

2024 ACA Standard Health with Health Choice Provider Forum

February 28, 2024

Zoom Recording:

https://azblue.zoom.us/rec/share/KsLVFLxrUWjWwArL2QWMIZ4G4RwMHOS5f_JkLpSNdDCjRMMPMIS_NRLxTcU9EJPOi.s-LHngSqvd6qJFx5?startTime=1709144272000



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Health
Choice

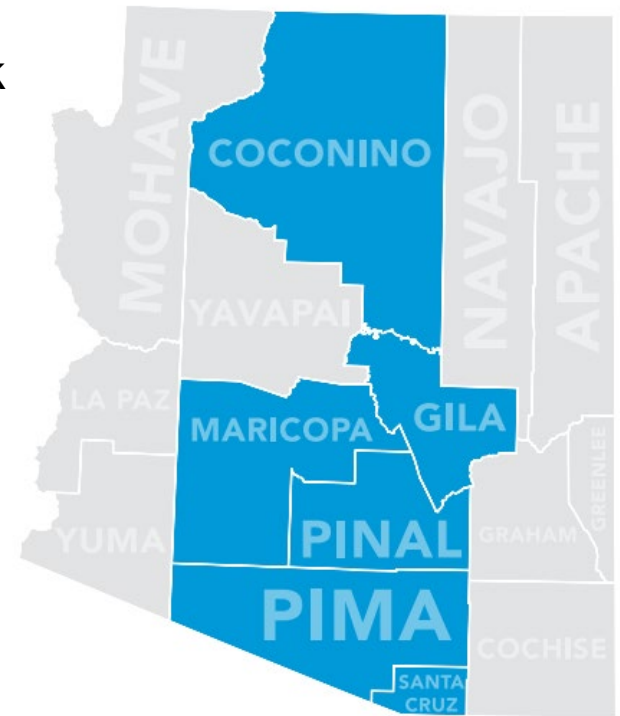
Agenda

- 
1. Welcome
Charlotte Whitmore, VP Network Services 2 minutes
 2. ACA StandardHealth with Health Choice (HCS) Contracting
Aimee Perez, Director Contracting 8 minutes
 3. ACA HCS Member Benefits
Marla Bauer, Director of Individual Growth and Marketing 10 minutes
 4. ACA HCS Reimbursement Services
Matthew Kingry, VP Reimbursement Services 10 minutes
 5. ACA HCS Prior Authorization Requirements
Ellen Lewis, Staff VP Clinical Operations 10 minutes
 6. Provider Resources
Jadelyn Fields, Network Provider Service Manager and Educator 10 minutes
 7. Q and A 10 minutes

A New 2024 Affordable ACA Plan

StandardHealth HMO plan + Health Choice network
=
ACA StandardHealth with Health Choice

- Attract Health Choice members who are no longer eligible for Medicaid
- Offer plan in select counties
- Deliver a lower premium plan



ACA StandardHealth with Health Choice

This plan is ideal for those who:

- Are transitioning from a Health Choice plan and want to keep their same doctors
- Want added support and resources for chronic health conditions
- Prefer fixed costs for doctor and specialist visits and prescription drugs
- Need help coordinating care across multiple providers

	Cost-Share Reduction Plan Options (with financial help from the federal government)			
	ACA StandardHealth with Health Choice	ACA StandardHealth with Health Choice CSR		
	Silver	Silver 4	Silver 5	Silver 6
Deductible	\$5,900	\$5,700	\$700	\$0
Out-of-Pocket Maximum	\$8,700	\$7,200	\$3,000	\$1,800
Assigned PCP Required	Yes	Yes	Yes	Yes
Specialist Referral Required	Yes	Yes	Yes	Yes
PCP Visit	\$40	\$40	\$20	\$0
Specialist Visit	\$80	\$80	\$40	\$10
Tier 1 (Generic Drugs)	\$20	\$20	\$10	\$0



ACA Standard Health with Health Choice Contracting



Contracting Key Points

Together we make a network!

Your contract includes Participation in all Health Benefit Plans offered by Health Choice:

- ✓ Arizona Medicaid Programs as awarded
- ✓ Medicare Advantage-Special Needs Plan
- ✓ Affordable Care Act (ACA) Plan “ACA StandardHealth with Health Choice” Effective January 1, 2024

Key Things To Know!

