

# Chapter 1:

## Introduction to Blue Cross Blue Shield of Arizona Health Choice ACA StandardHealth with Health Choice (ACA Plan)

Reviewed/Revised: 9/1/24, 1/1/24, 5/25, 12/25

### 1.0 INTRODUCTION

Blue Cross Blue Shield of Arizona Health Choice's mission is to *Inspire Health and Make It Easy!* We advance the health and well-being of the communities we serve by connecting our members and patients to quality healthcare networks. We are committed to providing quality, cost-effective health care to ACA StandardHealth with Health Choice members.

At Blue Cross Blue Shield of Arizona 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
- 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 plan. Details within this manual are intended to furnish providers and their staff with information and guidance regarding the ACA Plan's covered services, and Plan administration requirements. This provider manual is an extension of the Blue Cross Blue Shield of Arizona ACA StandardHealth with Health Choice Chapter 1

Cross Blue Shield of Arizona Health Choice, Health Choice of Arizona, 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.

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 Blue Cross Blue Shield of Arizona 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). 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.

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 NETWORK MANAGEMENT**

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

Our provider network has been strategically developed to include contracted health care providers, facilitating our ability to meet or exceed the Qualified Health Plan (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 physicians (PCPs), nurse practitioners (NPs), Specialists, dentists, medical facilities, ancillary providers, pharmacies, behavioral health providers who agree to accept and follow the required managed care policies and procedures. Contracted healthcare providers are required to coordinate care within the in-network providers for all members. This standard of practice enables us to monitor, evaluate, and maintain our well-established network.

In the event a referral is needed to an out-of-network (OON) provider a prior authorization will be required. Questions concerning the provider network should be directed to the attention of your Provider Performance Representative (PPR).

### **Provider Directory**

The ACA StandardHealth with Health Choice Provider Directory includes a full listing of

contracted providers here to serve our members. The directory is updated often, please check the online search tool or call us if you need help finding a provider.

**Provider Directory:**

<https://www.azblue.com/find-a-doctor/browse-the-network>

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

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

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

The Provider Performance Representatives are available to assist you with your questions or requests and is available to assist you with your questions and requests. Our service delivery standards are to acknowledge and respond within 3 business days to provider inquiries. Please do not hesitate to contact your PPR whenever necessary.

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

Blue Cross Blue Shield of Arizona Health Choice is committed to ensuring that you always have an open line of communication with us. If you feel your concerns are not being met in a timely fashion, or to your satisfaction, please refer to our Provider Escalation Process, Exhibit 1.1: Provider Escalation Notice, or you may email directly to: [hchaznetworkleadership@azblue.com](mailto:hchaznetworkleadership@azblue.com)

### **1.3 PROVIDER REIMBURSEMENT**

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

**Please note:** Credentialing and Network Contracting are two separate processes. There must be an Executed Agreement, as well as a completed credentialing event before a practitioner or facility can provide services to ACA Standard Health with Health Choice members. Our

credentialing department sends initial approval letters informing you of each practitioner or facility credentialed with us. You may also see the list of credentialed providers in the secure provider portal.

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

Fee schedules can be located at:

- Arizona Medicaid (AHCCCS) - [Fee-For-Service \(azahcccs.gov\)](http://azahcccs.gov)
- Medicare – Arizona Noridian - [Fee Schedules - JF Part B - Noridian \(noridianmedicare.com\)](http://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. Blue Cross Blue Shield of Arizona Health Choice reimburses contracted providers for "By Report" procedures at thirty percent (30%) of the procedure's billed charge. "By Report" code(s) billed with charges above \$5,000.00 are subject to medical/clinical review.

Blue Cross Blue Shield of Arizona Health Choice cannot reimburse ACA StandardHealth with Health Choice members.

## 1.4 PROVIDER PORTAL AND WEBSITE

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

The Blue Cross Blue Shield of Arizona Health Choice Secure Provider Portal is designed with you in mind. Included in this site and accessed through a secure log in, patient data such as member eligibility, claims resources, prior authorizations, provider data management, and credentialing request (AzAHP). We are streamlining your access to important information by offering these self-service options.

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

### Provider Portal Login:

<https://providerportal.healthchoiceaz.com/Account/Login?ReturnUrl=%2f>

The Secure Provider Portal streamlines the provider's access to information and resources, while also serving as a valuable tool for locating health plan and provider-specific information which includes but is not limited to the following:

- **Member Eligibility** - is an on-line search utility for retrieving the eligibility information for ACA StandardHealth with Health Choice members. You can get information such as:
  - Member effective dates
  - Out of pocket remaining amounts
  - If a member is in a Grace Period
- **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
  - Submit online Pharmacy PA requests
- **Claims (Status, Reconsiderations, Dispute/Appeal)** - provides an online search whereby current information and status of provider 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** – self-service option to update demographic information.
  - Submit demographic practice updates, practitioner additions, and terminations.
  - Practitioner Credentialing submission (E-Apply feature, AzAHP).
- **Provider Resources** – Use one of our convenient tools to manage your account (account management is only available for Prime Admin Account/Admin login) or look-up answers in our document library.
  - Provider Performance Representative (PPR) Name and email address
  - Provider Notices
  - Credentialed Provider Roster
  - PCP Member Assignment Roster
  - Provider Interactive Courses
  - Provider Newsletters
  - Links to External ACA Standard Health with Health Choice tools
- **Explanation of Benefits (EOB)** – Download printable EOBS in Adobe pdf format. For electronic posting of payments, the 835 electronic information can be downloaded for electronic posting of payments. In order to access the downloadable EOB, follow these steps:
  1. Access the 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 'Documents' tab. Paper EOBs and 835 Electronic Remittance Advice are available here. These are listed from the newest to the oldest.
4. To obtain the Paper EOB or electronic data, click the blue link and download the information.
5. To find a specific EOB, you will need the check number and paid date for the claim. Find the check number and paid date from the 'Claims' tab. From the 'Home' screen, click on the 'Claims' tab along the top of the page (select View All Claims from the drop down). Locate the check number and paid date from the claim in question.
6. Click on the 'Documents' tab. The remit will have the date of the EOB/ERA (YYYYMMDD) followed by the check number. The upload date is usually one to two days prior to the date on the EOB/ERA.
7. Clicking this link allows you to open or save a PDF file containing the EOB/ERA for not only that claim, but for all claims adjudicated on that check.

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

### **ACA StandardHealth with Health Choice Website**

The Blue Cross Blue Shield of Arizona Health Choice Website includes valuable information and resources for Providers to manage their patients. The various 'Provider Resources' and Forms are available within the secure provider portal as well as online by visiting our website <https://www.azblue.com/aca-standardhealth-health-choice>, under the 'For Providers' section, includes Education and Resources:

- Provider Overview & Joining our Network
- Provider Portal
- Provider Manual
- Provider Notices
- Prior Authorization Guidelines
- Forms
- Care Management Referral Form
- Provider Education
  - Provider Newsletters
  - Interactive Provider Video Library
- Prescription Drugs
- Dental
- Cultural Competency
- Claims
- Fraud, Waste & Abuse

## 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 Member 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>

- HCS\_2026 Ste E Ind HMO ACA StndHlth w HC Off Base Benefit Book 25615 0126
- HCS\_2026 Ste E Ind HMO ACA StndHlth w HC On Base Benefit Book CQ 25614 0126

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.

Prior Authorization is a process by which we determine in advance whether a service that is covered requires prior approval based on the initial information received. Consult the Prior Authorization Grids for codes that require Prior Authorization.

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 Blue Cross Blue Shield of Arizona Health Choice determines in advance whether a service that requires prior approval will be approved, 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.

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>

Here is additional contact information for Provider Services:

ACA Standard Health with Health Choice

1-480-968-6866 or 1-800-322-8670

Monday – Friday, 8 a.m. – 4:30 p.m.

For Technical Support: 480-760-4651

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

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

[Log in - Health Choice Provider Portal \(healthchoiceaz.com\)](https://healthchoiceaz.com)