ACA StandardHealth with Health Choice 2024 End of Year Provider Forums

October 9, 2024 – Flagstaff
November 13, 2024 – Mohave
Pima – Canceled

Zoom Recording:
https://azblue.zoom.us/rec/share/ZngfVxe_F1qMb3hkLzJdNz_lr9WS2a6aQ8-fZKlE8Qqc0_iKU9LCFHVHsObF_hqd.rDr-z4gmNbr-a8sJ?startTime=1728498491000

Agenda

1. Welcome
   Charlotte Whitmore, VP Network Services — 2 minutes

2. ACA StandardHealth with Health Choice (ACA SH HC) Contracting — 10 minutes
   Aimee Perez, Director Contracting

3. Clinical and Integrated Health Updates — 15 minutes
   - Integrated Care Management

   Jennifer DeMaris, Manager Integrated Care Management

4. Provider Resources — 20 minutes
   - ACA SH HC Plan
   - Member Benefits
   - Reimbursement Services
   - Prior Authorization, Inpatient Notification, Radiology
   - Additional Provider Resources

   Jadelyn Fields, Manager Network Operations & Provider Educator

5. Q and A — 10 minutes

ACA StandardHealth with Health Choice Contracting

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Contracting Key Points

Together we make a network!

Your contract includes Participation in all Health Benefit Plans offered by Health Choice:

- ✓ Arizona Medicaid Programs as awarded
- ✓ Medicare Advantage-Special Needs Plan
- ✓ Affordable Care Act (ACA) Plan "ACA StandardHealth with Health Choice" Effective January 1, 2024

Key Things To Know!

- Continuing Care Period – minimum of 90-days following the end date or earlier date that the Member no longer qualifies as a Continuing Care Patient
- Regulatory Requirement 42 USC 300gg-138

We Value Your Partnership!

- ❖ This ACA Plan is attractive to Individuals subject to Medicaid Redetermination
- ❖ Affordable, Low-Cost Premiums for Individuals who were accustomed to a Medicaid health plan
- ❖ Familiar to former Health Choice and other AHCCCS health plan members

Important timeframes

- Provide written notice by March 1st , to end on January 1st of following year
- prior to October 1st, through the end of the calendar year
- after October 1st, through the end of the first quarter of the following calendar year

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Health Choice

Integrated Care Management

Presented by: Jennifer DeMaris

Introduction and Overview

- Integrated Care Management (ICM): collaborative process designed to promote health, preventative wellness and continuity of care by assessing, planning, implementing, coordinating, monitoring, and evaluating care options and services available to our members through plan and community resources.
- Support members from birth to death for physical and mental health. Our team of Integrated Care Managers ensure members receive the necessary care and services to achieve optimal health outcomes for members
- The goal is to meet individuals' health care needs while promoting quality, cost-effective outcomes.
- We do this through direct member contact, collaboration with internal and external partners and community resources

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Helping Members Stay Healthy

We explain all the benefits available under the plan.

We provide education regarding new or chronic conditions; preventative measures members can take and how to prepare for getting older

We can remind about scheduling annual visits or completing preventative screenings.

We can connect to community resources that can help with food, utilities, lodging, housing and employment

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Care Management Can Help

Collaborative Approach:

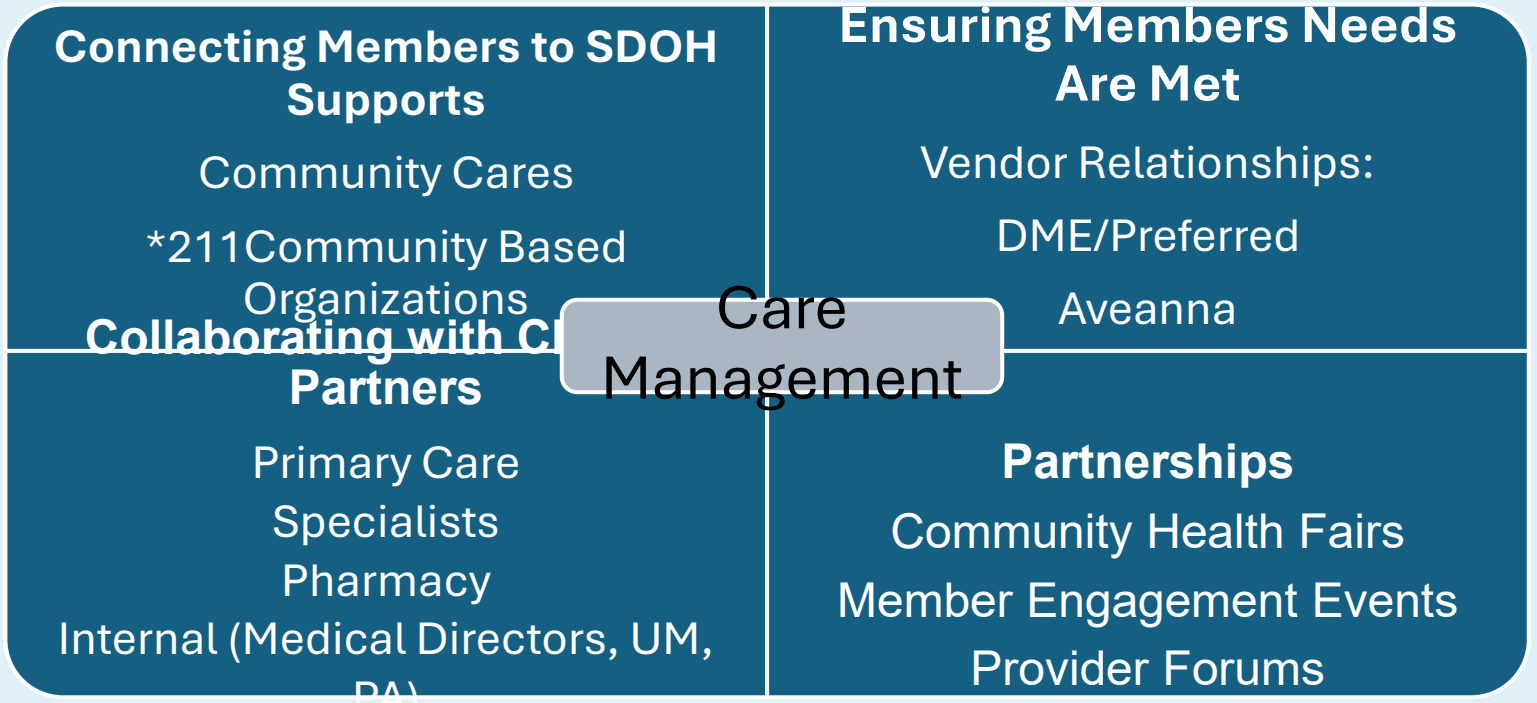
- Your care manager will work closely with you, your family or loved one, your provider(s) and community supports

Services Provided:

- **Comprehensive Care Coordination**
  - Collaborate with your providers (physical/behavioral) providers to ensure seamless communication and continuity of care
- **Care Plan or Treatment Plan Collaboration**
  - Gain clarity on your treatment options and make an informed decision
- **Resource Identification**
  - Help in finding resources tailored to your specific needs (e.g., food, housing, and clothing)
- **Support and Education**
  - Increase your knowledge and access to tools for managing your health
  - Feel more confident in getting assistance from medical, behavioral and community providers
- **Personalized Advocacy**
  - Ensure your voice is heard and your unique needs are met
- **Medication Teaching**
  - Assistance in understanding your medication(s)

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Relationships (Internal/External)



Collaborative Coordination with Specialized Teams

TOC

Transition of Care

ED Diversion

Crisis

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Transitions of Care (TOC)

