2025 Provider Forum
BCBSAZ Health Choice & Health Choice Pathway

Wednesday, February 26, 2025

11:30 AM – 12:30 PM

BlueCross BlueShield Arizona

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Health Choice

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Agenda

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❖ Welcome Providers	
❖ EviCore Migration, Updated PA Grids & New COE in Dementia	5 mins
❖ Claims System Migration	5 mins
❖ Durable Medical Equipment (DME) Network	5 mins
❖ Member Advisory Council	5 mins
❖ Veterans	5 mins
❖ Workforce Development	5 mins
❖ Telehealth Update	5 mins
❖ Marketplace Plan Enrollment Without Permission & Off-Shore	5 mins
❖ Provider Resources and Education	5 mins
❖ CBHSG, Care Management, EPSDT Updates, DME Processes	5 mins
❖ Q&A	10 mins

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QNXT Claims Migration – Effective October 1, 2025

Matthew Kingry, VP Medicaid Health Choice – Reimbursement Services

5 Minutes

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Claims System Migration

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Phased Approach

- HCA utilizes two claiming systems
- Full transition to a single claims system effective 10/1/25

Improve Provider Satisfaction

- Increase efficiency and our auto-adjudication rate
- Timely claims management
- Faster claims reprocessing

Next Steps

- No changes on claims submissions and reimbursement
- Future communication forthcoming

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EviCore – Provider Portal Migration Effective 2/1/2025 & Updated PA Grids

Lazaro Torres – Director, Medicaid Health Choice Network Operations

5 Minutes

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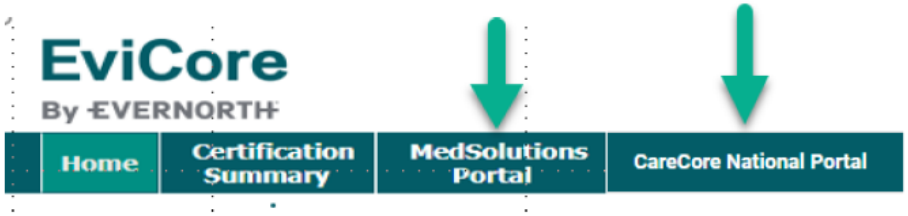
EviCore Provider Portal Migration

Portal Migration-Effective 2/1/2025

- EviCore currently accepts Radiology and Cardiology prior authorization requests for Health Choice Arizona members through the MedSolutions portal. Beginning February 1, 2025, these requests should be entered through the CareCore National portal at www.evicore.com.
- If a provider has an existing login, the same credentials are used for both portals and a new account does not need to be created.
- Any authorizations requested prior to February 1, 2025 can still be viewed on the MedSolutions portal, but ***as of February 1, 2025 all new requests must be created on the CareCore National portal*** as shown below



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Public Information

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Quick Reference Guide

EviCore By EVERNORTH

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eviCore Provider Resources

Link	https://www.evicore.com/resources/healthplan/health-choice-arizona

Case Initiation

Portal	www.eviCore.com		
Phone	866-706-2108	Fax	800-540-2406

Clinical Guidelines

Link	https://www.evicore.com/provider/clinical-guidelines

Clinical Worksheets

Link	https://www.evicore.com/provider/online-forms

Client and Provider Services Team

Email	clientservices@evicore.com
Phone	800-646-0418, option 4

Clinical Consultations (scheduled in advance)

Link	www.eviCore.com, Log in and Schedule
Phone	866-686-4452

eviCore Web Support

Email	portal.support@evicore.com
Phone	800-646-0418, Option 2

Additional Clinical

Link	www.eviCore.com log in and select authorization lookup and upload additional clinical
Fax Program Radiology/Cardiology	800-540-2406

Reduction in Codes Requiring PA*

- All ultrasound codes including OB, cardiac echo, vein mapping, some imaging codes
- Starting March 1, 2025, pain management and maternal fetal specialist consultations will not require prior authorization
- Providers must select 'Health Choice Arizona' as the insurer and not 'Blue Cross Blue Shield of Arizona'.

Updated PA Grids

- Check CPT codes on our BCBSAZ Health Choice websites or through the provider portal
- PA Guidelines | Health Choice AZ
- Prior Authorization Guidelines | Health Choice Pathway

Reminders

- For out-of-network (OON) authorizations, the PA team will ask you to refer to an in-network provider. If there's a specific medical need for an OON provider, notate on request to avoid delays
- Include a reliable call-back number when completing PA request forms
- Use the Health Choice Provider Portal for prompt responses

eviCore – Online Portal Orientation Sessions

- Providers may register for an Online Portal Orientation Session
- Click Here To Register!

*Refer to the PA Grid in our website for complete and accurate information

Centers of Excellence (COE) in Dementia

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Centers of Excellence

NEW! COE in Dementia

- BCBSAZ Health Choice welcomes **Arizona Supportive Care** into our network – a subsidiary of Hospice of the Valley - who oversee the **Supportive Care for Dementia** (SCD) program.

- The SCD program offers:
  - 24/7 phone support
  - Home visits
  - Caregiver education
  - Support groups

- Open to members with BCBSAZ Health Choice or Pathway with a dementia diagnosis.

- Serving members valley-wide!

3811 N 44th St, Phoenix, AZ 85018
(602) 767-8300
https://www.hov.org/dementia/supportive-care-for-dementia/

For more information on our in-network Centers of Excellence, visit our website:
https://www.azblue.com/health-choice-az/health-wellness/centers-of-excellence

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Durable Medical Equipment (DME) Network

Aimee Perez – Director, Medicaid Health Choice Network Contracting

5 Minutes

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DME Providers

Coordinate care with the appropriate DME provider for prior authorization as needed

Name	GSA	DME Type	Website
Ablenet	Central/North	Augmentative Devices	https://www.ablenetinc.com
Access Medical	Central/North	Custom Wheelchairs	https://www.accessmedicalrehab.com
Acelleron Medical Product	Central/North	Breast Pumps	https://acelleron.com
Arizona Vascular Medical Equipment	Central/North	Compression Devices	https://arizonavascular.com
Aveanna/Option 1	Central/North	Enteral Formula, Urology Brief	https://www.aveannamedicalsolutions.com
Belton Hearing	Central/North	Hearing Aids	https://www.beltone.com/en-us
Competitive Medical Solutions	Central	Braces, Non-Custom Orthotics, Prosthetics	https://www.cms-dme.com
Crown Me Wigs (After Cancer)	Central	Cranial Prosthesis Wigs	https://crownmewigs.com/
Preferred Homecare	Central/North	Oxygen, Bi/CPAP, Nebs, Standard Wheelchairs, Wound Care, Urology Brief, Scooters, Walker, Cane, Beds, Compression Devices	https://www.preferredhomecare.com/en

North: Mohave, Mohave, Navajo, Apache, Coconino, Yavapai. Central: Maricopa, Gila, Pinal

DME Providers

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Coordinate care with the appropriate DME provider for prior authorization as needed

