

# 2023 Q1 All Provider Forum

March 29, 2023

Zoom Recording:

<https://azblue.zoom.us/rec/share/ANNjHA33DicwCtXo4fG65m48pXmaOzsmXYNLfng7Gxfwi5V6UpkwYz0-IXGFsh2E.tkQrrUQ5Z7Ldv650>



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BlueShield**  
Arizona

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**Health  
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# Agenda

## 1. Welcome

Charlotte Whitmore, VP Network Services

5 minutes

## 2. Prior Authorization Updates

Joan Brillo MHA, BSN, RN, Manager of Prior Authorization

5 minutes

## 3. Member Mission Moment

Ginger Foster, Pharm D., Clinical Pharmacist

10 minutes

## 4. Integrated Health

Self-Selected Performance Improvement Plan

Dr. Aaron Goldman MD, Behavioral Health Medical Director

10 minutes

ASD, AzEIP Referrals and AHCCCS Specialty Provider Registration

Kelly Lalan LSMW, Children's System Care Program Specialists

10 minutes

## 5. EPSDT and Dental Updates

Sarab Sabagh, Manager, Dental Program

10 minutes

## 6. Performance Improvement Updates

Dr. Jane Dill, MD, Health Choice Medical Director

15 minutes

Forrest Tatum, Director QMPI

## 7. Provider Resources

Jadelyn Fields, Network Provider Service Manager and Educator

15 minutes

## 8. Q and A

10 minutes



# Prior Authorization Updates



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# Prior Authorization

## What are the Opportunities for You to Help us Help You?

- **Prior Authorization Request:**
  - **Turn Around Time:**
    - Standard
    - Expedited
- **One request per Prior Authorization form**
- **Clinical supporting documentation related to the requested service**
- **Use in-network providers**
- **Requesting services:**
  - Provider Portal
  - Fax:
    - HCP-** Medical 1-877-424-5680, Pharmacy: 1-877-424-5690
    - HCA-** Medical 1-877-422-8120; Pharmacy 1-877-422-8130
- **Chiropractors all codes require PA medical necessity review**

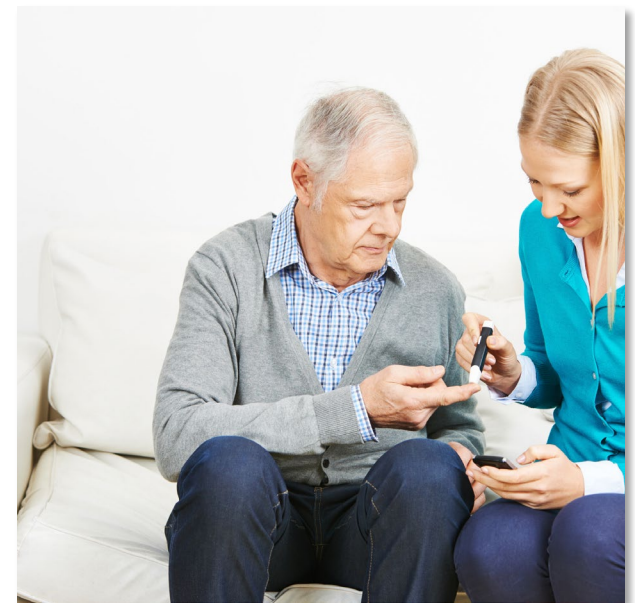


# MISSION

M O M E N T

# Member Story - Pharmacy

- ❑ Diego, pharmacy technician, made an outreach to a member to see if any care coordination assistance was needed from HCA. (Just in time calls, aka Hug calls).
- ❑ The member said she has been meaning to call us for help with a couple of things. The member needed a tooth extraction and didn't know where to go so we provided some nearby options.
- ❑ The member was frustrated about trying to get a continuous blood glucose meter without success. She hasn't been testing her blood sugar as often as she should because she is tired of all of the finger pokes... plus she uses 2 injectables.
- ❑ The doctor told the member on 3 occasions that Health Choice does not cover them. We let the member know that the Health Choice Pathway plan covers all types including the popular Freestyle 3 and the Dexcom because we want to help make blood sugar monitoring easy for our members.
- ❑ The member could not get the provider to send a prescription to the pharmacy. We called the office twice to have the prescriptions sent to the pharmacy. Then we asked the pharmacy to bill the 20% HCP cost share to her Medicaid plan. This was especially important for this member because she is 71 years old and uses insulin, so she is at an increased risk of having episodes of low blood sugar.
- ❑ She was very thankful that HCP took the time to solve her health care problems!



# Integrated Health



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# Self Selected Performance Improvement Project

Aaron Goldman MD  
BCBSAZ Health Choice Behavioral Health Medical  
Director



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# Polypharmacy

- Simultaneous use of multiple medications to treat a single ailment or condition
- Nearly 7 in 10 adults aged 40-79 used at least one prescription medication in the past 30 days in US (69%)
- One in five used at least 5 prescription drugs (22.4%)
- Medication related problems can result, i.e. falls, severe interactions, death.
- Among adults aged 60-79, most common medications used were lipid lowering, antidiabetic agents, and beta blockers
- More common in women 72.4% compared with 65.2%
- [Products - Data Briefs - Number 347 - August 2019 \(cdc.gov\)](#)

# BCBS/HCA Deprescribing PIP

## Medication Related Problems

- Duplicate therapies
  - Multiple QT Drugs
  - Peds with 3+ BH/Pain Drug Classes
  - Adults 15+ Medications
  - Concurrent Opioid/Benzo Use
  - Gaba/Relax/Opioids/Z (GROZ) 3+ Class
- 
- Aims are to reduce hospitalizations, ED visits, IADs, and reduce costs

| Baseline Year 2022 |        |                |      |
|--------------------|--------|----------------|------|
| Num                | Den    | Rate(%)        | Goal |
| 2491               | 32,240 | 7.73% baseline |      |
| 281                | 32,240 | 0.87% baseline |      |
| 922                | 32,240 | 2.86% baseline |      |
| 222                | 32,240 | 0.69% baseline |      |
| 403                | 32,240 | 1.25% baseline |      |
| 95                 | 32,240 | 0.29% baseline |      |
| 569                | 32,240 | 1.76% baseline |      |
|                    |        |                |      |
|                    |        |                |      |

- Goal is to reduce by 5% per year, goal through 2026, remeasuring annually

# Interventions

- Patient notifications
- Provider notifications
- Pharmacy notifications
- Education
- Direct Peer to Peer interventions, reviewing rationale
- Didactics through CCC i.e. difficult conversations, deprescribing algorithms.

# Resources



deprescribing.org

ABOUT WHAT IS DEPRESCRIBING? RESEARCH EDUCATION RESOURCES NEWS GET INVOLVED

## Reducing medications safely to meet life's changes

Deprescribing research and guidelines support healthcare providers and patients in reducing or stopping medications that may be harmful or no longer needed.

[Learn more](#)

- <https://deprescribing.org/>

Thank You





# ASD, 0-5, & CRS

Kelly Lalan, LMSW

Children's System of Care Clinical Programs  
Specialist

[Kelly.Lalan@azblue.com](mailto:Kelly.Lalan@azblue.com)


928-214-2206



# ASD – Network Adequacy & Resources



- ASD Diagnosticians & Service Providers
- Please update your provider registration with AHCCCS - [APEP](#)
- 9000 codes
- Consider joining a meeting or community collaborative
- Need help with a member? We have [subject matter experts](#) and [care managers](#) that can help!

healthchoiceaz.com/health-wellness/childrens-behavioral-health/

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**Health Choice**

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

FOR PROVIDERS ▾  

BCBSAZ Health Choice Providers who Diagnose ASD

BCBSAZ Health Choice Providers who Treat ASD

**Care Management Referral Form**  
All Lines of Business  
To refer a member for care management services, please complete and return this form via a secure email or fax to:  
Integrated Care Coordination / Case Management  
Email: [ICCC@BlueCrossBlueShield.com](mailto:ICCC@BlueCrossBlueShield.com)  
Fax: 480-317-3358

Referral Priority: ☐ Urgent (0-7 Days) ☐ Routine (10-14 Days)

**MEMBER INFORMATION**

| Member Name   | Date of Birth                         |
|---|---------------------------------------|
| Current / Best Home Number to Reach Member:             | Best Time to Call Member:             |
| Referral Source (Internal, PCP Office, Hospital, etc.): |                                       |
| Person Referring:                                       | Person Referring Contact Information: |

Case Management's goal is to promote the member's wellness, autonomy and appropriate use of services and financial resources.

