

2023 Q4 All Provider Forum

December 20, 2023

Zoom Recording:

https://azblue.zoom.us/rec/share/HClSHAUhOU2eDqW-cm1frTjPG6S7Uhm1Oqi8e4MquxT32BgEM_A4caCBhMincA6b.3WmXznelwUfO792n?startTime=1703096632000



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

Agenda

- 
1. Welcome
Charlotte Whitmore, VP Network Services 2 minutes
 2. ACA StandardHealth with Health Choice (HCS)
Matthew Kingry, VP Reimbursement Services 15 minutes
 3. Clinical and Integrated Health Updates
Jennifer DeMaris, Manager Integrated Care Management 10 minutes
 4. Performance Improvement Updates
Dr. Jane Dill, MD, BCBSAZ Health Choice Medical Director 25 minutes
 5. Cultural Competency
Jeanette Mallery, Cultural Competency Administrator 10 minutes
 6. Provider Resources
Jadelyn Fields, Network Provider Service Manager and Educator 10 minutes
 7. Q and A 10 minutes

ACA StandardHealth with Health Choice

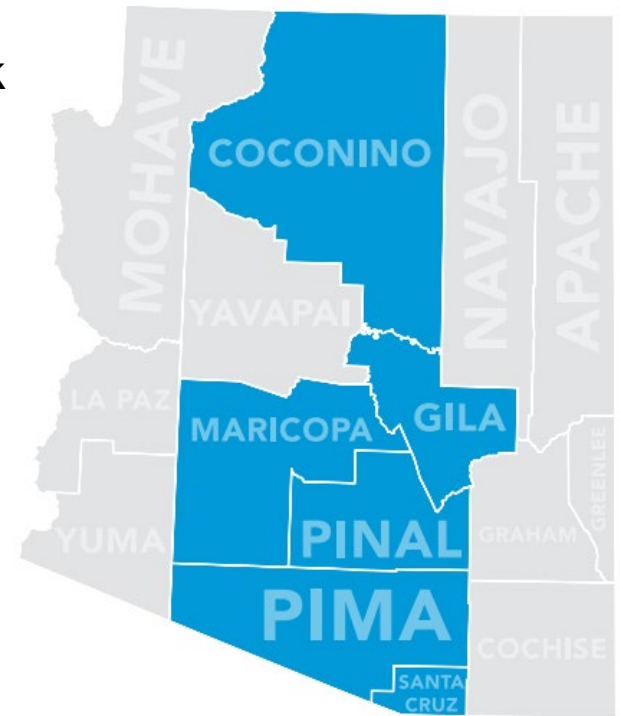
Plans available 2024



A New 2024 Affordable ACA Plan

StandardHealth HMO plan + Health Choice network
=
ACA StandardHealth with Health Choice

- Attract Health Choice members who are no longer eligible for Medicaid
- Offer plan in select counties
- Deliver a lower premium plan



ACA StandardHealth with Health Choice

This plan is ideal for those who:

- Are transitioning from a Health Choice plan and want to keep their same doctors
- Want added support and resources for chronic health conditions
- Prefer fixed costs for doctor and specialist visits and prescription drugs
- Need help coordinating care across multiple providers

	Cost-Share Reduction Plan Options (with financial help from the federal government)			
	ACA StandardHealth with Health Choice	ACA StandardHealth with Health Choice CSR		
	Silver	Silver 4	Silver 5	Silver 6
Deductible	\$5,900	\$5,700	\$700	\$0
Out-of-Pocket Maximum	\$8,700	\$7,200	\$3,000	\$1,800
Assigned PCP Required	Yes	Yes	Yes	Yes
Specialist Referral Required	Yes	Yes	Yes	Yes
PCP Visit	\$40	\$40	\$20	\$0
Specialist Visit	\$80	\$80	\$40	\$10
Tier 1 (Generic Drugs)	\$20	\$20	\$10	\$0



Clinical and Integrated Health Updates



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

7th Annual Healthy Fall Festival & Turkey Giveaway

Saturday, Nov. 11th
9 AM – 1 PM

Lowell Elementary School
1121 S 3rd Ave., Phoenix, AZ 85003

16 volunteers from across BCBS Arizona participated for the second year in a row supporting one of our communities. Screenings and services provided included:

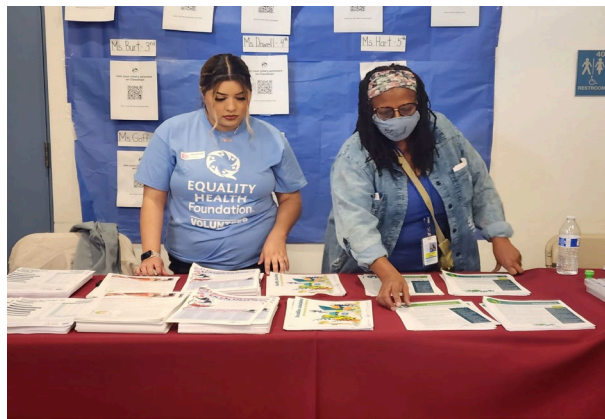
- **BMI screenings:** 274 community members stepped on a scale to identify if they were underweight, healthy weight, overweight or obese
- **Blood Pressure:** 388 community members had their blood pressure taken to identify if they were in a good range or at risk. Members who were at risk or hypertensive were provided the readings to share with their provider.