Name	GSA	DME Type	Website
Hanger Clinic	Central/North	Braces, Non-Custom Orthotics, Prosthetics	https://hangerclinic.com
Med-El Corporation	Central/North	Cochlear Implant Hearing System	https://www.medle.com/en-us
MedOne	Central/North	Urology Brief, Braces, Non-Custom Orthotics, Breast Pump, Augmentative Devices	https://www.medoneaz.com
Minimed	Central/North	Diabetic Supplies	https://www.medtronicdiabetes.com
Neurotech - Theragen	Central/North	Bone simulator	https://theragen.com
Numotion	Central/North	Custom Wheelchairs	https://www.numotion.com
Orthofix	Central/North	Braces, Bone Simulator	https://orthofix.com
Pongratz Orthotics & Prosthetics	Central	Braces, Prosthetics	https://www.pongratzop.com
Rotech Healthcare	Central/North	Oxygen, Bi/CPAP, Nebs, Standard Wheelchairs, Wound Care, Diabetic Supplies, Scooters, Walker, Cane, Beds	https://www.rotech.com/en
The Limb Center	Central	Prosthetics	https://thelimbcenter.com
Zoll	Central/North	LifeVests	https://lifevest.zoll.com

North: Mohave, Mohave, Navajo, Apache, Coconino, Yavapai. Central: Maricopa, Gila, Pinal

Member Advocacy Council (MAC) : Empowering Members for Better Healthcare

Maria Reyes – Member Liaison Coordinator

5 Minutes

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MAC's Primary Objectives

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Feedback and Input

- Gather input and feedback from members to initiate program improvements and policy decisions.

Advocacy

- Advocate for the needs and concerns of members, especially in areas related to social determinants of health and health equity.

Education and Empowerment

- Empower members by providing information on their rights, benefits, and effective strategies to navigate the healthcare system with confidence.

Person-Centered Care

- Identify opportunities to improve care coordination for Medicaid and dual eligible individuals by leveraging member-informed and person-centered practices.

Share with Members: Member Advocacy Council

2025 MAC Meeting Schedule
Maricopa - Phoenix MAC Meeting • Thursday, February 27th • Time: 10:00 a.m. – 1:30 p.m. • Location: Maryvale Community Center
Maricopa - Mesa MAC Meeting • Wednesday, May 7th • Time: 10:00 a.m.-1:30 p.m. • Location: TBD
Maricopa - South Phoenix MAC Meeting • Thursday, May 8th • Time: 10:00 a.m.-1:30 p.m. • Location: Cesar Chavez Community Center 7858 S 35th Ave Laveen AZ 85339
Coconino - Flagstaff MAC Meeting • Wednesday, August 20th • Time: 10:00 a.m. -1:30 p.m. • Location: TBD
Virtually MAC Meeting • Thursday, August 28th • Time: 10:00a.m.-12:00 p.m. • Virtually
Mohave - Kingman MAC Meeting • Wednesday, November 12th and or Thursday, November 13th • Time: 10:00 a.m. -1:30 p.m. • Location-TBD

We Provide:

- Transportation & Interpretation Services
- Lunch
- Gift card: $25.00

Contact:

- Maria Reyes, Member Liaison Coordinator
- Maria.Reyes@azblue.com
- 602-864-5779

Maricopa County Veteran StandDown

Dwayne Gwinner, Veteran Services & Emergency Response Coordinator

5 Minutes

Veterans

ARIZONA VETERANS STANDDOWN ALLIANCE
AVSA
Maricopa County
Veteran StandDown
March 13, 2025 | 7:00am - 3:30pm
March 14, 2025 | 7:00am - 2:30pm
Arizona State Fairgrounds
(1862 W. McDowell Road, Phoenix, AZ 85007)
Transportation provided by US Vets, Community Bridges Inc, and the VA.

Location

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Arizona State Fairgrounds

(1862 W. McDowell Road, Phoenix, AZ 85007)

Open to all veterans in need of the following resources:

- Court/Legal Services
- Employment Support
- MVD Services
- Housing Assistance
- VA Benefits
- Disability Claims
- Social Security
- Education Services
- Prescription Glasses
- Mental Health Programs
- Department of Economic Security
- VA Healthcare
- So much more!

Bring your DD Form 214, ID cards, Social Security cards, court paperwork, and any disability claim information.

For more event information, contact George at george@azhousingcoalition.org.

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Workforce Development

Mark Faul – Workforce Development Administrator

5 Minutes

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New Updated Webpage

- New look!
- New layout!
- Same home URL: www.azahp.org
  - Note: previously bookmarked links may not carry over!

www.azahp.org

[Pipeline AZ
www.pipelineaz.com]

AZ Healthcare Careers is Arizona's single source for

- Career pathway awareness
- Opportunities for exploration related to users' interests
- Job opening matches based on users' skills
- Information and planning tools for education and industry recognized credentials
- Free job posts for employers
- Tracking for workforce organizations

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Have you heard?

Whether you've missed a communication, want to share a historic communication, or just want to check in - you've come to the right place! Here is an archive of communications sent out by the Arizona Workforce Development Coalition and collaborating parties.

Miss a Communication?

See below a listing of archived communications sent by the AZ WFD Coalition:

- Reminder & Resources: January 2025 ACC, RBHA, and H20 WFD Provider Forum
- DDD Training Plan Survey for Workgroup
- ENHANCEDD Lunch and Learn
- Reminder: ENHANCEDD Lunch and Learn
- Az WFD Alliance Announcements
- New Courses Available: Case Management Basics & Advanced Skills
- Attention AHCCCS Medicaid Providers: *1 Week Reminder* Healthcare Network Employee Questionnaire (HNEQ)
- Legacy Agency Spotlight (Nominee Request by Dec. 5th, 2024)
- Reminder & Resources: ACC/RBHA WFD Provider Forum
- Reminder: For the Record: Leading the Connection (LTC) in WFD Newsletter - Vol. 3 Issue 3
- Reminder: Relias: DDD Training Plan Update
- Attention AHCCCS Medicaid Providers: *TWO WEEK REMINDER* Healthcare Network Employee Questionnaire (HNEQ)
- Reminder: New Training Dates! Az Focus, Wraparound, & MRSS
- Attention AHCCCS Medicaid Providers: *EXTENSION* Healthcare Network Employee Questionnaire (HNEQ)
- Reminder & Resources: ACC/RBHA WFD Provider Forum
- Attention AHCCCS Medicaid Providers: *LAST CALL* Healthcare Network Employee Questionnaire (HNEQ)

WFD Provider Forum

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THE SECOND THURSDAY OF EACH MONTH!

Questions or Need More Info

- workforce@azahp.org
- Mark.Faul@azblue.com

Telehealth Update

Jennifer Pierce – Telehealth Manager

5 Minutes

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CMS and Medicare Telehealth Extensions

The ARA (American Relief Act 2025) extended the following items until 3/31, 2025

- Geographic restrictions and originating sites like the patient's home
- Eligible practitioners including therapists, physical therapists speech language pathologists and audiologists
- Audio only telehealth services
- Extended telehealth services for FQHCs and RHCs
- Delayed in person requirements for mental health services
- Acute Hospital Care at Homes
- Telehealth flexibility allowing the home or temporary residence of an individual to serve as an originating site
- Telehealth Flexibility allowing a hospital to use remote clinician services in combination with in-home nursing services to provide inpatient level care in patient's home
- Resource

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DEA: Controlled Substance Prescribing

- **Current Status:**
- The DEA extended COVID era telemedicine flexibilities for prescribing controlled substances through December 31, 2025, allowing DEA-registered practitioners to prescribe Schedule II-V medications via telemedicine without an in-person evaluation, provided certain conditions are met including:
- That prescriptions are for legitimate medical purposes
- Uses real-time audio-visual technology
- The practitioner is authorized under their DEA registration.