- Continuing Care Period – minimum of 90-days following the end date or earlier date that the Member no longer qualifies as a Continuing Care Patient
- Regulatory Requirement 42 USC 300gg-138

We Value Your Partnership!

- ❖ This ACA Plan is attractive to Individuals subject to Medicaid Redetermination
- ❖ Affordable, Low-Cost Premiums for Individuals who were accustomed to a Medicaid health plan
- ❖ Familiar to former Health Choice and other AHCCCS health plan members

Important timeframes

- Provide written notice by March 1st, to end on January 1st of following year
- prior to October 1st, through the end of the calendar year
- after October 1st, through the end of the first quarter of the following calendar year



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Member Benefits



Benefit Books




Individual HMO
ACA StandardHealth with Health Choice
Base Benefit Book
Off Marketplace

azblue.com/MyBlue




**BlueCross
BlueShield
Arizona**

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Individual HMO
ACA StandardHealth with Health Choice
Base Benefit Book
On Marketplace

azblue.com/MyBlue



**BlueCross
BlueShield
Arizona**

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Benefit Book Differences

	On Exchange	Off Exchange
Description	Plans sold on the Federally Facilitated Marketplace	Plans sold direct by BCBSAZ
Eligibility of Benefits	Provisions will vary if administered by the FFM Advance Premium Tax Credit (APTC) and Cost Share Reduction (CSR) available	Provisions will vary if administered by BCBSAZ Advance Premium Tax Credit (APTC) and Cost Share Reduction (CSR) not available
Terms to Know	Includes subsidy terms	Doesn't include subsidy terms
Other Health Plan Details (Premium Due Date)	The 3-month grace period for premium payment applies only for On-FFM plans for persons getting APTC. For Off-FFM plans, and On-FFM plans with no APTC, BCBSAZ allows only a 31-day grace period.	For Off-FFM plans BCBSAZ allows only a 31-day grace period.



Member Portal

Plan Benefits

Select a benefit year to see your covered benefits and eligibility
Please note that Blue Cross Blue Shield of Arizona processes claims based on the benefits in effect on the date of service.

Current Coverage

Who is covered

Member	Birth Date	Member Type	Effective Date	End Date
Timothy Makinen	02/19/1963	Subscriber	01/01/2023	12/31/2023

Benefit Documents

IU65 ACA ADVANCEHEALTH HMO

Document	Revised	View
Summary of Benefits and Coverage A summary of what this health plan covers and what you pay for covered services.	01/15/2023	v
Benefit Book All about your health plan benefit coverage, limits, and exceptions.	03/05/2023	v
Benefit Book All about your health plan benefit coverage, limits, and exceptions.	01/04/2023	v
Rider Modifications to your benefit book.	06/04/2023	v
Member Guide How to use your health plan.	06/04/2023	v

Both the book and any rider that may apply offer you benefits under your BCBSAZ plan. The materials should be used together, along with your summary of benefits, to determine benefits. You may request paper copies of these materials.

Online, you can get BCBSAZ benefit information for the past two years. If you need paper copies or plan information from over two years ago, please contact customer service using the phone number on the back of your ID card.

Benefit documents

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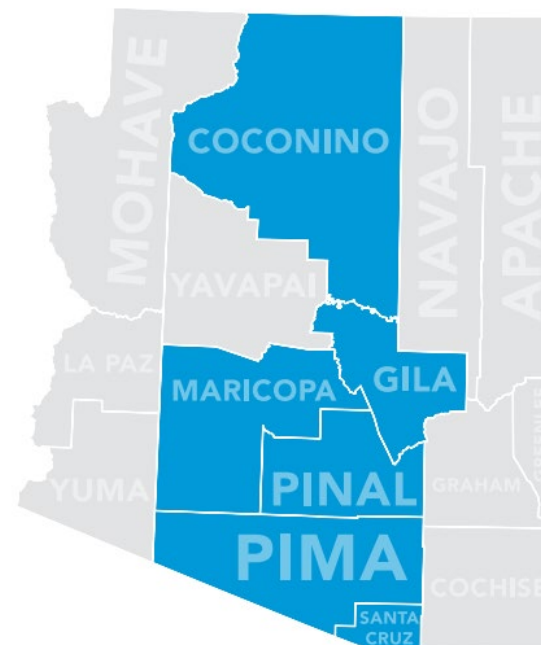
Health Choice

