



BCBSAZ Health Choice Provider Manual

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An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

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Chapter 1:

Introduction to Blue Cross Blue Shield of Arizona Health Choice

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1.0 INTRODUCTION

Blue Cross Blue Shield of Arizona Health Choice's mission is to *Inspire Health and Make It Easy!* We advance the health and well-being of the communities we serve by connecting our members and patients to quality healthcare networks. We are committed to providing quality, cost-effective health care to AHCCCS Medicaid and Medicare Advantage-Dual Special Needs Plan (D-SNP) members.

We are committed to a collaborative approach with physicians, hospitals, and all other providers in the medical communities we serve.

We believe our members deserve the highest quality medical care while being treated with both compassion and respect. Assisting you so that you can devote your time to providing quality patient care is one of our highest priorities. Our commitment to you is to support the doctor-patient relationship by streamlining the delivery of care.

Blue Cross Blue Shield of Arizona Health Choice administers three Health Benefit Plans or Plans. Health Choice Arizona (HCA) currently serves eight Arizona counties as an Arizona Medicaid Managed Care Organization under the AHCCCS Complete Care (ACC) contract. Health Choice Pathway (HCP) is our dual special needs plan (DSNP), a Medicare Advantage plan for those who qualify for both Medicare and Medicaid. Our AHCCCS and Medicare Advantage (MA-DSNP) contracts provide services to members across the same eight (8) counties in Arizona:

- Apache
- Coconino
- Gila
- Maricopa
- Mohave
- Navajo
- Pinal
- Yavapai

Our ACA StandardHealth with Health Choice (ACA Plan) provides services to residents in seven (7) counties in Arizona:

- Coconino
- Gila
- Maricopa
- Mohave
- Pima
- Pinal
- Santa Cruz

We have a dedicated and skilled team, leveraging advanced systems and technology to position ourselves as the preferred health plan. Our goal is to transform healthcare services, deliver substantial value, and set industry standards within the communities we serve.

1.1 OVERVIEW

This Provider Manual is designed to provide information about the administration of the Blue Cross Blue Shield of Arizona Health Choice Health Benefit Plans. Details within this manual are intended to furnish providers and their staff with information, guidance, covered services, claims submission, prior authorization, medical management, updates to contractual and regulatory requirements. The Provider Manual is an extension of the Health Choice Arizona, Inc. Service Agreement, executed by the Provider and the Participating Providers. Compliance with processes and procedures outlined in the Provider Manual is considered part of your contractual obligation as a Network Provider.

The Participating Providers agree to abide by all terms and conditions set forth in this manual.

The Provider Manuals offers guidance, clarifies expectations, and reduces questions about managing the contracted Health Benefit Plans or Plans administered or offered by Blue Cross Blue Shield of Arizona Health Choice in accordance with the applicable Plan designs and Applicable Laws.

All Blue Cross Blue Shield of Arizona Health Choice providers who participate in Health Choice Arizona (HCA) are subject to the same responsibilities and rules under Arizona Medicaid (AHCCCS) and Centers for Medicare and Medicaid Services (CMS).

The Health Choice Arizona (HCA) Provider Manual focuses on the requirements for relationships between AHCCCS and Health Choice Arizona, Inc., the physicians and other health care professionals and providers with whom they contract to provide services to Arizona

Medicaid members. *The HCA Provider Manual is available on the website:

<https://www.azblue.com/medicaid/providers/provider-manual>

All Blue Cross Blue Shield of Arizona Health Choice providers who participate in the Health Choice Pathway (HCP) MA Dual-Eligible Special Needs Plan (HMO D-SNP) are subject to the same responsibilities and rules under Centers for Medicare and Medicaid Services (CMS).

The Health Choice Pathway (HCP) Provider Manual focuses on the requirements for relationships between Medicare Advantage organizations (MA organizations) and the physicians and other health care professionals and providers with whom they contract to provide services to Medicare beneficiaries enrolled in an MA plan.*The HCP Provider Manual is available on the website:

<https://www.azblue.com/health-choice-pathway/providers/provider-manual>

All Blue Cross Blue Shield of Arizona Health Choice providers who participate in the ACA StandardHealth with Health Choice (ACA Plan) are subject to the responsibilities and rules under the Centers for Medicare and Medicaid Services (CMS) under the Affordable Care Act (ACA).

The ACA StandardHealth with Health Choice Provider Manual is designed to provide specific information about the administration of the ACA StandardHealth with Health Choice (ACA Plan). Details within the manual are intended to furnish providers and their staff with information and guidance regarding ACA Plan covered services and Plan administration requirements. The ACA Plan Provider Manual is available on the website:

<https://www.azblue.com/aca-standardhealth-health-choice/providers/provider-manual>

Please take advantage of additional resources available on the website under “For Providers”.