Proposed Rule
Related Article

Submit Comments

- After a 17-year delay, the DEA unveiled a proposal to create a special registration for providers wanting to prescribe controlled drugs via telemedicine. The DEA may modify or withdraw their proposed rule because it is viewed as burdensome and complicated. However, comments are still open until 3/18.

DEA Proposed Telehealth Prescribing Rule

Special Telehealth Registration 3 Categories

- Telemedicine Prescribing Registration
- Advanced Telemedicine Prescribing Registration
- Telemedicine Platform Registration

Must have a DEA registration in each state they intend to prescribe in

Audio only rule

Practitioners would be permitted to prescribe Schedule III-V controlled substances approved by the U.S. Food & Drug Administration to treat opioid use disorder via telemedicine (currently limited to buprenorphine) through an audio-only visit. Audio-only visits would only be permitted if the practitioner has the capability to use audio-video, but the patient is either unable to use video or does not consent to it. However, unlike the final buprenorphine rule, treatment would need to be initiated through an audio-video visit, and the practitioner would need to have conducted at least one medical exam of the patient via audio-video. Prescriptions not meeting the criteria described above would only be able to be issued through an audio-video visit.

- **Schedule II Controlled Substances only if located in same state and must be less than 50% of total Schedule II prescriptions**
- **Must check PDMP for the last year for the state the patient is in, the provider is in, any U.S jurisdiction with PDMP reciprocity agreements with either of the states above**

Proposed Rule
Related Article

Submit Comments

AHCCCS Coding Changes

AHCCCS E/M Codes

- AHCCCS has removed E/M codes 99201-99215 and replaced them with 98000-98015 which includes the type of technology used in the session description, no modifier GT or FQ is needed
- 99441-99442 Telephone Medical Discussion with Physician end dated for MD, PA, DO
- Virtual Check in code 98016 has been added “Brief communication technology-based service (eg, virtual check-in)” no GT, GQ, or FQ modifier needed
- 98966-98968 codes are for a telephone assessment related to services provided within the previous 7 days and uses the FQ modifier

AHCCCS Telehealth Service Page

Questions? Jennifer.Pierce@azblue.com

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AHCCCS Notice: Unauthorized Marketplace Health Plan Enrollment for Medicaid Members

Charlotte Whitmore – VP Medicaid Health Choice – Network Services

5 Minutes

Unauthorized Marketplace Health Plan Enrollment for Medicaid Members

The Centers for Medicare and Medicaid Services (CMS) and Department of Health and Human Services (HHS) issued a warning regarding **unauthorized Federally-Facilitated Marketplace (FFM) agent and broker fraud in the Health Insurance Marketplace.**

Contact Marketplace Call Center: 1.800.318.2596 (TTY: 1.855.889.4325).

This can happen to anyone and involves enrollment in a Marketplace insurance plan without their knowledge. It is happening across the nation to consumers who have other health insurance coverage such as an employer-sponsored plan, Marketplace coverage, and Medicaid. Unauthorized enrollment for Medicaid members in a Marketplace health insurance plan can cause confusion, issues in accessing care, delays in receiving medical services, and unnecessary costs to members.

One key consideration is that Medicaid will become the secondary payor. Additionally, the member will not be eligible for Marketplace savings (i.e., subsidies) to help make a Marketplace plan more affordable. For these reasons, HHS encourages Marketplace members to end Marketplace coverage if they qualify for Medicaid. See if you qualify for AHCCCS by visiting: https://www.azahcccs.gov/Members/GetCovered/

Suspect Fraud? Contact the Marketplace Call Center: 1.800.318.2596 (TTY: 1.855.889.4325).

Warning Signs of Marketplace Fraud

- **Offering cash, gifts, or other perks, to enroll you in Marketplace or "Obamacare" insurance.** Federal authorities advise that you should never share your information with anyone offering cash, gifts, or other perks. The information you share could be used without your consent.
- **Requesting personal information when you did not contact them to try to steal your identity.** No one from the government will call or email you to sell an insurance plan or ask for personal identifying information. Be careful when giving out personal information (credit card, banking, or Social Security numbers).
- **Threatening legal action if you do not sign up for a plan.** High-pressure visits, mail solicitations, emails, and phone calls from people pretending to work for the government. Always ask for identification if someone comes to your door.
- **Sham websites.** Always look for official government seals, logos, or website addresses that end in ".gov."

CMS.gov

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Alert: Unauthorized Agent and Broker Activity on ACA Marketplace

The Health Insurance Marketplace is seeing an increase in suspicious activity by some agents and brokers selling Marketplace coverage. This may include signing you up for coverage without your knowledge or switching you out of a plan you already have and into a new one.

Agents and Brokers are individuals and organizations that help enroll consumers in coverage and also get payments from insurance plans.

What you need to know to protect yourself

- Agents and brokers **must get your permission** when signing you up or making changes to your insurance plan.
- Health insurance ads on social media or elsewhere that offer you cash, gifts, or other perks, could be a scam. Don't give out personal information that might be used without your consent.
- Use trusted, official sources to find legitimate help comparing and enrolling in Marketplace insurance. Go to "find local help" on HealthCare.gov or **call the Marketplace Call Center at 1-800-318-2596** to find help in your area.

What to do if you suspect changes were made on your account

- You may discover a potential problem with your coverage when you get mail or a call, or visit the doctor and try to use your insurance.
- If you believe you were enrolled in or switched to a plan without your knowledge, call the **Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)** so our official Marketplace representatives can resolve any coverage issues. Wait times are low and a representative will be able to help answer your questions.

How the Marketplace can help

If the Marketplace representatives determine you have been enrolled or had your plan switched without your knowledge, our representatives can work with your insurer and the Internal Revenue Service (IRS) to:

- Make sure the unauthorized plan is cancelled
- Make sure you're reenrolled in a plan that you choose
- Have inaccurate costs repaid to you
- Get corrected tax forms

Update Arizona Health Care Cost Containment System (“AHCCCS”) its: Minimum Subcontract Provisions (“MSPs”)

Charlotte Whitmore – VP Medicaid Health Choice – Network Services

Minimum Subcontract Provisions ("MSPs"): Off-Shore Performance of Work Prohibited

Effective 10/01/2021 End 09/30/2024

MSPs100121.pdf

18. OFF-SHORE PERFORMANCE OF WORK PROHIBITED
Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and involve access to secure or sensitive data or personal client data shall be performed within the defined territories within the borders of the United States. Unless specifically stated otherwise in specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by Subcontractors at all tiers.

Effective 10/01/2024

MSPs_100124.pdf

New requirement in Red Font

27. OFF-SHORE PERFORMANCE OF WORK PROHIBITED
Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and **involve access to secure or sensitive data or personal client data shall be performed within the defined territories within the borders of the United States.** No claims paid by the Contractor (**Health Choice**) to a network provider, out-of-network provider, Subcontractor, or financial institution located outside of the United States are considered in the development of actuarially sound capitation rates [42 CFR 438.602(i)]. ***The term "data" as it relates specifically to this paragraph: means recorded information, regardless of form or the media on which it may be recorded. The term may include technical data and computer software.***

The term does not include information incidental to contract administration, such as financial, administrative, cost or pricing, or management information.

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Understand the New Requirement and What To Do

- Conduct a thorough review of any potential off-shore activities or functions being performed for your organization by as subcontractor or an entity off-shore. If you are unsure, consult your legal counsel.
- Ensure all services involving access to secure, sensitive, or personal member/client data is performed within U.S.
- Review subcontractors to verify compliance with new AHCCCS requirement
- Eliminate off-shoring operations that violate the new AHCCCS requirement
- Train staff on Off-Shore Performance of Work Prohibited by AHCCCS
- Notify Health Choice and AHCCCS in writing of any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and involve access to secure or sensitive data or personal client data ***not*** performed within the defined territories within the borders of the United States.

AHCCCS Provider Enrollment
Phone: (602) 417-7670
Email: APEPtrainingQuestions@azahcccs.gov
Mail: AHCCCS Provider Enrollment
P.O. Box 25520, Mail Drop 8100
Phoenix, AZ 85002
Fax: 602 256-1474

BCBSAZ Health Choice
Medicaid Network Services
Email: ProviderConnect@azblue.com

Please include your TAX ID on your communication.

Providers and Group Billers must comply with all AHCCCS, Contractor Provider Manuals, and Policy Guidelines, including the AHCCCS Minimum Subcontract Provisions, all of which are incorporated in your contract with Health Choice Arizona, Inc.

Behavioral Health Covered Service Guide (CBHSG)

Robert Fleet
Manager, Medical Management • BH Medical Management

5 Minutes

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Behavioral Health Covered Service Guide (CBHSG)

- What is the Behavioral Health Covered Service Guide (CBHSG)?
- How to access the CBHSG. Medical Coding Resources and AHCCCS Same Day Disallow Table
- If you have questions you can forward to Robert.Fleet@azblue.com and he will forward to appropriate individuals in the organization to answer your questions.

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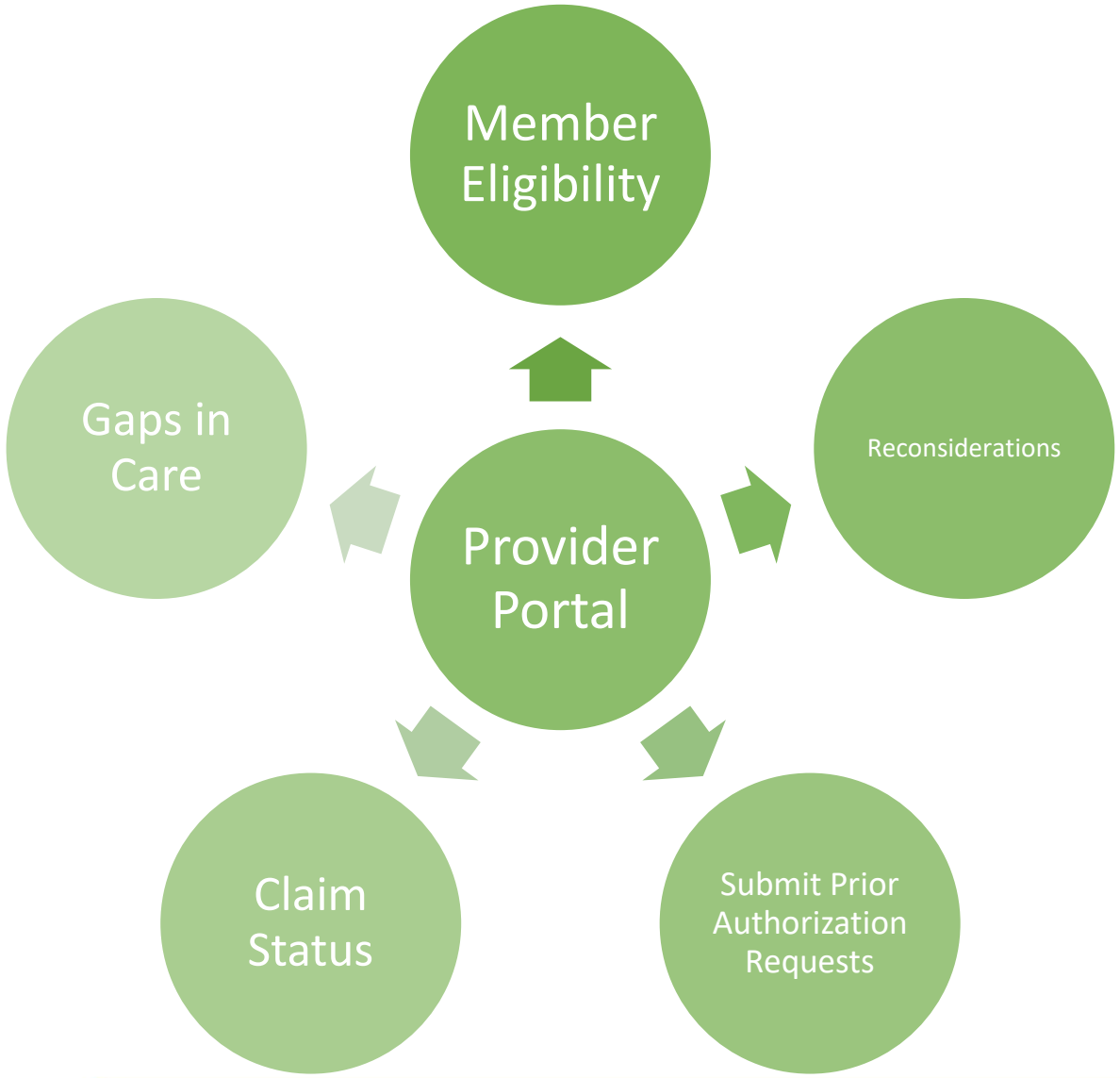
BCBSAZ Health Choice Provider Portal

Provider Portal View: Provider Resources



HOME ELIGIBILITY CLAIMS MEMBER ROSTER QUALITY PRIOR AUTHORIZATIONS DOCUMENTS LOG OFF

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Provider Resources

Please note that user Account passwords should NOT be shared between employees. Sharing passwords is prohibited. BCBSAZ Health Choice encourages the Prime Administrator Account holders to set up individual user accounts in order for individual employees to use. If you have any questions, please contact the Provider Portal Coordinator at 480-760-4651 or (800) 322-8670.

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

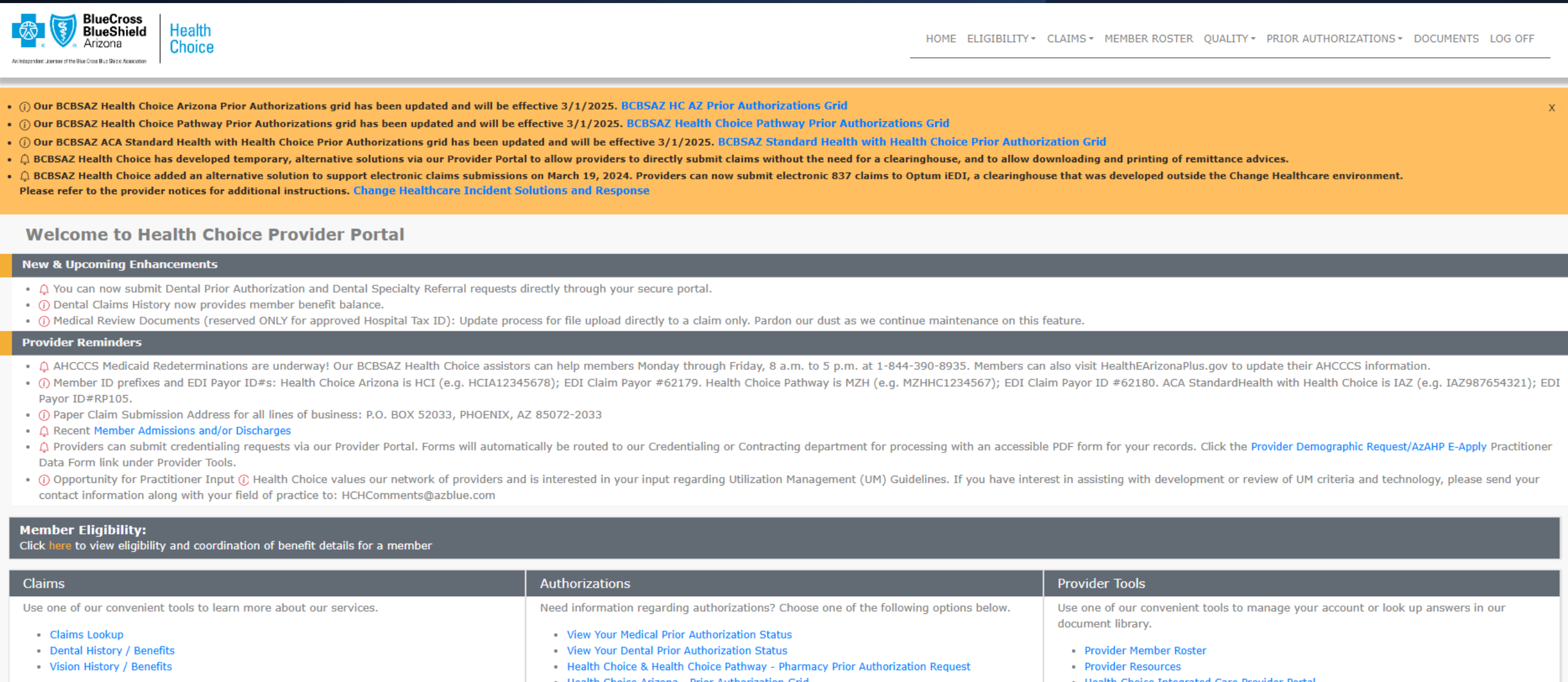
Prior Authorization Guidelines
- BCBSAZ Health Choice
- BCBSAZ Health Choice Pathway
- ACA StandardHealth with Health Choice

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

Secure Provider Portal: Home Screen



BCBSAZ Health Choice Websites & Provider Manual

BCBSAZ Health Choice Arizona – Medicaid

Website: https://www.azblue.com/health-choice-az

Provider Manual: https://www.azblue.com/health-choice-az/providers/provider-manual

BCBSAZ Health Choice Pathway – DSNP

Website: https://www.azblue.com/health-choice-pathway

Provider Manual: https://www.azblue.com/health-choice-pathway/providers/provider-manual

ACA StandardHealth with Health Choice

Website: https://www.azblue.com/aca-standardhealth-health-choice

Provider Manual: https://www.azblue.com/aca-standardhealth-health-choice/providers/provider-manual

Our Providers Manual also include samples of our Member ID Cards for each Line of Business (LOB)

Provider Resources & Education

Network Services

5 Minutes

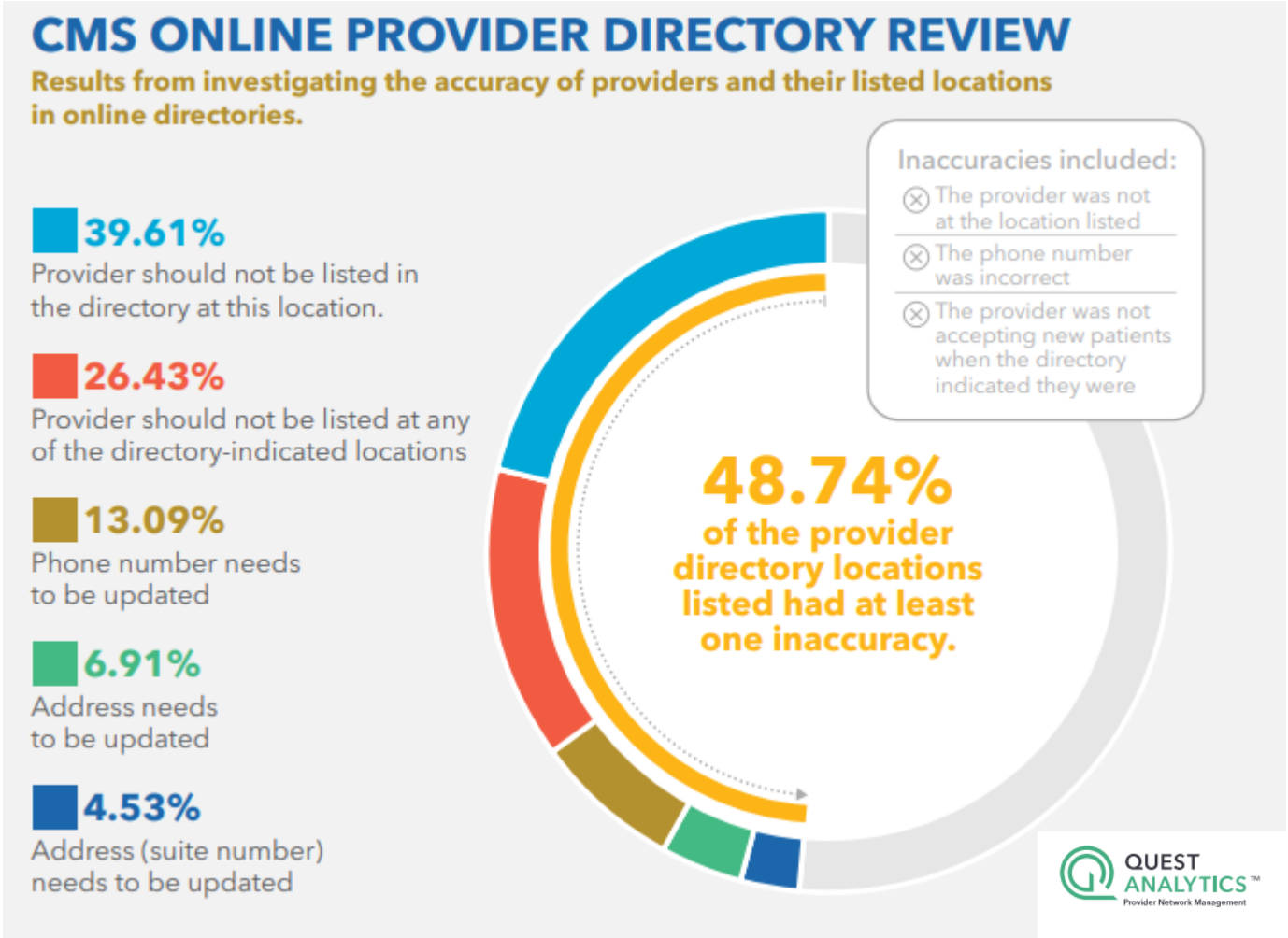
REMINDER: Provider Updates Matter

Best Practices

- Notify your Rep in writing at least 90 days prior to the effective date of change or as soon as possible

Inaccuracies Include

- Provider not at the location listed
- Incorrect phone number
- Provider was not accepting new patients when the directory indicated they were



Provider Manual Section 3.9 – Changes to Provider Information on File, ACOM 406, 42 CFR 438.10(h), NET 5

Provider Revalidation

A provider must revalidate enrollment of their provider id periodically to maintain Medicaid billing privileges. In general, providers are required to revalidate every four years. AHCCCS also reserves the right to request off-cycle revalidations.

As part of the revalidation process the provider is subject to the same screening and disclosures captured during the initial enrollment. Additionally, based on provider type the process could include an enrollment fee, site visit, and fingerprint criminal background check required as a part of the screening requirements.

Beginning November 2022, AHCCCS-Division of Member and Provider Services (DMPS) will begin notifying providers through the United States Postal Service mail who are required to revalidate their Medicaid id. The revalidation process will ascend over a 10-month period beginning in November 2022 through August 2023.

Provider Revalidation Dates Spreadsheet

Note: If you don't see your name on the provider spreadsheet no further action is required.

What AHCCCS Providers Need to Know:

- Any provider who has not completed the revalidation process in the AHCCCS Provider Enrollment Portal (APEP) will be listed on the Provider Revalidation Spreadsheet, receive written notification, and have 90 days (about 3 months) to apply.
- The notification will include a temporary 14-digit application id number required to access the provider file for the first time.
- Providers who fail to respond to the request could experience delays such as termination and/or loss of billing privileges, access to AHCCCS Online Portal which is required to view and submit claims and prior authorizations.
- Providers with questions, those who are no longer participating as a Medicaid provider, and those no longer employed with an organization, are asked to contact APEPTrainingQuestions@azahcccs.gov

How Providers Can Complete the Revalidation Process

To begin your revalidation application today, login to your Existing Providers: To access APEP Direct

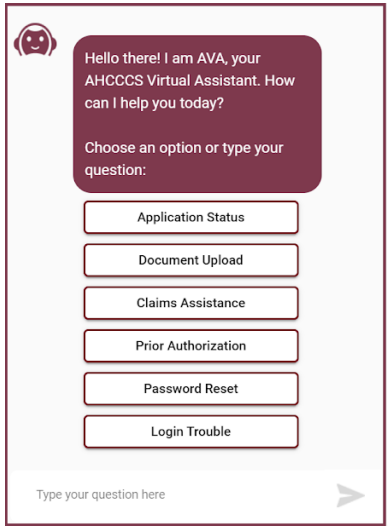
Below are step-by-step instructions designed to teach providers how to complete a revalidation using a 14-digit Application ID APEP.

For additional questions regarding how to troubleshoot through APEP to complete the revalidation application, contact APEPTrainingQuestions@azahcccs.gov or Provider Assistance (602)417-7670 option 5, include the provider name, NPI, and a brief description of the issue.

AHCCCS Resources:

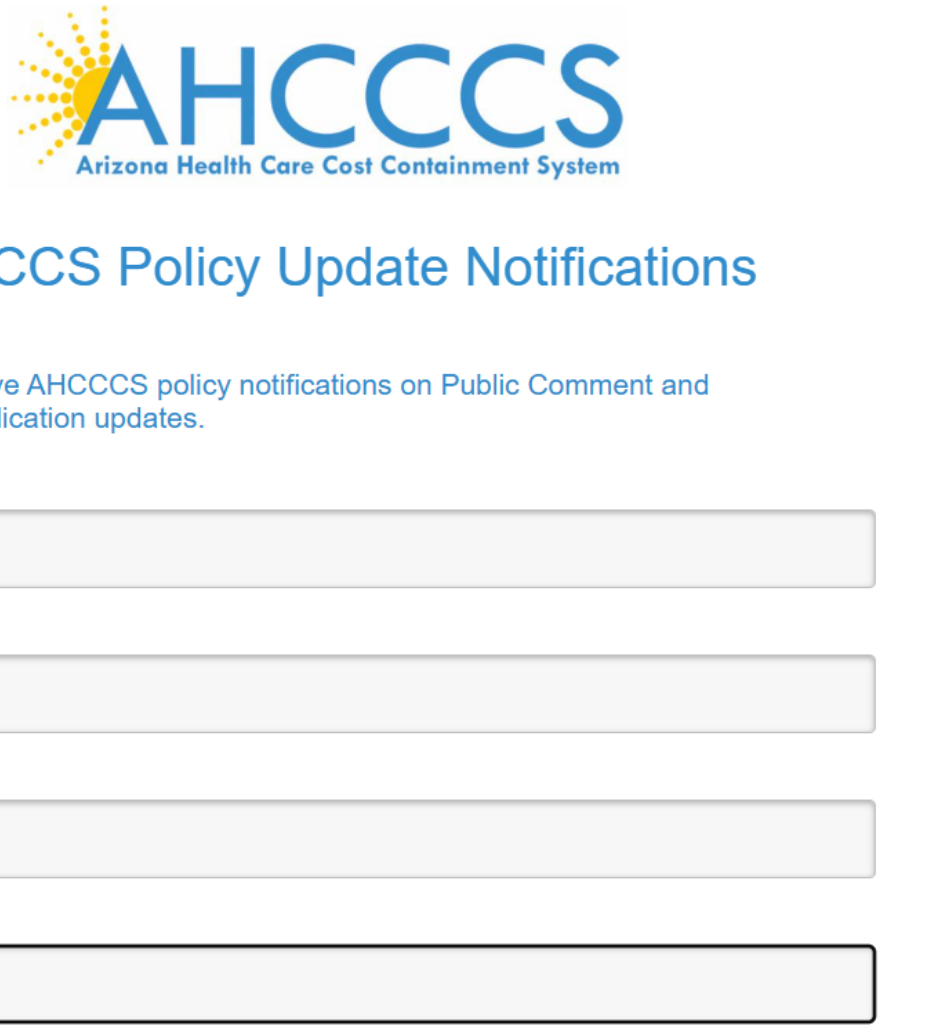
If the provider has questions about the process, they are encouraged to review resources on the AHCCCS website, www.azahcccs.gov/apep, which include:

- Domain access in APEP
- Provider FAQ
- Provider Chat Bot, AVA, located at the bottom right-hand corner https://chat.azahcccs.gov/



Stay Up To Date With AHCCCS Notifications

- AHCCCS Medical Policy Manual (AMPM)
- AHCCCS Contractors Operations Manual (ACOM)
- Medical Coding Resources & AHCCCS Encounters Resource
- Public Notices and Opportunities for Public Comment
- Behavioral Health Services Matrix, Guide, and Same Day Disallow Table
- AHCCCS News & Press Releases
- Visit the CMS website and subscribe to email updates for the latest information on Medicare and Marketplace enrollment, policies, benefits, etc.



REMINDER: Model of Care (MOC) Training & Attestation

BlueCross BlueShield Arizona
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Health Choice

BCBSAZ Health Choice Pathway 2025 Annual MOC training is available online!

Before May 31, 2025

All D-SNPs are required by the Centers for Medicare and Medicaid (CMS) to have a MOC. All BCBSAZ Health Choice staff, designated vendors, and contracted and non-contracted providers must complete basic training about the D-SNP Model of Care (MOC).

Visit our page to complete the required MOC Training and Attestation

Provider Education - BCBSAZ Health Choice Pathway

Claim Submissions

All providers are recommended to submit claims electronically. Electronic billing ensures efficiency, accuracy, timeliness of payments, ease of administrative burden, eliminates cost of sending paper claims, and reduces 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

Keep your records updated to prevent claim rejections, delays in payment, and/or returned payments.

Claim Submission Reminders

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- Do not staple documents or claims
- Attachments should indicate the claim numbers on each page

No Staple Required on Paper Claims

- Submit claims with the full and complete Prior Authorization number, <u>including leading zeros</u>

Prior Authorization Number

- Indicate which department your mail should be routed to

<u>Attention: SPECIFIC DEPARTMENT</u>
8220 N. 23rd Ave
Phoenix, AZ 85021

Sending Correspondence?

<u>Reminder</u>
Contracted providers located in contiguous counties to Arizona must submit claims directly to Health Choice

<u>Reminder</u>
Visit our website for updated Prior Authorization (PA) Grids

<u>Bordering Counties*</u>

CA: San Bernardino

NV: Clark, Lincoln

UT: Kane, Washington

CO: Montezuma

NM: San Juan, McKinley, Cibola, Catron, Grant, Hidalgo

*Subject to change.

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AHCCCS Policies, EPSDT Updates and DME Processes

Jennifer DeMaris RN, CCM
Manager, Integrated Care

5 Minutes

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AMPM Update and Overview – In Effect

AMPM Policy	Policy Name
1020	UTILIZATION MANAGEMENT
320-V	BEHAVIORAL HEALTH RESIDENTIAL FACILITIES
310-B	TITLE XIX XXI BEHAVIORAL HEALTH SERVICE BENEFIT
310 – II	GENETIC TESTING
320-M	MEDICAL MARIJUANA
610	AHCCCS PROVIDER QUALIFICATIONS
430	EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) SERVICES

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.

AMPM Update and Overview – Open for Comments

Policy	Policy Name
ACOM 417	APPOINTMENT AVAILABILITY, TRANSPORTATION TIMELINESS, MONITORING AND REPORTING
AMPM 963	PEER AND RECOVERY SUPPORT SERVICE PROVISION REQUIREMENTS
AMPM 964	CREDENTIALED FAMILY SUPPORT PARTNER REQUIREMENTS
AMPM EXHIBIT 1620-10	PERSON CENTERED SERVICE PLAN
AMPM 310-DD	COVERED TRANSPLANTS AND RELATED IMMUNOSUPPRESSANT MEDICATIONS
AMPM 310-FF	MONITORING CONTROLLED AND NON-CONTROLLED MEDICATION UTILIZATION
AMPM 320-P	ELIGIBILITY DETERMINATIONS FOR INDIVIDUALS WITH SED AND SMI
AMPM 680-C	PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)
AMPM 320-S	BEHAVIOR ANALYSIS SERVICES
AMPM 320-T2	NON-TITLE XIX/XXI SERVICES AND FUNDING (EXCLUDES BLOCK/DISCRETION GRANTS)

It is time for General Policy Comments. **Many of the AHCCCS AMPM Policies are currently open until 6/30/25 for public comment**. 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 – In Effect

AMPM Policy Name	Change/Highlights - excludes minor formatting, grammar or language clarification
AMPM POLICY 1020 - UTILIZATION MANAGEMENT (1/17/25)	Revised to align with 2024 Arizona Senate Bill 1609, amending ARS 36-2903.16. It includes requirements for discharge of a member with a designation of Serious Mental Illness (SMI) from inpatient behavioral health services
AMPM POLICY 320-V – BEHAVIORAL HEALTH RESIDENTIAL FACILITIES (1/14/25)	• Clarified requirements for prior and continued authorization for medically necessary services beyond the scope of the Behavioral Health Residential Facility (BHRF). • Prohibition in requiring members to change providers of choice as a condition of admission or continued participation in treatment. • Established minimum requirements. • Strengthened expectations for treatment planning. • Enhanced continued stay expectations and aligned discharge criteria. • Added Durable Medical Equipment (DME) and home health services as examples
AMPM POLICY 310-B – TITLE XIX XXI BEHAVIORAL HEALTH SERVICE BENEFIT (12/3/24)	• Behavioral Health Professionals (BHP)s are responsible for clinical care and treatment for members they are directly treating and the services and supports provided by Behavioral Health Technician (BHT)s and Behavioral Health Paraprofessionals (BHPP)s for whom the BHP is providing supervision or clinical care. • Therapeutic Foster Care is for children under Outpatient Residential Treatment Services
AMPM POLICY 310 – II - GENETIC TESTING (12/3/24)	• Aligned with AHCCCS State Plan Amendment (SPA) Rapid Whole Genome Sequencing Testing. • Added Rapid Genome coverage requirements in alignment with Arizona Senate Bill 1726. • Aligned Prior Authorization (PA) requirement

Policy Change Snapshot – In Effect

AMPM Policy Name	Change/Highlights - exclude minor formatting, grammar or language clarification
AMPM POLICY 320 – M – MEDICAL MARIJUANA (12/3/24)	Services related to the prescribing or provision are not covered under AHCCCS
AMPM POLICY 610 – AHCCCS PROVIDER QUALIFICATIONS (11/27/24)	Aligns with operational changes supporting AHCCCS' fraud, waste, and abuse prevention efforts. • Clarifying 24 hours is equivalent to one calendar day for submission timeframe of disclosable events. • Reporting timeframe to five business days to be less restrictive when a provider's owner becomes an owner with 5% or more ownership interest in another entity. • Modified submission timeframe requirements to AHCCCS Provider Enrollment Portal (APEP) to 30 calendar days for all non-adverse actions to be less restrictive. • Modified disclosure timeframe to be within five business days for actions taken by the licensing board that do not result in license closure or revocation to be less restrictive. • Frequency of employee's license to be verified every six months to be less restrictive. • AHCCCS has the discretion to deny or terminate a provider for enrolling as the wrong provider type

AMPM POLICY 430 – EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) SERVICES (11/15/24)	• Annual syphilis testing beginning at age 15 years old.
	• Additional blood lead levels for high-risk children through six years of age
	• Human donor milk as a covered service in certain circumstances.
	• Attachment C clarified Arizona Early Intervention Program (AzEIP) requirements and eligibility criteria.
	• Attachment E was revised to add:
	  ○ Height requirement of four feet and nine inches (4'9") for booster seats
	  ○ Syphilis testing for ages 15 and older.
	  ○ Application of fluoride varnish in a PCP's office every three months from ages six months up to five years of age

AMPM Open for Public Comment

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.

