

# 2022 Q1 All Provider Forum

Zoom  
March 30, 2022



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Health  
Choice

# Agenda

- 1). Welcome! AHCCCS MCO Provider Satisfaction Survey Results 5 minutes  
Charlotte Whitmore, VP Network Services
- 2). LabCorp Overview 10 minutes  
Tricia Parker, Payor Solutions Executive - LabCorp
- 3). Member Mission Moment 5 minutes  
Leslie Rodriguez, Dir. Pharmacy
- 4). Performance Improvement Updates with Dr. Jane Dill, MD 15 minutes
- 5). Integrated Health Care 20 minutes  
Health Choice Care Management Programs, Advance Directives and End of Life Care  
Lauren Fofanova, LCSW Dir. Integrated Healthcare Development  
Polypharmacy/Deprescribing  
Dr. Aaron Goldman Behavioral Health Medical Director
- 6). EPSDT AHCCCS Updates 10 minutes  
Sarab Sabagh, Manager Dental & EPSDT Program
- 7.) Process Improvement Tips: Process Mapping Tools 10 minutes  
Forrest Tatum, MC, NCC, LAC, CPHQ, LLSSB – Sr. Dir. Of Quality Management
- 8). Provider Resources 15 minutes  
Jadelyn Fields, Network Provider Service Manager and Educator
- 9). Q & A 10 minutes

# 2022 AHCCCS Provider MCO Satisfaction Survey Results

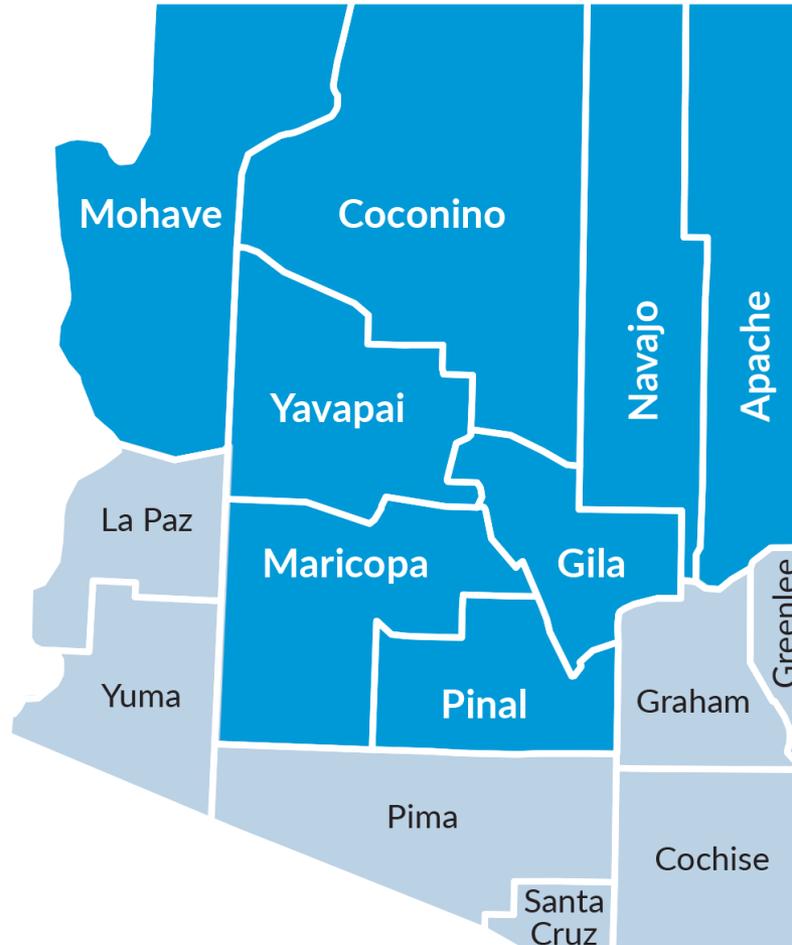
Charlotte Whitmore, VP. Network Services



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# Health Choice Footprint

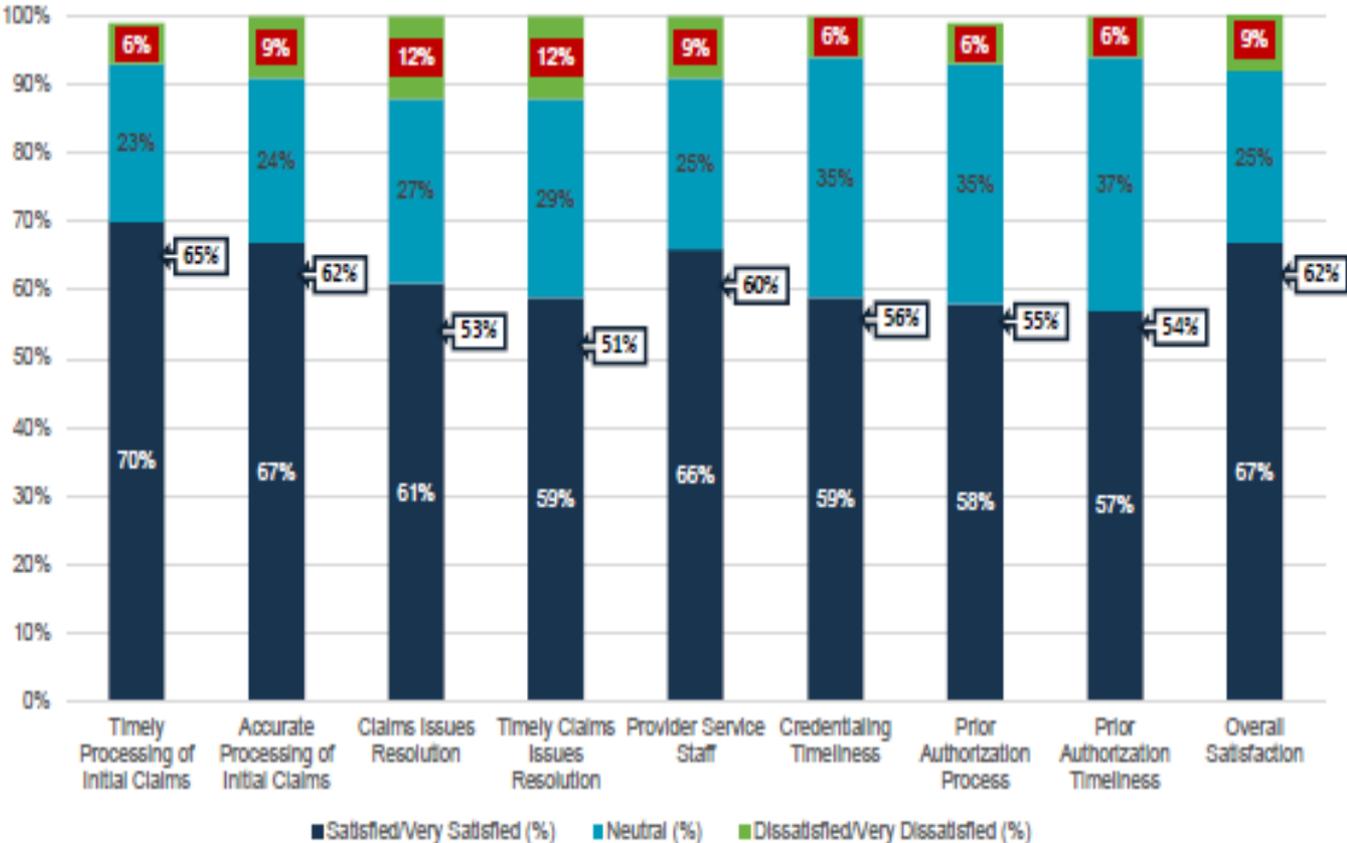


# Provider Satisfaction Results

- AHCCCS conducted a provider satisfaction survey from April 15 through May 17, 2021 to solicit feedback from providers about their contracted MCOs
- A total of 282 BCBSAZ Health Choice Arizona providers responded
- Providers reported higher satisfaction with HCA *in all categories surveyed compared to other AHCCCS health plans*
- HCA providers expressed the most satisfaction with timely processing of initial claims

# Provider Satisfaction Results

BCBSAZ/Health Choice Arizona



The percentage in the callout boxes identify the average in the "Satisfied" category across all AHCCCS health plans.

# Arizona labcorp Overview

Tricia Parker, Payor Solutions Executive

**labcorp**

# Labcorp National Profile

Leading-edge medical laboratory providing services through a national network of primary clinical and specialty testing laboratories

**>30 billion** Lab test results with data sets

**115 million** Annual patient encounters



**~50%**

US Population in patient database



**44**

Major Testing Centers



**2.5 million**

patient specimens per week



**65,000**

EMR & digital interfaces to deliver results

**> 10,000 Phlebotomists**

**~ 70,000 employees worldwide**

**~5,000 tests on menu**

**Operates in 127 countries**

# The Value of a Lab Test

Laboratory testing represents 3% - 5% of all medical costs

HOWEVER . . .

**It influences 70% - 80% of all healthcare decisions**

PREVENTION



DIAGNOSIS



TREATMENT



MONITORING



**Mission to Improve Health and Improve Lives**

# What Makes Labcorp's Quality Unique?

- Corporate Culture of Standardization.
- Labcorp is the only standardized national laboratory in U.S.
- One lab system and one billing system.
- One standard Directory of Services and interpretive guide.
- National standardization of methodologies. National Laboratory Information System.
- Inter-lab order routing.

## Scale & Standardization



## Integrated Digital Network



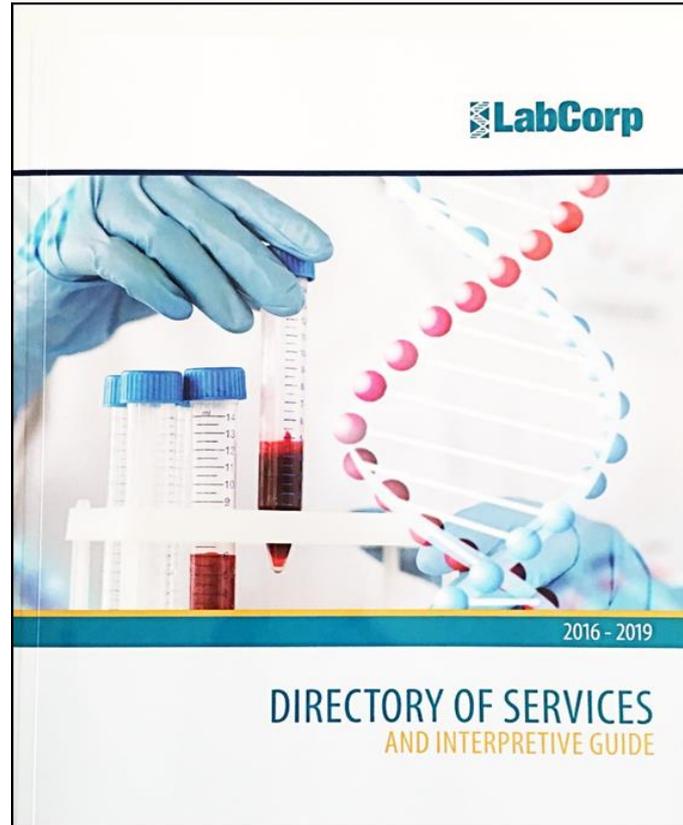
## Scientific Innovation



- 5,000 + Dx Test Menu
- 11 Scientific Centers of Excellence
- 1,500 Ph.D.'s/ M.D.'s

# Labcorp Testing Services

- ✓ Allergy
- ✓ Anatomic Pathology
- ✓ Cardiovascular Disease
- ✓ Chemistry
- ✓ Coagulation
- ✓ Dermatology
- ✓ Endocrinology
- ✓ Gastroenterology
- ✓ Genetics
- ✓ Infectious Diseases
- ✓ Medical Drug Monitoring
- ✓ Microbiology
- ✓ Obstetrics/Gynecology
- ✓ Oncology
- ✓ Pharmacogenetics
- ✓ Urology
- ✓ Virology



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ANSWERS FOR YOU AND YOUR PATIENTS

## Providers

We know you need answers quickly, and no two patients are alike. Our suite of standard and specialty tests can help provide answers to improve patient outcomes.

