

# 2021 Q1 All Provider Forum

Zoom – March 31, 2021



An Independent Licensee of the Blue Cross Blue Shield Association

# Agenda

- |                                |   |            |
|--------------------------------|---|------------|
| 1. Welcome and Introductions   | Beth Scully, Dir. Network Operations                          | 2 minutes  |
| 2. Clinical Update             | Dr. Mark Carroll, Chief Medical Officer                       | 15 minutes |
| 3. HealthCurrent               | Jayme Pina, Mngr. Recruitment & Engagement                    | 15 minutes |
| 4. AHCCCS Bed Capacity Survey  |   | 10 minutes |
|                                | Ryan Kivela & Victoria Tewa, System Admin. (Adult/Children's) |            |
| 5. Cultural Competency Program |   | 10 minutes |
|                                | Jeanette Mallery, Cultural Competency Admin.                  |            |
| 6. Provider Resources          | Jadelyn Fields, Network Prov Serv Mgr                         | 15 minutes |
|                                | Claim Submission Reminders                                    |            |
|                                | AHCCCS – Electronic Visit Verification (EVV)                  |            |
| 7. Q & A                       |   | 10 minutes |

# Clinical Update

March 31, 2021

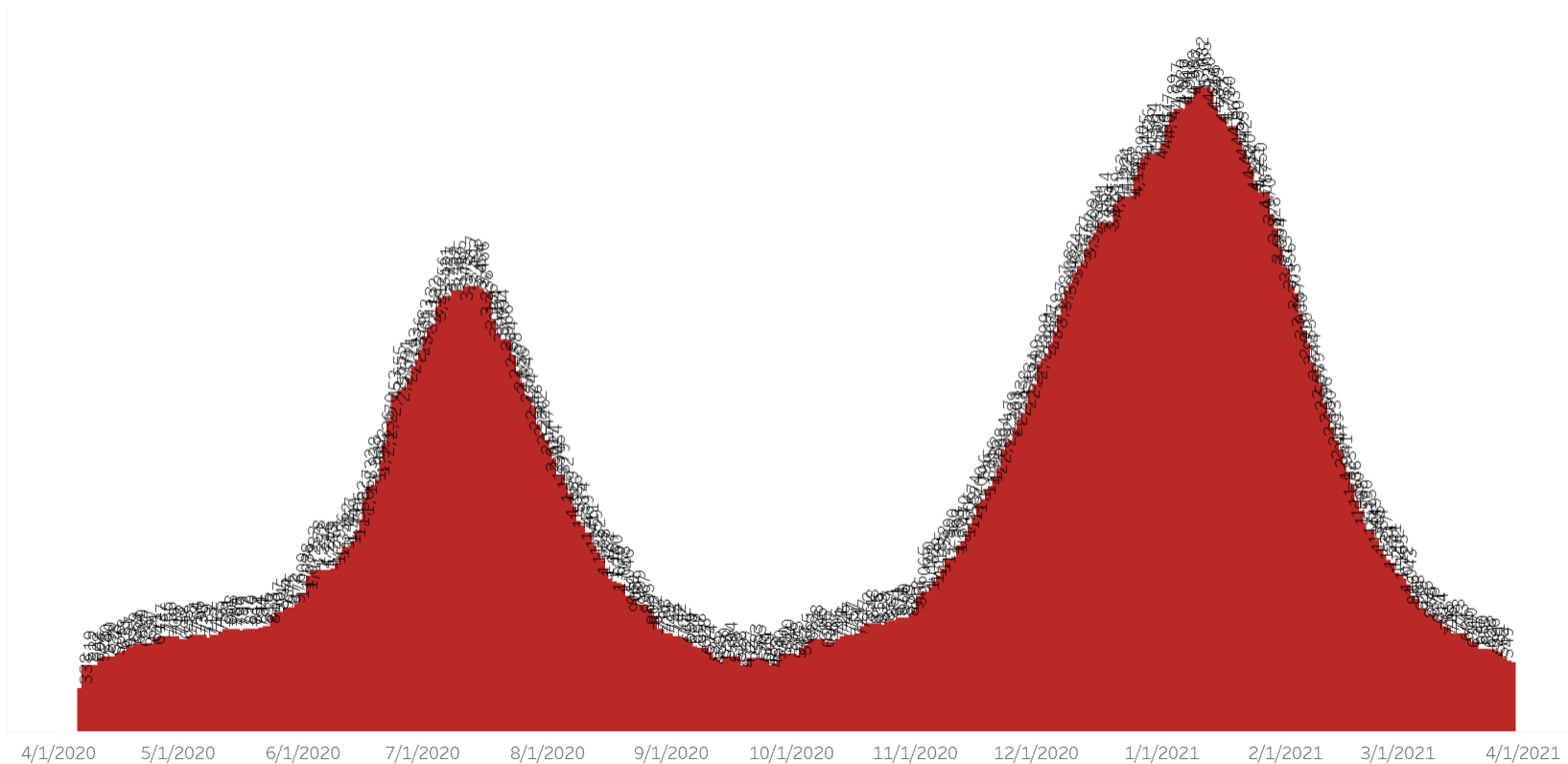
Mark Carroll, MD



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## Number of Positive or Suspected **Inpatient COVID-19 Patients**

Hover over the icon to get more information on the data in this dashboard.



Date Updated: 3/28/2021

Large decreases or increases may be due to differences in self reporting

Feedback & Support

*Careful about exposure to other viral infections (e.g. flu, RSV)!*

- As more people mingle -

so may non-COVID viruses ...

- Home
- Espanol Gripe
- Roll Up Your Sleeve
- Flu Basics
- Vaccine
- Flu & RSV Reports**
  - Home
  - 2020-2021 Influenza Season**
  - 2020-2021 RSV Season
  - Influenza Sentinel Provider Surveillance FAQs
  - Past Seasons Reports
- University Influenza Challenge
- Pandemic Flu
- Healthcare Professionals
- Schools & Childcare Facilities
- Special Populations
- Additional Resources
- Infectious Diseases A-Z

## Flu & RSV Reports - Influenza Season

What is happening with influenza in Arizona this season?

What does influenza look like in Arizona hospitals? Hospital Influenza-Like Illness (ILI) Surveillance

What do pneumonia and influenza deaths look like in Arizona?

What are the trends of influenza activity since 2009 in Arizona?

When was influenza identified each

### 2020-2021 Influenza Season

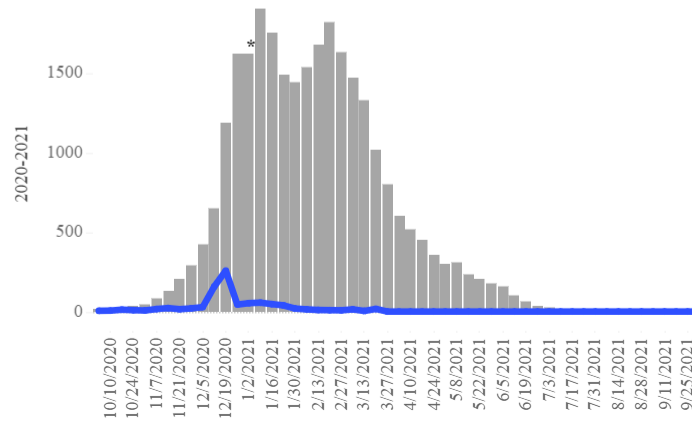
Season-To-Date Case Counts

Select a county:  
(All)

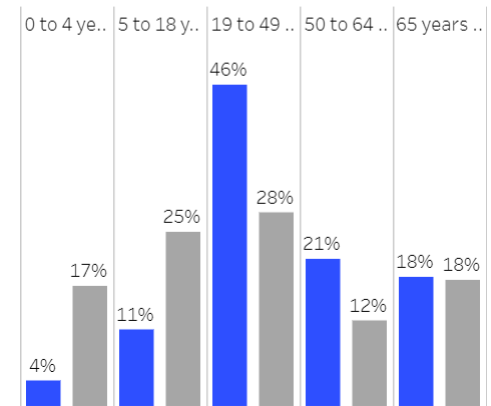
Hover over the icon to get more information on the influenza data in this dashboard.

