

PROVIDER NEWSLETTER

March 2018



Improvements to Health Choice Provider Portal

In February of 2017 HCA began to roll out a new provider portal for our Health Choice Arizona, Health Choice Generations, Health Choice Utah, and acute care services for our Health Choice Integrated Care plans that aims to streamline your access to important information.

Continued efforts in website enhancements include:

- More information about the status of claims
- More information about the status of appeals
- Improved access to provider rosters and paneled member information
- More information about member eligibility status
- Improved functionality and appearance
- Improved training information for providers and their staff

Our portal is available under the Provider tab of each of our plan websites (healthchoiceaz.com, hcgenerations.com, healthchoiceut.com, and healthchoiceintegratedcare.com) or you can access by visiting healthchoicearizona.com/ProviderPortal/login/

Change in Coverage for Dental Services and Outpatient Occupational Therapy Services for Members Who Are 21 Years and Older

AHCCCS has expanded its coverage of dental and occupational therapy services for members who are 21 years and older.

Beginning October 1, 2017, emergency dental services are covered for AHCCCS members 21 years of age and older up to a total amount of \$1,000 for each 12 month period beginning October 1st through September 30th.

Beginning October 1, 2017, outpatient occupational therapy services are covered for AHCCCS members 21 years of age. This benefit covers 15 outpatient occupational therapy visits when they are needed to keep a level of function or help get to a level of function, and 15 outpatient occupational therapy visits to restore a level of function.

There is no change in coverage of dental or occupational therapy services for members who are under 21 years of age.

Health Choice Payment Processing Documentation

This is a reminder that Health Choice health plans (Health Choice Arizona, Health Choice Integrated Care, and Health Choice Generations) may require submission of additional information to process claims.

Medical records to support claim submissions may be mailed to the following address:

Health Choice Claims Department
410 N. 44th St., Ste 500
Phoenix, AZ 85008

Health Choice requests all submitted medical records include the following components:

- For all Prior Period Coverage (PPC) inpatient admissions and all inpatient admissions which are Level 4 APR-DRG and/or outlier claim:
 - Itemized UB-04 ("IZ") ****
 - History & Physical (Admitting)
 - Consultations
 - Progress notes
 - MAR (Medication Admin Record)
 - Discharge Summary
 - Other documentation as needed

- Medical records to support Level 4 and 5 emergency department claims.

**** Itemized UB-04s ("IZs") cannot be obtained via current EMR access. These must be mailed for ALL claim types.

All efforts will be made to access medical records in your EMR system, however, we may request additional information as stated above. If records are not submitted with a claim for a service that requires supporting documentation, the claim will be denied with all applicable denial reason/codes reflected on the claims remittance advice.



March 2018

Change in Minimum Subcontract Provisions

Effective 10/01/2017 AHCCCS has made formatting and content changes to the Minimum Subcontract Provisions (MSP). We sent a fax blast in June with additional changes. Please visit the following link for the most current version:

www.azahcccs.gov/PlansProviders/HealthPlans/minimumsubcontractprovisions.html

The above reference can be reviewed in the Health Choice Arizona's provider manual, Chapter 3, page 3. www.healthchoiceaz.com/provider-manual

The above reference can be reviewed in the Health Choice Integrated Care provider manual, Chapter 3, page 1: www.healthchoiceintegratedcare.com/providers/provider-policy-manual/

Changes include but are not limited to the following:

NOTABLE CHANGES TO INSURANCE LIABILITY	2016	2017
Page 9: Workers Comp: Each Accident (Subcontracts valued above \$50,000)	\$500,000	\$1,000,000
Page 9: Workers Comp: Disease - Each Employee (Subcontracts valued above \$50,000)	\$500,000	\$1,000,000
Page 9: Professional Liability: Each Claim (Contracts valued over \$50,000) <i>*Please note a change was previously reported but has since changed back to 2016 standard.</i>	\$1,000,000	\$1,000,000
Page 13: Business Auto Liability (CSL): (Subcontracts valued below \$50,000)	\$500,000	\$1,000,000
Page 14: Workers Comp: Each Accident (Subcontracts valued below \$50,000)	\$100,000	\$500,000
Page 14: Workers Comp: Disease - Each Employee (Subcontracts valued below \$50,000)	\$100,000	\$500,000
Page 14: Workers Comp: Disease – Policy Limit (Subcontracts valued below \$50,000)	\$100,000	\$500,000
Page 14: Professional Liability: Each Claim (Subcontracts valued below \$50,000)	\$500,000	\$1,000,000

Change in Transportation Services Provider

Effective June 15, 2017 HCA will now be contracted with Veyo to provide non-emergent medical transportation services for our members.

Members can call Member Services at 1-800-322-8670 to arrange transportation.

Change in Pain Management Providers

In September 2017 Health Choice Arizona, and Health Choice Integrated Care (HCIC) announced that we have ended contracts with TriState Pain Institute. These contract terminations affect Health Choice Arizona, Health Choice Generations, and Health Choice Integrated Care members and include the following providers: Dr. Benjamin Venger, Carolyn (Han-Chin) Huang, FNP, Dr. Mary Janikowski, and Jennifer Booze-Hawkes, NP

We have notified our members and have instructed them to select a new pain management specialist or to consult their PCP.

Management of Expedited Prior Authorization Request, PA Grid & Process Updates

Effective August 1, 2017, Health Choice is implementing a policy to enhance the management of expedited prior authorization requests with a sense of urgency acknowledging the clinical needs of the member. Providers (Physicians, NPs & PAs) submitting requests that don't meet expedited criteria will be notified that the request will be managed as a 14 day standard request unless the provider can provide additional clinical information within 24 hours to support the expedited request. The following clinical rationale defines the appropriate use of an expedited prior authorization request:

- Processing the request within the standard time frame will jeopardize the life or health of the member.
- Processing within the standard time frame will impact the member's ability to achieve or regain maximum function.
- Processing within the standard time frame will cause a barrier to transition of care.

Also, effective October 1, 2017, for all prior authorization requests:

- Prior Authorization requests MUST be submitted prior to the date of service.
- Incomplete Prior Authorization requests will be returned to the provider via fax with a missing information letter. If the information is not received within 24 hours for expedited or 72 hours for standard, the request will be denied for lack of clinical information.
- Prior Authorization requests must be submitted on the correct request form which can be found on the HCA and HCIC website at www.HealthChoiceAZ.com or www.HealthChoiceIntegratedCare.com under Providers/Prior Authorizations or Provider Resources/Commonly Used Forms, or can be sent to you by your Network Service Representative. Requests submitted on an old prior authorization form will be returned to the provider.
- Peer to Peer requests must be made within 72 hours of a clinical determination, otherwise the provider will need to follow the appeal process.

For the most recent PA requirements (grid) and Health Choice Arizona PA Form and for additional details please view our PA Guidelines page at: www.healthchoiceaz.com/providers/pa-guidelines/

