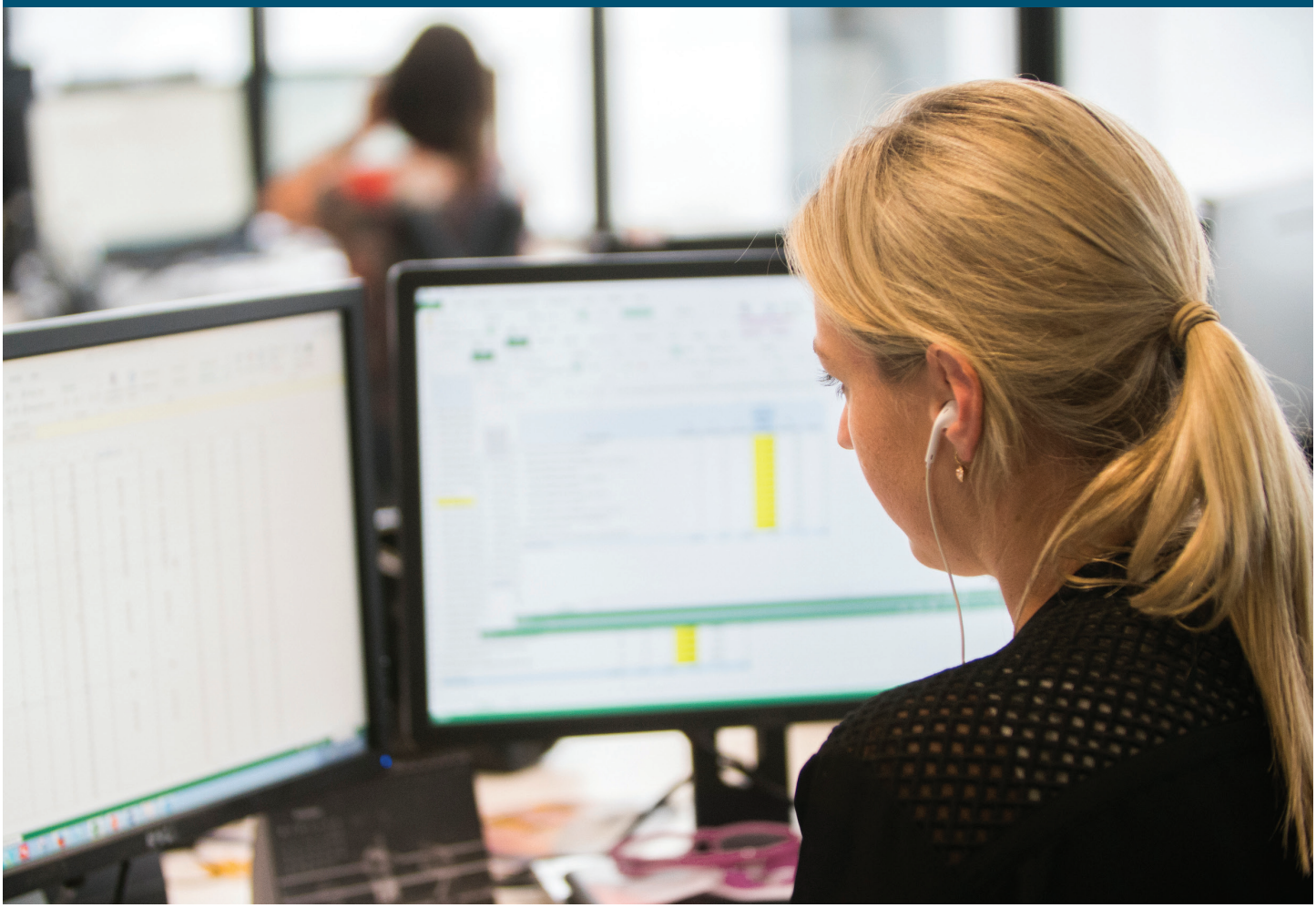
Provider Portal User Guide



azblue.com/providers

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BlueCross BlueShield Arizona

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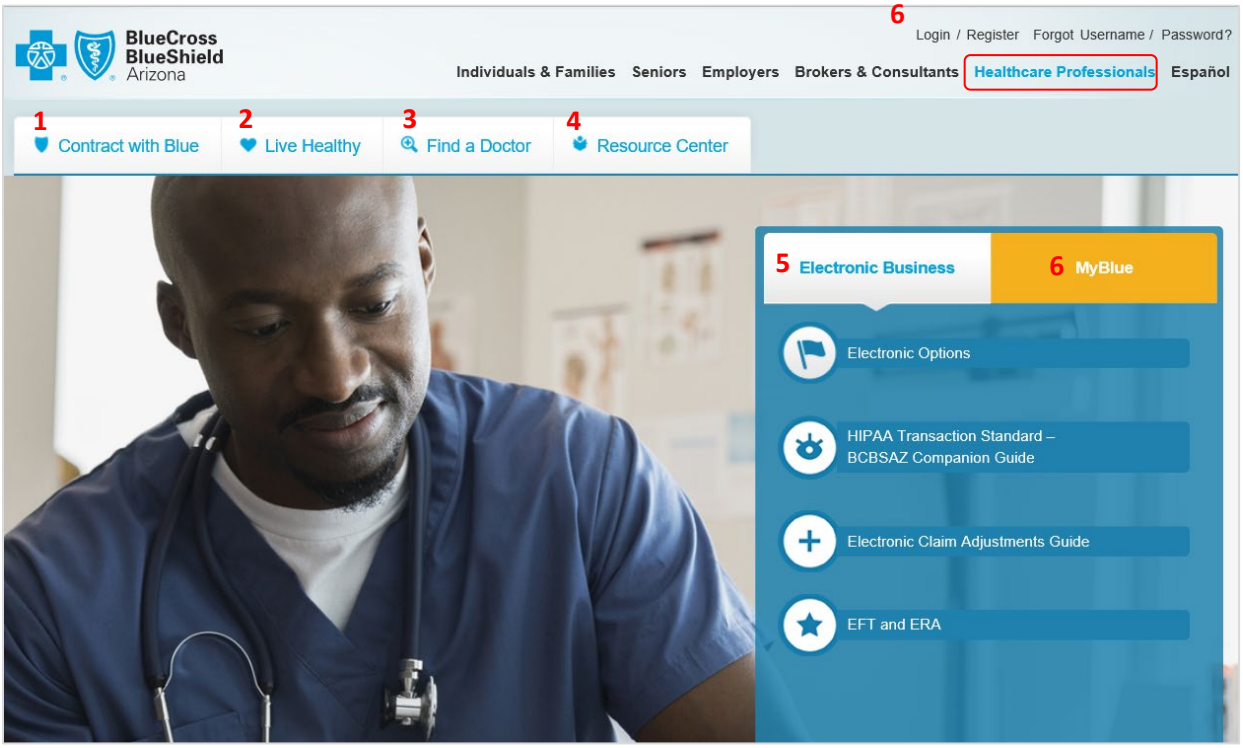
1 Overview of Online Resources for Providers

Public Site for Healthcare Professionals

Blue Cross® Blue Shield® of Arizona (BCBSAZ) makes several resources available to providers at azblue.com/providers. No login is required to view and use these resources.

Homepage for azblue.com/providers:



Features include:

1 **Contract with Blue** – This section includes information about the BCBSAZ Provider Network and the contracting/credentialing process, forms to request a contract or update information, and a provider relations coordinator (PRC) search tool.

2 **Live Healthy** – This section informs providers about valuable resources and tools we offer to BCBSAZ members to promote health and wellness.

3 **Find a Doctor** – Click here to access the online provider directory search tool.

4 **Resource Center** – This is where you'll find a drop down menu with information, tools, and frequently used forms. Topics include: Appeals/grievances; fraud/waste/abuse; medical policies; No Surprises Act; pharmacy; prefix lists; prior authorization; and telehealth.

5 **Electronic Business** – Several links provide information about electronic options, transactions, and EFT/ERA. Includes access to the HIPAA Transaction Standard – BCBSAZ Companion Guide, and the Electronic Claims Adjustment User Guide.

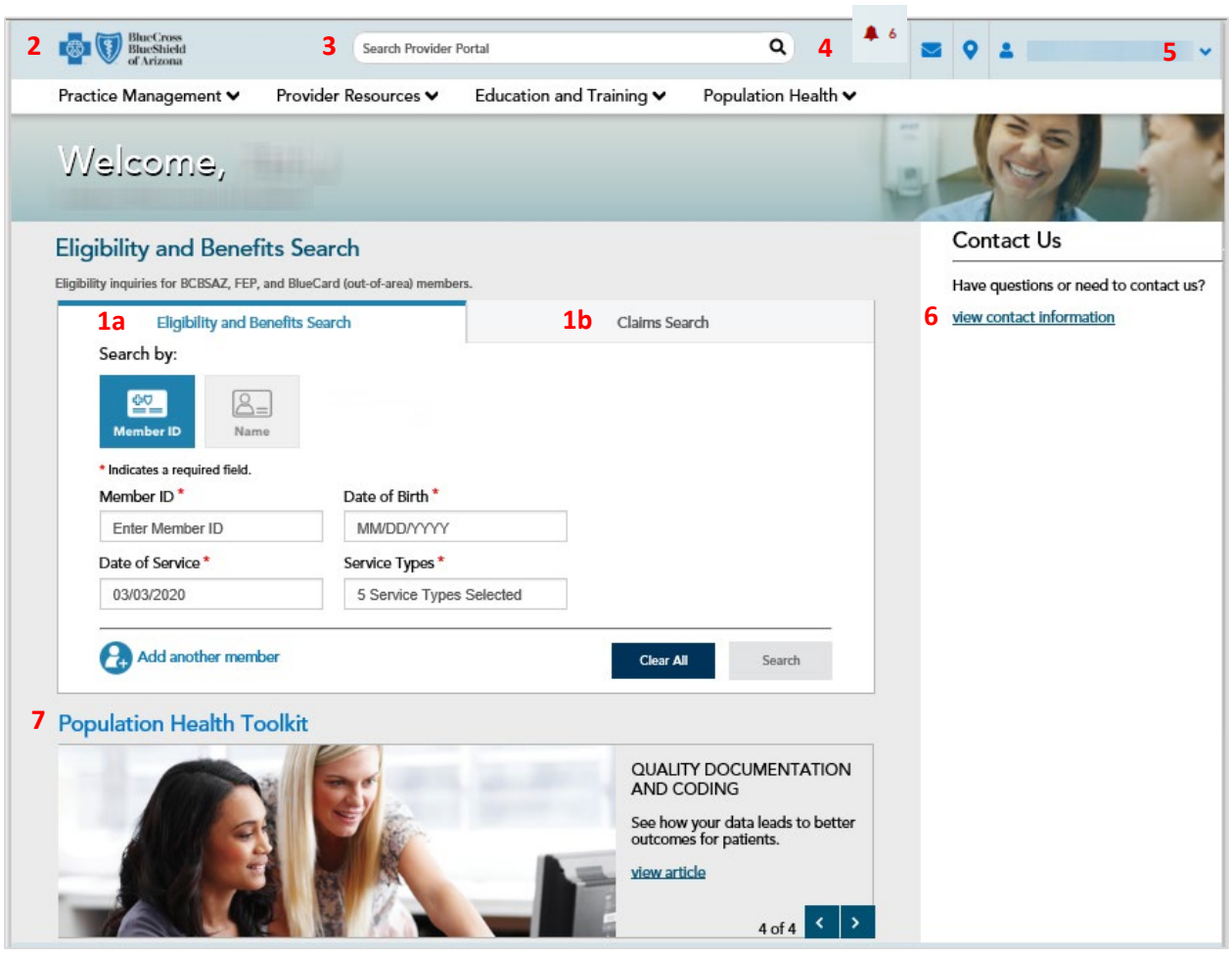
6 **Login or registration for access to the secure provider portal** – Once your organization is registered for the secure provider portal, your account admin can add users and modify user-access roles as needed.

Secure Provider Portal

The secure provider portal offers tools to make it easy to do business with us and help manage our members' health. Access to the secure portal requires an initial registration by your organization. After your account has been approved, your account administrator may add user accounts for your staff and third-party billing team. Each user must have a unique username and password.

To register your organization initially, visit the registration page at azblue.com/register and follow the instructions.

Homepage for secure provider portal:



Features include:

1a Eligibility and Benefits Search – Initiate an eligibility & benefits inquiry.

1b Claims Search – Check claim status.

2 Logo = Home – Click the logo to get back to the homepage at any time.

3 Search Provider Portal – Find resources/tools in the secure portal that are associated with your user role.

4 Notifications – Receive important updates from BCBSAZ (appears only when there are messages).

5 My Account – See your assigned user role and account administrator contact information.

6 Contact Us – Get provider-specific contact information (includes a link to the PRC search tool).

7 Population Health Toolkit – Explore guidelines for providers about critical healthcare topics.

Account Administrator Role and Responsibility

You can add a user to your account by going to "Practice Management > Account Management > Office User Management" and use the "Add Office User" tool. We require the use of unique usernames and passwords for each of your staff. For account maintenance, you can reset user passwords, configure provider tax IDs and NPI numbers associated with your organization, and change user roles as needed.

BCBSAZ does not give billing companies access to the secure provider portal. However, as a provider, you may give your third-party biller access under your organization's account. Keep in mind that you are responsible for the activities of your authorized users. For this reason, you should require unique user names and passwords for each external user account you create. All portal users must agree to and comply with our terms and conditions for use of the secure provider portal.

User Roles Determine Content Access

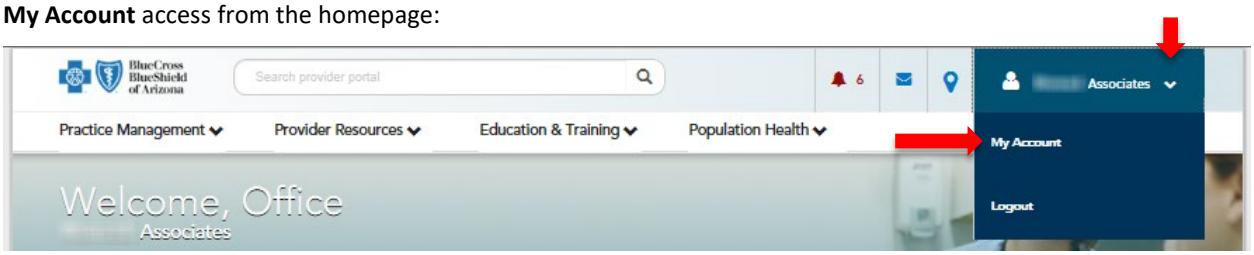
There are four specific user roles that an account administrator can assign to others in the organization, according to the level of access required. Non-contracted providers do not have access to all content.

User Roles		Areas of Access					
		Eligibility & Benefits	**Education & Training**	**Population Health**	**Claims and Remits**	**User Role/NPI Management**	**EFT Enrollment and Changes**
1	**General**	✓	✓	✓			
2	**General with Claims**	✓	✓	✓	✓		
3	**Financial Manager**						✓
4	**Office Manager**	✓	✓	✓	✓	✓	
5	**Account Administrator**	✓	✓	✓	✓	✓	

My Account Page

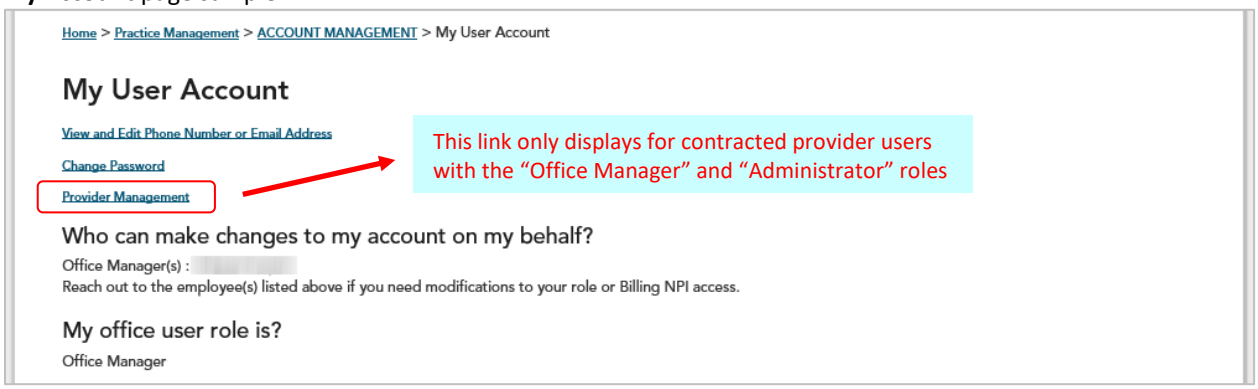
This page shows your user role and who can change your user role or add provider NPI numbers to your account.