Presented By Equality Health Foundation



7th Annual Healthy Fall Festival



- **Education:** We provided resources in both English and Spanish. Topics such as diet and tips for healthy eating around the holidays, recipes, easy substitutions to reduce calories, salt and sugars and well as easy ways to increase activity. Guides on controlling blood pressure and glucose management were provided to those at risk.
- **Community Resources:** We created a community resource guide for food banks, housing low cost or free medical and dental care, transportation, utility and rental assistance all located within 5 miles of the school
- **Mobile mammography** services offered during the festival.
- **A1C testing** was done onsite with instant results reported back to the members to share with their providers.

BCBSAZ Health Choice Out in the Community

Making Access to Mammograms Easier

Mohave MOM Community Events

Thursday, September 28, 2023	NCHC – Lake Havasu
Friday, September 29, 2023	NCHC - Kingman
Saturday, September 30, 2023	NCHC – Bullhead
Wednesday, October 25, 2023	NCHC – Lake Havasu
Thursday, October 26, 2023	NCHC - Kingman
Wednesday, November 15, 2023	NCHC – Lake Havasu
Thursday, November 16, 2023	NCHC - Kingman
Friday, November 17, 2023	NCHC – Bullhead
Wednesday, December 13, 2023	NCHC – Bullhead
Thursday, December 14, 2023	NCHC - Kingman

Coconino MOM Community Events

Monday, October 30, 2023	NCHC - Flagstaff
Monday, November 20, 2023	NCHC - Flagstaff
Tuesday, November 21, 2023	NCHC - Flagstaff
Monday, December 11, 2023	NCHC - Williams



Health
Choice

An Independent Licensee of the Blue Cross Blue Shield Association

Upcoming AHCCCS Policy Changes

AMPM 610 AHCCCS Provider Qualifications (approved 12/12/2023)

- Fingerprints required
- Deny or term providers w/ criminal history or adverse action
- FWA
- Notify for change in hours of operation
- Notify for change in location

AHCCCS has the discretion to deny a provider enrollment application or terminate a provider based on criminal history or any adverse action relating to any licensure, permit, and/or certification, including but not limited any change, termination, sanction, suspension, revocation, exclusion, preclusion, determination, conclusion, finding, administrative adjudication, or other adverse or potentially adverse action.

AHCCCS has the discretion to deny a provider enrollment application or terminate a provider to protect the health and safety of AHCCCS members, protect AHCCCS from potential fraud, waste, and abuse, and to ensure members can receive necessary services within Arizona.

The provider shall report in APEP any change in hours of operation at least five days prior to the effective date of the change. In case of an emergency that results in a facility closure, a provider shall provide AHCCCS written notice within 24 hours of emergency. The closure and the reason for closure shall be posted at the entrance of the facility.

The provider shall report in APEP a change in servicing address at least 30 days prior to the effective date of the change



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

Upcoming AHCCCS Policy Changes

AMPM 310- W Certified Community Health Worker/Community Health Representative (approved 11/09/2023) **NEW**

A new policy establishing requirements for Certified Community Health Worker /Community Health Representative services. It covers services eligible for reimbursement when performed under the direction of an eligible AHCCCS registered provider.

CHW/CHR shall complete certification obtained through ADHS. A certified CHW/CHR shall engage in continuing education and maintain up-to-date training standards as specified in A.A.C. R9-16.806.

Members eligible to receive CHW/CHR services shall:

1. Have a chronic condition, or
2. Be at risk for a chronic condition, or
3. Have a documented barrier (e.g., disability, social isolation, language) that is affecting the member’s health.

The CHW/CHR services shall be medically necessary and shall be recommended by an eligible physician or other licensed practitioner of the healing arts

Medicaid eligible services provided by a certified CHW are limited to the following:

- a. Health system navigation and resource coordination,
- b. Health education and training, including services to train and/or increase the member’s awareness of methods and measures that have been proven to be effective in avoiding illness and/or lessening the effects of an illness. The content of the education shall be consistent with established healthcare standards, or
- c. Health promotion and/or coaching to provide information and training to members that enables the member to make positive contributions to their health status.

AMPM 940 – MEDICAL RECORDS AND COMMUNICATION OF CLINICAL INFORMATION

New language under Behavioral Health Medical Record Requirements (pg 6 of 17)

General clinical information that may include

- Supplemental CFT/ART documentation and updates, and
- Additional assessment or screening documentation that provides further evidence to ensure member’s needs are being identified through either standardized assessment or screening tools (e.g., Protocol for Responding and Assessment Patients’ Assets, Risks & Experiences [PRAPARE], Patient Health Questionnaire [PHQ], Generalized Anxiety Disorder [GAD], Adverse Childhood Experiences [ACE], etc.).

Additional service plans from other entities involved with the member. This may include, but is not limited to

- Service or treatment plans from other providers,
- Person Centered Service Plans (PCSP)s (e.g., from DES/DDD or ALTCS/EPD),
- Individual Education Plan (IEP) from Arizona Department of Education,
- Service plans from Arizona Department of Corrections (ADOC), or Arizona Department of Juvenile Corrections (ADJC)



2024 Quality Preview



Jane Dill, MD
Medical Director, BCBSAZ Health Choice



**BlueCross
BlueShield**
Arizona

**Health
Choice**

2024 AHCCCS Priorities

- Social Needs Screening and Intervention.
 - Contexture, Arizona's health information exchange (HIE), teamed up with the AHCCCS — and in collaboration with 2-1-1 Arizona and Solari Crisis & Human Services — to implement a single, statewide referral system (CommunityCares) to address social determinants of health (SDOH) needs in Arizona.
 - Contexture charges no participation or service fees for use of the CommunityCares Services at this time. Organizations will have access to standard licenses and dashboards, which includes access to send and receive closed-loop referrals, screening and assessments, resource directory, Insights Data Dashboards and data exports.

[CommunityCares - Contexture](#)



2024 AHCCCS Priorities

- Children:
 - Well Child Care
 - Immunizations
- Women:
 - First trimester Prenatal Care
 - Breast Cancer Screening
 - Cervical Cancer Screening
- Mental Illness:
 - Timely (within 7 days) follow up after hospitalization or emergency department visit for mental illness.
 - Continued Antidepressant use for those with a diagnosis of Major Depression newly prescribed an antidepressant medication.
- Diabetes:
 - Management of blood sugars to keep A1c levels at 9 or less.



2024 BCBSAZ Healthy Rewards Program

- ❖ Mirrors 2023 program
- ❖ Healthy rewards for BCBSAZ Health Choice members who complete wellness activities

Two Programs:

- ✓ HCA healthy reward program for BCBSAZ Health Choice Arizona
- ✓ HCP healthy reward program for Health Choice Pathway



BCBSAZ Health Choice Arizona (HCA) Healthy Rewards Program

BCBSAZ HCA members have coverage under the Arizona Health Care Cost Containment System (AHCCCS) Medicaid plan.

- Once a Healthy Reward activity has been completed, the member/parent or guardian may call or email Health Choice Member Services with the date, type of service and doctor name to receive the associated gift card(s).
- email HCHcomments@azblue.com, or call **1-800-322-8670 (TTY: 711)**

<https://www.healthchoiceaz.com/health-wellness/healthy-rewards-program>



HCA HEALTHY REWARDS HIGHLIGHTS

- \$25 reward for:
 - Well child visits
 - Preventive Dental Exam (members under 21 years)
 - Prenatal Visit in 1st trimester
 - Postpartum Visit
- \$50 Reward for:
 - Breast Cancer Screening (Mammogram)

Check the website for details:

- <https://www.healthchoiceaz.com/health-wellness/healthy-rewards-program/>



BCBSAZ Health Choice Pathway (D-SNP) Healthy Rewards Program

Health Choice Pathway (HCP) is a Dual Special Needs Plan (D-SNP) - a type of Medicare Advantage plan. D-SNP members are eligible for Medicare and Medicaid benefits. Health Choice Pathway (HCP) members have HCP as their primary insurance and then an AHCCCS Medicaid Plan, such as Health Choice Arizona (HCA), as their secondary insurance. HCP members have healthy rewards added to their Visa flex card once the claim is received for the associated activity.

<https://www.healthchoicepathway.com/members/healthy-rewards>



HCP HEALTHY REWARDS HIGHLIGHTS

\$25 reward for:

- Completing a Medicare Annual Wellness Visit
- Diabetic (retinal) eye exam
- Colorectal Cancer Screening (FIT test, Cologuard test, Colonoscopy)

\$50 reward for:

- Breast Cancer Screening (completed mammogram)
- Bone Density testing for women 67-85 included in the Osteoporosis Management Measure (OMW)

Check for details on the Website:

<https://www.healthchoicepathway.com/members/healthy-rewards/>



2024 MEDICARE STAR MEASURES

- New measures for 2024: NONE!
- Updates:
 - The 'Hemoglobin A1c Control for Patients With Diabetes' (HBD) measure was revised to 'Glycemic Status Assessment for Patients With Diabetes' (GSD).
 - Colorectal Cancer Screening joins Breast cancer Screening as an Electronic Clinical Data System only (ECDS) measure.
 - Colorectal Cancer Screening Star Measure will be based off members aged **45-75** years instead of 50-75 years



2024 MEDICARE STARS HIGHLIGHTS

❖ GSD assesses the percentage of members 18-75 years of age with diabetes (types 1 and 2) whose most recent glycemic status was at the following levels during the measurement year. There are two submeasures:

- Glycemic Status <8.0%.
- Glycemic Status >9.0%.