AMPM Policy	Change Highlights
General Policy Comments Due June 30th	• ACOM POLICY 417 – APPOINTMENT AVAILABILITY, TRANSPORTATION TIMELINESS, MONITORING AND REPORTING • AMPM POLICY 963 - PEER AND RECOVERY SUPPORT SERVICE PROVISION REQUIREMENTS • AMPM POLICY 964 – CREDENTIALED FAMILY SUPPORT PARTNER REQUIREMENTS • AMPM EXHIBIT 1620-10 PERSON CENTERED SERVICE PLAN • AMPM POLICY 310-DD – COVERED TRANSPLANTS AND RELATED IMMUNOSUPPRESSANT MEDICATIONS • AMPM POLICY 310-FF – MONITORING CONTROLLED AND NON-CONTROLLED MEDICATION UTILIZATION • AMPM POLICY 320-P – ELIGIBILITY DETERMINATIONS FOR INDIVIDUALS WITH SED AND SMI • AMPM POLICY 680-C – PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR) • AMPM POLICY 320-S – BEHAVIOR ANALYSIS SERVICES • AMPM POLICY 320-T2 – NON-TITLE XOX/XXO SERVICES AND FUNDING (EXCLUDES BLOCK/DISCRETION GRANTS)

EPSDT Visits and Forms AMPM 430

Services are provided in compliance with AHCCCS EPSDT and Dental Periodicity Schedules Attachment A and AMPM Policy 431, Attachment A. Covered services include:

- Comprehensive health and developmental history which includes physical, nutritional and behavioral assessments
- Nutritional screening is provided by a PCP
- Nutritional assessments provided by a PCP **(separately billable)** or by a registered dietician as ordered by a PCP
- Behavioral health screenings which include postpartum depression, adolescent suicide, adolescent substance use disorder
- Developmental surveillance
- Developmental screening **(separately billable)** using the most up-to-date tool. General Developmental at 18 months and 24 months (includes ASD specific screening)
- Comprehensive physical examination
- Immunizations (**under 19 qualifies VFC programs**)
- Laboratory tests – anemia/sickle cell, blood lead level (12, 24 months; those 24 months to 6 years with no previous testing, additional screening if high risk using ADHS Parent Questionnaire), and syphilis >15 years. Order cholesterol and glucose testing for adolescents on antipsychotics
- Health education
- Oral screening
- Vision screening
- Hearing screening
- Tuberculosis (TB) Screening

EPSDT Things to Remember

- A “sick visit” can be performed at the same time as a well-child visit if:
  - An abnormality is encountered, or a preexisting problem is addressed in the process of performing an EPSDT service and the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented Evaluation and Management (E/M) service, and/or
  - The “sick visit” is documented on a separate note in the medical record.
- In-office capillary blood draws utilizing validated Clinical Laboratory Improvement Amendments (CLIA) waived testing equipment will be covered for in-network point of care EPSDT visits
- Most frequently missed question? The Verbal Lead Risk Assessment for members 6 months to 6 years
- Need forms? They can be found here: AHCCCS Early and Periodic Screening, Diagnostic and Treatment Clinical Sample Templates or ordered through us EPSDT Request Clinical Sample Template!
- Forms can be submitted via:
  - Email: HCHEPSDTCHEC@azblue.com OR
  - Fax: (480) 760-4716
- Please remember to include the child’s ID number (AHCCCS or HC) and your NPI
- Patient missed a visit? Submit weekly via log – we’ll help contact them for you!
  - Missed Medical Appointment Log
  - Missed Dental Appointment Log

DME Ordering Process

- We have expanded our DME provider network. Some new providers include:
  - Arizona Vascular Medical Equipment – compression devices/SCDs
  - Aveanna/Option 1 – non-WIC formula and enteral nutrition, incontinence supplies
  - MedOne – breast pumps, orthotics, incontinence supplies, augmentative communication devices
  - Rotech – respiratory supplies, standard wheelchairs, walkers, discharge items

Top DME Requests

- Oxygen
  - Concentrator
    - Portable
    - Wall
  - Tanks
  - Portable units
  - CPAP/BiPAP
- Mobility Devices
  - Walker
  - Seated walker
  - Wheelchair
  - Scooter/Personal mobility device (PMD)
  - Power Wheelchair

Ordering Oxygen

Common issues:

- Oxygen
  - Submitting clinical documentation to meet criteria for oxygen
    - Sats <88 room air
    - Must have a street address (not PO Box)
  - Incomplete prescription, ie. Continuous O2, O2 as needed, nighttime O2
  - Standard item is a wall concentrator (home) and O2 tanks (portable)
    - Additional documentation for portable or “mini” systems (may need a certain usage rate or duration)
    - 2 portable types are not permitted
  - Not identifying limits of equipment
    - Portable typically up to 3 liters per minute
  - CPAP/BIPAP
    - Need recent sleep study
    - New machine no more than every 5 years

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Ordering Mobility Devices

Common issues:

- Order the piece of equipment that maximizes the member's functional ability within the home.
  - If the member can walk, a walker should be ordered.
    - Consider seated walker for longer distance, those who tire easily or equipment usage such as O2
  - If mobility is more limited, scale equipment to match their needs, such as a manual wheelchair, then scooter.
  - Only members with high levels of incapacitation may be eligible for a power wheelchair
  - A member may NOT receive both a walker for home and a wheelchair or scooter for community
- Incomplete prescription
  - Member is new to wheelchair level of support request an EVAL
    - This will determine the appropriate support based on the level of need
    - Once the eval has been completed, order the device which best supports member
  - Member with a mobility device
    - Is it a replacement? Wheelchairs are eligible for replacement every 5 years
    - Is it a repair?
      - Within one year under warranty
      - Under 5 years, request a repair work order
      - Over 5 years, weigh repairs needed with potential long term use
- Incomplete referral/prior authorization for devices beyond manual wheelchair
  - Recent face to face encounter
  - 7 element written order
  - Home evaluation
  - Documentation as to why less supportive equipment is not appropriate
  - Clinical documentation which supports the requested equipment

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Questions?

Email us at ProviderConnect@azblue.com

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