**888**

When is influenza activity occurring in All County?  
(current season vs 5 season average)



Which age group is most affected by influenza in All County?  
(current season vs 5 season average)



March 30, 2021

Feedback & Support

# Monoclonal Antibodies

- mAb, MAB, mab abbreviations
- Laboratory-made antibodies targeting key receptor sites on the SARS-CoV-2 virus
- Very effective at preventing hospitalizations – and hence saving lives – ***if given early enough in the clinical course of infection***
  - 1<sup>st</sup> 10 days of any symptoms (*earlier is better*)
  - Only in the outpatient setting
  - For anyone 65 and over with a positive COVID test
  - For others who have certain medical conditions
  - Less than 15 minute infusion
  - Safe, with very low rate of adverse reactions

# Monoclonal Antibodies

- Are mAb still needed?
  - Yes! High risk people are still getting diagnosed with COVID
- Do they still work?
  - Yes! *But* – some variants less responsive to previous mAb
  - **GOOD NEWS:** <https://investor.lilly.com/news-releases/news-release-details/lillys-bamlanivimab-and-etesevimab-together-reduced>
- Who has mAb?
  - **Contact the COVID-19 Hotline (administered by Arizona Poison and Drug Information Systems) to determine the closest healthcare facility location that has received an allocation of these therapeutics: 844-542-8201.**
- How administer?
  - Subcutaneous may soon be an option



Doses in Arizona

Total number of COVID-19 vaccine doses administered: **3,300,877**

Total number of COVID-19 vaccine doses ordered: **3,198,240**

Percent of COVID-19 vaccine doses utilized: **103.2%**

People in Arizona

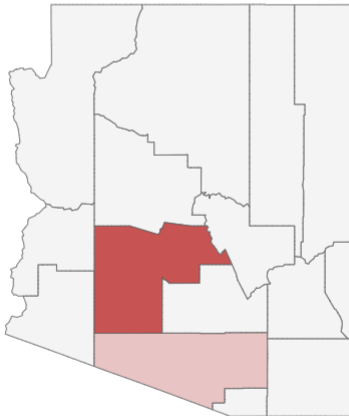
Total number of people who have received at least one dose of COVID-19 vaccine: **2,089,065**

Percent of people vaccinated: **29.1%**

Number of people who are fully vaccinated against COVID-19: **1,296,945**

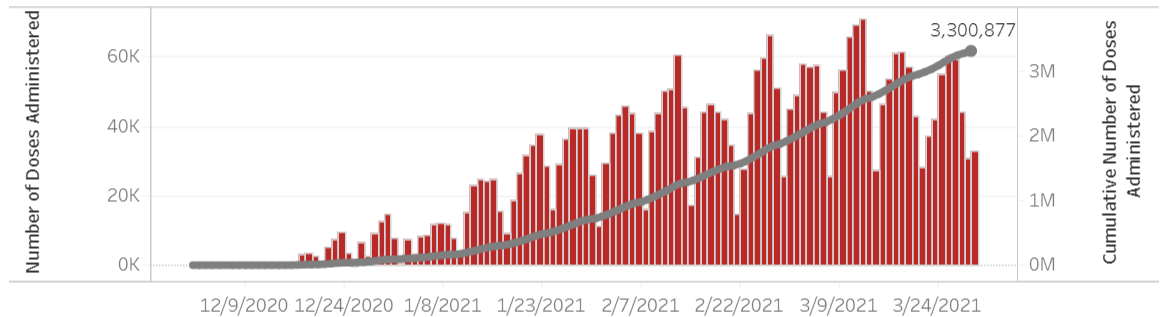
Click below to filter data by the county of vaccine administration.

\*Filtering will show all people with at least one dose in the selected county or State POD.



Click to filter on State PODs

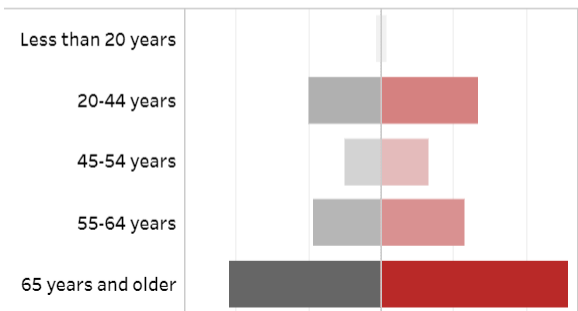
The number of doses administered by administration date (■ cumulative sum ■ doses by day)



People who have received at least one dose by race/ethnicity

White, non-Hispanic	<b>1,035,082 (49.5%)</b>
Other Race, non-Hispanic	<b>382,445 (18.3%)</b>
Unknown, non-Hispanic	<b>301,907 (14.5%)</b>
Hispanic or Latino	<b>210,558 (10.1%)</b>
Asian or Pacific Islander, non-Hispanic	<b>64,047 (3.1%)</b>
American Indian or Alaska Native, non-Hispanic	<b>55,325 (2.6%)</b>

People who have received at least one dose by age and gender (■ male ■ female)



# Interim Estimates of Vaccine Effectiveness of BNT162b2 and mRNA-1273 COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel, First Responders, and Other Essential and Frontline Workers — Eight U.S. Locations, December 2020–March 2021

*Early Release* / March 29, 2021 / 70

Mark G. Thompson, PhD<sup>1</sup>; Jefferey L. Burgess, MD<sup>2</sup>; Allison L. Naleway, PhD<sup>3</sup>; Harmony L. Tyner, MD<sup>4</sup>; Sarang K. Yoon, DO<sup>5</sup>; Jennifer Meece, PhD<sup>6</sup>; Lauren E.W. Olsho, PhD<sup>7</sup>; Alberto J. Caban-Martinez, DO<sup>8</sup>; Ashley Fowlkes, ScD<sup>1</sup>; Karen Lutrick, PhD<sup>2</sup>; Jennifer L. Kuntz, PhD<sup>3</sup>; Kayan Dunnigan, MPH<sup>9</sup>; Marilyn J. Odean, MS<sup>10</sup>; Kurt T. Hegmann, MD<sup>5</sup>; Elisha Stefanski<sup>6</sup>; Laura J. Edwards, MPH<sup>7</sup>; Natasha Schaefer-Solle, PhD<sup>8</sup>; Lauren Grant, MS<sup>1</sup>; Katherine Ellingson, PhD<sup>2</sup>; Holly C. Groom, MPH<sup>3</sup>; Tnelda Zunie<sup>9</sup>; Matthew S. Thiese, PhD<sup>5</sup>; Lynn Ivacic<sup>6</sup>; Meredith G. Wesley, MPH<sup>7</sup>; Julie Mayo Lamberte, MSPH<sup>1</sup>; Xiaoxiao Sun, PhD<sup>2</sup>; Michael E. Smith<sup>9</sup>; Andrew L. Phillips, MD<sup>5</sup>; Kimberly D. Groover, PhD<sup>7</sup>; Young M. Yoo, MSPH<sup>1</sup>; Joe Gerald, MD<sup>2</sup>; Rachel T. Brown, PhD<sup>5</sup>; Meghan K. Herring, MPH<sup>7</sup>; Gregory Joseph, MPH<sup>1</sup>; Shawn Beitel, MSc<sup>2</sup>; Tyler C. Morrill, MS<sup>7</sup>; Josephine Mak, MPH<sup>1</sup>; Patrick Rivers, MPP<sup>2</sup>; Katherine M. Harris, PhD<sup>7</sup>; Danielle R. Hunt, PhD<sup>7</sup>; Melissa L. Arvay, PhD<sup>1</sup>; Preeti Kutty, MD<sup>1</sup>; Alicia M. Fry, MD<sup>1</sup>; Manjusha Gaglani, MBBS<sup>9,11</sup> ([View author affiliations](#))