Search Test Menu



# WWW.labcorp.com – Provider Test

Patients & Individuals

Providers

Organizations

Drug Development

FIND A TEST

Find the right test  
for your needs.



Find a Test

New & Updated Tests

Test Resources

## For Providers

Please login to order a test

[Order a Test](#)

Search our comprehensive test menu which includes both specialty and general laboratory testing services.

🔍 A1c

✕

9 test results found for "A1c"

Number	Name	Specimen	New or Updated
001453 	Hemoglobin (Hb) <a href="#">A1c</a>	Whole blood	>
102525 	Hemoglobin (Hb) <a href="#">A1c</a> With eAG	Whole blood	>

THE SITUATION

# The Pandemic Has Significantly Impacted Healthcare

postponed or canceled one or more routine health checks during the pandemic



suspended treatment at some point during the pandemic



experienced adverse health symptoms but did not seek treatment for them



did not pursue some type of healthcare because of a loss of insurance or income



Source: [Tempus, April 2021](#) N=1,078

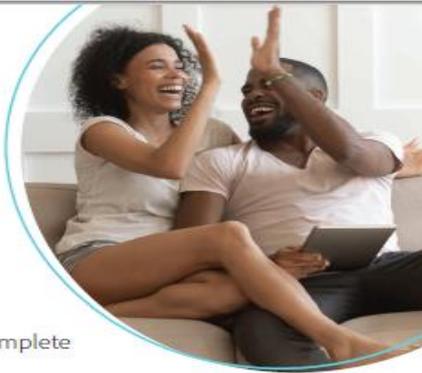
LABCORP DIAGNOSTICS

# Improving Patient Compliance with Testing Orders

Labcorp launched a new initiative to help patients complete lab testing ordered by their health care providers.

Labcorp has launched a new program and has begun sending automated scheduling reminder emails for unfilled orders to your patients when you order testing.

Unless the testing is completed first, initial reminder emails will be sent 7 days after you have issued an order. If a patient has not completed the testing, opened the initial reminder email, or scheduled an appointment within 48 hours of receiving the first email, we will send the patient one final reminder.



## Benefits to You and Your Patients

- Improves patient compliance with completing testing orders
- Keeps patients in-network to reduce out-of-pocket expenses
- Improves patient satisfaction
- Reduces burden on office staff for follow-up calls to patients

Questions? Contact your Labcorp representative.

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# Clinical Decision Support

## Upgrade your result reports. No charge. Opt in today!

Labcorp offers advanced reporting for:  
**CKD, CVD, Coagulation, Kidney Stone, Toxicology, Diabetes, Bone, and more!**

## More Actionable Reporting

Identification of medically significant results and trends in chronic and complex conditions

Incorporation of clinical guidelines into personalized interpretations via our proprietary system

TEST	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Comp. Metabolic Panel (14)</b>					
Glucose, serum	101	High	mg/dL	65 - 99	01
BUN	25	High	mg/dL	6 - 24	01
Creatinine, serum	1.59	High	mg/dL	0.76 - 1.27	01
eGFR if NonAfrican Am	47	Low	mL/min/1.73	>59	
eGFR if African Am	55	Low	mL/min/1.73	>59	
BUN/Creatinine Ratio	16			9 - 20	
Sodium, Serum	142		mmol/L	134 - 144	01
Potassium, serum	4.9		mmol/L	3.5 - 5.2	01
Chloride, serum	101		mmol/L	97 - 108	01
Carbon Dioxide, Total	18	Low	mmol/L	20 - 32	01
Calcium, Serum	10.0		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	7.0		g/dL	6.0 - 8.5	01
Albumin, Total	4.0		g/dL	3.5 - 5.5	01
Globulin, Total	3.0		g/dL	1.6 - 4.6	01
A/G Ratio	1.3			1.1 - 2.5	
Bilirubin, Total	1.0		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	100		IU/L	25 - 150	01
AST (SGOT)	20		IU/L	0 - 40	01
ALT (SGPT)	20		IU/L	0 - 55	01
<b>CBC, Platelet; No Differential</b>					
WBC	6.0		x10E3/uL	4.0 - 10.5	01
RBC	5.15		x10E6/uL	4.14 - 5.80	01
Hemoglobin	15.0		g/dL	12.6 - 17.7	01
Hematocrit	45.5		%	37.5 - 51.0	01
MCV	90		fL	79 - 97	01
MCH	31.5		pg	26.6 - 33.0	01
MCHC	32.0		g/dL	31.5 - 36.7	01
RDW	15.0		%	12.3 - 15.4	01
Platelets	400		x10E3/uL	140 - 415	01

Standard report

PATIENT: Patient Name      DATE OF BIRTH: XX/XX/19XX      GENDER: M      DATE OF SERVICE: XX/XX/2016      PHYSICIAN: [REDACTED]

**Your Test Results**

Test	Your Results	Comments
<b>Blood Sugar</b>	<b>9.3%</b>	<b>YOUR A1C IS HIGH</b> and has gotten worse since your last test. High blood sugar levels can damage your heart, blood vessels, kidneys, feet and eyes. Make sure you always take the medications prescribed by your doctor and follow his/her instructions.
<b>Blood Lipids</b>	<b>50</b>	<b>HAVING LOW LDL HELPS PROTECT YOUR HEART AND BLOOD VESSELS.</b> Remember to take any medications prescribed by your doctor. Your doctor may recommend even lower cholesterol levels to reduce your risk of heart disease. Weight loss, exercise (at least 30 minutes 5 times a week), a diet low in trans and saturated fats, and quitting smoking can keep cholesterol low.
<b>Kidney Health</b>	<b>93</b>	<b>YOUR RESULT SHOWS NORMAL KIDNEY FUNCTION.</b> Control of diabetes and blood pressure can help to preserve kidney function.
<b>URINE ALBUMIN : CREATININE RATIO</b>	<b>51.6</b>	<b>YOUR URINE ALBUMIN IS HIGH.</b> Controlling conditions like high blood pressure and diabetes can help to lower your urine albumin. Your doctor may change or increase your medicines to help treat these conditions. Remember to take all medicines prescribed by your doctor. Regular exercise, weight loss, and quitting smoking can also help to improve urine albumin.

*This is a sample report and does not represent an actual patient*



# Wellness at Every Age

Based on current guidelines

AGE: 13-18



## Periodic Screening

- **Chlamydia and gonorrhea<sup>1,2</sup>:** Annual screening age 13-24 annually
- **Human immunodeficiency virus (HIV)<sup>1,2</sup>:** Age 13-18: Test at least once; retest annually if increased risk
- **Hepatitis B screening<sup>1</sup>:** If pregnant
- **Lipid screening<sup>1</sup>:** Age 18-21 once during Interval
- **Syphilis testing<sup>1,2</sup>:** If pregnant

### Screening if at Increased Risk

- Diabetes testing: with previous gestational diabetes, every 3 years for at least 10 years after pregnancy<sup>1</sup>
- Hepatitis B screening<sup>1</sup>
- Syphilis testing<sup>1,2</sup>
- Tuberculosis testing<sup>1</sup>

AGE: 19-35



## Periodic Screening

- **Cervical cytology<sup>1,2</sup>:**  
Age 21-29: Screen every 3 years cytology alone  
Age 30 to 65: Screen every 3 years with cytology alone, every 5 years with high-risk HPV testing alone, or co-testing every 5 years
- **Chlamydia and Gonorrhea<sup>1,2</sup>:**  
Age 24 years and younger: Annual screening sexually active<sup>1,2</sup>  
Age 25 and older: Annual screening if at increased risk
- **Genetic testing/counseling:** SMA, CF and screening for thalassemias and hemoglobinopathies should be offered in women considering pregnancy and who are pregnant<sup>4</sup>
- **Human immunodeficiency virus (HIV)<sup>1,2</sup>:**  
Age 13-65: Test at least once during lifetime; at least once a year if at increased risk
- **Hepatitis C screening:** One-time screening for asymptomatic adults ages 18-79 (repeat screening for high risk)<sup>1</sup>
- **Hepatitis B screening<sup>1</sup>:** If pregnant
- **Lipid screening<sup>1</sup>:** Age 18-21 once during Interval
- **Syphilis testing<sup>1,2</sup>:** If pregnant

### Screening if at Increased Risk

- Diabetes testing: with previous gestational diabetes, every 3 years for at least 10 years after pregnancy<sup>1</sup>
- Periodic assessment and genetic counseling/genetic testing for women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have relative(s) with a cancer susceptibility gene mutation<sup>1</sup>
- Syphilis testing<sup>1,2</sup>
- Thyroid Stimulating hormone in symptomatic women<sup>4</sup>
- Tuberculosis testing<sup>1</sup>
- Hepatitis B screening<sup>1</sup>

recommendations can act as a guide for health care providers, but can be adapted as necessary to meet the needs of your patients.

AGE: 40-64



## Periodic Screening

- **Colorectal cancer screening beginning at age 50<sup>1</sup>**  
African American women and those with a family history of colorectal cancer may consider screening at an earlier age
- **Cervical cytology<sup>1,2</sup>:** Age 30-65: Screen every 3 years with cytology alone, every 5 years with high-risk HPV testing alone, or co-testing every 5 years
- **Lipid screening:** every 5 years<sup>1</sup>
- **Diabetes testing:** if overweight or obese every 3 years<sup>1</sup>
- **Genetic testing/counseling:** SMA, CF and screening for thalassemias and hemoglobinopathies should be offered in women considering pregnancy and who are pregnant<sup>4</sup>
- **Hepatitis C screening:** at least once for ages 18-79 (repeat screening for high risk)<sup>1</sup>
- **Human immunodeficiency virus (HIV)<sup>1,2</sup>:** Age 13-65: Test at least once during lifetime; at least once a year if at increased risk
- **Chlamydia and Gonorrhea<sup>1,2</sup>:** Annual screening if at increased risk
- **Hepatitis B screening<sup>1</sup>:** If pregnant
- **Syphilis testing<sup>1,2</sup>:** If pregnant

### Screening if at Increased Risk

- Diabetes testing: with previous gestational diabetes, every 3 years for at least 10 years after pregnancy<sup>1</sup>
- Periodic assessment and genetic counseling/genetic testing for women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have relative(s) with a cancer susceptibility gene mutation<sup>1</sup>
- Syphilis testing<sup>1,2</sup>
- Thyroid Stimulating Hormone in symptomatic women<sup>4</sup>
- Tuberculosis testing<sup>1</sup>
- Hepatitis B screening<sup>1</sup>

AGE: 65+

ACOG recommends routine screening to stop at age 75



## Periodic Screening

- **Colorectal cancer screening up to age 75 and then 76-85:** based on patient's overall health<sup>1,2,3</sup>
- **Cervical cytology<sup>1,2</sup>:**  
Age 30-65: Screen every 3 years with cytology alone, every 5 years with high-risk HPV testing alone, or co-testing every 5 years  
Age 66 and older - Discontinue in women with evidence of adequate prior screening<sup>3</sup>
- **Lipid screening:** once every 5 years up to 75 years of age<sup>1</sup>
- **Diabetes testing:** if overweight or obese every 3 years<sup>1</sup>
- **Hepatitis C screening:** at least once for ages 18-79 (repeat screening for high risk)<sup>1</sup>
- **Chlamydia and Gonorrhea<sup>1,2</sup>:** Annual screening if at increased risk

