
Provider Networks Overview

1. Blue Cross[®] Blue Shield[®] of Arizona (BCBSAZ) Provider Networks

Statewide medical PPO/indemnity networks – These are the largest BCBSAZ networks and are the networks used for most BCBSAZ medical plans and lines of business. All providers contracted with a BCBSAZ medical agreement participate in these networks. In addition to BCBSAZ PPO plans, these networks are associated with:

BCBSAZ and TPA co-administered group plans

A self-funded employer group may contract with BCBSAZ for a co-administered plan. The group's TPA handles certain functions such as prior authorization and member services. BCBSAZ processes claims. The group may access BCBS PPO networks worldwide through the BlueCard[®] program. For more information, see page 8-9.

Corporate Health Services (CHS) group plans

These plans have PPO network "rental" arrangements. A self-funded employer group may contract with BCBSAZ for the use of a provider network. No BCBS network access is available in service areas outside of Arizona. Except for network access and claim pricing, the group's TPA handles all other aspects of the plan. For more information about CHS group plans, see page 8-11.

Federal Employee Program[®] (FEP[®]) plans – PPO network

BCBSAZ has a participation agreement with the BCBS Association to underwrite and service federal employees who enroll in the Blue Cross and Blue Shield Service Benefit Plan in Arizona. Federal employees choose the Standard Option, Basic Option, or FEP Blue Focus benefit plan. All of these plans have access to BCBS PPO networks worldwide. For more information about FEP plans, see page 8-18.

Other BCBS plans using the BlueCard statewide PPO and indemnity networks

Plans or products issued or administered by other BCBS Plans may use these networks for their members who receive healthcare services in Arizona.

BlueDentalSM PPO Network – This network is used for BCBSAZ stand-alone PPO dental plans and CHS group plans. It's also used as the GRID network for out-of-area BlueCard and Blue Cross Blue Shield (BCBS) FEP DentalSM members. All dental providers contracted under a BCBSAZ dental agreement participate in this network.

Dental providers in medical networks – For oral surgery services and services covered by ACA-compliant medical benefit plans that include pediatric dental benefits, dental providers must be contracted with the network associated with the member's specific plan. Medical plans may use an exclusive network or our broad PPO or HMO network.

Optional lines of business – Providers may also choose to participate in the following networks:

Statewide HMO Network

BlueDental Prime Network, BlueDental DHMO Network, FEP Dental Network

Medicare Advantage networks – See page 8-2

Medicare Supplement Senior Preferred Network – See page 8-22

Workers' Compensation (WC) Network – See page 8-23

Exclusive networks – These networks are limited in geographic scope and typically anchored by one or more designated hospital systems and their affiliated providers. For more information, see page 8-5.

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Blue High Performance NetworkSM (BlueHPNSM) – This national exclusive network covers over 65 key metropolitan areas across the country. It offers employer groups with national accounts enhanced quality and cost savings through EPO benefit plans. In Arizona (greater Phoenix metropolitan area), the BlueHPN consists of providers in the Alliance Network (primarily of hospitals/facilities and provider groups in Maricopa County and some in Pinal County that are affiliated with Banner Health and HonorHealth).

TriWest Healthcare Alliance Network – BCBSAZ partners with TriWest in providing a community network of providers serving veterans through the TriWest Health Alliance Community Care Network (CCN). BCBSAZ issues a separate TriWest network participation agreement to its providers and maintains the network.

2. BCBSAZ Medicare Advantage (MA) Networks

Multiple networks serve our MA members. In addition to the Blue Advantage, BluePathway (HMO), and BlueJourney (PPO) networks administered by BCBSAZ, we also partner with:

- **Arizona Priority Care (AZPC)** to administer the BluePathway Plan 1 (HMO) and corresponding network, available to members residing in Maricopa County
- **P3 Health Partners (P3)** to administer the Blue Advantage and BluePathway HMO networks and associated products that are available to members in Pima and Santa Cruz counties

This table shows the MA networks and participation arrangements:

MA NETWORK AND ASSOCIATED BENEFIT PLAN(S)	PREFIX	SERVICE AREA	NETWORK PARTICIPATION	
Blue Advantage Network				
Blue Medicare Advantage HMO (Classic Plan) H0302-006	M2K	Maricopa and Pinal counties	BCBSAZ Medicare Advantage Agreement or Amendment	
Blue Medicare Advantage HMO (Plus Plan) H0302-001				
BluePathway HMO Network				
BluePathway HMO (Plan 2) H6936-003	M2V	Maricopa County		
BlueJourney PPO Network (all plans) H5140-001 and 002	M3P	Maricopa and Pima counties (includes access to network providers statewide)		
Arizona Priority Care Network				
BluePathway HMO (Plan 1) H6936-006	M4K	Maricopa County	Arizona Priority Care (AZPC) Separate AZPC Agreement	
P3 Network				
Blue Medicare Advantage HMO (Classic Plan) H0302-008	M2K	Pima County	P3 Health Partners Separate P3 Agreement	
Blue Medicare Advantage HMO (Standard Plan) H0302-009		Santa Cruz County		
BluePathway HMO (Plan 2) H6936-005	M3V	Pima County		
ADDITIONAL NETWORKS (for plans administered by BCBSAZ)		NETWORK PARTICIPATION		
American Specialty Health (ASH) Network (Musculoskeletal)		Separate ASH agreement		
TruHearing Network (Hearing)		Separate TruHearing agreement		
BlueDental Prime Network (Dental)		Option in BCBSAZ dental agreement		

Blue Cross, Blue Shield, the Cross and Shield Symbols, Federal Employee Program, FEP, and BlueCard are registered service marks, and Blue High Performance Network, BlueHPN, BlueDental, and Blue Cross Blue Shield FEP Dental are service marks, of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Provider Networks Overview

MA PPO network sharing

BCBS Plans that offer MA PPO benefit plans participate in reciprocal network sharing. This network sharing arrangement allows all BCBS MA PPO members to receive in-network benefits when traveling or living in the service area of any other BCBS MA PPO Plan, as long as the member sees a contracted MA PPO provider.

- Providers in the BCBSAZ BlueJourney PPO network are considered in-network for out-of-area MA PPO members. You must provide them with the same access to care as you do for BCBSAZ MA PPO members. Reimbursement for covered services is in accordance with your contractual rate for the BlueJourney PPO network.
- Providers not contracted for the BlueJourney PPO network are considered out-of-network for out-of-area MA PPO members and are not required to see these members. Reimbursement for covered services is the Medicare allowed amount. You may not balance bill the member for the difference between the Medicare allowed amount and billed charges.

The MA PPO “suitcase” logo on the bottom of a BCBS member ID card indicates that the member is covered under the MA PPO network sharing program.



3. Non-BCBSAZ Provider Networks

The following networks require agreements with separate, independent entities contracted with BCBSAZ to provide network services.

American Specialty Health (ASH) musculoskeletal networks – Contracted to provide the Arizona network and administer chiropractic services for most BCBSAZ commercial benefit plans; We also contract with ASH to provide the network and administer Medicare-covered and supplemental benefits (chiropractic, acupuncture, and therapeutic massage) for our MA plans

Arizona Priority Care (AZPC) – Contracted to provide the network and administer the Medicare Advantage BluePathway Plan 1 (HMO) benefit plan in Maricopa County

Davis Vision Network –Contracted to provide the network and administer the routine vision care and eyewear benefits for members up to age 19 who have PCP Coordinated Care HMO plans.

DenteMax Network – BCBSAZ contracts with the DenteMax Network to provide services for BCBSAZ members with certain medical plans that cover pediatric dental benefits outside of the Arizona service area.

P3 Health Partners (P3) – Contracted to provide the networks and administer the Medicare Advantage HMO benefit plans in Pima and Santa Cruz counties

TruHearing Network – BCBSAZ contracts with TruHearing to provide the network and administer the routine (non-Medicare covered) audiology services and hearing aid benefits for our Medicare Advantage plans.

P3 Health Partners, Arizona Priority Care, ASH, Davis Vision, TruHearing, and DenteMax are separate, independent companies, contracted with BCBSAZ to provide healthcare services to BCBSAZ providers and members.

TriWest and BCBSAZ have a contractual arrangement to support the VAPC3 program.