My Account access from the homepage:



You can also access your account information from "Practice Management > Account Management."

My Account page sample:



User Role and Account Administrator Contact Information – The "My Account" page shows your user role and your "account administrator" or "office manager" contact information. This person can change your user role and add providers to your account configuration. Other functions available on this page include:

Change User Contact Information

This page allows you to change your email or phone number.

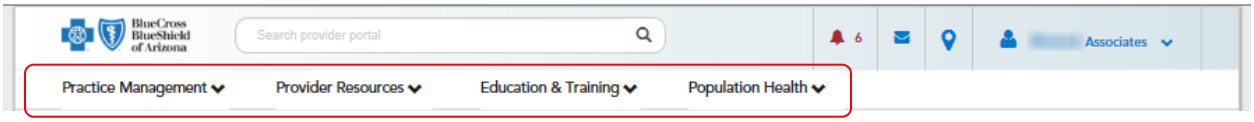
Change Password

You may change your password at any time.

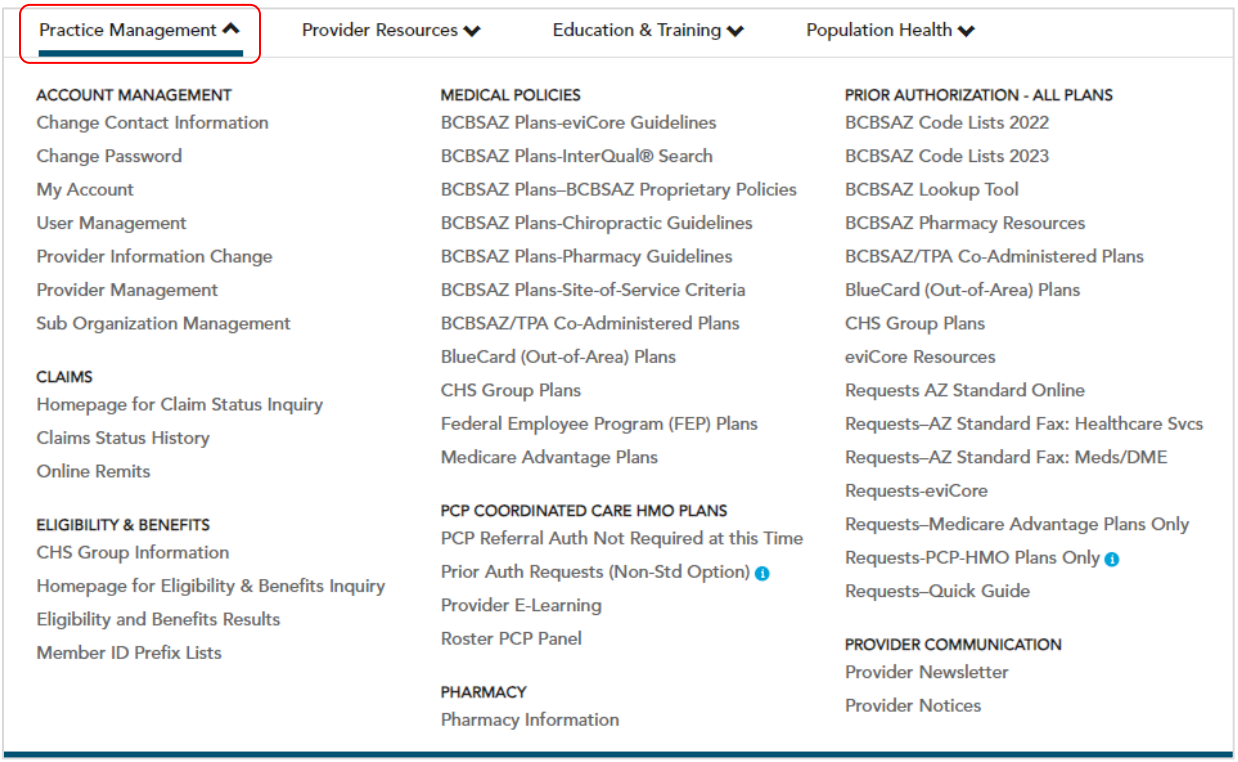
Provider Management (for BCBSAZ-contracted providers only)
Links to the Provider Management page to view the providers (along with their NPI numbers) associated with the tax ID number(s) configured in your account. You can select providers to access associated claim status and fee schedule information.

Navigation Menus - Overview

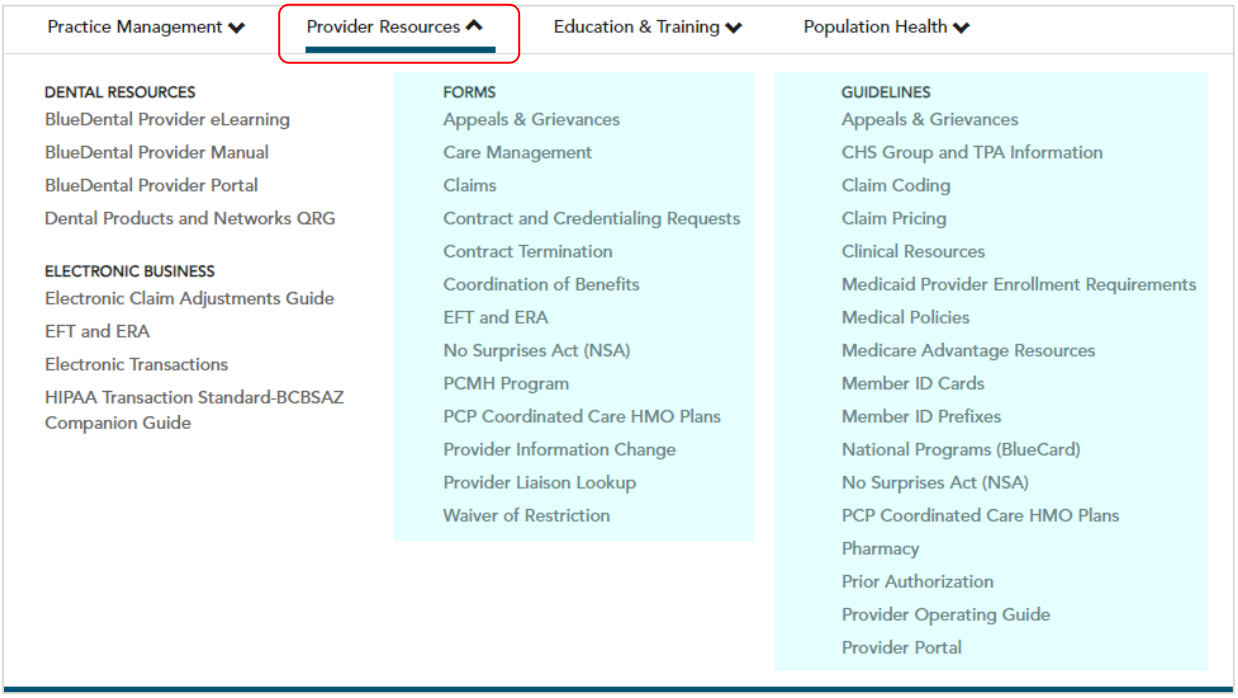
Four main “mega” navigation menus help you find what you’re looking for quickly and easily:



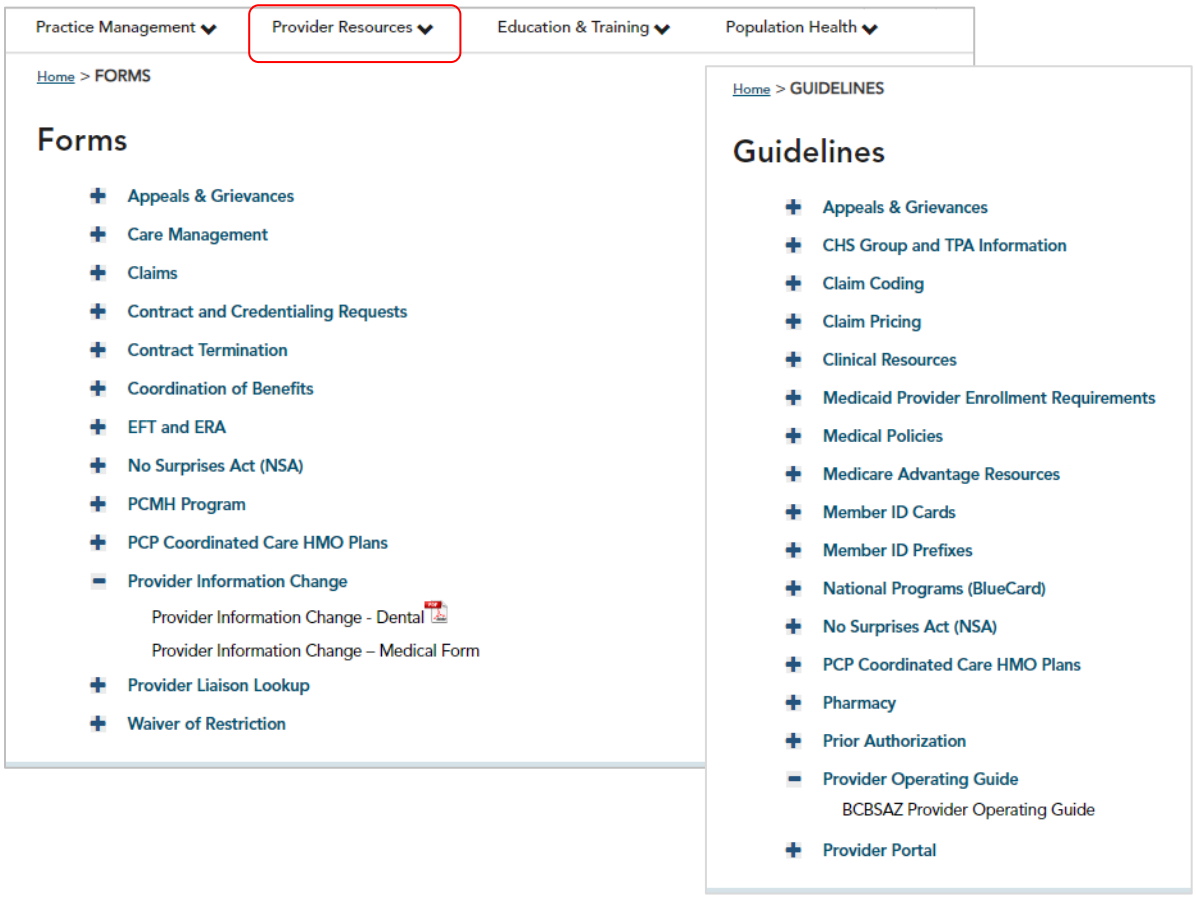
1 **Practice Management** – This menu displays tools and resources for everyday use, including Account Management, Claims, Clinical Criteria, Eligibility and Benefits, Precertification, and Provider Communication:



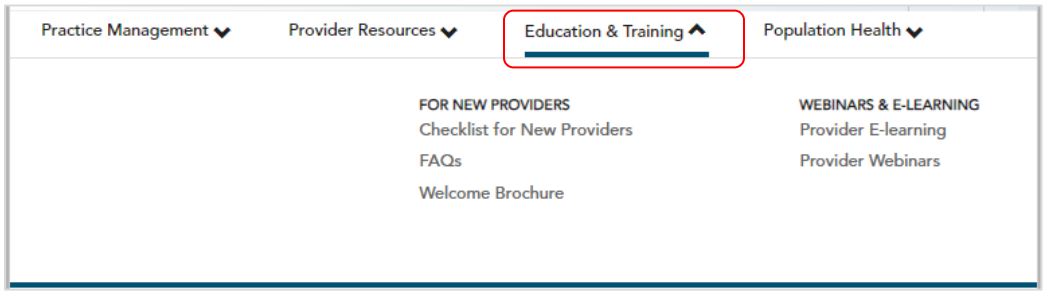
2 **Provider Resources** – This menu displays dental resources, and resources for electronic transactions, and expandable menus for FORMS and GUIDELINES:



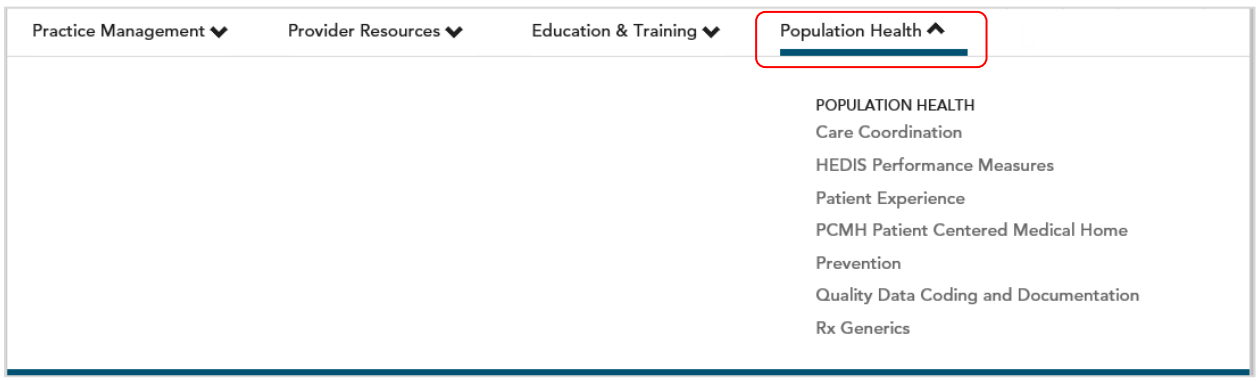
Forms and Guidelines – These "accordion" menus expand to display links under each header:



3 **Education & Training** – This menu offers resources for new providers and e-learning modules that you can downloaded and use at your convenience:

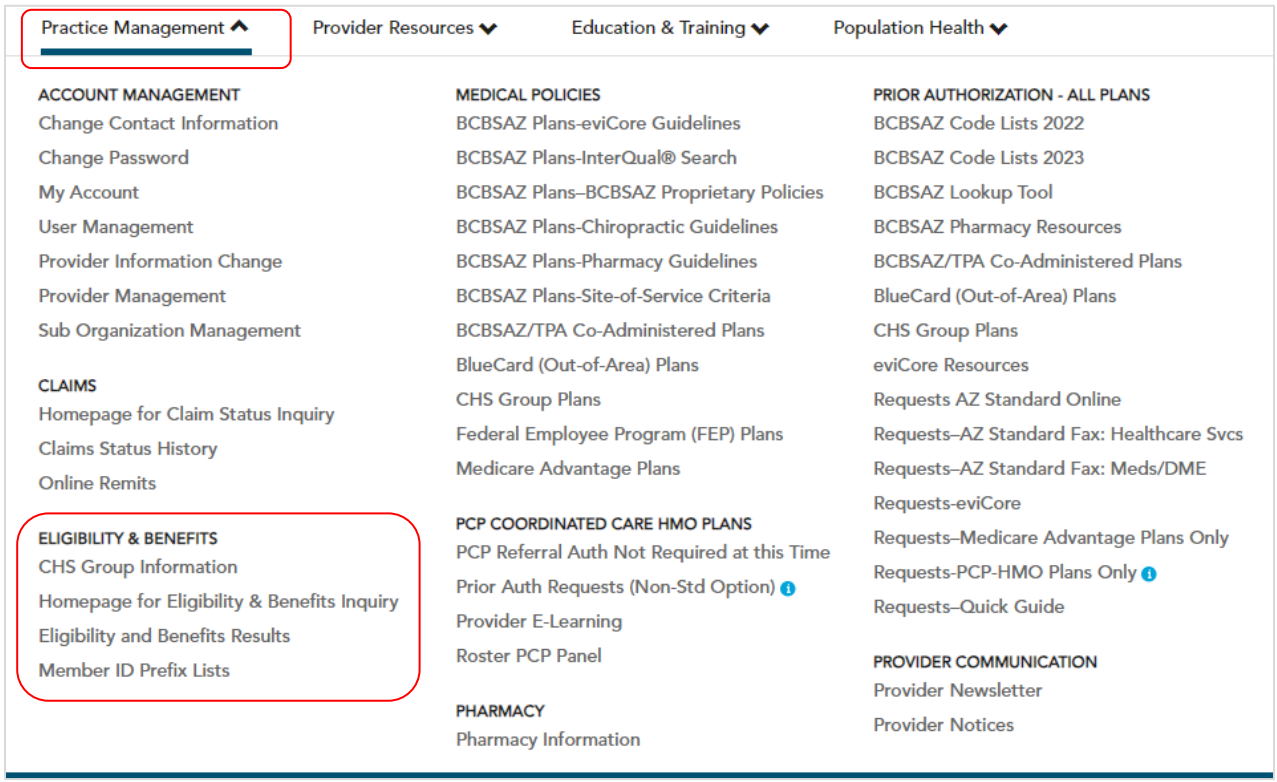


4 **Population Health** – This menu gives you critical information related to value-based care for our members:



2 Eligibility and Benefits Resources

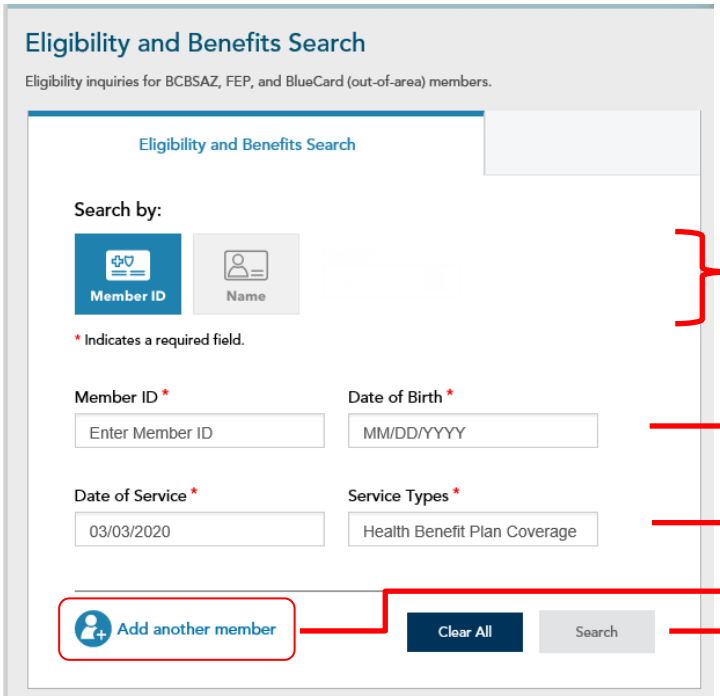
Eligibility & Benefits resources in the "Practice Management" menu:



Eligibility & Benefits resources in the "Provider Resources" menu:

Eligibility and Benefits Inquiries

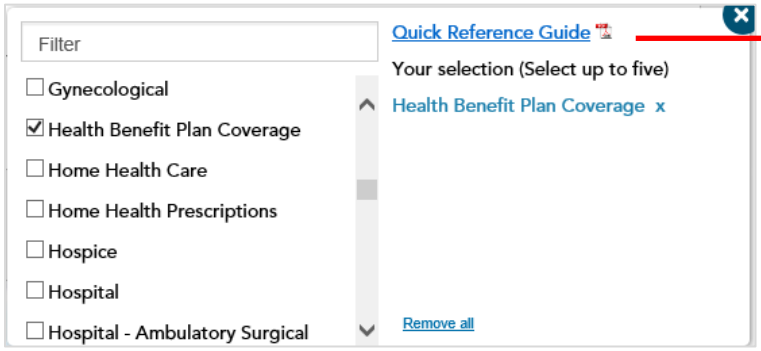
To find member eligibility and benefits information, you can use the search tool on the homepage or the "Eligibility & Benefits Inquiry" link in the "Practice Management" menu. The tool works for BCBSAZ, BlueCard, and FEP members. For CHS group members, contact the group's TPA directly (see CHS info on page 13).



To use the search tool:

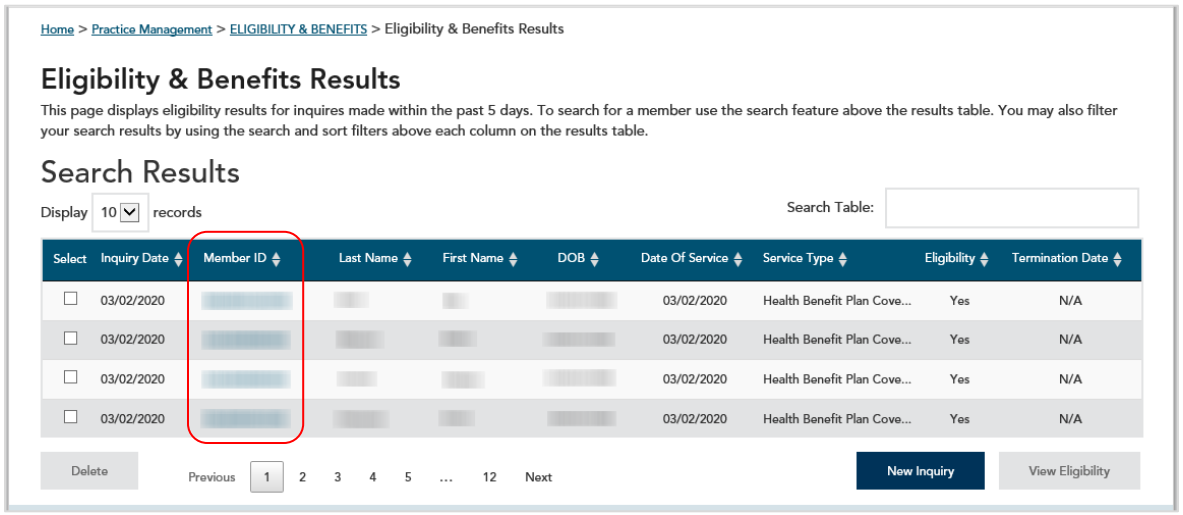
1. Select **Member ID**
   (Note: for BCBSAZ members, you may use the member name instead of the member ID.)
2. Enter **Member ID** and **Birthdate**
3. Enter **Date of Service** and select your **Service Types**
4. Add multiple members as needed
5. **Search**
   (Goes to Detailed Results page.)

Service Types

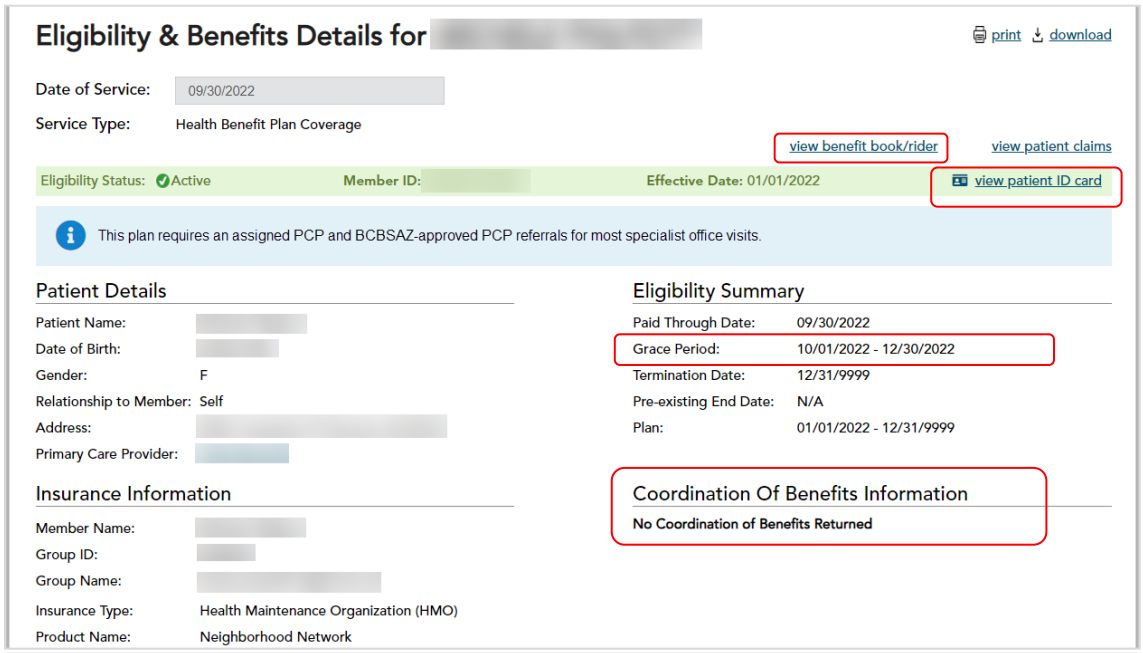


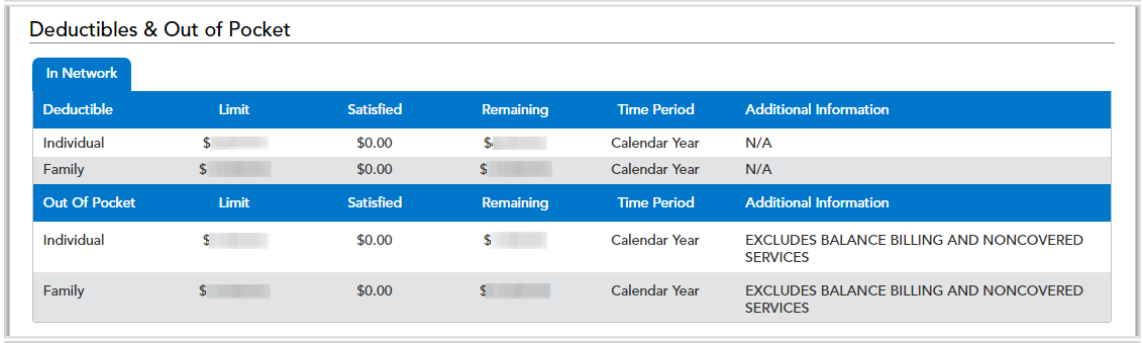
Access the **Quick Reference Guide** for the list of available service types (based on HIPAA X12).

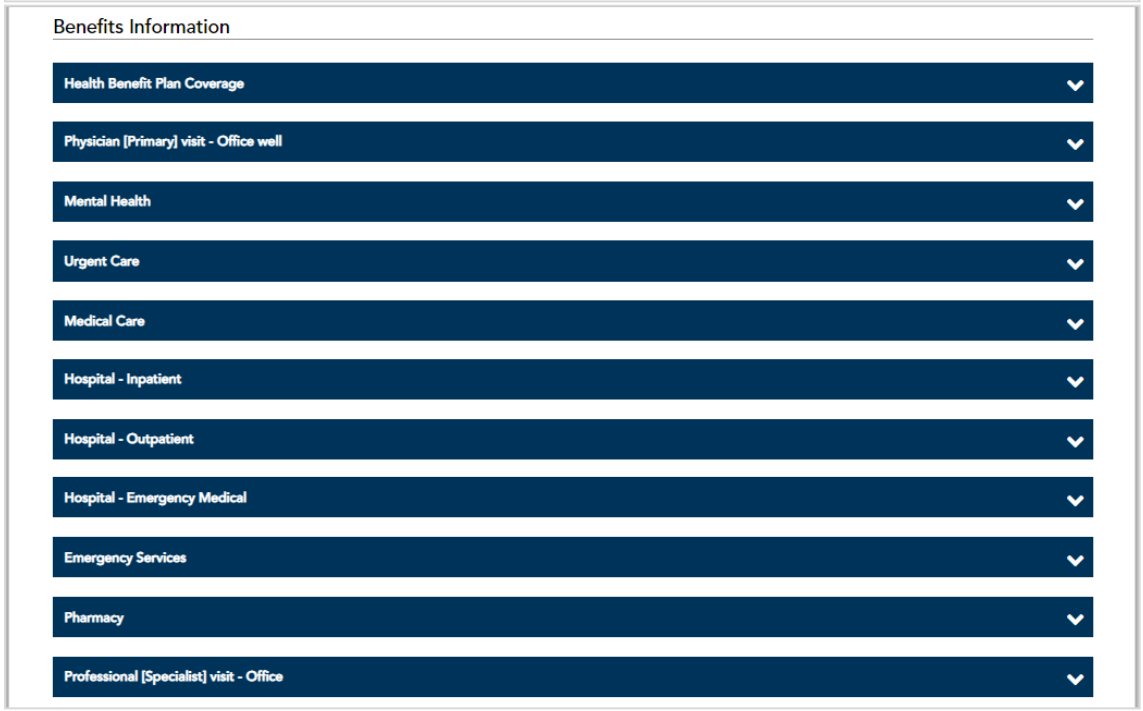
From the **Eligibility and Benefits Results** page, click a specific **Member ID** link to see details:



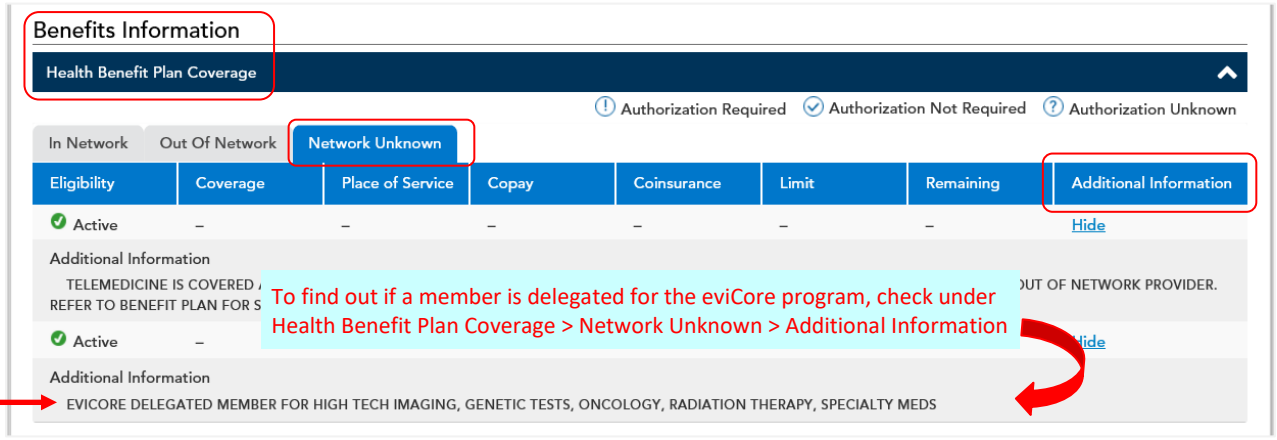
On the **Detailed Results** page, you can access the member ID card, benefit book, grace period status, and COB information. Scroll down the page and open the dark blue **Benefits Headers** to see more detailed information.