Provided to all members who have been admitted to a hospital/acute level of care

- Does NOT include Observation stays, ED/Urgent Care or Short Stay
- Program length: 30 days from date of discharge
- Goal: Connect to member as quickly as possible to prevent readmissions, ED or negative health outcomes
- Process:
  - Telephonic outreach attempt is done as within 24 hours from discharge
  - Confirm post discharge appointments
    - PCP/BH provider within 7 days of discharge
  - Identify and address any gaps in knowledge/care, service needs, and barriers:
    - DME
    - Caregiver/home assistance
    - Transportation
    - Medication
- Provide information back to PCP/BH provider such as:
  - DC Summary
  - Medication Reconciliation
  - Care Plan
- Refer to Care Management for any ongoing issues or extended support needed

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

ED Diversion Team

Identifying Causes and Reducing Repetitive ED Utilization

- Member Criteria: Individuals with 4 or more ED visits within 6 months
  - HIE – ED Alerts
  - CPR (Maricopa County)
  - Provider
- Program length: 6 months to a year
- Goal: Identify root cause for ED utilization and provide an alternative
  - Lack of or Unavailable PCP
    - Telehealth
    - Extended Hours
    - Mobile Providers
  - Unmet needs
    - SDOH
    - Specialist Referral
  - Identify and address any gaps in knowledge/care, service needs, and barriers:
    - Transportation
    - Medication
    - Partnership with available programs if applicable (such as Monogram, Helper Bees, Continuity Med for Pathway members)
- Provide information back to PCP/BH provider such as:
  - Barriers
  - Upcoming appointments
  - Care Plan (if appropriate)
- Refer to Care Management for any ongoing issues or extended support needed

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Crisis Team

Individuals with Crisis Involvement

- Member Criteria: Involvement with Crisis Support
  - Community Stabilization – referral from Mobile Team
  - ED
  - Specialty Care/Crisis Stabilization Unit
- Program length: 7 days from date of event
- Goal: Connect to member as quickly as possible to behavioral health services
  - Telephonic outreach attempt is done within 24 hours from discharge
  - If not previously receiving BH services coordinate intake or provide options to member
  - If receiving BH services, confirm post discharge appointments
    - PCP/BH provider within 7 days of discharge
  - Identify and address any gaps in knowledge/care, service needs, and barriers:
    - Transportation
    - Medication
- Provide information back to PCP/BH provider such as:
  - Crisis Summary (sent by Solari)
  - Upcoming appointments
  - Any referral to CM
- Refer to Care Management for any ongoing issues or extended support needed

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Provider Resources

Jadelyn Fields, Manager Network Operations & Provider Educator

An Independent Licensee of the Blue Cross Blue Shield Association

Health Choice

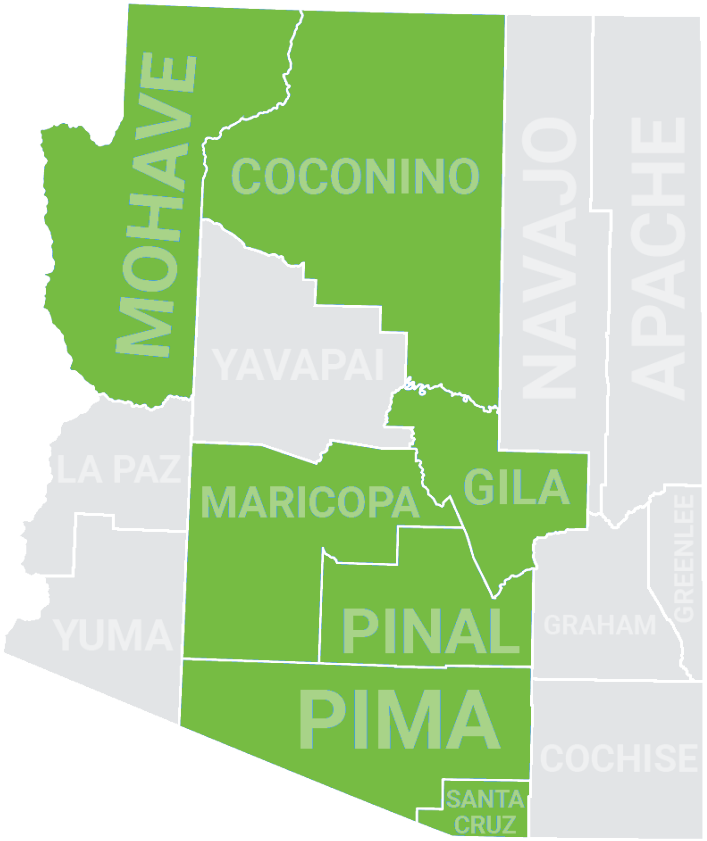
ACA StandardHealth with Health Choice Plan

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

2025 ACA StandardHealth with Health Choice plan

We paired our StandardHealth HMO plan with our Health Choice network to offer a unique plan in the market.

- Offering plan in 7 counties – expanding to Mohave County
- Deliver a lower premium plan
- Attract Health Choice members who are no longer eligible for Medicaid



BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

2025 ACA StandardHealth with Health Choice plan

This plan is ideal for those who:

- Are transitioning from a Health Choice plan and want to keep their same doctors
- Want added support and resources for chronic health conditions
- Prefer fixed costs for doctor and specialist visits and prescription drugs
- Need help coordinating care across multiple providers

		Cost-Share Reduction Plan Options (with financial help from the federal government)		
	ACA StandardHealth with Health Choice	ACA StandardHealth with Health Choice CSR		
	Silver	Silver 4	Silver 5	Silver 6
Deductible	$5,000	$3,000	$500	$0
Out-of-Pocket Maximum	$8,000	$6,400	$3,000	$2,000
Assignde PCP Required	Yes	Yes	Yes	Yes
Specialist Referral Required	Yes	Yes	Yes	Yes
Primary Care (PCP) Visit	$40	$40	$20	$0
Specialist Visit	$80	$80	$40	$10
Rx Tier 1 (Generic)	$20	$20	$10	$0

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

2025 ACA StandardHealth with Health Choice Key Overview - FAQ

Key Overview: ACA StandardHealth with Health Choice	
Plan Name	ACA StandardHealth with Health Choice
Network	ACA Health Choice Network
Member Prefix	IAZ (letters at the beginning of the member's ID)
Plan Type	This is a PCP-HMO ACA plan
Open-Access Plan	No
PCP Required	Yes
PCP Assignment Notification	Yes, member must be notified of PCP assignment and any changes to their assignment
Specialist Referrals Required	Yes, the referral information must be included on the specialist claim. Approvals for the referrals are not required. If the referral is not included on the claim the claim will be denied.
Types of Specialist Services Needing Referrals	Referrals are required for all non-emergency/urgent professional services provided in an office setting, except as noted in the member benefit book, including: •Cardiac and pulmonary rehabilitative and habilitative services •Chiropractic services •Obstetrics or gynecology services •Outpatient behavioral health services •Pediatric dental and vision services •Physical, occupational, speech, or cognitive therapy •Telehealth services provided by BlueCare Anywhere℠ •Urgent care/walk-in services
Specialist Referral Term	For services that require prior auth, the time frame for the referral will correspond with the time frame of the prior authorization. Other referrals are not restricted to a particular time frame.
Provider Covering Specialist Referral	Any provider in the same group and speciality (under the same tax ID) may perform services.
Eligible PCPs for Assigned PCP Requirement	Eligible PCPs include providers (M.D., D.O., N.P., P.A., or an OB-GYN provider during pregnancy) actively practicing in the specialties of family medicine, internal medicine, general practice, general pediatrics, or obstetrics and gynecology (for members during pregnancy).
Check Eligibility, Benefits and Claims Status	healthchoiceaz.com/providers/provider-portal
Medical Policies including Prior Authroization Requirements	healthchoiceaz.com/providers/pa-guidelines
Prior Authorization Forms	healthchoiceaz.com/providers/forms
Request Prior Authorization	Call 1-800-322-8670, fax at 1-877-422-8120 or submit online at healthchoiceaz.com/providers/provider-portal
Claim Submission	Use EDI RP105 to submit claims to Health Choice for this plan. If you are unable to submit claims electronically, you can mail them to: ACA Standard Health with Health Choice P.O. BOX 52033 PHOENIX, AZ 85072-2033
Service Reimbursement	Health Choice will reimburse you in the same way they currently reimburse you for other plans. Access remit statements through the Health Choice provider portal at healthchoiceaz.com/providers/provider-portal
Submit Appeals and Grievances	healthchoiceaz.com/providers/provider-portal
Plan Administrator	AZ Blue Health Choice
Contact Number	800-322-8670

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 BCBSAZ Health Choice Members. Our credentialing department sends initial approval letters informing you of each practitioner or facility credentialed with Health Choice.