### Screening if at Increased Risk

- Periodic assessment and genetic counseling/genetic testing for women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have relative(s) with a cancer susceptibility gene mutation<sup>1</sup>
- Human immunodeficiency virus (HIV)<sup>1,2,3,4</sup>
- Syphilis testing<sup>1,2</sup>
- Thyroid Stimulating Hormone in symptomatic women<sup>4</sup>
- Tuberculosis testing<sup>1</sup>
- Hepatitis B screening<sup>1</sup>

## Common Wellness Tests for Women

Test Name	Test No.
<b>General Wellness</b>	
Metabolic Panel (14), Comprehensive	322000
Metabolic Panel (8), Basic	322758
Complete Blood Count (CBC) With Differential	005009
Urinalysis, complete with Microscopic Examination with Reflex to Urine Culture, Routine	377036
Urine Culture, Routine	008847
<b>Cervical Cytology (ThinPrep® Only)</b>	
Gynecologic Pap Test—Age-based Guideline for Cervical Cancer (Aptima®) and STDs	193060
Gynecologic Pap Test—Age-based Guideline for Cervical Cancer (Aptima®)	193065
Gynecologic Pap Test—Age-based Guideline for Cervical Cancer (Aptima®) Plus Chlamydia/Gonococcus	193070
Gynecologic Pap Test—Age-based Guideline for Cervical Cancer (Aptima®) Plus Chlamydia/Gonococcus/Trichomonas	193075
Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Human Papillomavirus (HPV) (Aptima®) With Reflex to HPV Genotypes 16 and 18, 45	199305
Gynecologic Pap Test (Image-guided), Liquid-based Preparation With Reflex to Human Papillomavirus (HPV) (Aptima®) When ASC-U	199300
<b>Cardiovascular</b>	
Lipid Panel	303756
Lipid Panel With LDL: HDL Ratio	235010
Lipid Panel With Total Cholesterol: HDL Ratio	221010
<b>Cancer</b>	
Occult Blood, Fecal, Immunoassay	182949
BRCAssure®: BRCA1 and BRCA2 Comprehensive Analysis	485030
VistaSeq Hereditary Cancer Panel	481220
VistaSeq® High / Moderate Risk Breast Cancer Panel	481452
VistaSeq® GYN Cancer Panel	481330
VistaSeq® Breast Cancer Panel	481319
VistaSeq® Breast and GYN Cancer Panel	481341



Labcorp offers a comprehensive test menu that supports the continuum of care for women and wellness.

Proprietary and Confidential

Test Name	Test No.
<b>Diabetes with/without hypertension</b>	
Hemoglobin (Hb) A1c	001453
Hemoglobin (Hb) A1c With eAG	102525
Kidney Profile (Urine Albumen/creatinine ratio + eGFR)	140301
Kidney Profile Plus Metabolic Panel (8), Basic	140302
Kidney Profile Plus Metabolic Panel (14), Comprehensive	140303
Cardiorenal-Glycemia Status Profile (fasting not required)	245292
<b>Infectious Disease</b>	
Hepatitis B Surface Antigen (HBsAg) Screen, Qualitative	006510
Hepatitis Panel, Acute	322744
Hepatitis B Surface Antibody, Qualitative	006395
Hepatitis C Virus (HCV) Antibody With Reflex to Quantitative Real-time PCR	144050
HIV Antigen / Antibody Combo With Reflex to Confirmation	083935
QuantIFERON®-TB Gold Plus	182879
<b>Pre-pregnancy</b>	
Inheritest® Core Panel	451964
Inheritest® Carrier Screen, Society-guided Panel (14 Genes)	451960
Inheritest® Carrier Screen, Comprehensive Panel (144 Genes)	451950
Inheritest® 500 PLUS Panel	630049
<b>STI Profiles</b>	
Chlamydia / Gonococcus, NAA	183194
Treponema pallidum (Syphilis) Screening Cascade	082345
Chlamydia / Gonococcus / Mycoplasma genitalium, NAA, Swab	180082
Chlamydia / Gonococcus / Mycoplasma genitalium, NAA, Urine	180049
<b>Thyroid</b>	
Thyroid-stimulating Hormone (TSH)	004259
Thyroid-stimulating Hormone (TSH) and Free T4	224576

Visit [Labcorp.com](https://www.labcorp.com) for more information on the tests listed above and to see our complete test menu.

## Be a Part of Labcorp's Partners in Pregnancy Program

If you are interested in participating in this comprehensive program, go to [www.labcorp.com/forms/pregnancy](http://www.labcorp.com/forms/pregnancy) and complete the form, or your LabCorp representative can sign you up.



### LabCorp Comprehensive Pregnancy Test Offerings

Pregnancy and Prenatal		102004 Gestational Diabetes Glucose Tolerance Diagnostic (3-Hour, 100 g)		Inheritest® Carrier Screening	
<b>Prenatal Testing</b>		<b>Drugs of Abuse Tests</b>		451920 Inheritest® Ashkenazi Jewish Carrier Screening Panel	
202945	Prenatal Profile I (With HbA1c) Test Includes: ABO group and Rh type antibody screen (includes ID and titer of Inaglutins); CBC with differential; HbA1c; rubella, IgG; RPR with reflex to TP and quantitative RPR	730078	Drugs of Abuse Profile (Routine), Urine (Five Drugs) (MS Confirmation Included)	451950	Inheritest® Comprehensive Panel
006049	ABO Grouping and Rh(D) Typing	738078	Drugs of Abuse Profile (Routine), Urine (Nine Drugs) (MS Confirmation Included)	451964	Inheritest® Core Panel
006015	Antibody Screen	<b>Maternal Serum Screening</b>		451910	Inheritest® Gene-specific Sequencing
006213	Antibody Identification	<b>With NT Ultrasound</b>		451960	Inheritest® Society-guided Screening Panel
188130	Group B Streptococcus Colonization Detection Culture	017500	First Trimester With NT (PAPP-A, hCG, dimeric inhibin A)	<b>Hemoglobinopathy</b>	
188135	Group B Streptococcus Colonization Detection Culture With Reflex to Susceptibilities	017700	Sequential 1 (PAPP-A, hCG)	511172	α-Thalassemia
188132	Group B Streptococcus Colonization Detection, NAA	017750	Sequential 2 (AFP, unconjugated estradiol, hCG, dimeric inhibin A)	252823	β-Thalassemia; HBB (Full Gene Sequencing)
188139	Group B Streptococcus Colonization Detection, NAA With Reflex to Susceptibilities	017170	Integrated 1 (PAPP-A)	121679	Hemoglobinopathy (Hgb) Fractionation Plus Note: Also known as Hgb Electrophoresis Plus Sulfhydryl
006064	Rh Typing	<b>Without NT Ultrasound</b>		<b>Gene Specific Sequencing</b>	
004593	TSH With Pregnancy Reference Range	017200	Serum Integrated 1 (PAPP-A)	333561	Ashkenazi Jewish Profile Test Includes: Canavan Disease, Cystic Fibrosis (32), Familial Dysautonomia, Tay-Sachs
<b>Routine Testing</b>		017270	Serum Integrated 2 (AFP, unconjugated estradiol, hCG, dimeric inhibin A)	332859	Ashkenazi Jewish Carrier Profile Plus Test Includes: Same as above, plus Bloom Syndrome, Fanconi Anemia C, Gaucher Disease, Mucopolysaccharidosis Type IV, Niemann-Pick Disease
005009	Complete Blood Count (CBC) with Differential	017319	AFP Tetra (AFP, unconjugated estradiol, hCG, dimeric inhibin A)	<b>Chromosome, FISH, and Microarray</b>	
006494	Cytomegalovirus (CMV) Antibodies, IgG	010801	AFP, Maternal Serum for Open Spina Bildda	<b>Amniotic Fluid (Prenatal Diagnosis)</b>	
096727	Cytomegalovirus (CMV) Antibodies, Qualitative, IgG	<b>Noninvasive Prenatal Testing</b>		510185	Chromosome and AFP
004416	hCG β Subunit, Quantitative	451927	MaterniQ21 PLUS Core (chr21, 18, 13, sex)	511580	Chromosome and AFP/ACHE/Hb F
005541	Hemoglobin (Hb)	451951	MaterniQ21 PLUS Core (chr21, 18, 13, no gender)	052040	Chromosome Analysis
006510	Hepatitis B Surface Antigen	451931	MaterniQ21 PLUS Core + ESS	052104	Chromosome Analysis, Reflex to SNP Microarray (Reveal®)
083935	Human Immunodeficiency Virus 1/2 (HIV-1/2) Antigen/Antibody (Fourth Generation) Preliminary Test With Cascade Reflex to Supplementary Testing	452136	MaterniQ21 PLUS Core + ESS (no gender)	510100	SNP Microarray (Reveal®)
163303	Parvovirus B19 (Human), IgG, IgM	451937	MaterniQ21 PLUS Core + ESS + SCA	<b>Chorionic Villi (Prenatal Diagnosis)</b>	
004036	Pregnancy Test, Urine	452122	MaterniQ21 PLUS Core + ESS + SCA (no gender)	510988	Chromosome Analysis
006478	Toxoplasma gondii Antibodies, IgG	451934	MaterniQ21 PLUS Core + SCA	511033	Chromosome Analysis, Reflex to SNP Microarray (Reveal®)
006651	Toxoplasma gondii Antibodies, Quantification, IgG	452112	MaterniQ21 PLUS Core + SCA (no gender)	510960	FISH, Aneuploid Evaluation
003772	Urinalysis, Complete With Microscopic Examination	451941	MaterniQ GENOME	510100	SNP Microarray (Reveal®)
008847	Urine Culture, Routine	550746	InformaSeq™ Prenatal Test	<b>Products of Conception and Tissue</b>	
006206	Varicella Zoster Virus (VZV) Antibodies, IgG	550716	InformaSeq™ Prenatal Test With X, Y Analysis	052052	Chromosome Analysis
006776	Varicella Zoster Virus (VZV) Antibodies, Quantitative, IgG	550757	InformaSeq™ Prenatal Test With Y Analysis	052065	Chromosome Analysis, Reflex to SNP Microarray (Reveal®)
<b>Gestational Diabetes</b>		<b>Carrier Screening</b>		510963	FISH, Aneuploid Evaluation
102277	Gestational Diabetes Glucose Tolerance Screen (1-Hour, 50 g)	<b>Single-Condition</b>		510170	SNP Microarray POC/Tissue (Reveal®)
101000	Gestational Diabetes Glucose Tolerance Test (2-Hour, 75g)	480533	Cystic Fibrosis Profile (32 Mutations)	511035	Chromosome Analysis, Blood
		450020	CFplus® (97 Mutations)	510770	FISH, Microdeletion Syndromes (Specify syndrome on the test request form.)
		511655	Fragile X, PCR and Southern Blot Analysis	511402	Maternal Cell Contamination
		511919	Fragile X, PCR With Reflex to Southern Blot		
		450010	Spinal Muscular Atrophy (SMA) Carrier Testing		

### Keeping our clients up-to-date

LabCorp is committed to providing its clients with information about testing and services. You may opt-in to receive a women's health e-mail that will help keep you up-to-date with LabCorp's women's health testing and services.

#### References:

- American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), Guidelines for Perinatal Care, 8th ed. Elk Grove, IL: AAP; Washington, DC: ACOG; 2017.
- American College of Obstetricians and Gynecologists (ACOG), Society for Maternal-Fetal Medicine, Prenatal diagnostic testing for genetic disorders. ACOG practice bulletin No. 162, May 2016. Obstet Gynecol. 2016 May;127(5):108-122.



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Approximately 70% of medical decisions are based on laboratory results.

The laboratory partner you choose matters!

ONE COMPANY FOR ALL YOUR TESTING NEEDS



**labcorp**

# MEMBER MISSION MOMENT

## Leslie Rodriguez, Director Pharmacy



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Health  
Choice



## Success Story: Mother and Daughter Vaccinated Together

A Spanish-speaking member in her 80s had not received the vaccine. The HCA team member making the outreach call:

- Recognized the phone was answered in Spanish and responded by speaking in Spanish
- Heard that the member was interested in getting vaccinated, but that her daughter was highly skeptical
- Asked if they could answer any questions for either her or her daughter (the member responded by handing the phone to her daughter)
- Listened to both member and daughter, answering their questions and educating them on the risks and benefits of vaccination

**Result: Both the member and her daughter scheduled vaccination appointments**



## Identifying the Root of Resistance to COVID vaccination

- **Erroneous Assumption:** If a member isn't vaccinated by now, they will never be vaccinated
- **Reality:** Many members want to be vaccinated, but . . .
  - They have no computer or internet service and cannot schedule an appointment
  - English is not their primary language, so scheduling is difficult
  - Mixed information about the benefits and risks of vaccination has them confused
  - They are waiting for their next doctor appointment to ask if the vaccine is right for them
  - A trusted family member has given them reason to doubt the vaccine
  - They lost track of their original proof of vaccination, and don't know what to do
  - They are unsure of where to start and feel too busy to research the topic
  - They lack reliable transportation to a vaccination site



## Removing Roadblocks

During each outreach call, HCA pharmacy technicians:

- **Talk with members and and their family members**
  - Listen to their concerns
  - Answer any questions they may have
  - Engage interpreters as needed
- **Coordinate appointments for the member**
  - Find a pharmacy or provider near them
  - Schedule and appointment online for them
  - Line up transportation if needed



## Inspiring Health and Making it Easier

Data as of March 14, 2022

**11,867 calls have been made to 8,806 members**

- **57% Left voicemail or unable to reach**
- **19% Already vaccinated**
- **24% Members reached by a pharmacy team member. Of these:**
  - 35% (739 members) unlikely to get vaccinated
  - 42% (876 members) answered questions; some members agreed to consider vaccination
  - 23% (486 members) helped with scheduling an appointment or coordinating transportation



# New Training Program for Providers

New Training program:

- [Collaborative Communication About COVID-19 Vaccinations](#)
  - Trusting conversations cannot be scripted
  - Behavioral interviewing techniques
  - Inquiring and offering support without judgment

Go to [healthchoiceaz.com](http://healthchoiceaz.com), Provider menu, Provider Education then click on the Interactive Courses tab.



BlueCross BlueShield of Arizona Health Choice

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

As a Health Choice provider, we want you to have access to resources to assist you and your team in navigating our provider portal, coding, billing practices and more.

**Please note:** As we continue to enhance our provider portal to deliver optimal service for our providers, you may find that not all functions shown are readily available to all providers. Thank you for your patience.

Video Library **Interactive Courses** Education Resources Provider Newsletters

COLLABORATIVE COMMUNICATION ABOUT COVID-19 Vaccinations

INTEGRATED CARE TRAINING SERIES: Diabetes

INTEGRATED CARE TRAINING SERIES: Coronary Artery Disease (CAD)

INTEGRATED CARE TRAINING SERIES: Hypertension

INTEGRATED CARE TRAINING SERIES: Serious Mental Illness (SMI) Introduction

# Performance Improvement Updates

Jane Dill, MD



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# Quality Improvement Specialists

Your Health Choice **Performance Improvement Coordinators** have transitioned to a new name with the completion of the Health Choice integration with BCBSAZ:

**Quality Improvement Specialists**

# Quality Improvement Specialists

We have a great team and are happy to assist your practice/organization with:

- Review of Health Choice Arizona and Health Choice Pathway quality reports
- Gap Lists
- Coding/Claims reviews
- AHCCCS / Health Plan updates
- Incentive programs
- Record retrieval to assist with gap closure
- Member Attribution

# Quality Improvement Specialists

**New AZ Blue emails!**

**General Quality Improvement Email**

**[performanceimprovement@azblue.com](mailto:performanceimprovement@azblue.com)**

**Jane Dageenakis – Quality Improvement Supervisor**

**[jane.dageenakis@azblue.com](mailto:jane.dageenakis@azblue.com)**

**Jane Dill, MD – Quality Improvement Team Medical Director**

**[Jane.Dill@azblue.com](mailto:Jane.Dill@azblue.com)**

# Health Choice Pathway 2022 Comprehensive Health Evaluation (CHE) Program

- Full incentive remains at **\$650** per Health Choice Pathway member who has a completed Medicare Annual Wellness Visit along with an Exchange of Data (EOD) Form
  - Partial incentive **\$350** for Medicare Annual Wellness visit submitted without the EOD form
- **NEW for 2022!** Complete the EOD form and related assessments with any other visit type, for example a follow up visit for diabetes, and receive **\$200** per member.

\*CHE incentive program requirements are outlined in the 2022 signed agreement letter – please reach out to our team if your organization is interested in participating and has not yet signed up.

# 2022 AHCCCS FOCUS AREAS

- **Well Child Visits – All Ages**
- **Breast Cancer Screening**
- **7 Day Follow Up After Hospitalization for Mental Illness (Child and Adult)**
- **Timeliness of Prenatal Care**
- **Other Areas (known as the AHCCCS “Secondary Measures”):**
  - Use of Opiates at High Dosage
  - A1c control in Diabetes
  - Cervical Cancer Screening
  - Follow up after ER visit for mental illness

# Questions?

# Health Choice Care Management Programs

Lauren Fofanova, LCSW  
Director, Integrated Health Care Development



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# Care Management Programs

- Health Choice offers comprehensive care management programs designed to improve the quality of life for members with chronic health conditions and complex needs.
- As an NCQA-accredited health plan, our interactive care management programs meet national quality standards.
- Care managers are assigned based on experience in the member's specific health care needs and service area.
- Our care management programs include:
  - Comprehensive initial assessment
  - Member self-management planning
  - Coordination of member needs

# Care Management Programs

Health Choice care management programs include but are not limited to the following:



**Integrated Care Management** – Complex needs and/or high utilization



**BOWS Prevention Protocol** – Overdose prevention for those with warning signs



**Chronic Condition Management** – Dx such as Diabetes, HIV, Hepatitis C, COPD, CHF



**Opioid Care Management** – Members with an opioid use disorder



**Maternal Care Management** – High-risk pregnancy and postpartum care



**Selected Provider Program** – Pharmacy and/or provider prescribing lock



**SHOUT Protocol** – Suicide Prevention for those with high-risk



**Justice Reach-In** – Transition from justice system to community

# Care Management Programs

Additional information:

[www.healthchoiceaz.com/providers/medical-management/](http://www.healthchoiceaz.com/providers/medical-management/)

To refer a member to a Health Choice Care Management Program, or for more information, contact us at:

- 1-800-322-8670
- [RWTeam@azblue.com](mailto:RWTeam@azblue.com)

# Advance Directives, Hospice and End of Life Care

Lauren Fofanova, LCSW  
Director, Integrated Health Care Development



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# Advance Directives, Hospice and End of Life Care

Health Choice supports the right of members to develop advanced directives and utilize end-of-life care and hospice services when appropriate and desired by the member.

AHCCCS requires health plans to ensure that providers:

- Are educated in the concepts of End of Life (EOL) care, Advance Care Planning and Advance Directives
- Discuss Advance Directives with all adult members



# Definitions

- End of Life Care – A concept of care, for the duration of the member’s life, that focuses on Advance Care Planning, the relief of stress, pain, or life limiting effects of illness to improve quality of life for a member at any age who is currently or is expected to experience declining health, or is diagnosed with a chronic, complex or terminal illness.
- Advanced Care Planning – A part of the End of Life care concept and is a billable service that is a voluntary face-to-face ongoing discussion between a qualified health care professional and the member to:
  - Educate the member/guardian/designated representative(s) about the member’s illness and the health care options that are available to them,
  - Develop a written plan of care that identifies the member’s choices for treatment, and
  - Share the member’s wishes with family, friends, and his or her physicians.

# Definitions

- Advance Directive – A document by which a person makes provision for health care decisions in the event that, in the future, he/she becomes unable to make those decisions.



# End of Life Care

- EOL care focuses on providing treatment, comfort, and quality of life for the duration of the member's life.
- It can include provision/coordination of services such as
  - Physical and/or behavioral health medical treatment to treat the underlying illness and other comorbidities, relieve pain, and relieve stress
  - Referrals to community resources for services (i.e. pastoral services, legal services)
  - Referral to practical supports, which are non-billable services provided by a family member, friend or volunteer to assist or perform functions such as Housekeeping, Personal Care, Food preparation, Shopping, Pet care, and Non-medical comfort measures.
- Members aged 21 years and older who receive EOL care may continue to receive Curative Care until they choose to receive hospice care.
- Members under the age of 21 may receive Curative Care concurrently with EOL care and hospice care.

# Advance Care Planning

- Advance Care Planning is initiated by the member's qualified health care professional for a member at any age that is currently or is expected to experience declining health or is diagnosed with a chronic, complex or terminal illness.
- For the purposes of Advance Care Planning, a qualified health care professional is a Medical Doctor (MD), Doctor of Osteopath (DO), Physician Assistant (PA), or Nurse Practitioner (NP).
  - Advance Care Planning is a covered, reimbursable service when provided by a qualified health care professional. The provider may bill for providing Advance Care Planning separately during a well or sick visit.

# Advance Care Planning

- Per AHCCCS rules (AMPM 310-HH), providers should perform the following as part of the EOL concept of care when treating qualifying members:
  - Conduct a face-to-face discussion with the member/guardian/designated representative to develop Advance Care Planning,
  - Teach the member/guardian/designated representative about the member's illness and the health care options that are available to the member to enable them to make educated decisions,
  - Identify the member's healthcare, social, psychological and spiritual needs,
  - Develop a written member centered plan of care that identifies the member's choices for care and treatment, as well as life goals,
  - Share the member's wishes with family, friends, and his or her physicians,
  - Complete Advance Directives,
  - Refer to community resources based on member's needs, and
  - Assist the member/guardian/designated representative in identifying Practical Supports to meet the member's needs.

# Advance Directives

- Per AHCCCS Policy AMPM 640, Providers are responsible to:
  - Maintain written policies for adult members receiving care through their organization regarding the member's ability to make decisions about medical care, including the right to accept or refuse medical care and the right to execute an Advance Directive.
  - Provide written information to adult members regarding the provider's policies concerning Advance Directives, including any conscientious objections.
  - Document in the member's medical record whether or not the adult member has been provided the information, and whether an Advance Directive has been executed.
  - Prevent discrimination against a member because of his or her decision to execute or not execute an Advance Directive, and not place conditions on the provision of care to the member, because of his/her decision to execute or not execute an advance directive.
  - Provide education to staff on issues concerning Advance Directives including notification to staff who provide services such as home health care and personal care services (e.g. attendant care, respite, personal care) if any Advance Directives are executed by members to whom they are assigned to provide services, and
  - Ensure alternative Home and Community Based Services (HCBS) setting staff have immediate access to advance directive documents to provide to first responder requests.

# Advance Directives

- Adult members, and when the member is incapacitated or unable to receive information, the member's family or surrogate as defined in A.R.S. §36-3231, shall be provided written information regarding Advance Directives as delineated in 42 CFR 489.102(e) concerning:
  - The member's rights, regarding Advance Directives under Arizona State law.
  - The organization's policies respecting the implementation of those rights, including a statement of any limitation regarding the implementation of advance directives as a matter of conscience.
  - A description of the applicable state law and information regarding the implementation of these rights.
  - The member's right to file complaints with ADHS Division of Licensing Services, and
  - Written policies including a clear and precise statement of limitations if the provider cannot implement an Advance Directive as a matter of conscience. This statement, at a minimum, shall:
    - Clarify institution-wide conscientious objections and those of individual physicians,
    - Identify state legal authority permitting such objections, and
    - Describe the range of medical conditions or procedures affected by the conscience objection.

# Advance Directives



- Health Current (aka Contexture) is the new home for the Arizona Healthcare Directives Registry (AzHDR) after 2019 legislation granted the transition of the registry from the Secretary of State's office to Health Current to improve healthcare provider access to advance directives.
- The secure online AzHDR provides a safe place to store and make accessible Arizonans' advance directive documents.
- It is available at no cost to Arizona residents.
- Provider trainings are available. Upcoming trainings: 4/22, 5/13. Register: <https://healthcurrent.org/azhdr/>
- Become a registered provider: [info@azhdr.org](mailto:info@azhdr.org)

# Resources

- Arizona Healthcare Directives Registry: <https://healthcurrent.org/azhdr/>
- National Hospice and Palliative Care Organization, resources for providers and patients: <https://www.nhpco.org/>
- Coming Soon! New interactive training on Advanced Directives, Hospice, End of Life Care on the Health Choice website (click on Interactive Trainings): <https://www.healthchoiceaz.com/providers/provider-education/>
- Health Choice Provider Manuals:
  - Health Choice Arizona: <https://www.healthchoiceaz.com/providers/provider-manual/>
  - Health Choice Pathway: <https://www.healthchoicepathway.com/providers/provider-manual/>
- Health Choice Customer Service: 1-800-322-8670 (TTY:711)

# Polypharmacy/Deprescribing

Dr. Aaron Goldman, Behavioral Health Medical Director



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# Early, Periodic, Screening, Diagnostic, Treatment (EPSDT) Updates

Sarab Sabagh, EPSDT/Dental Program Manager



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# EPSDT

## AHCCCS Medical Policy Manual 430

AHCCCS revised the AMPM 430 – Early and Periodic Screening, Diagnostic, and Treatment Services Form

- Updated and renamed EPSDT Tracking Forms to AHCCCS Clinical Sample Templates
- Providers are required to use the AHCCCS Clinical Sample Templates or equivalent EHR
  - Electronic form needs to include all components as on the age specific AHCCCS EPSDT Clinical Sample Templates
- Templates can be downloaded from the AHCCCS website  
[https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/430\\_AttachmentE.docx](https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/430_AttachmentE.docx)
- Submit the Clinical Sample Templates or EHR to the EPSDT department as soon after the EPSDT visit as possible via **Fax :480-760-4716** or **email: [HCEPSDTCHEC@azbue.com](mailto:HCEPSDTCHEC@azbue.com)**
- Addition of coverage for a 30-month EPSDT visit to align with Bright Futures

# EPSDT

The EPSDT Periodicity Schedule can be found at:

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/430AttachmentA.docx>

- Aligned Developmental Screening with CMS/HEDIS by separating the Developmental Screening into:

## **General Developmental Screening**

- Should occur at the nine-month, 18 month, and 30-month EPSDT visit
- Accepted tools are:
  - **Ages and Stages Questionnaire, Third Edition (ASQ-3)**
  - **Parent's Evaluation of Developmental Status (PEDS)**

## **Autism Spectrum Disorder (ASD) Specific Developmental Screening**

- Occurs at the 18 month and 24-month EPSDT visit
- Approved tool for use is:
  - **Modified Checklist for Autism in Toddlers (M-CHAT-r)**

**CPT code 96110 is used with the EP modifier**

# EPSDT Eyeglass Replacements and Repair

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 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.

# EPSDT/Dental Program

**Sarab Sabagh-EPSDT/Dental Program Manager**  
[Sarab.Sabagh@azblue.com](mailto:Sarab.Sabagh@azblue.com)



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# Process Improvement Tips: Process Mapping Tools

Forrest Tatum, MC, NCC, LAC, CPHQ, LSSBB  
Senior Director of Quality Management

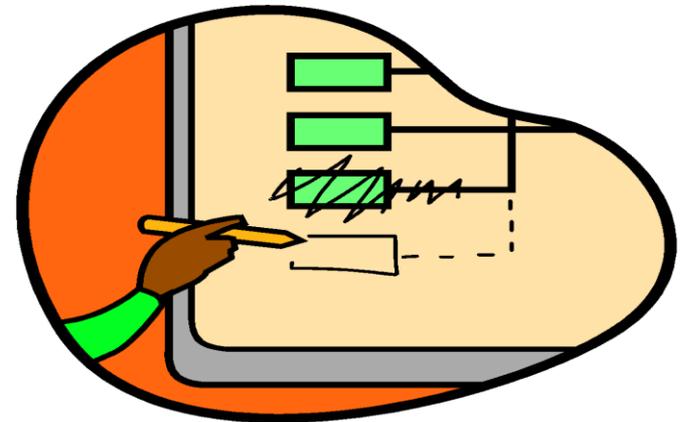


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# Mapping the Process

Agenda -

1. Process mapping overview
2. Common types and uses
3. Analysis and process improvement

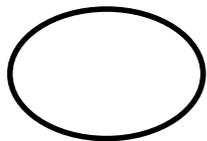


# Process Mapping

- A pictorial representation of a process (steps and decision points)
  - Shows process boundaries
  - Identifies key stakeholders
  - Displays inputs (X) and outputs (Y)
- Shows inefficiencies/rework in the process
- Exposes ambiguity and variation
- Points to potential key measurements
- Helps initiate standardization to create reliable and effective processes

# Process Map/Flowchart Symbols

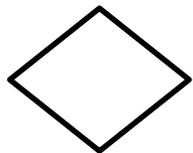
## Symbol Key



Start or end of process



Action or task

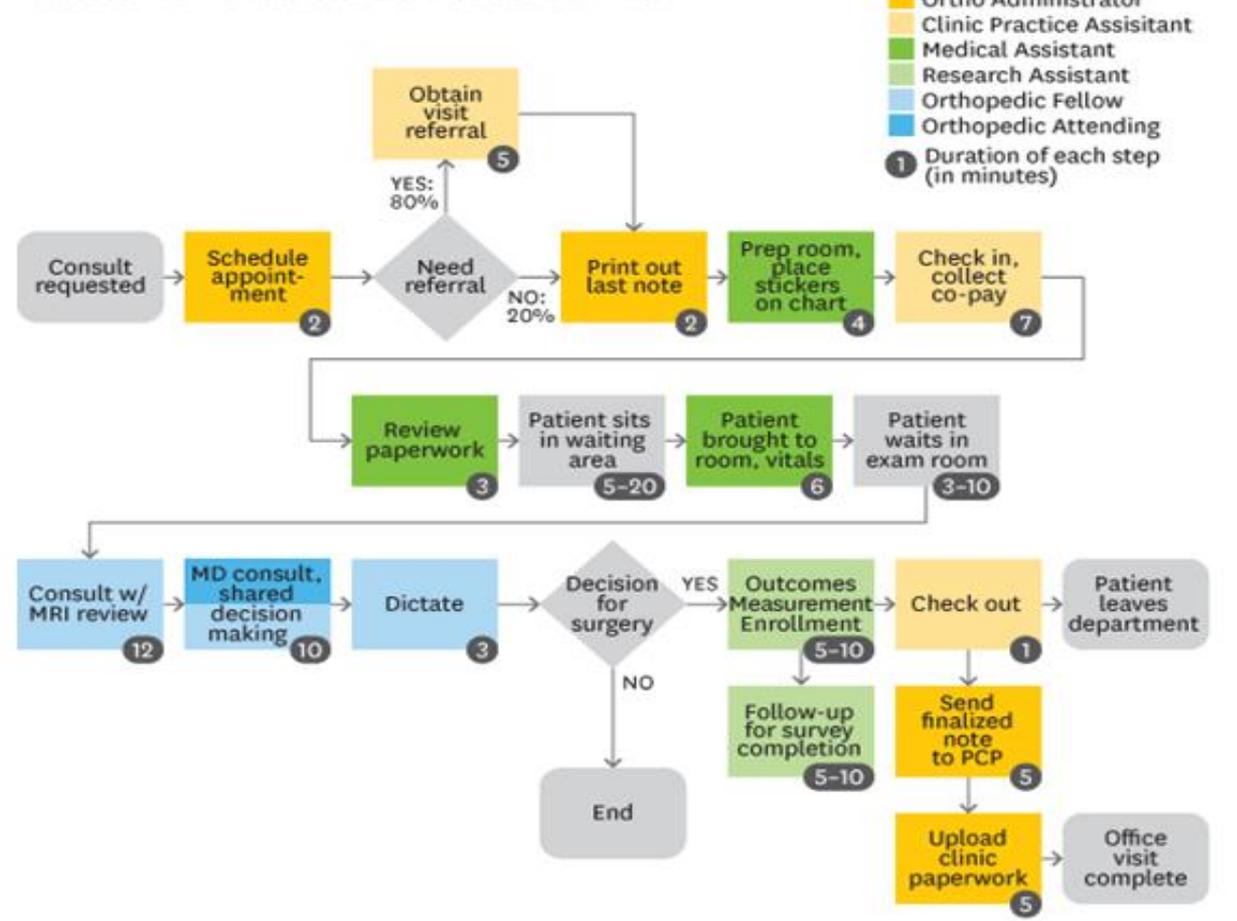


Decision point



Sequence Connector

PROCESS MAP FOR SURGICAL OFFICE CONSULT VISIT



SOURCE CLINICAL AND ADMINISTRATIVE STAFF AT BRIGHAM AND WOMEN'S HOSPITAL AND FAULKNER HOSPITAL

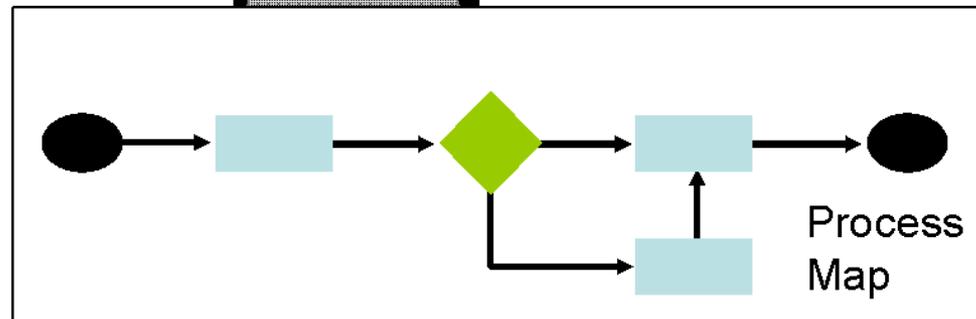
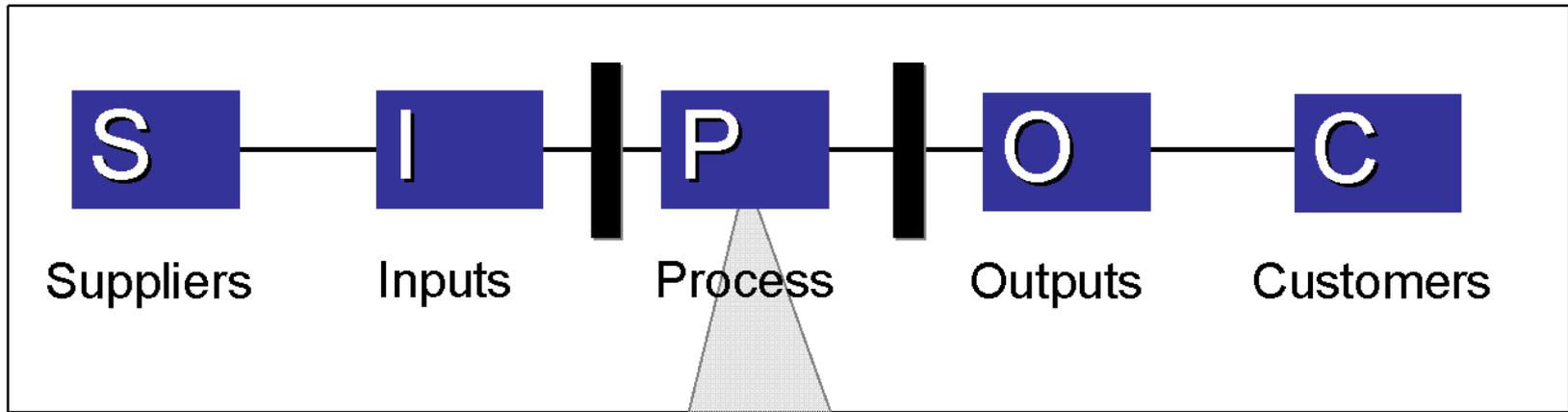
# Why Process Map the Current State?

- To show process (material and information) flow simply and visually
- To clarify organization's understanding of how the current process actually operates
- To create baseline for future improvements to be made and measured – future state

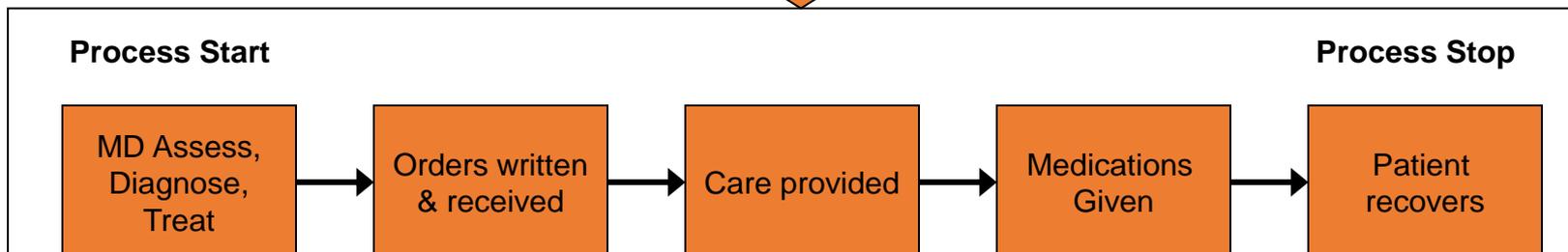
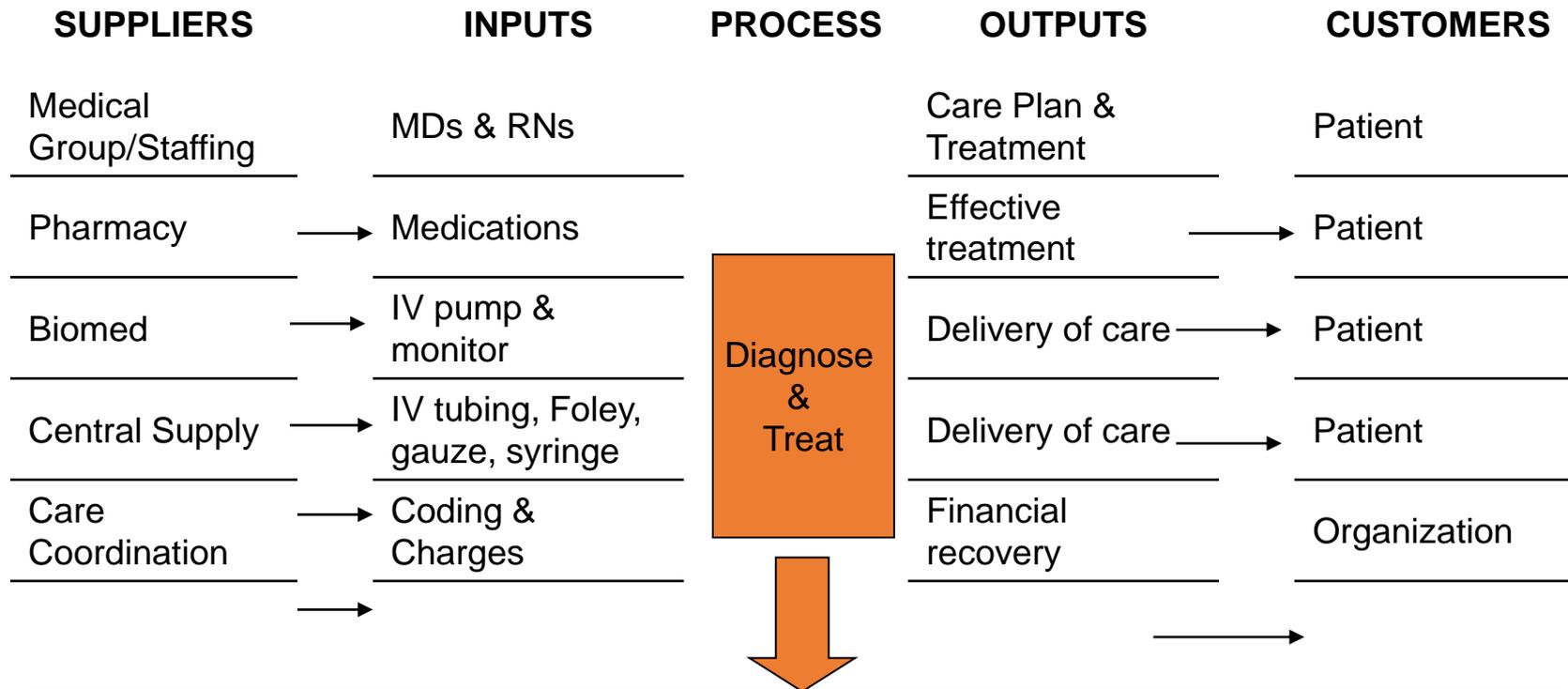


# High Level Process Map: SIPOC

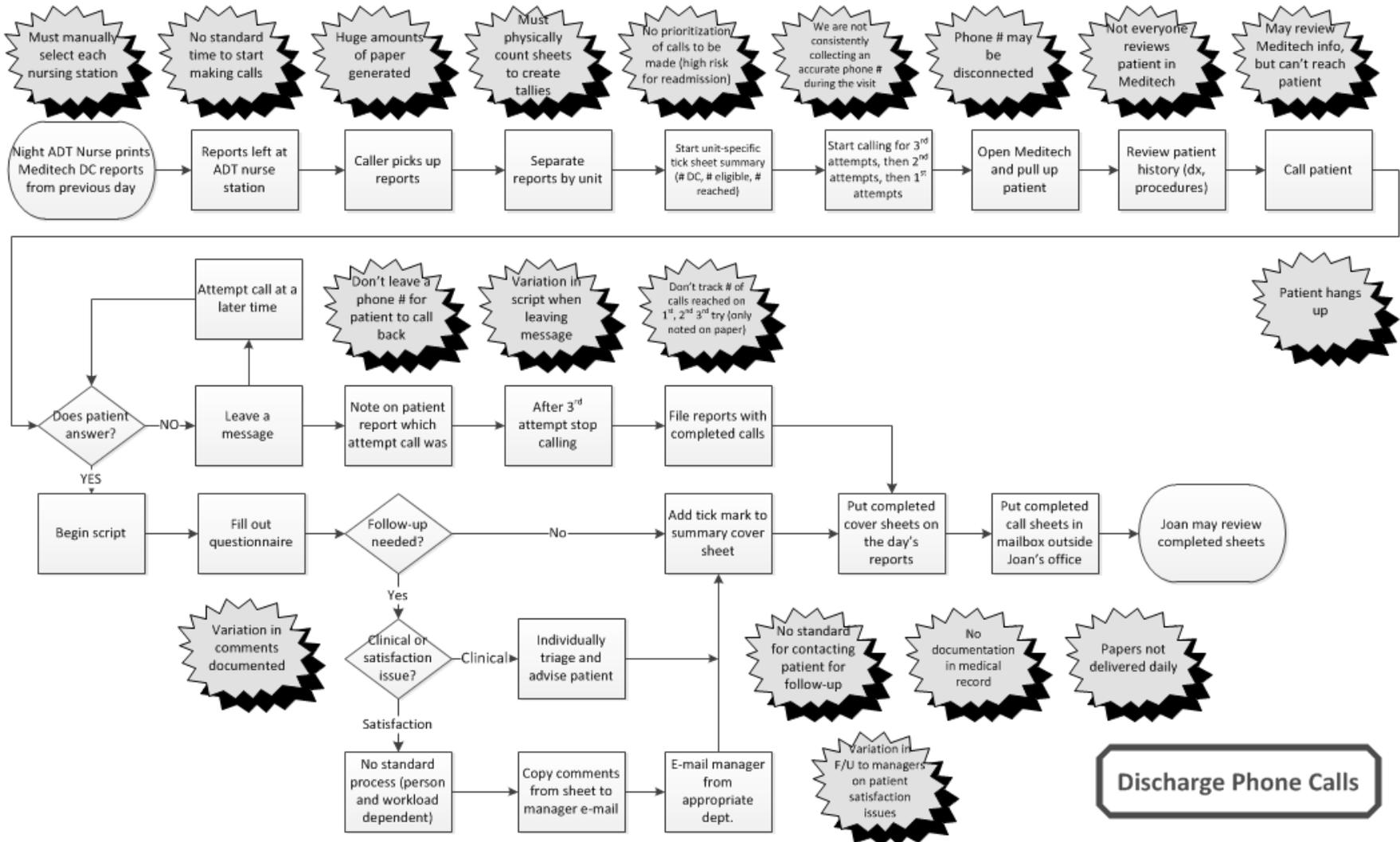
SIPOC: The starting point for any process map



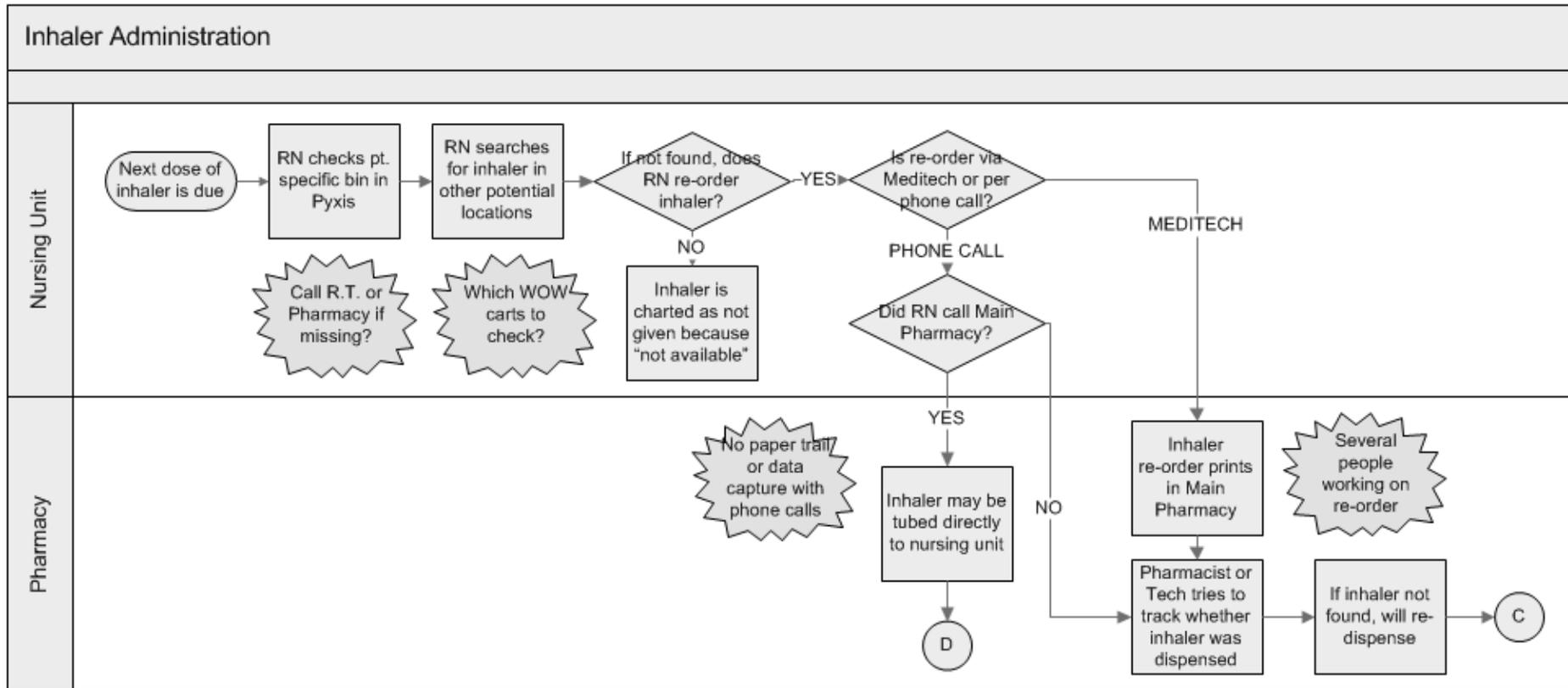
# High Level Process Map: SIPOC



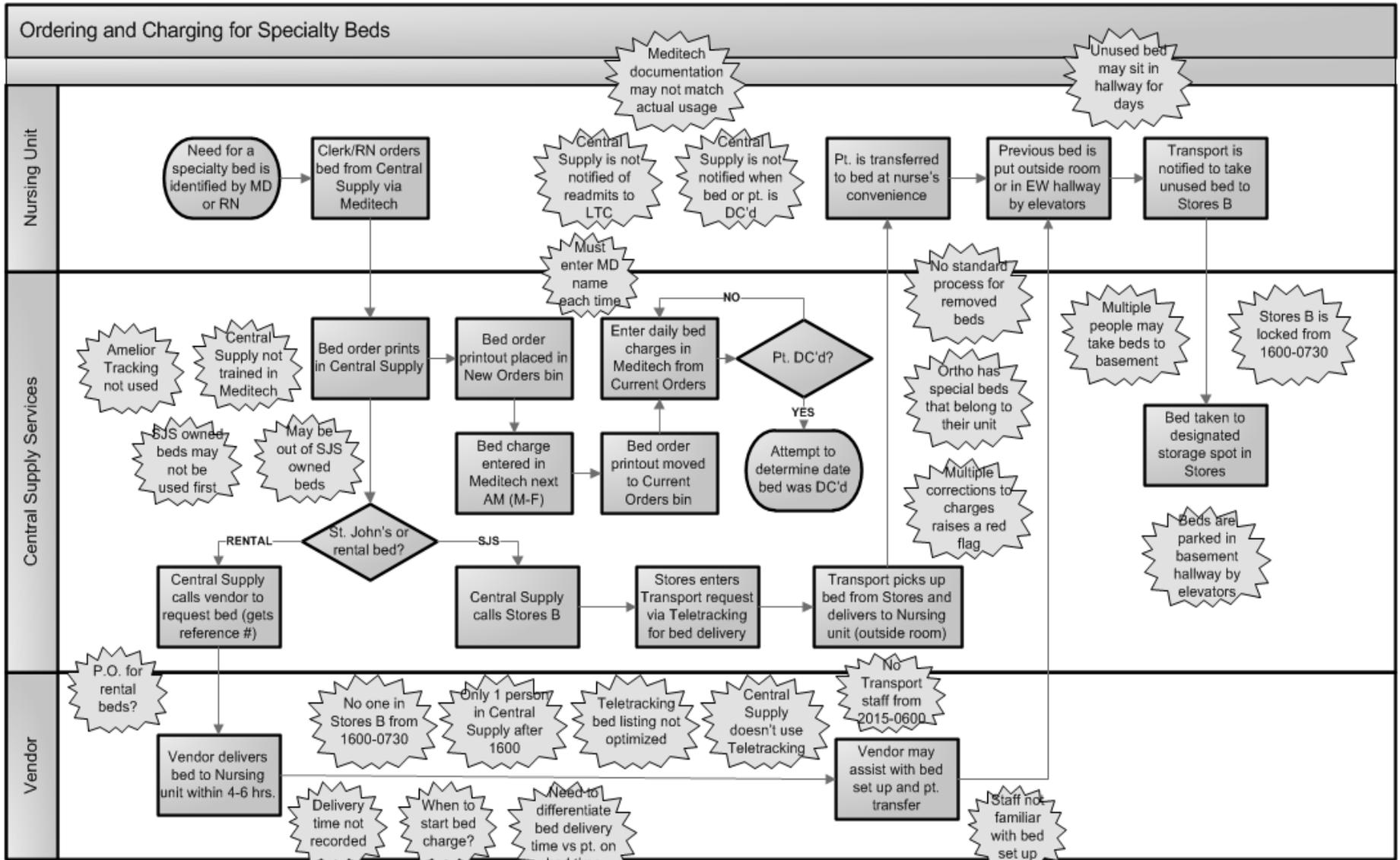
# Detailed Process Map



# Functional Swim Lane Process Map

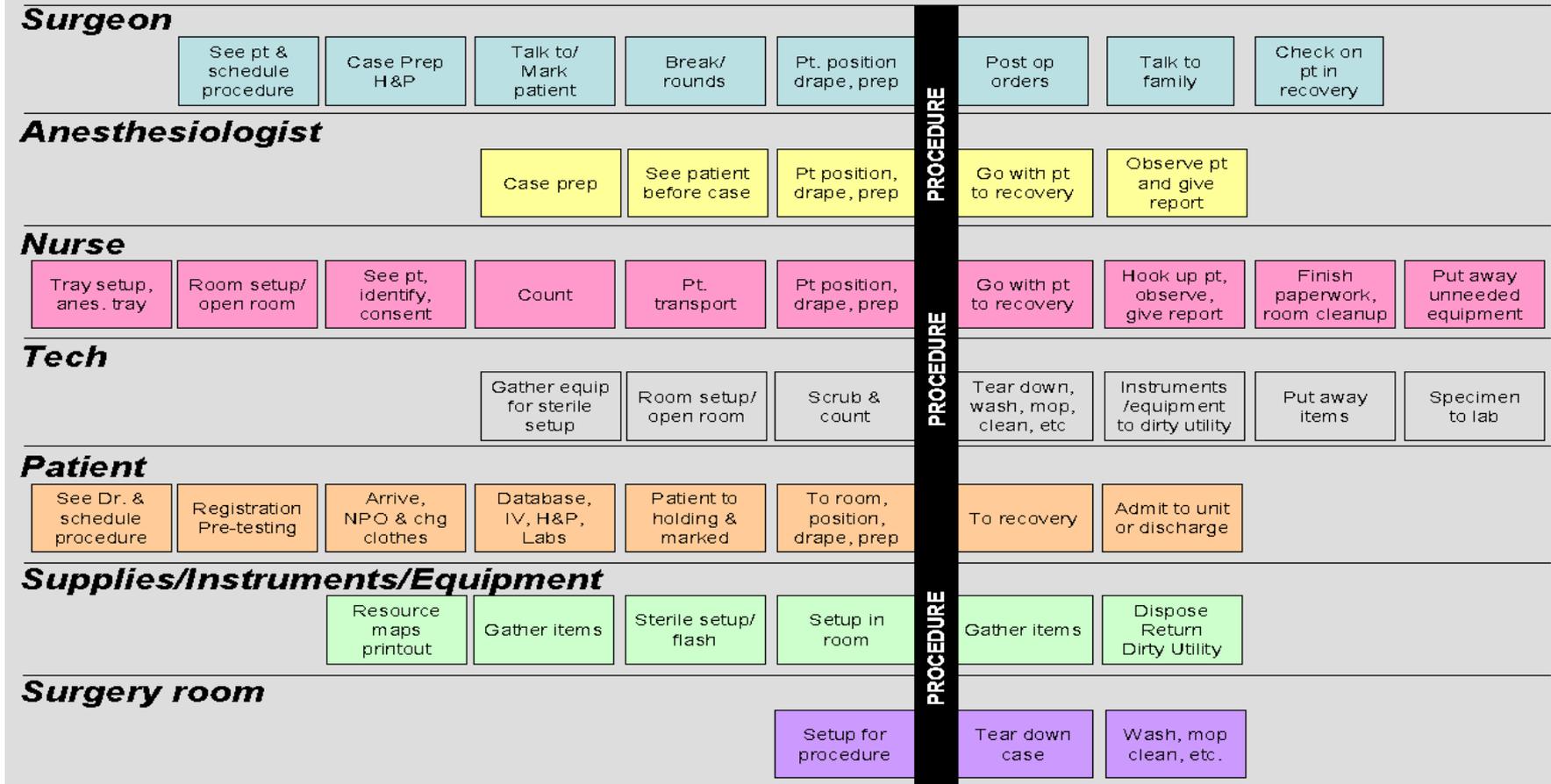


# Functional Swim Lane Process Map

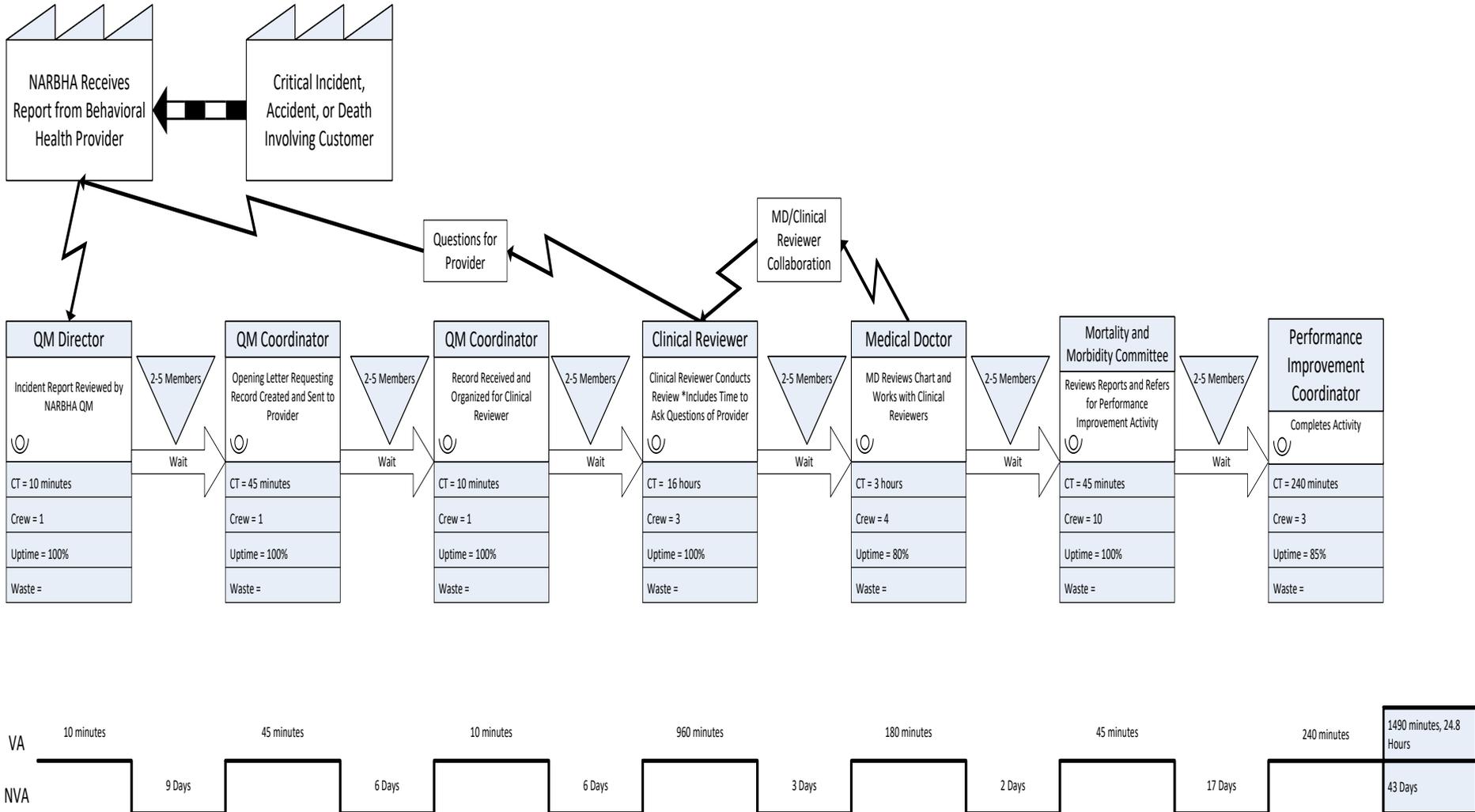


# Parallel Processes Swim Lane Process Map

## Procedure Flowchart



# Value Stream Map



# Process Map Analysis

- Is there a standardized process?
- How much variation exists?
- Why do we do this step?
- Do we need all these steps?
- Does the sequence make sense?
- Where are the hand-offs?
- Is the right resource doing each task?
- Is there any re-work?
- Do we have any data about this?



# Improvement Strategies

## Types of Inefficiencies

- Redundant steps
- Unclear steps
- Misplaced steps
- Steps that do not add value
- Inefficiencies in materials, job assignments or work environment

## Typical Action

- Eliminate duplication
- Clarify
- Reorder
- Minimize or eliminate
- Make changes

# Common Reactions to Process Mapping Activities

- Interdependence realized
  - *“I never knew why that was so important.”*
  - *“I had no idea how my actions impacted XYZ.”*
- Astonishment at complexity
  - *“I can’t believe this is what our patient have to go through.”*
  - *“It’s a miracle we ever get things right.”*
- Affirmation of the frustrations felt daily
  - *“This explains why we feel so overwhelmed.”*
  - *“No wonder our patients are confused.”*
- Motivation to change
  - *“We can’t continue to work like this.”*
  - *“We can do better than this.”*

# Process Mapping Tips

- Process map as multidisciplinary team activity that includes individuals working closely with the process
- Start with high level steps to define the process scope, and then add detail
- Iterative, living documents
- Reviewed frequently and updated
- Posted for staff as a quick reference

# Questions?

**[Forrest.tatum@azblue.com](mailto:Forrest.tatum@azblue.com)**

[Institute for Healthcare Improvement Toolkit -](http://www.ihl.org/resources/Pages/Tools/Flowchart.aspx)

<http://www.ihl.org/resources/Pages/Tools/Flowchart.aspx>

<http://www.ihl.org/communities/blogs/5-steps-for-creating-value-through-process-mapping-and-observation>

Lean Six Sigma for Healthcare webinar:

<https://www.youtube.com/watch?v=l7oH0nJDPj0&list=PL04B7FD7E27FC8CCF>

AHRQ Toolkit:

<https://digital.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/process-0>

American Society for Quality (ASQ):

<https://videos.asq.org/process-mapping-basics>

# Provider Resources

Jadelyn Fields, Network Provider Service Manager and Educator



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# Change in Member Service Hours of Operation for Health Choice Arizona

Effective March 21, 2022, the Blue Cross Blue Shield of Arizona, Health Choice Medicaid, Member Service telephone line hours of operation will change.

New hours of operation for Health Choice Member Services telephone line 1-800-322-8670 will be 8 a.m. – 5 p.m., Monday through Friday (except holidays).

Our Member Services staff may also be reached via: [hchcomments@azblue.com](mailto:hchcomments@azblue.com)

Health Choice Pathway Medicare Member Service hours will remain unchanged: 8am-8pm, 7 days a week.

For self-service options, please visit our provider portal: [providerportal.healthchoiceaz.com](https://providerportal.healthchoiceaz.com)

# Health Choice Email Migration to BCBSAZ

The Health Choice email migration to BCBSAZ is complete.

Please ensure that you are using the @azblue.com domain when emailing your organizational contacts.

Effective 3/31/2022, emails addressed to the @healthchoiceaz.com domain will be undeliverable.

# AHCCCS AMPM, ACOM, Coding & Billing Updates

**!STAY UP TO DATE!**

Updates to the [AHCCCS Medical Policy Manual \(AMPM\)](#) , [AHCCCS Contractor Operations Manual \(ACOM\)](#), and [Medical Coding Resources](#) are available on the [AHCCCS website](#).

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

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

# Change to Health Choice Member ID Numbers

Health Choice Arizona and Health Choice Pathway **member ID numbers are changing effective January 1, 2022.**

**All members will receive a new ID card by December 20, 2021.**

The change to our member ID format is an addition of a prefix.

We've added this prefix for claims processing, and are requesting that you update your systems with this new ID format.

Here's what the new ID format looks like for each line of business:

Health Plan	ID #
Health Choice Arizona	HCIA12345678
Health Choice Pathway	MZHHC12345678
Health Choice Pathway (Dual Members)	Medicare ID #: MZHHC12345678 AHCCCS ID #: HCIA12345678

# Change to Health Choice Member ID Numbers

## Health Choice Arizona – Member ID Card Example



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

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

Health Plan Name:  
Health Choice Arizona

Member Services:  
**1-800-322-8670**

**ARIZONA HEALTH CARE  
COST CONTAINMENT  
SYSTEM**



Health  
Choice

**HealthChoiceAZ.com**  
Member Services:  
**1-800-322-8670**  
24/7 Nurse Advice Line:  
**1-855-458-0622**  
Pharmacists Call:  
**1-800-364-6331**

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

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

Benefits are limited to emergent care  
outside of Arizona.

# Change to Health Choice Member ID Numbers

## Health Choice Pathway – Member ID Card Example



Health  
Choice

Member: <b>John Q Sample</b>	RxBIN: <b>004336</b>
ID #: <b>MZHHC1234567</b>	RxPCN: <b>MEDDADV</b>
	RxGRP: <b>RX8748</b>
Health Plan Name: Health Choice Pathway (HMO D-SNP)	Health Plan (80840) Plan ID: <b>H5587-002</b>

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



Health  
Choice

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

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

**HealthChoicePathway.com**

Member Services:

**1-800-656-8991, TTY 711**

Hours of Operation:

8 a.m. to 8 p.m., 7 days a week

Pharmacy Prior Auth and

Appeals Fax: **1-877-424-5690**

24/7 Nurse Advice Line:

**1-855-458-0622**

Pharmacy Help Desk:

**1-866-693-4620**

Benefits are limited to emergent care  
outside of Arizona.

# Change to Health Choice Member ID Numbers

## Health Choice Dual – Member ID Card Example



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Health  
Choice



Member: <b>John Q Sample</b>	RxBIN: <b>004336</b>
HCP ID #: <b>MZHHC1234567</b>	RxPCN: <b>MEDDADV</b>
AHCCCS ID #: <b>HCIA12345678</b>	RxGRP: <b>RX8748</b>
	Health Plan <b>(80840)</b>
	Plan ID: <b>H5587-002</b>

Health Plan Name:	Health Plan Phone #:
Health Choice Pathway (HMO D-SNP)	<b>1-800-656-8991</b>
Health Choice Arizona	

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



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**HealthChoicePathway.com**

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

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

Pharmacy Help Desk:  
**1-866-693-4620**

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

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

Benefits are limited to emergent care  
outside of Arizona.

# Claim Submissions

**KEEP YOUR RECORDS UP TO DATE!**

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

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

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

**KEEP YOUR RECORDS UP TO DATE!**

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

## No Staple Required

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

## Prior Authorization Number

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

## Sending 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

# 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!!!**

**Online AzAHP**

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

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

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

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

'Providers' tab -> 'Provider Education'

# Secure Provider Portal View



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

## Welcome to Health Choice Provider Portal

### New & Upcoming Enhancements

- Now Available: [Member Admissions and/or Discharges](#)
- ⓘ New member ID prefixes: Health Choice Arizona is HCI (e.g. HCIA12345678). Health Choice Pathway is MZH (e.g. MZHHC1234567)
- Now Available: Member [COVID Vaccine Status Report](#)

### Provider Reminders

- Effective March 21, 2022 HCA Member Service customer service hours will be changed to: Mon – Fri 8am to 5pm. Medicare, HCP will remain the same 8am - 8pm 7 days a week.
- Recent [Member Admissions and/or Discharges](#)
- If you or your agency is providing services and support to persons with autism, please take this brief 2021 [ASD Diagnostician and Services Survey](#).
- View your Member [COVID Vaccine Status Report](#)

### Member Eligibility

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

First Name

Last Name

Date Of Birth

mm/dd/yyyy



Or search by Member ID

CONFIRM ELIGIBILITY

### 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](#)
- [Health Choice Integrated Care Provider Portal](#)
- [Provider Demographic Request](#)

# Online Provider Resources

## Secure Provider Portal View



### 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](#)

#### HCG Model of Care

- [Health Choice Pathway](#)

# Our Public Website Online Provider Resources

The screenshot displays the BlueCross BlueShield of Arizona website. At the top, a red banner reads "COVID-19: LEARN MORE ABOUT VACCINES AND CORONAVIRUS". Below this, the navigation bar includes "English Español", "CRISIS HELP", "24/7 Nurse Advice Line: 1.855.458.0622", and "Call Us: 1.800.322.8670 (TTY:711)". On the right, there are buttons for "FIND A DOCTOR/PHARMACY" and "MEMBER PORTAL".

The main header features the BlueCross BlueShield of Arizona logo and the "Health Choice" logo. A navigation menu includes "ABOUT", "MEMBERS", "PROVIDERS", "HEALTH & WELLNESS", "COMMUNITY", "FAQS", "CONTACT", "MEDICARE", and "SEARCH". Social media icons for Facebook and Twitter are also present.

A prominent orange banner states: "NOTICE: CHANGE IN MEMBER SERVICE HOURS 8 a.m - 5 p.m., Monday through Friday". Below this is a large image of a healthcare worker in full PPE administering a vaccine to a patient in a car. The text "COVID-19 Information" is overlaid on the image, with a sub-headline "Learn more about COVID-19, vaccines information." and a series of five small circles at the bottom.

A dropdown menu is open under the "PROVIDERS" link, listing the following resources:

- 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
- Language & Health Literacy
- Dental
- Mountain ECHO
- Tribal Program
- Health Information Exchange

On the right side, there are two promotional banners. The top one is titled "MASK UP ARIZONA" with the tagline "My Mask Protects You, And Your Mask Protects Me" and a "WATCH THE VIDEO" link. The bottom one is titled "IMMUNIZATIONS SAVE LIVES" with a "WATCH THE VIDEO" link. Below these banners is a search bar and a list of links: "Find A Provider", "Find A Pharmacy", "Formulary (List of Covered Drugs)", "Member Newsletters", and "Health Tips".

# AHCCCS Electronic Visit Verification (EVV)

**!!!COMING 2022!!!**

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](http://www.azahcccs.gov/EVV)

# AHCCCS Electronic Visit Verification (EVV)

**!!!COMING 2022!!!**

## **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](http://www.azahcccs.gov/EVV)).

# Q & A



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