



# BCBSAZ Health Choice Provider Newsletter

October – December 2023

# Q4

## CONTENTS

<b>What's New!</b>	2 - 4
<b>Did You Know?</b>	5 - 11
<b>Innovation Corner</b>	12, 13
<b>Behavioral Health Corner</b>	14
<b>Dental Corner</b>	15
<b>Pediatric Corner</b>	16 - 18
<b>Maternal Health Corner</b>	19
<b>We Heard You &amp; We're Here to Help!</b>	20 - 23

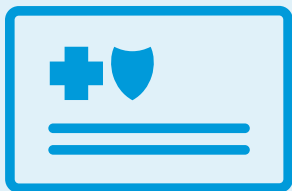
# What's New!

## ACA StandardHealth with Health Choice effective 1/1/2024

AZ Blue is offering a new Affordable Care Act (ACA) health plan for 2024 called ACA StandardHealth with Health Choice. This plan uses the ACA Health Choice network and is available to residents in Maricopa, Coconino, Gila, Pinal, Pima, and Sant Cruz counties. ACA StandardHealth with Health Choice is an ideal plan for someone looking for a low-cost premium, fixed copays for medical services and prescription drugs, and appreciates the supported experience of PCP coordinated care.

It also offers continuity of care for those who have been disenrolled from a Health Choice Medicaid plan, as they can keep their same in-network doctors. **Introducing our new ACA StandardHealth with Health Choice plan!**

For additional information visit us at: **ACA StandardHealth with Health Choice** ([standardhealthhc.com](https://standardhealthhc.com))



## Arizona Association of Health Plans (AzAHP Update)

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 began to use the 2023 revision of the form in September of 2023.

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

Please note: Credentialing and Network Contracting are two separate processes. There must be an executed agreement as well as a completed credentialing event before a practitioner or facility can provide services to BCBSAZ Health Choice Members. Our credentialing department sends initial approval letters informing you of each practitioner or facility credentialed with Health Choice.

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: <https://www.healthchoiceaz.com/providers/overview/> 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: <https://providerportal.healthchoiceaz.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.healthchoiceaz.com/Azahp>

# What's New!

## Prior Authorization Grid Updates – Effective November 15, 2023

Effective 11/15/2023, the following codes **will require** prior authorization:

### Applies to BCBSAZ Health Choice and Health Choice Pathway

#### Medical Pharmacy

Rezafungin, 1 mg (Rezzayo) .....	J0349
Corticotropin (Acthar Gel) .....	J0801
Corticotropin (Ani).....	J0802
Daprodustat oral, 1 mg, for ESRD on dialysis (Jesduvroq).....	J0889
Pegcetacoplan intravitreal, 1 mg (Syfovre).....	J2781
Factor VIII Von Willebrand factor complex, recombinant (Altuviiio) .....	J7214
Anacaulase-bcdb, 8.8% gel, 1 gram (Nexobrid).....	J7353
Cabazitaxel, 1 mg (Sandoz).....	J9064
Retifanlimab-dlwr, 1 mg (Zynyz).....	J9345
Lecanemab-irmb, 10 mg (Leqembi) .....	J0174
Nirsevimab-alip, 0.5 mL (Beyfortus).....	90380
Nirsevimab-alip, 1 mL (Beyfortus).....	90381
Demonstration prior to initiation of home INR monitoring.....	G0248
Provision of test materials and equipment for home INR monitoring.....	G0249

## Prior Authorization Grid Updates – Effective January 5, 2024

Effective 01/05/2024, the following codes **will require** prior authorization:

### Applies to BCBSAZ Health Choice Medicaid and Health Choice Pathway

#### Medical Pharmacy

Velmanase alfa-tycv, 1 mg (Lamzede).....	J0217
Buprenorphine extended-release, 1 mg (Briaxdi) ..	J0576
Delandistrogene moxeparovec-rokl (Elevidys) .....	J1413
Pegunigalsidase alfa-iwxj, 1 mg (Elfabrio).....	J2508
Beremagene geperpavec-svdt (Vyjuvek).....	J3401
Glofitamab-gxbm, 2.5 mg (Columvi) .....	J9286
Epcoritamab-bysp, 0.16 mg (Epkinly).....	J9321
Valoctocogene roxaparovec-rvox (Roctavian) .....	J1412
Dinutuximab, 0.1 mg (Unituxin) .....	J1246
Tofersen, 1 mg (Qalsody).....	J1304
Efgartigimod alfa 2mg and hyaluronidase-qvfc (Vyvgart Hytrulo) .....	J9334
Rozanolixizumab-noli, 1 mg (Rystiggo) .....	J9333
Adalimumab-afzb, biosimilar, 10 mg (Abrilada) .....	Q5132
Pemetrexed, 10 mg (Pemrydi RTU).....	J9324
Lisocabtagene maraleucel (Breyanzi).....	Q2054

#### Medical

All new skin substitute product codes require PA (Q4284 – Q4303)

### REMINDER:

**All out-of-network providers require Prior Authorization for all services**

BCBSAZ Health Choice Prior Authorization (PA) Guidelines and PA Grids are available online by visiting:

**HCA:** [healthchoiceaz.com/](https://healthchoiceaz.com/)

-> Provider Tab-> PA Guidelines

**HCP:** [healthchoicepathway.com/](https://healthchoicepathway.com/)

-> Provider Tab-> Provider Information

# What's New!

## Dental Prior Authorization Grid Updates – Effective January 1, 2024

Effective 01/01/2024, the following new CDT codes will require prior authorization:

- D0396- 3D Printing of a 3D dental surface scan. Covered for members under the age of 21.
- D2976- Band stabilization, per tooth. Covered for members under the age of 21.
- D6089- Accessing and retorquing loose implant screw, per screw. Covered for members under the age of 21 and adult ER.
- D7284- Excisional biopsy of minor salivary glands. Covered for members under the age of 21 and adult ER.
- D7939- Indexing for osteotomy using dynamic robotic assisted or dynamic navigation. Covered for members under the age of 21 and adult ER.
- D9938- Fabrication of a custom removable clear plastic temporary aesthetic appliance. Covered for members under the age of 21.

The updated Dental Matrix will be available on 01/01/2024 on the BCBSAZ Health Choice website at [healthchoiceaz.com/](https://healthchoiceaz.com/) under the 'For Providers' section.

If you have any questions or need additional information, please call the Dental Prior Authorization Department at **480-968-6866**.

## Tribal Veterans Symposium

### Come Join Us!

We are excited to announce this year's Tribal Veterans Symposium, Friday, November 17 and Saturday, November 18. This gathering is designed and created to provide a day and a half of education, raising awareness, networking, and strengthening services for tribal veterans and their families on and off reservation. The days will be filled with presentations on various tribal veteran health and wellness issues and topics. We invite our tribal veterans and their families, tribal health professionals, Tribal leaders, social service, criminal justice, as well as our Health Choice providers, Staff, and Health Choice partners and stakeholders to join us.

The Health Choice Tribal Program is hosting this activity to support a culturally responsive space for individuals to come enjoy and heal. Join us on Saturday, November 18 in the afternoon beginning at 1 p.m. for the Gourd Dance in honor of our tribal warriors. There will be dancing, singing, healing, and food.

Health Choice Tribal Program is happy to be hosting the Tribal Veterans Symposium at the Twin Arrows Casino Resort.

To make room reservations, refer to BK#11190. All individual reservations must be made through the Reservation Department by calling **928-856-7541**. The Resort requires a deposit to guarantee all reservations. The deposit is to be equal to a one night's stay plus tax. No-Shows or Reservations cancelled less than 48 hours prior to arrival will be billed for the first night plus tax.

If your agency is interested in having an information table, please contact Holly Figueroa at [Holly.Figueroa@azblue.com](mailto:Holly.Figueroa@azblue.com).

**WHEN:** November 17 – Check-In & Breakfast (Provided) 7 a.m.; Program begins at 8 a.m.  
November 18 – Check-In & Breakfast (Provided) 7 a.m.; Program begins at 8 a.m. Gourd Dance begins at 1 p.m.

**WHERE:** Twin Arrows Navajo Casino Resort,  
22181 Resort Blvd, Flagstaff, AZ 86004

**REGISTRATION:**  
[5thAnnual-TribalVeteransSymposium.eventbrite.com](https://5thAnnual-TribalVeteransSymposium.eventbrite.com)

# Did You Know?

## BCBSAZ Health Choice Q4 All Provider Forum

BCBSAZ Health Choice and BCBSAZ Health Choice Pathway will be hosting our fourth All Provider Forum of 2023.

We will hold this event **online only**, via Zoom Webinar.

Please register and come join us!

### Zoom Webinar Wednesday December 20, 2023

11:30 a.m. – 1 p.m.

#### Link to register in advance:

[azblue.zoom.us/webinar/register/WN\\_qPBdPIHSQoGhZ2N5sYqOPw](https://azblue.zoom.us/webinar/register/WN_qPBdPIHSQoGhZ2N5sYqOPw)

After registering, you will receive a confirmation email containing information about joining the webinar.

#### You can participate by joining us online:

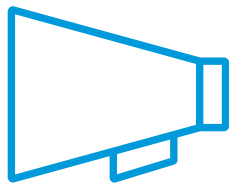
From your PC, Mac, Linux, iOS, or Android, **AND By calling:** US: +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or +1 669 900 6833

Webinar ID: 822 8394 1182.

Please submit any questions in advance to: [Jadelyn.Fields@azblue.com](mailto:Jadelyn.Fields@azblue.com) with your name, contact information, and the office name (TIN).

### WE HEARD YOU!

At Health Choice, we are dedicated to making a difference. The opinion of your practice is an important source of information that will help us identify and deliver the solutions that will best meet your needs. Come join us, let us share our progress with you, and provide your feedback to our team.



## 2023 Annual Model of Care Training: Special Needs Plans (D-SNPs)

An 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 healthcare needs of each SNP member.

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

Visit: [healthchoicepathway.com/](https://healthchoicepathway.com/)

Click the drop down 'For Providers' and select 'Provider Education' to access the online presentation and attestation.

- 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.
- An 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 an SNP care provider if you treat members who are enrolled in an 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.

## AHCCCS Redeterminations

As of 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 log in to [healtharizonaplus.gov](https://healtharizonaplus.gov), or call Health-e-Arizona Plus at **1-855-HEA-PLUS (1-855-432-7587)**, 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.**

# Did You Know?

## Change to our Physical and Correspondence Address

As of August 1, 2023, the BCBSAZ Health Choice physical and correspondence address changed to: 8220 N. 23rd Ave, Phoenix, AZ 85021

NOTE: The claim submission address is not changing. All providers are encouraged 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.

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

### Claim submission:

**BCBSAZ Health Choice** (AHCCCS)  
BCBSAZ Health Choice **Payer ID# 62179**  
P.O. BOX 52033, PHOENIX, AZ 85072-2033

**BCBSAZ Health Choice Pathway** (Medicare Advantage D-SNP)  
BCBSAZ Health Choice Pathway **Payer ID# 62180**  
P.O. BOX 52033, PHOENIX, AZ 85072-2033

**ACA StandardHealth with Health Choice** (ACA IU65 – effective 1/1/2024)  
BCBSAZ Health Choice **Payer ID# RP105**  
P.O. BOX 52033, PHOENIX, AZ 85072-2033

### 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

## 2023 Healthy Rewards Program

We want to remind our members about the amazing benefits available to them through the BCBSAZ Health Choice Healthy Rewards program. Check out all the easy ways our members can be rewarded, just for keeping healthy.









### Healthy Rewards Program - BCBSAZ Health Choice ([healthchoiceaz.com](http://healthchoiceaz.com))

HCA members need to call Member Services for gift card redemption.

HCP member rewards are distributed on a prepaid Visa® flex card based on claims activity. It is essential for providers to bill the correct codes to ensure member rewards are distributed.







#### BCBSAZ Health Choice Arizona (Medicaid)

Member Services: 1-800-322-8670, TTY: 711

-  **\$25 for a Well Child Visit, 0 – 15 months**, up to six visits (Up to \$150 annually)
-  **\$25 for a Well Child Visit 16 – 30 months**, once per year
-  **\$25 per Well Child Visit, 3 – 21 years of age**, once per year
-  **\$50 for Mammogram** during the measurement year for women 50 – 74 years of age
-  **\$25 for a Prenatal Visit** within the first trimester
-  **\$25 for a Postpartum Visit**, 7 – 84 days post delivery
-  **\$25 for completing a Health Risk Assessment**, members ages 3 – 17
-  **\$25 Oral Evaluation** with a dental provider, for children under 21 years of age

#### BCBSAZ Health Choice Pathway (Medicare)

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

- \$25 for Medicare Annual Wellness Visit** (All HCP members) 
- \$25 for Colorectal screening** during the measurement year, 45 – 75 years of age 
- \$50 for Mammogram** during the measurement year for women 50 – 74 years of age 
- \$25 for a Diabetic Eye Exam**, 18 – 75 years of age with diabetes (type 1 & 2) 
- \$50 for Osteoporosis Management** in women 67 – 85 years of age with fracture 
- \$25 for completing a Health Risk Assessment** (Initial or Annual) 

# Did You Know?

## Augmentative and Alternative Communication (AAC) Evaluations and Devices Providers

BCBSAZ Health Choice's website has been updated with information regarding Augmentative and Alternative Communication (AAC) Evaluations and Devices for providers and members to identify available speech therapy providers who perform evaluations for AAC devices for Health Choice members.

AAC referrals will be performed as outlined within the Health Choice Provider Manual Chapter 6 – Medical Authorizations and Notifications. Primary Care Providers (PCPs) and Specialists will assist members and refer to the appropriate providers who can conduct medically necessary evaluations and supply the device(s).

To view our list of AAC providers visit us at:

[healthchoiceaz.com/providers/augmentative-and-alternative-communication-aac-providers/](https://healthchoiceaz.com/providers/augmentative-and-alternative-communication-aac-providers/)

## BCBSAZ Health Choice Centers of Excellence (COE)

Centers of Excellence (COE) provide exceptional care in these areas, meet state and national standards for best practices, and have required staffing and metrics each year to remain a COE. For more information about each of these agencies please visit [Centers of Excellence - Providers - BCBSAZ Health Choice \(healthchoiceaz.com\)](https://healthchoiceaz.com/centers-of-excellence-providers).

### AUTISM SPECTRUM DISORDER

**The Guidance Center** – Flagstaff

[www.tgcaz.org](https://www.tgcaz.org)

928-527-1899

**Southwest Autism Center of Excellence** – Mesa & Phoenix, Mesa, Phoenix, and statewide via telemedicine

[sbhservices.org/southwest-autism-center](https://sbhservices.org/southwest-autism-center)

602-265-8338

### BIRTH TO FIVE

**Polar Health** – Prescott, Prescott Valley, Chino Valley, and Camp Verde

[polarhealth.com/children-family-services-prescott-az.html](https://polarhealth.com/children-family-services-prescott-az.html)

928-445-5211

### ADOLESCENT SUBSTANCE USE

**Community Bridges, Inc.** – Mesa, Payson, and statewide via telemedicine

[communitybridgesaz.org](https://communitybridgesaz.org)

1-877-931-9142

**Terros Health** – Phoenix

[terroshealth.org/cafe-27-youth-center/](https://terroshealth.org/cafe-27-youth-center/)

602-389-3660

### TRANSITIONAL AGED YOUTH

**Jewish Family and Children's Services** – Gilbert, Glendale, and Phoenix

[jfcsaz.org/our-services/family-youth-children/transition-to-adulthood/](https://jfcsaz.org/our-services/family-youth-children/transition-to-adulthood/)

602-279-7655

### PAIN MANAGEMENT

**Recovia** – Mesa and Phoenix

[recovia.com](https://recovia.com)

480-360-0711

If you have any questions, please feel free to reach out to Rose Kent, Social Determinants of Health (SDOH) and COE Coordinator, [rose.kent@azblue.com](mailto:rose.kent@azblue.com).

# Did You Know?

## Overpaid? Need to submit refund?

To improve our overpayment and refund process we have a lockbox for providers to submit overpayment/refund payments.

It is important that you use this new address to avoid delays in processing your payments. We will accept checks with remittance documentation at our lockbox facility:

**BCBSAZ Health Choice**  
**ATTN: Overpayment/Refund**  
**PO Box 743242**  
**Los Angeles, CA 90074-3242**

A provider must notify BCBSAZ Health Choice of an overpayment. Providers can notify by submitting an overpayment/refund to the lockbox as indicated above or on a claim by requesting an adjustment to the paid claim. The provider can notify by submitting a replacement claim, which will allow recoupment of the overpayment to occur. **In the event that an adjustment is needed, providers should attach documentation substantiating the overpayment, such as an EOB if the overpayment was due to payment received from a third-party payer.**

## The Changing Landscape

As the United States grows, so does the diversity of the population. One of the measures used to assess diversity is the Census Diversity Index. The 2020 Census Diversity Index for Arizona is 61.5, meaning there is a 61.5% chance that two individuals, if chosen randomly, will be from a different race or ethnic group. It also means, depending on the diversity of your community, there is a high probability that your patients will be different from you. For more information on the Census Diversity Index, visit: [Census Bureau Data](#).

Due to the changing landscape, it is crucial that we understand the impact of diversity on the delivery of healthcare services. Awareness of community demographics, culture, and spoken languages allows providers to communicate with their patients in a culturally responsive way and to create meaningful health and

social needs plans. These plans will be more compatible with a patient's cultural beliefs and practices.

Engaging with patients in a meaningful way and helping them to reach their health and wellness goals requires ongoing learning and skill development. The learning process is considered a journey because culture and language needs evolve as the diversity of the community changes. The journey begins by employing the tools and knowledge you have about culturally competent care to develop effective treatment plans. You continue this journey with humility and gain insight into the ever-changing needs of your community. To assist you in understanding cultural and linguistic needs, we developed a comprehensive list of resources for you: [BCBSAZ Health Choice Cultural Competency](#).

## Medical Record Standards

Providers are required to maintain medical records in a detailed and comprehensive manner, which conforms to good professional medical practice, permits effective professional medical review and medical audit processes, and which facilitates an adequate system for follow-up treatment. The provider must ensure that records are accessible to authorized persons only. Medical records must be available to BCBSAZ Health Choice and AHCCCS for purposes of quality review or other administrative requirements, free of charge to BCBSAZ Health

Choice and any vendor BCBSAZ Health Choice delegates to for the purposes of Medical Record Reviews.

A.R.S. 32-1401(2) defines adequate medical records as "legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warning provided to the patient, and to provide for another practitioner to assume continuity of the patient's care at any point in the course of treatment."



# Did You Know?

## Telehealth Update: DEA Prescribing Update

The DEA has extended the COVID Public Health Emergency flexibilities until December 31, 2024. This allows for physicians and practitioners to prescribe controlled medications to new patients based on a relationship solely established through telemedicine. Please look at their rule at [2023-09936.pdf \(federalregister.gov\)](#) or at the Center for Connected Health Policy at [Medicare Payment Rules \(Hospice, SNFs, CAHs\), DEA Listening Sessions, Plus State Telehealth Updates \(mailchi.mp\)](#).

## AHCCCS Medical Policy Update

AMPM POLICY 320-I – TELEHEALTH  
AMPM Policy 320-I was revised to clarify reimbursement rate requirements for in-person office/facility settings. Applicability was expanded to include DDD Tribal Health Program (DDD THP) as a Fee-For-Service Program. The Contractor and FFS Programs shall reimburse providers at the same level of payment for equivalent services as identified by Healthcare Common Procedure Coding System (HCPCS) whether provided via telemedicine or in-person office/facility setting. Telemedicine is now defined as synchronous audio and video. Please check out their website for more details: [azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf](#)

## AHCCCS Evaluation and Management Coding Updates

All the evaluation and management CPT codes, 99202-99205 (new patients) and 99211-99215 (existing patients) are allowed via synchronous

audio video connections (GT modifier) but are no longer allowed as audio only services. AHCCCS has added E/M CPT codes 99441-99443 (for existing patients only) via audio only telehealth services. Please check out their telehealth code set and telehealth resource pages at: [azahcccs.gov/AHCCCS/Initiatives/Telehealth/](#)

## CMS Updates

The 2024 Physician Fee Schedule includes the following allowances for telehealth:

- Higher Non-Facility Rate Payment
- Allowing Direct Supervision by Telehealth
- Reimbursement for Virtual DSMT (Diabetes Self-Management) and MNT (Medical Nutrition Therapy)
- Virtual DSMT
- Addiction Counselors at MHCs (Mental Health Clinics)
- Expanded Practitioner Billing for Health Behavior Assessment and Intervention Services
- Opioid Treatment Programs for Virtual Assessments
- General Supervision for Physical and Occupational Therapists in Private Practice
- Reimbursement for Oral Health Services

Please refer to the resources here:

[cms.gov/medicare/coverage/telehealth/list-services](#)  
[mailchi.mp/cchpca/cms-releases-cy-2024-physician-fee-schedule-as-states-incorporate-telehealth-pandemic-flexibilities-into-permanent-policies-cchps-july-newsletter](#)

## Utilization Management (UM) Criteria and Medical Decision Making (MDM)

BCBSAZ Health Choice applies objective and evidence-based criteria and takes individual circumstances and the local delivery system into account when determining the medical appropriateness of healthcare services.

Evidence-based criteria includes InterQual, LCD, NCD, and health plan developed guidance.

Given your clinical expertise, we welcome your involvement in developing and reviewing criteria. BCBSAZ 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](mailto:HCHComments@azblue.com).

# Did You Know?

## AHCCCS Provider Disenrollment, Registration Updates, and Revalidation

Beginning in October 2022, AHCCCS started a 10-month process of disenrolling providers who have not complied with multiple re-registration requests. Any provider who has not completed the revalidation process in the AHCCCS Provider Enrollment Portal (APEP) will receive written notification to submit an application. Providers who do not respond will receive written notification of pending disenrollment and appeal rights.

To avoid termination and/or loss of billing privileges, providers must respond and follow specific actions outlined in the letter, within the noted time frames. Failure to complete these actions results in disenrollment and claim denials.

### What AHCCCS Providers Need to Know:

- Providers who need to complete the revalidation process or meet additional screening requirements will be notified in writing through United States Postal Service mail.
- AHCCCS will review the submitted application and issue a written notice upon completion.
- Providers who have an expired license will be notified in writing to submit the current license or certification.
- Providers who fail to respond to the request could experience delays such as termination and/or loss of billing privileges.

## AHCCCS Provider Enrollment Applications And Revalidations Portal (APEP)

### AHCCCS Provider Enrollment Applications and Revalidations ([azahcccs.gov](http://azahcccs.gov))

Providers with questions, those who are no longer participating as a Medicaid provider, and those no longer employed with an organization are asked to contact [APEPTrainingQuestions@azahcccs.gov](mailto:APEPTrainingQuestions@azahcccs.gov).

### Provider Registration Updates

BCBSAZ Health Choice is reminding providers to inform both CAQH and AHCCCS registration sites of any changes or updates to provider data or office locations. Updates should be reported to both CAQH and AHCCCS to include any changes/updates to either provider practice/site locations.

Additionally, BCBSAZ Health Choice encourages providers to update CAQH and/or AHCCCS demographic race/ethnicity and languages spoken fields. This helps facilitate our efforts to ensure members with specific race/ethnic background or spoken languages other than English are linked with providers who can also help ensure access to culturally competent care and services.

### Maintaining Enrollment as an AHCCCS Provider

Reporting Changes and Maintaining Current License and Certifications.

After being approved as an AHCCCS registered provider, you are required to:

- Report any changes to your information using APEP. Changes may include, but are not limited to:

- Change in service address
- Changes in ownership or managing employees
- get more from PE.
- Maintain current license and certifications
- Respond to any requests from AHCCCS about your enrollment information

### Revalidation

**A provider must revalidate their enrollment every four years to maintain Medicaid billing privileges.**

AHCCCS reserves the right to request off-cycle revalidations.

For more information on AHCCCS Provider Registration and maintaining enrollment as an AHCCCS provider, please visit the AHCCCS website at [AHCCCS Provider Enrollment Applications and Revalidations \(azahcccs.gov\)](http://azahcccs.gov)

# Did You Know?

## Changes to AHCCCS Provider Enrollment and Billing System Close Ability for Fraudulent Behavioral Health Claims Payments

In response to the discovery of significant fraudulent Medicaid behavioral health billing in Arizona, AHCCCS has made numerous system changes to stop deceptive providers who bill for services that are or were not provided, not appropriate, or not necessary. Please refer to the [Provider Suspensions and Terminations \(azahcccs.gov\)](https://www.azahcccs.gov)

Some of the holistic, system-wide improvements to the Medicaid payment system include:

- Added ability to flag concerning claims
- Ended ability for providers to bill on behalf of others
- Imposed prepayment review for various scenarios including multiple providers billing the same client on the same day for similar services, excessive number of hours per day, and the age of patients

A few of the changes to the AHCCCS provider enrollment process include:

- Moved three behavioral health provider types to the high-risk category which requires a Fingerprint Clearance Background Check and site visit
- Received federal approval for a 6-month **moratorium on all new provider enrollments** for Behavioral Health Outpatient Clinics, Integrated Clinics, Non-Emergency Transportation providers, Behavioral Health Residential Facilities, and Community Service Agencies providers

Anyone can report suspicion of provider or member fraud using the AHCCCS Report Fraud web page or by calling **602-417-4045** or, outside of Arizona, **1-888-ITS-NOT-OK (1-888-487-6686)**. Providers can also make a report directly through BCBSAZ Health Choice by visiting: [Fraud, Waste & Abuse - BCBSAZ Health Choice \(healthchoiceaz.com\)](https://www.healthchoiceaz.com). Any AHCCCS member who needs help because of a sober living home closure can call **2-1-1** (press option 7).

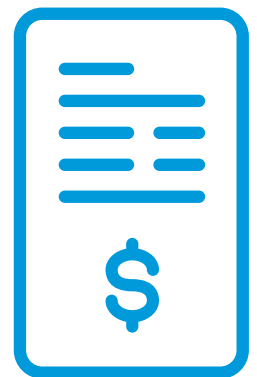
## AHCCCS Rules and Policy regarding billing for Arizona Physicians and Advance Practitioners

This communication serves as a reminder of the AHCCCS Rules and Policy regarding billing for Arizona Physicians and Advanced Practitioners. In accordance with AHCCCS's guidelines, *all rendering providers must bill under their own NPI number*. As a result, incident-to billing is not permissible for advanced practitioners. (A rendering provider is defined as the individual who provided care to the client and needs to be reported as such in box 24J of the CMS 1500 claim form.)

Per the AHCCCS Participating Provider Agreement General Terms and Conditions: "No provider may bill with another provider's ID number, except in locum tenens situations and in accordance with applicable AHCCCS policy." Locum Tenens providers must submit claims using the AHCCCS provider ID number of the physician for whom the locum tenens provider is substituting or temporarily assisting. Locum tenens arrangements will be recognized and restricted to the length of the locum tenens registration with the American Medical Association.

In connection with our ongoing activities to monitor claim payment and billing, we identified claims submitted to BCBSAZ Health Choice inappropriately that are non-compliant with this billing policy.

We will continue auditing claims and/or encounters for this purpose. We may deny claims and/or recoup payments issued on any incorrect claim submissions. To prevent this from occurring, we request that you review your organization's billing practice for compliance with these requirements.



# Innovation Corner

## Empowering Members' Voices: The Importance of the Member Advocacy Council

In the ever-evolving healthcare landscape, the voices of our members are more crucial than ever. Their experiences, insights, and perspectives hold immense value in shaping our services, policies, and approach to care. To effectively capture and amplify these voices and demonstrate our ongoing commitment to enhancing the member experience, we host the BCBSAZ Health Choice Member Advocacy Council (MAC).

The Member Advocacy Council is a platform that allows our members to actively engage in shaping the future of their healthcare experience. This council consists of a diverse group of members who come together to provide valuable feedback, share concerns, and collaborate with healthcare providers, community-based organizations, and stakeholders to improve the services and support we offer.

### Why Should Members Join the MAC?

Make a difference! Their participation in the MAC will directly influence the decisions we make at BCBSAZ Health Choice, including program improvements and policy decisions.

- **Champion diversity, equity, and inclusion:** They will help us create a healthcare system that is fair and accessible to all, regardless of background, identity, or circumstance.
- **Be a voice for change:** Share their experiences, concerns, and suggestions, and help us shape our person-centered healthcare services.
- **Connect with like-minded individuals:** Join a community of passionate members who share their commitment to improving healthcare for all.
- **Gain valuable insights:** They will learn more about the healthcare system, BCBSAZ Health Choice operations, and care that is available to them.

## Join Us in Building a Better Healthcare System

As providers, you play a pivotal role in encouraging and notifying members about the MAC. Your endorsement carries significant weight, as members trust your guidance and expertise. By promoting the MAC, you empower members to become advocates for their own healthcare, fostering a sense of ownership and engagement. Here are some key reasons why you as a provider should encourage member participation in the MAC:

- **Improved Member Satisfaction:** By actively involving members in decision-making processes, we can tailor our services to better meet their needs and expectations, leading to enhanced satisfaction and engagement.
- **Enhanced Quality of Care:** Member feedback provides valuable insights into the effectiveness of our service delivery, enabling us to identify areas for improvement and continuously refine our approach to providing quality care.
- **Strengthened Provider-Member Relationships:** The MAC fosters a collaborative environment where providers and members work together to achieve shared goals, strengthening trust and understanding.

### Incentive for Member Participation

To further encourage your members to join the MAC, we are offering a special member incentive. Members who attend each council meeting and actively participate will receive a \$25 gift card as a token of our appreciation for their involvement. This is a small way to recognize their time and effort in making healthcare better for all.

### Provider Call to Action

We invite you to actively engage with the MAC and help us shape a more efficient, responsive, and patient-friendly healthcare system. We encourage all providers to embrace this initiative and empower their members to be a part of the positive change in healthcare. Together, we can shape a brighter and healthier future for all.

Thank you for your continued partnership and dedication to providing exceptional care to our members.

Members can express their interest in joining the MAC; please contact:  
Maria Reyes  
Member Liaison Coordinator  
602-864-5779  
[Maria.Reyes@azblue.com](mailto:Maria.Reyes@azblue.com)



# Innovation Corner

## AHCCCS Targeted Investments (TI) 2.0 Program Overview

The renewed AHCCCS Targeted Investments Program (TI 2.0) provides annual incentives and ongoing administrative support to AHCCCS-enrolled outpatient providers committed to meeting their patients' needs. Providers receive an annual payment based on the number of Medicaid members served and the milestones achieved. There is no downside risk, no participation fees, and providers can qualify for partial payment if only some milestones are met.

Targeted Investment 1.0 Year 6 performance measure results will be finalized and communicated to participants in Fall 2023. Participants can expect Year 6 payment by December 31, 2023.

### Questions?

Email: [targetedinvestments@azahcccs.gov](mailto:targetedinvestments@azahcccs.gov)  
or visit [Targeted Investments \(azahcccs.gov\)](https://www.targetedinvestmentsazahcccs.gov)



## 988 - National Suicide Prevention Hotline

**988** has been designated as the three-digit telephone dialing code that will route callers to the National Suicide Prevention Lifeline (NSPL). When people call, text, or chat **988**, they will be connected to trained counselors that are part of the existing National Suicide Prevention Lifeline network based on the area code of the incoming phone number. These trained counselors will listen, provide support, and connect people to resources, as needed. Services through the NSPL are free and available 24/7 to any individual.

## 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 the ACA StandardHealth with Health Choice programs. Details within our manuals are intended to furnish providers and their staff with information, covered services, and claim and/or encounter submission requirements. The BCBSAZ Health Choice provider manual is an extension of the BCBSAZ Health Choice 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 BCBSAZ Health Choice.

Maintenance of the Provider Manual is performed annually with review and revisions necessary to align with AHCCCS, CMS, as well as regulatory governing agency (i.e., ACOG, ADA, ADHS) updates. Annual review of the Provider Manual is conducted every July for BCBSAZ Health Choice (Medicaid) and every January for BCBSAZ Health Choice Pathway (Medicare D-SNP).

Hospital administrators, physicians, and other medical professionals may only be interested in reviewing chapters pertaining to their specialty directly, in addition to Chapter 1 of the BCBSAZ Health Choice and BCBSAZ Health Choice Pathway provider manuals as well as chapters regarding our philosophy and guidance in Care Management.

However, office staff and billers of providers should also become familiar with the requirements for member eligibility and enrollment (Chapter 2), provider responsibility (Chapter 3), prior authorization requirements (Chapter 6), claims submissions, billing policies and procedures, formal dispute, and appeal processes (HCA Chapters 7-15, HCP Chapters 8-9). Use of our Provider Manuals will help reduce questions and expedite the claims process by ensuring that claims are submitted correctly the first time.

Providers will refer to the ACA StandardHealth with Health Choice provider manual for ACA IU65 program/product specifics.

# Behavioral Health Corner



The State of Arizona has contracted with BCBSAZ Health Choice (the Plan) to administer the AHCCCS Complete Care (ACC) plan, an integrated delivery system of care including physical health, behavioral health, and substance abuse services. BCBSAZ Health Choice's geographic service area for integrated care includes Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties.

Please visit us online for Behavioral Health specific content and education-related material: [healthchoiceaz.com/providers/behavioral-health-resources/](https://healthchoiceaz.com/providers/behavioral-health-resources/)

## Perinatal Psychiatry Line

Launched on June 1, 2023, Arizona has a new **Perinatal Psychiatry Access Line**. If you have any patients that are pregnant or postpartum and struggling with substance use or mental health issues, please call **1-888-290-1336**. There will be consulting perinatal psychiatrists who will provide free clinical guidance Monday – Friday from 12:30 to 4:30 p.m.

Please use this link for flier distribution to patients and to have for display in your clinics: [Arizona Perinatal Psychiatry Access Line](#)



## Advance Directives, End of Life Care, and Hospice

BCBSAZ Health Choice supports the right of members to develop advance directives and utilize end-of-life care and hospice services when desired by member. Contract providers should discuss advance directives with all adult members receiving medical care. Adult members and members with special healthcare needs or their representatives should be provided written information about formulating advance directives that ensures provider involvement. For members in a Behavioral Health Residential Setting (BHRF) that have completed an advance directive, the document must be kept confidential but be readily available (for example: in a sealed envelope attached to the refrigerator).

HealthCurrent, Arizona's Health Information Exchange, maintains a free registry called the "Arizona Healthcare Directives Registry" where individuals can send advance directives for secure storage and accessibility to healthcare providers and loved ones. The registry was moved from the Arizona Secretary of State to HealthCurrent in Fall 2021, pursuant to AZ state bill SB 1352.

To participate or find information: [azhdr.org](https://azhdr.org)

# Dental Corner



## You can help improve dental care for our members!

We are committed to improving the oral health of our pediatric population through oral disease prevention. The two dental NCQA/HEDIS measures we track that demonstrate quality care for members are:

- Oral Evaluation, Dental Services (OED)- Medicaid members under 21 years of age who received a comprehensive or periodic dental oral evaluation with a dental provider
- Topical Fluoride for Children (TFC)- Members 1-4 years who received at least two fluoride varnish applications

Our providers can better our HEDIS performance score by:

- Educating parents/guardians on the benefits of preventive care and the importance of seeing the dentist twice a year for routine dental visits

- Reminding members they may be eligible to receive a \$25 reward for completing a preventive dental visit
- Booking the next appointment when the patient is checking out
- Sending reminders via phone calls, text messages, email, or postcards to members who have appointments or are due for a recall exam to reduce no-shows
- Providing fluoride varnish and dental sealants when applicable
- Hosting a health fair to close the gaps in care and invite back members who missed their recall appointments

BCBSAZ Health Choice is happy to collaborate with you on health fairs, outreach, and scheduling. Contact Lupe Campos, Community Relations Manager, at [Guadalupe.campos@azblue.com](mailto:Guadalupe.campos@azblue.com) or Sarab Sabagh, Oral Health Program Manager, at [Sarab.sabagh@azblue.com](mailto:Sarab.sabagh@azblue.com)



# Pediatric Corner



## EPSDT REMINDERS

### Complete a Well-Child Visit during a Sick Visit

One of BCBSAZ Health Choice's primary goals is to ensure our youngest members receive the preventive care they need. Your role as a provider is vital in increasing the rate of preventive and EPSDT screening among children. When a member presents to your office for a sick visit, and their records indicate the need for a well-child visit, you can use the opportunity to provide additional services included in the EPSDT (well-child) visit and get paid for both.

- The EPSDT and sick visit must be billed on the same claim form.
- Must add modifier 25 to sick visit CPT codes (99201-99215) when billed with an EPSDT visit code to indicate that a significant, separately identifiable evaluation and management service was provided by the same physician on the same day as the preventive medicine service.
- A qualifying sick diagnosis code needs to be submitted to support the additional E&M service.
- The documentation for the problem-focused visit must be separate from the EPSDT (well-child) visit.

### Pediatric Care Management

BCBSAZ Health Choice has a team of skilled pediatric care managers who promote health literacy specific to the needs of children with high-risk conditions. Our pediatric care managers are registered nurses who understand the role social determinants of health have on impacting health outcomes. Pediatric care managers interface with parents/guardians, providers, and community constituents to facilitate educational and coordination of care interventions for high-risk infants, children, and adolescents.

Please email our Care Management (CM) referral form to: **HCH\_PediatricsCM@azblue.com** or fax 480-317-3358.

The CM referral form can be located under the 'For Providers' section of our website under "Forms": <https://www.healthchoiceaz.com>

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# Pediatric Corner

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## EPSDT Clinical Sample Templates

Please keep sending us your clinical sample templates in a timely manner for your Well-Child Visits! As a reminder, please include the AHCCCS ID on the clinical sample template and EMRs and verify you're sending a complete file. Please submit EPSDT Clinical Sample Templates and EMRs directly to the EPSDT department, either by email or fax.

EPSDT screening for AHCCCS members less than 21 years of age is required. Submission can be completed via fax or mail. All EPSDT information is logged into the member's file for tracking and reporting purposes as required by AHCCCS. Age-appropriate screenings include vision, hearing, oral health, nutrition, development, tuberculosis (TB), BMI, and lead. Any referrals you have for the member are also noted.

Working together we can keep kids healthy. Healthy children will lead to healthy adults.

Email: [HCHEPSDTCHEC@azblue.com](mailto:HCHEPSDTCHEC@azblue.com)  
Fax: 480-760-4716

## Childhood Obesity

Childhood obesity is a serious public health problem in the United States putting children and adolescents at risk for poor health. Almost 14 million children (24% of the U.S. population) ages 2-17 are obese. In Arizona, 12.1% of youth ages 10 to 17 and 12.1% of children ages 2 to 4 participating in WIC have obesity, giving Arizona a ranking of 38 among the 50 states. Children covered by Medicaid are particularly at risk, with this population nearly six times more likely to be treated for obesity than those who are privately insured.

While obesity is not a chronic condition, it is a risk factor for four of the 10 leading causes of death in the United States (coronary heart disease, stroke, type II diabetes, and cancer). In addition, being overweight carries important emotional health risks in children and adolescents. Children who are overweight often report stigma and social discrimination, which, in turn, is linked to poor self-esteem and depression.

Body mass index (BMI) expresses the relationship of weight-to-height and is used to screen and monitor the risk of obesity. The CDC has developed BMI charts adjusted for age and gender for children ages 2-20. Refer to the Centers for Disease Control and Prevention website:

[www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts) Body Mass Index (BMI) and growth chart resources.

According to the CDC, the BMI-for-age cutoffs below the 5th percentile or above the 85th percentiles may indicate a health risk. BMI at or above 95th percentile is considered overweight or obese.

AHCCCS requires continued monitoring of childhood weight and body mass index (BMI) percentiles. It also focuses on nutrition and physical activity counseling for children and adolescents. To be compliant with AHCCCS requirement, providers must complete and document the following for all children at each well-child visit:

- Height and weight
- BMI percentile (ages 2 to 21 years). Beginning at two years of age, each EPSDT member must have documentation of BMI percentile, regardless of the BMI results or whether the child appears over or underweight.

- Nutritional Counseling
  - Discussion of nutritional habits
  - Referral for nutritional education
  - Anticipatory guidance for nutrition
  - Documentation that the member received educational material on nutrition
  - to the patient or their parents/guardian
  - Weight or obesity counseling
- Physical activity counseling
  - Discussion of physical activities
  - Referral for physical activities
  - Anticipatory guidance for physical activity

Thank you for everything you do to keep our members well.

## EPSDT Services – Eyeglass Replacement & Repair

BCBSAZ Health Choice covers eyeglasses and other vision services, including replacement and repair of eyeglasses, for members under the age of 21 years to correct or ameliorate defects, physical illness, and conditions discovered by EPSDT screenings. There are no restrictions for replacement eyeglasses when medically necessary for vision correction. This coverage includes but is not limited to loss, breakage, or change in prescription.

EPSDT members do not need to wait for their next scheduled EPSDT well-child visit or vision screening to receive eyeglass replacement or repair.

The members can choose to accept or decline any upgrade to lenses

Continues on next page.

# Pediatric Corner

or frames. Any upgrade that is not AHCCCS covered is the member's responsibility, and providers are required to ensure the member accepts financial responsibility and signs a financial responsibility agreement prior to rendering service. The agreement must detail the service and the amount to be paid by the member.

## The Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP) is Arizona's statewide interagency system of services and supports for families of infants and toddlers, birth to three years of age, with disabilities or delays. AzEIP is established by Part C of the Individuals with Disabilities Education Act, which provides eligible children and their families access to services to enhance the capacity of families and caregivers to support the child's development.

A child birth to 36 months of age who has not reached 50% of the developmental milestones expected at their chronological age in one or more of the following areas is eligible for AzEIP services:

- Physical (Fine or gross motor, including vision and hearing)
- Cognitive
- Communication
- Social or emotional
- Adaptive

A child with an **established condition** known to have a high probability of resulting in developmental delay is also eligible. The conditions include but are not limited to:

- Chromosomal abnormalities
- Metabolic disorders
- Cerebral Palsy
- Severe auditory or visual impairment
- Failure to thrive/undernutrition
- Severe attachment disorders
- Disorders reflecting disturbances in the nervous system (Autism Spectrum Disorders, born addicted to narcotics or alcohol)

During the EPSDT well-child visit, the PCP will determine the child's developmental status through discussion with the parents and utilization of developmental screening tools. If the PCP identifies potential

developmental delays, they may request an evaluation by a specialist by submitting the clinical information and request for evaluation and services to HCA.

To initiate the referral process, contact AzEIP directly at **1-888-592-0140**, or via the AzEIP website at: [Arizona Early Intervention Program Policies and Procedures | Arizona Department of Economic Security \(az.gov\)](#)

For additional information, please contact the BCBSAZ Health Choice EPSDT department at **480-760-4821**.

## Missed Appointment Logs

As a reminder, please submit missed medical and dental appointment logs.

For medical please fax the log to **480-760-4708** or email [HCHcomments@azblue.com](mailto:HCHcomments@azblue.com)

For dental please fax the log to **480-350-2217**

Appointment log forms are located on our website under For Providers -> Provider Manual-> Exhibits 3.5.1 (Medical) and 3.5.2 (Dental).

## Arizona State Immunization Information System (ASIIS)

Timely administration of childhood and adolescent immunizations are more essential this year than ever, and AHCCCS requires that all administered immunizations are logged into ASIIS, the statewide immunization portal. Data integrity in ASIIS is critically important because common data entry errors like duplicate patient records and mis-keyed dosage information can make it difficult for providers, plans, and AHCCCS to know which members are truly overdue for immunizations. We highly recommend that you require your staff who enter data into ASIIS to complete the patient data and dose data trainings on ASIIS's online learning portal, APO TRAIN. [aipo.myabsorb.com/?KEYNAME=AIPOTRAIN](http://aipo.myabsorb.com/?KEYNAME=AIPOTRAIN)



# Maternal Health Corner

## Well-Woman Preventive and Family Planning Services

BCBSAZ Health Choice is committed to providing members with access to quality, medically necessary, and appropriate services. The purpose of this notice is to remind you of the coverage for an annual well-woman preventive care visit for women wishing to obtain the recommended preventive services, including preconception counseling.

### Frequency:

- Annual physical exam (well exam) that assesses overall health
- Clinical breast and pelvic exams (according to current best practice recommendations)
- Regular review and administration of immunizations, screenings, and testing as appropriate for age and risk factors

### Screening, counseling, and treatment for positive results as part of the well-woman preventive care visit to include:

- Proper nutrition, physical activity, and elevated BMI indicative of obesity
- Tobacco/substance use, abuse, and/or dependency
- Interpersonal and domestic violence screening
- Depression screening and mental well-being
- Sexually transmitted infections including Human Immunodeficiency Virus (HIV)
- Family planning counseling
  - Information on family planning options, including Long-Acting Reversible Contraceptives (LARC) and Immediate Long-Acting Reversible Contraceptives

(IPLARC) services which are reimbursed through regular claims processes

- Preconception counseling and treatment that includes discussion regarding a healthy lifestyle before and between pregnancies:
  - Reproductive history and sexual practices
  - Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake
  - Physical activity or exercise
  - Oral health care
  - Chronic disease management
  - Emotional wellness
  - Tobacco and substance use (opioids, alcohol, marijuana, and prescription drugs)
  - Recommended intervals between pregnancies

*NOTE: Preconception counseling does not include genetic testing*

## Claim Submission of Postpartum Visit

BCBSAZ Health Choice understands the importance of the postpartum visit to identify postpartum depression, stress, anxiety, substance use, and medical morbidities which impact postpartum health.

Please submit a claim when your patients attend their postpartum visit. The maternal team at BCBSAZ Health Choice provides outreach to our postpartum members. We offer assistance with scheduling their postpartum visit, transportation, and education on the importance of keeping their postpartum visit to ensure their physical, emotional, and family planning

needs are met. Your submission of a postpartum claim facilitates identifying members who have attended their postpartum visit. The maternal team will implement additional outreach interventions for members who have not attended their postpartum visit.

Our goal is to decrease serious maternal morbidities by promoting postpartum access to care and improving healthy maternal outcomes.

## OB Care Management

Did you know BCBSAZ Health Choice also has an OB Care Management team comprised of skilled nursing professionals and maternal child assistants who provide integrated culturally sensitive interventions to high-risk moms? High-risk conditionals are often identified from the timely submission of TOB forms.

If you have a pregnant member with high-risk medical or BH conditions, please refer to our OB CM team. Please email our Care Management (CM) referral form to: [HCHHCACaseManagement@azblue.com](mailto:HCHHCACaseManagement@azblue.com) or fax 480-317-3358. The CM referral form can be located under the 'For Providers' section of our website under Forms: [www.healthchoiceaz.com](http://www.healthchoiceaz.com)

## Syphilis testing

Prenatal syphilis screening is important to both mom and her fetus. Undiagnosed syphilis during pregnancy delays treatment and can result in transmission to the fetus (congenital syphilis). Congenital syphilis is associated with stillborn delivery and neonatal death.

# We Heard You & We're Here to Help!

## Provider Portal

The BCBSAZ Health Choice Arizona Provider Portal is designed with you in mind. Included in this site, and accessed through a secure portal, is patient data such as claims history and prior authorizations.

### Are you registered for the Provider Portal? Sign up today!

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

[healthchoiceaz.com/providers/provider-portal](https://healthchoiceaz.com/providers/provider-portal)

If you do not have an account, we have easy instructions for creating an account on the portal login page. If you have any questions about the provider portal, please contact our Provider Services team at **1-800-322-8670** or contact your Provider Performance Representative.

Customer service is the fabric of our organization. Our internal infrastructure is designed to provide your patients speedy access to customer service representatives and to expedite claims processing.

### Features and upgrades include:

- The Credentialing Portal is BCBSAZ Health Choice's online, electronic portal for submitting the AzAHP Practitioner Data form for automatic routing to our Credentialing department.
  - E-Apply:  
[providerportal.healthchoiceaz.com/Azahp/AzahpAccount](https://providerportal.healthchoiceaz.com/Azahp/AzahpAccount)
- UPGRADE: Claim Reconsideration requests and Claim Dispute requests
- UPGRADE: Improved access to provider rosters and paneled member information
  - Admission & Discharge Alerts
  - COVID Gap List



## Provider Directory Maintenance

BCBSAZ Health Choice is conducting maintenance of the provider directory! To ensure your information is accurately reflected in our directory, please log in to your CAQH and update any information which may be outdated, including:

1. Practice address, phone number, and hours
2. Hospital affiliations
3. Board certification
4. Languages spoken

The above information reflected in your CAQH may be utilized for the provider directory and displayed to members. Hospital affiliations are frequently inaccurately reflected on the CAQH, it is important to maintain accuracy of this information so members can easily identify where they may receive care from you. Please confirm the accuracy of the hospitals listed on your CAQH and reattest to finalize any changes made.

## Provider Office Laboratory Testing – POLT List

In our ongoing efforts to ensure the provision of quality care and services to our members, BCBSAZ Health Choice and BCBSAZ Health Choice Pathway annually review our list of approved Provider Office Lab Testing (POLT) codes.

Please refer to our websites under 'For Providers' -> Provider Education for the complete listing of Provider Office Laboratory Testing (POLT) Description and CPT Codes:

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

BCBSAZ Health Choice Pathway:  
[Home - Health Choice Pathway](#)

# We Heard You & We're Here to Help!

## Tips & Tricks – Expanded Topical Fluoride AHCCCS Coverage with PCPs

Topical Fluoride for Children (TFC) is a new HEDIS measure for 2023: Medicaid members 1-4 years of age who received at least two fluoride varnish applications.

The United States Preventive Services Task Force (USPSTF) has targeted nondental **primary care** clinicians to assist with topical application of fluoride in younger children because they are more likely than dentists to have contact with children younger than six years.

- Fluoride varnish is easily applied, comes in many flavors, and is well tolerated by children, making it ideal for integration into medical practice.
- The varnish remains on the teeth for one to seven days before dissolving. During that time, it repairs early defects and decay, and strengthens teeth.
- There are no absolute contraindications to varnish, and it does not cause fluorosis.
- Topical fluoride varnish is associated with a 37% to 63% reduction in caries.

AHCCCS has expanded the covered ages for PCP reimbursement of topical fluoride application.

- Prior to 10/1/23 Arizona Medicaid coverage for PCP fluoride application included children 6 months until their 2nd birthday.
- Beginning 10/1/23, PCP topical fluoride coverage includes members **6 months until their 5th birthday**.

- The expanded age range better aligns with the USPSTF recommendation as well as the new associated HEDIS measure (TFC).

\*PCPs who have completed the AHCCCS required training may be reimbursed for fluoride varnish applications completed at the EPSDT visits for members as early as six months of age with at least one tooth eruption. Additional applications occurring every three months during an EPSDT visit, up until member's fifth birthday, may be reimbursed. Topical fluoride can be applied by ancillary staff when ordered by a PCP who has established protocols for the application.

- AHCCCS recommended training for fluoride varnish application is located at: [aap.org/en/patient-care/oral-health/oral-health-education-and-training/](https://aap.org/en/patient-care/oral-health/oral-health-education-and-training/)
- Training covers caries-risk assessment, fluoride varnish, and counseling.
- Upon completion of the required training, a copy of the training certificate should be submitted to each of the Medicaid health plans that the provider works with, as this is required prior to AHCCCS health plans issuing payment for PCP applied fluoride varnish.
- For BCBSAZ Health Choice, submit certification information to: [hchcredentialing@azblue.com](mailto:hchcredentialing@azblue.com)
- PCP coding: CPT code 99188 – Application of topical fluoride varnish by a physician or other qualified healthcare professional.
  - Approximate cost of a topical fluoride application \$1
  - AHCCCS fee schedule: \$10.46 (facility rate) and \$12.26 (non-facility rate) per the most recent published AHCCCS fee schedule

## Developmental Screening – Reminders and AHCCCS Coding Update

Medicaid Core Measure: Developmental Screening in the First Three Years of Life (DEV-CH)- Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

- It is advised that all children should receive general developmental screens at recommended intervals using an evidence-based screening tool at nine, 18, and 30 months, or whenever a concern is expressed.\*
- Documentation in the medical record must include the following: a note indicating the date on which the test was performed, the standardized tool used, and evidence of a screening result or screening score.  
\*NOTE Autism Spectrum disorder screening tests should be conducted at the 18- and 24-month visits. However, since this is a specific screening, it is not part of the DEV-CH measure.

To close General Developmental Screening gaps with claims data for the DEV-CH measure, providers must use both:

- CPT **96110** (with or without EP modifier) – developmental screening using standardized instruments AND
- ICD-10 code: **Z13.42** Encounter for Screening of Global Developmental Delays (Milestones)

AHCCCS fee schedule for 96110: (as of 10/1/23): \$11.24

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# We Heard You & We're Here to Help!

## Fraud, Waste, and Abuse

BCBSAZ Health Choice has a special investigations unit dedicated to investigating referrals and tips from anyone suspecting fraud, waste, and abuse. According to the National Health Care Anti-Fraud Association (NHCAA), the financial losses due to healthcare fraud are estimated to be in the tens of billions each year.

### Types of FWA

- **Claim FWA:** Alteration of claims, Up-coding, Incorrect coding, Double billing, Unbundling, Billing for services not provided, Submission of false documents, Billing non-covered services as covered
- **Member FWA:** Identity theft, Prescription altering, Doctor shopping, Prescription stockpiling, Misrepresentation of eligibility or medical condition

### FWA Laws

- False Claims Act – 31 U.S.C. 3729-3733
- Anti-Kickback Statute – 41 U.S.C.
- HIPAA – 45 CFR Title II, 201-250
- Deficit Reduction Act – Public Law 109-171,6032

- Whistleblower Employee Protection Act – 31 U.S.C. 3730(h)
- Stark Law – Social Security Act 1877

### Confidential Reporting Lines:

- Blue Cross® Blue Shield® of Arizona's Special Investigations Unit maintains a confidential hotline to report suspected fraud or abuse.
  - You may request to remain anonymous. Business hours are Monday through Friday from 8 a.m. to 4:30 p.m. MST. Messages may be left outside business hours.
  - Call us at: 602-864-4875 or 1-800-232-2345 ext. 4875

### For additional information about Fraud, Waste, and Abuse:

BCBSAZ Health Choice Arizona:  
[Fraud, Waste & Abuse - BCBSAZ Health Choice \(healthchoiceaz.com\)](#)

BCBSAZ Health Choice Pathway:  
[Fraud, Waste and Abuse - BCBSAZ Health Choice Pathway](#)

ACA StandardHealth with Health Choice:  
[Fraud, Waste & Abuse - ACA StandardHealth with Health Choice \(standardhealthhc.com\)](#)

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The updated AHCCCS requirement of including the **Z13.42** code with the 96110 CPT code to close the DEV-CH gap with claims better aligns AHCCCS requirements with CMS requirements.

\*References: EncoderPro.com for Payers, Professional; CMS, Billing and Coding: Allergy Immunotherapy (A56424), 10/27/2022; Department of Health and Human Services, Office of the OIG: Allergen Immunotherapy for Medicare Beneficiaries; The American Academy of allergy asthma and immunology, Allergen Therapy Templates

As always, the **most specific documentation** in order to code appropriately is particularly important.

If you are interested in learning more about the AHCCCS performance measures or working with a BCBSAZ Health Choice Quality Improvement Specialist, contact the Quality Improvement Team  
Email: [hchperformanceimprovement@azblue.com](mailto:hchperformanceimprovement@azblue.com)

*Coding and Documentation materials are based on current guidelines and are to be used for reference only. Clinical and coding decisions are to be made based on the independent judgement of the treating physician or qualified healthcare practitioner and the best interests of the patient. ICD-10-CM, CPT, and HCPCS are the authoritative referenced for purposes of assigning diagnoses and procedure codes to be reported. It is the responsibility of the physician and/or coding staff to determine and submit accurate codes, charges, and modifiers for services rendered.*

## Training Resources Available for Providers and Staff

BCBSAZ Health Choice has interactive training courses for providers and their staff!

To access interactive trainings visit us online at:  
[healthchoiceaz.com/providers/provider-education](https://healthchoiceaz.com/providers/provider-education)

We welcome your feedback or questions:  
Lauren Fofanova, LCSW Director, Project Lead, Medical Management  
[Lauren.Fofanova@azblue.com](mailto:Lauren.Fofanova@azblue.com) 928-214-2303.



# We Heard You & We're Here to Help!

## REMINDER: System, Policy Updates, Billing Requirements, and Added/Deleted Codes

As a reminder, BCBSAZ Health Choice and BCBSAZ Health Choice Pathway provides medically necessary covered services as specified by AHCCCS and CMS. Healthcare is delivered under the applicable Federal and State laws and regulations. Compliance with all periodic updates to processes and procedures is considered part of your contractual obligation as a participating healthcare provider.

Please visit the [AHCCCS Medical Policy Manual \(AMPM\)](#), [AHCCCS Contractor Operations Manual \(ACOM\)](#), [AHCCCS News & Press Releases \(azahcccs.gov\)](#), and [Medical Coding Resources](#) as available on the [AHCCCS website](#) to ensure you have reviewed the most recent versions of state guidance.

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 including those related to daily limits, procedure coverage, etc.

The AHCCCS *Claims Clues* is a newsletter produced periodically by the AHCCCS Claims Department for Fee-For-Service (FFS) providers. It provides information about changes to the program, system updates, billing policies, and requirements.

Additional information can be found in the AHCCCS [Encounter Keys](#) newsletter.

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

## Provider Resources

Our team brings an open vision to Arizona. We believe that those who provide care should be the leaders in creating and constructing new, better, and less invasive mechanisms for the delivery of the care they provide. We are here to inspire health and make it easy, we understand both the rewards and difficulties of managed care and health plan/provider relationships.

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

**BCBSAZ Health Choice Pathway:**  
[healthchoicepathway.com](http://healthchoicepathway.com)

Visit us online for provider-specific resources! To help you and your staff stay informed and help address any questions about Health Choice, we have established the following support services:

**Provider Services call center:**  
**1-800-322-8670**

- BCBSAZ Health Choice hours are 8 a.m. – 5 p.m., Monday through Friday (except holidays).
- BCBSAZ Health Choice Pathway hours are 8 a.m. – 8 p.m., 7 days a week.
  - Our Call Center staff may also be reached via: [hchcomments@azblue.com](mailto:hchcomments@azblue.com)
- For self-service options, please visit our provider portal: **Log in - Health Choice Provider Portal ([healthchoiceaz.com](http://healthchoiceaz.com))**
  - Provider Portal: **480-760-4651** or via email: [hchproviderportal@azblue.com](mailto:hchproviderportal@azblue.com)

*\*Please take advantage of additional resources available online on the 'Providers' tab of our websites\**

**\*\*Member Rights & Responsibilities & Privacy Notices\*\*** are included in the BCBSAZ Health Choice Member Handbook and can be located on the Health Choice website at:

- [healthchoiceaz.com/privacy-notice/](http://healthchoiceaz.com/privacy-notice/)
- [healthchoiceaz.com/members/member-services/](http://healthchoiceaz.com/members/member-services/)  
(Member Rights and Responsibilities tab)
- [healthchoicepathway.com/members/member-information/](http://healthchoicepathway.com/members/member-information/)  
(Member Rights and Responsibilities tab).