[View suggested citation](#)

## Summary

### What is already known about this topic?

Messenger RNA (mRNA) COVID-19 vaccines have been shown to be effective in preventing symptomatic SARS-CoV-2 infection in randomized placebo-controlled Phase III trials.

### What is added by this report?

Prospective cohorts of 3,950 health care personnel, first responders, and other essential and frontline workers completed weekly SARS-CoV-2 testing for 13 consecutive weeks. Under real-world conditions, mRNA vaccine effectiveness of full immunization ( $\geq 14$  days after second dose) was 90% against SARS-CoV-2 infections regardless of symptom status; vaccine effectiveness of partial immunization ( $\geq 14$  days after first dose but before second dose) was 80%.

### What are the implications for public health practice?

Authorized mRNA COVID-19 vaccines are effective for preventing SARS-CoV-2 infection in real-world conditions. COVID-19 vaccination is recommended for all eligible persons.

## Article Metrics

### Altmetric:



### Citations:

### Views:

*Views equals page views plus PDF downloads*

[Metric Details](#)

## Tables

[Table 1](#)

[Table 2](#)

## References

## Related Materials

## mRNA COVID-19 vaccines are highly effective in preventing infections in real-world conditions



Nearly 4,000\* health care personnel, first responders, and essential workers were tested weekly for the virus



Those who were fully vaccinated<sup>1</sup> were **90% less likely** to

# Care management for COVID19

- Health Choice has updated our member list by county & zip codes
  - And can appropriately share this information with providers to help align need with local vaccine priorities and delivery system capability
- HCA continues with ongoing intensive care management for members post-hospitalization for COVID19 admission
  - There have been 1323 hospitalizations & 153 fatalities thus far associated with a COVID dx (as of 033021)

# COVID Vaccine Collaborations

- Ongoing partnership with all counties and vaccine providers to help ensure equitable access & administration of vaccine to highest risk community members
- We are committed to collaborating and supporting your innovations and outreach for members who are eligible to receive vaccine and interested in receiving it

# The “formula”

*Increase in vaccination numbers + decrease in viral prevalence = end of pandemic*

Join us for two exciting upcoming AZ Community Grand Rounds

Tuesday, March 30th  
**Innovations in COVID  
Vaccination Outreach: Updates  
from Three Arizona Counties**

Thursday, April 15th  
**A Civilian Emergency Medical  
System: Is It Time? What  
Will It Take?**

**Innovations in COVID Vaccination Outreach: Updates from Three Arizona Counties**

**When:** Tuesday March 30th, 12:00 Noon to 1:00 PM

**Presenters:** Theresa Cullen; Public Health Director, Pima County  
Mike Oxtoby; Deputy Director/Chief Health Officer; Coconino County  
R. Nicholas Staab, Medical Epidemiologist, Maricopa County

**How to register:** Register in advance for this webinar by using this link:

[https://zoom.us/webinar/register/WN\\_lg14EwYPQWKfkScBfHPY-A](https://zoom.us/webinar/register/WN_lg14EwYPQWKfkScBfHPY-A)

All registrations will be confirmed via email with the details on how to join the webinar

**A Civilian Emergency Medical System: Is It time? What Will It Take?**

**When:** Thursday, April 15th, 12:00 Noon to 1:00 PM

**Who:** Denis A. Cortese, M.D.; Director, ASU Center for Healthcare Delivery and Policy

**How to register:** Register in advance for this webinar by using this link:

[https://zoom.us/webinar/register/WN\\_pvviyhCeRfCpPcFIMpLSgA](https://zoom.us/webinar/register/WN_pvviyhCeRfCpPcFIMpLSgA)

All registrations will be confirmed via email with the details on how to join the webinar



# The NARBHA Institute Endeavors

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## Community Grand Rounds

The journey of collaboration is enhanced by sharing expertise, research, community dialog, and best practices. The NARBHA Institute serves as a host and provides a format for professionals and the community to participate, share, and learn. Topics are recommended by partners, contemporary initiatives, health issues, and focus on the broad and vital goal of advancing wellbeing.

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## Professional Presentations

### Update of Genomic Epidemiology of COVID 19 in Arizona

*with Dr. Dave Engelthaler*

February 16, 2021

Dr. Engelthaler presentation on the Genomic Epidemiology of COVID-19 in Arizona on February 16, 2021 by Dr. Dave Engelthaler. This video is an update to the [presentation in June 2020](#). [Watch the presentation...](#)

### CGR COVID 19 and the Transformation of Healthcare

*with Dr. Rober Wachter*

January 22, 2021

Dr. Wachter speaks about the transformation of healthcare systems and which changes will outlast the current pandemic and which ones will not. [Watch the presentation...](#)

### Emerging Best Practices in Monoclonal Antibody Use

*with Dr. Mark Carroll*

<https://narbhainstitute.org/endeavors/Community-Grand-Rounds.php>



# Health Choice-Provider Partnership

Dr. Jane Dill is now working with our Performance Improvement teams. She is available to assist your organization/sites with provider education on quality and population health topics.

- [Jane.Dill@healthchoiceaz.com](mailto:Jane.Dill@healthchoiceaz.com)



## The health care workers in our community are our neighbors, our friends and our family members

Their health and their families' health are on the line every day so that all of our communities can be as healthy as possible.



<https://wellbeingcollaborative.org/>



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# Health Current

**Creating Connections. Achieving Results.**

**Presenter: Jayme Piña**

## Agenda

- About Us
- Participation & Growth Statistics
- Services & Program
- Becoming a Participant
- Questions

## About Us

Health Current is the result of an executive order signed in 2005 and subsequent community efforts to develop a statewide health IT strategic plan for Arizona.

From that, the non-profit Arizona Health-e Connection (AzHeC) was founded in 2007, and the organization rebranded as Health Current in 2017.

Our commitment to helping providers make fully informed healthcare decisions is reflected in our MVP:

- **Our Mission** – We help our partners realize their highest potential to transform care.
- **Our Vision** – To make healthcare transformation a reality.
- **Our Purpose** – To integrate information with the delivery of care, to improve individual and community health and wellbeing.