Member Benefits

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

2025 Network Flyer & Open Enrollment Shoppers Guide

Plan Benefit Options

2025 ACA
dHealth with Heal

2024/2025 Benefit Plan Changes

Adobe Acrobat Document

Open Enrollment/Shoppers Guide

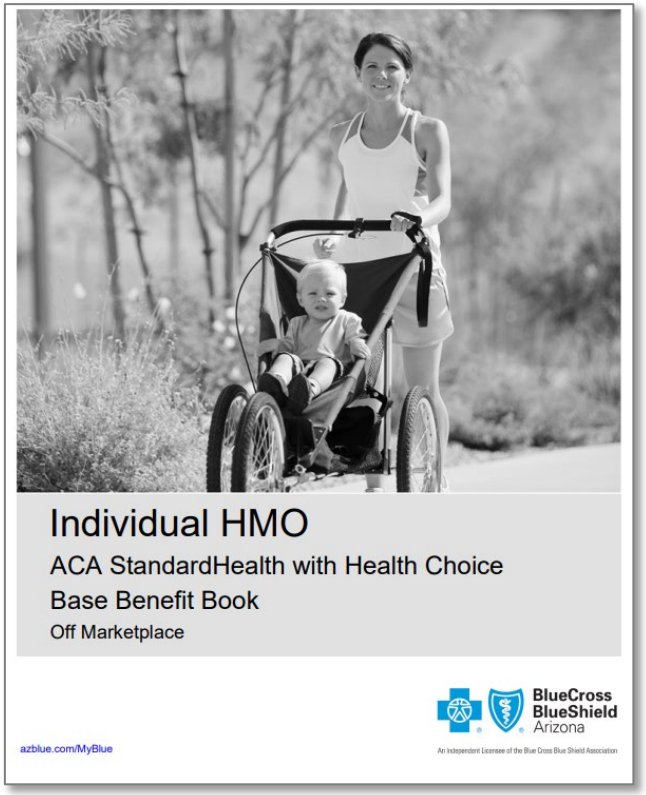
2025 Open Enrollment_Guide

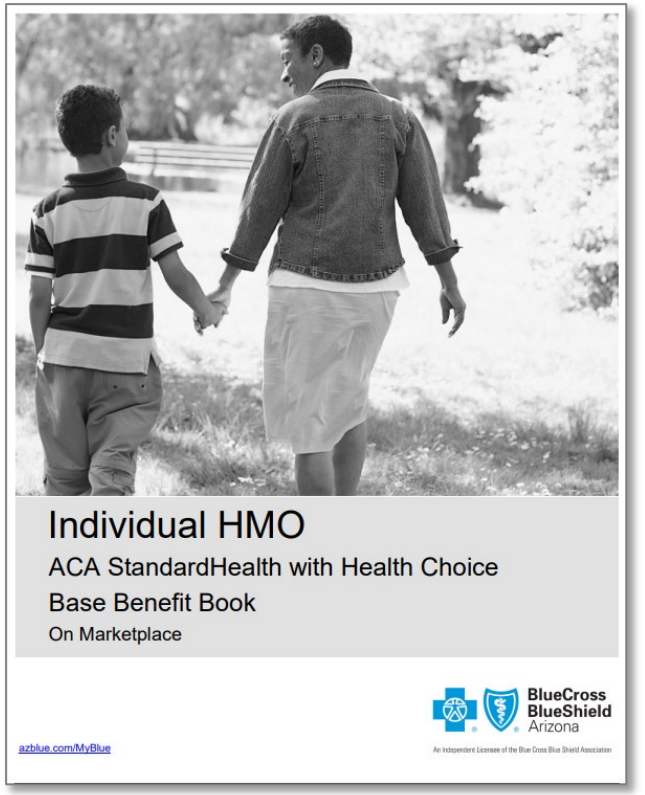
2025
Individual and Family
Affordable Care Act Health Plans

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Benefit Books





BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Member Benefit Book Differences

	On Exchange	Off Exchange
Description	Plans sold on the Federally Facilitated Marketplace	Plans sold direct by BCBSAZ
Eligibility of Benefits	Provisions will vary if administered by the FFM Advance Premium Tax Credit (APTC) and Cost Share Reduction (CSR) available	Provisions will vary if administered by BCBSAZ Advance Premium Tax Credit (APTC) and Cost Share Reduction (CSR) not available
Terms to Know	Includes subsidy terms	Doesn't include subsidy terms
Other Health Plan Details (Premium Due Date)	The 3-month grace period for premium payment applies only for On-FFM plans for persons getting APTC. For Off-FFM plans, and On-FFM plans with no APTC, BCBSAZ allows only a 31-day grace period.	For Off-FFM plans BCBSAZ allows only a 31-day grace period.

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Table of Contents

Detailed overview of covered services and what is not covered

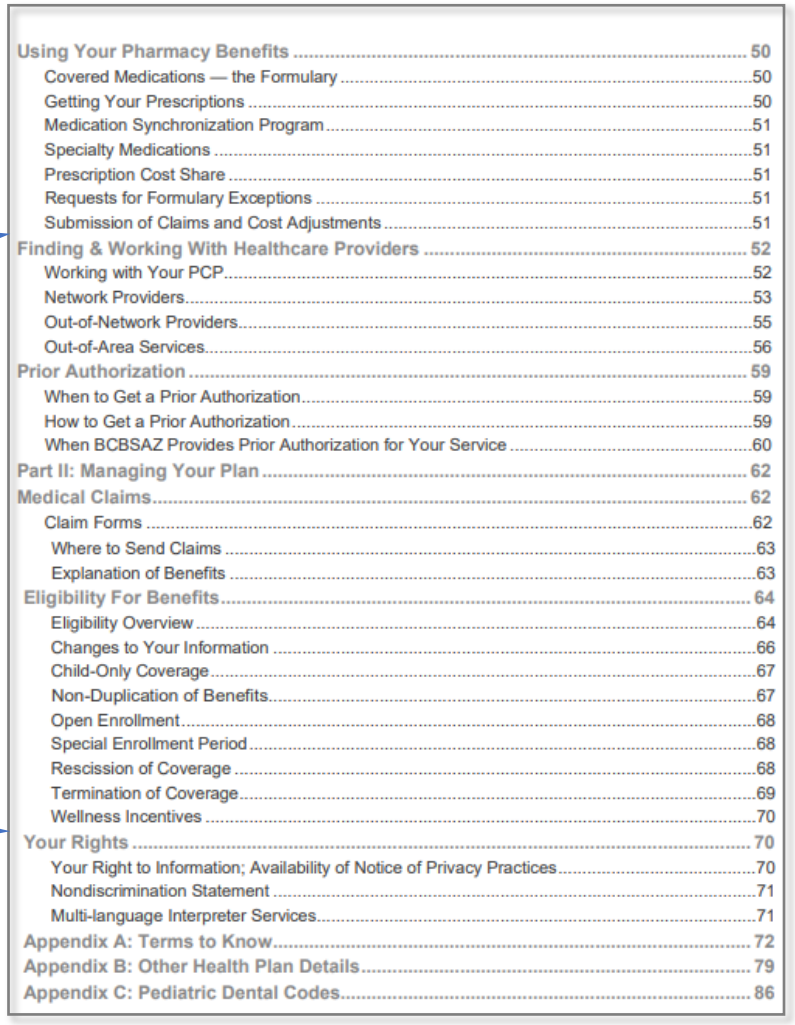
BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Table of Contents