Reimbursement Services



Claims Adjudication Highlights

- Preventative Services
- Copays
- Out of Network Benefits, NSA (No Surprises Act)
- Interest - ARS 44-1201 and ARS 20-3102
- Grace Period Rules
- Medical Claims Review
- Coordination of Benefits
- Reconsideration/Dispute/Provider Portal





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ACA StandardHealth with Health Choice

**Prior Authorization, Inpatient Notification,
Radiology Benefits**



Prior Authorization, Inpatient Notification, Radiology

[Prior Authorization - ACA StandardHealth with Health Choice \(standardhealthhc.com\)](http://standardhealthhc.com)

- PA Grid located via a link on the website listed here
- Medical PA requests can be submitted:
 - Via the Provider Portal: [Log in - Health Choice Provider Portal \(healthchoiceaz.com\)](http://healthchoiceaz.com)
 - Currently use Fax# 877-422-8120
 - **NEW** dedicated HCS Fax Line coming mid to late March: 602-864-5308
- Dental PA requests can be submitted:
 - Via the Provider Portal: [Log in - Health Choice Provider Portal \(healthchoiceaz.com\)](http://healthchoiceaz.com)
 - Email: HCHDentalDeptHCA@azblue.com
- Check PA status:
 - By calling 800-322-8670
 - On Provider Portal
- eviCore is the Radiology Benefit Manager effective in March. More details coming soon
- Notify us of an admission to a facility within one day: physical, behavioral, LTACH, SNF
 - Fax: 480-760-4732



Provider Resources

Jadelyn Fields, Network Provider Service Manager and Educator



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BCBSAZ Health Choice Provider Manuals

Our Provider Manuals are designed to provide basic information about the administration of the BCBSAZ Health Choice Arizona, BCBSAZ Health Choice Pathway and ACA StandardHealth with Health Choice programs.

Details within our manuals are intended to furnish providers and their staff with information, covered services, claim and/or encounter submission requirements.

The Health Choice Arizona provider manual is an extension of the Health Choice Arizona Subcontractor Agreement, executed by the participating provider. The participating provider agrees to abide by all terms and conditions set forth within our Provider Manuals. The Provider Manual is incorporated into the contract each provider holds with Health Choice.

Please take advantage of additional resources available online on the 'For Providers' tab of our websites or from the 'Home' screen of your secure online provider portal.

BCBSAZ Health Choice Arizona: www.HealthChoiceAZ.com

BCBSAZ Health Choice Pathway: www.HealthChoicePathway.com

ACA StandardHealth with Health Choice: www.standardhealthhc.com

Claim Submissions

KEEP YOUR RECORDS UP TO DATE!

By not keeping your information current, you may experience claim rejections, non-payments, or returned check payments.

All providers are recommended to submit claims/encounters electronically. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim/encounter sent, and minimizes clerical data entry errors.

BCBSAZ Health Choice (AHCCCS)

Health Choice Arizona Payer ID# 62179

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

BCBSAZ Health Choice Pathway (Medicare Advantage D-SNP)

Health Choice Pathway Payer ID# 62180

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

ACA StandardHealth with Health Choice (ACA IU65 – 1/1/2024)

ACA StandardHealth with Health Choice Payer ID# RP105

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

Claim Submission Reminders

KEEP YOUR RECORDS UP TO DATE!

By not keeping your information current, you may experience claim rejections, non-payments, or returned check payments.

No Staple Required

Please do not staple documents or claims. If there is a document being submitted with the claim, the document should lay directly behind the claim and each page of documentation should indicate the claim number.

Prior Authorization Number

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

Sending Correspondence to a specific department?

Help us stay efficient in getting your mail to the correct department, please indicate which department your mail should be directed to.

Physical/Correspondence

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

Attention: SPECIFIC DEPARTMENT

8220 N. 23rd Ave

Phoenix, AZ 85021

Claim Submissions Outside of Arizona

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



As a Blue Cross Blue Shield of Arizona plan, we align with Blue billing requirements. This change only affects billing for services rendered to a Health Choice members outside of Arizona. Providers rendering services outside of Arizona will submit claims directly to the Blue plan within that state.

EXCEPTION: *Health Choice contracted providers located in contiguous (bordering) counties to Arizona will submit claims directly to Health Choice.*

Below is a current listing of contiguous counties (subject to change upon county boundary changes by each state).