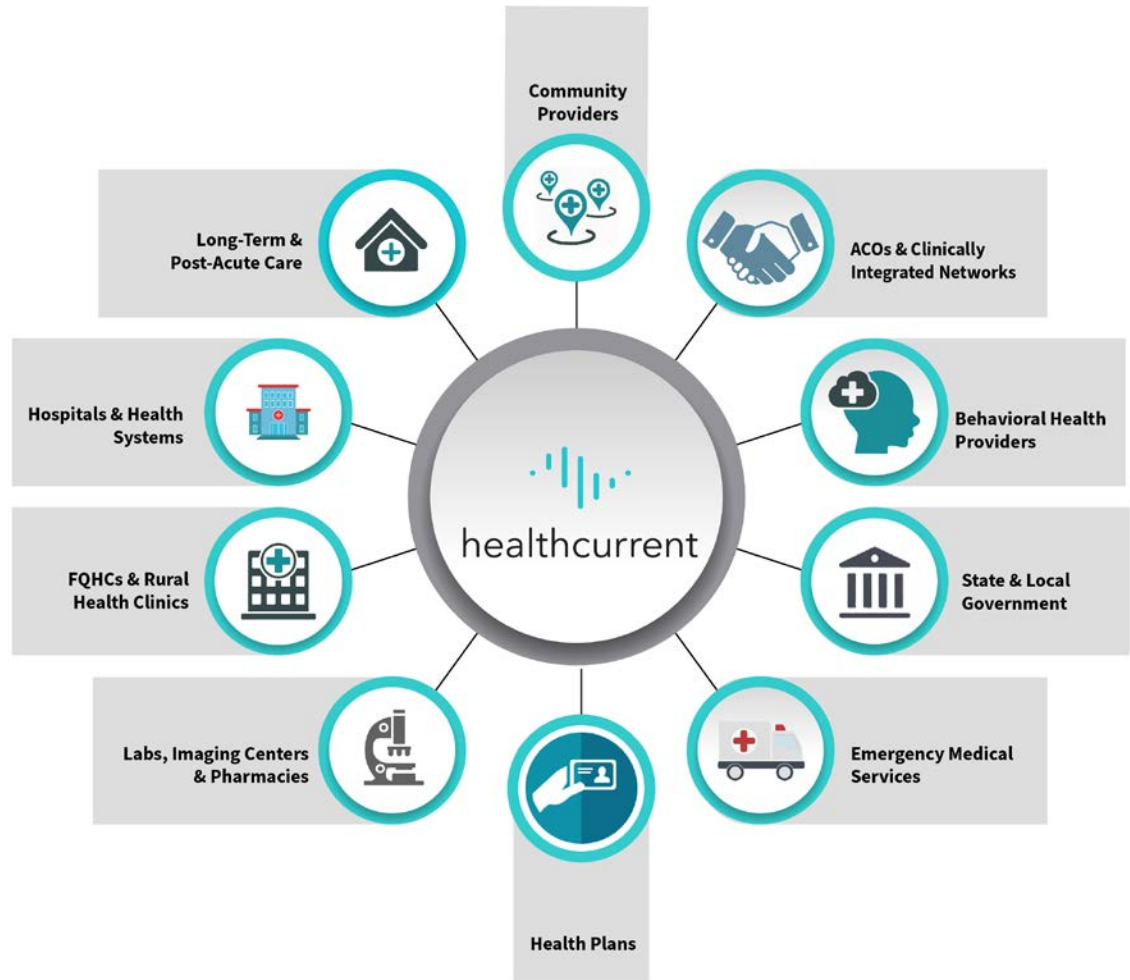


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# Participation & Growth Statistics

# H C

878 HIE Participants and growing  
as of 3/29/2021



## HIE Benefits

**One connection to save time and resources** – Making connections to other providers, hospitals, reference labs and health plans takes time and valuable resources from your practice. One connection saves time and allows real-time transfer of data from hospital encounters, reference lab results and other community provider encounters.

**New patient information** – Connection to the statewide HIE provides the ability to view current information and historical medical records in the HIE.

**Timely information to coordinate care** – Clinicians are able to access patient health information when, and where it is needed.

**Secure communication** – The use of the HIE's DirectTrust-certified, HIPAA-compliant secure email system facilitates the easy and secure exchange of patient information between providers, care team members and healthcare facilities.





PENDLETON  
PEDIATRICS



CONNECTING PEOPLE

## How it works

"The HealthCurrent team is able to identify patients who are at risk of hospitalization or readmission early in the morning—or sometimes the night before—by looking up the patient's medical history through the HIE portal."

Partnership with HealthCurrent

ARIZONA'S HEALTH  
INFORMATION EXCHANGE



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CONNECTING PEOPLE

## Using the HIE Portal

### **HIE Portal**

Secure online access to a consolidated patient record, including specialized view of SMI patient crisis data

- Includes all treating physical care providers. Can include behavioral health services with patient consent.
- Individualized – one patient at a time
- Used by care managers & clinicians to identify the complete patient history for care coordination, transitions of care, changes, etc.
- Can use 36-month period for population health activities (risk stratification, outreach campaigns, etc.)

## Data Available (varies by data source)

- Demographics
- Encounters  
(Inpatient/ED/Outpatient)
- Results (Lab/Rad/Trans)
- Allergies/Adverse Reactions
- Medications/Prescriptions
- Conditions (Diagnosis/Problems)
- Procedures/Treatments
- Immunizations
- Vital Signs
- Advance Directives
- Payers
- Family History
- Social History
- Clinical Documents
  - Discharge Summary
  - CCD/CCDA
  - Emergency Room Report
  - Encounter Summary
  - Progress Notes
  - Transition of Care/Referral Summary
  - History & Physical Report
  - Operative Note
  - Consultation Note
  - BH Court Orders

# Finding Visits, Hospitalizations & Clinical Lab Results

The screenshot displays a patient summary dashboard for Peter Steinken. The dashboard is organized into several sections:

- Encounters (8):** A table with columns for Admission Type, Date, and Source. One entry is highlighted: Emergency on 04/04/2019 at Dignity Health Mercy Gilbert Medical Center:HL7.
- Results (19):** A table with columns for Name, Date, and Source. It lists various lab tests such as Urine, Pregnancy, HPV mRNA, and Lipid Panel.
- Medications (4):** A table with columns for Name, Dose, and Source. One medication is listed: Prenatal Multivitamin.
- Prescriptions (4):** A table with columns for Name, Strength, and Dosage Form. One prescription is listed: Prenatal Multivitamin.
- Immunizations (4):** A table with columns for Vaccine, Lot Number, and Status. It shows no data available for this section.
- Conditions (37):** A table with columns for Title, Alternate, and Source. One condition is listed: Patient currently pregnant (finding).
- External Documents (1):** A table with columns for Document Name, Creation Date, and Data Source. One document is listed: Transition of Care/Referral Summary.