Provider Networks Overview

Here are the networks and agreement arrangements related to our member benefit plans:

NETWORK	PROVIDER PARTICIPATION AGREEMENT
Statewide/National PPO Network <i>Used for:</i> <ul style="list-style-type: none"> • BCBSAZ members with PPO or EPO benefit plans using the Statewide PPO Network • BlueCard® members with PPO or EPO benefit plans using the broad National PPO Network • CHS members • Federal Employee Program® (FEP®) members 	BCBSAZ provider participation agreement – includes these lines of business for all contracted providers
Statewide Indemnity Network <i>Used for:</i> <ul style="list-style-type: none"> • BCBSAZ members with indemnity benefit plans using the Indemnity Network • BlueCard members with benefit plans using the Traditional Network 	
Statewide HMO Network	BCBSAZ agreement – optional line of business
Workers' Compensation Network	BCBSAZ agreement – optional line of business
Senior Preferred Medicare Supplement Network	BCBSAZ agreement – optional line of business
BCBSAZ Exclusive Networks <ul style="list-style-type: none"> • Alliance • MaricopaFocus • Neighborhood • PimaConnect • PimaFocus 	BCBSAZ agreement or amendment
Blue High Performance NetworkSM (BlueHPNSM) <i>National exclusive network used for EPO plans for employer groups with national accounts, serving members in over 65 metropolitan areas across the country. In Arizona (greater Phoenix metro area), the BlueHPN consists of providers in the Alliance Network.</i>	BCBSAZ agreement or amendment
BCBSAZ Medicare Advantage Networks <ul style="list-style-type: none"> • BlueJourney PPO (BCBSAZ) • Blue Advantage (BCBSAZ and P3) • BluePathway HMO (BCBSAZ, P3, and AZPC) 	BCBSAZ Medicare Advantage agreement or amendment; separate P3 Health Partners agreement; separate Arizona Priority Care agreement
TriWest Alliance Community Care Network (CCN) – TriWest Healthcare Alliance	Separate TriWest agreement issued by BCBSAZ. (BCBSAZ is responsible for contracting this network.)
BlueDentalSM PPO Network (includes participation in the Dental GRID network for BlueCard and BCBS FEP Dental SM stand-alone plans)	BCBSAZ dental agreement
BlueDental Prime Network; FEP Dental Network	Optional lines of business in the BCBSAZ dental agreement
BlueDental DHMO Network	Separate BCBSAZ DHMO agreement
Davis Vision Network	Separate Davis Vision network agreement
TruHearing Network (for MA plans only)	Separate TruHearing network agreement
Musculoskeletal Networks – American Specialty Health (ASH)	Separate ASH network agreement

Exclusive Networks

Exclusive (narrow) networks are typically limited in geographic scope and are anchored by one or more designated hospital systems and their affiliated providers. BCBSAZ determines the need for additional provider participation based on regulations and standards for network access and adequacy, BCBSAZ provider locations, and the need for specialty providers to be added to the network. Only providers with a separate agreement or amendment for a particular exclusive network are considered in-network for members with plans using that specific network.

In keeping with EPO and HMO benefit plan designs, members with EPO or HMO plans using an exclusive network have no coverage outside the member's network except for emergency situations and other limited circumstances, including when BCBSAZ preauthorizes care because the services cannot be provided in-network.

- **Alliance Network** – Available only to employer groups for PPO/EPO and HMO plans, Alliance consists primarily of hospitals/facilities and provider groups in Maricopa and Pinal counties that are affiliated with Banner Health, HonorHealth, and Cobre Valley Medical Center. The primary lab provider is Sonora Quest. This network is also available to national employer group PPO accounts. The HMO pharmacy network excludes CVS.
- **BlueHPN** – Available only to employer groups with national accounts, this national network includes BCBS network providers in over 65 metropolitan areas. In Arizona, for the greater Phoenix metro area, the BlueHPN consists of providers in the Alliance Network (see above). All plans associated with this network are EPO plans with limited coverage outside of the BlueHPN service areas (urgent and emergency care only).
- **MaricopaFocus Network** – This network is available only to individuals/families residing in Maricopa County for PCP Coordinated Care HMO benefit plans. MaricopaFocus consists primarily of hospitals/facilities and providers that are affiliated with Dignity Health, Abrazo Health, and Phoenix Children's Hospital. The pharmacy network excludes CVS. We partner with Equality Health to enhance the value-based care that is foundational to the PCP Coordinated Care HMO benefit plans. In addition to a participation agreement with BCBSAZ, PCPs must have a separate agreement with Equality Health to participate in the MaricopaFocus Network.
- **Neighborhood Network** – Available only to individuals/families residing in counties other than Maricopa and Pima who have PCP Coordinated Care HMO benefit plans. The Neighborhood Network consists of most contracted providers in counties other than Coconino and Maricopa. In Coconino County, only the PathfinderHealth ACO providers and certain other providers are in the Neighborhood Network. In Maricopa County, the only health systems in the Neighborhood Network are Banner Health and Dignity Health, to provide specialty services not available in other counties. The pharmacy network excludes CVS.
- **PimaConnect Network** – Available only to employer groups for PPO and HMO plans, PimaConnect consists primarily of hospitals/facilities and provider groups in Pima County that are affiliated with Northwest Medical Center and Tucson Medical Center. This network is also available to national employer group accounts. For HMO plans, the pharmacy network excludes CVS.
- **PimaFocus Network** – Available only to individuals/families for PCP Coordinated Care HMO benefit plans. PimaFocus consists primarily of facilities and provider groups that are affiliated with Tucson Medical Center, all of the Carondelet hospitals, along with the other Tenet Health facilities and providers located in Pima County. The pharmacy network excludes CVS.

Exclusive Networks

Finding plan-specific referrals in the provider directory – To find an in-network provider for referrals, access the searchable “Find a Doctor” Provider Directory at azblue.com/directory and select the network displayed on the member’s ID card.

Member ID prefixes associated with exclusive networks are shown below. For a complete list of standard prefixes, see the member ID prefix list – located in the secure provider portal at azblue.com/providers in “Practice Management > Eligibility & Benefits.”

EXCLUSIVE NETWORK NAME AND PRODUCT INFORMATION	MEMBER ID PREFIXES
Alliance (Maricopa/Pinal counties) – PPO and EPO plans for employer groups	XBN, N4Z
Alliance (Maricopa/Pinal counties) – PCP Coordinated Care HMO plans for employer groups	XAH
Blue High Performance NetworkSM (Covers over 65 key metropolitan service areas across the country; In Arizona, the BlueHPN covers the Phoenix metropolitan area) – EPO plans for employer groups with national accounts	Z5M
MaricopaFocus (Maricopa County) – PCP Coordinated Care HMO plans for individuals and families residing in Maricopa County	FLH
Neighborhood – PCP Coordinated Care HMO plans for individuals and families residing outside of Maricopa and Pima counties	NNG, NNJ
PimaConnect (Pima County) – PPO plans for employer groups	PMA, Z9P
PimaConnect (Pima County) – PCP Coordinated Care HMO plans for employer groups	PMK
PimaFocus (Pima County) – PCP Coordinated Care HMO plans for individuals and families residing in Pima County	FQL

Products Overview

BCBSAZ offers a variety of products and benefit plans to group and individual customers. Product types include PPO, HMO, EPO, indemnity, FEP, Medicare, vision, and dental plans. The Medicare plans offered include Medicare Advantage Prescription Drug (MAPD), Medicare Supplement, and Medicare Part D prescription drug plans (PDPs).

BCBSAZ also issues qualified health plans (QHPs) for individuals/families and small groups. The individual/family plans are marketed on the Health Insurance Marketplace, the Federally Facilitated Marketplace (FFM) available at healthcare.gov. QHPs must cover a specific set of services and items called “essential health benefits” (EHBs). An insurer must be approved by CMS and the state, in addition to being accredited by URAC or NCQA, to participate on the FFM (Arizona participates in the FFM; other states may participate in a State Health Insurance Marketplace).

Where to find summary of benefits and coverage (SBC) documents

You can find BCBSAZ health insurance options and benefit plan summaries for individuals/families online at healthcare.gov. Plan summaries for employer groups are available at azblue.com/employers. You may also find member-specific benefit books and riders for some members through the eligibility and benefits search tool on the homepage of the secure provider portal at azblue.com/providers.

Summary and evidence of coverage documents for Medicare Advantage plans are available at azblue.com/medicare. FEP plan brochures are available at fepblue.org/plan-brochures.

More information about types of products

PPO (preferred provider organization) – PPO products use a network of contracted providers and members have lower out-of-pocket costs when they use an in-network provider for covered services. Members typically have higher out-of-pocket costs for covered services rendered by out-of-network providers. The differences in cost share can be substantial. Some services (e.g., mail order pharmacy) are covered *only* when the member uses an in-network provider.

We offer standard and customized PPO plans for employer groups, FEP PPO plans, Medicare Advantage PPO plans, and ACA-compliant PPO plans for small groups and individuals under age 65 and their families. Be sure to check eligibility and benefits for plan-specific coverage and benefit limits.

EPO (exclusive provider organization) – Except for emergencies, EPO benefit plans have no benefits unless the member uses an in-network provider. EPO plans are available only to large self-funded employer groups. For information about Blue High Performance Network (BlueHPN) EPO products, see page 8-10.

Indemnity – Sometimes referred to as traditional insurance, an indemnity product does not have the restrictions of an HMO or PPO product. Members have protection from balance billing when using any BCBSAZ-contracted provider.

HMO (health maintenance organization) – HMOs, called health care service organizations (HCSOs) in Arizona, are regulated under separate laws from other types of insurance coverage. HMO plans generally include out-of-network coverage only for emergencies and other limited circumstances.

We offer open-access HMO plans and PCP Coordinated Care HMO plans. For more information about the specific requirements of PCP Coordinated Care HMO plans, see page 8-13. We also offer Medicare Advantage HMO plans.

In addition to the above broad categories of benefit plans, here are some further product classifications that help define a particular benefit plan:

Products Overview

HSA-eligible PPO and HMO/high-deductible health plans (HDHPs)– These PPO and HMO products meet the IRS and Treasury Department requirements for an HDHP that can be paired with a health savings account (HSA). Note that members of HSA-eligible benefit plans may prefer to pay their deductible and coinsurance cost *after* the allowed amount has been determined, as paying at the point of service often results in a distribution from the HSA for an amount greater than what is permitted by IRS regulations.

Qualified health plans (QHPs) – QHPs meet the ACA requirements to be available on the Health Insurance Marketplace. BCBSAZ offers QHPs on the Health Insurance Marketplace for individuals under age 65 and their families:

- PCP Coordinated Care HMO benefit plans using the MaricopaFocus, PimaFocus, or Neighborhood networks
- PPO benefit plans using the National PPO network

We also offer PPO, HMO, and HSA-qualified QHPs for small groups (not available on the Health Insurance Marketplace), using the Alliance, PimaConnect, National PPO, or Statewide HMO networks.

Plans with tiered benefit designs – Large employer groups may choose to offer a plan with tiered benefit arrangements (e.g., the State of Arizona’s BluePreferred Care PPO “triple choice” plan). A tiered benefit design allows different levels of member cost sharing, based on the provider used. BCBSAZ reserves the right to determine provider tier level based on the plan design or the group’s requests.

Medicare plans

- **Medicare Advantage plans** – BCBSAZ Medicare Advantage (MA) plans are Arizona-based MAPD health plans serving Medicare-eligible residents in Maricopa, Pinal, Pima, and Santa Cruz counties. For more information about servicing these plans, see page 8-20.
- **Medicare Supplement plans** – BCBSAZ offers standardized Senior Security and Senior Preferred plans designed to help pay for some expenses not covered by Original Medicare Part A and Part B, such as Medicare copays, deductibles, and coinsurance. For more information about these plans, see page 8-22.
- **Medicare Part D prescription drug plans** – BCBSAZ offers two prescription drug plans to complement the Medicare Supplement (Medigap) products: Blue MedicareRx Value, and Blue MedicareRx Enhanced.

Other plans supported by BCBSAZ provider networks

In addition to members with the types of BCBSAZ-issued products mentioned above, BCBSAZ-contracted providers also service members with benefit plans issued by other BCBS Plans (see Section 9), members with BCBSAZ and TPA co-administered group plans (see page 8-9), TPA-administered CHS group plans (see page 8-11), members with FEP plans (see page 8-18), and members with workers’ compensation benefits (see page 8-23).

URAC is a Washington, D.C.-based healthcare accrediting organization that establishes national quality standards for the healthcare industry. URAC is an independent organization, is not affiliated with BCBSAZ, and does not provide or administer BCBSAZ products or services.

The National Committee for Quality Assurance is an independent organization that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.