

# Chapter 1:

## Introduction to BCBSAZ ACA StandardHealth with Health Choice

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### 1.0 INTRODUCTION

Thank you for choosing ACA StandardHealth with Health Choice!

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

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

ACA StandardHealth with Health Choice serves seven Arizona counties: Coconino, Gila, Maricopa, Mohave, Pima, Pinal, and Santa Cruz.

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

### 1.1 OVERVIEW

This manual is designed to provide basic information about the administration of the ACA StandardHealth with Health Choice line of business. Details within this manual are intended to furnish providers and their staff with information and guidance regarding covered services and claim submission requirements. This provider manual is an extension of the BCBSAZ Health Choice, Inc. Service Agreement, executed by the participating provider. Compliance with processes and procedures outlined in the provider manual is considered part of your contractual obligation as a participating healthcare provider.

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

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

However, office staff and billers of providers should also become familiar with the requirements for member eligibility and enrollment, prior authorization requirements, claims submissions, billing policies and procedures.

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

*All BCBSAZ Health Choice Providers who participate in the ACA StandardHealth with Health Choice line of business are subject to the same responsibilities and rules under the U.S. Department of Health and Human Services Affordable Care Act and Centers for Medicare and Medicaid Services (CMS) Qualified Health Plan (QHP). As defined in the Affordable Care Act (ACA), a QHP is an insurance plan that is certified by the Health Insurance Marketplace, provides [essential health benefits](#) (EHBs), follows established limits on cost sharing, and meets other requirements outlined within the application process.*

*\*The ACA StandardHealth with Health Choice Provider Manual is available at <https://www.azblue.com/aca-standardhealth-health-choice>-> For Providers -> Provider Manual.*

Please take advantage of additional resources available online on the 'For Providers' tab of our website.

Note: Covered services, Cost Share, limitations, and exclusions described in this manual are global in nature and are included to offer general guidance to providers as it pertains to the administration of ACA StandardHealth with Health Choice

## **1.2 BCBSAZ HEALTH CHOICE NETWORK MANAGEMENT**

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

BCBSAZ Health Choice's network has been strategically developed to include contracted health care providers, facilitating our ability to meet or exceed the QHP minimum requirements ensuring member access to quality care and services through appointment availability and network adequacy by geographic service area. Our robust network includes a diverse selection of qualified primary care providers, specialists, hospitals, and ancillary providers who agree to accept and follow BCBSAZ Health Choice managed care policies and procedures. Contracted healthcare providers are required to coordinate care within the BCBSAZ Health Choice provider network for all members. This standard of practice enables us to monitor, evaluate and maintain our well-established network.

In the event a referral(s) is needed outside of the contracted network, prior authorization is required. Questions concerning the BCBSAZ Health Choice network should be directed to the attention of your Network Provider Performance Representative (PPR).

### **Provider Directory**

The BCBSAZ Health Choice Provider Directory for StandardHealth with Health Choice is a listing of primary care physicians, specialists, hospitals, urgent care centers, and other providers here to serve our members. The directory is updated often, please check our online search tool or call us if you need help finding a provider.

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

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

Our Network Services Department is staffed with qualified, experienced professionals who are dedicated to developing partnerships with providers and committed to providing personalized assistance such as staff orientation, education and training on claims or billing/coding issues, QHP standards, prior authorization requirements, and compliance matters. Our goal is to collaborate on innovative approaches to maximize effectiveness and efficiency and identify resources to help reduce administrative burden.

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

The Provider Performance Representatives are available to assist you with your questions or requests and respond within 3 business days. Please do not hesitate to contact your Provider Performance Representative whenever necessary.

BCBSAZ Health Choice is committed to ensuring that you always have an open line of communication with us. If you feel your concerns are not being met in a timely fashion, or to your satisfaction, please refer to our Provider Escalation Process, [https://assets.azblue.com/m/3af6d5b58bba78c3/original/1347114-23-Provider-Escalation-Flyer\\_V4.pdf](https://assets.azblue.com/m/3af6d5b58bba78c3/original/1347114-23-Provider-Escalation-Flyer_V4.pdf)

to contact our Network Services Team.

### **1.3 PROVIDER REIMBURSEMENT**

The provider's primary role is to render medically necessary services to StandardHealth with Health Choice members. Prior to rendering or billing for services, the provider must be Contracted and Credentialed with BCBSAZ Health Choice and have received a copy of the fully executed Health Choice Arizona Inc. Provider Services Agreement and Credentialing approval.

The providers' written contract language identifies the specific rates and/or fee schedule to which a provider is reimbursed for the ACA Plan (StandardHealth with Health Choice).

Fee schedules can be located at:

- Arizona Medicaid (AHCCCS) - [Fee-For-Service \(azahcccs.gov\)](https://www.azahcccs.gov)
- Medicare – Arizona Noridian - [Fee Schedules - JF Part B - Noridian \(noridianmedicare.com\)](https://www.noridianmedicare.com)

In the event there is not a published rate, the reimbursement rate will be determined by the following: Arizona State Medicaid (AHCCCS Administration) or Medicare published rate. If there is not a published allowable payment rate from either government entity, then the default shall be Health Choice's policy (refer to "By Report" ("BR") section below).

“By Report” or “BR” indicates that a procedure is not assigned a specific rate and is reimbursed at a pre-determined percentage of the procedure’s billed charge. BCBSAZ Health Choice reimburses contracted providers for “By Report” procedures at thirty percent (30%) of the procedure’s billed charge. “By Report” code(s) billed with charges above \$5000.00 are subject to medical/clinical review.

BCBSAZ Health Choice cannot reimburse members.

## 1.4 BCBSAZ HEALTH CHOICE SECURE PROVIDER PORTAL AND WEBSITE

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

The BCBSAZ Health Choice Provider Portal is designed with you in mind. Included in this site, and accessed through a secure portal, is patient data such as member eligibility, claims (history, reconsideration request), prior authorization submission requests and status, provider data management, and credentialing request (AzAHP). BCBSAZ Health Choice is streamlining your access to important information by offering a self-service option.

The Provider Portal gives you, the provider, greater control and more immediate acknowledgment and response times. Utilize the portal often and stay on the lookout for more enhanced features to come! Easy-to-follow portal training video(s) and other Provider Education resources are available under the ‘For Providers’ section of our websites by clicking ‘Provider Education’.

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

BCBSAZ Health Choice encourages providers to utilize our Provider Portal [Log in - Health Choice Provider Portal \(healthchoiceaz.com\)](https://healthchoiceaz.com).

The BCBSAZ Health Choice provider portal is specifically designed to streamline provider access to information and resources, while also serving as a valuable tool for locating health plan and provider-specific information which includes but is not limited to the following:

- **Member Eligibility Search** - is an on-line search utility for retrieving the eligibility information for StandardHealth with Health Choice members.
- **Prior Authorization (PA)** – gives providers access to check PA Guidelines, submit Medical PA requests and PA status.
  - Submit Medical PA requests
  - Submit Dental PA and Dental Specialty Referral Requests

- **Claim Status** – provides an on-line search whereby current information and status of provider's claims can be viewed. In addition, retrieval of dental and vision history by member ID.
  - Claim Reconsideration and Claim Disputes – Request for a claim to be reconsidered/reprocessed (individually or in bulk) or formally dispute a claim.
- **Provider Demographic Maintenance**
  - Submit demographic practice updates, practitioner additions/terminations.
  - Practitioner Credentialing submission (E-Apply feature, AzAHP).
    - Credentialing Portal Direct Access (\*for credentialing submission only, will not allow access to main portal features – claims, PA\*):
      - [Login - Health Choice Provider Portal \(healthchoiceaz.com\)](https://healthchoiceaz.com)
- **Provider Resources** – Use one of our convenient tools to manage your account (account management is only available for Prime Admin Account/Admin login) or look-up answers in our document library.
  - Provider Demographic Summary – submit a request to add/terminate a provider, update service location and more (E-Apply).
  - Provider Notices
  - Provider Interactive Courses
  - Provider Newsletters
- **Explanation of Benefits (EOB)** – BCBSAZ Health Choice provides a link from within the Provider Portal to allow providers to download a printable copy of their EOB in Adobe pdf format. For providers that do not have systems capable of automatically posting payments via the ERA but want the quick payment afforded by the EFT, a downloadable remit serves as an ideal complement. EOBs are made available for download the day following finalization. In order to access the downloadable EOB, follow these steps:
  1. Access the BCBSAZ Health Choice Secure Provider Portal at: [Log in - Health Choice Provider Portal \(healthchoiceaz.com\)](https://healthchoiceaz.com)
  2. Log in using the Tax ID, Email, and Password for the user's account.
  3. From the 'Home' screen, click on the 'Claims' tab along the top of the page.
  4. Adjudicated finalized claims will have an underlined hyper-link under the Claim Number. Clicking this link allows you to open or save a PDF file containing the EOB for not only that claim, but for all claims finalized that week.

Utilize various filters to narrow your search for claims to enhance your revenue claim reconciliation needs (subsequent pages are shown at the bottom of your screen).

Various 'Provider Resources' and forms are available within the portal as well as online by visiting our website: <https://www.azblue.com/aca-standardhealth-health-choice>, under the 'For Providers' section, including but not limited to:

- Prior Authorization Forms and Guidelines
- Care Management Referral Form
- Provider Notices
- Provider Education
  - Provider Newsletters
  - Interactive Provider Video Library

## 1.5 COVERAGE OF SERVICES – BASE BENEFIT BOOK

The ACA StandardHealth with Health Choice plan covers a wide range of services and items to help protect our members' health. The services and items covered include all those required by federal and state law. For specific operational process/requirements (i.e. Prior Authorization, Claim Submission, Care Management, Pharmacy), you will refer to the chapters of this provider manual.

The Benefit Book will provide guidance about the benefits that come with this health plan. There is a general definition of covered services and a description of each benefit. Some covered benefits are limited to a certain number of visits or items, or dollar amount. These limits are stated within each individual benefit description.

You'll also find a list of services that are not covered.

[Individual Member Guides | AZBlue](#)

<https://www.azblue.com/members/online-member-guide/individual-member-guides>

- [2024 Ste E Ind HMO ACA StndHlth w HC On Base Benefit Book CQ 25614 0124](#)
- [2024 Ste E Ind HMO ACA StndHlth w HC Off Base Benefit Book 25615 0124](#)

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

Coverage of services is subject to Standard Health with Health Choice and *U.S. Department of Health and Human Services Affordable Care Act* policies, and requirements, including, but not limited to:

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

This list is intended to provide basic information and is not intended to be an in-depth description of benefits. The covered services, limitations, Cost Share and exclusions described in this manual are global in nature and are included to offer general guidance to our providers.

Prior Authorization (PA) is a process by which BCBSAZ Health Choice determines in advance whether a service that requires prior approval will be covered, based on the initial information received. We work closely with your team to streamline and expedite PA by minimizing the number of procedures requiring PA. Many of the items on our abbreviated PA list ask for notification only. Refer to the chapter titled: *Authorizations and Notifications* for prior authorization requirements. StandardHealth with Health Choice offers preventive, acute, and behavioral health care services.

Toll-Free: **1-800-322-8670, TTY 711**  
Monday – Friday, 8 a.m. – 4:30 p.m. (except holidays).

[Resources | AZBlue](#)

<https://www.azblue.com/aca-standardhealth-health-choice/resources>

**For self-service options, please visit our provider portal:**

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