For both numerators, plans identify the most recent glycemic status assessment (HbA1c or GMI). The Glucose Management Indicator (GMI) is the average (mean) glucose value based on the data collected by a member's Continuous Glucose Monitor (CGM).

- ❖ DM related Star Measures: GSD (3x weight), EED, KED, SUPD
- ❖ Controlling Blood Pressure (3x weight)



2024 MEDICARE STARS

Care for Older Adults (COA) Measures

- Medication Review
 - Pain Assessment
 - Functional Status Assessment (display measure in 2023, weighted measure in 2024)
-
- Annual Wellness Visits or stand-alone Health Risk Assessments can help with COA reviews and screenings.

 - CPT2 codes and/or EMR connections can assist your practice in showing the work being completed.



2024 Measures and Health Equity

Race and Ethnicity Data –

- Race/ethnicity stratifications are in place to encourage organizations to integrate equity into quality measurement efforts.
- Educating staff and patients why your organization is requesting this data and how they use it may assist with increased race and ethnicity data collection.
- Health Choice will use provider supplied data to help support health equity reporting and initiatives.



Thank you for your support of population
health and quality care!

Happy Holidays
and Happy New Year
to you and your loved ones!



Cultural Competency and Language Access



Health
Choice

Why Measure Race, Ethnicity, and Language (REaL)?

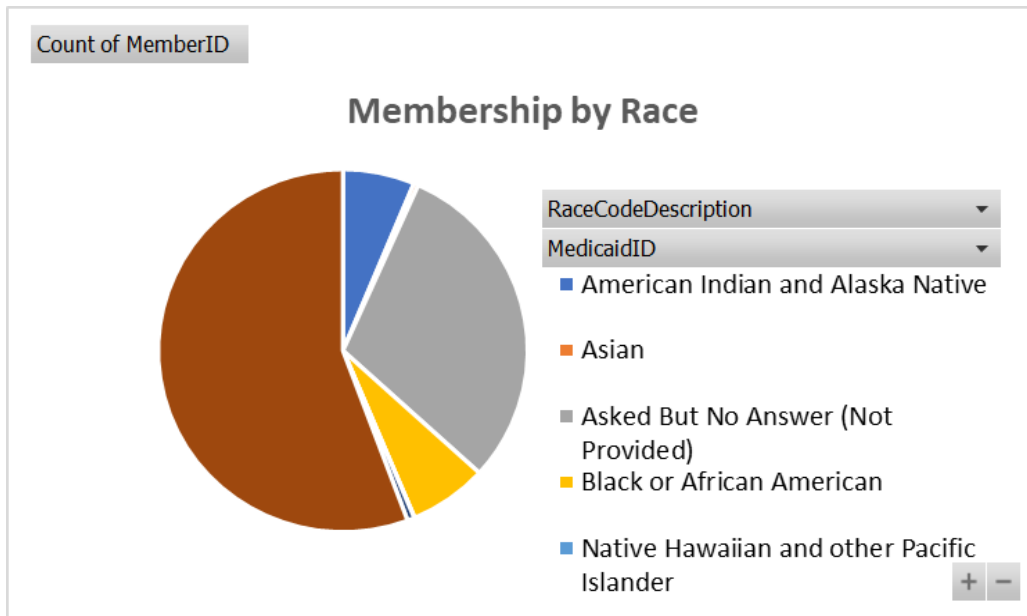
- Patients trust providers who look and speak like them
 - Improves access to and continuity of care and resources
- We monitor REaL data to:
 - Develop network capacity - Providers in our network are of the same race and ethnicity of our members and speak their language
 - Monitor language needs for translation and interpretation services
 - Compare our membership to community resources and needs and identify appropriate resources and services



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

Membership – Demographics and Language



Race and Ethnicity

- 56% White
- 30% Not Provided
- 7% Black
- 6% American Indian and Alaska Native (1267 members identify as Hispanic/ Latino and are part of the unknown/ not provided race category (30%))

Language

- 91% of our membership speaks English
- 9% of our membership speaks Spanish

Provider Resources – Conversation Starter Tool



- Conversation Starter Tool provides tips on how to find out cultural aspects that affect a member's ability to receive and act upon health and wellness plans
- By using this tool, you will become more comfortable in starting a conversation on the cultural aspects that shape the person's health perceptions and acceptable support systems.
- Example: Nutrition and Diet
 - Are there foods that you don't eat? Explore reasons why.
 - Do you restrict eating to certain times of days?
 - Do you fast?

Provider Resources – Provider Job Aid

All providers must have qualified staff or use a contracted vendors to provide language services to BCBSAZ Health Choice members.



AHCCCS health plan members qualify for language services. Language services may include interpretation services, translation services, American Sign Language, services for the blind, deaf, hard of hearing, or speech impaired, auxiliary aids, and alternative formats.

These services must be provided at no cost to the member and be accurate, timely, and protect their privacy and independence.

Provider Resources – Member Language Flyer



How to Get Interpretation and Translation Services for AHCCCS Members

Who Can Arrange for These Services?

Providers ensure interpretation services are available to members during all hours the provider is open. Translation and interpretation services should be accurate, timely, and protect the privacy of the individual.

Can Family Members Interpret and/or Translate for Me?

In cases of emergency where no qualified interpreter or translator is available, family members, friends, and minor children may interpret and/or translate.

In all other circumstances, language assistance must be provided by a qualified translator and/or interpreter.



Questions and Contact Information

For questions, more information, or training needs, contact:

Jeanette Mallery
Cultural Competency Administrator
Jeanette.Mallery@azblue.com

[Cultural Competency - BCBSAZ Health Choice \(healthchoicenz.com\)](http://healthchoicenz.com)



Provider Resources

Jadelyn Fields, Network Provider Service Manager and Educator



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

BCBSAZ Health Choice Provider Manuals

Our Provider Manuals are designed to provide basic information about the administration of the BCBSAZ Health Choice Arizona, BCBSAZ Health Choice Pathway and ACA StandardHealth with Health Choice programs.

Details within our manuals are intended to furnish providers and their staff with information, covered services, claim and/or encounter submission requirements.

The Health Choice Arizona provider manual is an extension of the Health Choice Arizona Subcontractor Agreement, executed by the participating provider. The participating provider agrees to abide by all terms and conditions set forth within our Provider Manuals. The Provider Manual is incorporated into the contract each provider holds with Health Choice.

Please take advantage of additional resources available online on the 'For Providers' tab of our websites or from the 'Home' screen of your secure online provider portal.

BCBSAZ Health Choice Arizona: www.HealthChoiceAZ.com

BCBSAZ Health Choice Pathway: www.HealthChoicePathway.com

ACA StandardHealth with Health Choice: www.standardhealthhc.com

Annual Model of Care Training – Special Needs Plans (DNSP)

A SNP is a type of Medicare Advantage plan providing targeted care, improved care coordination and continuity of care to members with special needs. SNPs operate under the Model of Care (MOC) structure to identify and help meet the unique health care needs of each SNP member.

BCBSAZ Health Choice Pathway 2023 Annual MOC training is available online!

Visit: [Provider Education - BCBSAZ Health Choice Pathway](#)

- Special Needs Plan (SNP) Model of Care (MOC) training is required initially and annually by the Centers for Medicare & Medicaid Services (CMS) for care providers who treat members in SNPs.
- A SNP is a type of Medicare Advantage plan that provides targeted care, improved care coordination and continuity of care to members with special needs.
- You are considered to be a SNP care provider if you treat members who are enrolled in a SNP, even if you treat just one SNP member.
- One clinical or non-clinical staff member of each practice, clinic or medical group may take the training and communicate the information within the practice.

UTILIZATION MANAGEMENT CRITERIA

Opportunity for Practitioner Input

- Health Choice values our network of providers and is interested in your input regarding UM criteria
- If you have interest in assisting with development or review of UM criteria, please send your contact information along with your field of practice to:

Ellen N. Lewis

Vice President, Medicaid & DSNP Clinical Operations

BCBSAZ Health Choice

ellen.lewis@azblue.com

Coding & Billing Updates AHCCCS AMPM, ACOM and CMS

!STAY UP TO DATE!

View updates to the [AHCCCS Medical Policy Manual \(AMPM\)](#) , [AHCCCS Contractor Operations Manual \(ACOM\)](#), [AHCCCS News & Press Releases \(azahcccs.gov\)](#), and [Medical Coding Resources](#) on the [AHCCCS website](#) .

The AHCCCS Medical Coding Unit is responsible for the update and maintenance of all medical coding related to AHCCCS claims and encounters processing. This includes place of service, modifiers, new procedure codes, new diagnoses, and coding rules. This unit is also responsible for reviewing and responding to any medical coding related guidelines or questions. This includes questions related to daily limits, procedure coverage, etc.

Visit the [AHCCCS Encounters Resource](#) page for additional resource and guidance regarding coding and plan coverage updates.

Visit the [CMS website](#) and subscribe to email updates for the latest information on Medicare enrollment, policies, benefits, and other helpful tools.

AHCCCS REDETERMINATIONS

On April 1, 2023, AHCCCS resumed normal renewal activities with the ending of the Covid-19 Public Health Emergency (PHE).

To avoid disenrollment from AHCCCS, please encourage any AHCCCS patients to:

- Make sure their mailing address, phone number, and email address are current with AHCCCS.
 - AHCCCS members can login to www.healthearizonaplus.gov, or call Health-e-Arizona Plus at [1-855-HEA-PLUS \(1-855-432-7587\)](tel:1-855-HEA-PLUS), Monday through Friday 7 a.m. to 6 p.m.
- Respond to any requests from AHCCCS for more information.

Reminder: BCBSAZ Health Choice members have exclusive access to our Community Assistors team, Monday through Friday, 8 a.m. to 5 p.m. at 1-844-390-8935 to help them to retain Medicaid coverage or seek coverage elsewhere, if appropriate.

Provider Type – IC, 77,05 Reporting Participating Provider(s) Effective January 1, 2023

This requirement impacts all claims for AHCCCS providers registered as integrated clinics (Provider Type IC), behavioral health outpatient clinics (Provider Type 77), and clinics (Provider Type 05).

Health Choice will deny claims beginning July 1, 2023 if the individual practitioner who performed the services associated with the clinic visit is not reported.

Reference: See [Exhibit 10-1](#) of the AHCCCS Fee-For-Service Provider Billing Manual for billing instructions for proper claims submissions.

Update to Physical and Correspondence Address

As of August 1, 2023, the BCBSAZ Health Choice physical and correspondence address has changed to:

8220 N. 23rd Ave, Phoenix, AZ 85021

***NOTE:** The claim submission address is not changing*

Sending Correspondence to a specific department?

Help us stay efficient in distributing your mail to the correct department. Please indicate which department your mail should be directed to:

BCBSAZ Health Choice, BCBSAZ Health Choice Pathway
OR ACA StandardHealth with Health Choice

Attention: SPECIFIC DEPARTMENT

(i.e. Claim Reconsideration/Dispute/Appeal/Grievances,
FWA, EPSDT Forms, Dental Prior Authorization forms,
Medical Claims Review)

8220 N. 23rd Ave
Phoenix, AZ 85021



Arizona Association of Health Plans (AzAHP Update) Version 2023

The AHCCCS Credentialing Alliance has made enhancements to the AzAHP forms for 2023. The AzAHP form in addition to a current CAQH is required for all initial credentialing. The credentialing team will begin using the 2023 revision of the form in September of 2023.

Previous versions of this form will not be accepted after November 17, 2023.

A delay in processing of your credentialing application may occur if older versions of the AzAHP are used. The most current version may be found on our website at: [Providers - BCBSAZ Health Choice \(healthchoicaz.com\)](#) under “How to Become a Provider of BCBSAZ Health Choice”.

✓ A delay in processing will occur if your CAQH application is not currently attested, information is omitted and/or if disclosure questions are answered erroneously.

E-Apply – AzAHP Practitioner Data Form

This new feature can be used to complete the AzAHP Practitioner Data form for contracted providers submitting credentialing requests or for new contracting requests via our Provider Portal. Forms will automatically be routed to our Credentialing or Contracting departments for processing and can also be printed (or saved) on the AzAHP PDF form for your records.

Provider Portal login: [Log in - Health Choice Provider Portal \(healthchoicaz.com\)](#)

➤ Simply click the *Provider Demographic Request/Electronic Credentialing - AzAHP Practitioner Data Form* link under Provider Tools on the Home Screen to E-Apply today!

Direct login to the Credentialing Portal: <https://providerportal.healthchoicaz.com/Azahp>

Claim Submissions

KEEP YOUR RECORDS UP TO DATE!

By not keeping your information current, you may experience claim rejections, non-payments, or returned check payments.

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.

BCBSAZ Health Choice (AHCCCS)

Health Choice Arizona Payer ID# 62179

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

BCBSAZ Health Choice Pathway (Medicare Advantage D-SNP)

Health Choice Pathway Payer ID# 62180

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

ACA StandardHealth with Health Choice (ACA IU65 – 1/1/2024)

ACA StandardHealth with Health Choice Payer ID# RP105

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

Claim Submission Reminders

KEEP YOUR RECORDS UP TO DATE!

By not keeping your information current, you may experience claim rejections, non-payments, or returned check payments.

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 Correspondence 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.

Physical/Correspondence

BCBSAZ Health Choice, BCBSAZ Health Choice Pathway OR ACA StandardHealth with Health Choice

Attention: SPECIFIC DEPARTMENT

8220 N. 23rd Ave

Phoenix, AZ 85021

Claim Submissions Outside of Arizona

As a reminder, Arizona providers and contracted providers located in contiguous counties to Arizona will submit claims to Health Choice directly.

As a Blue Cross Blue Shield of Arizona plan, we align with Blue billing requirements. This change only affects billing for services rendered to a Health Choice members outside of Arizona. Providers rendering services outside of Arizona will submit claims directly to the Blue plan within that state.

EXCEPTION: *Health Choice contracted providers located in contiguous (bordering) counties to Arizona will submit claims directly to Health Choice.*

Below is a current listing of contiguous counties (subject to change upon county boundary changes by each state).

- California: San Bernardino County
- Nevada: Clark County and Lincoln County
- Utah: Kane County and Washington County
- Colorado: Montezuma County
- New Mexico: San Juan County, McKinley County, Cibola County, Catron County, Grant County, and Hidalgo County

BCBSAZ Health Choice (Medicaid) Member ID Card Example



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice



Member:
John Q Sample
ID #: **HCIA12345678**

RxBIN: **123456**
RxPCN: **Part D**
Group: **RX3898**

Health Plan Name:
Health Choice Arizona

Member Services:
1-800-322-8670

**ARIZONA HEALTH CARE
COST CONTAINMENT
SYSTEM**



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

HealthChoiceAZ.com

Member Services:

1-800-322-8670

24/7 Nurse Advice Line:

1-855-458-0622

Pharmacists Call:

1-800-364-6331

Arizona providers
send medical claims to:
Health Choice Arizona
PO Box 52033
Phoenix, AZ 85072-2033

Providers outside of Arizona
should file all claims to the
local Blue Cross and Blue Shield
Plan in whose service area the
member received services.

Benefits are limited to emergent care
outside of Arizona.

BCBSAZ Health Choice Pathway – Member ID Card Example



Health
Choice

Member:
John Q Sample
ID #: **MZHHC1234567**

RxBIN: **004336**
RxPCN: **MEDDADV**
RxGRP: **RX8748**

Health Plan Name:
Health Choice Pathway (HMO D-SNP)

Health Plan **(80840)**
Plan ID: **H5587-002**

MedicareRx **MEDICARE | HMO**
Prescription Drug Coverage **ADVANTAGE**



Health
Choice

Arizona providers
send medical claims to:
Health Choice Pathway
(HMO D-SNP)
PO Box 52033
Phoenix, AZ 85072-2033

Providers outside of Arizona
should file all claims to the
local Blue Cross and Blue Shield
Plan in whose service area the
member received services.





HealthChoicePathway.com

Member Services:
1-800-656-8991, TTY 711

Hours of Operation:
8 a.m. to 8 p.m., 7 days a week
Pharmacy Prior Auth and
Appeals Fax: **1-877-424-5690**
24/7 Nurse Advice Line:
1-855-458-0622
Pharmacy Help Desk:
1-866-693-4620

Benefits are limited to emergent care
outside of Arizona.

Health Choice Dual – Member ID Card Example

 BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>	Health Choice	 AHCCCS <small>Arizona Health Care Cost Containment System</small>
Member: John Q Sample	RxBIN: 004336	
HCP ID #: MZHHC1234567	RxPCN: MEDDADV	
AHCCCS ID #: HCIA12345678	RxGRP: RX8748	
	Health Plan: (80840)	
	Plan ID: H5587-002	
Health Plan Name: Health Choice Pathway (HMO D-SNP) Health Choice Arizona	Health Plan Phone #: 1-800-656-8991	
 MedicareRx <small>Prescription Drug Coverage</small>	MEDICARE ADVANTAGE HMO	 BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>

**Health
Choice**

HealthChoicePathway.com

Member Services:
1-800-656-8991, TTY 711

Hours of Operation:
8 a.m. to 8 p.m., 7 days a week
Pharmacy Prior Auth and
Appeals Fax: **1-877-424-5690**
24/7 Nurse Advice Line:



1-855-458-0622
Pharmacy Help Desk:
1-866-693-4620

Arizona providers
send medical claims to:
Health Choice Pathway
(HMO D-SNP)
PO Box 52033
Phoenix, AZ 85072-2033

Providers outside of Arizona
should file all claims to the
local Blue Cross and Blue Shield
Plan in whose service area the
member received services.

Benefits are limited to emergent care
outside of Arizona.

ACA StandardHealth with Health Choice – Member ID Card Example

 BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>	ACA StandardHealth with Health Choice
MEMBER NAME IAZ987654321	ACA Health Choice Network Group Number INDU65 Plan Year 2024
	In-Network Cost Share Deductible Individual \$5900 Deductible Family \$11800 OOP MAX Individual \$9100 OOP MAX Family \$18200 Pediatric Member Dental YES
Copay PCP \$40 Copay Specialist \$80 Copay Urgent Care \$60 Copay RX Tier 1/2/3 \$20/40/80 Rx BIN# 603017	See assigned PCP for services and specialist referrals.
PCP-HMO	AZDOI 

PROVIDER PORTAL

Are you registered for the Provider Portal?

Sign-up today!

Get access to secure member eligibility, claim status/reconsideration, submit medical, dental and pharmacy prior authorization requests and much more.

*****COMING SOON*****

Quality Gaps in Care Reporting

PDM and AzAHP Credentialing Enhancements to the Summary Page

Our portal is available under the 'Providers' tab of each of our plan websites:

[BCBSAZ Health Choice \(healthchoiceaz.com\)](http://healthchoiceaz.com)

[Home - BCBSAZ Health Choice Pathway](#)

[ACA StandardHealth with Health Choice \(standardhealthhc.com\)](http://standardhealthhc.com)

Easy to follow portal training video(s) on our websites

'For Providers' tab -> 'Provider Education'

Secure Provider Portal View



Welcome to Health Choice Provider Portal

New & Upcoming Enhancements

- You can now submit Dental Prior Authorization and Dental Specialty Referral requests directly through your secure portal.
- Enhanced Member Eligibility search providing Coordination of Benefits.
- Dental and Vision Claims History now provides member benefit balance.
- Medical Review Documents (reserved ONLY for approved Hospital Tax ID): Update process for file upload directly to a claim only. Pardon our dust as we continue maintenance on this feature.

Provider Reminders

- Member ID prefixes: Health Choice Arizona is HCI (e.g. HCIA12345678). Health Choice Pathway is MZH (e.g. MZHHC1234567)
- Providers can submit credentialing requests via our Provider Portal. Forms will automatically be routed to our Credentialing or Contracting department for processing with an accessible PDF form for your records. Click the [Provider Demographic Request/AzAHP E-Apply](#) Practitioner Data Form link under Provider Tools.
- Recent [Member Admissions and/or Discharges](#)
- View your Member [COVID Vaccine Status Report](#)
- Opportunity for Practitioner Input Health Choice values our network of providers and is interested in your input regarding Utilization Management (UM) Guidelines. If you have interest in assisting with development or review of UM criteria and technology, please send your contact information along with your field of practice to: HCHComments@azblue.com

Member Eligibility:

Click [here](#) to view eligibility and coordination of benefit details for a member

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](#)
- [View Your Dental Prior Authorization Status](#)
- [Health Choice - Pharmacy Prior Authorization Request](#)
- [Health Choice Arizona - Prior Authorization Grid](#)
- [Health Choice Pathway - Prior Authorization Grid \(Arizona\)](#)

Provider Tools

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

- [Provider Member Roster](#)
- [Provider Resources](#)
- [Health Choice Integrated Care Provider Portal](#)
- [Provider Demographic Request/Electronic Credentialing - AzAHP Practitioner Data form](#)

Provider Resources

Please note that user Account passwords should NOT be shared between employees. Sharing passwords 322-8670.

Provider Notices/Fax

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)
- [Health Choice Utah](#)

Provider Manuals

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)

Provider Forms

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)
- [Health Choice Utah](#)

HCA Dental Matrix

- [Health Choice Arizona Dental Benefits Matrix](#)

Provider Newsletters

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)

HCG Model of Care

- [Health Choice Pathway](#)

Provider Education (POLT List, Portal Training Videos, Quality Coding)

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)

Cultural Competency

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)

Prior Authorization Guidelines

- [Health Choice Arizona](#)

Prescription Drugs and Formulary

- [Health Choice Arizona](#)

Behavioral Health Resources

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)

Clinical Guidelines

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)

Quality & Performance Measures

- [Health Choice Arizona](#)

Fraud Waste & Abuse

Secure Provider Portal View


Our Website Provider Resources

D-SNP Medicare Advantage Plan →



English Español **CRISIS HELP: 1-844-534-HOPE (4673)** | 24/7 Nurse Advice Line: 1.855.458.0622 | Call Us: 1.800.322.8670 (TTY:711)

SEARCH 🔍

FIND A DOCTOR/PHARMACY MEMBER PORTAL

 **BlueCross BlueShield of Arizona** Health Choice

COVID-19 UPDATES ABOUT MEMBERS HEALTH & WELLNESS COMMUNITY CONTACT FOR PROVIDERS

Stay Healthy This Season. Get Your Flu Shot Today.

Don't wait. Getting a flu shot is more important than ever.

[Learn More](#)

Enrolled in Medicare

Has your contact information changed in the past two years?

1-844-390-8935

Call us Monday - Friday, 8 a.m. - 5 p.m. or visit [HealthArizonaPlus.gov](#) and update your mailing address to remain enrolled.

- Find A Provider
- Find A Pharmacy
- Formulary (List of Covered Drugs)
- Member Newsletters
- Health Tips

- Provider Overview & Joining Our Network
- Provider Portal
- Provider Manual
- Provider Notices
- Provider Education
- Prior Authorization Guidelines
- Clinical Guidelines
- Behavioral Health Resources
- Children's Behavioral Health
- Medical Management
- Quality & Performance Measures
- Prescription Drugs
- Dental
- Cultural Competency
- Claims
- Fraud, Waste & Abuse
- Health Information Exchange
- Forms
- Tribal Program
- Centers of Excellence & Star Ratings
- Mountain ECHO

Q & A



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice