

Section 3

Electronic Resources

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Online Resources for Providers – Overview

Blue Cross® Blue Shield® of Arizona (AZ Blue) offers providers online information, tools, and other resources, including:

1. The AZ Blue webpages for healthcare providers at azblue.com/provider – no login required (see page 3-2)
2. The [AZ Blue provider portal](#) and the [Availity Essentials portal](#) (“Essentials”) – accessible only to registered account users (see page 3-3)
3. The Medicare Advantage provider portal at azbluemedicare.com/login – accessible only to registered account users (see page 3-7)
4. The BlueDental provider portal at azblue.com/bluedentalprovider – accessible only to providers participating in our BlueDental networks (see page 3-8 and Section 26)

The goal of our online platforms is to make it easy to do business with us and offer valuable resources to providers caring for our members. Our portals also serve as a way to share information and communicate changes.

Learn more about our online resources

Detailed information about how to use the online tools and resources is available in the AZ Blue provider portal:

- *Provider Portal User Guide* – provider guide in “Provider Resources > Guidelines > Provider Portal”
- *Provider Resources* – e-learning module in “Education & Training > Provider E-learning > Provider Resources”
- *AZ Blue Medicare Advantage* – e-learning module in “Education & Training > Provider E-learning > AZ Blue Medicare Advantage”
- *BlueDental Provider Manual* – provider guide in “Provider Resources > Dental Resources > BlueDental Provider Manual”

AZ Blue continues to make enhancements to online resources for greater efficiency and a better provider experience. Updates to our provider resources are communicated through email notices and the provider newsletter (*BlueConnect—Providers*) as they are implemented.

Blue Cross, Blue Shield, the Cross and Shield Symbols, MyBlue, MyBlue AZ, BlueCard, Federal Employee Program, and FEP are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Availity is a separate, independent company contracted with AZ Blue for provider portal services. Availity and Availity Essentials are registered trademarks of Availity, LLC

Provider Resources at azblue.com/Provider

Resources on azblue.com/provider – no login required

Although contracted providers should use the provider portal as their primary AZ Blue resource, there are several resources available at azblue.com/provider. You can access (not an all-inclusive list):

- Home page (includes a search tool, links to the resource center and provider directory, FAQs, and some important contact information)
- [Provider Resource Center](#) (includes access to several topics):
 - Eligibility and benefits resources (e.g., prefixes, ID card samples, network/product info, and telehealth)
 - Prior authorization and medical policy resources (e.g., prior authorization requirements, how to request, and applicable medical policies by line of business)
 - Claims and remit resources (e.g., claim coding and claim pricing resources)
 - Appeals and grievance information and forms
 - Pharmacy drug lists and formularies
 - Dental resources
 - Medicare Advantage plan information
 - CHS group plan information (network-rental arrangements)
 - Clinical partnership
 - Standards for quality care
 - Forms
 - Fraud, waste, and abuse information and reporting tool
 - Network participation (contract and credentialing information and forms)
 - Electronic business resources (HIPAA Transaction Standard-AZ Blue Companion Guide and other information about electronic transactions)
- The [Clinical Partnership page](#) includes information about our rapid response team, our care management team, our community health initiatives, and recommended CME opportunities for providers (at no charge).

Benefit plan information

Providers can view benefit plans and summaries by visiting azblue.com at “Find a Plan” and accessing the appropriate option for the member’s plan (Individuals and Families, Medicare, and Employers).

Blue Cross Blue Shield Association website

Providers can also find useful information on the Blue Cross Blue Shield Association website at bcbs.com.

Provider Portal – AZ Blue and Availity Essentials

In 2024, we will begin using the [Availity Essentials portal](#) (“Essentials”) for certain transactions, including eligibility and benefits inquiries, claim status, online remits, and EFT enrollment. Your organization must be registered with Availity to access these resources ([log in](#) or visit Availity’s [register and get started page](#)). Other tools and resources will continue to be available via the [AZ Blue provider portal](#). Our implementation with Availity will be ongoing for some time as we activate more functionality in Essentials.

Portal registration

To register your organization for the Essentials portal: Visit Availity’s [register and get started page](#) and follow the instructions to set up the account, add users, and assign user roles and permissions. For support, access the Help & Training menu on Essentials.

To register your organization initially for the [AZ Blue provider portal](#): Visit the registration page at [azblue.com/Register](#) and follow the instructions. Your organization’s account administrator can add as many users as needed. Go to “Practice Management > Account Management > Office User Management” and use the “Add Office User” tool to add users and assign user roles. AZ Blue does not give billing companies access to the provider portal. However, you may give your third-party biller access under your organization’s account.

Note: You are responsible for the activities of your authorized account users. For this reason, you must require unique usernames and passwords for each user account you create. All portal users must agree to and comply with portal terms and conditions for use of the provider portal. Violation of these terms may result in loss of access to the portal and/or criminal penalties.

AZ Blue portal content access

Your AZ Blue portal account administrator may assign content access based on the following user roles. The Office Manager and Account Administrator user roles have access to all of this content except EFT enrollment.

AZ Blue Portal User Role	Content Access in AZ Blue Portal
General Role	Eligibility and Benefits Resources
	CHS/TPA Finder Tool (to access contact information third-party administrators for Corporate Health Services (CHS) group plans)
	Medical Policies
	Prior Authorization Requirements and Requests Resources
	Provider Operating Guide
	Provider Communications (Newsletters and Notices)
	Provider E-learning
	Provider Forms
	Provider Guidelines (except claim guidelines)
	All Other Non-Restricted Content
General with Claims Role	Claim Status Inquiries
	Claim Coding Resources
	C3 Transparency Tool
	Claim Pricing Guidelines (includes fee schedules)
	Online Remits
Financial Manager Role	EFT Enrollment and Changes/Cancellations

Note: For non-contracted providers, we restrict access to certain content, regardless of Availity roles and permissions.

Provider Portal – AZ Blue and Availity Essentials

How to find resources and tools

The Availity Essentials portal includes several workflows, including:

- Patient Registration (includes eligibility/benefits and prior authorizations)
- Claims & Payments (includes claim submission, claim status, and remits)
- My Providers
- Reporting
- Payer Spaces (includes links to AZ Blue resources)

The AZ Blue portal homepage and navigation menus provide access to helpful resources and functions:

1. **Practice Management** (frequently used “every day” resources, including medical policies, prior authorization requirements and requests, and online remits)
2. **Provider Resources** (includes forms, guidelines, and other reference materials)
3. **Education & Training** (e-learning resources)
4. **Population Health** (requirements for quality care)

Provider Portal – Medicare Advantage

In 2024, we will begin using the [Availity Essentials portal](#) (“Essentials”) for certain transactions for Medicare Advantage (MA) plans, including eligibility and benefits inquiries, claim status, online remits, and EFT enrollment. Your organization must be registered with Availity for access to those resources ([log in](#) or visit Availity’s [register and get started page](#)). Other tools and resources will continue to be available via the Medicare Advantage provider portal at [azbluemedicare.com/login](#). Our implementation with Availity will be ongoing for some time as we activate more functionality in Essentials.

The MA portal homepage displays an overview of the AZ Blue MAPD plans and some quick links and contact information. Other resources include:

- AZ Blue Provider Operating Guide
- **Eligibility and benefits tool** – Search member plan and coverage information or see your panel roster (patient list).
- **Claim status** – Search claims for members with MA plans.
- **Prior authorizations** – Check the status of your prior authorization requests for the MA plans. You can also access related resources, including code lists, a request fax form, and the eviCore online request tool and resources.
- **Resources** – Access AZ Blue provider communications.

Provider Portal – BlueDental

Providers participating in our BlueDental networks may access the BlueDental secure portal at azblue.com/bluedentalprovider. The homepage displays new information and provider notices related to our BlueDental stand-alone plans (prefixes 99D and MUM) and Medicare Advantage plans with dental benefits (the dental ID card displays prefix 99D).

Other tabs include:

1. **Eligibility and benefits** (inquiry tool)
2. **Pre-treatment estimates** (predeterminations)
3. **Claims** (claim status inquiry tool)
4. **Remits** (access online remits)
5. **Benefit confirmation** (view benefit summaries to help with treatment planning)
6. **Fee schedules** (check fees)
7. **Rosters** (DHMO panel roster of current patients)
8. **Resources** (information, forms, and guides)

Electronic Services

Electronic claims submission

AZ Blue requires electronic claim submission and supports the following options:

- **Availity claim submission through the Essentials portal**
In 2024, we will offer claim submission (professional, institutional, and dental) through the [Availity Essentials portal](#) at no charge to you. Your organization must be registered with Availity for access to the claim submission functionality ([log in](#) or visit Availity's [register and get started page](#)).
- **DirectConnect with AZ Blue**
Arizona Blue Direct Connect (ABDC) allows providers to conduct electronic transactions directly with AZ Blue in a quick and efficient way, at no cost to you.
- **Third-party clearinghouse**
You may also conduct electronic business through a third-party clearinghouse. AZ Blue is networked to multiple national clearinghouses that conduct business in Arizona. For a current list of these clearinghouses, visit our [Electronic Options page](#) under Getting Started with Electronic Transactions.

AZ Blue supports the following HIPAA electronic transactions

- 837 Claims (institutional, professional, and dental)
- 835 Electronic remittance advice (ERA)
- 270/271 Eligibility and benefit/inquiry/response batch and real time (including BlueCard and FEP status information)
- 276/277 Claim status inquiry/response batch and real time (including BlueCard out-of-area and FEP status information)
- 278 Referral and prior authorization review, request/response (currently available for BlueCard only)

Visit the [Electronic Options](#) page to learn more about electronic services to streamline billing processes and office procedures, HIPAA resources, and electronic funds transfer (EFT).

HIPAA Version 5010 and AZ Blue Companion Guide

The Health Insurance Portability and Accountability Act (HIPAA) requires AZ Blue and all health insurance payers to comply with the electronic data interchange (EDI) standards for healthcare as established by the Department of Health and Human Services.

The ASC X12N 5010 version of the National Electronic Data Interchange Transactions Set Technical Report Type 3 (TR3) has been established as the standards for compliance of healthcare transactions. The TR3s for each transaction are available electronically from the WPC website at wpc-edi.com.

The AZ Blue Companion Guide for the HIPAA 5010 version effective Jan.1, 2012, is designed to be used *with*, not as a replacement for, the ASC X12N 5010 version of the HIPAA Transaction Technical Report Type 3 (TR3). View or download the [HIPAA Transaction Standard-AZ Blue Companion Guide](#) from our electronic options page at azblue.com/provider/electronic-options > Getting Started with Electronic Transactions.

More information and support

For additional information or support for HIPAA electronic transactions, contact Integrated Customer Solutions (ICS) at ICS@azblue.com.

Interactive Voice Response (IVR) System

AZ Blue maintains an automated **interactive voice response (IVR)** system that is continuously updated (real-time) to provide the most current information available. Here are some tips to help you save time and make the most of this resource:

- 1. Before calling, have provider/member identification information ready for validation.**
Call 602-864-4320 or 1-800-232-2345, ext. 4320, or the customer service number listed on the back of the member's ID card. You'll need the following information to activate the IVR system:
 - Provider's individual NPI and associated tax ID number
 - Member's ID (for general questions you can use any member ID)
 - Member's date of birth
 - Date of service and billed amount (to check claims status)
- 2. Select the function** relevant to your inquiry (see below for functions supported by the IVR).
- 3. Filter benefit inquiries** by saying the types of service that are relevant.
- 4. Say "Stop playback"** at any time to interrupt and move on to other functions.
- 5. Say "Representative"** to be routed to the customer service team for more complex or detailed information not available through the automated system (this feature is available only after you have successfully followed the IVR prompts for provider/patient identification).
- 6. Note the contact tracking number** for future reference.

Functions supported by the IVR

The IVR system gives you 24/7 access to these functions:

- **Member eligibility and benefit information** for general medical and dental services.
 - Hear benefit limits and status on accumulated benefits.
 - Request a fax back of the member benefits (to be sent within 24 hours).
 - Obtain year-to-date deductible accumulation information (individual/family plans) for medical and dental.
- **Claim status** for AZ Blue, FEP, Medicare Advantage and BlueCard (out-of-area) members.
 - Get line-item detail and payment information.
 - Check status "pending" details (for some lines of business) when claims are awaiting medical records and/or other insurance coverage.
- **AZ Blue fee schedule information** (CPT[®] and CDT[®] codes only).
- **Prior authorization requirements and requests**
 - Check if prior authorization is required for a particular service.
 - Request prior authorization or check status for FEP and most AZ Blue members.

Exception: Provider support for the ACA StandardHealth with Health Choice plan is available by calling 1-800-322-8670 or visiting <https://standardhealthhc.com>.

Additional information

For more complex or detailed information not available through the IVR system, customer service representatives are available Monday through Friday between 8 a.m. and 4:30 p.m. After you have successfully followed the IVR prompts to identify yourself and your patient (for general questions you can use any member ID), you can say "representative" to be routed to the customer service team.