway hours are 8 a.m. – 8 p.m., 7 days a week.
 - Our Call Center staff may also be reached via email: hchcomments@azblue.com
 - o ACA StandardHealth with Health Choice hours are 8 a.m. – 4:30 p.m., Monday through Friday (except holidays).
 - Our Call Center staff can be reached via email: ACAStandardHealth_ProviderInquiries@azblue.com
 - For self-service options, please visit our provider portal: [Click Here - Health Choice Provider Portal](#)
 - o Provider Portal: **480-760-4651** or via email: hchproviderportal@azblue.com
- *Please take advantage of additional resources available online on the 'For Providers' tab of our websites*

Training Resources Available for Providers and Staff

Blue Cross Blue Shield of Arizona Health Choice has interactive training courses for providers and their staff!

To access interactive trainings visit us online at:

azblue.com/medicaid/providers/provider-education.

We welcome your feedback or questions:

Lauren Fofanova, LCSW,
Director of Care Management:
Lauren.Fofanova@azblue.com
623-352-1346 x 5229.

Healthy Rewards Program

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

HCA: azblue.com/giftcards
HCP: azblue.com/healthyrewards

Provider Education

Fraud, Waste, and Abuse (FWA)

Who Can Report Fraud or Abuse?

Absolutely anyone can report fraud, abuse, or member abuse. There are no restrictions, and you may remain anonymous. Office of Inspector General (OIG) depends on employees, members, providers, and the general public to report any suspicious fraud or abuse.

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.
 - o 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.
 - o Call us at: **602-864-4875** or **1-800-232-2345** ext. **4875**
 - o azahcccs.gov/Fraud/ReportFraud/
 - o azahcccs.gov/Fraud/ReportFraud/onlineform.aspx

Questions

Contact the AHCCCS Office of Inspector General with questions about fraud, waste, or abuse of the program, or abuse of a member at AHCCCSFraud@azahcccs.gov.

For additional information about Fraud, Waste, and Abuse:

- Blue Cross Blue Shield of Arizona Health Choice: azblue.com/medicaid/providers/fraud-abuse
- Health Choice Pathway: azblue.com/health-choice-pathway/providers/fraud-waste-and-abuse
- ACA StandardHealth with Health Choice: azblue.com/aca-standardhealth-health-choice/providers/fraud-abuse

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

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

azblue.com/medicaid/members/member-services (Member Rights and Responsibilities tab)

azblue.com/health-choice-pathway/members/member-information

(Member Rights and Responsibilities tab)

azblue.com/medicaid/privacy-and-legal