

2021 Q2 All Provider Forum

Zoom
June 30, 2021



An Independent Licensee of the Blue Cross Blue Shield Association

Agenda

- | | | |
|---|---|------------|
| 1. Welcome and Introductions | | 2 minutes |
| 2. Provider Satisfaction Survey | Beth Scully, Dir, Network Operations | 10 minutes |
| 3. axial Healthcare | Olivia Letzkus, Pharm D. Market Lead
Beth Mason, VP Client Partnership | 10 minutes |
| 4. Strategies to Increase Well Child Visits & Immunizations | Dr. Jane Dill
Guadalupe Campos, Community Relations Manager | 15 minutes |
| 5. Member/Provider Engagement | Georgann Moore, Member Experience Advisor | 10 minutes |
| 6. Language Services | Jeanette Mallery, Cultural Competency Admin. | 10 minutes |
| 7. Provider Resources | Jadelyn Fields, Network Prov Serv Mgr | 10 minutes |
| 8. Q & A | | 10 minutes |

Provider Satisfaction Survey

June 30, 2021

Beth Scully, Director Network Operations



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2020 Provider Satisfaction Survey Overview

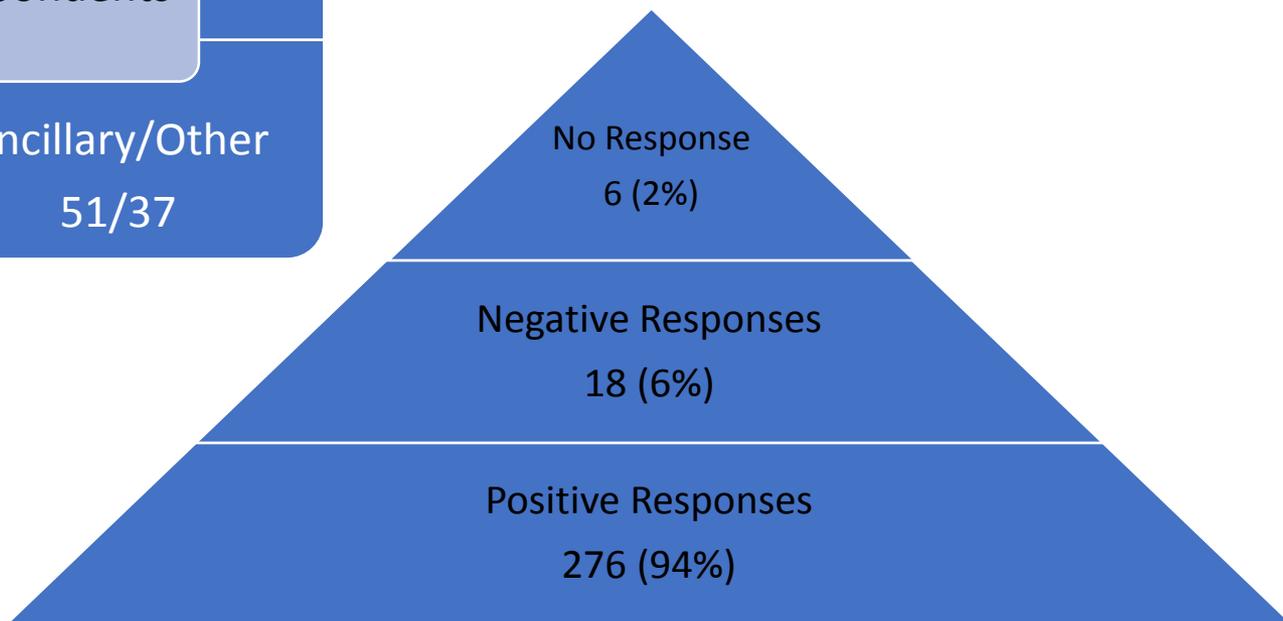
- HCA partnered with SPH Analytics to survey health care providers in order to gauge overall satisfaction with the plan and rate performance on key metrics
- The survey was administered to HCA primary care and specialty providers, as well as to dental, ancillary and other types of providers
- Surveys were mailed to 1,096 HCA providers, with an option of completing the survey online
 - 304 surveys were completed, equating to a 33.7% response rate. In comparison to 2019, where 346 surveys completed, with a 31.3% response rate.
 - We continue to have the highest return rate out of all SPH surveyed Health Plans.

2020 Overall Satisfaction/Dissatisfaction Details

Q2

We were able to increase the positive responses to Q2, thereby beating the average of 88% - we are now at 94%. Health Choice moved more than 22 negative responses (from 55 to 18) to positive.

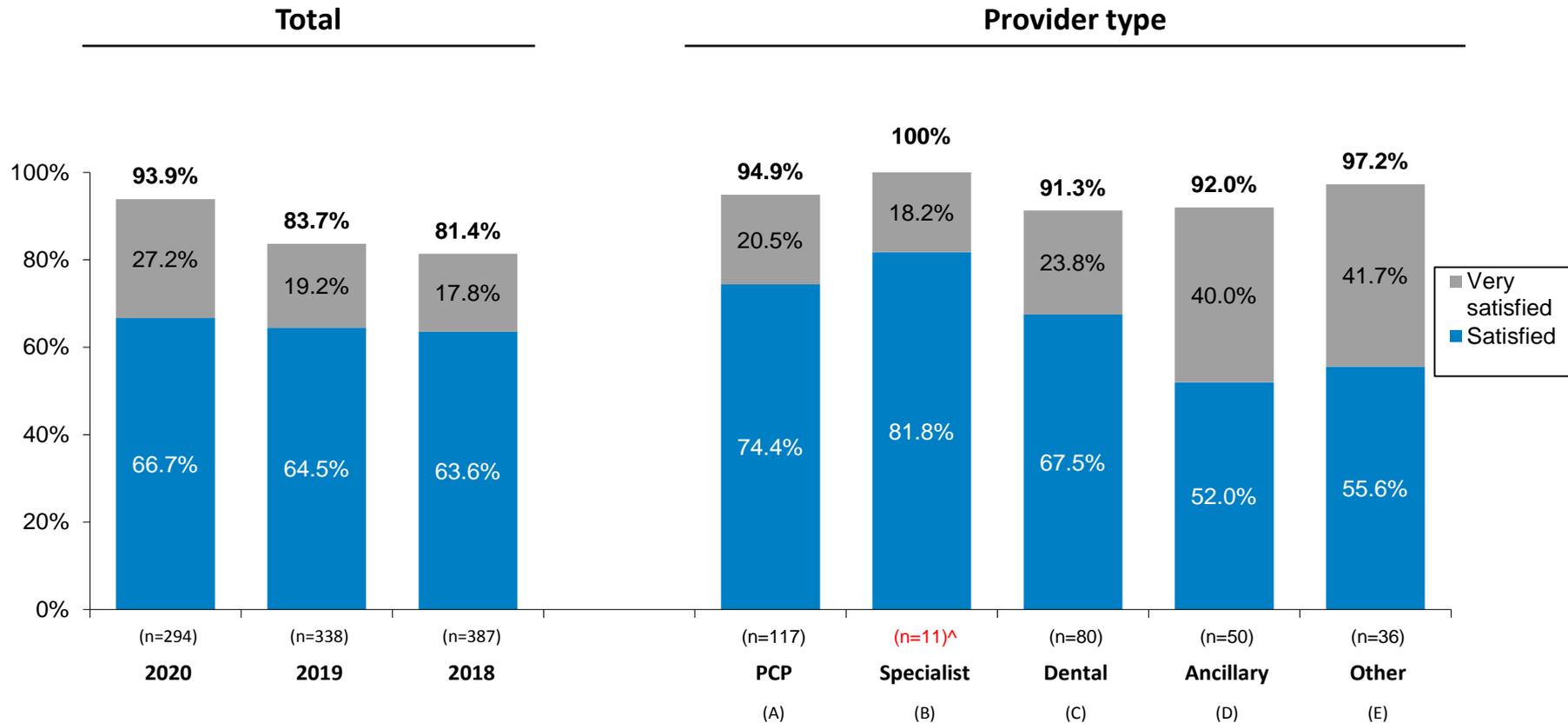
PCPs 121	Specialists 12
Q2 Total # of Respondents 304	
Dentists 83	Ancillary/Other 51/37



Q2 - Overall satisfaction

Overall satisfaction with HCA **increased significantly**, driven by a significant increase in the percentage who are very satisfied. Satisfaction is highest among Specialists & lowest among Dental providers.

Q2. Overall, how satisfied are you with Health Choice Arizona?



Loyalty Questions

1. 97% of our providers would recommend HCA to their patients, when asked for advice about which AHCCCS plan to join.
2. 93% of all providers would recommend HCA to another provider who is interested in contracting with an AHCCCS plan. This is significantly higher than the average of 88%.
3. 96% of our providers see their relationship with HCA continuing on a long term basis.
4. 93% of all providers believe that HCA is committed to working in partnership with them to provide quality care.

2020 Implemented Activities

Provider Portal Enhancements

- Increased Provider Portal response time, implemented September 2020
- Claim Reconsideration, implemented September 2020
- Disputes, implemented October 2020

EVIPs

- New credentialing database, implemented November 2020

Pharmacy Prior Authorization criteria simplification project; fully implemented in 2020

- Pharmacy PA's can be submitted online, and member search functionality simplified (link located on the provider portal and health choice website at: <https://healthchoice.promptpa.com/>)
- Coverage criteria is visible to the person entering the request online, which helps the office know what documentation, if any, is needed, saving provider offices extra steps
- Amount of clinical documentation needed was greatly reduced to help with administrative burden from providers
- Coverage criteria simplification will continue for the drugs AHCCCS permits Health

2020 Implemented Activities contd.

Formulary enhancement process; began in 2019 and is ongoing

- Full review of formulary in 2019 to identify low cost medications that were prescribed, but not covered without a PA
- Hundreds of low cost medications were added without the need for PA to help reduce administrative burden on providers and to increase access to care
- Full analysis is conducted at least annually to ensure additional products are added to the formula as costs decrease (for those that AHCCCS plans are allowed to manage)

Contracted with a vendor, which provides medical records from various EMR systems they have access to in order to alleviate the burden of providers needing to copy and send medical records to Health Choice; began in November 2019 and is ongoing

Performance Improvement Coordinators and Clinical team members provide monthly reporting to provider groups concerning quality measure performance and gaps in care

Questions?





Health Choice Arizona
Provider Forum Overview

	RISK MITIGATION	RECOVERY SOLUTIONS
Service	Provider Service: Analytics and physician support to reduce the risk of opioid use disorder	Member Service: Analytics-driven, high-touch care coordination for SUD members in treatment
Scope	All regions and members Ages 13 years and older Launched December 2019	Central Region ONLY 18 years and older Clinical exclusions apply Launched August 2020
Analytics	<ul style="list-style-type: none"> • Provider prescribing patterns • Member risk scoring • Retrospective claims analysis 	<ul style="list-style-type: none"> • Member clinical profiles • Treatment quality and score carding • Targeted referral opportunities
Staffing Model	<ul style="list-style-type: none"> • Pharmacists • Registered Nurses • Engagement Specialists 	<ul style="list-style-type: none"> • Peer Recovery Specialists • Licensed Clinical Social Workers • Provider Partnership support
Provider Partners	<ul style="list-style-type: none"> • Opioid prescribers: Primary Care Physicians, Pain Specialists 	<ul style="list-style-type: none"> • Inpatient Addiction Treatment • Inpatient Behavioral Health
Clinical Objectives	<ul style="list-style-type: none"> • Reduced MEDD risk, polydrug risk, multiple prescriber risk and increase in naloxone prescribing 	<ul style="list-style-type: none"> • Reduced IP Admits / Readmissions, reduced ED Visits, adherence to outpatient care, SDOH support

Risk Mitigation Program

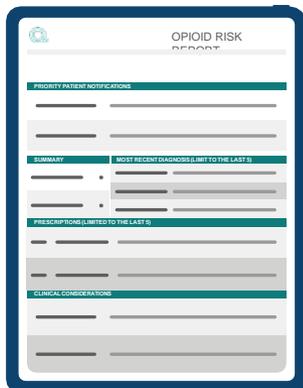
In partnership with Health Choice Arizona, axialHealthcare is working closely with practices in your area to improve health outcomes for patients taking opioids and other prescribed substances. Providers will receive timely high-risk patient reporting, and have access to axialHealthcare's clinical care team and other select resources.



Patient Safety Concerns

View notifications for patients flagged with opioid- or polypharmacy-related risk factors, such as:

- ED visit for opioid overdose
- Evaluation for substance use disorder recommended
- Benzodiazepine use with opioids



Complete Patient Intelligence

Receive patient-specific risk reporting, providing a snapshot view of:

- Prioritized patient notifications
- Recent patient diagnoses + prescription information
- Tailored clinical considerations

Patient information delivery is based on your delivery preference:



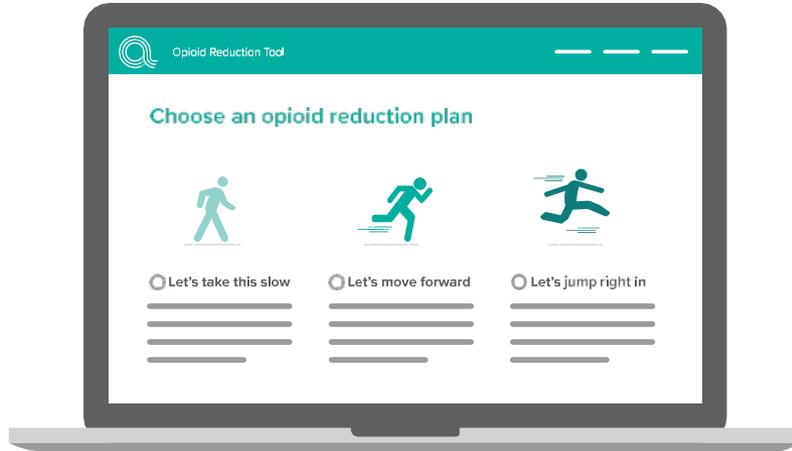
Email



Fax



Online Portal



Safe & patient-centric opioid reduction

Are you and your patient considering opioid reduction? Use our free digital Opioid Reduction Tool on your mobile device, tablet, or laptop to:

- Determine if opioid reduction is beneficial
- Assess patient motivation + readiness
- Create & print patient-facing reduction plans and FAQs
- Select a safe opioid reduction pace
- Download assessments for opioid misuse and dependence, behavioral health, and pain
- Access patient-centric scripting and conversational approaches

Support for complex cases

You have a direct line to our clinical care team, which:

- Delivers high-risk notifications and reporting
- Shares risk-specific treatment and intervention guidelines
- Offers expert consultation in cases of severe or escalating patient risk

CLINICAL CARE TEAM



PROVIDER



Outreach via phone, fax, email, and site visits

Contact our clinical care team today to get started or learn more.

providersupport@axialhealthcare.com | 602-960-2022 | practice.axialHealthcare.com

Strategies to Increase Well Child Visits and Immunizations

Jane Dill, MD

Guadalupe “Lupe” Campos, Community Relations Manager



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Declines in Well Child Care during the COVID-19 pandemic

- Families did their part by staying at home to help stop the spread of COVID-19.
- An unfortunate result is that many children missed check-ups and recommended childhood vaccinations.
- **The CDC and the American Academy of Pediatrics (AAP) recommend every child continues to receive recommended vaccinations during the COVID-19 pandemic.**

Return to somewhat normal...

- As most families look towards a return to in person school in less than 2 months, practices have an opportunity to promote updating well child care and immunizations.
- With the return to school comes the return of sports and sports physicals.
- Consider using any and every sports physical visit as an opportunity for a full well child exam.

Sports Physicals and Well Child Exams

AHCCCS Policy:

Physical examinations for sports or exercise activities are not covered for adults (age 21 and older). **For recipients under age 21, if the certification for sports activity is performed during an EPSDT well visit, then that service is included in the EPSDT well visit and is not separately billable.**

Use Sports Physicals to Increase EPSDT/Well Child Visits and Vaccines

- Informing parents and guardians that EPSDT visits will make a sports physical no out of pocket cost is a win-win!
- Consider having set days/times set aside for back-to-school sports physicals and EPSDT visits and partner those days with a fun event or staff sports day (wear your favorite team's jersey)
- Check ASIIS on every scheduled sports physical and offer any vaccines that are due

Partner with local schools

- Partner with local schools to remind parents about recommended well child visits and immunizations.
- Work with schools to provide healthcare information when back to school information is sent out – their contact information may be better than yours!
- Ask for space in school newsletters

Partner with youth sports organizations

- Get the word out by collaborating with youth sports organizations.
- Approximately two out of three adolescents visit a health care provider once a year, yet only **one in 15 visits are for preventive care**. Unfortunately, that percentage only gets smaller with increasing age.
- Adolescence is stressful for many. Partnering with groups who are trusted by your families can help increase teen access to preventive care.

Evenings and Weekends

- Offering appointments at convenient times for working families can increase your well child visits.
- Consider adding some evening or weekend well visit appointments temporarily or permanently!

Turn Sick Visits into Well Visits

- Many patients only come to the office for sick visits as, especially during the pandemic, it may not seem necessary to come in when they are well. Take advantage of the patient being in the office.
- Complete well visits at the same time as a follow up or sick visit. Train and encourage MAs and providers to add on the electronic EPSDT forms to your EMR general visit notes (use a modifier -25 with billing).
- The addition of the EPSDT forms typically adds a small amount of time to visits as the process of registering, rooming, taking vital signs etc. has already been completed.
- Taking the extra time can increase patient satisfaction.

Use Technology

- Implement text message campaigns
- Use automated recall lists for immunization and well visit reminders
- Most parents want their children to have the care that is recommended and will be willing to set up an appointment when reminded one is due.
- Take advantage of population health program and or health plan gap reports to guide outreach

Partner with your Health Plans

- Health Plans are motivated to help providers increase well child care.
- Collaborate with health plans for outreach and scheduling.
- Partner with health plans to set up a health fair with vaccines and well child visits
- Promote health plan member incentives to encourage making and keeping appointments (HCA - \$25 gift card)

Thank you for your time!

- Jane Dill, MD Jane.Dill@healthchoiceaz.com
- Lupe Campos, Community Relations Manager
guadalupe.campos@healthchoiceaz.com

Remember to Submit EPSDT documentation to your health plans:

A copy of the completed EPSDT Tracking Form, signed by the clinician, should be placed in the member's medical record.

For members enrolled with an AHCCCS Contractor, a copy of the completed and signed EPSDT form must be sent to that Contractor.

Member Benefit and Incentives

Georgann Moore, Member Experience Advisor



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Healthy Rewards Flyer-Health Choice Arizona



Earn Rewards with Health Choice's Healthy Rewards Program

Did you know that as a Health Choice Arizona member, you can earn rewards like a **\$25 gift card** or a **diaper bag** for your newborn? Keeping up with your health is important. We want to reward you when you're going to your appointments and taking care of your health.

Gift Card

Learn which benefit is best for you.

Earn a \$25 gift card

Just complete the following activities:

- Child and Adolescent Well Visits (under 21 years of age)
- Mammograms to check for breast cancer (women 50-74 who have had a screening within the last two years)

Diaper Bag Program

The Diaper Bag program is offered to members who have recently had a baby and completed their postpartum visit. The diaper bag will be mailed to your home after you let us know you've completed your postpartum visit.

The diaper bag includes:

- Diapers
- Wipes
- Baby lotion
- Diaper paste
- Diaper bag

Here's how you earn your rewards!

- 1** Schedule your appointment with your provider for the service you or your child needs (mammogram, postpartum visit, or well child visit).
- 2** Let us know that you have completed the visit. You can send us an email at comments@HealthChoiceAZ.com, or call us at **1-800-322-8670** (TTY: 711).
- 3** Have the following information about your visit on hand:
 - Date of the visit
 - Provider/Clinic name

To learn more about the Healthy Rewards Program, please visit our website at HealthChoiceAZ.com, or call member services at **1-800-322-8670** (TTY: 711).

Contract services are funded under contract with the State of Arizona. HCA-MM21-01 (3/16/21)



Healthy Rewards Flyer:
This flyer has been disseminated within 119 OBGYN and Pediatric provider offices and during community outreach events.

Diaper Bag Program:
Since 10/1/20-6/22/21 there have been 488 diaper bags fulfilled

Locations visited:

- Maricopa County 28 offices (East Valley)
- Pinal County 24 offices (Casa Grande, San Tan Valley, Coolidge, and Eloy)

Healthy Rewards Flyer-Health Choice Pathways

Earn Rewards with Health Choice's Healthy Rewards Program



\$25 Gift Card

Did you know that as a Health Choice Pathway (HMO D-SNP) member, you can earn rewards like a \$25 gift card just for taking care of your health? Healthy Rewards is our member rewards program for YOU! Health Choice Pathway wants to reward you when you're going to your appointments because keeping up with your health is important.

Earn \$25 gift cards!

Members can get rewarded with a gift card for each important health activity they complete such as:

- A Medicare Annual Wellness Visit - yearly for all Health Choice Pathway members
- Breast cancer screenings - mammogram every 1 - 2 years for those 50 - 74
- Colon cancer screenings - for those 50 - 75, screening colonoscopy or opt for a mail-in test that you can do at home!

And more!

Here's how you earn your 2021 rewards:

- Check with your doctor to see what preventive screenings or visits you are due for
- Complete an eligible Healthy Reward service
- Once Health Choice Pathway receives a claim for the service, we will mail you your gift card(s). Please allow up to 8 weeks to receive your gift card.

Questions? Call or email us.

- 1-800-656-8991 (TTY 711), 8 a.m. to 8 p.m., 7 days a week
- Comments@HealthChoiceAZ.com



HealthChoicePathway.com

- "Like" us on Facebook - Health Choice Pathway
- "Follow" us on Twitter - HealthChoiceSNP

H5587_RewardsFlyer2021_C

Health Choice Pathways Members can earn rewards by completing the following screenings:

- Annual Wellness Visit
- Breast Cancer Screenings
- Colon Cancer Screenings

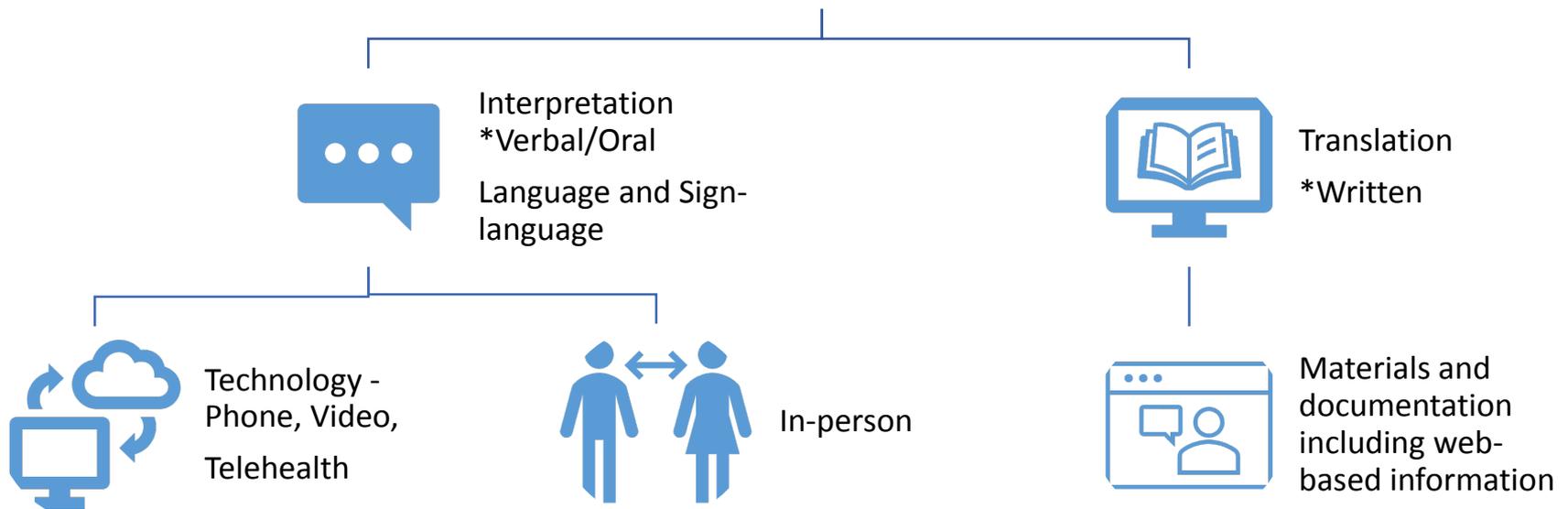
Language and Translation Services

Jeanette Mallery, Cultural Competency Administrator



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What are language services?



Why are language services needed?



Reduce medical errors



Build trust



Increase understanding of information and services needed to help patient



Provide culturally appropriate care



Enhance Health Literacy

Barriers to Health Literacy

Health Literacy: The capacity to:

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Barriers:

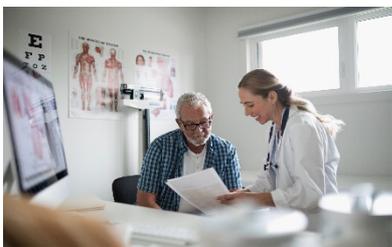
- speak a different language
- Not have access to assistance or devices for those with disabilities: communication, deaf/hearing loss, vision loss

Our mutual goal

To reduce medical, behavioral and pharmacy errors, improve patient safety, increase patient engagement by:

- getting individuals, the health care that they need, in their language, and at the time they need it.
 - Every point of contact
 - Making appointments
 - Coming to appointment
 - Prior to appointment
 - Reinforced in communication – letters, newsletters, and talking points
 - Picking up medications
 - Making lab appointments
 - During lab appointments

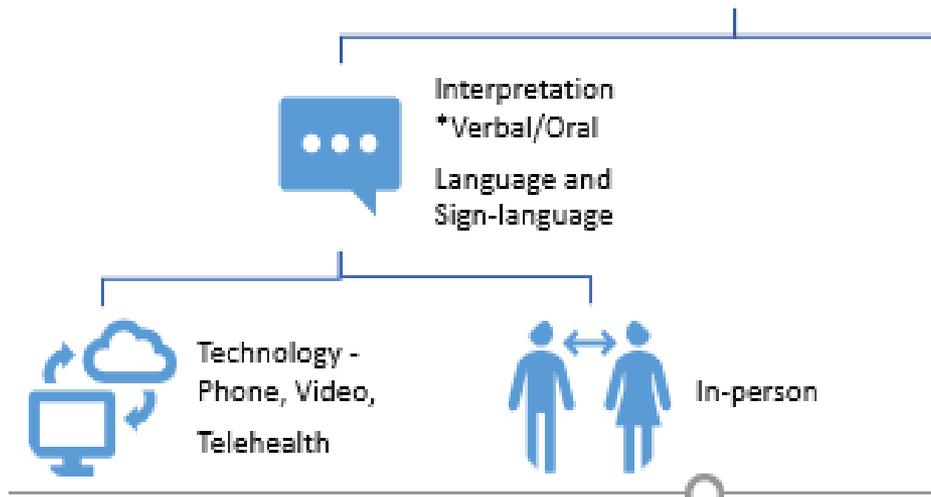
Providers deliver language services to Health Choice members (through qualified staff or their contracted vendor)



Interpretation Services



An interpreter converts a spoken or signed message in one language into a spoken or signed message in a different language



Translation Services



Translation
*Written



Materials and
documentation
including web-
based information

A translator converts a written message in one language into a written message in a different language or format

What are the provider responsibilities?

Determine

- the languages spoken by their patients
- qualified staff or vendor to provide these services
- The costs that your office will incur as a result of your contract (budget)

Train

- Staff on how to schedule interpretation services

Gain

- feedback on effectiveness or needs

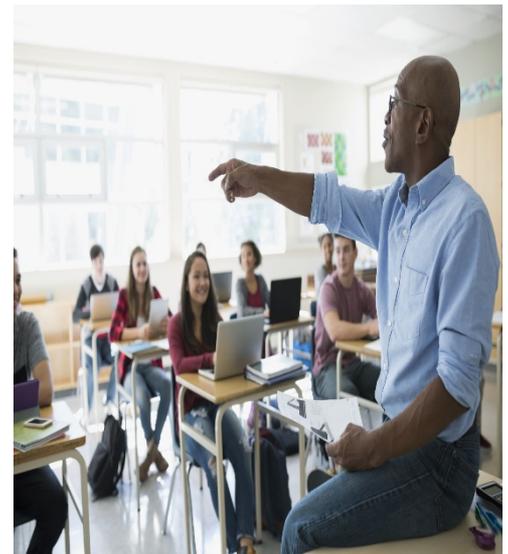
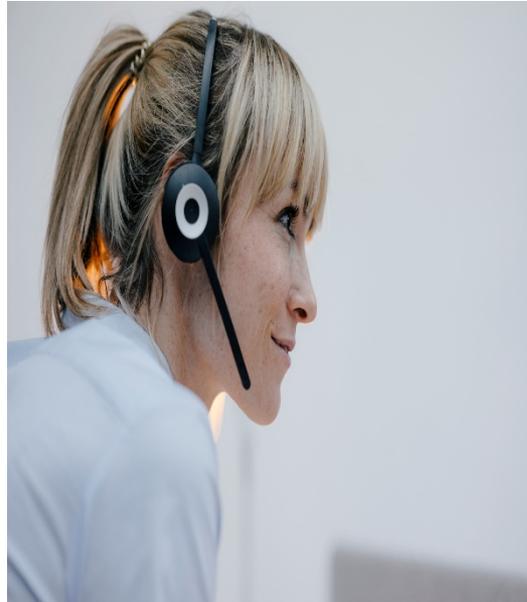
Make

- Changes as needed

Reach out

- to Health Choice Cultural Competency Administrator Jeanette Mallery with questions, concerns and support
- Culture@healthchoiceaz.com

Health Choice provides language services to Health Choice Members when communicating with Health Choice Staff



What are Health Choice responsibilities?

Cultural Competency and Language Access Plan: ACOM 405

Maintain contracts with qualified interpreters and translators for Health Choice needs

Train staff, members and providers on language service requirements

Coordinate and manage requests for language services (Marketing, Member Services)

Maintain a budget to provide language and translation services

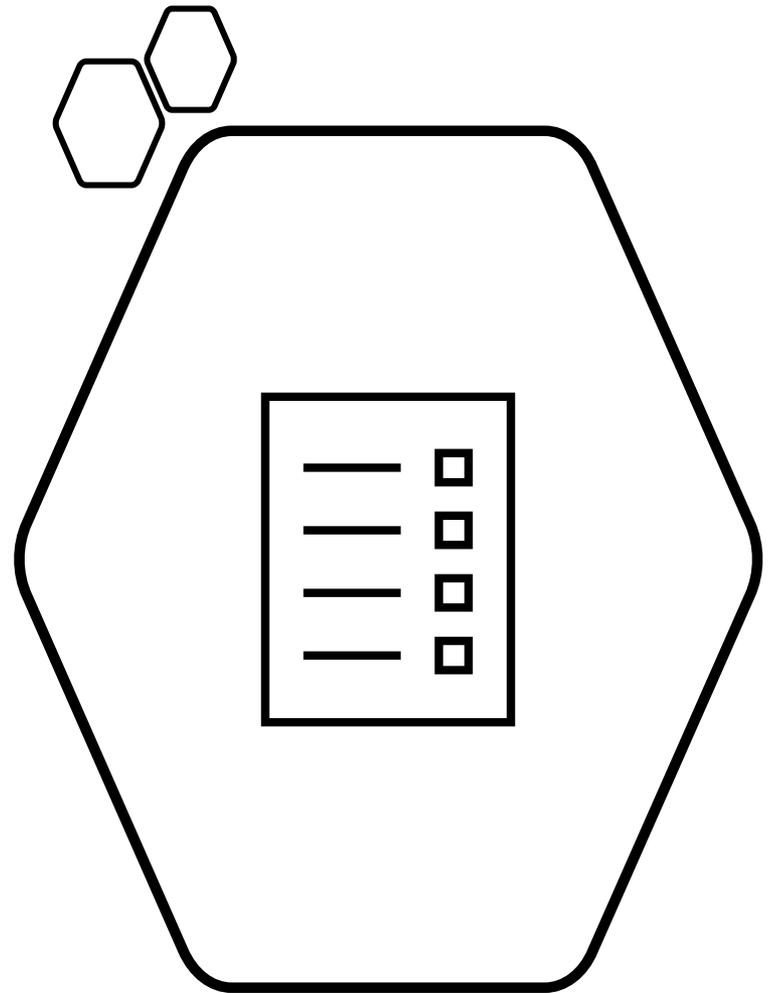
Determine the languages spoken by our members

Gain feedback on effectiveness or needs – monitor complaints, grievances and provider feedback

Make changes as needed

Communication Plan

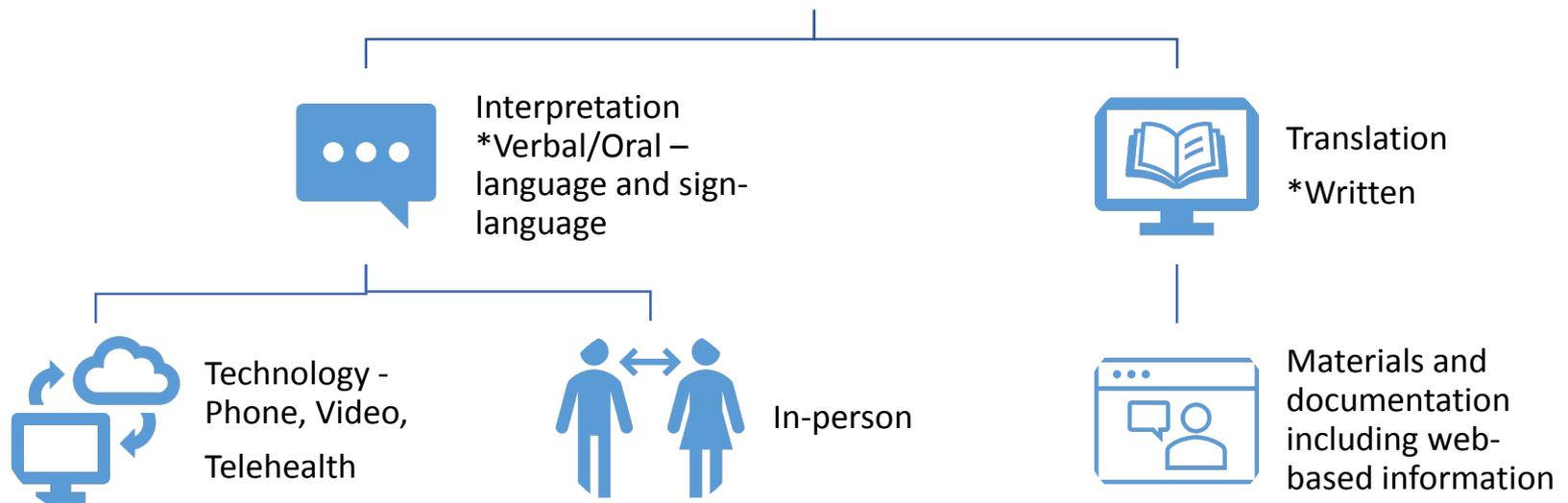
- Member Notifications
- Member Website and Handbook
- Member Newsletters
- Provider and Member Service Job Aid
- Customer Service Talking Points
- Provider Resources



A white computer keyboard is visible in the upper right corner, and a silver stethoscope is positioned in the lower right corner. The word "Resources" is centered in a white speech bubble with a dark border.

Resources

Provider Newsletter Article and Website Communication



Reference

Vendor or agency Phone Numbers

**Video Relay,
Translation,
Interpretation and Face to Face**

Cyracom

1-800-713-4950 ext. 1 (call to set up an account)
1-866-745-5010 (call if you already have an account)

**Video Relay,
Translation,
Interpretation and Face to Face**

Transperfect

1-855-886-2909 (call to set up an account)
1-855-866-2901 (call if you already have an account and your client ID/PIN)

Deaf and Hard of Hearing

AZ Relay Services

1-800-842-4681 (TTY:711)

**Video Relay,
Translation,
Interpretation and Face to Face**

A Foreign Language Services

480-813-4242

Ask Patients about their language needs: I speak cards



Post notifications

Tell patients that you offer interpretation services at no cost to them. For instance, you can put up posters about these services by the front desk and in the waiting room.

Taglines

Sample Tagline Informing Individuals With Limited English Proficiency of Language Assistance Services

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

Tagline and Resources

Sample Resources in English

[Notice of Nondiscrimination. - PDF | .docx](#)

[Statement of Nondiscrimination - PDF | .docx](#)

[Tagline. - PDF | .docx](#)



Translated Resources for Covered Entities | HHS.gov

Español (Spanish) Notice of Nondiscrimination. - PDF .docx Statement of Nondiscrimination. - PDF .docx Tagline. - PDF .docx	繁體中文 (Chinese) Notice of Nondiscrimination. - PDF .docx Statement of Nondiscrimination. - PDF .docx Tagline. - PDF .docx
Tiếng Việt (Vietnamese) Notice of Nondiscrimination. - PDF .docx Statement of Nondiscrimination. - PDF .docx Tagline. - PDF .docx	한국어 (Korean) Notice of Nondiscrimination. - PDF .docx Statement of Nondiscrimination. - PDF .docx Tagline. - PDF .docx

Provider Resources

Jadelyn Fields, Network Provider Service Manager and Educator



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AHCCCS Electronic Visit Verification (EVV)

To support your EVV onboarding efforts, AHCCCS has compiled several updates and reminders. We appreciate your willingness to work with AHCCCS over the past many months to prepare and initiate implementation of EVV.

Claims and Policy Grace Period – Continued

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

Stay Informed

Please sign up for the AHCCCS Constant Contact email list to receive any and all EVV notices like this one from AHCCCS under the “Stay Informed” tab on the AHCCCS website

www.azahcccs.gov/EVV

AHCCCS Electronic Visit Verification (EVV)

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

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

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

In partnership with Sandata, AHCCCS will be periodically posting “quick tips” to help providers using the Sandata system. The first in the installment is a “quick tip” to help providers understand and resolve clients showing up in a pending status. Quick tips are now available on the AHCCCS website under the Sandata EVV System Resources and Technical Assistance tab.

For more questions about billing, please reference the Billing FAQ on the EVV webpage (www.azahcccs.gov/EVV).

AHCCCS Minimum Sub-Contractor Provisions – 10/01/2021

Effective 10/01/2021 AHCCCS has made an update to the Minimum Subcontract Provisions (MSPs). The MSPs are referenced and incorporated into the AHCCCS Provider Participation Agreement, Provider Contracts and the Health Choice Arizona Provider Manual, Chapter 3.

All AHCCCS providers are required to comply with the MSPs.

In addition to general corrections to citations throughout, the following revisions have been incorporated:

- Revised Fraud and Abuse section to clarify language regarding recoupments

MSPs are available here:

<https://azahcccs.gov/PlansProviders/HealthPlans/minimumsubcontractprovisions.html>

PROVIDER PORTAL

Are you registered for the Provider Portal?

Sign-up today!

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

!!!COMING SOON!!!

Provider Announcements (MOC, Portal Maintenance)

Alerts (Admission/Discharge)

Online AzAHP

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

www.healthchoiceaz.com

www.healthchoicepathway.com

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

'Providers' tab -> 'Provider Education'

Online Provider Resources and Education

Health Choice:

www.healthchoiceaz.com/

Health Choice Pathway:

www.healthchoicepathway.com/

➤ Increase Provider Communication and Outreach

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

Secure Provider Portal View



[HOME](#) [ELIGIBILITY](#) [CLAIMS](#) [MEMBER ROSTER](#) [PRIOR AUTHORIZATIONS](#) [DOCUMENTS](#) [LOG OFF](#)

Welcome to Health Choice Provider Portal

Member Eligibility

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

First Name

Last Name

Date Of Birth

OR

Member Id

SEARCH

Claims

Use one of our convenient tools to learn more about our services.

- [Claims Lookup](#)
- [Dental Claims History](#)
- [Vision Claims History](#)

Authorizations

Need information regarding authorizations? Choose one of the following options below.

- [View Your Medical Prior Authorization Status](#)
- [Health Choice - Pharmacy Prior Authorization Request](#)
- [Health Choice Arizona - Prior Authorization Grid](#)
- [Health Choice 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](#)
- [Internet Explorer Compatibility View Instructions](#)
- [Health Choice Integrated Care Provider Portal](#)
- [Provider Demographic Request](#)



Online Provider Resources

Secure Provider Portal View



[HOME](#) [ELIGIBILITY](#) [CLAIMS](#) [MEMBER ROSTER](#) [PRIOR AUTHORIZATIONS](#) [DOCUMENTS](#) [LOG OFF](#)

Provider Resources

Please note that user Account passwords should NOT be shared between employees. Sharing passwords is prohibited. HCA encourages the Master Account holders to set up individual user accounts in order for individual employees to use. If you have any questions, please contact the Provider Portal Coordinator at 480-760-4651 or 1-800-332-8670.

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](#)



Our Public Website Online Provider Resources

English Español

CRISIS HELP | 24/7 Nurse Advice Line: 1.855.458.0622 | Call Us: 1.800.322.8670 (TTY:711)

FIND A DOCTOR/PHARMACY ▾

MEMBER PORTAL



ABOUT ▾ MEMBERS ▾ PROVIDERS ▾ HEALTH & WELLNESS ▾ COMMUNITY ▾ FAQs CONTACT ► MEDICARE SEARCH 🔍



Roll Up Your Sleeve For The Flu Season!

Prepare for flu season this year by getting a flu shot at no cost to you! With COVID-19, getting a flu shot is more important than ever. **Protect yourself from the flu and earn a \$10 gift card!**

Learn More

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

MASK UP ARIZONA

My Mask Protects You,
And Your Mask Protects Me

WATCH THE VIDEO

IMMUNIZATIONS SAVE LIVES

WATCH THE VIDEO ►

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





- What's New!**
page 2
- Provider Directory Maintenance**
page 2
- Did You Know?**
page 3, 4, 5, 6
- Member Programs**
page 5
- Behavioral Health Corner**
page 7, 8
- Innovation Corner**
page 8
- Maternal and Child Health Corner**
page 9, 10
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- We heard you & we're here to help!**
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- Provider Resources**
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Claim Submission Reminders

All providers are recommended to submit claims/encounters electronically. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim/encounter sent, and minimizes clerical data entry errors.

Health Choice Arizona (AHCCCS)

Health Choice Arizona Payer ID# 62179

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

Health Choice Pathway (Medicare Advantage)

Health Choice Pathway Payer ID# 62180

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

Claim Submission Reminders

No Staple Required

Please do not staple documents or claims. If there is a document being submitted with the claim, the document should lay directly behind the claim and each page of documentation should indicate the claim number.

Prior Authorization Number

Submit claims with the full and complete Prior Authorization number reported, including leading zeros.

Sending Documentation to a specific department?

Help us stay efficient in getting your mail to the correct department, please indicate which Department your mail should be directed to:

Health Choice Arizona OR Health Choice Pathway,

Attention: SPECIFIC DEPARTMENT,

410 N. 44th Street, Suite #900

PHOENIX, AZ 85008

Telehealth - CMS Warns Providers to Bill Correctly

In mid-April, CMS sent out a [Medicare Learning Network \(MLN\) Connects Newsletter](#) with a reminder to providers to bill correctly for telehealth services. In the short section in their newsletter, CMS cites a 2018 Office of Inspector General (OIG) report that found that there was a significant amount of telehealth claims that were improperly paid, and thus not billed correctly. As the OIG is currently conducting several audits on telehealth, it is possible that they may come to a similar conclusion again. The section also refers providers to several resources to ensure they are billing correctly, including the:

- [Telehealth Services MLN booklet](#)
- [Medicare Claims Processing Manual](#)
- [Telehealth Payment Eligibility Analyzer](#)
- [List of Covered Telehealth Services](#)

For policies specific to the public health emergency (PHE), CCHP also recommends providers review the CMS resources listed in the Federal COVID-19 section in [CCHP's Policy Finder](#), as there are several telehealth flexibilities currently in place as a result of the PHE.

Q & A



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