Working with providers

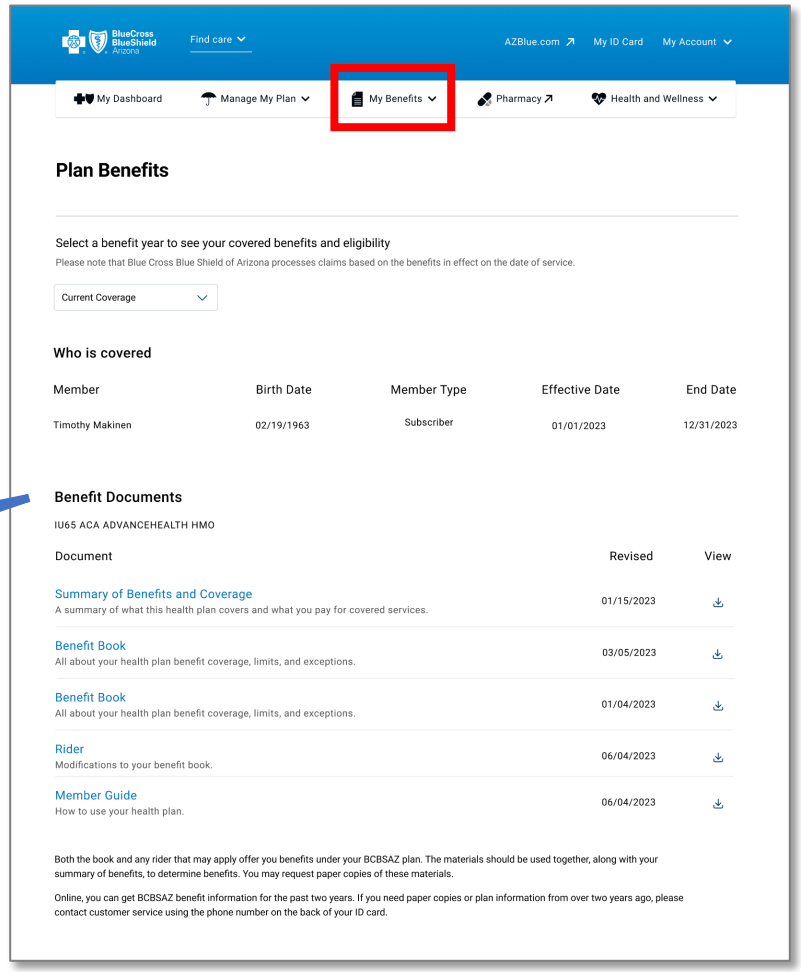
Member rights

Pediatric dental codes



BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Member Portal



Benefit documents

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Reimbursement Services

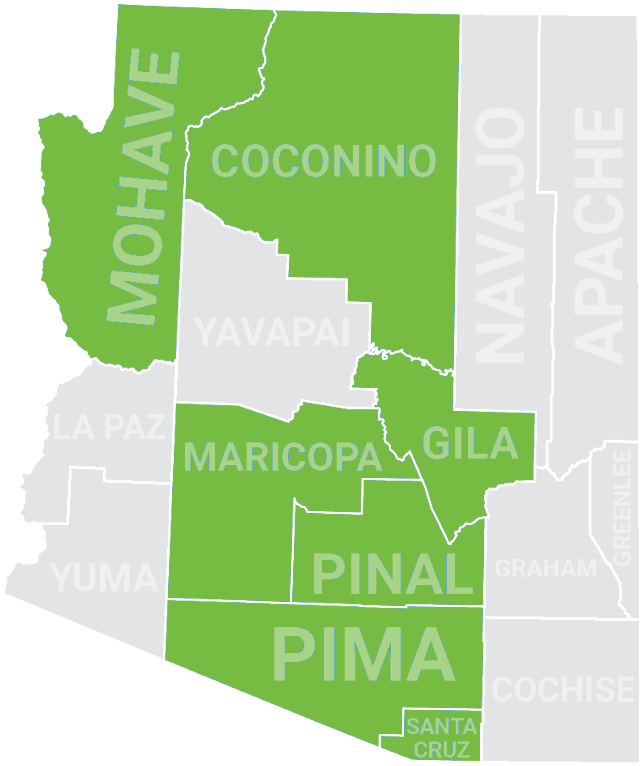
BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Claims Adjudication Highlights

- Preventative Services
- Cost Share (Copay)
- Out of Network Benefits, NSA (No Surprises Act)

The "No Surprises Act" (NSA) is part of the federal Consolidated Appropriations Act (CAA) signed into law in 2020. The NSA includes patient billing protections effective January 1, 2022.
For requirements and additional information regarding NSA please visit: Claims & Remits | No Surprises Act | BCBSAZ

- Interest - ARS 44-1201 and ARS 20-3102
- Grace Period Rules
- Medical Claims Review
- Coordination of Benefits
- Reconsideration/Dispute/Provider Portal



BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Grace Period Rules

Individuals under age 65 and their families can qualify for federal financial help to buy their health insurance coverage through the federal Health Insurance Marketplace (the Exchange). Individuals who fall below certain income levels and buy coverage through the Exchange can qualify for advance payments of a premium tax credit (APTC) to help pay their premium.

Generally, if these subsidized members become delinquent on their monthly premium payments, health insurers must follow certain federal rules before terminating their coverage. As long as these individuals pay their share of the first month of premium, insurers cannot later terminate their coverage without first giving them a three-month grace period to catch up on payments. These rules directly affect provider payments for services and may impact practice operations.

Insurers have to pay claims for services rendered during the first month of the grace period. Claims for services rendered in the second and third months of the grace period may be pended, but the member is still considered eligible. If the member doesn't pay the full amount due by the end of the grace period, the insurer must terminate the member's coverage, retroactive to the last day of the first month of the grace period. When a member defaults on the premium payment, Blue Cross® Blue Shield® of Arizona (BCBSAZ) will deny any claims for services rendered in the second and third months.

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Grace Period Rules

Below is a summary of how we apply the federal requirements and implement the grace period :

- The three-month grace period applies *only* to individuals who meet all of these criteria:
  - Are enrolled in an individual qualified health plan through the Exchange
  - Are receiving a federal subsidy (APTC)
  - Have paid at least one full month's premium
- If a member meets the criteria above, we must give the member a three-month grace period to cure any default in premium payments.
- During the grace period, we cannot terminate coverage for nonpayment of premium. The member will show as "eligible" for electronic and phone inquiries about eligibility.
- We send notification letters to providers who submit claims for services for individuals who are in the second and third months of a grace period.

  The notification letter indicates:
  - That the claim has been pended because the subsidized member is in his or her second or third month of the three-month grace period
  - That claims may be denied if the subsidized member exhausts the three-month grace period without paying all outstanding premiums
  - The member's paid-through date
- We process prior authorization requests in normal timelines but notify providers, as described above, when members are in a grace period.
- We pay all appropriate claims for covered services rendered to a member during the first month of the grace period;
- We pend all non-pharmacy claims for services rendered to a member in the second and third months of the grace period.
- We are allowed to, and do, deny pharmacy claims during the second and third months of the grace period. The pharmacy receives a point-of-service denial message stating that the member does not have coverage.
- If the member cures the premium default, we process the medical claims in accordance with the member's benefit plan and all normal claim-handling procedures. Additionally, upon request, we reimburse individuals who paid for covered prescriptions during the second and third months of the grace period.