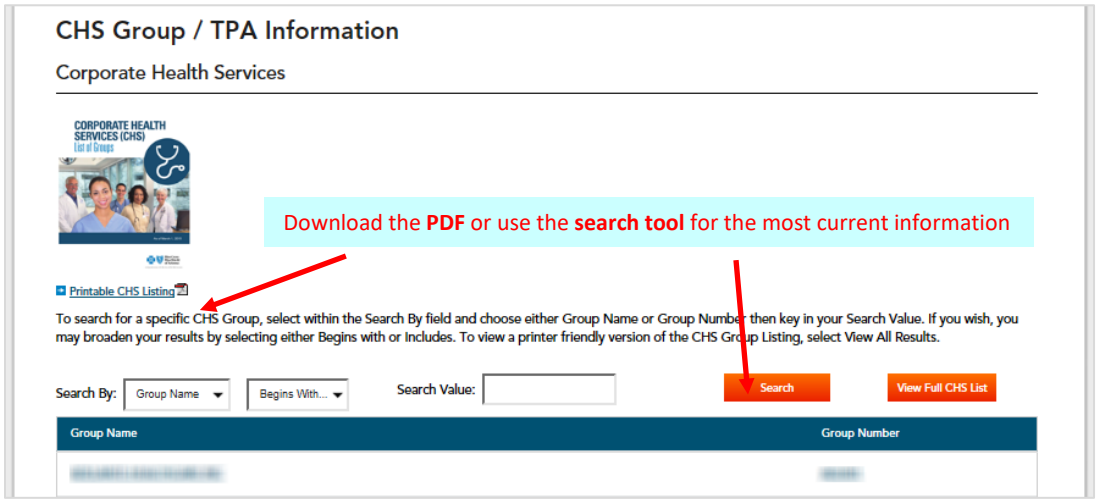
Here is an example of information found under the **Benefits Information** headers:



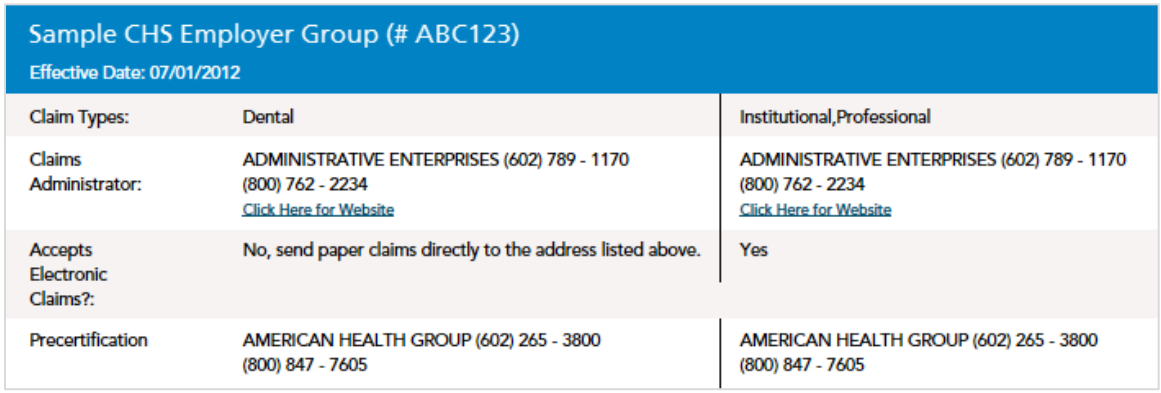
Corporate Health Services (CHS) Groups

CHS groups are large, self-insured employer groups that have entered into a "network only" rental arrangement with BCBSAZ that allows their employees access to a BCBSAZ provider network. BCBSAZ provides network access and claim pricing only (no administrative or claims payment services). Most CHS groups use a third party administrator (TPA) for claim processing, eligibility and benefit verification, prior authorization, medical record requests, and appeals and grievances. To find TPA contact information, use the CHS/TPA information search tool (or download the PDF list).

CHS Group / TPA Information page:



Sample **CHS group search results:**



Sample CHS Employer Group (# ABC123)

Effective Date: 07/01/2012

Claim Types:	Dental	Institutional,Professional
Claims Administrator:	ADMINISTRATIVE ENTERPRISES (602) 789 - 1170 (800) 762 - 2234 Click Here for Website	ADMINISTRATIVE ENTERPRISES (602) 789 - 1170 (800) 762 - 2234 Click Here for Website
Accepts Electronic Claims?:	No, send paper claims directly to the address listed above.	Yes
Precertification	AMERICAN HEALTH GROUP (602) 265 - 3800 (800) 847 - 7605	AMERICAN HEALTH GROUP (602) 265 - 3800 (800) 847 - 7605

Other Eligibility and Benefits Resources

We offer several other tools designed to support providers with eligibility and benefits:

Member ID prefix lists – This Excel file gives you a list of the standard and custom prefixes for BCBSAZ benefit plans. You can access it at "Practice Management > Eligibility and Benefits" and also at azblue.com/prefix.

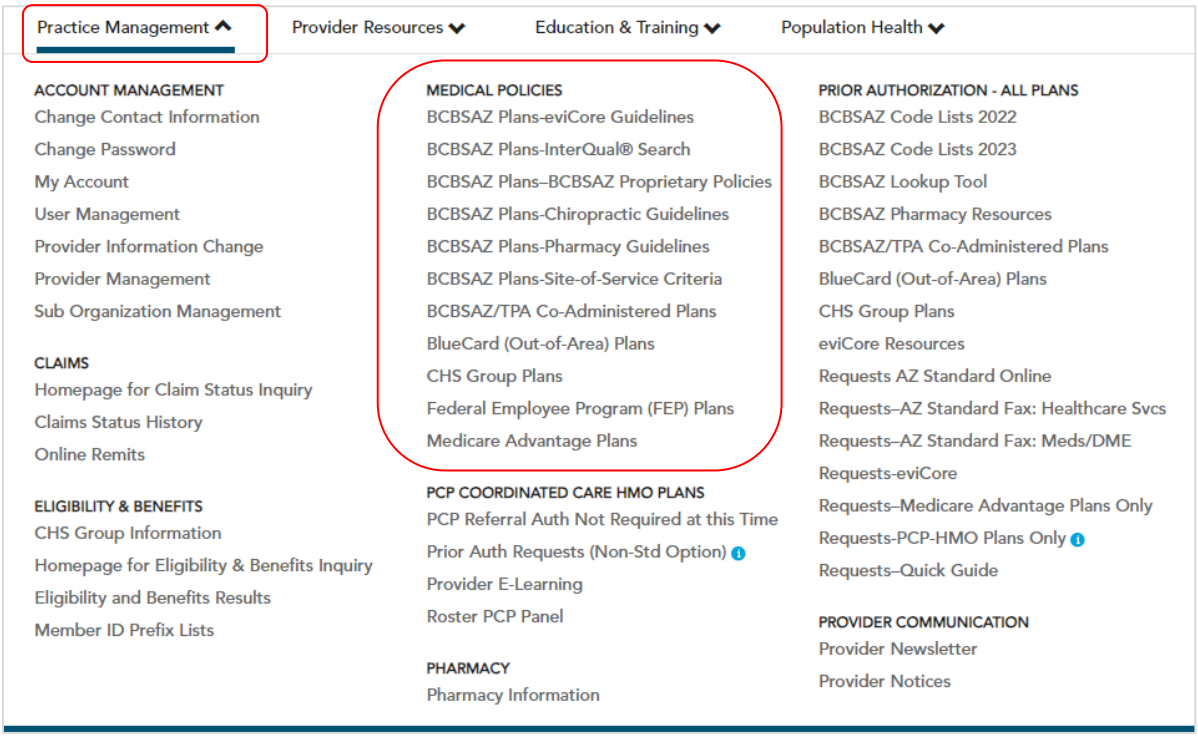
ID Cards– This section of the Provider Operating Guide includes samples of ID cards for BCBSAZ, FEP, CHS, and BlueCard members. It's located in "Provider Resources > Guidelines > Eligibility and Benefits."

COB information forms – These forms can be used to gather current information about a member's additional insurance coverage for coordination of benefits (to reduce claim processing and payment delays). There is one for BCBSAZ members and one for BlueCard members from other Blue plans. They're located in "Provider Resources > Forms > Coordination of Benefits."

Waiver form – You can use this form to obtain informed consent from a patient when a service is likely to be considered investigational or not medically necessary. This type of written waiver is required in order to be able to collect the service cost from the member. The form is located in "Provider Resources > Forms > Waiver of Restriction."

3 Medical Policies

Clinical criteria resources in the "Practice Management" menu:

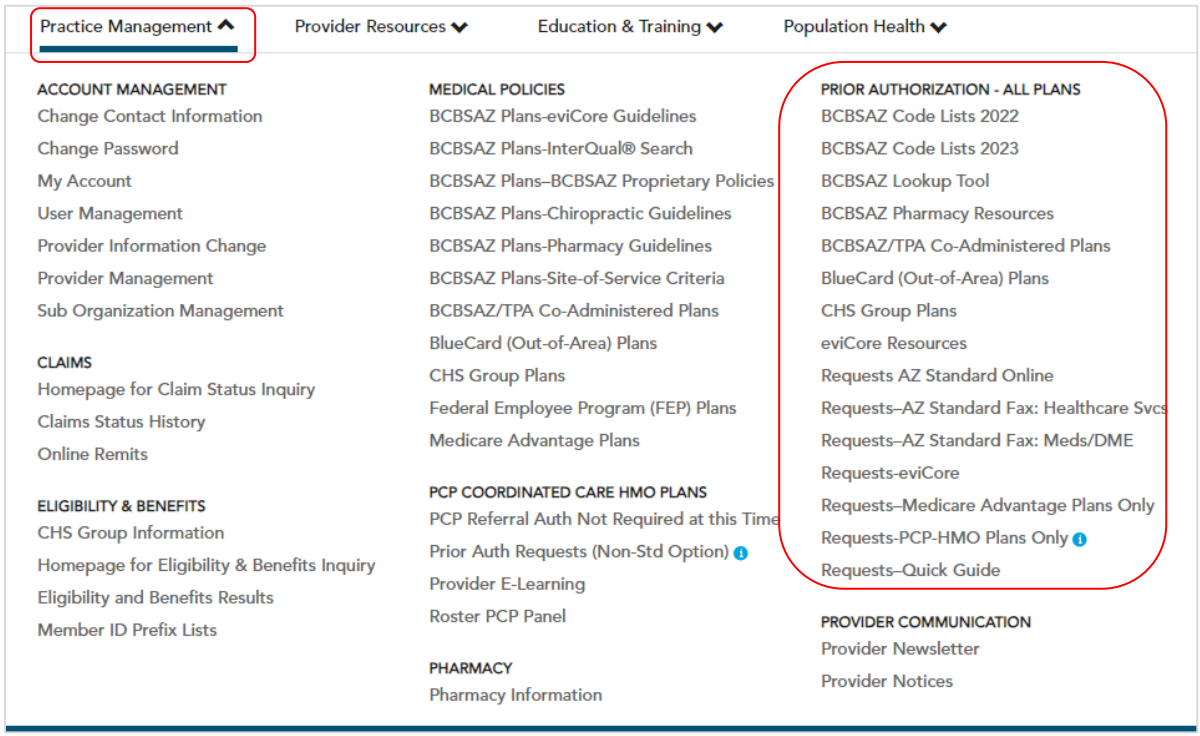


Medical Policies – The Practice Management menu also offers links to the medical policies used for various types of benefit plans. There are several sources for plans issued by BCBSAZ. We also include links for the following plans:

- For out-of-area BlueCard plans, use our inter-plan router tool to access medical policies from other BCBS plans
- For CHS group plans, contact the group's TPA
- For FEP plans, visit the FEP website for medical policy information

4 Prior Authorization Resources

Prior authorization resources in the "Practice Management" menu:



Prior authorization requirements lists – You can access our prior auth code lists and a requirements summary for BCBSAZ-TPA co-administered plans.

Prior authorization request tools – For most BCBSAZ members, you can use the online request tool. For members with PCP Coordinated Care HMO plans, please use the "PCP HMO" request tool. And for members who are delegated for our eviCore utilization management program, you can use the link to the eviCore request tool.

Other prior authorization links:

- For BlueCard (out-of-area) members, the BlueCard inter-plan router tool gives you access to the member's BCBS plan for prior authorization requirements and request information.
- For CHS group members, contact the group's TPA or prior authorization administrator.
- For an overview of how to request prior authorization for various lines of business, use our Prior Authorization Requests Quick Guide.

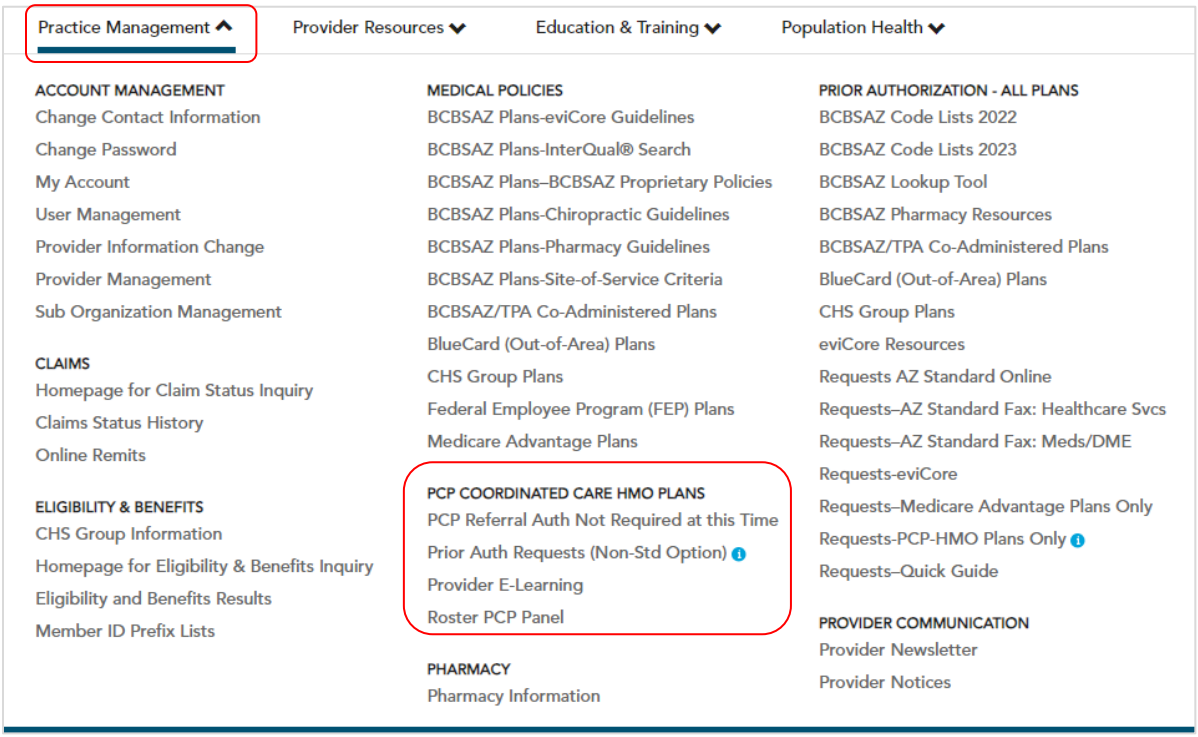
5 Pharmacy Information

For complete pharmacy information and resources, visit the **Pharmacy Information** page at azblue.com/Pharmacy. Find formulary lists, pharmacy coverage guidelines, drug precertification forms, and other forms and resources for members with specific types of benefit plans:

1. **Standard pharmacy plans** – Includes all plan names that begin with the word Blue or BluePreferred, and the ExecuCare plans
2. **Qualified health plans (QHPs)** – For plan names EverydayHealth, Portfolio, AdvanceHealth, SimpleHealth, and TrueHealth
3. **Employer sponsored plans that have a customized formulary** – For group # 029653 only

6 PCP Coordinated Care HMO Plans

PCP Coordinated Care HMO Plans resources in the "Practice Management" menu:



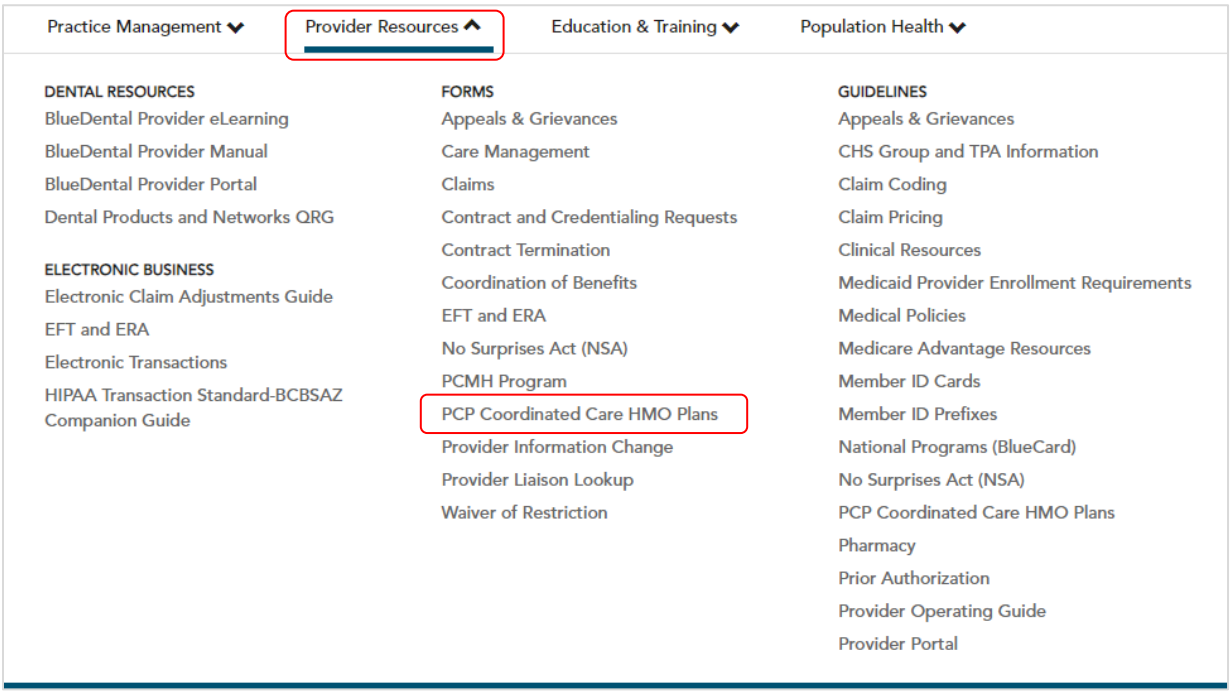
Resources include:

Online tool to request/view referrals and prior authorization – Online tool to request or check the status of a referral or precertification for a member with a PCP Coordinated Care HMO Plan.

Provider E-leaning – Gives an overview of the PCP Coordinated Care HMO plans and explains requirements for designated PCPs, BCBSAZ-approved referrals, and other important information for providers.

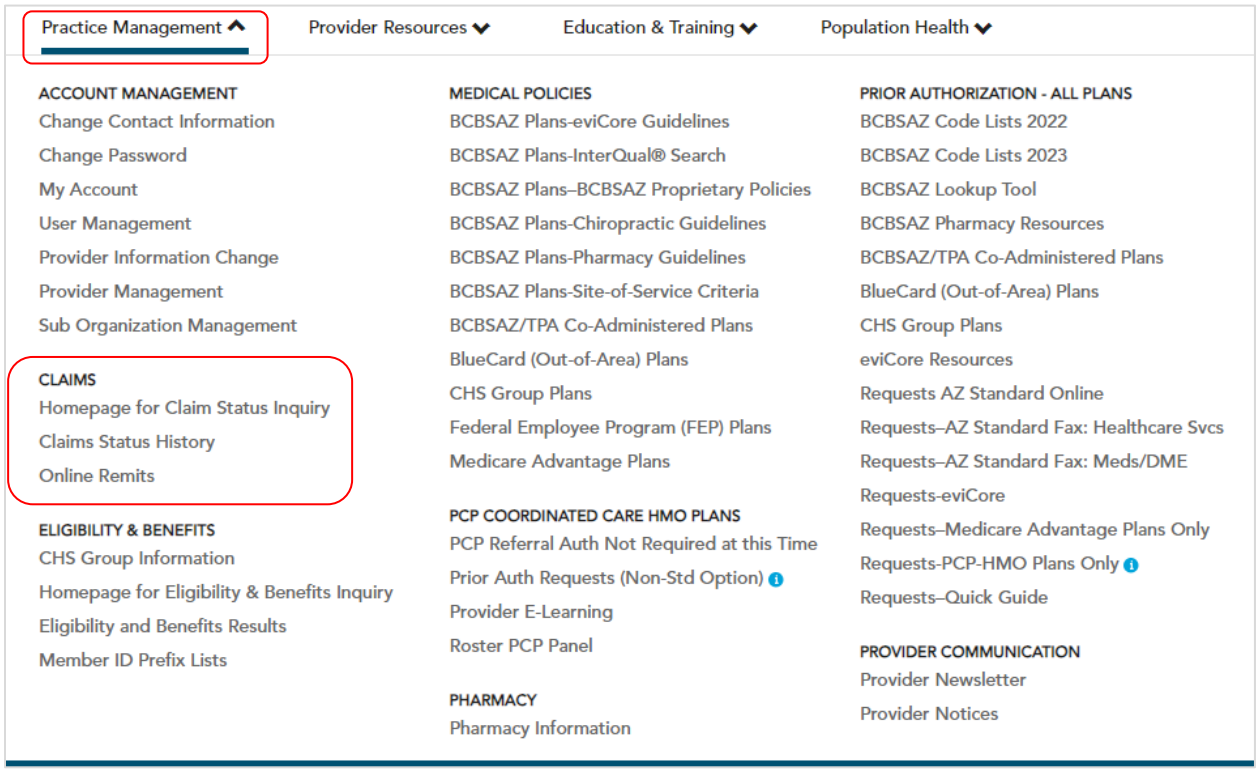
PCP Panel Roster – For designated PCPs to view an attributed patient list.

Forms – In the "Provider Resources" menu, you can find forms related to PCP Coordinated Care HMO plans:

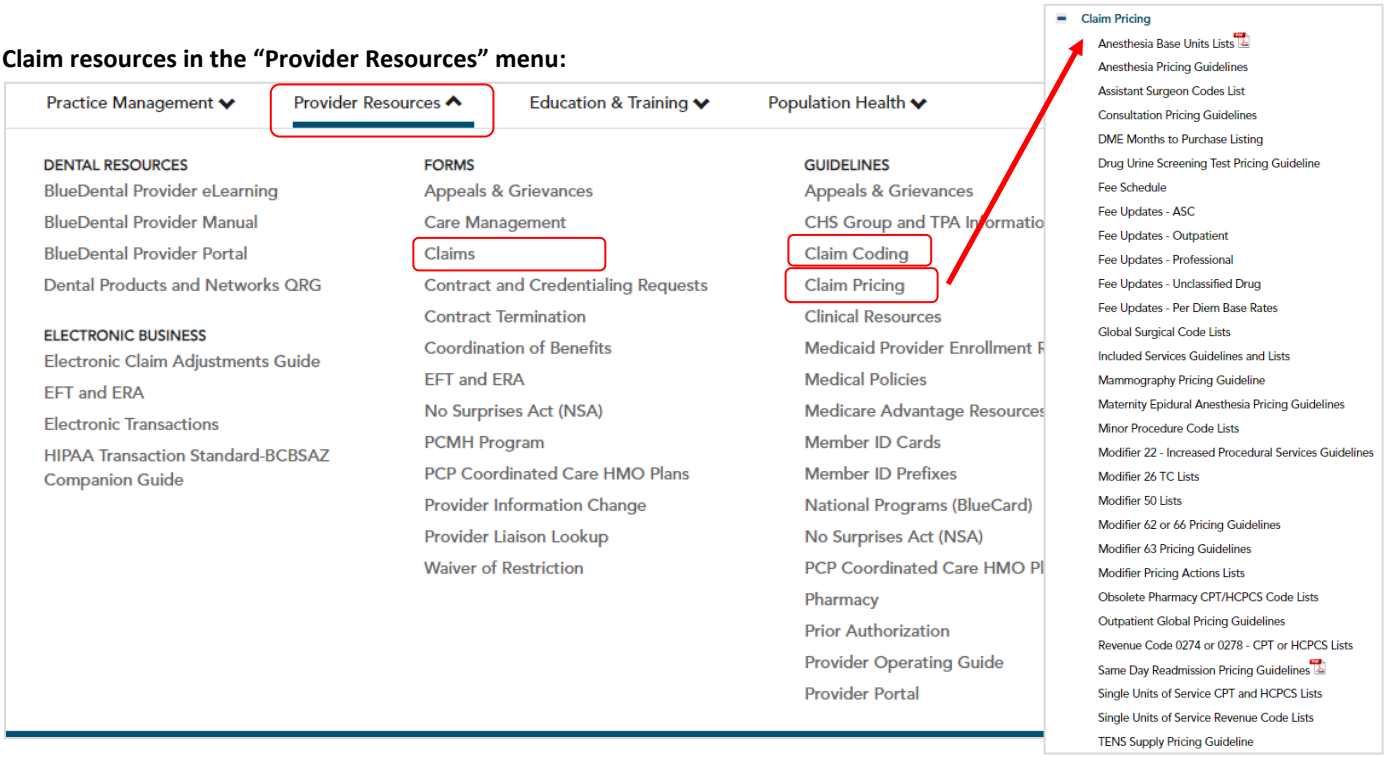


7 Claim Resources

Claim resources in the "Practice Management" menu:

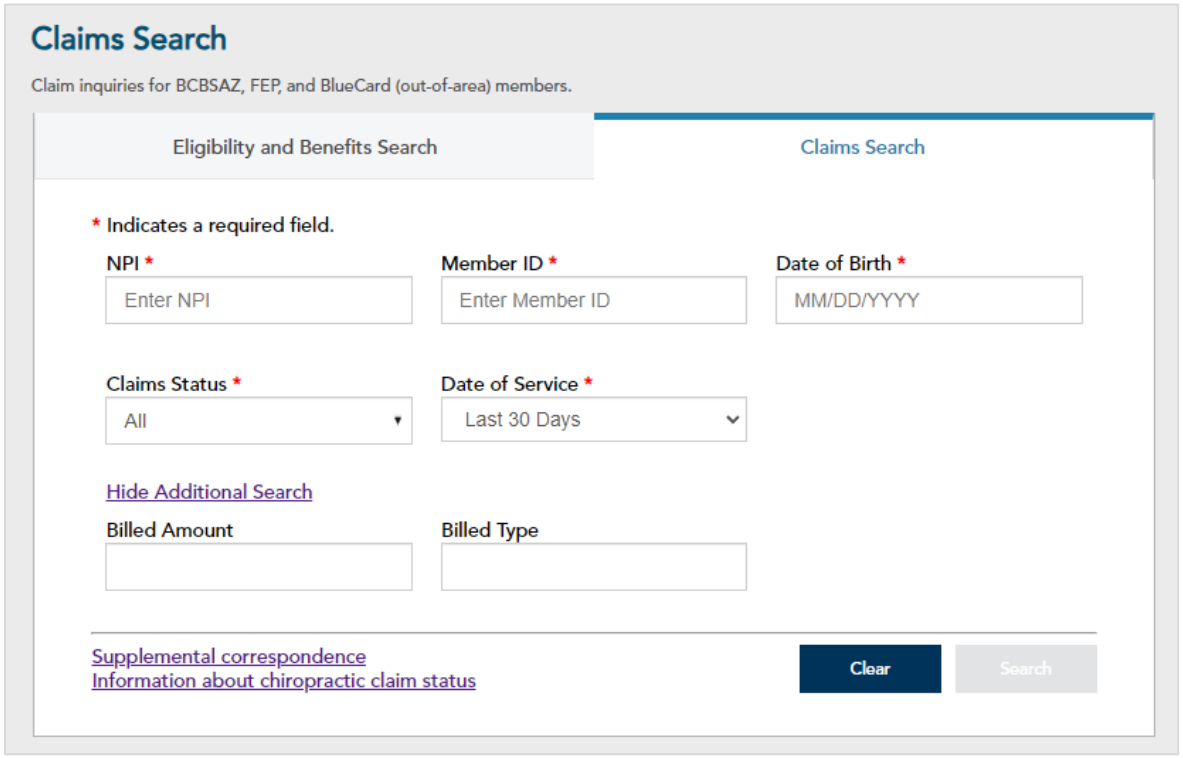


Claim resources in the "Provider Resources" menu:

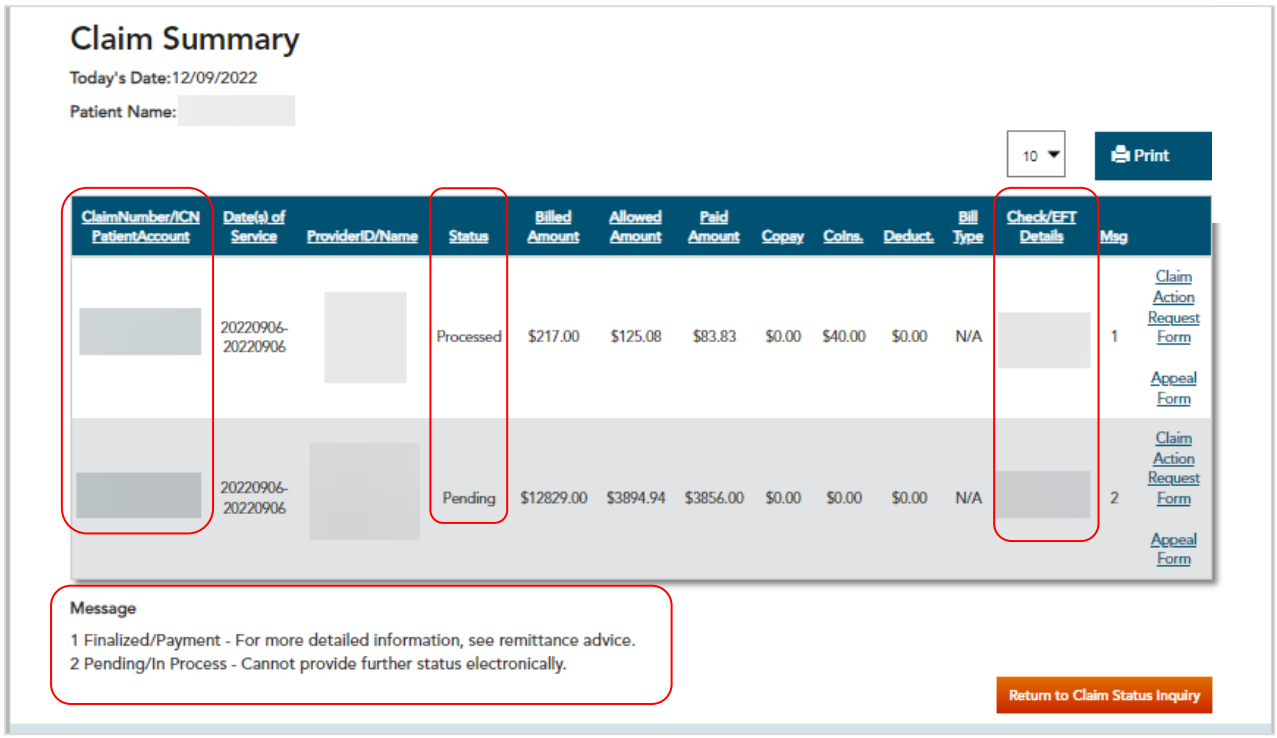


Claim Status Inquiries

For claim status information, use the “Claim Status Inquiry” link or the “Claims Search” tool from the homepage. This tool works for BCBSAZ, BlueCard and FEP members. To check eligibility for CHS group members, contact the group’s TPA directly (see CHS info on page 11).

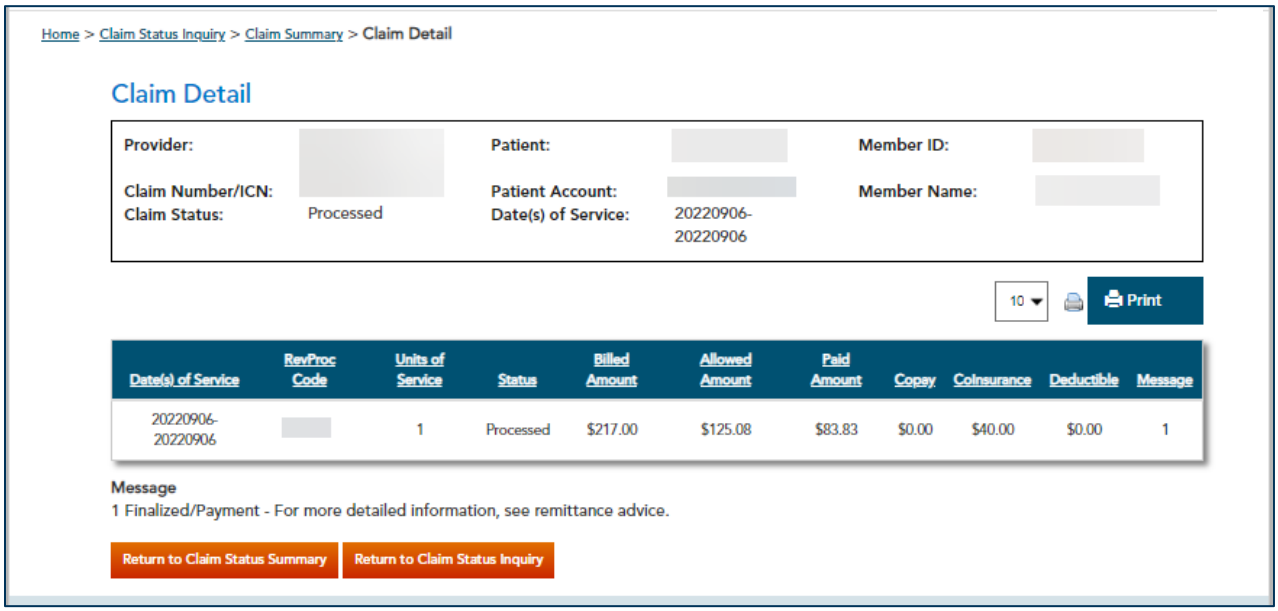


The **Claim Summary Page** includes status, EFT/Check number, and important messages. Click on the “Claim Number” link in the left column to get the line item detail:



For BlueCard members, the claim status information comes from the member’s Blue Plan and may not be as complete as the information received for BCBSAZ and FEP members.

On the **Claim Status Details Page**, find additional messages, as well as the revenue/procedure code and patient liability information:



Pricing Guidelines

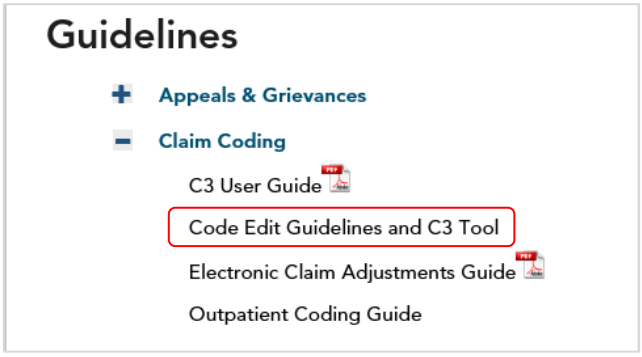
Access the following resources for pricing information:

ANESTHESIA	**FEE INFORMATION (PROPRIETARY)**
Anesthesia Base Units Lists	Fee Schedule
Anesthesia Pricing Guidelines	Fee Updates - ASC
Maternity Epidural Anesthesia Pricing Guidelines	Fee Updates - Outpatient
	Fee Updates - Professional
MODIFIERS	Fee Updates – Unclassified Drug
Assistant Surgeon Codes List	Fee Updates – Per Diem Base Rates
Modifier 22 – Increased Procedural Services Guidelines	
Modifier 26 TC Lists	**OUTPATIENT GLOBAL PRICING (PROPRIETARY)**
Modifier 50 Lists	Outpatient Global Pricing Guidelines
Modifier 62 or 66 Pricing Guidelines	Global Surgical Code Lists
Modifier 63 Pricing Guidelines	Minor Procedure Code Lists
	Revenue Code 0274 or 0278 – CPT or HCPCS Lists
OTHER PRICING GUIDELINES	
Consultation Pricing Guidelines	**ADDITIONAL PROPRIETARY PRICING GUIDELINES**
Drug Urine Screening Test Pricing Guideline	DME Months to Purchase List
Mammography Pricing Guideline	Included Services Guidelines and Lists
Obsolete Pharmacy CPT/HCPCS Code Lists	Modifier Pricing Actions Lists
Same Day Readmission Pricing Guidelines	Single Units of Service CPT and HCPCS Lists
TENS Supply Pricing Guideline	Single Units of Service Revenue Code Lists

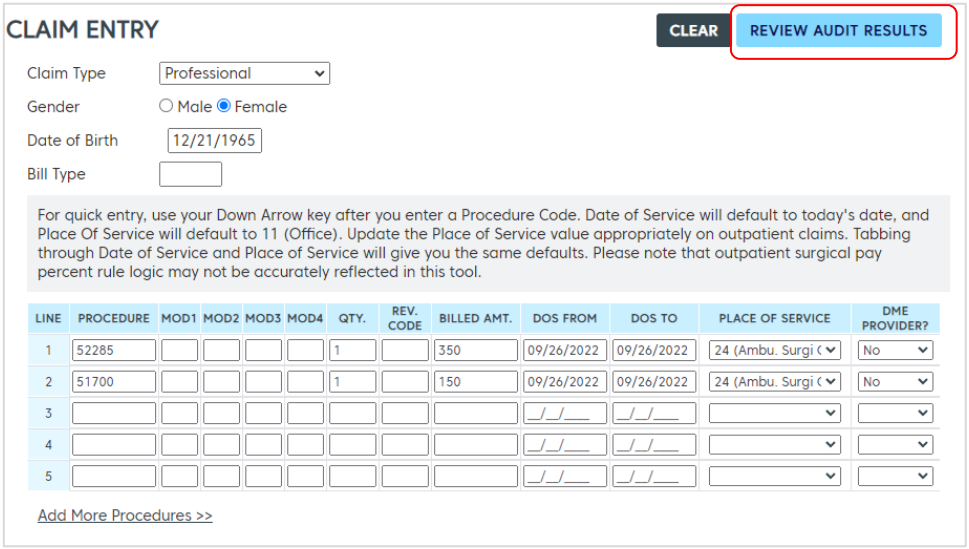
C3 Code Edit Transparency Tool

Use the **Clear Claim Connection™ (C3)** tool (operated by Change Healthcare) to see how your coding combinations are evaluated by the Change Healthcare *ClaimCheck®* coding software during medical claim processing. C3 provides detailed edit rationale with references to national coding standards and guidelines. Access the C3 tool in "Provider Resources" under "Guidelines > Claim Coding." To use the C3 tool, your user account must have a "primary" tax ID – your account administrator can set this up if necessary.

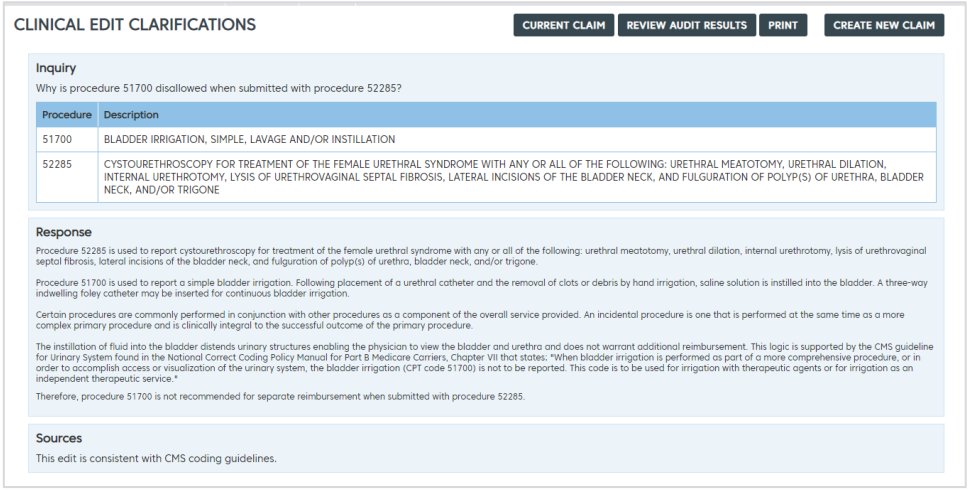
Access the C3 tool through the Guidelines menu:



Enter claim information:



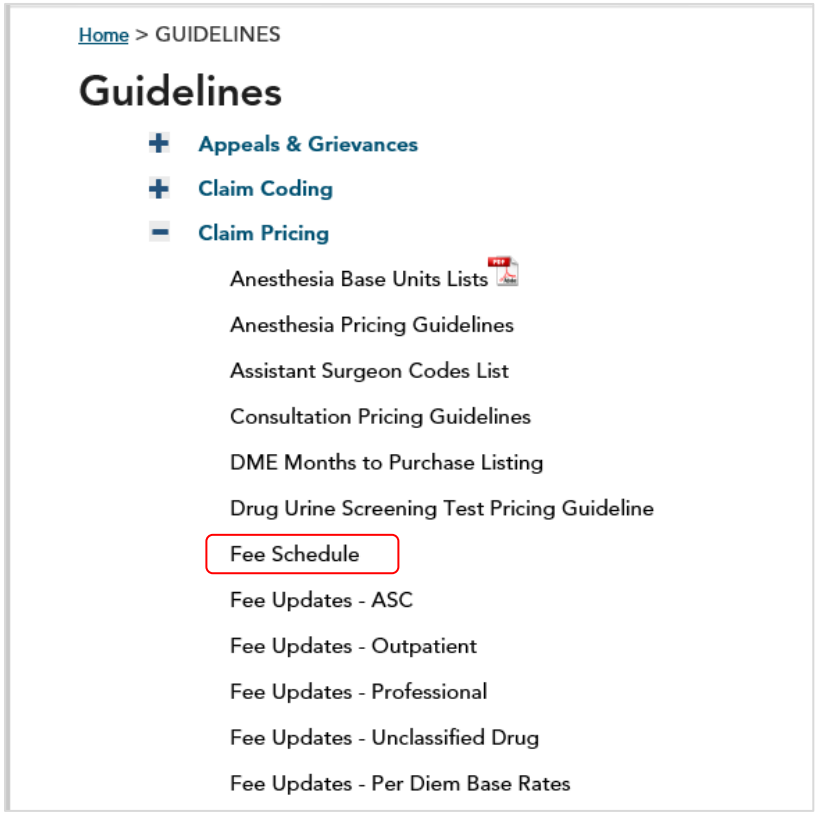
Get C3 edit clarifications:



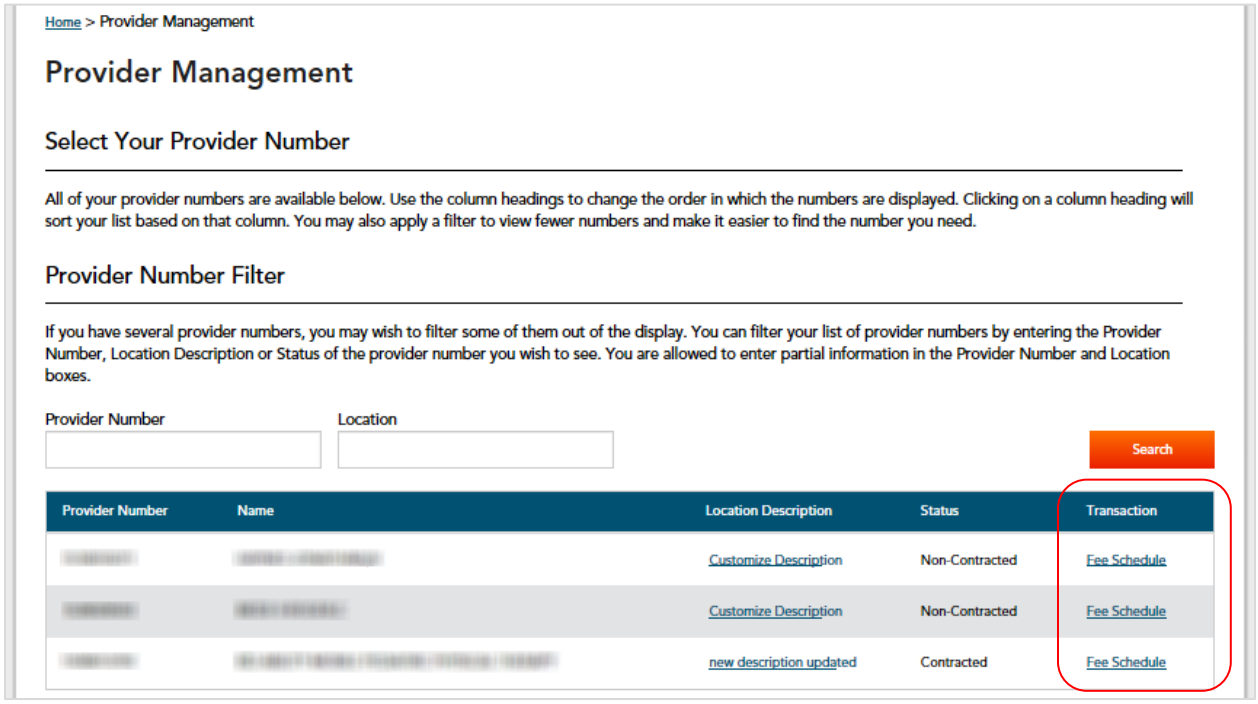
For more information about the C3 tool, see the **C3 User Guide**, available in "Provider Resources" under "Guidelines > Claim Coding."

Fee Schedule Information Tool

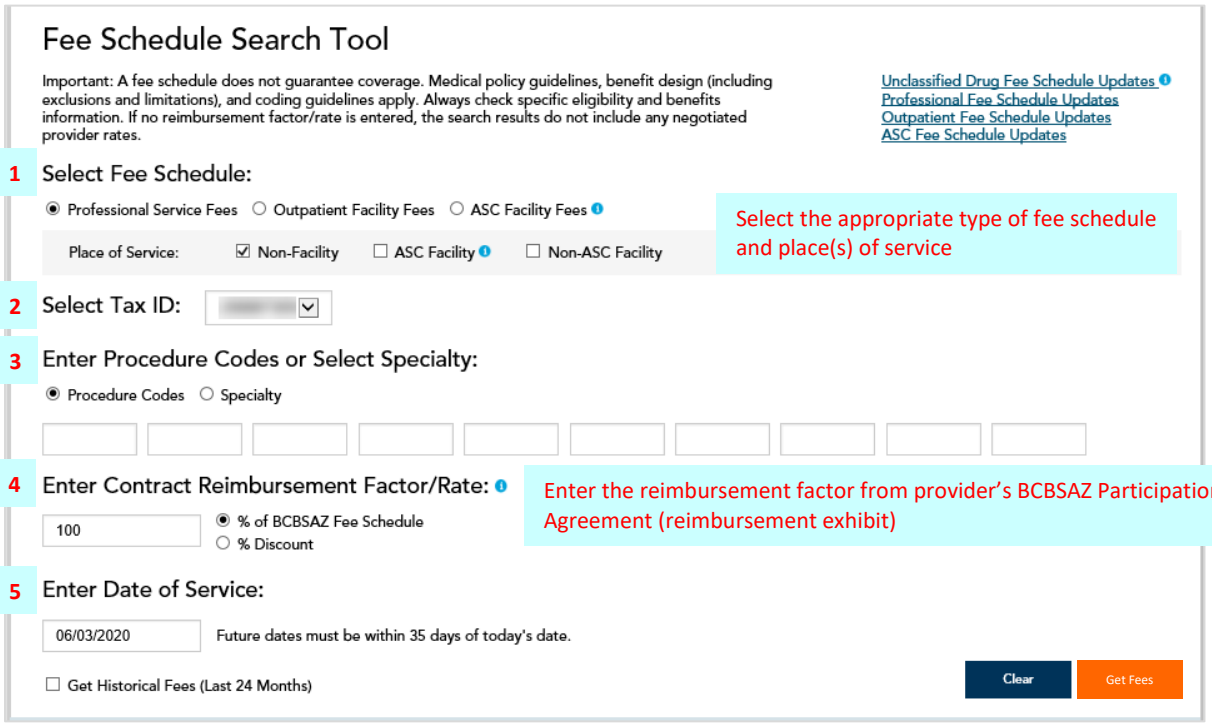
The Fee Schedule information tool offers customized searches for the most commonly used codes. Access the Fee Schedule tool in "Provider Resources" under "Guidelines > Claim Pricing" as shown here:



Preliminary step: select a provider from this list on the "Provider Management" page, and then click on the "Fee Schedule" link in the far right column:



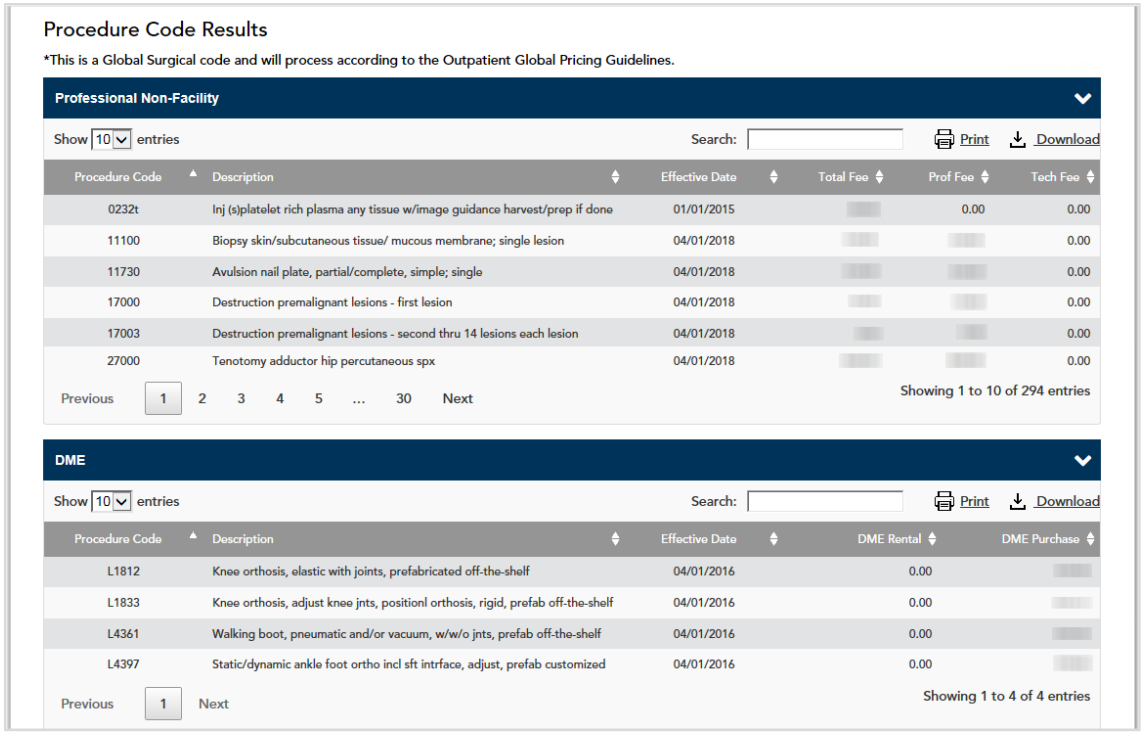
Fee Schedule Search page



Setting up your fee schedule search – on the "Fee Schedule Search Tool" page, customize your search to get accurate information.

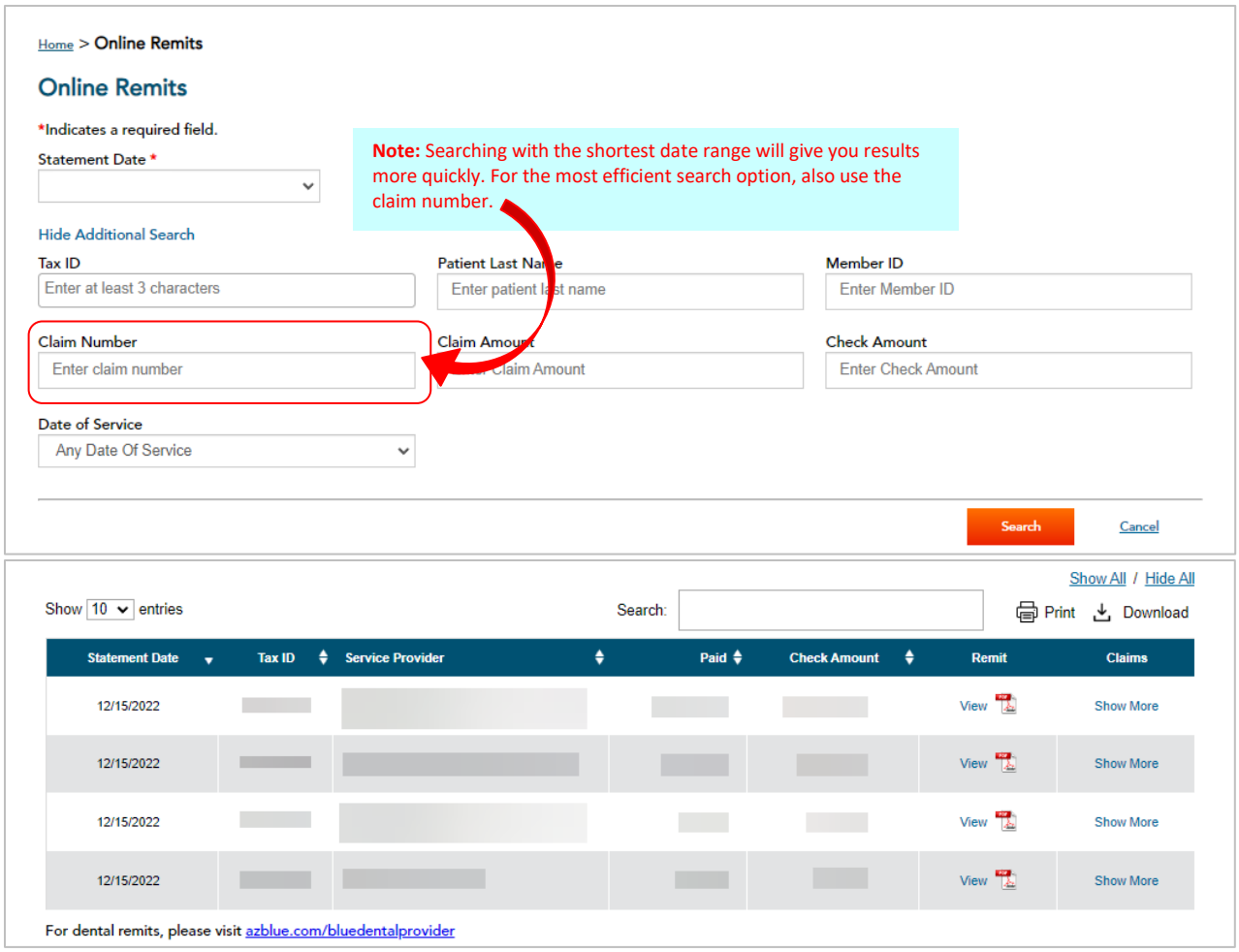
1. Select the appropriate **type of fee schedule** and place(s) of service
2. Select the specific **tax ID** you want to check
3. Select either the **specialty** (sometimes listed as broad categories) **or procedure code(s)**
4. Enter the **reimbursement factor** from the provider's contract reimbursement exhibit
5. Enter the **date of service**

Sample results page (can be exported to Excel)

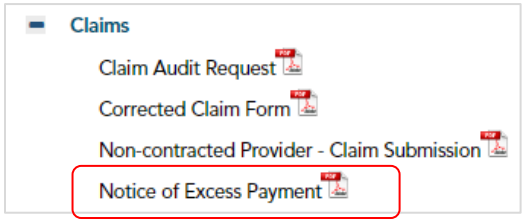


Online Remits

Use the “Online Remits” link to see your remits for the last 30 days or use the search function to find specific claims (through the last calendar year):



To report an excess payment and initiate the overpayment refund process, use the **Notice of Excess Payment Form**, available in “Forms > Claims.”



Electronic Claim Adjustments

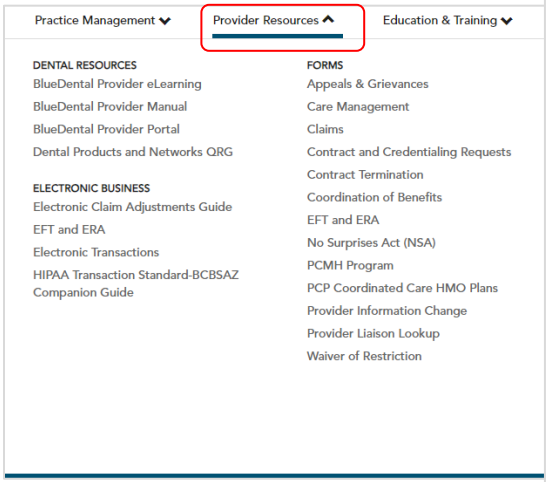
When you need to correct an error or omission on a claim after it has been processed by BCBSAZ, submit an 837 electronic adjustment. For details about the types of corrections that can be made and to view the required data elements, see the **Electronic Claim Adjustments Guide,** available in “Provider Resources > Electronic Business.”

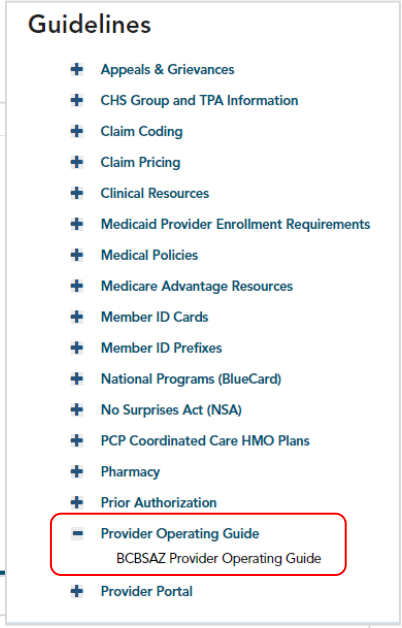
More Claims Information

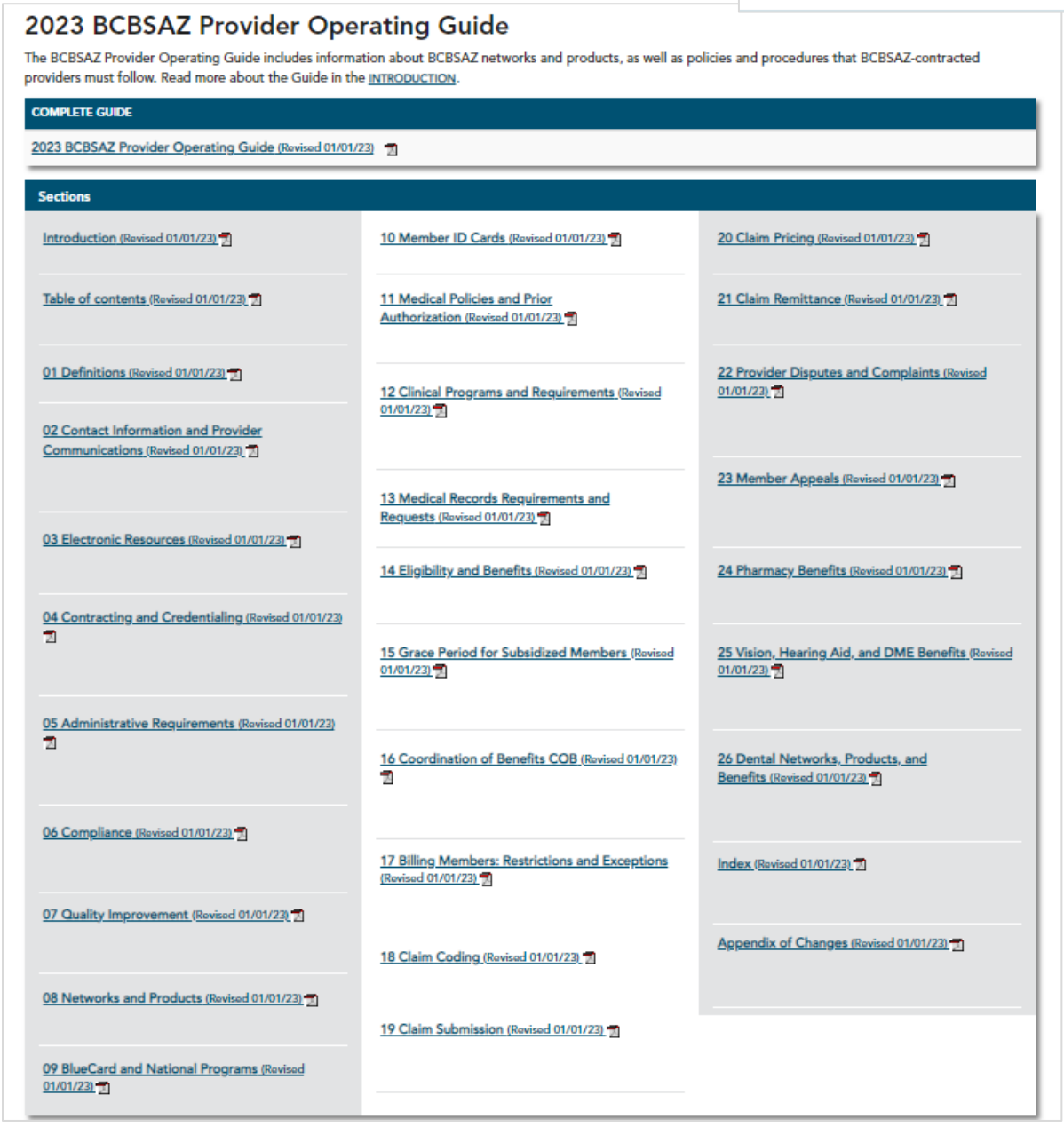
In addition to the resources above, the **Provider Operating Guide** (see next page) has several sections with current information and requirements related to claims. Access the Provider Operating Guide in “Provider Resources” under “Guidelines > Provider Operating Guide” and look for these sections: 18-Claim Coding, 20-Claim Pricing, 21-Claim Remittance, 15-Grace Period for Subsidized Members, 13-Medical Records Requirements and Requests, 22-Provider Disputes and Complaints, and 23-Member Appeals.

8 Provider Operating Guide

Find the Provider Operating Guide in the "Provider Resources" menu under Guidelines. You can download the complete guide or each section separately (see below).

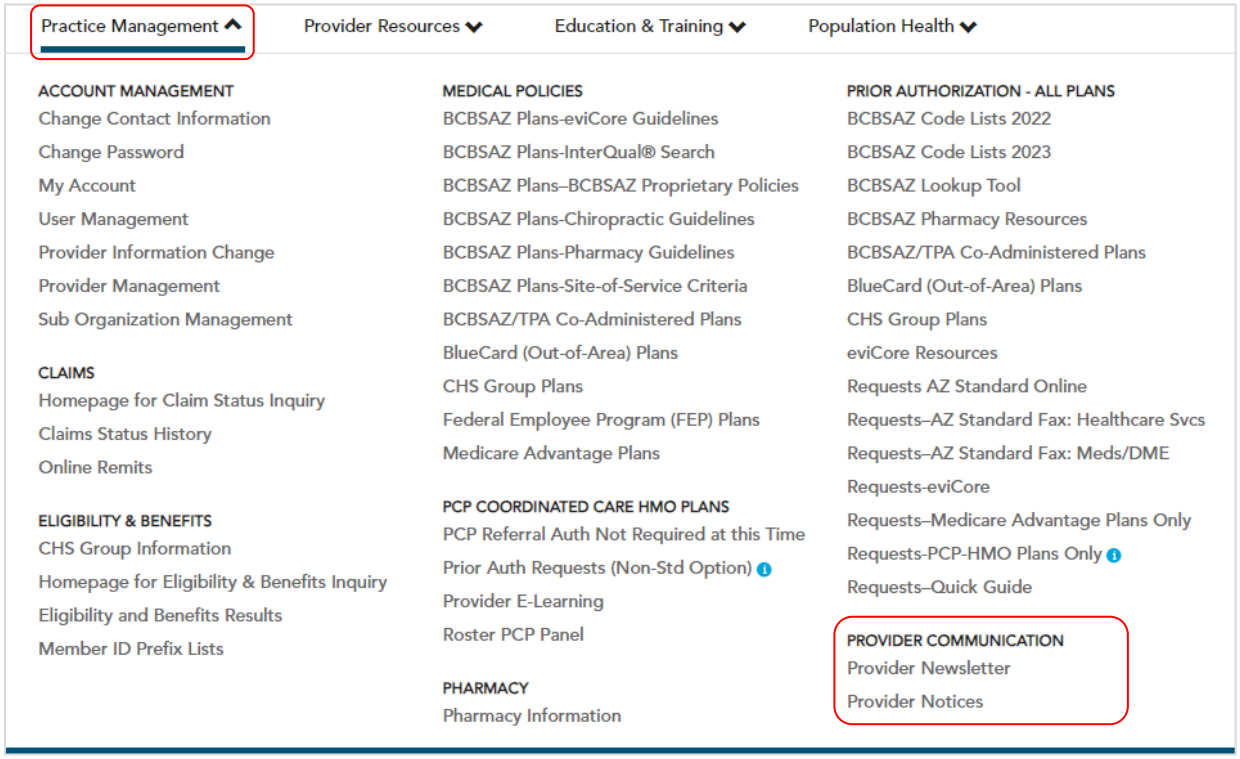






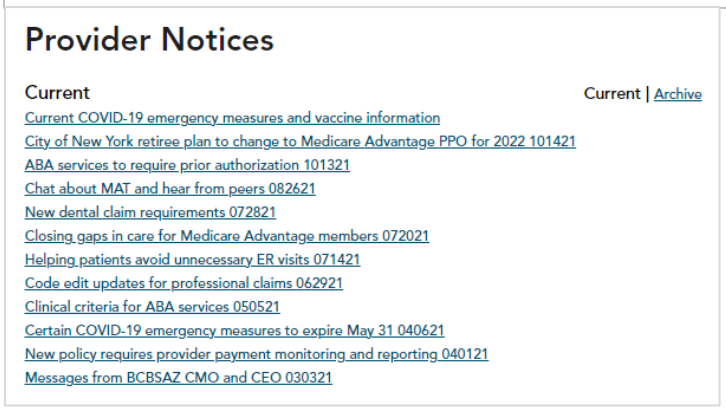
9 Provider Communication

Provider communication links in the "Practice Management" menu:



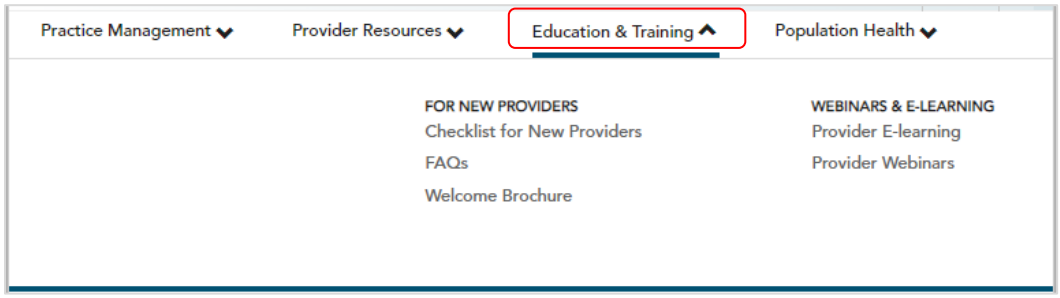
Provider Newsletters and Email Notices

You can access current and past editions of our provider newsletter from the "Practice Management" menu under "Provider Communication."



To add a staff member to our email list to receive BCBSAZ provider communications, contact your provider liaison.

10 Education and Training Resources



Provider E-learning

Our on-demand e-learning modules help contracted providers understand the guidelines and most efficient ways of doing business with us.

Topics include:

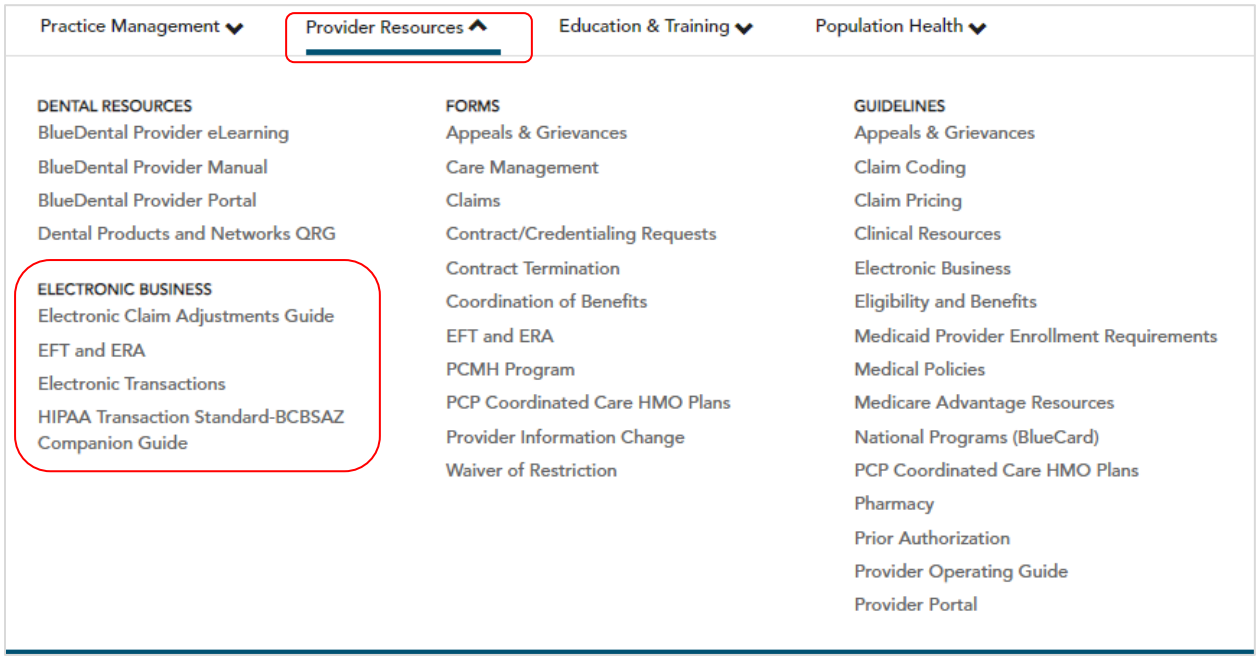
- **BCBSAZ Medicare Advantage**
- **BlueDental Overview**
- **Claims**
- **Eligibility, Benefits, and Prior Authorization**
- **eviCore Prior Authorization**
- **PCP Coordinated Care HMO (PCP-HMO) Benefit Plans**
- **Products, Networks, and ID Cards**
- **Provider Directory**
- **Provider Resources**

Resources for Newly Contracted Providers

You can use the following orientation materials for new providers or for newly hired office staff:

- **Checklist for New Providers**
- **FAQs**
- **Welcome Brochure**

11 Electronic Business Resources



Resources include:

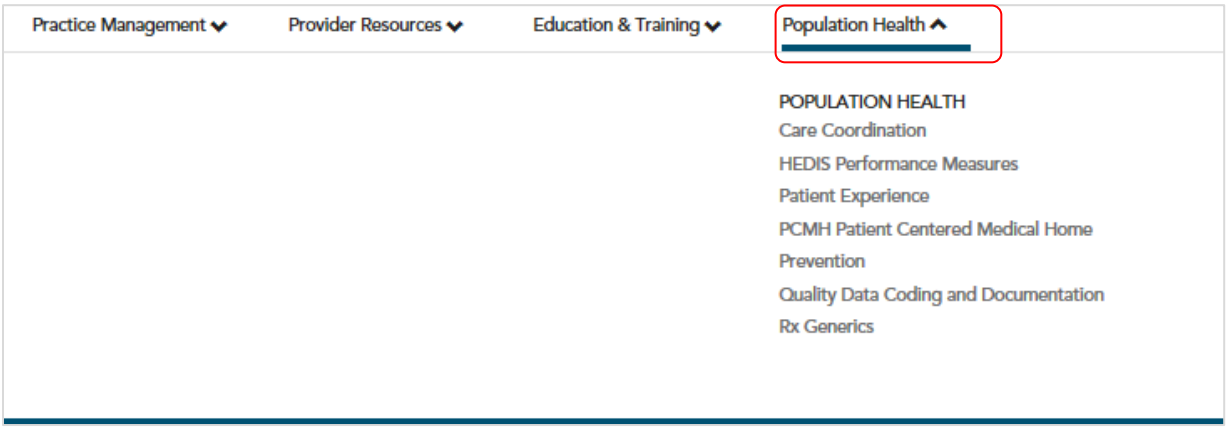
Electronic Adjustments Guide
This document includes information on the eAdjustment process as well as the HIPAA data elements required for electronically submitted claim adjustments.

EFT and ERA
This page offers information about the use of electronic transactions for payment and reconciliation, including EFT and ERA enrollment instructions and forms.

Electronic Transactions
This page offers information about the options available to BCBSAZ network providers for electronic transactions in the HIPAA 5010 format, including Arizona Blue Direct Connect (ABDC).

HIPAA Transaction Standard – BCBSAZ Companion Guide
This document lists the BCBSAZ-specific information and guidelines (not provided by the TR3) needed to process certain scenarios on transactions.

12 Population Health Management Toolkit



Resource pages include:

Care Coordination
This page defines care coordination and lists actions for providers to create effective care coordination for BCBSAZ members.

HEDIS Performance Measures
This page gives information about the HEDIS quality measures and actions for BCBSAZ network providers to help support these measure through clinical and operational protocols.

Patient Experience
This page offers information and resources to help providers gauge and increase the quality of the patient experience for BCBSAZ members.

PCMH Program
This page gives an overview of the BCBSAZ Patient-Centered Medical Home (PCMH) program, along with resources for more information.

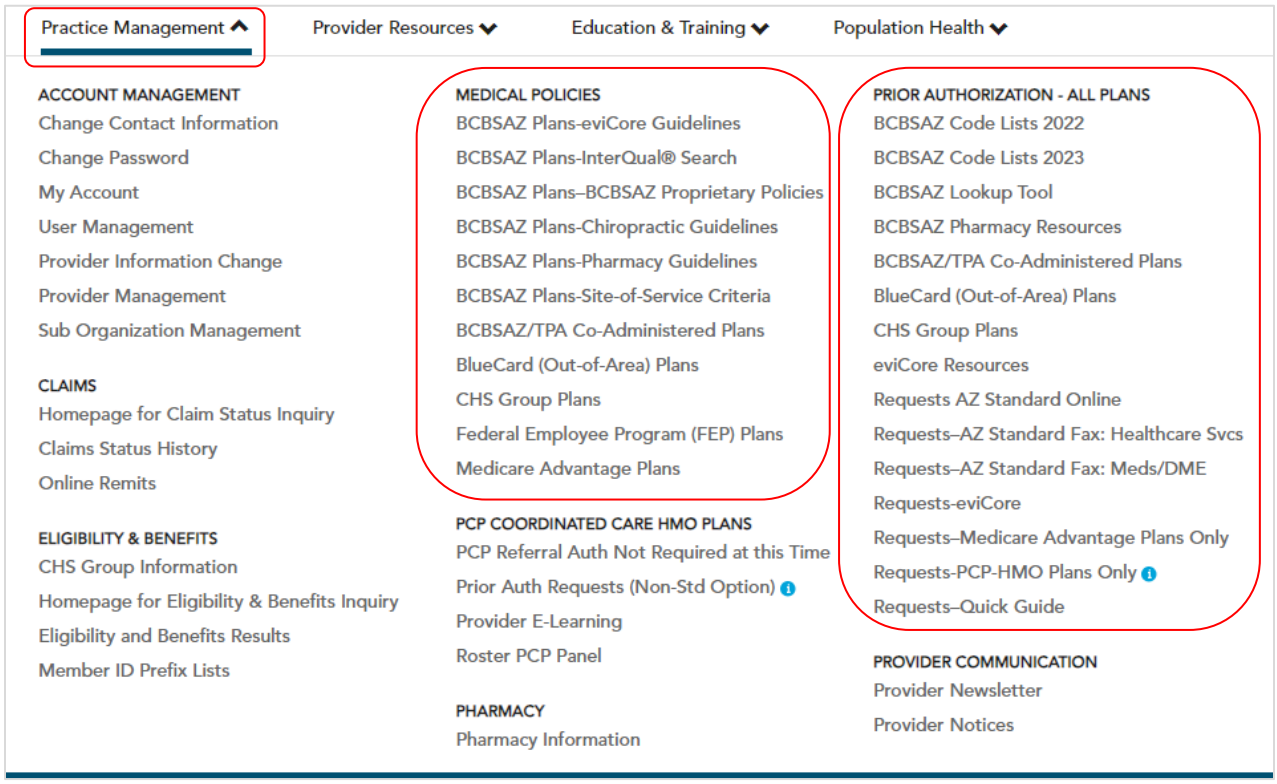
Prevention
This page gives providers strategies to customize prevention and wellness guidance for BCBSAZ members.

Quality Data – Documentation and Coding
This page focuses on how quality data contributes to quality outcomes. It lays out expectations for BCBSAZ network providers in the areas of medical record documentation and coding.

Rx Generics
This page shares information about generic drugs along with expectations for BCBSAZ network providers in prescribing generic drugs and helping to educate members about their value.

13 Clinical Resources

Clinical resources in the "Practice Management" menu:



Clinical resources in the "Provider Resources" menu:

Clinical resources include medical policies, a care management referral form, PCMH information and interest form, preventive recommendations and resources, and health/wellness resources for patients.

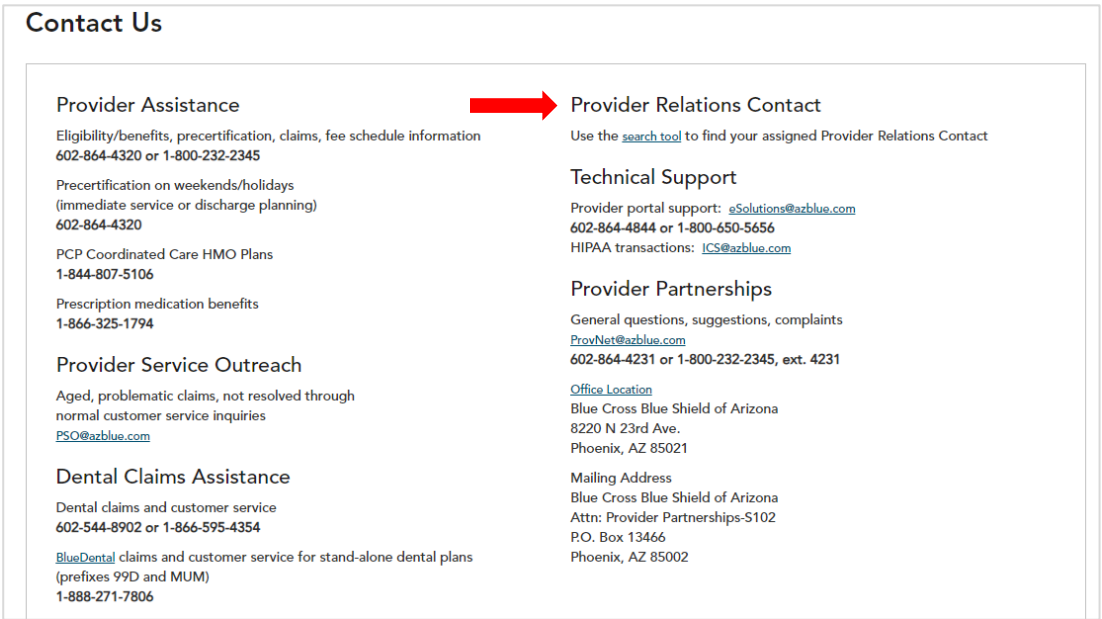
14 Need Help?

FAQs page

This page, accessible from the "Education & Training" menu, offers answers to commonly asked questions and includes helpful links to help you quickly navigate to relevant tools and resources in the provider portal.

Provider-specific Contact Us page

This page, accessible from the homepage and the bottom of all other pages in the secure provider portal, displays contact information specifically for providers. You can also access the Provider Relations Contact Search Tool here.



Technical Support – Digital Solutions

For tech support with the provider portal, please contact us at eSolutions@azblue.com or call us at 602-864-4844 or 1-800-650-5656.

Support for HIPAA Electronic Transactions

For support with HIPAA electronic transactions, please contact us at ICS@azblue.com.