- California: San Bernardino County
- Nevada: Clark County and Lincoln County
- Utah: Kane County and Washington County
- Colorado: Montezuma County
- New Mexico: San Juan County, McKinley County, Cibola County, Catron County, Grant County, and Hidalgo County

ACA StandardHealth with Health Choice – Member ID Card Example

 BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>	ACA StandardHealth with Health Choice
MEMBER NAME IAZ987654321	ACA Health Choice Network Group Number INDU65 Plan Year 2024
	In-Network Cost Share Deductible Individual \$5900 Deductible Family \$11800 OOP MAX Individual \$9100 OOP MAX Family \$18200 Pediatric Member Dental YES
Copay PCP \$40 Copay Specialist \$80 Copay Urgent Care \$60 Copay RX Tier 1/2/3 \$20/40/80 Rx BIN# 603017	See assigned PCP for services and specialist referrals.
PCP-HMO	AZDOI 

BCBSAZ Health Choice (Medicaid) Member ID Card Example



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Member:
John Q Sample
ID #: **HCIA12345678**

RxBIN: **123456**
RxPCN: **Part D**
Group: **RX3898**

Health Plan Name:
Health Choice Arizona

Member Services:
1-800-322-8670

**ARIZONA HEALTH CARE
COST CONTAINMENT
SYSTEM**



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HealthChoiceAZ.com

Member Services:

1-800-322-8670

24/7 Nurse Advice Line:

1-855-458-0622

Pharmacists Call:

1-800-364-6331

Arizona providers
send medical claims to:
Health Choice Arizona
PO Box 52033
Phoenix, AZ 85072-2033

Providers outside of Arizona
should file all claims to the
local Blue Cross and Blue Shield
Plan in whose service area the
member received services.

Benefits are limited to emergent care
outside of Arizona.

BCBSAZ Health Choice Pathway – Member ID Card Example



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Member:
John Q Sample
ID #: **MZHHC1234567**

RxBIN: **004336**
RxPCN: **MEDDADV**
RxGRP: **RX8748**

Health Plan Name:
Health Choice Pathway (HMO D-SNP)

Health Plan **(80840)**
Plan ID: **H5587-002**

MedicareRx **MEDICARE | HMO**
Prescription Drug Coverage **ADVANTAGE**



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Arizona providers
send medical claims to:
Health Choice Pathway
(HMO D-SNP)
PO Box 52033
Phoenix, AZ 85072-2033

Providers outside of Arizona
should file all claims to the
local Blue Cross and Blue Shield
Plan in whose service area the
member received services.







HealthChoicePathway.com

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

Hours of Operation:
8 a.m. to 8 p.m., 7 days a week
Pharmacy Prior Auth and
Appeals Fax: **1-877-424-5690**
24/7 Nurse Advice Line:
1-855-458-0622
Pharmacy Help Desk:
1-866-693-4620

Benefits are limited to emergent care
outside of Arizona.

Health Choice Dual – Member ID Card Example

 An Independent Licensee of the Blue Cross Blue Shield Association		 Arizona Health Care Cost Containment System
Member: John Q Sample	RxBIN: 004336	
HCP ID #: MZHHC1234567	RxPCN: MEDDADV	
AHCCCS ID #: HCIA12345678	RxGRP: RX8748	
	Health Plan: (80840)	
	Plan ID: H5587-002	
Health Plan Name: Health Choice Pathway (HMO D-SNP) Health Choice Arizona	Health Plan Phone #: 1-800-656-8991	
 Prescription Drug Coverage		 An Independent Licensee of the Blue Cross Blue Shield Association



HealthChoicePathway.com
Member Services:
1-800-656-8991, TTY 711

Hours of Operation:
8 a.m. to 8 p.m., 7 days a week
Pharmacy Prior Auth and
Appeals Fax: **1-877-424-5690**
24/7 Nurse Advice Line:
1-855-458-0622
Pharmacy Help Desk:
1-866-693-4620

Arizona providers
send medical claims to:
Health Choice Pathway
(HMO D-SNP)
PO Box 52033
Phoenix, AZ 85072-2033

Providers outside of Arizona
should file all claims to the
local Blue Cross and Blue Shield
Plan in whose service area the
member received services.

Benefits are limited to emergent care
outside of Arizona.

PROVIDER PORTAL

Are you registered for the Provider Portal?

Sign-up today!

Get access to secure member eligibility, claim status/reconsideration, submit medical, dental and pharmacy prior authorization requests and much more.

*****COMING SOON*****

Quality Gaps in Care Reporting

PDM and AzAHP Credentialing Enhancements to the Summary Page

Our portal is available under the 'Providers' tab of each of our plan websites:

[BCBSAZ Health Choice \(healthchoiceaz.com\)](http://healthchoiceaz.com)

[Home - BCBSAZ Health Choice Pathway](#)

[ACA StandardHealth with Health Choice \(standardhealthhc.com\)](http://standardhealthhc.com)

Easy to follow portal training video(s) on our websites

'For Providers' tab -> 'Provider Education'

Secure Provider Portal View Home Screen



Welcome to Health Choice Provider Portal

New & Upcoming Enhancements

- You can now submit Dental Prior Authorization and Dental Specialty Referral requests directly through your secure portal.
- Enhanced Member Eligibility search providing Coordination of Benefits.
- Dental and Vision Claims History now provides member benefit balance.
- Medical Review Documents (reserved ONLY for approved Hospital Tax ID): Update process for file upload directly to a claim only. Pardon our dust as we continue maintenance on this feature.

Provider Reminders

- Member ID prefixes: Health Choice Arizona is HCI (e.g. HCIA12345678). Health Choice Pathway is MZH (e.g. MZHHC1234567)
- Providers can submit credentialing requests via our Provider Portal. Forms will automatically be routed to our Credentialing or Contracting department for processing with an accessible PDF form for your records. Click the [Provider Demographic Request/AzAHP E-Apply](#) Practitioner Data Form link under Provider Tools.
- [Recent Member Admissions and/or Discharges](#)
- View your Member [COVID Vaccine Status Report](#)
- Opportunity for Practitioner Input Health Choice values our network of providers and is interested in your input regarding Utilization Management (UM) Guidelines. If you have interest in assisting with development or review of UM criteria and technology, please send your contact information along with your field of practice to: HCHComments@azblue.com

Member Eligibility:

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

Claims	Authorizations	Provider Tools
Use one of our convenient tools to learn more about our services. <ul style="list-style-type: none">• Claims Lookup• Dental Claims History• Vision Claims History	Need information regarding authorizations? Choose one of the following options below. <ul style="list-style-type: none">• View Your Medical Prior Authorization Status• View Your Dental Prior Authorization Status• Health Choice - Pharmacy Prior Authorization Request• Health Choice Arizona - Prior Authorization Grid• Health Choice Pathway - Prior Authorization Grid (Arizona)	Use one of our convenient tools to manage your account or look up answers in our document library. <ul style="list-style-type: none">• Provider Member Roster• Provider Resources• Health Choice Integrated Care Provider Portal• Provider Demographic Request/Electronic Credentialing - AzAHP Practitioner Data form

Secure Provider Portal View – Provider Resources



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Provider Resources

Please note that user Account passwords should NOT be shared between employees. Sharing passwords is a violation of policy. For more information, contact the IT Helpdesk Coordinator at 480-760-4651 or (800) 322-8670.

Visit us online under our "For Providers" tab for content specific to education-related material.

[BCBSAZ Health Choice \(Medical\)](#)

[BCBSAZ Health Choice Pathway \(Dual SNP HMO Medicare Advantage\)](#)

Provider Manuals

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Provider Notices

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Prior Authorization Guidelines

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Provider Forms

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Provider Education (POLT List, Portal Training Videos, Newsletters, Quality Coding)

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Dental Matrix and Clinical Review Criteria

- [BCBSAZ Health Choice Dental Benefits Matrices](#)
- [BCBSAZ Health Choice Pathway Supplemental Benefits](#)
- [ACA StandardHealth with Health Choice](#)

BCBSAZ Health Choice Pathway Model of Care

- [BCBSAZ Health Choice Pathway](#)

Prescription Drugs and Formulary

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Cultural Competency

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Clinical Guidelines

Attention:

The purpose of this website is to serve as a resource of information for healthcare providers. If you are a member please call **602-864-41**

- Provider Overview & Joining Our Network
- Provider Portal
- Provider Manual
- Provider Notices
- Provider Education
- Prior Authorization Guidelines
- Prescription Drugs
- Dental
- Cultural Competency
- Claims
- Fraud, Waste & Abuse
- Forms

Introducing Our New ACA StandardHealth With Health Choice Plan

To support our members who want their 2024 benefit plan to feature PCP-coordinated care, we're offering our ACA StandardHealth with Health Choice plan.

[Learn More](#)

Our Website
For Providers -> Resources

Q & A



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