  Note: No interest will be applied to these pended claims.
- If the member does not cure the default by the end of the grace period, we terminate the member's coverage (retroactive to the last day of the first month of the grace period) and deny all claims for services rendered in the second and third months.
- We process grievances and appeals as required by law. Consequently, we may request medical records for cases for members who ultimately aren't eligible. We work with providers to try to minimize unnecessary work and records requests.

Federal regulation references: 45 C.F.R. § 156.270(d)

Prior Authorization, Inpatient Notification, Radiology Benefits

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Prior Authorization, Inpatient Notification, Radiology

PA Guidelines | AZBlue

Prior Authorization Grids and Dental Code List is located by visiting our website (link above).

- Medical Prior Authorization requests can be submitted:
  - Via the secure Provider Portal:
    - Log in - Health Choice Provider Portal (healthchoiceaz.com)
  - Dedicated ACA SH HC Fax Line: 602-864-5308

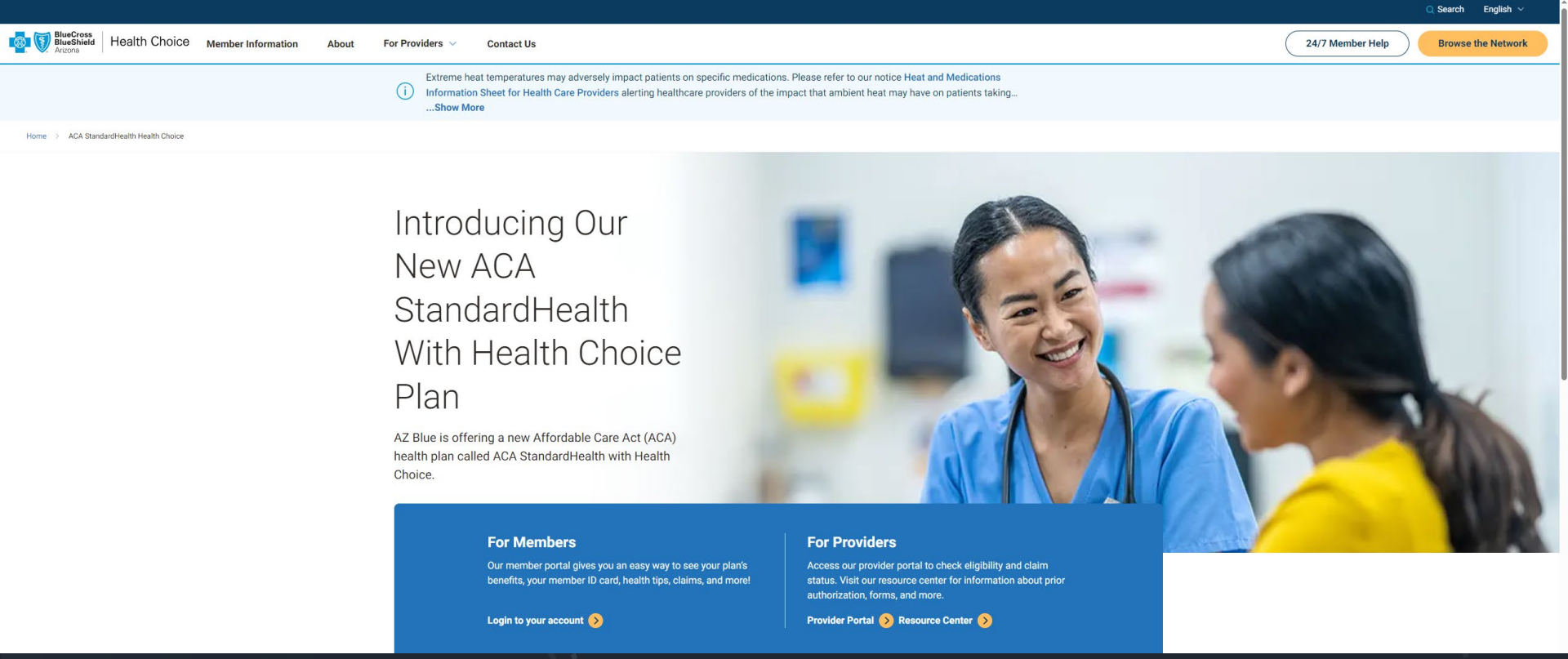
- Dental Prior Authorization requests can be submitted:
  - Via the secure Provider Portal:
    - Log in - Health Choice Provider Portal (healthchoiceaz.com
  - Email: HCHDentalDeptHCA@azblue.com
  - Mail: ACA StandardHealth with Health Choice Attn: Dental Prior Authorizations 8220 N. 23rd Ave., Phoenix, AZ 85021

- Check Prior Authorization status:
  - On the Provider Portal
  - By calling 800-322-8670

- EviCore is the Radiology Benefit Manager
  - ACA StandardHealth with Health Choice is partnered with eviCore for radiology benefits management of select MRI, CT, PET, ultrasound and cardiac imaging studies. To submit a new request for imaging services and select cardiac testing/procedures, contact EviCore by: Phone: 888-693-3211, Fax: 888-693-3210, or website.

- Notify us of an admission to a facility within one day: physical, behavioral, LTACH, SNF
  - Fax: 480-760-4732

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice



BCBSAZ Health Choice Websites & 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: https://www.azblue.com/health-choice-az

BCBSAZ Health Choice Pathway: https://www.azblue.com/health-choice-pathway

ACA StandardHealth with Health Choice: https://www.azblue.com/aca-standardhealth-health-choice

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.

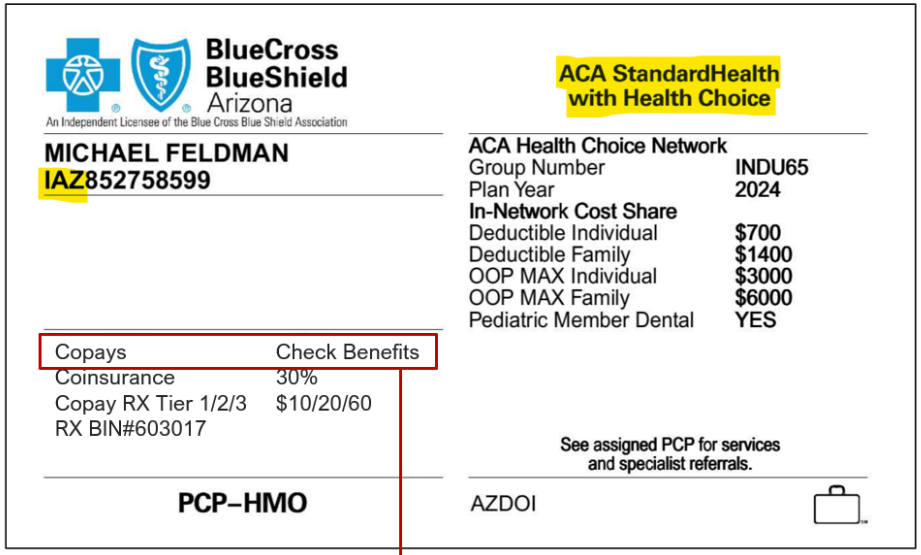
As a Blue Cross Blue Shield of Arizona plan, we align with Blue billing requirements. This change only affects billing for services rendered to a Health Choice members outside of Arizona. Providers rendering services outside of Arizona will submit claims directly to the Blue plan within that state.

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

ACA StandardHealth with Health Choice – Member ID Card Example



BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

MICHAEL FELDMAN
IAZ852758599

ACA StandardHealth with Health Choice

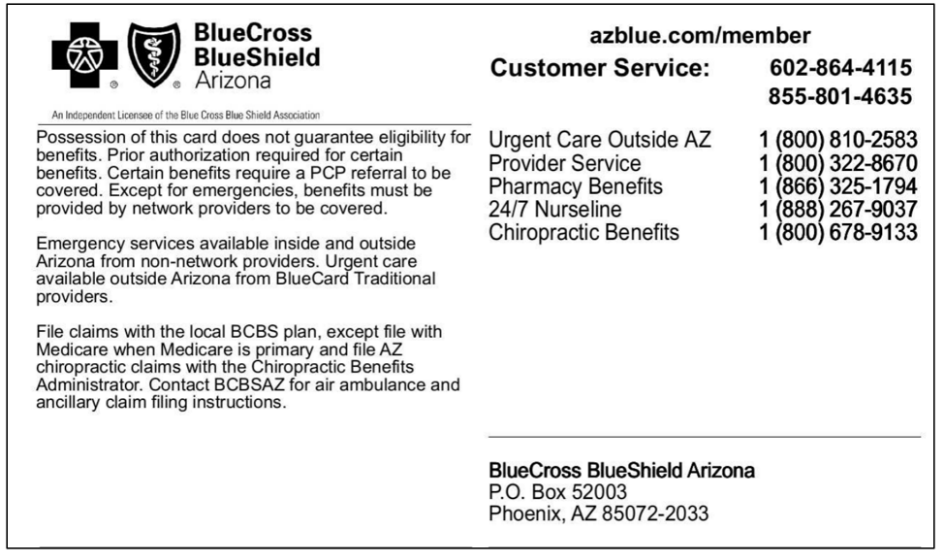
ACA Health Choice Network	
Group Number	INDU65
Plan Year	2024
In-Network Cost Share	
Deductible Individual	$700
Deductible Family	$1400
OOP MAX Individual	$3000
OOP MAX Family	$6000
Pediatric Member Dental	YES

Copays	Check Benefits
Coinsurance	30%
Copay RX Tier 1/2/3	$10/20/60
RX BIN#603017	

See assigned PCP for services and specialist referrals.

PCP–HMO

AZDOI



BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Possession of this card does not guarantee eligibility for benefits. Prior authorization required for certain benefits. Certain benefits require a PCP referral to be covered. Except for emergencies, benefits must be provided by network providers to be covered.

Emergency services available inside and outside Arizona from non-network providers. Urgent care available outside Arizona from BlueCard Traditional providers.

File claims with the local BCBS plan, except file with Medicare when Medicare is primary and file AZ chiropractic claims with the Chiropractic Benefits Administrator. Contact BCBSAZ for air ambulance and ancillary claim filing instructions.

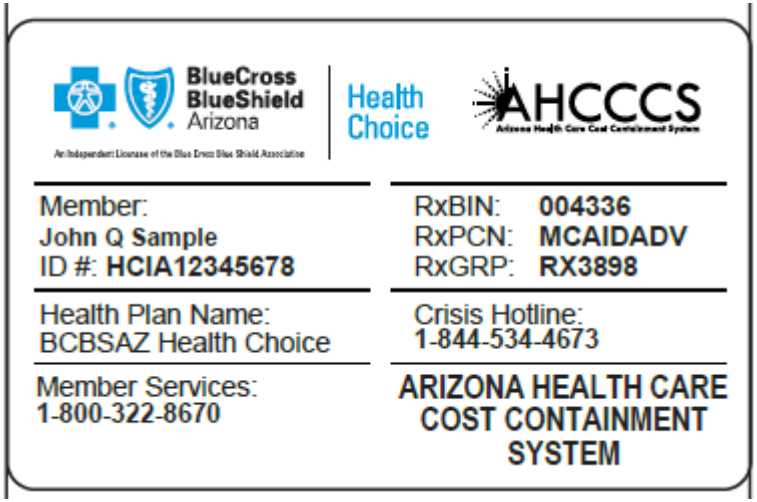
azblue.com/member

Customer Service:	**602-864-4115**
	855-801-4635
Urgent Care Outside AZ	1 (800) 810-2583
Provider Service	1 (800) 322-8670
Pharmacy Benefits	1 (866) 325-1794
24/7 Nurseline	1 (888) 267-9037
Chiropractic Benefits	1 (800) 678-9133

BlueCross BlueShield Arizona
P.O. Box 52003
Phoenix, AZ 85072-2033

Removing copays for 2025. Providers will need to look up benefits.

BCBSAZ Health Choice (Medicaid) Member ID Card Example


BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice
AHCCCS
Arizona Health Care Cost Containment System

Member:
John Q Sample
ID #: **HCIA12345678**

RxBIN: **004336**
RxPCN: **MCAIDADV**
RxGRP: **RX3898**

Health Plan Name:
BCBSAZ Health Choice

Crisis Hotline:
1-844-534-4673

Member Services:
1-800-322-8670

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM


BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

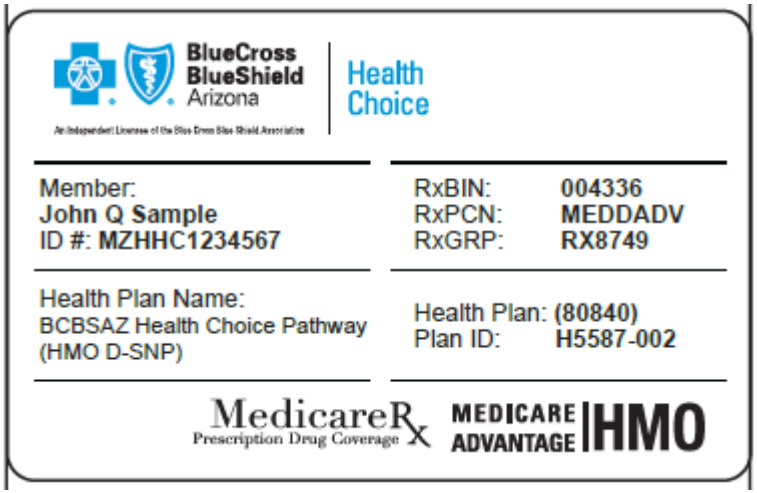
Arizona providers
send medical claims to:
BCBSAZ Health Choice
PO Box 52033
Phoenix, AZ 85072-2033

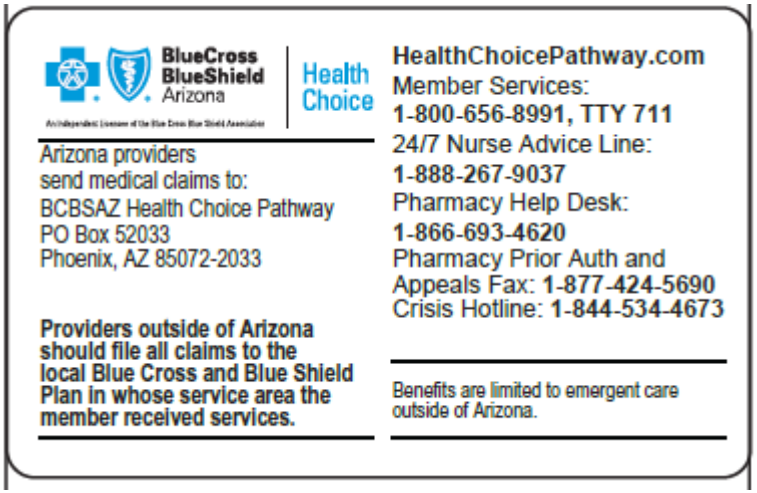
Providers outside of Arizona should file all claims to the local Blue Cross and Blue Shield Plan in whose service area the member received services.