**REASON FOR REFERRAL / CRITERIA (Please check all that apply)**

☐ Emergency Room Visits or Hospitalizations of two (2) or more admissions in less than six months.

☐ Chronic Condition (e.g., Asthma, COPD, CAD, Diabetes, HTN)  
Diagnosis: \_\_\_\_\_

☐ Specialty Condition (e.g., MS, Parkinson's Disease, ALS, Lupus, Rheumatoid Arthritis, Cystic Fibrosis, Hemophilia, Sickle Cell Disease)  
Diagnosis: \_\_\_\_\_

☐ Behavioral / Mental Health Needs (please describe): \_\_\_\_\_

☐ Non-Compliance with Treatment / Medications

☐ Education on diagnosis, medications and self-management.

☐ High Risk OB (please describe): \_\_\_\_\_

☐ Resources for Social Needs / Financial Assistance (please describe): \_\_\_\_\_

☐ Other (please describe): \_\_\_\_\_



# ASD – BCBSAZ Health Choice Initiatives

- Internal Efforts:
  - ASD Clinical Rounds – Bi-Weekly
  - ASD Autism Services Workgroup – Bi-Monthly
- External Efforts:
  - BCBSAZ Health Choice Internal Autism Action Committee – Monthly trainings & updates for SMEs in ASD
  - ASD Community Referral Groups: - Monthly
  - AzEIP/DDD collaboration to review membership – Monthly
  - TA and collaboration with AHCCCS SME – Ongoing
  - Parents Taking Action – Collaboration with Northern Arizona University
  - Centers of Excellence: The Guidance Center & Southwest Behavioral and Health Services

# Birth Through Five



- BCBSAZ Health Choice Birth through Five Advisory Committee: Monthly Trainings & Updates for Staff 0-5 staff
- Centers of Excellence: Polara Health (Yavapai)
- [Infant/Toddler Mental Health Coalition of Arizona](#) : VBP coming!
- [AzEIP](#): Training & [Referrals](#)



# Birth Through Five

## Early Childhood Services Intensity Instrument (ECSII®):

- AHCCCS ECSII® [FAQ's](#)
- Determines intensity of service need for infants, toddlers, and children from ages 0-5 years.
- Tool for providers and others involved in the care of young children
- Offers guidance in selecting appropriate services at the appropriate intensity
- Free: [AACAP ECSII Online Training](#)
- For any questions: [clinical@aacap.org](mailto:clinical@aacap.org)

| Course  | Code    |
|---|---------|
| ECSII<br><br> | ARNAECS |



# EPSDT/DENTAL

Sarab Sabagh  
[sarab.sabagh@azblue.com](mailto:sarab.sabagh@azblue.com)

# Fluoride Varnish Reimbursement

PCPs who have completed the AHCCCS required training may be reimbursed for fluoride varnish applications completed at the EPSDT visits for members **as often as every three months between the ages of 6 months and two years of age**, after the eruption of the first tooth.

- AHCCCS recommended training for fluoride varnish application is located at <http://www.smilesforlifeoralhealth.org> and refer to caries risk assessment, fluoride varnish, and counseling course.
- Application of fluoride varnish may be billed separately from the EPSDT visit using CPT Code 99188.**
- Application of fluoride varnish by the PCP does not take the place of an oral health visit.

## Adult Dental Benefits

- Dental services provided to American Indian/Alaska Native members 21 years of age and older within an IHS/638 Tribal facility are no longer subject to the \$1,000 adult emergency dental limit.
- Services performed outside of the IHS/638 Tribal facilities remain limited to the \$1000 Emergency Dental Benefit for members 21 years of age and over.

# EPSDT

## AHCCCS Medical Policy Manual 430

New Behavioral Health **Screening requirements** were added to the EPSDT WCVs as of **10/01/2022**.

- **Postpartum Depression Screening-** Screening of the birthing parent for signs and symptoms of postpartum depression shall be **performed during the one-, two-, four- and six-month EPSDT visits**.

- Positive screening results require referral to BCBSAZ Health Choice Care Management

- To make a referral to the Health Choice Care management team:

- Complete the Care Management Referral form located on the Health Choice website and return it via a secure email or fax to:

- [HCHHCACaseManagement@azblue.com](mailto:HCHHCACaseManagement@azblue.com) OR Fax: 480-317-3358

- **Adolescent Suicide and Depression Screening-** PCPs are required to perform this screening at the annual EPSDT visits **beginning at age 10 years of age**. Positive screening results require appropriate and timely referral for further evaluation and service provision.

- These screenings are **separately billable**, and a copy must be kept in the member's medical record.

# EPSDT

**AHCCCS and BCBSAZ Health Choice require blood lead screening for:**

**All members at 12 months and 24 months of age**

- Between the ages of 24 months through six years who have no record of testing or missed either the 12-month or 24-month test
- Who the provider identifies has an increased risk of lead exposure/ poisoning in response to a lead poisoning verbal risk assessment
- When requested by the child's parent or guardian

Providers must confirm blood lead test results equal to or greater than 3.5 micrograms of lead per deciliter obtained by capillary specimen or fingerstick using a venous blood sample. **All blood lead levels must be reported to the Arizona Department of Health Services (ADHS).**





# Provider Forum Meeting Quality News

Dr. Jane Dill  
Medical Director

Forrest Tatum  
Director, Quality Management and Performance Improvement



# 2023 AHCCCS Primary Measures



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

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

Denominator:

Children who turned 15 months old during the measurement year.

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

**2023 AHCCCS Threshold Benchmark 61.2%**

**2023 AHCCCS High Performing Benchmark 67.6%**

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

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

## WCV – Child and Adolescent Well Care Visits

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

Denominator:

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

## WCV – Child and Adolescent Well Care Visits

**2023 AHCCCS Threshold Benchmark 43.5%**

**2023 AHCCCS High Performing Benchmark 48.9%**

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

\*Tip – Many families are not aware that AIA sports physicals for the 2023-2024 school year may be completed on or after 3/1/23. Use this information and offer to complete sports physical forms during Well Child Visits throughout the year to encourage increased engagement of school age children in EPSDT visits.

## BCS – Breast Cancer Screening

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement period and the end of the measurement period (for MY 2023: 10/1/21 through 12/31/23).

Denominator:

Women 52-74 by the end of the measurement period.

## BCS – Breast Cancer Screening

**2023 AHCCCS Threshold Benchmark 47.8%**

**2023 AHCCCS High Performing Benchmark 54%**

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

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



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

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

Denominator:

Members who delivered a live birth on or between October 8 of the year prior to the measurement year and October 7 of the measurement year (10/8/22 through 10/7/23).

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

**2023 AHCCCS Threshold Benchmark 81.3%**

**2023 AHCCCS High Performing Benchmark 85.4%**

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

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

**2023 Healthy Rewards Program  
Member Rewards**



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# Health Choice AZ & Health Choice Pathway

*Medicaid* *Medicare*

|      |  |
|------|--|
| W30A | <b>\$25 per WCV</b> 0-15 months, up to six visits<br>Up to \$150 annually              |
| W30B | <b>\$25 Well Child Visit</b> 1x during the 16-30months<br>Children 16-30 months of age |
| WCV  | <b>\$25 per Well Child Visit</b> 1x per year<br>Children 3-21yrs of age                |
| BCS  | <b>\$50 Mammogram During the<br/>Measurement Year</b><br>Women 50-74yrs of age         |
| PPC1 | <b>\$25 Prenatal Visit</b><br>within the First Trimester                               |
| PPC2 | <b>\$25 Postpartum Visit</b><br>7-84 days Post Delivery                                |
| OEV  | <b>\$25 Oral Evaluation with Dental Provider</b><br>Children under 21yrs of age        |

HCA Members need to call member services for gift card distribution

**\$25 Medicare Annual Wellness Visit**  
All Pathway Members

AWV

**\$25 for Colorectal Screening During the  
Measurement Year**  
45-75years of age

COL

**\$50 Mammogram During the  
Measurement Year**  
Women 50-74yrs of age

BCS

**\$25 Diabetic Eye Exam**  
18-75yrs of age with Diabetes (type 1 &2)

EED

HCP gift cards are distributed via claims (*except HRA- members must call*).  
It is essential that providers bill the correct codes to ensure member  
rewards are distributed

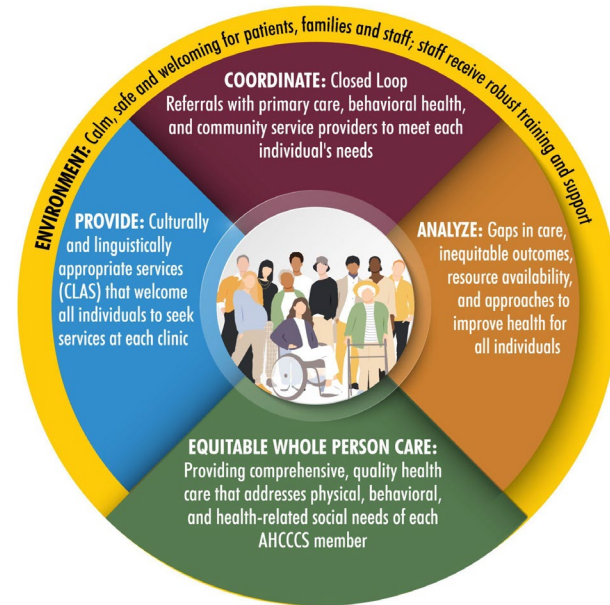
## 2023 AHCCCS Back-To-School Campaign

- In an effort to improve Well Child EPSDT visits, AHCCCS is spearheading a joint AHCCCS and MCO Back-to-School Campaign to launch June 2023.
- Key components of the campaign include:
  - Member incentives (i.e. backpacks, school supplies, and/or gift card)
  - Provider partnerships - let Health Choice know if you would like assistance with a Back-To-School Health Fair [PerformanceImprovement@azblue.com](mailto:PerformanceImprovement@azblue.com)
  - AHCCCS is developing member and provider communication materials in collaboration with the MCOs. Materials will be available in English and Spanish.
  - AHCCCS is working on a social media campaign as well as a web page, website banners, etc.

# AHCCCS Targeted Investment 2.0

- Targeted Investment 2.0 participants will create plans to address health inequities, adopt culturally appropriate services and improve care coordination amongst medical, behavioral and community-based partners.
- Year 1 will be onboarding, years 2 – 5 will involve a learning network with participants, AHCCCS, ASU, MCOs and CBOs.

## The TI 2.0 Program Whole Person Care Initiatives



# AHCCCS Targeted Investment 2.0

- TI 2.0 application requirements are available on the [TI 2.0 website](#)  
Applications to open Summer 2023 and close September 30, 2023
- Provider Interest Form on the [TI 2.0 website](#)
- Provider Types to include PCP, BH and Justice at TIN Level
- AHCCCS leading structured focus group process to plan for implementation
- Monthly information sessions to be held by ASU and AHCCCS TI:

| DATE                 | TIME (MST/AZ TIME) |
|----------------------|--------------------|
| Mon., April 3, 2023  | 12 p.m.            |
| Fri., May 5, 2023    | 12 p.m.            |
| Mon., June 5, 2023   | 12 p.m.            |
| Fri., July 14, 2023  | 12 p.m.            |
| Mon., Aug. 7, 2023   | 12 p.m.            |
| Fri., Sept. 8, 2023  | 12 p.m.            |
| Mon., Sept. 25, 2023 | 12 p.m.            |

## CAHPS news

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



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# Provider Resources

Jadelyn Fields, Network Provider Service Manager and Educator



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# BCBSAZ Health Choice Provider Manuals

Our Provider Manuals are designed to provide basic information about the administration of the Health Choice Arizona and Health Choice Pathway 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 'Provider' tab of our websites or from the 'Home' screen of your secure online provider portal.

Health Choice Arizona: [www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com)

Health Choice Pathway: [www.HealthChoicePathway.com](http://www.HealthChoicePathway.com)

# AHCCCS AMPM, ACOM, Coding & Billing Updates

**!STAY UP TO DATE!**

Updates to the [AHCCCS Medical Policy Manual \(AMPM\)](#) , [AHCCCS Contractor Operations Manual \(ACOM\)](#), and [Medical Coding Resources](#) are available on the [AHCCCS website](#).

The AHCCCS Medical Coding Unit is responsible for the update and maintenance of all medical coding related to AHCCCS claims and encounters processing. This includes place of service, modifiers, new procedure codes, new diagnoses, and coding rules. This unit is also responsible for reviewing and responding to any medical coding related guidelines or questions. This includes questions related to daily limits, procedure coverage, etc.

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

# AHCCCS REDETERMINATIONS

As of April 1, 2023, AHCCCS will resume normal renewal activities with the ending of the Covid-19 Public Health Emergency (PHE).

To avoid disenrollment from AHCCCS, please encourage any AHCCCS patients to:

- ☐ Make sure their mailing address, phone number, and email address are current with AHCCCS.
  - AHCCCS members can login to [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov), or call Health-e-Arizona Plus at 1-855-HEA-PLUS (1-855-432-7587), Monday through Friday 7 a.m. to 6 p.m.
- ☐ Respond to any requests from AHCCCS for more information.

**Reminder: BCBSAZ Health Choice members have exclusive access to our Community Assistors team, Monday through Friday, 8 a.m. to 5 p.m. at 1-844-390-8935 to help them to retain Medicaid coverage or seek coverage elsewhere, if appropriate.**

# **Provider Type – IC, 77,05 Reporting Participating Provider(s) Effective January 1, 2023**

This requirement impacts all claims for AHCCCS providers registered as integrated clinics (Provider Type IC), behavioral health outpatient clinics (Provider Type 77), and clinics (Provider Type 05).

Health Choice will deny claims beginning July 1, 2023 if the individual practitioner who performed the services associated with the clinic visit is not reported.

Reference: See [Exhibit 10-1](#) of the AHCCCS Fee-For-Service Provider Billing Manual for billing instructions for proper claims submissions.

# BCBSAZ Health Choice (Medicaid) Member ID Card Example



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

RxBIN: **123456**  
RxPCN: **Part D**  
Group: **RX3898**

Health Plan Name:  
Health Choice Arizona

Member Services:  
**1-800-322-8670**

**ARIZONA HEALTH CARE  
COST CONTAINMENT  
SYSTEM**



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Health  
Choice

**HealthChoiceAZ.com**  
Member Services:  
**1-800-322-8670**  
24/7 Nurse Advice Line:  
**1-855-458-0622**  
Pharmacists Call:  
**1-800-364-6331**

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

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

Benefits are limited to emergent care  
outside of Arizona.

# BCBSAZ Health Choice Pathway – Member ID Card Example



Health  
Choice

Member:  
**John Q Sample**  
ID #: **MZHHC1234567**

RxBIN: **004336**  
RxPCN: **MEDDADV**  
RxGRP: **RX8748**

Health Plan Name:  
Health Choice Pathway (HMO D-SNP)

Health Plan **(80840)**  
Plan ID: **H5587-002**

MedicareRx **MEDICARE ADVANTAGE | HMO**  
Prescription Drug Coverage



Health  
Choice

Arizona providers  
send medical claims to:  
Health Choice Pathway  
(HMO D-SNP)  
PO Box 52033  
Phoenix, AZ 85072-2033

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

**HealthChoicePathway.com**

Member Services:

**1-800-656-8991, TTY 711**

Hours of Operation:

8 a.m. to 8 p.m., 7 days a week

Pharmacy Prior Auth and

Appeals Fax: **1-877-424-5690**

24/7 Nurse Advice Line:

**1-855-458-0622**

Pharmacy Help Desk:

**1-866-693-4620**

Benefits are limited to emergent care  
outside of Arizona.

# Health Choice Dual – Member ID Card Example

|  |  |   |   |
|--|--|---|---|
| <br><small>An Independent Licensee of the Blue Cross Blue Shield Association</small>   |  |  | <br><small>Arizona Health Care Cost Containment System</small> |
| <b>Member:</b><br><b>John Q Sample</b>   |  | <b>RxBIN:</b><br><b>004336</b>  |   |
| <b>HCP ID #: MZHHC1234567</b>  |  | <b>RxPCN:</b><br><b>MEDDADV</b>   |   |
| <b>AHCCCS ID #: HCIA12345678</b>   |  | <b>RxGRP:</b><br><b>RX8748</b>  |   |
|  |  | <b>Health Plan</b><br><b>(80840)</b>  |   |
|  |  | <b>Plan ID:</b><br><b>H5587-002</b>   |   |
| <b>Health Plan Name:</b><br><b>Health Choice Pathway (HMO D-SNP)</b>   |  | <b>Health Plan Phone #:</b><br><b>1-800-656-8991</b>                              |   |
| <b>Health Choice Arizona</b>   |  |   |   |
| <div><br/><small>Prescription Drug Coverage</small></div> <div><b>MEDICARE ADVANTAGE   HMO</b></div> <div><br/><small>An Independent Licensee of the Blue Cross Blue Shield Association</small></div> <div></div>  |  |   |   |
| <div><p>Arizona providers send medical claims to:<br/>Health Choice Pathway (HMO D-SNP)<br/>PO Box 52033<br/>Phoenix, AZ 85072-2033</p><p>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.</p></div> <div><p><b>HealthChoicePathway.com</b><br/><b>Member Services:</b><br/><b>1-800-656-8991, TTY 711</b><br/><b>Hours of Operation:</b><br/>8 a.m. to 8 p.m., 7 days a week<br/><b>Pharmacy Prior Auth and Appeals Fax: 1-877-424-5690</b><br/><b>24/7 Nurse Advice Line:</b><br/><b>1-855-458-0622</b><br/><b>Pharmacy Help Desk:</b><br/><b>1-866-693-4620</b></p><p>Benefits are limited to emergent care outside of Arizona.</p></div> |  |   |   |



# 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

# 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.**

On January 1, 2022 Health Choice Arizona and Health Choice Pathway (Health Choice) made a change to how out of Arizona providers bill Health Choice. As a Blue Cross Blue Shield of Arizona plan, we have aligned 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

# Claim Submission Reminders

**KEEP YOUR RECORDS UP TO DATE!**

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

Health Choice Arizona OR Health Choice Pathway,

Attention: SPECIFIC DEPARTMENT,

410 N. 44th Street, Suite #900

PHOENIX, AZ 85008

# PROVIDER PORTAL

**Are you registered for the Provider Portal?**

**Sign-up today!**

Get access to secure member eligibility, claim status/reconsideration, submit medical and pharmacy prior authorization requests and much more.

**!!!NEW!!!**

## **Dental Prior Authorization Submission**

Our portal is available under the 'Providers' tab of each of our plan websites:

[www.healthchoiceaz.com](http://www.healthchoiceaz.com)

[www.healthchoicepathway.com](http://www.healthchoicepathway.com)

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

'Providers' tab -> 'Provider Education'

# PROVIDER PORTAL

## New Features and Upgrades

We have continued to make upgrades to our secure Provider Portal for our Health Choice Arizona and Health Choice Pathway lines of business.

Enhancements that give YOU, the provider, greater control and more immediate acknowledgement and response times.

### New Features and Upgrades include:

- ❖ **NEW FEATURE:** Dental Prior Authorization and Dental Specialty Referral Request:
- ❖ **UPGRADE:** Improved functionality and end user experience for Prior Authorization Submissions.
- ❖ **UPGRADE:** Enhanced Member Eligibility search providing Coordination of Benefits.
- ❖ **UPGRADE:** Dental and Vision Claims History now provides member benefit balance.
- ❖ **UPDATE:** Medical Review Documents (reserved ONLY for approved Hospital Tax ID): Update process for file upload directly to a claim.

Our portal is available under the Provider tab of each of our plan websites:

<https://www.healthchoiceaz.com>, <https://www.healthchoicepathway.com/>

## Welcome to Health Choice Provider Portal

### New & Upcoming Enhancements

- 🔔 You can now submit Dental Prior Authorization and Dental Specialty Referral requests directly through your secure portal.
- 🕒 Improved functionality and end user experience for Prior Authorization submissions.
- 🕒 Enhanced Member Eligibility search providing Coordination of Benefits.
- 🕒 Dental and Vision Claims History now provides member benefit balance.
- 🕒 Medical Review Documents (reserved ONLY for approved Hospital Tax ID): Update process for file upload directly to a claim only. Pardon our dust as we continue maintenance on this feature.

### Provider Reminders

- 🕒 Member ID prefixes: Health Choice Arizona is HCI (e.g. HCIA12345678). Health Choice Pathway is MZH (e.g. MZHC1234567)
- 🔔 Providers can submit credentialing requests via our Provider Portal. Forms will automatically be routed to our Credentialing or Contracting department for processing with an accessible PDF form for your records. Click the [Provider Demographic Request/AzAHP E-Apply](#) Practitioner Data Form link under Provider Tools.
- 🔔 Recent [Member Admissions and/or Discharges](#)
- View your Member [COVID Vaccine Status Report](#)
- 🕒 Opportunity for Practitioner Input 🕒 Health Choice values our network of providers and is interested in your input regarding Utilization Management (UM) Guidelines. If you have interest in assisting with development or review of UM criteria and technology, please send your contact information along with your field of practice to: [HCHComments@azblue.com](mailto:HCHComments@azblue.com)

### Member Eligibility:

Click [here](#) to view eligibility and coordination of benefit details for a member

### Claims

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

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

### Authorizations

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

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

### Provider Tools

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

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



## Provider Resources

Please note that user Account passwords should NOT be shared between employees. Sharing passwords is prohibited. HCA encourages the Master 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 1-800-332-8670.

### Provider Notices/Fax

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)
- [Health Choice Utah](#)

### Provider Manuals

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

### Provider Forms

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)
- [Health Choice Utah](#)

### HCA Dental Matrix

- [Health Choice Arizona Dental Benefits Matrix](#)

### Provider Newsletters

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

### HCG Model of Care

- [Health Choice Pathway](#)



Health  
Choice



Stay Healthy This Season.  
Get Your Flu Shot Today.

Don't wait. Getting a flu shot is more important than ever.

Learn More

Enrolled in  
**Medicare**

Has your contact information  
changed in the past two years?

📞 **1-844-390-8935**  
Call us Monday - Friday, 8 a.m. - 5 p.m.  
or visit [HealthEArizonaPlus.gov](#) and update  
your mailing address to remain enrolled.

- 🔍 Find A Provider
- 🔍 Find A Pharmacy
- 📄 Formulary (List of Covered Drugs)
- 📧 Member Newsletters
- 💡 Health Tips

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



# AHCCCS Electronic Visit Verification (EVV)

**EFFECTIVE JANUARY 1, 2023**

To support your EVV onboarding efforts, AHCCCS has compiled several updates and reminders. We appreciate your willingness to work with AHCCCS over the past many months to prepare and initiate implementation of EVV.

## **Stay Informed**

Please sign up for the AHCCCS Constant Contact email list to receive any and all EVV notices like this one from AHCCCS under the “Stay Informed” tab on the AHCCCS website [www.azahcccs.gov/EVV](http://www.azahcccs.gov/EVV)

# AHCCCS Electronic Visit Verification (EVV)

**EFFECTIVE JANUARY 1, 2023**

**Once the hard claim edits begin, providers will not get paid unless all the required EVV visit data is present.**

In partnership with Sandata, AHCCCS will be periodically posting “quick tips” to help providers using the Sandata system. The first in the installment is a “quick tip” to help providers understand and resolve clients showing up in a pending status. Quick tips are now available on the AHCCCS website under the Sandata EVV System Resources and Technical Assistance tab.

For more questions about billing, please reference the Billing FAQ on the EVV webpage ([www.azahcccs.gov/EVV](http://www.azahcccs.gov/EVV)).

# Q & A



**BlueCross  
BlueShield**  
Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice