BlueCross BlueShield Arizona

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Health Choice

BCBSAZ Health Choice Provider Manual

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Chapter 1:

Introduction to BCBSAZ Health Choice

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1.0 INTRODUCTION

Thank you for choosing BCBSAZ Health Choice!

BCBSAZ 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 members, Medicare Advantage (D-SNP) members.

At BCBSAZ Health Choice, 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.

BCBSAZ Health Choice (HCA) currently serves eight Arizona counties as a Medicaid Managed Care Organization under the AHCCCS Complete Care (ACC) contract: Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai. BCBSAZ 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 DSNP serves members in all our ACC contracted counties.

Together we are highly motivated and compassionate people, using advanced systems and technology to become the health plan of choice by revolutionizing healthcare services, driving value, and leading the way in the communities we serve.

1.1 OVERVIEW

This manual is designed to provide basic information about the administration of the BCBSAZ Health Choice programs. Details within this manual are intended to furnish providers and their staff with information, guidance, covered services, and claim/encounter submission requirements. This provider manual is an extension of the BCBSAZ Health Choice Subcontractor Agreement, executed by the participating provider. Compliance with processes and procedures

outlined in the provider manual is considered part of your contractual obligation as a participating health care provider.

The participating provider agrees to abide by all terms and conditions set forth in this manual.

Hospital administrators, physicians and other medical professionals may only be interested in reviewing chapters pertaining to their specialty directly, in addition to Chapter 1 of this manual.

However, office staff and billers of providers should also become familiar with the requirements for member eligibility and enrollment (Chapter 2), prior authorization requirements (Chapter 6), claims submissions, billing policies and procedures and the use of modifiers (Chapters 7-15).

Use of this manual will help reduce questions and expedite the claims payment process by ensuring that claims are submitted correctly the first time.

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

*The BCBSAZ Health Choice Pathway DSNP 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 at www.healthchoicepathway.com -> For Providers -> Provider Manual.*

The ACA StandardHealth with Health Choice (ACA) Provider Manual is designed to provide basic information about the administration of the ACA StandardHealth with Health Choice line of business. Details within the manual are intended to furnish providers and their staff with information and guidance regarding covered services and claim submission requirements.

**The HCS Provider Manual is available at* www.standardhealthhc.com *-> For Providers -> Provider Manual.*

Please take advantage of additional resources available online on the 'Provider' tab of our websites.

BCBSAZ Health Choice : www.HealthChoiceAZ.com
BCBSAZ Health Choice Pathway (DSNP): www.HealthChoicePathway.com
ACA StandardHealth with Health Choice (ACA): www.standardhealthhc.com

Note: 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 by visiting: https://www.azahcccs.gov/shared/MedicalPolicyManual/

1.2 BCBSAZ HEALTH CHOICE NETWORK MANAGEMENT

BCBSAZ Health Choice is responsible for coordinating covered services that are provided to members through a comprehensive provider network of BCBSAZ Health Choice contracted physicians and facilities. The network consists of but is not limited to: primary care physicians, nurse practitioners, specialists, dentists, medical facilities, ancillary service providers, pharmacy, behavioral health services and non-emergent medical transportation.

BCBSAZ Health Choice's network has been strategically developed to include contracted health care providers, facilitating our ability to meet or exceed the AHCCCS minimum requirements ensuring member access to quality care and services through appointment availability and network adequacy by geographic service area. Our robust network includes a diverse selection of qualified primary care providers, specialists, hospitals, and ancillary providers who agree to accept and follow BCBSAZ Health Choice managed care policies and procedures. Contracted health care providers are required to coordinate care within the BCBSAZ Health Choice provider network 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 outside of the contracted network, prior authorization is required. Questions concerning the BCBSAZ Health Choice network should be directed to the attention of your Provider Performance Representative.

Provider Directory

The BCBSAZ Health Choice Provider Directory is a listing of primary care physicians, specialists, hospitals, urgent care centers and other 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.

*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 the 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.

Provider Performance Representatives are assigned by territory and/or service type.

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

BCBSAZ Health Choice is committed to ensuring that you always have an open line of communication with us. If you feel your concerns are not being 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.