HealthChoiceAZ.com
Member Services:
1-800-322-8670
24/7 Nurse Advice Line:
1-888-267-9037
Pharmacists Call:
1-800-364-6331

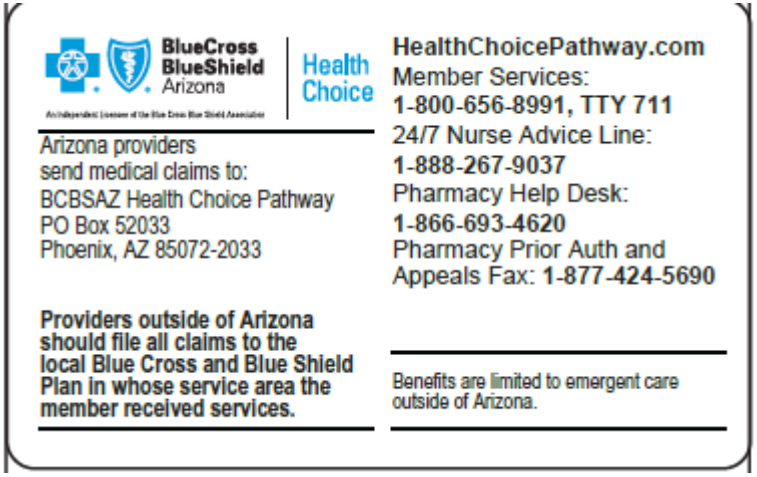
Benefits are limited to emergent care outside of Arizona.

BCBSAZ Health Choice Pathway – Member ID Card Example





Health Choice Dual – Member ID Card Example



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

Member Benefit Accumulator (Deductible Balance – ACA SH HC)

Our portal is available under the 'Login/Register' button at the top of each of our plan websites:

Health Choice AZ | AZBlue

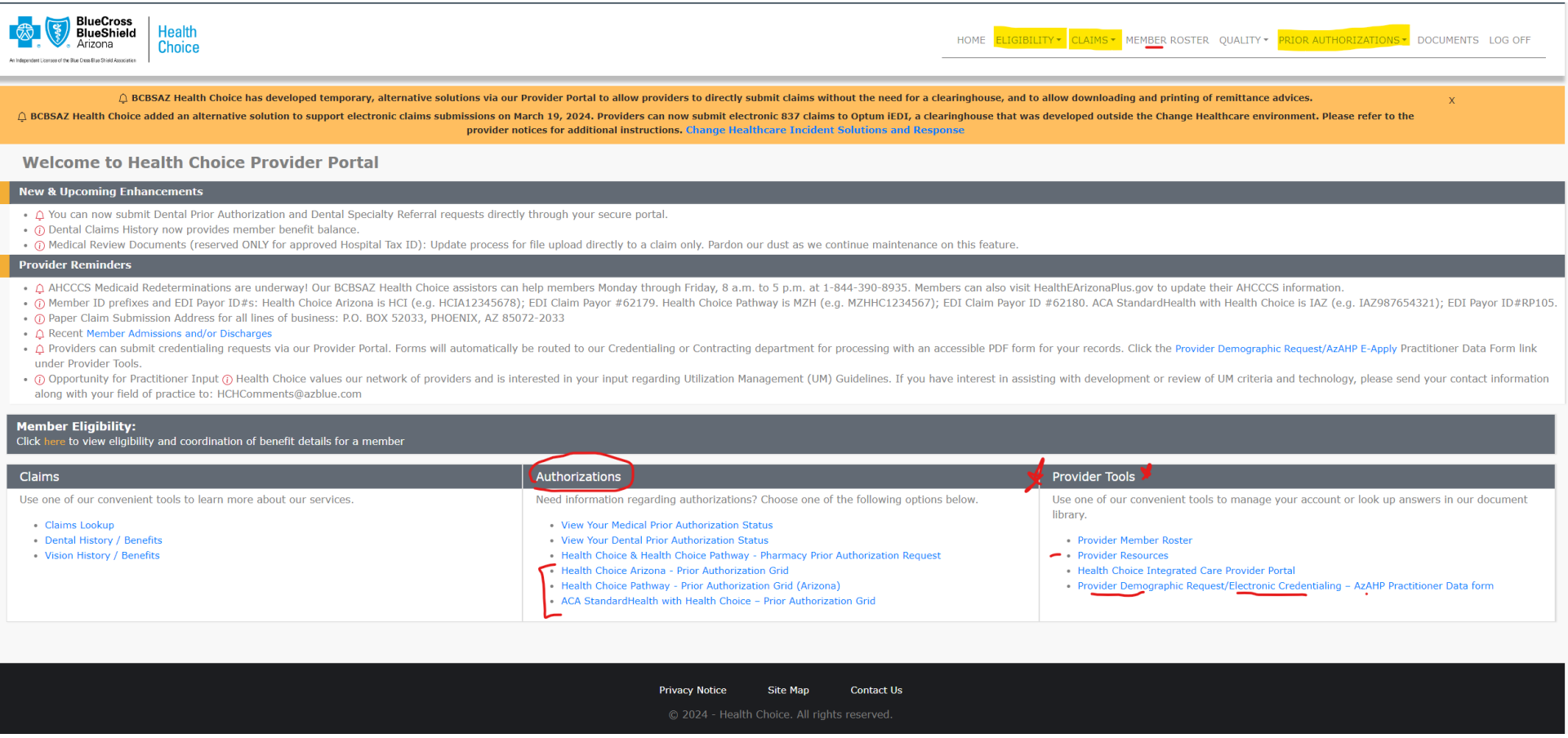
Health Choice Pathway | AZBlue

ACA StandardHealth Health Choice | AZBlue

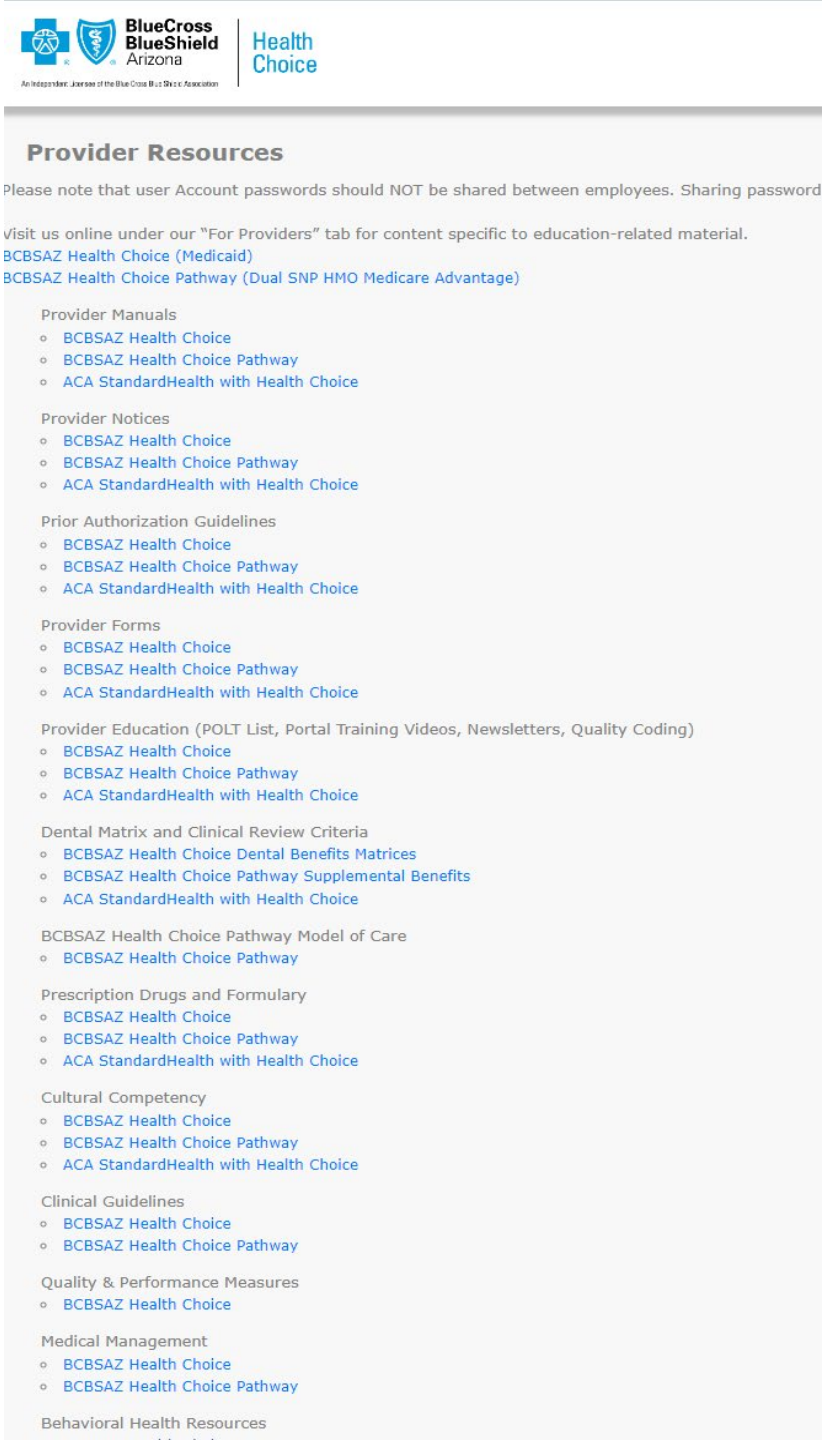
Easy to follow portal training video(s) on our websites

'For Providers' tab -> 'Provider Education'

Secure Provider Portal: Home Screen



Provider Portal View: Provider Resources



BlueCross BlueShield Arizona | Health Choice

An Independent Licensee of the Blue Cross Blue Shield Association

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

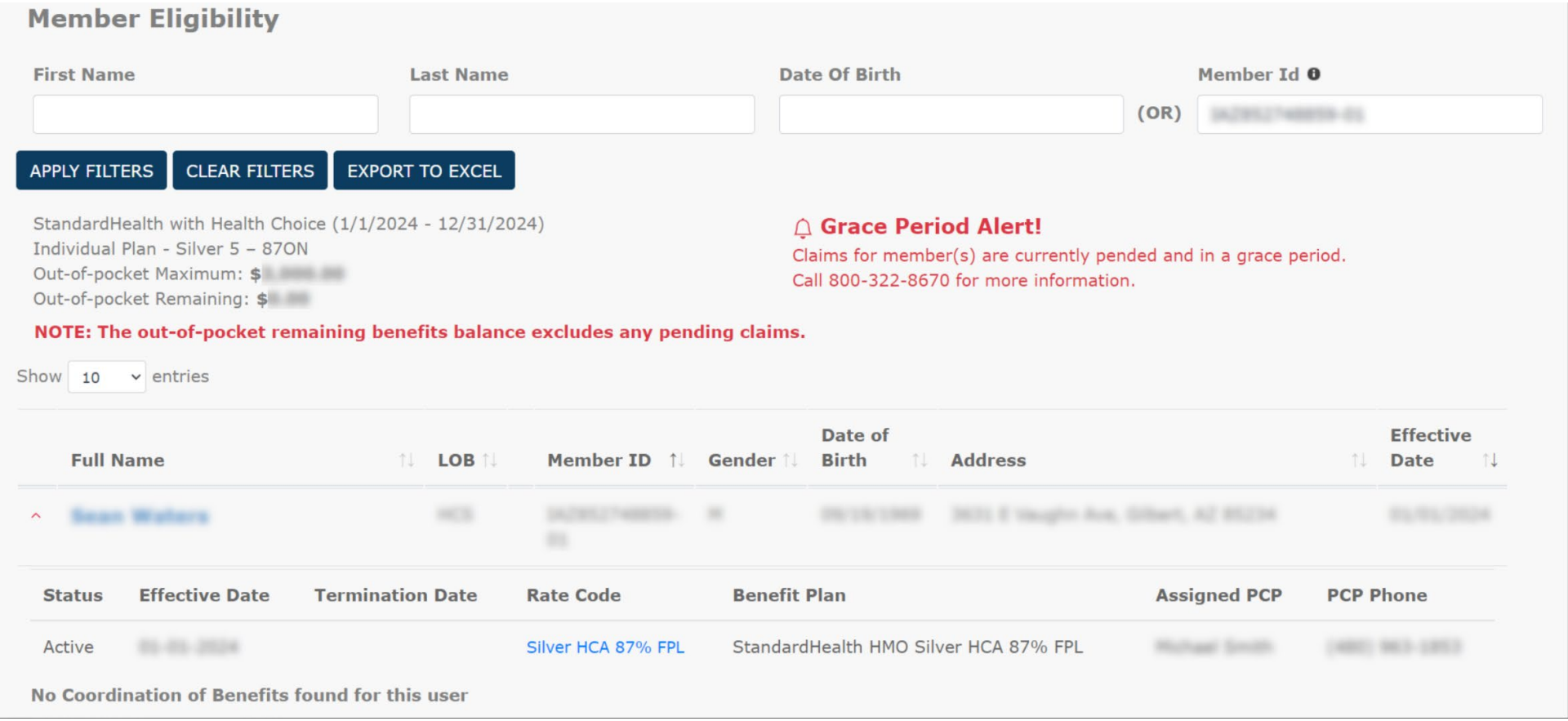
Clinical Guidelines
- BCBSAZ Health Choice
- BCBSAZ Health Choice Pathway

Quality & Performance Measures
- BCBSAZ Health Choice

Medical Management
- BCBSAZ Health Choice
- BCBSAZ Health Choice Pathway

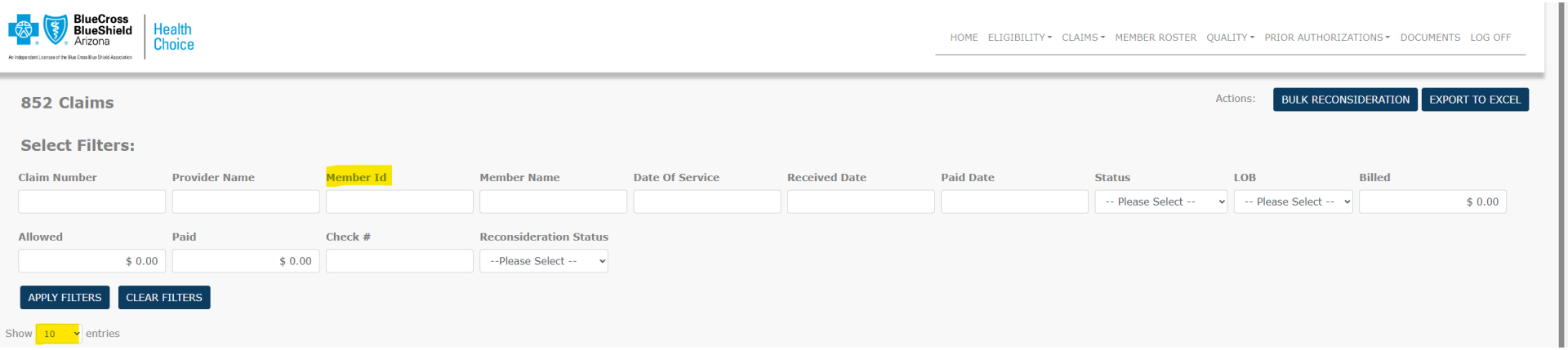
Behavioral Health Resources

Secure Provider Portal: Eligibility



Secure Provider Portal: Claims

When searching for a claim(s) you must include the dependent number as part of the member ID # = IAZ852758599 – 01 (02, 03, 04).



Q & A

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Health Choice


BlueCross
BlueShield
Arizona
Health
Choice
An Independent Licensee of the Blue Cross Blue Shield Association