Two red arrows point from a text box to the 'Encounters' and 'Results' sections. The text box contains the following text:

**Hospital Inpatient, Emergency, and Ambulatory Encounters easy to search within the HIE portal, along with corresponding Lab / Rad Results and Transcribed Reports**

## Using HIE Alerts

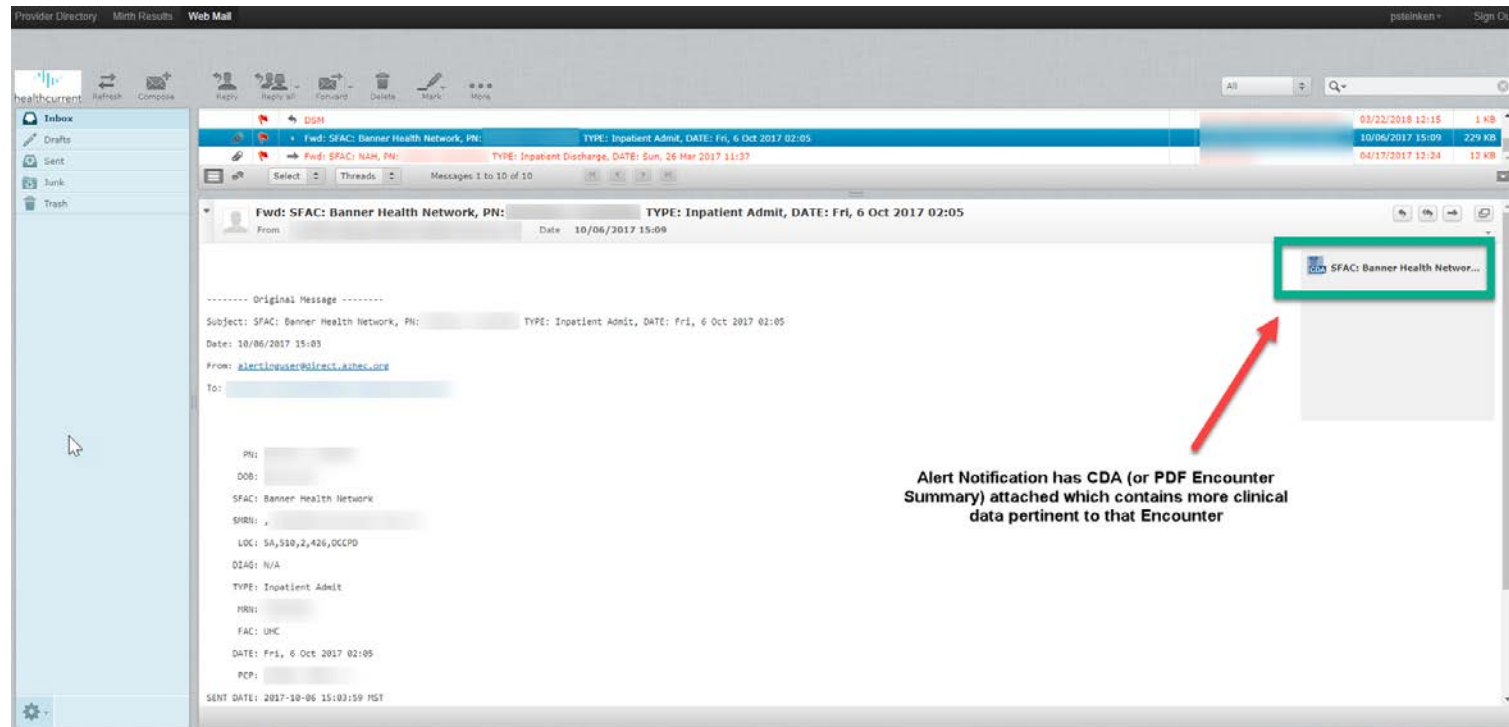
### **Patient Alerts**

Event-driven notifications triggered by admissions, discharges, registrations and clinical/laboratory results

- Notification that an identified event has happened to a member of a pre-defined population (e.g. high needs patients, chronic care panels, SMI, condition-specific panels)
- Used by care managers, case managers & clinicians for monitoring care plan activities (e.g. annual labs, needed tests) & utilization of services

## Real-time Alerts sent via Direct Secure Messaging

- Individualized based on identified event
- Immediate care team response, next day coordination of care, follow through on tests ordered



# Setting Up Alerts for Visits, Hospitalizations & Lab Results

- Aggregate reports for all patients experiencing the event or condition being monitored
- Can be trended to monitor performance over time at a team/clinic level

Batch Notifications							
Banner Health :		ED Admit			2018-07-18 07:30 AM		
Patient	DOB	Source MRN	PCP	Diagnosis	Facility MRN	Date	Location
		BH Desert Med Ctr	GERALD R SHOONEY	N/A		17-Jul-2018 07:35 AM	N/A
		BH Page Community Hosp	SCOTT D SADLER	N/A		17-Jul-2018 10:51 AM	N/A
		BH Boswell Med Ctr	RAMA	N/A		17-Jul-2018 12:19 AM	N/A
		BH Page Community Hosp	DAVID	N/A		17-Jul-2018 12:43 PM	N/A
Dignity Health Chandler Regional Medical Center :		ED Admit			2018-07-18 07:30 AM		
Patient	DOB	Source MRN	PCP	Diagnosis	Facility MRN	Date	Location
			TERESA M AYE LAJMANGUE	N/A		17-Jul-2018 09:07 AM	EMERGENCY DEPTUndefined
HonorHealth Osborn Hospital :		ED Discharge			2018-07-18 07:30 AM		
Patient	DOB	Source MRN	PCP	Diagnosis	Facility MRN	Date	Location
		H1-NBH	SUSAN	T66.52-Painful respiration R07.89-Other chest pain		17-Jul-2018 04:34 AM	SCOTTSDALE OSBORN MEDICAL

Sending Facility, Visit Type, Sending ID, Patient, DOB, Patient ID, PCP, Diagnosis, Date, Time, Location  
 Banner Health,ED Admit, N/A, NO,N/A,11-Jan-2019,07:28 PM,N/A  
 Banner Health,ED Discharge, N/A, NO,N/A,12-Jan-2019,10:40 PM,N/A  
 Banner Health,ED Admit, N/A, NO,N/A,12-Jan-2019,01:24 PM,N/A  
 Banner Health,ED Discharge N/A, BLANK,N/A,12-Jan-2019,03:16 PM,N/A

## Additional HIE Services

- **EHR Integration**  
Connection built to practice/organization's EHR to allow for seamless transfer of information between provider and healthcare community.
- **CSPMP & HIE Integration**  
Access via the HIE Portal to Arizona's controlled substance prescription monitoring program (CSPMP) to meet prescriber mandate; providers must register with the Arizona State Board of Pharmacy; doesn't include access by prescriber delegates
- **Patient Centered Data Home™ (PCDH)**  
ADT alerts and follow-up information exchange with other US based HIEs; 47 participating HIEs nationwide with 16 currently exchanging data with Health Current

**NOTE: Health Current is in the process of updating its HIE platform to the newest version, this new platform provides more capabilities, enhance data exchange functionality and a more comprehensive view of patient data via the Portal.**



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## Health Current Service Fees

**FREE for  
Community  
Providers!**

## HIE Onboarding Program

Last Chance! Sign  
Participation  
Agreement by  
3/31/2021

- **No Participation Fees for Community Providers**
- AHCCCS pays the HIE to onboard its key Hospitals, FQHCs, RHCs, and provider practices

### Current Program

- Eligibility – Registered Medicaid Providers seeing Medicaid patients
- Requirements – Connect bi-directionally to the HIE, Health Current Gateway satisfies this requirement
- Subsidy – Set subsidy, based upon type of entity
  - Hospitals - \$20,000
  - FQHCs, FQHC-LA, RHCs - \$10,000
  - Practices (26+ providers) - \$10,000
  - Practices (1-25 providers) - \$5,000





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# Becoming a Participant

## Steps to Participate

1. Initial contact with Health Current Recruitment Department
2. Introductory phone call to be scheduled with potential participant
3. Identify applicable Health Current programs for potential participant
4. Participation Agreement and Amendment; sent, signed, and returned
5. HIE Account Manager assigned and the service planning kickoff meeting held
6. Services initiated

## Contact Us to Get Started!

Jayme Piña,  
Manager, Recruitment and Engagement

[recruitment@healthcurrent.org](mailto:recruitment@healthcurrent.org)

602-688-7216

Schedule your  
Appointment Today!

Follow Us:



# AHCCCS Bed Capacity Survey

Ryan Kivela, Adult Crisis System Admin.  
Victoria Tewa, Children's System Admin



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# AHCCCS Bed Capacity Survey

- Behavioral Health Residential Facilities and Residential Treatment Centers
  - One time online survey required by AHCCCS to gauge Arizona's capacity to service individuals with complex needs
  - Information gathered in the survey will assist in long term system planning
  - Information provided will aid in utilization of EMResource database
    - AHCCCS Health Plans
    - AZ Providers seeing treatment placement for members

# AHCCCS Bed Capacity Survey

- HCA and other health plans have outreached BHRF and RTC providers
  - Blast Fax
  - Email
  - Providers may have received more than one request; need only to complete the survey one time.
- Detailed information is provided in the Blast Fax and emails that you have received.
- The Blast Fax instructions for completing this one time survey will be provided to participants of this meeting.
- If you are a BHRF or RTC provider who has not yet completed the survey, please consider this a reminder.



# Cultural Competency Program

Jeanette Mallery, Cultural Competency Administrator



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# Cultural Competency Program

## What is Cultural Competency in Healthcare?

Cultural competency in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients' social, cultural and linguistic needs.

A culturally competent health care system is one that

- ✓ Acknowledges the importance of culture,
- ✓ Incorporates the assessment of cross-cultural relations,
- ✓ Recognizes the potential impact of cultural differences,
- ✓ Expands cultural knowledge, and adapts services to meet culturally unique needs.

Ultimately, cultural competency is recognized as an essential means of reducing racial and ethnic disparities in health care.

# Cultural Competency Program

## Purpose of Health Choice Arizona Cultural Competence

Health Choice Arizona has a Cultural Competency Plan (CCP). It outlines our goals and objectives to ensure equally accessible and high quality services are provided in a culturally and linguistically competent manner to the populations we serve.

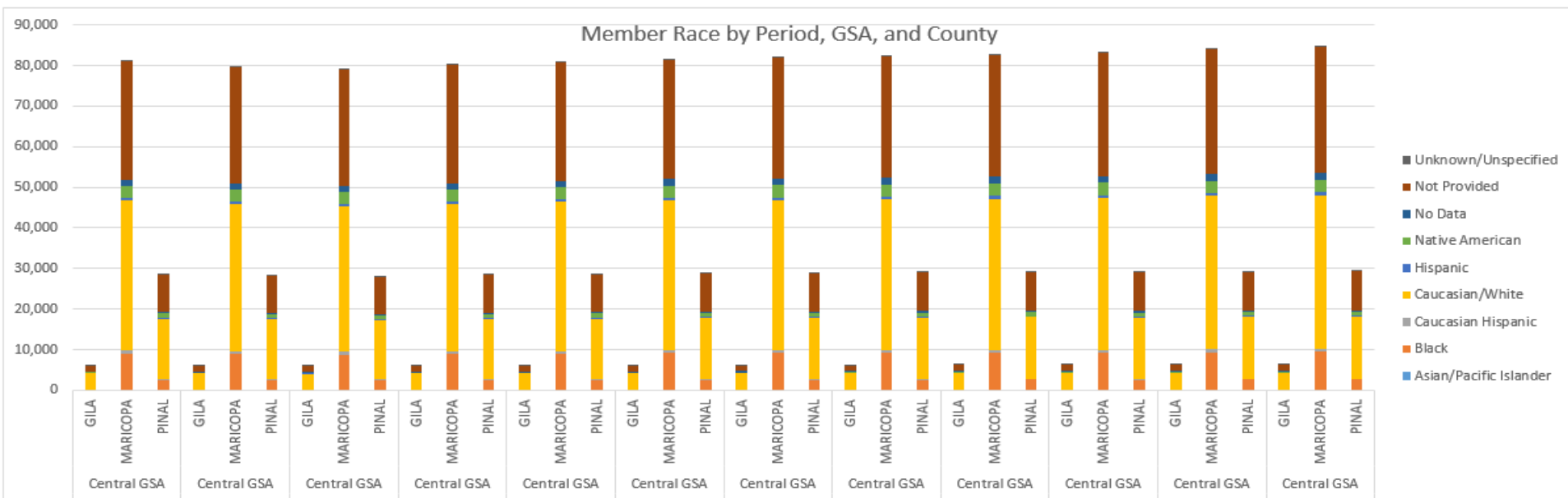
Our vision is to ensure that all members have access to quality health care and can achieve their health and well-being potential.

Our approach in honoring diversity is by working to understand the core needs of those in our service areas and designing services and materials to meet those unique needs strategically.

# Member Ethnicity – Central GSA

members	Column Labels						
Period	Central GSA	GILA Total	Central GSA	MARICOPA Total	Central GSA	PINAL Total	Grand Total
Asian/Pacific Islander	13	13	130	130	24	24	167
Black	91	91	10,377	10,377	2,816	2,816	13,284
Caucasian Hispanic	56	56	711	711	286	286	1,053
Caucasian/White	4,457	4,457	41,706	41,706	16,478	16,478	62,641
Hispanic	56	56	711	711	286	286	1,053
Native American	163	163	3,504	3,504	1,067	1,067	4,734
No Data	384	384	1,891	1,891	415	415	2,690
Not Provided	1,630	1,630	33,887	33,887	10,525	10,525	46,042
Unknown/Unspecified	2	2	23	23	20	20	45
<b>Grand Total</b>	<b>6,796</b>	<b>6,796</b>	<b>92,229</b>	<b>92,229</b>	<b>31,631</b>	<b>31,631</b>	<b>130,656</b>

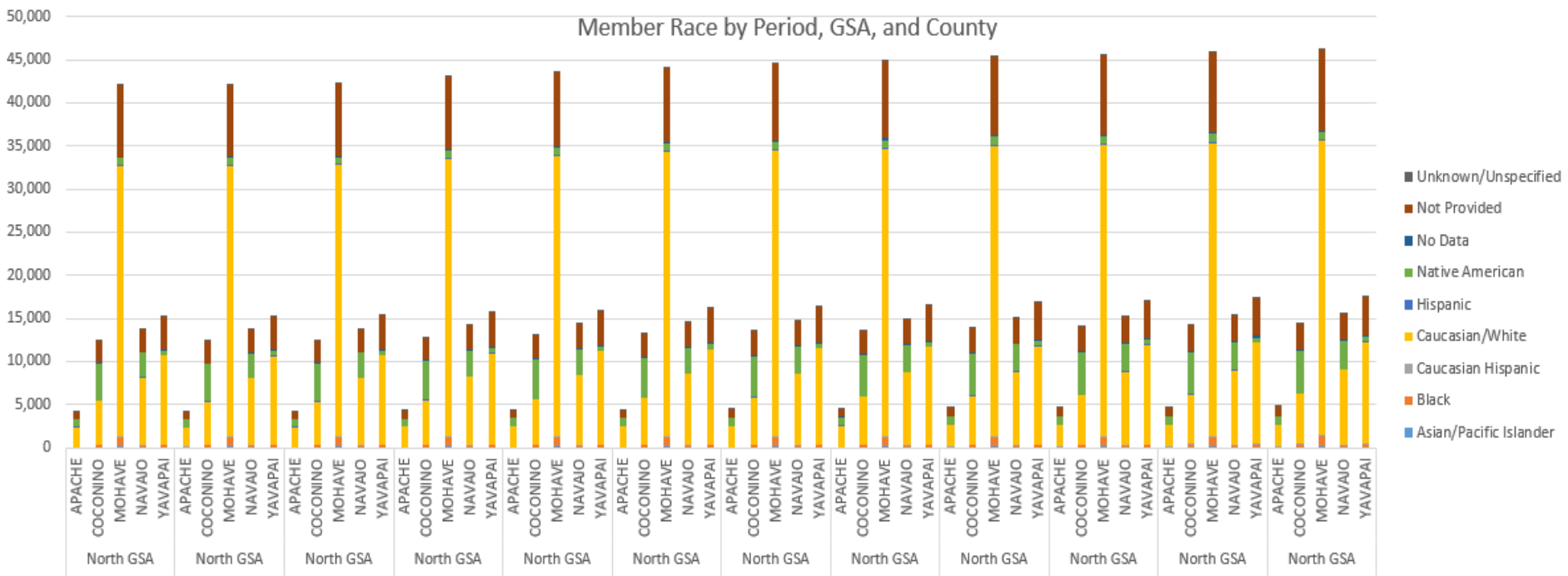
Reported Category  
Distribution:  
 Caucasian/White – 48%  
 Black – 10%  
 Native American – 5%  
 Hispanic – Let than 1%



# Member Ethnicity – Northern GSA

members	Column Labels											
	APACHE	APACHE Total	COCONINO	COCONINO Total	MOHAVE	MOHAVE Total	NAVAJO	NAVAJO Total	YAVAPAI	YAVAPAI Total	Grand Total	
Period	North GSA		North GSA		North GSA		North GSA		North GSA			
Asian/Pacific Islander	7	7	46	46	183	183	35	35	52	52	323	
Black	65	65	373	373	1,197	1,197	226	226	329	329	2,190	
Caucasian Hispanic	32	32	73	73	197	197	60	60	95	95	457	
Caucasian/White	2,784	2,784	6,605	6,605	37,617	37,617	9,471	9,471	13,452	13,452	69,929	
Hispanic	32	32	73	73	197	197	60	60	95	95	457	
Native American	1,232	1,232	5,674	5,674	1,008	1,008	3,767	3,767	638	638	12,319	
No Data	20	20	179	179	260	260	127	127	321	321	907	
Not Provided	1,119	1,119	3,313	3,313	10,448	10,448	3,381	3,381	4,980	4,980	23,241	
Unknown/Unspecified	5	5	8	8	11	11	7	7	3	3	34	
<b>Grand Total</b>	<b>5,264</b>	<b>5,264</b>	<b>16,270</b>	<b>16,270</b>	<b>50,921</b>	<b>50,921</b>	<b>17,074</b>	<b>17,074</b>	<b>19,870</b>	<b>19,870</b>	<b>109,399</b>	

**Reported Category Distribution:**  
 Caucasian/White – 64%  
 Native American – 11%  
 Black – 2%  
 Hispanic – Let than 1%



# U.S. Census Data (Arizona)

All Topics	Maricopa County, AZ	Navajo County, AZ	Apache County, AZ	Mohave County, AZ	Yavapai County, AZ	Coconino County, AZ
<a href="#">Population estimates, July 1, 2019, (V2019)</a>	4,485,414	110,924	71,887	212,181	235,099	143,476
<b>People</b>						
<b>Population</b>						
<a href="#">Population estimates, July 1, 2019, (V2019)</a>	4,485,414	110,924	71,887	212,181	235,099	143,476
<a href="#">Population estimates base, April 1, 2010, (V2019)</a>	3,817,365	107,488	71,517	200,182	211,017	134,426
<a href="#">Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)</a>	17.50%	3.20%	0.50%	6.00%	11.40%	6.70%
<a href="#">Population, Census, April 1, 2010</a>	3,817,117	107,449	71,518	200,186	211,033	134,421
<b>Race and Hispanic Origin</b>						
<a href="#">White alone, percent</a>	82.80%	50.40%	22.30%	91.70%	93.30%	65.70%
<a href="#">Black or African American alone, percent(a)</a>	6.40%	1.00%	0.60%	1.30%	0.90%	1.50%
<a href="#">American Indian and Alaska Native alone, percent(a)</a>	2.80%	45.70%	75.00%	3.00%	2.20%	27.40%
<a href="#">Asian alone, percent(a)</a>	4.60%	0.60%	0.50%	1.20%	1.30%	2.10%
<a href="#">Native Hawaiian and Other Pacific Islander alone, percent(a)</a>	0.30%	0.20%	0.10%	0.20%	0.20%	0.20%
<a href="#">Two or More Races, percent</a>	3.10%	2.20%	1.60%	2.50%	2.30%	3.10%
<a href="#">Hispanic or Latino, percent(b)</a>	31.40%	11.50%	6.60%	16.90%	14.70%	14.30%
<a href="#">White alone, not Hispanic or Latino, percent</a>	54.50%	41.60%	18.00%	76.70%	80.20%	54.10%
<b>Population Characteristics</b>						
<a href="#">Veterans, 2014-2018</a>	253,896	7,379	2,902	24,455	26,329	7,209
<a href="#">Foreign born persons, percent, 2014-2018</a>	14.90%	2.90%	1.70%	6.70%	6.30%	4.80%
<b>Families &amp; Living Arrangements</b>						
<a href="#">Households, 2014-2018</a>	1,520,767	34,407	20,395	85,485	96,007	47,276
<a href="#">Persons per household, 2014-2018</a>	2.76	3.08	3.44	2.37	2.29	2.68
<a href="#">Living in same house 1 year ago, percent of persons age 1 year+, 2014-2018</a>	82.70%	86.40%	93.10%	80.50%	83.60%	77.20%
<a href="#">Language other than English spoken at home, percent of persons age 5 years+, 2014-2018</a>	27.00%	37.10%	54.20%	11.10%	10.70%	24.60%
<b>Computer and Internet Use</b>						
<a href="#">Households with a computer, percent, 2014-2018</a>	91.50%	74.80%	55.00%	86.00%	89.70%	89.00%
<a href="#">Households with a broadband Internet subscription, percent, 2014-2018</a>	84.10%	60.70%	38.00%	78.20%	80.10%	77.40%
<b>Income &amp; Poverty</b>						
<a href="#">Median household income (in 2018 dollars), 2014-2018</a>	\$61,606	\$40,054	\$32,963	\$43,266	\$50,180	\$57,616
<a href="#">Per capita income in past 12 months (in 2018 dollars), 2014-2018</a>	\$31,697	\$18,333	\$14,499	\$24,829	\$28,829	\$26,387
<a href="#">Persons in poverty, percent</a>	12.30%	28.50%	37.30%	16.80%	13.20%	15.90%
<b>Geography</b>						
<b>Geography</b>						
<a href="#">Population per square mile, 2010</a>	414.9	10.8	6.4	15	26	7.2
<a href="#">Land area in square miles, 2010</a>	9,200.14	9,950.42	11,197.52	13,311.08	8,123.50	18,618.89
<a href="#">FIPS Code</a>	4013	4017	4001	4015	4025	4005

\*Data Source: <https://www.census.gov/quickfacts/fact/table/AZ,US/PST045219>

Review of U.S. Census Data for Arizona shows the majority of population demographics fall under the “Caucasian” category, followed by “Hispanic”, and then Native American (mainly in Northern Arizona).

