Section 3

Electronic Resources

Contents

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 provider webpages at azblue.com/provider – no login required (see page 3-2)

2. The provider portals require a login (see page 3-3):

   - [Availity Essentials™ provider portal](#) (if you're not registered yet, visit Availity's [Register and Get Started page](#))

   - [AZ Blue provider portal](#)

3. The BlueDental provider portal at [azblue.com/bluedentalprovider](#) – for 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 the 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 our online tools and resources is available on our [Provider Guides and E-learning page](#).

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 *(BlueAlert – Providers)* and the provider newsletter (*BlueConnect – Providers*) as they are implemented.

Provider Resources at azblue.com/provider

Resources on azblue.com/provider
You can access many AZ Blue resources at azblue.com/provider, including:

- Home page (includes a search tool and link to the resource center)

- Provider Resource Center (includes access to several topic pages):

  – Availity Essentials portal information (how we're using it, how to get started, etc.)

  – Eligibility and benefits resources (e.g., prefixes, ID card samples, network/product info, and telehealth)

  – Member ID prefix lists and information

  – 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)

  – No Surprises Act (NSA) protections and processes

  – Appeals and grievance processes and forms

  – Pharmacy drug lists and formularies

  – Dental resources

  – Medicare Advantage plans

  – CHS group plans (network-rental arrangements)

  – Clinical partnership

  – Standards for quality care

  – Forms

  – Fraud, waste, and abuse prevention information and reporting tool

  – Network participation (contracts, credentialing, and related forms)

  – Electronic business resources (HIPAA Transaction Standard-AZ Blue Companion Guide, claim adjustments, and more)

- 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 – Availity Essentials and AZ Blue

You can now use the Availity Essentials provider portal ("Essentials") to check eligibility and benefits, claim status, remits, and fee schedules. These and other features are available on the Essentials platform at no cost to providers. Our tools and resources will continue to be available via the AZ Blue provider portal until we are fully transitioned to the Essentials portal.

Portal registration
Availity Essentials:
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. Availity allows billing companies to set up portal accounts. For support, reach out to Availity Client Services at **1-800-AVAILITY (282-4548)**. They can be reached Monday through Friday from 8 a.m. to 8 p.m. Eastern time (excluding holidays).

AZ Blue:
Visit the registration page at azblue.com/Register and follow the instructions. Once your registration has been approved, 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. Failing to monitor user action or violation of the portal terms may result in loss of access to the portal for the entire organization 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 the content listed below.

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 + Claims Role	Claim Status Inquiries
	Claim Coding Resources
	Clear Claim Connection (C3) Transparency Tool
	Claim Pricing Guidelines (includes fee schedules)
	Online Remits

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

Provider Portal – Availity Essentials and AZ Blue

How to find resources and tools
The Availity Essentials portal includes several workflows, including:

- Patient Registration (eligibility/benefits)

- Claims & Payments (submission, claim status, remits, and fee schedules)

- My Providers

- Reporting

- Payer Spaces (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 – 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 claim submission
AZ Blue generally requires electronic claim submission and supports the following options:

- **Claim submission through the Availity Essentials portal**
  We now offer claim submission (professional, institutional, and dental) through the [Availity Essentials provider portal](#) at no charge to you. This includes a streamlined "Quick Claims" option for professional claims that allows you to submit multiple claims (in a batch) to one or more payers. If you're not registered yet, visit Availity's [Register and Get Started page](#).

- **Third-party clearinghouse**
  You may also conduct electronic business through a third-party clearinghouse. AZ Blue is networked to multiple national clearinghouses operating 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
- 834 Benefit enrollment (updates to member eligibility data)
- 835 Electronic remittance advice (ERA)
- 837 Claim submission (institutional, professional, and dental)
- 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 but will be available for all lines of business starting sometime in 2025)

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).

Please note that AZ Blue and most other Blue Plans take care of routine updates on Sundays and can't respond to online searches during that time. You'll have more success with your searches on other days of the week.

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. **Prepare by having provider/member identification information ready for validation.**
   Call **1-844-995-2583** 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 during business hours, 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 azblue.com/aca-standardhealth-health-choice.

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.

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