

2024 Q2 Health Choice & Health Choice Pathway Provider Forum

June 26, 2024

Zoom Recording:

https://azblue.zoom.us/rec/share/1yPNn2zIRn_n4UMIbPdWWS6rlzc8x60YkbJoS1ocpaWEQo6F4HixhUYKSW-e20hF.lfmCyYKAwGCSPcCo?startTime=1719426342000



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Agenda

1. Welcome & Network Updates 5 minutes

Charlotte Whitmore, VP Network Services
Aimee Perez, Director Network Contracting

2. Cultural and Linguistic Requirements for Providers 15 minutes

Jeanette Mallery, Cultural Competency Administrator

3. Member Mission Moment 10 minutes

Leslie Rodriguez, PharmD, Pharmacy Program Director

4. Clinical and Integrated Health Updates 20 minutes

Regulatory – ACOM/AMPM Requirement Updates

Jennifer DeMaris, Manager Integrated Care Management

Reducing Dangerous Polypharmacy - PIP

Dr. Randy Brazie, MD Behavioral Health Medical Director

5. Quality, HEDIS, and CAHPS 20 minutes

Matthew Ladich, VP, Health Plan Operations

Dr. Jane Dill, Medical Director

Forrest Tatum, Director Quality Management and Performance Improvement

6. Provider Resources 10 minutes

Jadelyn Fields, Network Provider Service Manager and Educator



7. Q & A

10 minutes An Equal Opportunity Licensee of the Blue Cross Blue Shield Association

Network Updates

Network Updates

CONTRACTS

- ❖ Draft updates to the AHCCCS ACC Contract eff 10/1/2024
 - Once finalized, Health Choice will issue Amendments as applicable

NETWORK

- ❖ Health Choice Pathway (D-SNP) and Health Choice (ACC) member can receive in-network care at all Banner Health Locations

| Health Choice (ACC) | Health Choice Pathway (D-SNP) |
|---------------------|-------------------------------|
| Labcorp | Labcorp |
| Sonora Quest | Sonora Quest |



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Welcome Providers

Cultural and Linguistic Requirements for Providers



Cultural Competency in Healthcare

Cultural competency in health care describes the ability professionals to patients with diverse values, beliefs, and behaviors, including tailoring of health care systems to meet patients' social, cultural, and linguistic needs.



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Key Terminology

The essential principles of cultural competence are (1) acknowledgement of the importance of culture in people's lives, (2) respect for cultural differences, and (3) minimization of any negative consequences of cultural differences

- Cultural Competency - Cultural Competency is the ability for health care professionals to use their knowledge, and skills to care for patients from diverse cultures, groups, and communities who have a set of values, beliefs, and language.
- Cultural Humility - This is the practice of reflecting on one's own cultural biases and be willing to listen and adapt to each person's unique beliefs, customs and values
- Health Literacy is the degree to which individuals are able to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- Language Services - These are services that take information presented in one language and present it into another language. This can be oral (interpretation services) or written (translation services). This also includes American Sign Language and other services for the deaf and hard of hearing and for the blind and visually impaired.



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Protecting Member Rights

Over the years, rules, regulations, and ethical standards have evolved. These protect members' rights to fair and equitable health care. The first rule was the 1964 Title VI of the Civil Rights Act. The Patient Protection and Affordable Care Act (referred to as the Affordable Care Act – ACA) which became law on March 23, 2010. There are four critical aspects of this law:

1. The law prohibits discrimination based on race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), in covered health programs or activities. 42 U.S.C. § 18116(a) and is intended to advance health equity and reduce health care disparities.
2. Physicians that are federally funded are subject to the provisions of this law.
3. It is the first federal civil rights law to broadly prohibit discrimination based on sex in federally funded health programs.
4. It also includes important protections for individuals with disabilities and enhances language assistance for people with limited English proficiency.



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Provider Responsibilities: Culture

The providers overall goal is to provide effective, equitable, understandable, and respectful quality care and services.

1. Respect the individual and respond to the whole-person.
2. On an organization level, implement culturally and linguistically services and policies to strengthening health improvement programs, increase community participation and eliminating disparities among diverse populations.
3. On an individual level, apply knowledge on culture competency, language services, and health literacy to ensure better communication with patients and their families as well as to improve health outcomes and patient satisfaction.
4. Document patient's cultural and linguistic needs, requests, into treatment and resource plans.



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Provider Requirements: Language

Providers are expected to:

- Provide qualified language services to members at no cost during all hours of operations. This includes, at a minimum, interpretation services, translation services, sign language, and auxiliary aids.
- Notify patients of the availability of language services at all points of contact.
- When using an interpreter, the patient's record must include the date of service, interpreter name, type of language provided, interpretation duration, and type of interpretation services provided.
- Family members, friends, and minor children are not allowed to interpret or translate for a patient, except in cases of emergency where no qualified interpreter or translator is available.



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Provider Requirements: Training

To ensure staff are prepared to support the cultural and linguistic needs of our members, providers shall:

- Complete cultural competency training during new hire orientation and annually. The first training must occur within 90 days of the employee's hiring date.
- Annually review the BCBSAZ Health Choice Provider Manual - Chapter 4.
- Annually review CLAS standards.



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Provider Resources

Culture, Language, and Health Literacy

- The **Health Resources and Services Administration (HRSA)** provides equitable health care to the nation's highest-need communities. Our programs support people with low incomes, people with HIV, pregnant people, children, parents, rural communities, transplant patients, and the health workforce. [Health Resources and Service Administration](#)

Office of Minority Health

- The mission of the Office of Minority Health is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. [Home Page - Office of Minority Health \(OMH\) \(hhs.gov\)](#)

Centers for Disease Control and Prevention - Clear Communication Index

- The CDC Clear Communication Index (Index) is a research-based tool to help you develop and assess public communication materials. [The CDC Clear Communication Index | The CDC Clear Communication Index | Centers for Disease Control and Prevention](#)

Think Cultural Health

- This website features information, continuing education opportunities, resources, and more for health and health care professionals to learn about culturally and linguistically appropriate services, or CLAS. [Home - Think Cultural Health \(hhs.gov\)](#)

BCBSAZ Health Choice and Pathway Provider Cultural Competency Website

- This website features information, training opportunities, resources, tools, and more to learn about culturally and linguistically appropriate services and plan-based information to implement cultural competency.

<https://healthchoiceaz.com/providers/cultural-competency/>

<https://www.healthchoicepathway.com/providers/cultural-competency/>



Conversation Starter Tool



It is the member's right to receive health care in a way that is aligned with their cultural beliefs, values, and practices.

1. Having a conversation with your client is the first step in determining needs and support for integrated care.
2. The second step is to acknowledge the needs of the clients
3. The third step is to work with others to find out the best way to support those needs.

The cultural conversation starter tool can be used to give you the language to start a conversation to get to know your patients. This tool helps take away the hesitancy to ask certain questions.



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MISSION

M O M E N T

Providers and the health plan work together to improve care

A BCBSAZ Health Choice Pathway member called the plan pharmacy line to speak to a pharmacist about his medications. He is 68 y.o. and **experienced cardiac arrest in the doctor's office last fall! The provider's heroic staff administered CPR and called 911.** He was in the hospital for 6 weeks and much of that time he was on a ventilator. The recovery process in the hospital was painful, scary and confusing. Confusing because one minute he was told his kidneys were permanently damaged, then a few days later he was told his kidneys are fine. He feels very lucky to be here and **he is motivated now to avoid hospitalizations. He wants to take a more active role in understanding his conditions and his medications.** He said he likes his personal doctor and his cardiologist, but he thinks they would be too busy to explain why each of his medications are important. **He also worries he might be taking too many meds.**

Action-address polypharmacy: The pharmacist explained how each med works and why it is important. Together the member and the pharmacist identified 1 medication that was started in the hospital and has continued but is not needed. The pharmacist confirmed with the primary care doctor that medication can be stopped (famotidine for acid reflux). The member is taking 2 different blood thinners. He was not sure if he should be taking both, so the pharmacist confirmed with the cardiologist that he does need both.

Action-identified potential gap in therapy: They discussed how Chronic Heart Failure treatments can reduce the risk of hospitalization and a potential gap in therapy was discovered. The member will see the cardiologist on Friday to discuss potentially adding a Mineralocorticoid Receptor Antagonist to his therapy to further reduce hospitalization risk.

Action-coordinate care: The member mentioned he was referred to a kidney specialist, but he hasn't gone because he thinks his kidneys are fine. He doesn't have pain or other symptoms. The pharmacist helped the member understand kidney function decline and absence of symptoms you can feel. The pharmacist explained the labs the doctor reviews to assess kidney health. The member said he will make the nephrologist appointment right away.

The members was so appreciative of the time given to help him take a more active role in his health. He said twice how thankful he is for the help.

Clinical and Integrated Health Updates



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Pediatric Updates

AMPM Policy Updates

SED Redetermination Progress

Back to School Campaign



AMPM Update and Overview

AHCCCS has renumbered, updated and published AMPM policies impacting pediatric services

| Former Policy Number | New Policy Number | Policy Name |
|----------------------|-------------------|---|
| AMPM 220 | AMPM 580 | Child and Family Team |
| AMPM 210 & 211 | AMPM 581 | Working with Birth Through 5 Population |
| AMPM 230 | AMPM 582 | Support and Rehabilitation Services for Children, Youth, and Young Adults |
| AMPM 240 | AMPM 583 | Family Involvement in the Children's Behavioral Health System |
| AMPM 250 | AMPM 584 | Youth Involvement in Children's Behavioral Health System |
| AMPM 260 | AMPM 585 | Unique Needs of Children, Youth and Families Involved with DCS |
| AMPM 270 | AMPM 586 | Children's out of Home Services |
| AMPM 280 | AMPM 587 | Transition to Adulthood |

Some were minor changes:

- Improved readability

- Updated terminology

- Removal of language no longer applicable

- Updated policy references

Providers should review each respective policy on the [AHCCCS website](#) to ensure they understand, and are adhering to, these requirements.

Providers should ensure their staff are trained in order to meet the requirements as specified in each of the policies.



Policy Change Snapshot

| AMPM 580 (Formerly AMPM 220) Child and Family Team (CFT) | AMPM 581 (Formerly AMPM 210 and 211) Working with Birth to 5 Populations |
|---|---|
| Activity 6 - “Ongoing Crisis Planning” changed to “Ongoing Safety Planning”. Added specific additional requirements needed to be addressed in the CFT | Outlines clinical practices for 0-5; any provider serving one or more members within this age range is required to adhere to the policy |
| Added Attachment E: Implementation of the 12 Principles for Children’s Behavioral Health Service Delivery | Add additional components that are best practice for psychiatric evaluations for this age range |
| Provides examples on how to implement the 12 Principles when working with families | Add Attachment B: Background and Evidence |
| Created by OIFA through member feedback sessions | Add Attachment D: Population Recommended Resources |

Policy Change Snapshot

| <p>AMPM 582 (Formerly AMPM 230) Support and Rehab Services for Children, Youth and Young Adults</p> | <p>AMPM 583 (Formerly AMPM 240) Family Involvement in the Children’s Behavioral Health System</p> |
|--|---|
| <p>Language change from “Meet Me Where I Am At” to “Support and Rehabilitation Services”</p> | <p>Requires all providers to provide education about, and offer connection, to Family Support Partner or Family Run Organization to all families beginning services</p> |
| <p>Defines wraparound model which is consistent with the national Wraparound Initiative. Reference link included</p> | <p>Increases family engagement, voice and choice in their child’s treatment</p> |
| <p>Formalizes requirement for a process whereby providers/CFT facilitators can escalate capacity issues to health plan</p> | <p>Highlights inclusion of family and their voice in the larger children’s system of care ecosystem</p> |



Policy Change Snapshot

| AMPM 584 (Formerly AMPM 250) Youth Involvement in the Children’s Behavioral Health System | AMPM 585 (Formerly AMPM 260) Unique Needs of Children, Youth and Families Involved with DCS |
|---|---|
| Specifies how a behavioral health provider should work to discover a youth’s natural supports and build upon them | Emphasizes address the family needs as a whole |
| Building skills for youth self-advocacy | Addition of integrated care language, including “Integrated Rapid Response |
| Ensuring access to peer support services | Emphasizes importance of family involvement in CFT and offering services and support to family during in-home dependency, out of home placement, reunification and/or permanency through adoption or guardianship |
| Outlines youth engagement in Contractor Committees and decision making groups | Emphasizes importance of provider collaboration with DCS and other government family-serving agencies, as well as other organizations |

Policy Change Snapshot

| AMPM 586 (Formerly AMPM 270) Children's Out of Home Services | AMPM 587 (Formerly AMPM 280) Transition to Adulthood (TAY) |
|--|--|
| Adds emphasis on family involvement and support including offering family support and/or other supportive services to help the family gain skills needed for when the child returns home | Outlines types of personal choice young adults have and how to support them in making decision |
| Outlines how the out-of-home provider should coordinate and collaborate with the CFT | Delineates differences in transitioning to Adult System of Care between GMH & SMI systems |
| Specifies that discharge planning should begin upon admission to out-of-home setting | Specifies the expected collaboration of providers with System Partners to meet the unique needs of Transition-Aged Youth |
| | Clarifies parent/guardian can decline an SMI evaluation |

SED Redetermination Progress

AHCCCS changed the Serious Emotional Disturbance (SED) Designation process effective 10/1/2023

- Prior to 10/1/2023, providers assessed children for a qualifying diagnosis. SED was designated if there was a provider determined functional limitation.
- Now packets are submitted to Solari indicating a qualifying diagnosis **and** evidence of functional impairment in at least one domain caused by the diagnosis
- Over 9,000 Health Choice children impacted
- Member roster lists sent to providers with redeterminations triaged and prioritized to be completed by 9/30/2024

On 6/18/2024, Solari sent out an email reinforcing AHCCCS provider notice regarding the updated SED qualifying diagnosis list. In addition, a new SED Determination form was implemented https://community.solari-inc.org/wp-content/uploads/2024/06/SED-Determination-Form-1_June24_Updated24.pdf

- Redetermination rate remains low. New provider rosters will be sent out by end of June. Members on rosters have a behavioral health claim within the past 12 months.
- Please look for an email from Sarah Hester Sarah.Hester@azblue.com
- July deliverable is due soon

Back to School Reminder

Well-child visits (WCVs) are essential check-ups where healthcare providers assess the growth, health, and development of children. These visits are an opportunity for providers to catch potential health issues early, ensure children are meeting developmental milestones, and provide vaccinations to prevent illnesses.

- It's also an important metric for providers (HEDIS/Value Based)
- Health plan collaboration with member rosters for children overdue for an annual wellness visit
- WCVs are for kids 0 to 21. Members 3-19 get a \$25 gift card
- Important reminder for those approaching 21 to get their dental and vision needs addressed.



BCBSAZ Health Choice Polypharmacy Project



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Drug Safety Edits and PA: Arizona Medicaid Plans

- AHCCCS requires all Medicaid Plans to have concurrent and retrospective processes in place. Some specific “edits/PA’s” are required by AHCCCS. Some are up to the plan how to monitor.
- For example, 2 concurrent antipsychotics, antidepressants, sedative hypnotics, benzo/opioid are monitored differently by plan. Some plans reject the claim requiring a PA to be submitted explaining the prescriber is aware.
- Children <6 Antipsychotic–In the PA request, document the diagnosis of bipolar, schizophrenia, autism. Prescriber must attest that psychosocial issues have been evaluated, document expected outcomes and monitoring plan, and attest no known allergies to the medication prescribed.
- Children <6 Antidepressant

AHCCCS Mandates PA Criteria

Effective 10/1/22, all MCOs must utilize criteria that is not more restrictive than the AHCCCS FFS PA Criteria. If no AHCCCS policy exists, plans may use their own criteria.

- AHCCCS criteria posted to AHCCCS website at:
https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/FFS_PharmarAuthCriteria.pdf
- General AHCCCS Pharmacy page:
<https://www.azahcccs.gov/PlansProviders/Pharmacy/>

Health Choice Plan website hyperlink for Pharmacy PA will redirect to the AHCCCS document effective 10/1

BCBSAZ Health Choice: Polypharmacy PIP

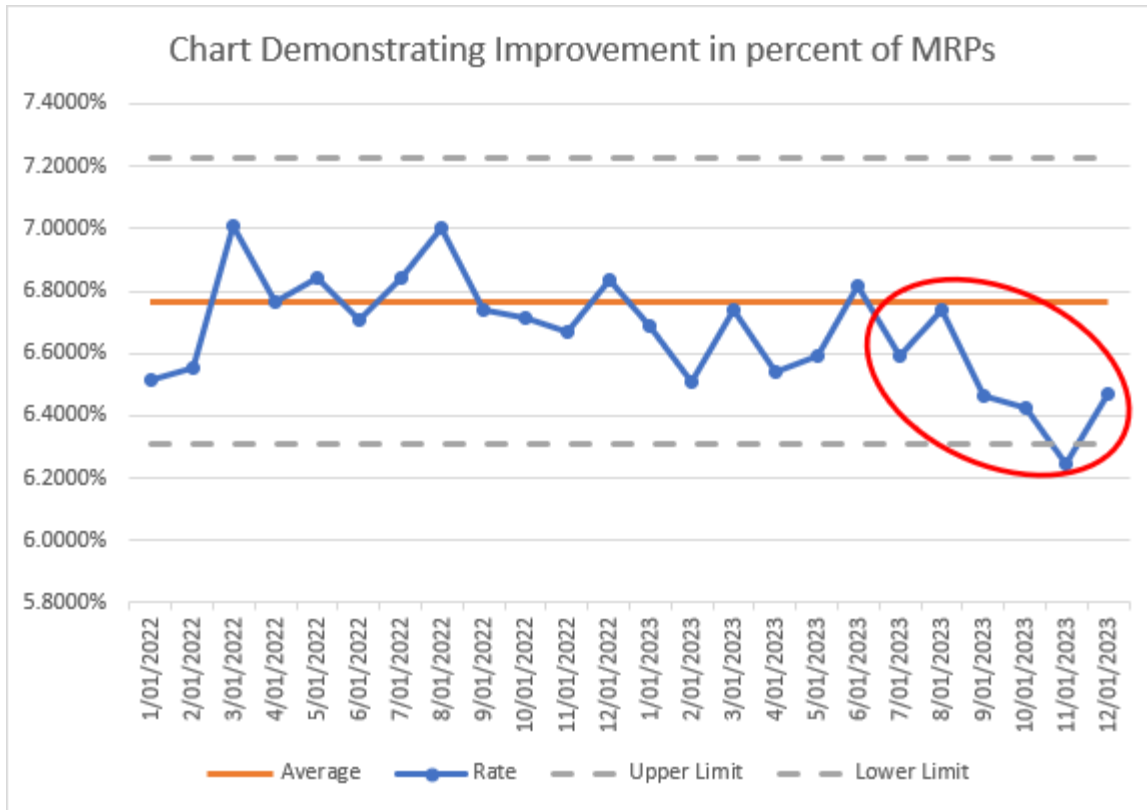
The polypharmacy project addresses numerous medication combinations that increase a person's risk of experiencing an adverse event or outcome.

In many cases there are safer alternatives to treat a condition or an opportunity to deprescribe through collaborative interaction with the prescriber(s).

Here are a few examples of polypharmacy risk reduction observed so far during this project:

- The combination of Opioids(pain) and Benzos(anxiety, insomnia) increase the risk of opioid overdose more so than taking opioids alone. Collaborative member specific communications with the prescriber(s) results in medication changes or discontinuation.
- A med review is completed for all members using 15 or more medications. The reviewing pharmacists look for inappropriate medication combinations such as nitrates w/ sildenafil, the opportunity to discontinue medications that may no longer be needed such as pantoprazole, and they look for multiple serotonergic medications that increase the risk of Serotonin Syndrome (high levels of serotonin build up in the brain causing toxicity). Clinicians are mostly aware of this risk with antidepressants and antipsychotic medications, but many lesser known serotonergic medications are opioids, amphetamine salts, ondansetron, cyclobenzaprine and triptans.

In the intervention year, BCBSAZ Health Choice and the provider network was successful at reducing potential MRPs as demonstrated by the Run Chart Below. The 5 data points below the baseline year mean are evidence of the change.
MRP-potential Medication Related Problems



PIP Measures 2022 - 2023

| INDICATOR | Baseline Year 2022 | | | | Intervention Year 2023 | | | |
|---------------------------------------|--------------------|---------------|--------------|----------|------------------------|---------------|--------------|-------|
| | Num | Den | Rate(%) | Goal | Num | Den | Rate(%) | Goal |
| Total MRPs | 1962 | 29,124 | 6.74% | baseline | 1905 | 29,863 | 6.38% | 6.40% |
| Duplicate Therapy | 256 | 29,124 | 0.88% | baseline | 234 | 29,863 | 0.78% | 0.83% |
| Multiple QT Drugs | 478 | 29,124 | 1.64% | baseline | 501 | 29,863 | 1.68% | 1.56% |
| Peds with 3+ BH/Pain Drug Classes | 215 | 29,124 | 0.74% | baseline | 220 | 29,863 | 0.74% | 0.70% |
| Adults 15+ Meds | 385 | 29,124 | 1.32% | baseline | 398 | 29,863 | 1.33% | 1.26% |
| Concurrent Opioid/Benzo | 92 | 29,124 | 0.32% | baseline | 71 | 29,863 | 0.24% | 0.30% |
| Gaba/Relax/Opioid/Z (GROZ) 3+ classes | 536 | 29,124 | 1.84% | baseline | 480 | 29,863 | 1.61% | 1.75% |
| ER Visits | | | | | | | | |
| Bed Days | | | | | | | | |
| Medication related deaths | | | | | | | | |

Questions?



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Provider Forum Meeting Quality, HEDIS, and CAHPS

Dr. Jane Dill
Medical Director

Forrest Tatum
Director, Quality Management and Performance Improvement



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2024 AHCCCS Primary Measures

- W30A – Well Child Visits in the first 15 months of life
- WCV – Child and Adolescent Well Care Visits
- BCS – Breast Cancer Screening
- PPC – Timeliness of Prenatal Care
- FUH – 7 Day Follow Up after Hospitalization for Mental Illness
- PCR – Plan All Cause Readmissions

W30A – well child visits in the first 15 months of life

The percentage of members who had six or more well-child visits on different dates of service with a PCP during the last 15 months. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child

Denominator:

Children who turned 15 months old during the measurement year

W30A – Well Child Visits in the First 15 Months of Life

2024 AHCCCS Threshold Benchmark **58.4% (50th)**

2024 AHCCCS High Performing Benchmark **61.6% (66th)**

W30A Health Choice Arizona Healthy Reward:
\$25 per well child visit, up to 6 visits per year

*Tip – A significant percentage of children have coverage under more than one insurance plan. Bill primary and secondary insurances to close gaps with both payers.

WCV – Child and Adolescent Well Care Visits

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member.

Denominator:

Children who turned 3 through 21 years old during the measurement year.

WCV – Child and Adolescent Well Care Visits

2024 AHCCCS Threshold Benchmark **44.6% (33rd)**

2024 AHCCCS High Performing Benchmark **48.1% (50th)**

WCV Health Choice Arizona Healthy Reward:
\$25 for a yearly well child visit

*Tip – Many families are not aware that AIA sports physicals for the 2024-2025 school year may be completed on or after 3/1/24. Use this information and offer to complete sports physical forms during Well Child Visits throughout the year to encourage increased engagement of school age children in EPSDT visits.

BCS – Breast Cancer Screening

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement period and the end of the measurement period (for MY 2024: 10/1/22 through 12/31/24)

Denominator:

Women 52-74 by the end of the measurement period

Change for CY2025 – 42-74 years of age

BCS – Breast Cancer Screening

2024 AHCCCS Threshold Benchmark 48.1% (33rd)

2024 AHCCCS High Performing Benchmark 55.3% (66th)

BCS Health Choice Arizona Healthy Reward:
\$50 for completing a mammogram

*Tip – Utilize standing orders for mammograms. Train staff to review for open BCS gaps when rooming patients and utilize the standing order to offer a mammogram referral for interested patients in need of screening mammograms.

PPC - Prenatal and Post Partum Care: Timeliness of Prenatal Care (PPC1)

The percentage of deliveries that received a prenatal care visit in the first trimester (280–176 days prior to delivery, or estimated delivery date [EDD]) on or before the enrollment start date or within 42 days of enrollment in the organization.

Denominator:

Members who delivered a live birth on or between October 8 of the year prior to the measurement year and October 7 of the measurement year (10/8/23 through 10/7/24)

PPC - Prenatal and Post Partum Care: Timeliness of Prenatal Care (PPC1)

2024 AHCCCS Threshold Benchmark 81.8% (33rd)

**2024 AHCCCS High Performing Benchmark 84.2%
(50th)**

**PPC1 Health Choice Arizona Healthy Reward:
\$25 for completing a prenatal visit in the 1st trimester**

*Tip – Visits for pregnancy testing or OB referral count towards this measure. If amenorrhea is coded for initial pregnancy testing, make sure to add in a pregnancy ICD-10 code to your visit coding when confirmed.



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FUH7 – Follow-Up After Hospitalization for Mental Illness

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider with 7 days after discharge.

Denominator:

6 years and older as of the date of discharge, hospitalized for treatment of mental illness and discharged between January 1 and December 1 of the measurement year

FUH7 – Follow-Up After Hospitalization for Mental Illness

2024 AHCCCS Threshold Benchmark 52.9% (90th)









2024 AHCCCS High Performing Benchmark 59.9% (95th)

*Tip – Outpatient treatment received prior to inpatient care can be a predictor of follow-up care and how patients recover post discharge. Encourage medication and treatment regimen adherence. Coordinate care with all involved in the treatment process.

2024 Healthy Rewards Program

BCBSAZ Health Choice Arizona (Medicaid)







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

-  **\$25 for a Well Child Visit, 0 – 15 months,**
up to six visits (Up to \$150 annually)
-  **\$25 for a Well Child Visit 16 – 30 months,**
once per year
-  **\$25 per Well Child Visit, 3 – 21 years of age,**
once per year
-  **\$50 for Mammogram** during the measurement
year for women 50 – 74 years of age
-  **\$25 for a Prenatal Visit** within the first trimester
-  **\$25 for a Postpartum Visit,**
7 – 84 days post delivery
-  **\$25 for completing a Health Appraisal,**
members ages 3 – 17
-  **\$25 Oral Evaluation** with a dental provider,
for children under 21 years of age

HCA members need to call Member Services for gift card redemption.

BCBSAZ Health Choice Pathway (Medicare)

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

- \$25 for Medicare Annual Wellness Visit**
(All HCP members) 
- \$25 for Colorectal screening** during the
measurement year, 45 – 75 years of age 
- \$50 for Mammogram** during the measurement
year for women 50 – 74 years of age 
- \$25 for a Diabetic Eye Exam,** 18 – 75 years
of age with diabetes (type 1 & 2) 
- \$50 for Osteoporosis Management** in women
67 – 85 years of age with fracture 
- \$25 for completing a Health Appraisal**
(Initial or Annual) 

HCP member rewards are distributed on a prepaid Visa® flex card based on claims activity. It is essential for providers to bill the correct codes to ensure member rewards are distributed.

2024 AHCCCS Secondary Measures

- **CCS – Cervical Cancer Screening**
- **AMM – Antidepressant Medication Management - Acute**
- **FUM – 7 Day Follow Up after ED Visit for Mental Illness**
- **HBD – Hemoglobin A1c Poor Control for those with Diabetes**
- **CIS3 – Childhood Immunization Status: Combo 3**

Quality Measure Performance - Data

- **Standard supplemental data** is electronically generated files from rendering service Providers with clear policy and procedures for standard layouts
 - Examples include Laboratory results files, EMR data in a specified layout, or Immunization data from ASIIS.
- **Non-Standard Supplemental Data** is non-claim service data, encounters or standard electronically generated files collected or created on an irregular basis
 - Examples include obtaining medical records and abstracting A1c values or prior colonoscopy results.
- Good data means more accurate measures for your group and more accurate gap lists to make population health efforts more meaningful and efficient. If interested in more information, contact your assigned quality improvement specialist or PerformanceImprovement@azblue.com

Consumer Assessment of Healthcare Providers & Systems (CAHPS)

CMS Star Ratings:

- CMS conducts Medicare Advantage (MA) CAHPS annually to meet the requirement to conduct consumer satisfaction surveys regarding the experiences of beneficiaries with their health and prescription drug plans.
- CAHPS data are included in the Medicare Part C & D Star Ratings and used to calculate MA Star Ratings, accounting for more than a third of the overall rating.

AHCCCS CAHPS:

- The State of Arizona required the administration of member experience surveys in 2021 to Medicaid members enrolled in Arizona Health Care Cost Containment System (AHCCCS) Complete Care (ACC) health plans.
- AHCCCS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the CAHPS Health Plan Survey.

NCQA Accreditation:

- HEDIS and CAHPS reporting are required annually for NCQA Health Plan Accreditation and will be used to produce a rating for health plans. Ratings will be released in September of each year, using June HEDIS data.
- Organizations will earn their star ratings in September of their second year of HEDIS reporting, unless they request to have their star rating released during the first year.
- NCQA's Health Plan Ratings are a weighted average of a plan's HEDIS and CAHPS measure ratings, plus bonus points for plans with current Accreditation status.

Satisfaction with Plan Physicians (CAHPS):

- NCQA will weight the following questions at 1.5 and include in Plan Ratings for Medicaid plans: Rating of Personal Doctor, Rating of Specialist Seen Most Often, Rating of All Health Care and Coordination of Care.

AHCCCS-Conducted CAHPS Surveys

- AHCCCS conducted CAHPS Surveys that will include reporting of:
 - Statewide (Child and Adult Surveys) - Program Level Reporting
 - ACC Program (Child and Adult Surveys) - Program Level Reporting
 - DCS CHP Program (Child Survey) - Program/Line of Business Reporting
 - AIHP Program (Child and Adult Surveys) - Program Level Reporting
 - KidsCare Program (Child Surveys - Under 19 Years of Age) - Program Level Reporting
- The survey administration period was April - June 2023
- MCO-specific reporting will not be conducted or reported as part of the upcoming 2023 CAHPS Survey project

CAHPS Survey – Why are CAHPS and Health Plan Ratings important?



CAHPS Survey

| Measures | CAHPS Survey Question |
|--|---|
| Your Health Care | |
| Getting Care Quickly | In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? |
| | In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? |
| Health Care Overall | Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months? |
| Getting Needed Care | In the last 6 months how often was it easy to get the care, tests, or treatment you needed? |
| | In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed? |
| Your Personal Doctor and Specialist | |
| Coordination of Care | In the last 6 months, how often did your personal doctor seem informed and up to- date about the care you got from these doctors or other health providers? |
| Personal Doctor Overall | Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor? |
| Specialist Overall | We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist? |



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Improving Patient Experience - CAHPS

CAHPS focus question - “Getting Appointments and Care Quickly:”

- BCBSAZ Health Choice wants our members to have a great experience with our Plan and Providers
- AHCCCS and CMS collect member experience results through CAHPS surveys
- Survey Questions related to “Getting Appointments and Care Quickly:”
 - “When you needed care right away, how often did you get care as soon as you thought you needed it?”
 - “Not counting the times when you needed care right away, how often did you get an appointment for your healthcare at a doctor’s office or clinic as soon as you thought you needed?”
 - “How often did you see the person you came to see within 15 minutes of your appointment time?”

CAHPS Action Plan – other Data needs

Additional Quantitative and Qualitative data to supplement reporting:

- Disenrollment Survey data
- Member Advisory Committee responses
- BH Facility Member Survey
- Network Services monitoring and reporting of time to get an appointment
- Provider feedback to Network Services, Clinical Operations and QIS
- Use of the Provider Satisfaction survey data
- Internal monitoring of timeframe from Authorization to visit
- Behavioral Health wait times for appointments, untimely appointments
- Provider turnover, retirements and access
- Customer Service – MTM (Transportation correlation)
- Clinical – Prior Auth data and TAT; Auth open for 90 days
- Provider group surveys and responses for Health Plan consideration
- Lack of utilization impact on Provider-centric measures
- Appeals and Grievance trend data
- Collaboration with other BCBS Health Plans on CAHPS initiatives and data

HCA Updates: Back-To-School Campaign

- Back-to-School Campaign will take place June to September 2024
- Continue to collaborate with AHCCCS regarding Childhood initiatives
- EPSDT and QIS teams are reaching out to Provider Groups that are interested in collaborating on initiatives and Well-Child and Well-Care Visits
- Please let us know if any potential collaboration opportunities with your organizations
- We continue to utilize print collateral, call scripts, text messaging, emails and other correspondence to educate members, including FAQs.
- Social Media campaign and Website content
- All materials presented in both English and Spanish

AHCCCS Updates: Targeted Investment 2.0

- Targeted Investment 2.0 go live this year and is on target!
- AHCCCS is working with health plans and provider stakeholders through a structured focus group process to plan for implementation
- AHCCCS has mentioned some areas of emphasis (including CHWs/CHR role and participation)
- While similar to TI 1.0., TI 2.0 includes earlier introduction of performance measures and a focus on some different measures than 1.0.
- CMS will be more actively involved in TI 2.0
- ASU will remain engaged throughout CY2024



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Provider Resources

Jadelyn Fields, Network Provider Service Manager and Educator



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AHCCCS Change in Minimum Subcontract Provisions (MSP)



EFFECTIVE 10/01/2024
AHCCCS HAS MADE UPDATES TO
THE MINIMUM SUBCONTRACT
PROVISIONS (MSPS).
THESE UPDATES HAVE BEEN
POSTED TO THE AHCCCS
WEBSITE.



THE MSPS ARE REFERENCED
AND INCORPORATED INTO:
THE AHCCCS PROVIDER
PARTICIPATION AGREEMENT,
PROVIDER CONTRACTS, AND
THE BCBSAZ HEALTH CHOICE
PROVIDER MANUAL(S),
CHAPTER 3.



**ALL AHCCCS PROVIDERS ARE
REQUIRED TO COMPLY WITH
THE MSPS.**





MSPS ARE AVAILABLE ON THE
AHCCCS WEBSITE HERE:
[HTTPS://AZAHCCCS.GOV/PLANS
PROVIDERS/HEALTHPLANS/MINI
MUMSUBCONTRACTPROVISIONS
.HTML](https://azahcccs.gov/plans/providers/healthplans/minimumsubcontractprovisions.html)

AHCCCS Change in Minimum Subcontract Provisions (MSP) – Effective 10/01/2024

Summary of Changes - Minimum Subcontract Provisions Effective 10/1/24

See information on the Change Healthcare response

ENHANCED BY Google

Advanced search

HOME AHCCCS INFO MEMBERS/APPLICANTS PLANS/PROVIDERS AMERICAN INDIANS RESOURCES FRAUD PREVENTION CRISIS SERVICES

Home / Plans & Providers / This Page

AHCCCS Online

- Health Plans
- MCO Update Meetings
- Minimum Subcontract Provisions
- Reporting Third-Party Liability
- ALTCS Electronic Member Change Request (EMCR)
- Solicitations & Contracts
- Encounters
- Reinsurance
- Strategy

Minimum Subcontract Provisions

The Minimum Subcontract Provisions (MSPs) are referenced and incorporated into the AHCCCS Provider Participation Agreement as well as AHCCCS Medicaid Contracts, including Intergovernmental Agreements. AHCCCS Contractors' subcontracts must reference and require compliance with the MSPs.

ATTENTION

AHCCCS has established a Constant Contact email notification as a courtesy to allow interested parties to subscribe for notification of information regarding the Minimum Subcontract Provisions. AHCCCS encourages Contractors and providers to subscribe in order to receive timely updates. To subscribe, click the sign up button below.

[Sign up to receive Notifications Regarding the AHCCCS MSPs](#)

The MSPs are available at the links provided below:

- Minimum Subcontract Provisions
Updated: 05/09/2024
Effective: 10/01/2024

| Page # | Section/Summary of Change | Add/Removal/Revised |
|--------|---|---------------------|
| 1 | Assignment And Delegation Of Rights & Responsibilities | Removed |
| 1 | Adult Protective Services (APS) Registry Check | Moved |
| 1-2 | Abuse, Neglect, and Exploitation | Moved |
| 2 | Amount Duration & Scope | Added |
| 2 | Artificial Intelligence Prohibitions | Added |
| 2 | Certifications Required by Law | Added |
| 3 | Compliance with AHCCCS Rules Relating to Audit & Inspection (added CMS language) | Revised |
| 4 | Corporate Governance for Providers | Moved |
| 5 | Employees of the Subcontractor | Added |
| 5 | Fraud and Abuse (report all cases, prohibited from taking action including recoup or suspensions, class 2 felony) | Revised |
| 6 | Grievance & Appeal System | Added |
| 6 | Limitations on Billing & Collection Practices | Added |
| 6 | Lobbying | Added |
| 6 | Nondiscrimination Requirements (Removed most of the language to refer to Federal and State law) | Revised |
| 6 | Offshore Performance of Work Prohibited (Removed indirect or overhead services definition, added paying claims and data definition) | Revised |
| 7 | Protection of State Cybersecurity Interests | Added |
| 7-8 | Termination of Contract | Added |

Coding & Billing Updates AHCCCS AMPM, ACOM and CMS

!STAY UP TO DATE!

View updates to the [AHCCCS Medical Policy Manual \(AMPM\)](#) , [AHCCCS Contractor Operations Manual \(ACOM\)](#), [AHCCCS News & Press Releases \(azahcccs.gov\)](#), and [Medical Coding Resources](#) on the [AHCCCS website](#) .

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. This includes questions related to daily limits, procedure coverage, etc.

Visit the [AHCCCS Encounters Resource](#) page for additional resource and guidance regarding coding and plan coverage updates.

Visit the [CMS website](#) and subscribe to email updates for the latest information on Medicare and Marketplace enrollment, policies, benefits, and other helpful tools.

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

Annual Model of Care Training – Special Needs Plans (DSNP)

A 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 health care needs of each SNP member.

BCBSAZ Health Choice Pathway 2024 Annual MOC training is available online!

Visit: [Provider Education - BCBSAZ Health Choice Pathway](#)

- 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.
- A SNP is a type of Medicare Advantage plan that provides targeted care, improved care coordination and continuity of care to members with special needs.
- You are considered to be a SNP care provider if you treat members who are enrolled in a 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.

UTILIZATION MANAGEMENT CRITERIA

Opportunity for Practitioner Input

- Health Choice values our network of providers and is interested in your input regarding UM criteria
- If you have interest in assisting with development or review of UM criteria, please send your contact information along with your field of practice to:

Ellen N. Lewis

Vice President, Medicaid & DSNP Clinical Operations

BCBSAZ Health Choice

ellen.lewis@azblue.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 Submissions: Solutions for Providers - Provider Portal

In response to the ongoing Change Healthcare system outage, BCBSAZ Health Choice has developed temporary, alternative solutions via our [Provider Portal](#) to allow providers to directly submit claims without the need for a clearinghouse, and to allow downloading and printing of remittance advices.

Electronic 837 Claims Submissions

Please follow the instructions outlined below in lieu of submission to Change Healthcare to UPLOAD electronic claims submission.

- Log into the secure [Provider Portal](#) as normal and navigate to the 'Documents' section
- Navigate to 'Upload files' in the upper right corner
- Select appropriate 'EDI File Types', 'Line of Business', and 'Choose File' from your network to upload
- The portal will validate the file uploaded matches the file type selected before accepting for processing
- Files accepted for processing will be updated with a status of 'File Sent to Claim System'

Electronic 835 Remittance Advices

Please follow the instructions outlined below to DOWNLOAD electronic remits.

Printable Paper Remittance Advices

Please follow the instructions outlined below to PRINT paper remits.

- Log into the secure [Provider Portal](#) as normal and navigate to the 'Documents' section

- Select '835-Electronic Remittance Advice' under 'File Types'.
- Select 'Line of Business' (not required)
- Click 'Apply Filters'
- Under 'Filename' identify 835 file to download
- Click on the file hyperlink under 'Filename' to download to your network system, then open.

- Select 'RA-Paper Remittance Advice' under 'File Types'
- Select 'Line of Business' (not required)
- Click 'Apply Filters'
- Under 'Filename' identify RA file to download
- Click on the file hyperlink under 'Filename' to download to your network system
- Open the RA file from the downloaded location on your network
- Print PDF file as you would any other document

Claim Submissions: Solutions for Providers - iEDI

On March 19, 2024, BCBSAZ Health Choice added an alternative solution to support electronic claims submissions.

Providers can submit electronic 837 claims to Optum iEDI, a clearinghouse that was developed outside the Change Healthcare environment. iEDI was not impacted by the cybersecurity incident.

Provider's requiring support with the iEDI Clearinghouse should contact their dedicated Optum Account Manager.

If you do not have an Optum Account Manager, you can submit an inquiry to Optum via their general form located here: <https://www.unitedhealthgroup.com/ns/changehealthcare/iedi.html>.

| Payer ID | Payer Name | Transactions |
|----------|---|--|
| 62179 | BCBSAZ Health Choice Arizona | 837 Institutional, Professional and Dental |
| 62180 | BCBSAZ Health Choice Pathway | 837 Institutional and Professional |
| RP105 | BCBSAZ ACA Standard Health With Health Choice | 837 Institutional, Professional and Dental |

To avoid duplicate claim denials, please ensure that you are submitting claims through only one of the available options. If you submitted claims to a clearinghouse that works with iEDI and you received a 'submitted' response, you do not need to resubmit through iEDI. Providers can contact their clearinghouse directly to confirm responses.

For more information on the Change Healthcare (now a subsidiary of Optum) cybersecurity incident: [Optum Solutions Status – Update: Some applications are experiencing connectivity issues. \(changehealthcare.com\)](#)

Claim Submission Reminders

KEEP YOUR RECORDS UP TO DATE!

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

BCBSAZ Health Choice (Medicaid) Member ID Card Example



Health
Choice



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**



Health
Choice

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



Health
Choice

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**



Health
Choice

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

| | | |
|--|-------------------------------------|---|
|  BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small> | Health Choice |  AHCCCS <small>Arizona Health Care Cost Containment System</small> |
| 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 Plan Phone #: | |
| Health Choice Pathway (HMO D-SNP) Health Choice Arizona | 1-800-656-8991 | |
|  MedicareRx <small>Prescription Drug Coverage</small> | MEDICARE ADVANTAGE HMO |  BlueCross BlueShield Arizona |

An Independent Licensee of the Blue Cross Blue Shield Association

**Health
Choice**

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.

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  |

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: Home Screen



BCBSAZ Health Choice has developed temporary, alternative solutions via our Provider Portal to allow providers to directly submit claims without the need for a clearinghouse, and to allow downloading and printing of remittance advices. x

BCBSAZ Health Choice added an alternative solution to support electronic claims submissions on March 19, 2024. Providers can now submit electronic 837 claims to Optum iEDI, a clearinghouse that was developed outside the Change Healthcare environment. Please refer to the provider notices for additional instructions. [Change Healthcare Incident Solutions and Response](#)

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.
- Dental 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

- AHCCCS Medicaid Redeterminations are underway! Our BCBSAZ Health Choice assistors can help members Monday through Friday, 8 a.m. to 5 p.m. at 1-844-390-8935. Members can also visit [HealthEARizonaPlus.gov](#) to update their AHCCCS information.
- Member ID prefixes and EDI Payor ID#s: Health Choice Arizona is HCI (e.g. HCIA12345678); EDI Claim Payor #62179. Health Choice Pathway is MZH (e.g. MZHHC1234567); EDI Claim Payor ID #62180. ACA StandardHealth with Health Choice is IAZ (e.g. IAZ987654321); EDI Payor ID#RP105.
- Paper Claim Submission Address for all lines of business: P.O. BOX 52033, PHOENIX, AZ 85072-2033
- Recent [Member Admissions and/or Discharges](#)
- 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.
- 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

Use one of our convenient tools to learn more about our services.

- [Claims Lookup](#)
- [Dental Claims History](#)
- [Vision Claims History](#)

Authorizations

Need information regarding authorizations? Choose one of the following options below.

- [View Your Medical Prior Authorization Status](#)
- [View Your Dental Prior Authorization Status](#)
- [Health Choice & Health Choice Pathway - Pharmacy Prior Authorization Request](#)
- [Health Choice Arizona - Prior Authorization Grid](#)
- [Health Choice Pathway - Prior Authorization Grid \(Arizona\)](#)
- [ACA StandardHealth with Health Choice - Prior Authorization Grid](#)

Provider Tools

Use one of our convenient tools to manage your account or look up answers in our document library.

- [Provider Member Roster](#)
- [Provider Resources](#)
- [Health Choice Integrated Care Provider Portal](#)
- [Provider Demographic Request/Electronic Credentialing - AzAHP Practitioner Data form](#)

Provider Resources

Please note that user Account passwords should NOT be shared between employees. Sharing password

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

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

[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

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)

Quality & Performance Measures

- [BCBSAZ Health Choice](#)

Medical Management

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)

Behavioral Health Resources

Provider Portal View: Provider Resources

Our Websites: For Providers -> Provider Resources

The screenshot displays the website's header and a navigation menu. The header includes a search bar, language options (English, Español), and contact information for crisis help and nurse advice. The navigation menu lists various resources for providers, including a provider portal, manual, notices, education, and guidelines. A dropdown menu is open, showing a list of provider resources.

Header: D-SNP Medicare Advantage Plan → Search 🔍

Language: English Español **CRISIS HELP: 1-844-534-HOPE (4673)** | 24/7 Nurse Advice Line: 1.855.458.0622 | Call Us: 1.800.322.8670 (TTY:711)

Navigation: FIND A DOCTOR/PHARMACY MEMBER PORTAL

Logos: BlueCross BlueShield of Arizona Health Choice

COVID-19 UPDATES ABOUT ▾ MEMBERS ▾ HEALTH & WELLNESS ▾ COMMUNITY ▾ CONTACT FOR PROVIDERS ▾

Dropdown Menu (FOR PROVIDERS):

- Provider Overview & Joining Our Network
- Provider Portal
- Provider Manual
- Provider Notices
- Provider Education
- Prior Authorization Guidelines
- Clinical Guidelines
- Behavioral Health Resources
- Children's Behavioral Health
- Medical Management
- Quality & Performance Measures
- Prescription Drugs
- Dental
- Cultural Competency
- Claims
- Fraud, Waste & Abuse
- Health Information Exchange
- Forms
- Tribal Program
- Centers of Excellence & Star Ratings
- Mountain ECHO

Hero Section: Stay Healthy This Season. Get Your Flu Shot Today. Don't wait. Getting a flu shot is more important than ever. Learn More

Enrolled in Medicaid: Has your contact information changed in the past two years?

Contact: 1-844-390-8935. Call us Monday - Friday, 8 a.m. - 5 p.m. or visit HealthEArizonaPlus.gov and update your mailing address to remain enrolled.

Quick Links: Find A Provider, Find A Pharmacy, Formulary (List of Covered Drugs), Member Newsletters, Health Tips

Q & A



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