# Provider Resources

Jadelyn Fields, Network Provider Service Manager and Educator



An Independent Licensee of the Blue Cross Blue Shield Association

# PROVIDER PORTAL

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

**Sign-up today!**

Get access to secure member eligibility, claim status, submit prior authorization requests and much MORE!

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'



# Online Resources and Education

Health Choice:

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

Health Choice Pathway:

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

## ➤ Increase Provider Communication and Outreach

- Provider Manual(s)
- Important Notices – Announcements
- PA Guidelines
- Prescription Drug Formulary
- Provider Education Resources
  - Provider Newsletters

# Online Provider Resources Secure Provider Portal View



## Welcome to Health Choice Provider Portal

### Member Eligibility

Use the form below to look up the eligibility status for one of our members.

First Name

Last Name

Date Of Birth

OR

Member Id

SEARCH

### 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
- Health Choice - Pharmacy Prior Authorization Request
- Health Choice Arizona - Prior Authorization Grid
- Health Choice Generations - Prior Authorization Grid (Arizona)
- Health Choice Generations - Prior Authorization Grid (Utah)
- Health Choice Utah - Prior Authorization Grid

### Provider Tools

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

- Provider Member Roster
- Notices
- Forms
- Newsletters
- Dental Newsletters
- Internet Explorer Compatibility View Instructions
- Health Choice Integrated Care Provider Portal
- Provider Demographic Summary
- EFT/ERA Setup Request Form
- Education

Links to External Tools



# Online Provider Resources Our Public Website

Member Portal Member Newsletters Find a Doctor / Pharmacy Member Handbooks Search



ABOUT MEMBERS PROVIDERS HEALTH & WELLNESS COMMUNITY NEWS FAQs CONTACT

CRISIS HELP

- Provider Overview
- Provider Portal
- Provider Notices
- Provider Education
- Provider Manual
- PA Guidelines
- Prescription Drugs
- Forms
- Behavioral Health Resources
- Clinical Guidelines
- Centers of Excellence & Star Ratings
- Quality & Performance Measures
- Claims
- Fraud, Waste & Abuse
- National Provider Identifier
- Medical Management
- Health Literacy
- Dental
- Mountain ECHO

Call Us: 1.800.322.8670 (TTY:711) | f | t | i | u | g

## Provider Portal Enhancements

With YOU In Mind

We have continued to make upgrades to our physical health provider portal for our Health Choice Arizona and Health Choice Generations lines of business.

Are you registered for the Provider Portal?

SIGN-UP TODAY!

Proprietary and Confidential



An Equal Opportunity Employer

# Claim Submission Reminders

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.

Health Choice Arizona (AHCCCS)

Health Choice Arizona Payer ID# 62179

P.O. BOX 52033, PHOENIX, AZ 85072-2033

Health Choice Pathway (Medicare Advantage)

Health Choice Pathway Payer ID# 62180

P.O. BOX 52033, PHOENIX, AZ 85072-2033

# Claim Submission Reminders

## 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 Documentation 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

# Claim Submission Time Frames Health Choice Arizona (HCA)

In accordance with ARS §36-2904 (G), an initial claim for services provided to an AHCCCS member must be received by AHCCCS no later than 6 months after the date of service, unless the claim involves retro-eligibility. In the case of retro-eligibility, a claim must be submitted no later than 6 months from the date that eligibility is posted. For hospital inpatient claims, “date of service” means the date of discharge of the patient.

- Claims initially received beyond the 6-month time frame, except claims involving retro-eligibility, will be denied.
- If a claim is originally received within the 6-month time frame, **the provider has up to 12 months from the date of service to correctly resubmit the claim in order to achieve clean claim status or to adjust a previously processed claim**, unless the claim involves retro-eligibility. If a claim does not achieve clean claim status or is not adjusted correctly within 12 months, AHCCCS is not liable for payment.

# Claim Dispute Submission Time Frame (HCA)

The claim dispute must be filed within the following established timeframes:

- Within 60 days of the date of notice advising that a sanction will be imposed, or
- For challenges to the payment, denial or recoupment of a claim, the later of the following:
  - 12 months of the date of delivery of the service;
  - 12 months after the date of eligibility posting; or
  - Within 60 days after the payment or denial of a timely claim submission, or the recoupment of payment, whichever is later.

Please note, per A.R.S. 36-2904(G.3) "Submitted" means the date the claim is received by the administration or the prepaid capitated provider, whichever is applicable, as established by the date stamp on the face of the document or other record of receipt. This means that the provider must provide proof that Health Choice Arizona received your claim such as a tracking number or certified mailing card.

Disputes received outside of AHCCCS regulatory guidelines will be denied as untimely. Health Choice Arizona will not address the merits of the dispute.

Health Choice Arizona Provider Manual Chapter 15 Claim Disputes, Member Appeals, and Member Grievances: <https://www.healthchoiceaz.com/providers/provider-manual/>

# Claim Submission Time Frame (Pathway)

Timeliness	NON-CONTRACTED	CONTRACTED
<b>Claim Submissions</b>	12 Mos from DOS (end)	6 Mos from DOS (end)
<b>Claim Re-submission</b>	12 Mos from DOS (end)	18 Mos from DOS (end)
<b>Dispute</b>	120 Days from the Date of Claim Determination	18 Mos from DOS (end)
<b>Second Level Dispute</b>	Health Plan forwards to IRE	60 Days after the Decision OR 18 Mos from DOS (end)

Health Choice Pathway Provider Manual Chapter 9 Grievance, Appeals, Claim Resubmission and Reconsiderations:

<https://www.healthchoicepathway.com/providers/provider-manual/>



# AHCCCS Electronic Visit Verification (EVV)

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.

## Claims and Policy Grace Period – Continued

**The claims and policy grace periods have been extended. The hard claim edits will not begin on April 1, 2021.**

At this time, AHCCCS is seeking further guidance from the Centers for Medicare and Medicaid Services (CMS) that will inform a decision on the new date the hard claim edits will begin.

AHCCCS plans to coincide the timing of the beginning of the hard claim edits with policy compliance.

# AHCCCS Electronic Visit Verification (EVV)

## Payment for EVV Services

AHCCCS is extending the soft claim edit period for claims with dates of service beginning January 1, 2021. During the soft claim edit period, providers can still receive reimbursement for services if there is no EVV visit to match to a claim or the EVV visit data is incomplete.

**This extension does not mean that providers can wait to start EVV.**

Compliance with EVV was required beginning January 1, 2021. Providers should use this period to develop operational procedures, train administrative personnel, onboard members, and caregivers and self-monitor agency compliance in order to avoid billing challenges when the hard claim edit period begins.

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

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



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