1.3 PROVIDER REIMBURSEMENT

The provider's primary role is to render medically necessary services to BCBSAZ Health Choice members. Prior to rendering or billing for services, the provider must be an active registered provider with AHCCCS, have completed BCBSAZ Health Choice's contracting and credentialing process and have received a copy of the fully executed Health Choice Provider 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 Health Choice Members. Our credentialing department sends initial approval letters informing you of each practitioner or facility credentialed with Health Choice.
BCBSAZ Health Choice reimburses providers for services in some of the following ways, please refer to your executed contract to confirm reimbursement rates:

1. Providers receive a prepaid capitation payment each month for each eligible member assigned to them.
2. BCBSAZ Health Choice reimburses providers on a negotiated or regulatory required fee-for-service or per diem basis for services rendered to eligible members.

The providers' written contract language identifies the specific rates and/or fee schedule to which a provider is reimbursed. For contracts that reference the *Health Choice Arizona MCO Medicaid Fee Schedule*, or the *BCBSAZ Health Choice MCO Medicaid Fee Schedule* providers can locate those rates on the AHCCCS website under the AHCCCS MCO fee schedule.

AHCCCS fee schedules can be 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 State Medicaid, AHCCCS, published rate. Covered Services for which there is no allowable payment rate published from either government entity 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. BCBSAZ 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 $5000.00 are subject to medical/clinical review.

BCBSAZ Health Choice cannot reimburse members.

1.4 BCBSAZ HEALTH CHOICE WEBSITE

BCBSAZ 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 BCBSAZ Health Choice Provider Portal is designed with you in mind. Included in this site, and accessed through a secure portal, is patient data such as member eligibility, claims resources, prior authorizations, provider data management, and credentialing request (AzAHP). BCBSAZ Health Choice is streamlining your access to important information by offering a self-service option. We will continue to make ongoing enhancements to our provider portal.
Enhancements that give YOU, the provider, greater control and more immediate acknowledgement and response times. Utilize the portal often and stay on the lookout for more enhanced features to come! Easy to follow portal training video(s) and other Provider Education resources are available under the 'For Providers' section of our websites by clicking 'Provider Education'.

*Note – As we continue to enhance our provider portal to deliver optimal service for our providers, you may find that not all functions shown are readily available to all providers. Thank you for your patience.

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BCBSAZ Health Choice encourages providers to utilize our Provider Portal link here: Log in - Health Choice Provider Portal (healthchoiceaz.com). Entry to the portal is also available on each of our websites.under the 'For Providers' section.

The BCBSAZ Health Choice provider portal is specifically designed to streamline provider 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 information for members within the BCBSAZ Health Choice, BCBSAZ Health Choice Pathway (DSNP), and ACA Standard Health with Health Choice system.
    - *Note: BCBSAZ 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 BCBSAZ Health Choice administers these benefits to our assigned memberships.
        - Providers can register and validate the most current information for all AHCCCS members eligibility and enrollment by utilizing the AHCCCS online system available online by visiting: https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f
- *Prior Authorization* – gives providers access to check PA Guidelines, submit Medical, Behavioral and Pharmacy PA requests and PA status.
    - Submit Medical/Behavioral PA requests
    - Submit Dental PA and Dental Specialty Referral Requests
    - Submit online Pharmacy PA requests
- *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*
    - Submit demographic practice updates, practitioner additions/terminations.
    - Practitioner Credentialing submission (E-Apply feature, AzAHP).
- *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 Demographic Summary – submit a request to add/terminate a provider, update service location and more (E-Apply).
    - Provider Notices
    - Provider Interactive Courses

  - Provider Newsletters
  - Links to External Health Choice Tools
    - Member Wellness Tools

- *Explanation of Benefits (EOB)* – BCBSAZ Health Choice provides a link from within the Provider Portal to allow providers to download a printable copy of their EOB in Adobe pdf format. For providers that do not have systems capable of automatically posting payments via the ERA but want the quick payment afforded by the EFT, a downloadable remit serves as an ideal complement. EOBs for that week's adjudicated claims are made available for download. To access the downloadable EOB, follow these steps:

  1. Access the BCBSAZ Health Choice Secure Provider Portal at: Health Choice Provider Portal (healthchoiceaz.com) under the 'For Providers' section of our website.
  2. Choose the appropriate provider portal:
     1. *Physical Health Services Rendered = Provider Portal*
        i. Behavioral Health Services = ICE Provider Portal Access for Behavioral Health Homes Only
  3. Log in using the Tax ID, Email, and Password for the user's account.
  4. From the 'Home' screen', click on the 'Claims' tab along the top of the page (select View All Claims form the drop down).
  5. Adjudicated claims will have an underlined link under the Claim Number. Clicking this link allows you to open or save a PDF file containing the EOB for not only that claim, but for all claims adjudicated in that week.

You can click on any looking glass icon to search within that field. 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. including but not limited to:

- BCBSAZ Health Choice Prior Authorization Forms and Guidelines
- BCBSAZ Health Choice EPSDT Forms
- BCBSAZ Health Choice Care Management Referral Form
- BCBSAZ Health Choice Pharmacy/Prescription Formulary and Formulary Addition Request Form

1.5 COVERED SERVICES

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

BCBSAZ Health Choice provides medically necessary covered services specified by AHCCCS, which are mandated by federal and state law.

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 BCBSAZ Health Choice and AHCCCS rules, policies, and requirements, including, but not limited to:

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

This list is intended to provide basic information and is not intended to be an in-depth description of benefits. T he covered services, limitations, and exclusions described in this manual are global in nature and are included to offer general guidance to our providers. The *AHCCCS Medical Policy Manual (AMPM)* contains additional information about covered services, limitations, and exclusions, and is available on the AHCCCS website at: https://www.azahcccs.gov/shared/MedicalPolicyManual/.

Additionally, some services may require prior authorization.

Prior Authorization (PA) is a process by which BCBSAZ Health Choice, and/or BCBSAZ Health Choice Pathway (DSNP) determines in advance whether a service that requires prior approval will be covered, based on the initial information received. We work closely with your team to streamline and expedite prior authorization by minimizing the number of procedures requiring or services that require PA. Many of the items on our abbreviated PA list ask for notification only.

Refer to *Chapter 6: Authorizations and Notifications* for prior authorization requirements.

BCBSAZ Health Choice offers preventive, acute, and behavioral health care services.

There is limited coverage of services (e.g. rehabilitative services, home health care and long-term care etc.), as specified in A.A.C. Title 9, Chapter 22, Articles 2 and 12.

- For an overview of BCBSAZ Health Choice (AHCCCS) covered services for Acute Care please refer to:
    - The AHCCCS Medical Policy Manual (AMPM), 310, Covered Services, which has policies that detail additional covered and uncovered services.

  - AMPM Exhibits 300-1, AHCCCS Covered Services with Special Circumstances.
  - The AHCCCS Medical Coding and Resource Unit (Medical Coding Resources (azahcccs.gov)
    - Covered Behavioral Health Services Guide and B2 Matrix
- For an overview of AHCCCS covered services for Behavioral Health refer to AMPM Exhibit 300-2A, AHCCCS Covered Services Behavioral Health and 300-2B, AHCCCS Covered Services Behavioral Health Non-Title XIX XXI Persons.
- Services with special circumstances are referenced in AMPM 320.

Covered Services

- Audiology
- AHCCCS-approved Organ and Tissue Transplants and related prescriptions
- Behavioral Health Services, (See *Chapter 18: Behavioral Health Services*)
- Breast Reconstruction After Mastectomy
- Care Management
- Dental Services, (See *Chapter 20: Oral Health Services*)
- Medically necessary emergency dental care is covered for persons age 21 years and older who meet the criteria for a dental emergency. A dental emergency is an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology of trauma. (See *Chapter 20: Oral Health Services*)
- Dialysis
- Emergency Medical Services for life-threatening medial problems
- End of Life Care (including Advance Directives)
- Eye Care, for medical conditions affecting the eyes
- Family planning services (birth control, contraceptives, and family planning counseling – *See Chapter 16 Family Planning, Maternal Health, and Children's Services*)
- Health Risk Assessments and Screening Tests, (with limitations)
- HIV/AIDS Treatment
- Home Health Services
- Hospice services
- Hysterectomy Services
- Immunizations
- Inpatient and Outpatient Hospital Care, including Observation and Surgical Services (*See Chapter 19 Hospital Services)*
- Insulin Pumps, (prior authorization is required)
- Laboratory Services
- Maternal and Child Services (*See Chapter 16 Family Planning, Maternal Health and Children's Services)*
- Medical Supplies, Durable Medical Equipment and Orthotic/Prosthetic Devices
- Nursing Home Services, (up to 90 days a year in lieu of hospitalization)

- Nutritional assessments, medical foods
- Podiatry or Foot/Ankle Services when ordered by a primary care physician
- Physician Services (PCP and Specialists – *see Chapter 3: Provider Responsibility*)
- Post-Stabilization Care
- Prescription Drugs, (See *Chapter 17: Pharmacy and Drug Formulary*)
- Radiology and Medical Imaging
- Rehabilitation Therapies (Occupational, Physical, Speech) (PT and OT-limited to 15 visits per year for members aged 21 and older) (See *Chapter 2: Member Eligibility and Member Services*, for additional coverage details)
- Respiratory Therapy
- Transportation to medically necessary services

ADDITIONAL SERVICES FOR CHILDREN (under age 21) (See also Chapter 16: Women and Children's Services)

- Bone Anchored Hearing Aids
- Cochlear Implants
- Conscious Sedation, (with limitations)
- Chiropractic Services
- Eye Exams and Prescriptive Lenses
- Nutritional Assessment and Therapy
- Oral Health Screenings; Preventive, Therapeutic and Emergency Dental Services
- Speech and Occupational therapy

ADDITIONAL SERVICES FOR ADULTS

Preventive health risk assessment and screening test services for non-hospitalized adults include, but are not limited to:

- Physical Examinations, (periodic health examinations or assessments for members under 21 years of age for early detection of disease, detect the presence of injury or disease, establish a treatment plan, evaluate the results or progress of treatment plan or the disease, or to establish the presence and characteristics of a physical disability which may be the result of disease or injury).
- Hypertension Screening, (annually)
- Cholesterol Screening, (once, additional tests based on history)
- Routine Mammography, (annually after age 50 and at any age if considered medically necessary)
- Well Exams for Adults age 21 and older (non-QMB dual Medicare primary members (see *Chapter 14: Medicare and Other Insurance Liability*)
- Well-Woman Preventative Care Services (see *Chapter 16: Family Planning, Maternal Health and Children's Services*)
- Colon Cancer Screening (digital rectal exam and stool blood test, annually after age 50)
- Sexually Transmitted Disease Screenings (at least once during pregnancy, other based

on history)
- Tuberculosis Screening (once, additional testing based on history)
- HIV Screening
- Immunizations
- Prostate Screening (annually after age 50, screening is recommended annually for males 40 and older who are at high risk due to immediate family history)
- Orthotic and Prosthetic; AHCCCS implemented limitations in 2014. Please refer to the BCBSAZ Health Choice PA Grid and/or the AHCCCS Medical Policy Manual Chapter 300, policy 310-JJ (also see *Chapter 6: Authorizations and Notifications* for additional details).

Screening services provided more frequently than these professionally recommended guidelines will not be covered unless medically necessary.

1.6 ADDITIONAL SERVICES FOR QUALIFIED MEDICARE BENEFICIARIES (QMBs)

Some BCBSAZ Health Choice members are also Dual Eligible in that they also have Medicare coverage. Additionally, some Medicare members are also categorized as Qualified Medicare Beneficiaries (QMBs). Medicare is the primary payer for these members, with BCBSAZ Health Choice as the secondary and/or payer of last resort. Providers should bill Medicare first and then bill BCBSAZ Health Choice 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 BCBSAZ Health Choice 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

Examples of services that are not covered by BCBSAZ Health Choice:

- Services that are not medically necessary
- Pregnancy Terminations that are not medically necessary (as defined in Chapter 400 of the AHCCCS AMPM)
- Pregnancy Termination Counseling

- Bone Anchored Hearing Aids or Cochlear Implants for adults 21 years of age or older
- High-frequency Chest-wall Oscillation (percussive) vests for lung disease
- Dental Services, (effective 10/01/2017, HCA will pay for emergency dental services for adults up to $1,000 per membership year)
- Services or items for cosmetic purposes
- Services or items furnished free of charge, or for which charges are not usually made
- Services provided in an institution for the treatment of tuberculosis
- Hearing Aids for adults 21 years of age or older
- Eye examinations solely for prescriptive lenses for adults 21 years of age or older Services determined by the BCBSAZ Health Choice Medical Director(s) to be experimental or provided primarily for the purpose of research
- Sex change operations and reversal of voluntarily induced infertility (sterilization)
- Physical Therapy prescribed for maintenance only
- Artificial or mechanical hearts and xenograft
- Routine Circumcision for an eligible newborn male infant, (unless medical necessity is documented)
- Care for TMJ-related disorders
- Penile implants or vacuum assist devices for erectile dysfunction
- Chiropractic services for adults 21 years of age or older
- Outpatient speech and occupational therapy for adults 21 years of age or older
- Genetic Counseling/Testing for predisposition to cancer
- Physical examination performed to satisfy the demands of outside public or private agencies such as the following are not covered services:
    - Qualification 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

Toll-Free: **1-800-322-8670, TTY 711**
Monday – Friday, 8 a.m. – 5 p.m. (except holidays).

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For self-service options, please visit our provider portal: HCHproviderportal@azblue.com