Health Choice Arizona (Medicaid ACC): [Health Choice AZ](#)

Health Choice Pathway (DSNP): [Health Choice Pathway](#)

ACA StandardHealth with Health Choice (ACA): [ACA StandardHealth Health Choice](#)

Note: AHCCCS covered services, limitations, and exclusions described in this manual are global in nature and are included to offer general guidance to providers as it pertains to the administration of the Arizona Health Care Cost Containment System (AHCCCS) program. The *AHCCCS Medical Policy Manual (AMPM)* contains additional information about covered services, limitations, and exclusions.

The AHCCCS AMPM can be found on the AHCCCS website:

<https://www.azahcccs.gov/shared/MedicalPolicyManual/>

1.2 NETWORK MANAGEMENT

Blue Cross Blue Shield of Arizona Health Choice is responsible for coordinating covered services that are provided to members through a comprehensive network of contracted physicians and facilities.

Our provider network has been strategically developed to include contracted health care providers, facilitating our ability to meet or exceed the regulatory minimum requirements ensuring member access to quality care and services through appointment availability and network adequacy by geographic service area. Our robust provider network includes but is not limited to a diverse selection of qualified primary care physicians (PCPs), nurse practitioners (NP), Specialists, dentists, medical facilities, ancillary service providers, pharmacy, behavioral health and non-emergent medical transportation providers who agree to accept and follow Blue Cross Blue Shield of Arizona Health Choice managed care policies and procedures. Contracted health care providers are required to coordinate care with in-Network providers for all members. This standard of practice enables us to monitor, evaluate, and maintain our well-established network.

In the event a referral(s) is needed to an out-of-network (OON) provider, a prior authorization is required. Questions concerning the Blue Cross Blue Shield of Arizona Health Choice Health Choice network should be directed to the attention of your Provider Performance Representative (PPR).

Provider Directory

The Blue Cross Blue Shield of Arizona Health Choice Provider Directory includes a full listing of contracted providers here to serve our members. The Directory is updated often, please check our online search tool or call us if you need help finding a provider.

Provider Directory:

<https://providerdirectory.healthchoiceaz.com/Provider/ShowProviders/en/hca>

*Alternate formats (including large font, or different language versions) of the Provider Directories are available upon request.

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

Our Network Services Department is staffed with qualified, experienced professionals who are dedicated to developing partnerships with providers and committed to providing personalized assistance such as staff orientation, education and training on claims or billing/coding issues,

regulator standards, plan policy and requirements, prior authorization requirements, and compliance matters. Our goal is to collaborate on innovative approaches to maximize effectiveness and efficiency and identify resources to help reduce administrative burden.

The Provider Performance Representative (PPR) is your liaison for all things Health Choice and is available to assist you with your questions or requests. Our service delivery standards are to acknowledge and respond within 3 business days to provider inquiries. Please do not hesitate to contact your PPR whenever necessary.

To find the PPR assigned to your group, please log into the Secure Provider Portal. The name and email of the PPR is listed at the top of the Home page once you log in.

Blue Cross Blue Shield of Arizona Health Choice is committed to ensuring that you always have an open line of communication with us. If you feel your concerns are not met in a timely fashion, or to your satisfaction, please refer to our ***Provider Escalation Process, Exhibit 1.1*** to contact our Network Services Team Leaders, or email directly to: hchaznetworkleadership@azblue.com

1.3 PROVIDER REIMBURSEMENT

The provider's primary role is to render medically necessary services to Blue Cross Blue Shield of Arizona Health Choice members. Prior to rendering or billing for services, the provider must be an active registered provider with AHCCCS, have completed the contracting and credentialing process and have received a copy of the fully executed Health Choice Arizona, Inc. Services Agreement.

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 Blue Cross Blue Shield of Arizona Health Choice members. Our credentialing department sends initial approval letters informing you of each practitioner or facility credentialed with Health Choice. You may also see this list of credentialed providers in the secure provider portal.

For verification of your contractual reimbursement, please refer to your Executed Agreement.

For contracts that reference the *Arizona MCO Medicaid Fee Schedule*, providers can locate those rates on the AHCCCS website:

AHCCCS Fee Schedules are located at:
<https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>.

In the event Medicare does not have a published rate, the reimbursement rate will be determined by the Arizona Medicaid (AHCCCS) published rate. Covered Services for which there is no allowable payment rate published by either government entity (AHCCCS or Medicare) shall default to Health Choice's policy. (refer to "By Report" ("BR") section below.

"By Report" or "BR" indicates that a procedure is not assigned a specific rate and is reimbursed at a pre-determined percentage of the procedure's billed charge. Blue Cross Blue Shield of Arizona Health Choice reimburses contracted providers for "By Report" procedures at thirty percent (30%) of the procedure's billed charge. "By Report" code(s) billed with charges above \$5,000.00 are subject to medical/clinical review.

Blue Cross Blue Shield Arizona Health Choice cannot reimburse members.

1.4 PROVIDER PORTAL AND WEBSITE

Blue Cross Blue Shield of Arizona Health Choice brings the expertise and roadmaps necessary to understand, participate in and maximize the value of the sweeping changes affecting the delivery of health care. We offer real-time tools, technology, and up-to-date information to our physicians and providers. We will assist and offer guidance to physicians and hospitals for the purpose of building partnerships, patient-centered medical homes and other entities that will maximize quality and reward performance.

The Secure Provider Portal is designed with you in mind. Included in this site and accessed through a secure login, is patient data such as member eligibility, claims resources, prior authorizations, provider data management, and credentialing request (AzAHP). We are streamlining your access to important information by offering Providers Self-Service options. We will continue to make enhancements to ensure to remove administrative burdens for our providers.

The Provider Portal offers providers more control and faster feedback. Visit regularly for new features. Training videos and educational resources are available under 'Provider Education' in the 'For Providers' section of our website. For improvement suggestions, email your Provider Performance Representative (PPR).

Provider Portal Login: <https://www.azblue.com/medicaid/providers/provider-portal>

Features available in the secure Provider Portal are specifically designed to streamline the provider's access to information and resources, while also serving as a valuable tool for locating health plan and provider-specific information which includes but is not limited to the following:

- **Member Eligibility Search and Benefit Plan Documents** - is an on-line search utility for retrieving the eligibility and some benefit plan information for members.

*Note: Blue Cross Blue Shield of Arizona Health Choice, as an AHCCCS contractor does not deem our members eligible for enrollment into the Arizona State Medicaid Program, AHCCCS is the authority of eligibility and enrollment, and Blue Cross Blue Shield of Arizona Health Choice administers these benefits to our assigned membership.

- Providers can also register for an AHCCCS Online account to review and validate the most current member enrollment information by utilizing the AHCCCS Online system available at: [AHCCCS Log In](#)
- **Prior Authorization(PA)** – access PA Guidelines, submit Medical, Behavioral and Pharmacy PA requests and check PA status.
 - Submit Medical/Behavioral PA requests
 - Submit Dental PA and Dental Specialty Referral Requests
 - Submit online Pharmacy PA requests
 - Retrieve copy of PA determination letter
- **Claims (Status, Reconsideration, Dispute/Appeal)** - provides an on-line search whereby current information and status of provider's claims within the BCBSAZ Health Choice, BCBSAZ Health Choice Pathway (DSNP), and ACA StandardHealth with Health Choice claims system can be retrieved. You also have the ability to retrieve dental and vision history by member ID.
 - Claim Reconsideration and Claim Disputes/Appeals – Request for a claim to be reconsidered/reprocessed (individually or in bulk) or formally dispute or appeal a claim.
- **Provider Demographic Maintenance** – *self-services option to update practice information.*
 - Submit demographic practice updates, practitioner additions and terminations.
 - Practitioner Credentialing submission (E-Apply feature, AzAHP).
 - Providers at risk of AHCCCS disenrollment.
- **Provider Resources** – Use one of our convenient tools to manage your account (account management is only available for Prime Account/Admin login) or look-up answers in our document library.
 - Provider Performance Representative (PPR) Name and email address
 - Provider Notices
 - Credentialed Provider Roster
 - PCP Member Assignment Roster
 - Provider Interactive Courses
 - Provider Newsletters
 - Links to External Health Choice Tools such as: Member Wellness Tools

- **Explanation of Benefits (EOB)** – Download printable EOBs in Adobe pdf format and for electronic posting of payments download ERAs. To access the downloadable EOB and ERA Remittance advice, follow these steps:
 1. Access the Secure Provider Portal at: [Health Choice Provider Portal \(healthchoiceaz.com\)](https://healthchoiceaz.com) under the 'For Providers' section of our website.
 2. Log in using the Tax ID, Email, and Password for the user's account.
 3. From the 'Home' screen, click on the 'Documents' tab. Paper EOBs and 835 Electronic Remittance Advice are available here. These are listed from the newest to the oldest.
 4. To obtain the Paper EOB or electronic data, click on the blue link and download the information.
 5. To find a specific EOB, you will need the check number and paid date for the claim. Find the check number and paid date from the 'Claims' tab. From the 'Home' screen, click on the 'Claims' tab along the top of the page (select View All Claims from the drop down). Locate the check number and paid date from the claim in question.
 6. Click on the 'Documents' tab. The remit will have the date of the EOB/ERA (YYYYMMDD) followed by the check number. The upload date is usually one to two days prior to the date on the EOB/ERA.
 7. Clicking this link allows you to open or save a PDF file containing the EOB/ERA for not only that claim, but for all claims adjudicated on that check.

Utilize and select filters to search for specific details. Search for adjudicated claims, those with a Paid or Denied status, by a specific date of service or by member (subsequent pages are shown at the bottom of your screen).

Various 'Provider Resources' and forms are available within the portal as well as online by visiting our websites. <https://www.azblue.com/medicaid>

These include but are not limited to:

- Medicaid Members
- Health & Wellness
- Community Resources
- For Providers
 - Education and Resources
 - Covered Services
 - Other Resources

1.5 COVERED SERVICES

Blue Cross Blue Shield of Arizona Health Choice provides medically necessary covered services as specified by AHCCCS, which are mandated by federal and state law. In order to be covered,

services shall be medically necessary, cost effective, and Federally and State reimbursable as stated in Arizona Administrative Code (A.A.C. Title 9, Chapter 22, 28 and 31).

https://apps.azsos.gov/public_services/Title_09/9-22.pdf

Members enrolled in the SOBRA Family Planning program are only eligible for family planning services.

Medical necessity may be determined through professional review for appropriateness of services provided in conjunction with established criteria related to severity of illness and intensity of services. Documentation submitted by providers is the key to the determination of medical necessity. Failure to submit documentation that substantiates medical necessity may result in a denial of your request and/or claim.

Coverage of services is subject to Blue Cross Blue Shield of Arizona Health Choice and AHCCCS rules, policies, and requirements, including, but not limited to:

- Claims review
- Concurrent review
- Eligibility
- Post payment review
- Prior authorization
- Special consent requirements

The covered services, limitations, and exclusions described in this chapter offer general guidance to providers. Specific information regarding covered services, limitations, and exclusions can be found in the AHCCCS Medical Policy Manual (AMPM) and Arizona Administrative Codes (A.A.C.) R9-22-201 et. seq.

The AHCCCS Medical Policy Manual (AMPM) contains full details of the Covered Services, limitations, and exclusions, and is available on the AHCCCS website at:

<https://www.azahcccs.gov/shared/MedicalPolicyManual/>

For an in-depth overview of the Arizona Health Care Cost Containment System (AHCCCS), please refer to the Arizona Administrative Code (A.A.C. Title 9, Chapter 22, Articles 2 and 12).

https://apps.azsos.gov/public_services/Title_09/9-22.pdf

For an overview of ACC Covered Services please refer to:

- The AHCCCS Medical Coding and Resource Unit ([Medical Coding Resources](https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html)) (<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>)
- [AHCCCS Medical Policy Manual \(AMPM\)](#)

- [AMPM Exhibit 300-1](#)

For an overview of the AHCCCS Covered Behavioral Health Services Guide and B2 Matrix, please refer to AHCCCS Covered Services for Behavioral Health AMPM Exhibit 300-2A, AHCCCS Covered Services Behavioral Health and 300-2B, Integrated System of Care Exhibit 300-3, Title XIX/XXI Behavioral Health Services Benefits 310-B:

- [Medical Coding Resources](#)
- [B2Matrix.xlsx](#)
- [AHCCSCoveredBHServicesManual.pdf](#)
- [AMPM EXHIBIT 300-2A](#)
- [AMPM Exhibit 300-2B](#)
- [Exhibit300-3.pdf](#)
- [AMPM Policy 310-B](#)

AHCCCS MEDICAL COVERED SERVICES

<https://www.azahcccs.gov/Members/AlreadyCovered/coveredservices.html>

- Doctor's Visits
- Immunizations (shots)
- Prescriptions (Not covered if you have Medicare)
- Lab and X-rays
- Medical Equipment
- Early and Periodic Screening Diagnosis and Treatment (EPSDT) Services for Medicaid eligible children under age 21
- Specialist Care
- Hospital / Nursing Facility Services
- Transportation to doctor
- Emergency Care
- Podiatry Services Performed by a Podiatrist
- Chiropractic Services
- Pregnancy Care
- Surgery Services
- Physical Exams

- Behavioral Health
- Family Planning Services
- Dialysis
- Glasses, including replacements (for children under age 21)
- Vision Exams (for children under age 21)
- Dental Screening (for children under age 21)
- Dental Treatment (for children under age 21)
- Emergency Dental (for adults 21 and older. Up to \$1000 per contract year)
- Hearing Exams (for children under age 21)
- Hearing Aids (for children under age 21)

AHCCCS COVERED BEHAVIORAL HEALTH SERVICES:

- **Behavioral Health Day Programs** including supervised day programs, therapeutic day programs, medical day programs;
- **Crisis Services** including mobile team services, telephone crisis response, and urgent care Inpatient Services including hospital, sub-acute, and residential treatment;
- **Rehabilitation Services** including living skills, cognitive rehabilitation, supported employment, and education support;
- **Health Promotion** – Prevention, Education and Medication Training – education and standardized training for the purpose of increasing an individual’s behavioral knowledge of a health-related topic such as medication management, the nature of an illness, relapse and symptom management, stress management, parenting skills and health lifestyles;
- **Residential Behavioral Health Services** include a range of up to 24hr/day services in a structured living environment for individuals needing support.
- **Support Services** including case management, personal assistance, Family & Peer Support, therapeutic foster care, respite, housing support, interpreter services, transportation, assistance accessing community resources and locating and applying for benefits, childcare connections; and
- **Treatment Services** - counseling, consultation, assessment and specialized testing, and substance abuse treatment.

1.6 ADDITIONAL SERVICES FOR QUALIFIED MEDICARE BENEFICIARIES (QMBs)

Blue Cross Blue Shield of Arizona Health Choice has members who are also Dual Eligible (DSNP) in that they have Medicare and Medicaid coverage. These members are enrolled in Health Choice Pathway (HCP).

Additionally, some Medicare members are also categorized as Qualified Medicare Beneficiaries (QMBs). Medicare is the primary payer for these members, with HCA as the secondary and/or payer of last resort. Providers should bill Medicare first and then bill HCA with a copy of the Medicare EOB attached.

Providers can identify Medicare members by the “rate code” assigned to them by AHCCCS (available within the provider portal ‘Eligibility’ search feature). The rate code appears on their AHCCCS ID card. Rate codes that denote Medicare as the primary payer include the following:

- If the third digit of the rate code is a “0”, then the member is Medicare Dual – Eligible.
- If the third digit of the rate code is a “2”, then the member is a QMB Medicare member.

QMB members can have their co-pays and deductibles covered by Health Choice Arizona (HCA) for the following additional services as defined by Medicare:

- Chiropractic Treatment
- Inpatient and Outpatient Occupational and Speech Therapy
- Respite Services
- Any services covered by traditional Medicare but not covered by AHCCCS

1.7 NON-COVERED SERVICES

Not Covered for All Members

- Pregnancy termination and counseling (except for life-threatening cases, rape, incest, or medical necessity)
- Cosmetic surgery (e.g., breast enlargement/reduction)
- Experimental or research procedures
- Infertility services
- Reversal of permanent birth control
- Routine circumcisions
- Unauthorized services needing prior approval
- Gender reassignment (sex change) operations
- TMJ disorder treatment (unless due to recent trauma)
- Orthodontic treatment (teeth straightening)
- Adult immunotherapy
- Medical marijuana
- Services not medically necessary
- Non-covered services the member agreed to pay for
- Services from non-network providers (unless authorized)
- Treatment at tuberculosis institutions

Additional Non-Covered Services for Members Age 21 or Older

- Hearing aids



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Health
Choice

- Microprocessor-controlled lower limb prosthetics
- Services by a podiatrist
- More than 15 outpatient physical therapy visits per year and Physical therapy prescribed for maintenance only
- Eye exams solely for prescriptive lenses
- Chiropractic services
- Outpatient occupational therapy
- Genetic counseling/testing for cancer predisposition
- Artificial or mechanical hearts and xenografts
- Dental services (except emergency dental up to \$1,000 per year)
- Care for TMJ-related disorders
- Penile implants or vacuum assist devices for erectile dysfunction
- Exams to Qualify for insurance
- Pre-employment physical examination
- Qualifications for sports or physical exercise activities
- Pilots' examinations (Federal Aviation Administration)
- Disability certification for the purpose of establishing any kind of periodic payments, or Evaluation for establishing third party liability

Blue Cross Blue Shield of Arizona Health Choice

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

Monday–Friday, 8 a.m.–5 p.m.

<https://www.azblue.com/medicaid>

For self-service options, please visit the:

Provider Portal: HCHproviderportal@azblue.com