

# 2022 Q2 All Provider Forum

Zoom  
June 29, 2022

**Live Recording:**

<https://azblue.zoom.us/rec/share/rH06X0Azo64QDJIDXpCHTBhcGu-5roAX260v5eu6FeEZkJPLtaLktU34v-GpdoBV.1JFU51eBU6QmwhIV>



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice

# Agenda

- |  |            |
|--|------------|
| 1). Welcome!   | 5 minutes  |
| Charlotte Whitmore, VP Network Services                          |            |
| 2). healthcurrent (a Contexture Organization)                    | 15 minutes |
| Jayme Pina, Director Recruitment and Engagement                  |            |
| 3). Member Mission Moment  | 10 minutes |
| Ginger Foster, Pharm D.  |            |
| 4). Performance Improvement Updates with Dr. Jane Dill, MD       | 15 minutes |
| 5). Integrated Health Care                                       | 10 minutes |
| Health Choice Care Management Programs, Pyx Health               |            |
| Lauren Fofanova, LCSW Director Integrated Healthcare Development |            |
| 6). Food as Medicine   | 10 minutes |
| Eric Marcus, Director Social Determinants Programs               |            |
| 7). Provider Resources   | 15 minutes |
| Jadelyn Fields, Network Provider Service Manager and Educator    |            |
| 8). Q & A  | 10 minutes |

# Health Choice Arizona

Effective 10-1-2022 Health Choice will transition “RBHA Only Members” to Care1st in the Northern Arizona counties (Mohave, Coconino, Yavapai, Navajo, and Apache).

Health Choice Arizona will continue serving all AHCCCS Complete Care and Health Choice Pathways (dual-eligible) Members in these counties covering both Physical and Behavioral health.

[Behavioral Health \(azahcccs.gov\)](https://azahcccs.gov)

[AHCCCS News & Updates \(azahcccs.gov\)](https://azahcccs.gov)



# Health Current

Arizona's Health Information Exchange (HIE)

Jayme Pina

Director, Recruitment and Engagement





# Agenda

- Introduction to Health Current, a Contexture organization
- HIE Benefits and Services
- Alerts Overview
- HIE 3.0 Portal & Live Demo
- Additional Programs
- Becoming a Participant
- Questions



# About Health Current

## Who We Are

We are the Health Information Exchange that helps partners transform care by bringing together communities and information across Arizona in an era of changing expectations.

## Our Purpose

We integrate information with the delivery of care to improve individual and community health and wellbeing.

## Our Vision

Make healthcare transformation a reality.

## Our Mission

We help our partners realize their highest potential to transform care.

# About Health Current

- Founded in 2007
- Arizona's Health Information Exchange (HIE), Advance Directives Registry, and SDOH Referral System
- Joined forces with Colorado-based CORHIO in 2021 to form regional organization, Contexture





# New brand. Same commitment to you.

**contexture**<sup>SM</sup>

[Our Mission](#) [Who We Are](#) [Leadership](#) [In the News](#) [CORHIO.org](#) [HealthCurrent.org](#)

## Creating connections. Improving lives.

Contexture is two visionary, innovating leaders in health information exchange (HIE): CORHIO and Health Current. Together we advance individual and community health and wellness through the delivery of actionable information and analysis.



# Who is Participating with Health Current?

- Over **1,060 HIE Participants** and growing
- Over **300 data sources** sending patient medical records for sharing
- Data available on **12+ million** individuals





# HIE Benefits & Services



# HIE Benefits

- **One Connection to Save Time & Resources**

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

- **Access Patient Information**

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

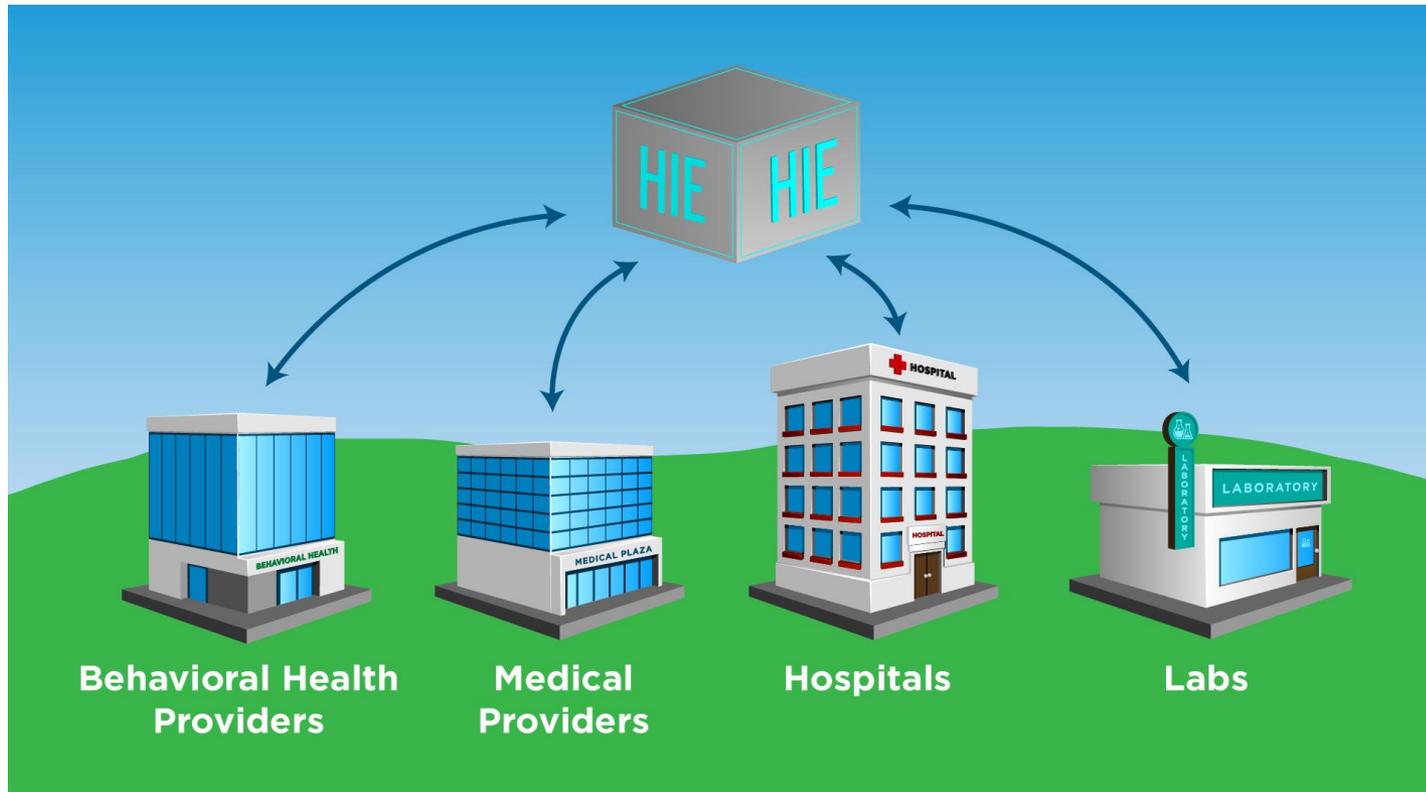
- **Timely Information to Coordinate Care**

Clinicians are able to access patient health information when and where it is needed.

- **Secure Communication**

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

# Health Information Exchange





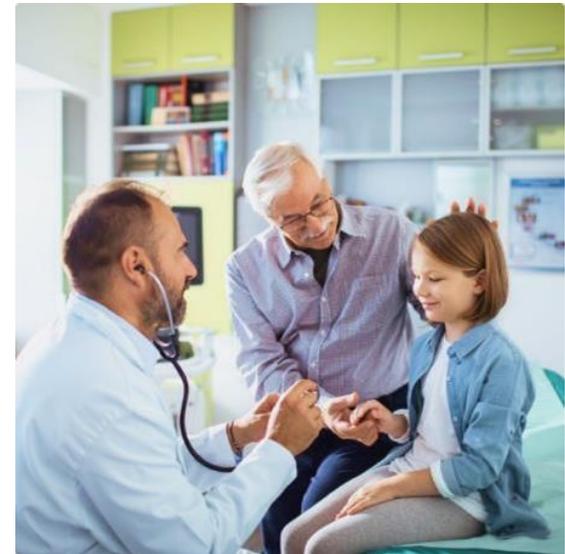
# HIE Services

Health Current offers a range of HIE services designed to integrate more complete patient information into the care delivery of HIE Participants.

- Portal
- Alerts
- Direct Secure Email
- Data Exchange
- Clinical Summary

## Core HIE Components:

- Master Patient Index
- Integration Engine
- Clinical Data Repository



A faint, light-blue graphic in the background consisting of a large central circle connected by lines to six smaller circles arranged in a hexagonal pattern around it.

# HIE 3.0 Portal



# Using the HIE Portal

## HIE Portal

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

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



# HIE Data Available

## Varies by Data Source

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

# Data Providers and Data Types

- Accountable Care Organizations (ACOs) & Clinically Integrated Networks
- Behavioral Health Providers
- Community Health Providers
- Emergency Medical Services
- FQHCs & Rural Health Clinics
- Hospitals & Health Systems
- Labs, Imaging Centers & Pharmacies
- Long-Term & Post-Acute Care
- State & Local Government

[Search Data Providers & Data Types Here](#)

## + ACOs & Clinically Integrated Networks

## + Behavioral Health Providers

## - Community Health Providers

Search:

Account Name	Organization Type	ADTs	Physical Health	Clinical Information
Abrazo Heart Institute	Community Provider	Yes	Yes	Yes
Abrazo Medical Group	Community Provider	Yes	Yes	Yes
Accu Care Urgent Care	Community Provider		Yes	Yes
Agave Pediatrics	Community Provider		Yes	Yes
American Family Medicine	Community Provider		Yes	Yes
AMF Gastroenterology, LLC	Community Provider	Yes	Yes	Yes



# Alerts Overview



# Using HIE Alerts

## Patient Alerts

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

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



# Alert Types

- Admission/Discharge/Transfer (ADT)
  - Emergency Department
  - Hospital Inpatient
  - Outpatient
- COVID-19 Test Results
  - Positive and/or Negative
- Clinical Lab Results
- Transcriptions
- Radiology Reports

## Delivery Methods

- Real-time
  - PDF or CDA sent to DSM
  - Raw HL7 sent to SFTP server or VPN
- Batch
  - Daily or weekly
  - CSV or PDF sent to DSM or SFTP

**HIE Testimonial | COVID-19 Alerts**

ARIZONA'S HEALTH INFORMATION EXCHANGE

"Of the **COVID-19 Alerts** we receive from Health Current, we've found that **roughly 6 percent of them are positives**. Working with the HIE, we configured the results in a way to **trigger alerting and infectious status with our EHR**. This allows our healthcare providers to be better prepared with the necessary PPE, in turn **minimizing exposure and potential infection of our staff**."

healthcurrent  
healthcurrent.org

- Craig Norquist, MD, HonorHealth, Chief Medical Information Officer



# Alert Delivery

## When are Alerts Received?

### Real-time Alerts

- Individualized based on identified event
- Immediate care team response, next day coordination of care, follow through on tests ordered
- Good for managing smaller patient groups

### Batch Alerts

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



# Batch Alerts – CSV

## Daily or Weekly

### 1. Standard

Sending Facility	Visit Type	Sending ID	Patient	DOB	Patient ID	PCP	Diagnosis	Date	Time	Location
Carondelet Health Network	ED Admit	Z12391	FIRSTNAME JORDAN	11/1/1950	12345	LYNN	N/A	1-Jun-19	8:45 PM	EMRJ SJH
Banner University Medical Group-Tucson	ED Discharge	41111234	LEWIS LASTNAME	5/27/2000	12346	GRETCHEN	N/A	5-Jun-19	2:20 PM	BUMT Ophthalmology
Dignity Health St. Joseph's Hospital	Inpatient Admit	12348949	FIRSTNAME HAWLEY	12/13/1970	12347	N/A	N/A	31-May-19	11:30 PM	UNKNOWN undefined
Tucson Medical Center	Inpatient Admit	1359876	KYNDAL LASTNAME	1/28/1970	12348	N/A	N/A	31-May-19	2:05 PM	TMC RADIOLOGY

### 2. Original patient class value, event type and visit number

Tucson Medical Center,E,A04;1006;1006,5100:TMC,FIRSTNAME LAST,10-17-1952,879,,N/A,7-Oct-2019,02:11 PM,  
 Northwest - Oro Valley Hospitals,I,A03;45000,100059:NWORO,FIRSTNAME LAST,12-29-1996,8591, BRADLEY BARNETT,N/A,7-Oct-2019,01:11 PM,N/A  
 Banner University Medical Group-Tucson,INPATIENT,A01,000035;000035,0301:BH-AZT,FIRSTNAME LAST,06-27-1999,224500, TERRY VONDRAK,N/A,10-Oct-2019,08:30 AM,N/A

### 3. Same as second, and includes patient address and phone number

Sending Facility, Visit Type, Sending ID, Patient, DOB, Patient ID, PCP, Diagnosis, Date, Time, Location  
 Tucson Medical Center,I,A01;100000;100000,551,First Name Middle Last;600 E DR APT 1;SIERRA VISTA,AZ;85635;(520)451-2000,11-01-1925,A12380005,N/A,N/A,10-Jun-2019,06:00 AM,TMC|MAIN SURGERY PERIOP  
 Dignity Health St. Joseph's Hospital and Medical Center,E,A04;4000;4000,123456,First Name Middle Last;281 N 5TH AVE;PHOENIX,AZ;85035;(602)700-5100,10-01-2013,A50123804,N/A,N/A,10-Jun-2019,01:42 AM,UNKNOWN  
 Maricopa Integrated Health System,E,A04;20004996;20004996,0000039513,First Name Last;715 S 12TH DR;PHOENIX,AZ;85041;(602)600-8411,03-02-2003,A49000021, NICOLE K MULLINS,N/A,10-Jun-2019,06:22 AM,MMC ED

# Batch Alerts – PDF

Daily or Weekly

Banner University Medical Center Phoenix :		Inpatient Discharge			PDF version	2020-07-15 11:00 AM	
Patient	DOB	Source MRN	PCP	Diagnosis	Facility MRN	Date	Location
[REDACTED]	[REDACTED]	[REDACTED]	BLANK	N/A	[REDACTED]	14-Jul-2020 12:30 AM	09C 980 1 600
[REDACTED]	[REDACTED]	[REDACTED]	NO	N/A	[REDACTED]	14-Jul-2020 07:05 PM	06B 661 1 600
[REDACTED]	[REDACTED]	[REDACTED]	NO	N/A	[REDACTED]	15-Jul-2020 04:12 AM	10B 1063 1 600

# Alerts – Targeted Patient Populations

- Populations related to:
  - Value Based Programs
  - Accountable Care Organizations
  - Integrated Care Networks
  - Medicare Quality Measures
  - Different Reimbursement Programs
- Chronic Patient Care
  - Diabetes
  - COPD
  - Heart Failure
- High Needs Individuals
  - Crisis Risks
  - Frequent ED Users
- Active Patients
- Pain Contracts



# Patient Centered Data Home™ (PCDH)

## PCDH ADT Alerts

- Uses ZIP code matching to route notifications that a specific patient has been admitted to or discharged from an ED/inpatient facility outside of the patient's home state and allows the home or away facility to query for additional patient records.
- PCDH is a cost-effective, scalable method of exchanging patient data among health information exchanges covering >90% of the U.S. population.
- Connecting Whole Communities—HIEs are designed to provide critical information in real time. By facilitating the real-time electronic transfer of clinical information, including test results and hospital admissions to providers and public health authorities, HIEs provide critical infrastructure for those working on the frontlines of the COVID-19 response.
- For more information about PCDH, [click here](#).





# Additional HIE Services

- **EHR Integration**

Connection built to practice/organization's EHR to allow for seamless transfer of information between provider and healthcare community.

# Health Current Service Fees

- No Fees for Community Providers!
- It's FREE!





# Additional Programs Supported by Arizona's HIE

# Data Supplier Program

## Receive Incentive Payment for Sending Data to the HIE

- **No Participation Fees for Community Providers**

- **Current Program**

- Eligibility – Registered Medicaid Providers seeing Medicaid patients
- Requirements – HIE Participant and sending data to the HIE on or after October 1, 2021
  - Did not receive payment under legacy HIE Onboarding Program
- Incentive – Based upon type of entity

Community Providers, Specialty, Integrated Clinics, BH Outpatient Clinics Total	Incentive Amount
1-15 providers	\$10,000
16-25 providers	\$15,000
26+ providers	\$20,000



# Data Supplier Program

## Common Data Elements Required for Payment

- Registration event - Admission, discharge and transfer information
- Encounter summary including (if applicable):
- Laboratory and radiology information
- Active medications
- Immunization data
- Active problem lists (diagnosis)
- Social history
- Treatments and procedures conducted during the stay
- Active allergies
- Basic patient demographic data including assigned provider, emergency contact and payer
- Specific Seriously Mentally Ill (SMI) data elements, as defined by Health Current (if applicable)
- COVID-19 lab test and immunization data (if applicable)



# Data Supplier Program

## Steps to Participate

- Become an HIE Participant, if not one already
  - <https://healthcurrent.org/hie/interest-form/>
  - [Recruitment@healthcurrent.org](mailto:Recruitment@healthcurrent.org)
- Existing HIE Participants, sending data after October 1<sup>st</sup>, 2021 contact your HIE account manager
- Sign Data Supplier Program Addendum to the HIE Participation Agreement
- Complete data sending implementation
- Receive payment

# Differential Adjusted Payment Program

The Arizona Health Care Cost Containment (AHCCCS) Differential Adjusted Payment (DAP) aims to distinguish providers that have committed to supporting designated actions that improve patients' care experience, improve members' health and reduce cost of care growth. An integral part of the DAP program includes participation in and meeting milestones related to a qualifying Health Information Exchange (HIE) organization such as Health Current, Arizona's sole qualifying HIE.

## Benefits of Connecting:

- Increase efficiency
- Improve care quality
- Save time & money
- Receive higher AHCCCS payments

**If you have recently signed up for the DAP Program CYE 2023 and are not yet an HIE participant, please contact Recruitment to meet your next milestone.**

If you are an existing HIE Participant, please reach out to your HIE account manager who can provide additional information on meeting your next milestone.



[Learn More Here](#)



# Future DAP HIE Requirement Progression

HIE Strategy by Provider Type  
Updated 1/7/2022

Provider Types	CYE 17	CYE 18	CYE 19	CYE 20	CYE 21	CYE 22	CYE 23	CYE 24	CYE 25
Hospitals	Agreement	Agreement	Milestones	Data Prep	Data Quality				
IHS/638 Facilities					Milestones	Data Prep	Data Quality	Data Quality	Data Quality
Integrated Clinics (ICs)			Milestones	Milestones	Data Prep	Data Prep	Data Quality	Data Quality	Data Quality
BH OP Clinics					Data Access	Milestones	Data Prep	Data Quality	Data Quality
Nursing Facilities						Milestones	Data Access	Data Prep	Data Quality
HCBS Providers (PT 49)							Data Access	Milestones	Data Prep
Physicians, PAs, etc.							Data Access	Milestones	Data Prep

Agreement	Execute agreement and electronically submit information
Milestones	Letter of Intent (LOI) with milestones for: execute agreement, approve scope of work (SOW), transmit ADT information, and transmit lab/radiology data.  For non-inpatient facilities, transmit registration events and encounter summaries.
Data Access	Execute agreement and access HIE data via HIE services
Data Prep	LOI with milestones for: submit immunization data (if applicable), execute data quality SOW, and submit data quality profile.
Data Quality	Measure data quality in first quarter of calendar year using a metric to be defined.

A faint, light green background diagram featuring a central circle connected to six smaller circles arranged in a hexagonal pattern around it. The connections are thin lines radiating from the center to each of the outer circles.

# Becoming a Participant



# Steps to Participate in Arizona's HIE

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

# Contact Us to Get Started

- Recruitment Team
- [recruitment@healthcurrent.org](mailto:recruitment@healthcurrent.org)

Click to Schedule your  
Appointment Today!

Follow Us!





# Questions



**contexture.org**

Creating connections. Improving lives.

# MEMBER MISSION MOMENT

## Ginger Foster, Pharm D.



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice



## Medication Therapy Management Program (MTM)

- Health Choice Pathway enrolls members with multiple chronic conditions and multiple medications in the MTM Program.
  - Many are aligned dual eligible HCP/HCA members.
- Every member enrolled in the MTM Program receives outreach to complete a comprehensive medication review (CMR)
  - Discuss all prescription and non-prescription medications they may be taking.
- During the CMR, members often mention other health related issues they may be experiencing and need for assistance.
- One of the benefits of the CMR is the opportunity to remove roadblocks in health care.

## Removing Roadblocks

- **MTM pharmacists are able to take care of PA related roadblocks**
- **Members with history of Chantix PA history**
  - In 2021, Chantix was involved in a recall that halted the use of this smoking cessation treatment and interrupted care.
  - During CMR, pharmacist can review for any PAs that have expired or will soon be expiring to see if renewal is appropriate
  - For Medicare, under the patients over paperwork order during COVID that continues to be extended, the plan can accept information from the member that if sufficient to allow for PA approval, can negate the need for additional outreach to the prescriber before finalizing the prior authorization.
  - **Result:** proactively approve PAs that are initiated by members to reduce delays in treatment and reduce prescriber PA volume.



## Removing Roadblocks, cont.

- **Talk with members about their medication “journey”**
  - Prescription claims history is pulled prior to the call to help prompt the flow of conversation
  - When similar medications in the same drug class or different strengths of the same medication are listed, this provides opportunity to ask the member about their current regimen and how it is working
- **Member with two different proton pump inhibitors (PPIs) listed**
  - Was on omeprazole 40 mg capsule with PCP, GI specialist then prescribed esomeprazole, when the member ran out of this, she went back to using omeprazole which seemed to work better.
  - Request from the member: help to have specialist prescribe omeprazole.
  - **Result:**
    - MTM pharmacist efficiently determined that GI specialist was no longer working at the same location and specialist had referred this patient back to PCP called PCP to explain member’s experience and request, PCP sent new prescription for omeprazole to the pharmacy for the member.
    - Member expressed appreciation for the help as she is blind and navigating these things is sometimes difficult for her.

*“I just wanted to let you know that I appreciate the high level of service I’ve received during this call (referring to the CMR call). It is refreshing as you don’t find that very often anymore.”*

□ *Dual eligible HCP/HCA member (5/19/2022)*

# Performance Improvement Updates

Jane Dill, MD



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice

# UTILIZATION MANAGEMENT

## Utilization Management (UM)

- Process that evaluates the medical necessity, efficiency, and appropriateness of the treatments, services, and procedures provided to patients
- As stewards of finite funding and resources, ensures patients have proper care and required services
- UM processes have been shown to improve healthcare efficiency and quality

# UTILIZATION MANAGEMENT

## Examples of behavioral and physical health services evaluated by UM:

- Inpatient admissions
- Inpatient length of stay
- Skilled Nursing Facility (SNF) admissions
- SNF length of stay
- Home health services
- Pharmacy Services
- Outpatient services

# UTILIZATION MANAGEMENT ACTIVITIES

- Prospective Review
- Concurrent Review
- Discharge Planning
- Transitional Support

# UTILIZATION MANAGEMENT CRITERIA

- Health Choice has written **UM decision-making criteria** that are **objective and based on medical evidence**.
- UM written policies take into account **individual needs** and **local delivery systems**.
- UM criteria polices and related procedures are **reviewed annually** and updated as applicable.

# UTILIZATION MANAGEMENT CRITERIA

## Opportunity for Practitioner Input

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

**Ellen N. Lewis**

**Vice President, Medicaid & DSNP Clinical Operations**

**BCBSAZ/Health Choice**

**[ellen.lewis@azblue.com](mailto:ellen.lewis@azblue.com)**

# Medicare Annual Wellness Visit (AWV) Reminders for Health Choice Pathway

- **Health Choice Pathway (HCP) covers Medicare AWVs** once per calendar year (no minimum time between visits)
- Members who complete an **AWV** receive a **\$25 Healthy Reward**
- HCP offers an incentive **up to \$650 per member to providers** who complete AWVs under the HCP Comprehensive Health evaluation (CHE) program
- **\$25 Healthy Rewards are sent to members for completing breast cancer and colorectal cancer screenings** which are commonly offered during AWVs

*For flyers, additional information or any other questions contact:*  
[performanceimprovement@azblue.com](mailto:performanceimprovement@azblue.com)

# 2022 Preventive Care Focus

As patients increasingly return to care in the office, Health Choice is diligently working to reverse the declines in preventive care seen during the pandemic.

Contact [performanceimprovement@azblue.com](mailto:performanceimprovement@azblue.com) if your practice would like additional support with increasing preventive services for Health Choice members. This may include, but is not limited to:

- Targeted gap lists
- Outreach assistance
- Assistance with health fairs
- Open order initiatives

# 2022 Preventive Care Focus

When speaking with Health Choice members regarding preventive care, remind them of available benefits and incentives to encourage keeping appointments or completing referrals

- Well Child Visits - \$25 Healthy Reward Available (HCA)
- Sports physicals may be provided with no out of pocket expense to the member when completed as part of an EPSDT visit (HCA)
- Breast Cancer Screening - \$25 Healthy Reward Available (HCA and HCP)
- Diabetic Eye Exams – no cost to members for diabetic retinopathy screening exams (HCA and HCP)

# Questions?

# Pyx Health

Lauren Fofanova, LCSW | Director, Integrated Healthcare Development



An Independent Licensee of the Blue Cross Blue Shield Association

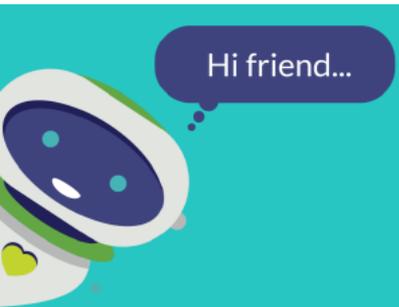
Health  
Choice

# Pyx Health: Combating Loneliness and Social Isolation

- Loneliness and social isolation have been identified as significant risk factors for all-cause mortality and have increased during the COVID pandemic (Quintana et al, 2021, The COVID States Project).
- Health Choice partnered with Pyx Health, which uses smart phone-based technology to decrease loneliness and isolation.
- We launched Pyx with our pilot population, members with SMI, in February 2021. Pilot program outcomes:
  - 30% of Pyx users show an improvement in loneliness over time, with an average decrease of 2 points on the UCLA-3 loneliness scale (a significant improvement).
  - 40% of Pyx users show decreased depression measured by a PHQ-2 screen.
  - 53% of Pyx users report that Pyx helped them avoid an emergency department or crisis service.
- We recently expanded eligibility. Effective 5/17/22:
  - All adult members (age 18+) are eligible to enroll with Pyx.
  - Pregnant and postpartum members have access to a specialized version with maternal-health focused content.

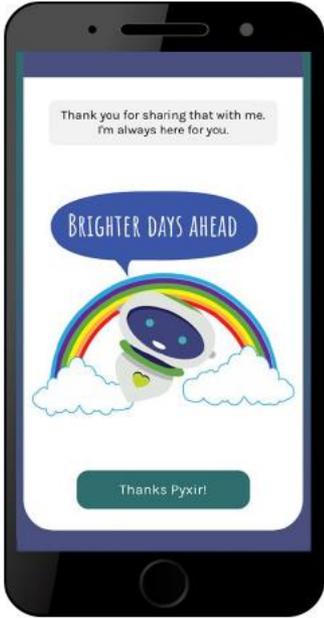
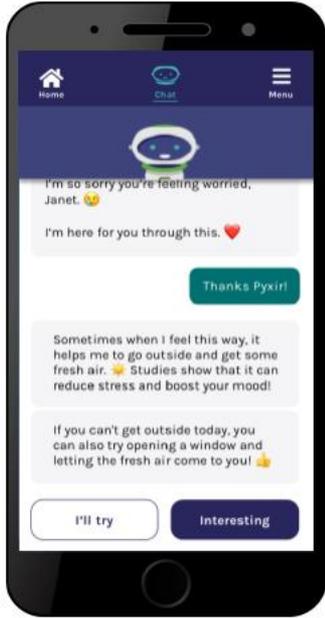
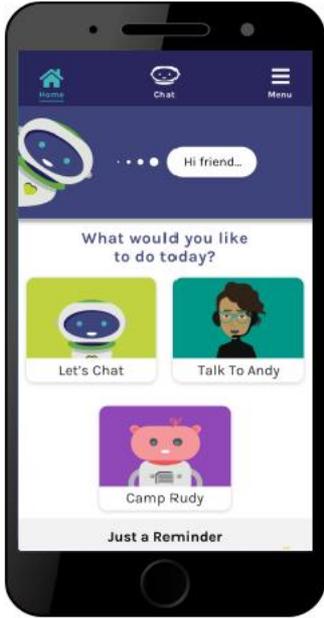
# How does Pyx work?

- Pyx outreaches to members identified by Health Choice or a provider, and helps the member to set up the smart-phone app if the member wants it.
- Pyx users receive support through both:
  - Interaction with Pyxir, a friendly chatbot
  - Live compassionate support from Pyx call center humans, called ANDYs (ANDY = Authentic - Nurturing - Dependable - Your friend)
- Users complete evidence-based screenings for loneliness (UCLA-3), depression (PHQ), anxiety (GAD) and social determinants of health (based on the PRAPARE)
- When a need for health care, community resources, or health plan support is uncovered, Pyx links the member to the needed resources and notifies Health Choice.



*Proprietary and Confidential*

# How does Pyx work?



# How does Pyx work?

## The Compassionate Support Center: working with you

A – Authentic  
N – Nurturing  
D – Dependable  
Y – Your Friend!

- ✓ **Led by** a behavioral health professional
- ✓ **Staffed by** dedicated, compassionate people

### ANDY's are:

- Peer support certified
- Trained in crisis and de-escalation
- Skilled in reflective listening
- Positive Psychology
- Motivational questioning



# Member Mailing

Health Choice Arizona and Health Choice Pathway branded versions



Meet Pyxir,  
*a new friend to count on!*

No one should go through life's challenges alone. That's why our friendly robot Pyxir and the compassionate humans at Pyx Health are here to help you:

- Find resources to support your physical and mental health
- Make the most of what your health plan offers
- Feel better each day with companionship and humor

**Sign up for the program today—it's no cost to you!**

Use your smartphone to go to [www.HiPyx.com](http://www.HiPyx.com).

Or call Pyx Health at **1-855-499-4777** for a helping hand.

Member Services: 1-800-322-8670, TTY: 711  
[www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com)



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice

# How to refer to Pyx

- For more information on Pyx, please contact Lauren Fofanova at [Lauren.Fofanova@azblue.com](mailto:Lauren.Fofanova@azblue.com)
- To refer a Health Choice member to Pyx:
  - Contact the Pyx Compassionate Support Call Center at 1-855-499-4777 and ask that they outreach to the member. Please provide the member's name, Date of Birth and AHCCCS ID#, as well as phone number(s) if possible.
  - Members may also self-onboard by downloading the app from the Pyx website [www.hipyx.com](http://www.hipyx.com) to their phone and following a few in-app prompts to setup their account. Members can call the Pyx Compassionate Support Center at 1-855-499-4777 for assistance.

# Update: End of Life Care and Advanced Directives

Lauren Fofanova, LCSW | Director, Integrated Healthcare Development



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice

# Update: End of Life Care and Advanced Directives

- New training resource available to providers
  - Purpose: Understand the purpose and types of end-of-life care, advance directives, and provider requirements around end-of-life care.
  - Can be used to meet AHCCCS and Health Choice provider requirements to train staff of Advance Directives and End of Life Care
- How to Access End of Life Care training module:  
<https://www.healthchoicenz.com/elc/>



**About this course:** This course discusses the purpose and different types of end-of-life care available to members/patients, advance directives, and provider requirements around end-of-life care.



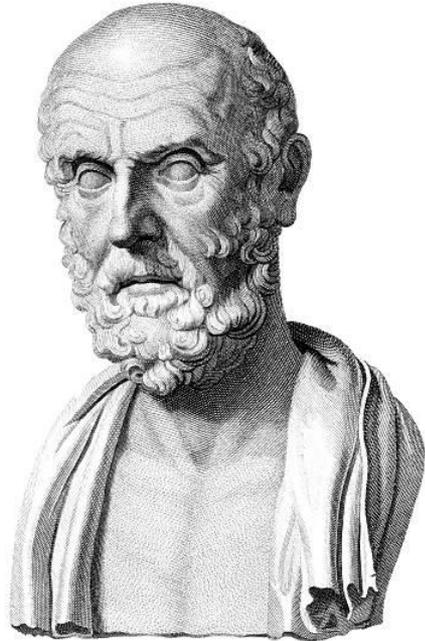
# Food as Medicine

Provider Forum

June 29, 2022

Eric Marcus  
Director, Social Determinants Programs





LET FOOD BE THY  
MEDICINE AND MEDICINE  
BE THY FOOD

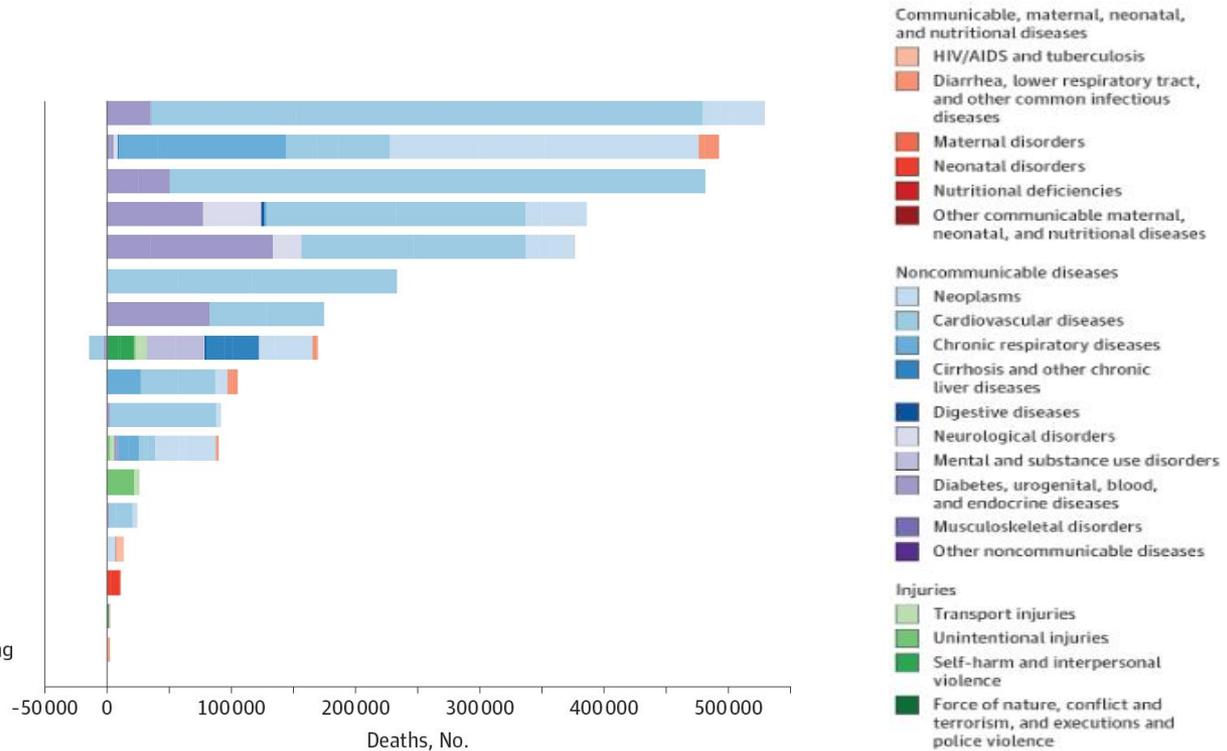
Hippocrates around 400 BC

# An unhealthy diet is the leading risk factor for death, causing more than 500,000 U.S. deaths in 2016

## A Risk factors and related deaths

### Risk factors

- Dietary risks
- Tobacco use
- High systolic blood pressure
- High body mass index
- High fasting plasma glucose
- High total cholesterol
- Impaired kidney function
- Alcohol and drug use
- Air pollution
- Low physical activity
- Occupational risks
- Low bone mineral density
- Residential radon and lead exposure
- Unsafe sex
- Child and maternal malnutrition
- Sexual abuse and violence
- Unsafe water, sanitation, and handwashing



Source: Journal of the American Medical Association JAA Network

# Unhealthy Diets Are A Major Driver of Health Care Costs

- Unsurprisingly, food insecurity and diet are also associated with increased health care costs.
- A 2019 study estimated that adults experiencing food insecurity have annual health care expenditures that are \$1,834 higher than adults who are food secure.
- In total, this results in \$52.8 billion in excess health care costs in the United States each year.
- Diet-related diseases also play a key role in driving U.S. health care spending. Diabetes alone is responsible for one in every seven health care dollars spent in the United States, resulting in \$237 billion in direct medical costs each year.

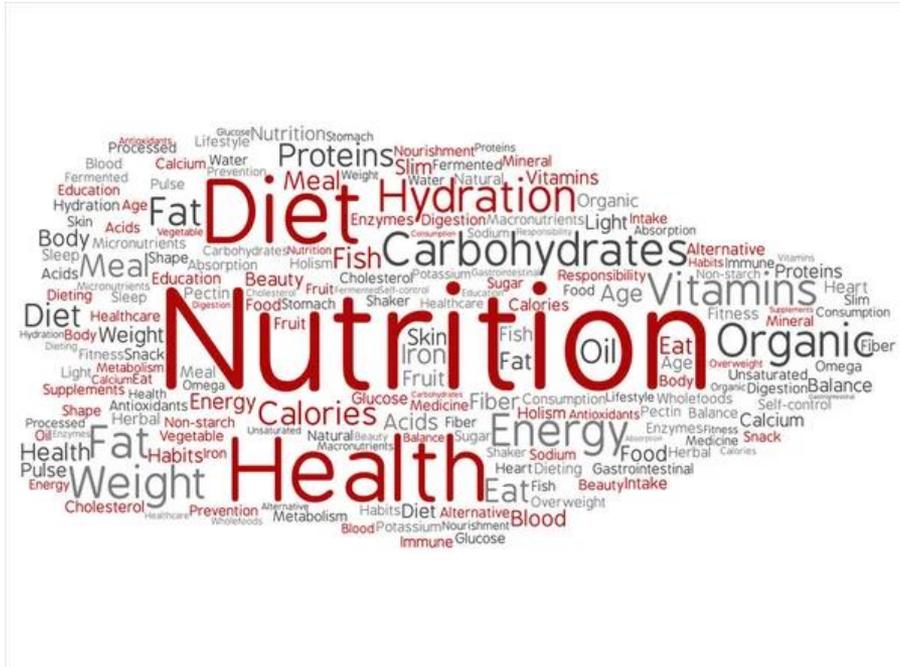
Source: Addressing Nutrition and Food Access in Medicaid, 2021

# Why Food Matters

## Healthy Eating Helps Prevent . . .

- Obesity
- Heart disease
- Stroke
- Diabetes
- Cancer
- Mental health
- Pain
- ...and many more health issues

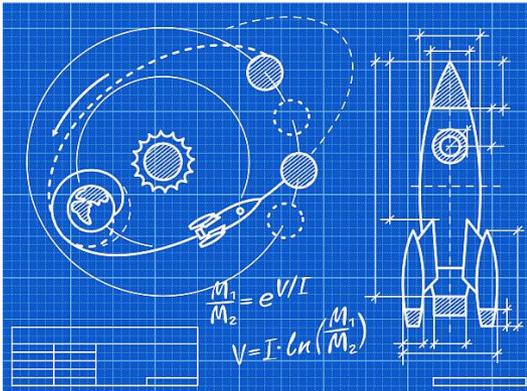
# The Healthy Food Information Overload



# But, Healthy Food Can Seem Overwhelming



**Many members do not know what food is healthy**



**It shouldn't be rocket science - we can help with awareness and education**

# Healthy Food Quiz

**1. Which of the following is considered a starchy vegetable?**

- Broccoli
- Corn
- Spinach

**2. Which bread has a lower glycemic index (GI)?**

- Sourdough
- Whole meal

**3. Which nutrient is the most filling?**

- Fat
- Carbohydrate
- Protein

**4. Which milk has the most protein per glass?**

- Almond milk
- 1% milk
- Soy milk
- 2% milk

# So, How Can We Help Our Members?



**Nutrition Education:** Education provided as a standalone service or as part of a broader disease management program (e.g., Medical Nutrition Therapy vs. Diabetes Self-Management Education).

**Screening and Referral:** Identification of participants experiencing food insecurity and referral to social service programs (e.g., Supplemental Nutrition Assistance Program [SNAP]).

# Diets Do Not Work – Small Changes Do!

We can encourage our members to make small changes

- Shouldn't feel like a big sacrifice
- Examples
  - ❖ Smaller servings
  - ❖ Include one vegetable at each meal
  - ❖ Choose frozen fruits and vegetables over canned
  - ❖ Cut back desserts each week
  - ❖ Drink fewer sweetened drinks – choose water
  - ❖ Eat less processed food
  - ❖ Cut back on sugar
  - ❖ Eat less animal fat

# Encourage Members to Make One Small Change

"Starting next Monday, I am going to cut back to 1 soda a day and drink water in place of the other sodas."

"I will go out for fast food only twice a week, instead of four times."

"I will cut back on my salt intake to under 2,000 mg a day, like my dietitian asked me to do."

"I will only eat half a bowl of ice cream at night, instead of a full bowl."

# We Can Include Food in Treatment Plans



Source: U.S. Department of Veterans Affairs

# Questions



# Provider Resources

Jadelyn Fields, Network Provider Service Manager and Educator



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice

# Health Choice Provider Manuals

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

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

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

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

Health Choice Arizona: [www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com)

Health Choice Pathway: [www.HealthChoicePathway.com](http://www.HealthChoicePathway.com)

# 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.

# Provider Participation Modifier

## Provider Type – IC, 77,05

### Effective October 1, 2022

AHCCCS has extended the deadline for providers to begin reporting the individual practitioner who render services on professional and dental service claims until October 1, 2022.

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

AHCCCS and its Managed Care Organizations **will deny claims** for dates of service on and after October 1, 2022 if the individual practitioner who performed the services associated with the clinic visit is not reported.

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

# REMINDER: CTDS

## Coding for School Based Services

### County Code, Type Code, District Code and Site Number

March 1, 2022, AHCCCS implemented an encounter edit for school-based services. All school-based fee-for-service claims will need to be submitted with a CTDS (County Code, Type Code, District Code and Site Number) code.

You may access this code by looking it up on the [AHCCCS School CTDS RF7C4](#) document or by using the [Arizona Department of Education CTDS search tool](#).

Detailed information on how to bill for CTDS code is available for further review in the [AHCCCS-Fee For-Service Manual under Chapter 10 - Reporting School Site Information for Services Performed in Schools](#). The code must be added to the claim as specified in the AHCCCS Fee For Services Manual.

# Change to Health Choice Member ID Numbers

## Health Choice Arizona – Member ID Card Example



Health  
Choice



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

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

Health Plan Name:  
Health Choice Arizona

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

**ARIZONA HEALTH CARE  
COST CONTAINMENT  
SYSTEM**



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

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

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

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

MedicareRx **MEDICARE 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



An Independent Licensee of the Blue Cross Blue Shield Association

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**



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice

**HealthChoicePathway.com**

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

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

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

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

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

Benefits are limited to emergent care  
outside of Arizona.

# 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, provider demographic updates and online Credentialing E-Apply plus much more!

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

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

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

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

'Providers' tab -> 'Provider Education'

# PROVIDER PORTAL

## New Features and Upgrades

We have continued to make upgrades to our secure Provider Portal for our Health Choice Arizona and Health Choice Pathway lines of business.

Enhancements that give YOU, the provider, greater control and more immediate acknowledgement and response times.

### New Features and Upgrades include:

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

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

<https://www.healthchoiceaz.com>, <https://www.healthchoicepathway.com/>

# Secure Provider Portal View



Health  
Choice

## Welcome to Health Choice Provider Portal

### New & Upcoming Enhancements

- 🔔 New Credentialing Portal Feature. Contracted providers can now submit credentialing requests via our Provider Portal. Forms will automatically be routed to our Credentialing department for processing with an accessible PDF form for your records. Click the [Electronic Credentialing-AzAHP Practitioner Data Form](#) link under Provider Tools.

### 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.
- 🕒 New member ID prefixes: Health Choice Arizona is HCI (e.g. HCIA12345678). Health Choice Pathway is MZH (e.g. MZHHC1234567)
- 🔔 Recent [Member Admissions and/or Discharges](#)
- 👁️ 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](#)
- ➔ [Electronic Credentialing - AzAHP Practitioner Data Form](#)

# 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 set of navigation dots at the bottom.

A dropdown menu for "PROVIDERS" is open, 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, and 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 list of search filters: "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



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice