

2022 Q4 All Provider Forum

December 21, 2022
Zoom



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

Agenda

- 
1. Welcome
Charlotte Whitmore, VP Network Services 5 minutes
 2. Contract Repapering Update
Aimee Perez, Director, Contracting 5 minutes
 3. Member Mission Moment
Removing Barriers to Care, Ginger Foster, Clinical Pharmacist 10 minutes
 4. healthcurrent (a Contexture Organization) HIE & DAP Initiative
Jayme Pina, Director Recruitment and Engagement 25 minutes
 5. Performance Improvement Updates
Jane Dill, MD, Health Choice Medical Director 15 minutes
 6. Credentialing Updates
Cori Billings, Director, Credentialing 10 minutes
 7. Provider Updates
Kijuana Wright, Director, Network Operations 10 minutes
 8. Q and A

Network Services

Contracting

Reissue Network Agreements

- Federal and State regulatory updates + the relationship between Health Choice and BCBSAZ
- Includes all existing Exhibits and/or Addendums and all applicable lines of business
- No change to reimbursement, claims filing timelines, arbitration language or represent any material changes
- Signatory Authority received DocuSign between April and December
- Sign and return via DocuSign within 5 days of receipt
- Not renegotiating reimbursement. Requests must be in writing on your company letterhead.
- Questions: Kym.Chestnutwood@azblue.com or Aimee.Perez@azblue.com



MISSION

M O M E N T

Pharmacists Helping to Remove Barriers to Quality Care

- BCBSAZ Health Choice Pathway enrolls members with multiple chronic conditions and multiple medications in the Medication Therapy Management Program.
- Every member enrolled in the Program receives outreach to complete a **comprehensive medication review (CMR)**
- During the medication review, members often mention other health related issues they may be experiencing and need for assistance.
- One of the benefits of the medication review is the opportunity for the Health Choice pharmacist to remove barriers in health care and collaborate with the providers when needed.

Removing Barriers to Quality Care: Member Journey

Example of a member's journey and the barriers the Health Choice pharmacy team was able to resolve.

During a medication review by phone with a Medicare/Medicaid dual member, the following opportunities were identified:

1. The member reported that she'd been paying out of pocket for magnesium, calcium and cyanocobalamin as the pharmacy told her that "Insurance doesn't cover those." The pharmacist let the member know that though Medicare doesn't cover these medications (which is what the pharmacy was referencing), her Medicaid plan does cover them.

Action: The pharmacist called the member's pharmacy, and they reported that they didn't have the Medicaid plan information on file. **The pharmacist provided the Medicaid plan billing information to the pharmacy and the pharmacy successfully processed paid claims. The member was notified of the successful billing of these medications, and very much appreciated the clarification and assistance.**

Removing Barriers to Quality Care: Member Journey, continued

2. The member was using insulin syringes for cyanocobalamin injection from friends and re-using them because she thought they weren't covered by insurance based on information from the pharmacy.

Action: The MTM pharmacist provided education that **insulin syringes won't get the cyanocobalamin to the muscle. Outreach was made to the prescriber for prescription for intramuscular syringes to be sent to the pharmacy for proper administration and billing. A message was left for the provider in case additional follow up was needed.**

Removing Barriers to Quality Care: Member Journey, continued

3. The member reported that she wasn't testing blood sugar due to the barrier of not being physically able to use the blood glucose meter that was provided to her and not knowing that her Medicare plan covers other options such as the continuous glucose meters (CGMs).

Action: The MTM pharmacist **provided information to member that her Part D plan does cover CGMs such as Freestyle Libre and Dexcom**, which the member was very excited about. She will be following up with her prescriber to get started with a CGM and testing her blood sugar like her doctor asked her to.



Removing Barriers to Quality Care: Member Journey, continued

- **The member was tremendously grateful** for the help. She didn't know what she needed to tell the pharmacy in order to get her supplements covered by Medicaid. She also didn't realize she had coverage for the insulin syringes through Medicare Part B or for the CGMs through her Part D plan. **Outcomes:** This interaction improved member experience, reduced the member's out of pocket costs, prevented unwanted side effects and inaccurate medication administration with reusing insulin syringes for intramuscularly administered medication, reduced barriers to blood sugar monitoring and provided a helpful update to the provider.



**The member described the plan as
“angels sent to help her.”**

Dual eligible HCP/HCA member (11/3/2022)





New Pharmacy ePA Option

Pharmacy PA* requests may be submitted to Health Choice via:

- ePA through the prescriber's EHR if it is ePA enabled
- Online at <https://healthchoice.promptpa.com>
- Fax
- Phone (Medicare only)

*No change to the way in-office administered drug PA's are submitted (Medical PA process)



New Pharmacy ePA Option

Now that Health Choice is ePA enabled, prescribers who use ePA enabled EHR systems will be able to submit a PA right from the EHR.

- The HCA or HCP coverage criteria questions are asked at the point of prescribing. Plus, most EHR systems **will allow the prescriber to submit the member's diagnosis and attach chart** notes to the ePA which **reduces the number of requests back to the prescriber for more info.**
- For step therapy drugs, the **ePA criteria lets** the provider know at the point of prescribing which similar medications are covered first by the plan, which may **help avoid the need to submit a PA.**
- **For best results, verify that the patient's primary insurance is populated in the EHR before submitting an ePA request.**



Contexture

Arizona's Health Information Exchange (HIE)

Jayme Piña

Director, Recruitment and Engagement





Overview



Contexture Basics



HIE Services and Value



Financial Incentives to
Participate



Get Connected!



About Contexture

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.



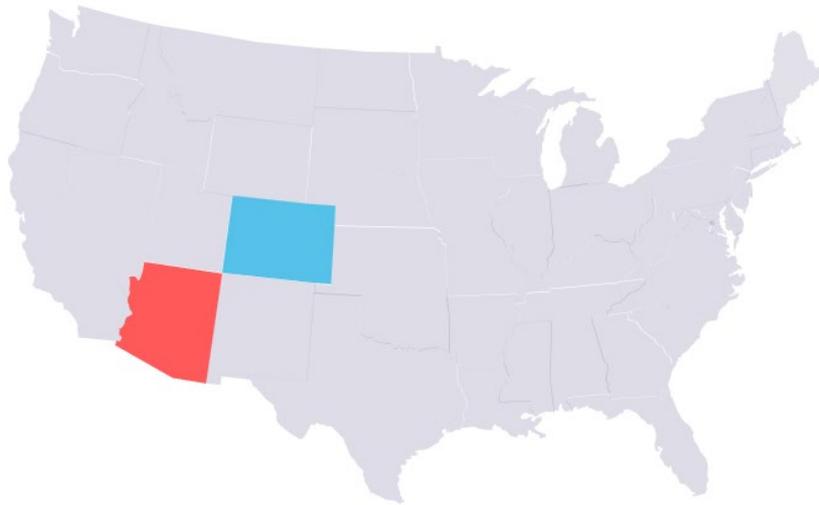
About Contexture

- Founded in 2007
- Over 1,133 HIE Participants and growing
- Over 300 data sources sending patient medical records for sharing
- Data available on 12+ million individuals
- Joined forces with the Colorado based HIE





Regional HIE Landscape





HIE Services & Value



What Are Your PHI Needs?

- How are you currently obtaining PHI? Patient Requests/Shares Medical Records, Phone, Fax, Email, etc...
- How much time do you typically spend trying to track records for one patient?
- How many health system logins do you have?
- What types of data do you request most often (lab/imaging reports, H&Ps, discharge summaries)?
- What do you use PHI for? New patient intake (health hx, demographics, insurance info) care planning, identifying high risk or high frequency users, quality measures)



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.

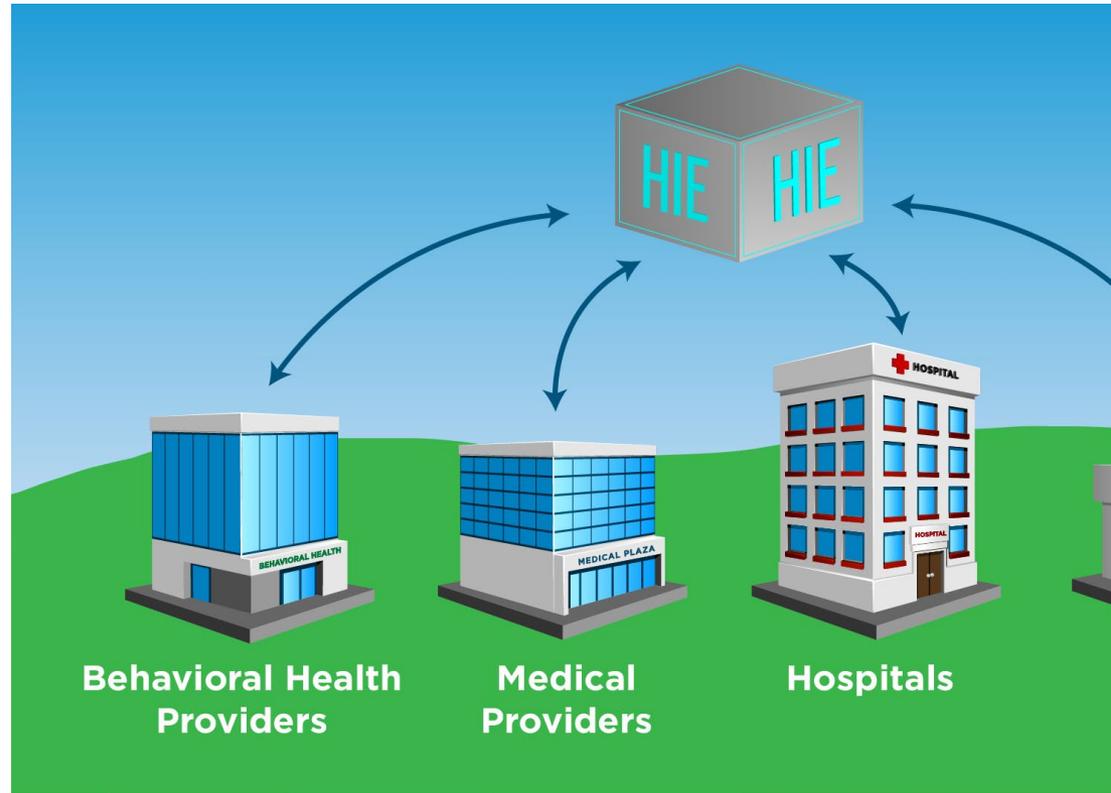


HIE Benefits

- **Value-based Contracting**
The HIE provides value insight into data not found in your patient's record. This data, added to your own records, will assist in meeting and exceeding value-based measures.
- **Population Health**
Patient batching/alerts by population category such as high risk, chronic illness, frequent ED use, and hospitalization assists providers with their population health efforts. The HIE will augment the information in your record to provide a more complete picture of your patients.
- **Care Management**
Practices with care management staff can customize batches/alerts by illness, hospitalization, etc. AND by patient panels assigned to specific care management staff.
- **Clinical Interventions**
The ability to turn data into immediate clinical interventions.



Health Information Exchange





Health Information Exchange



Data From Hospitals

- ADT Info
- Transcription Notes
- Consult & Operative Reports
- Discharge Summaries
- Lab/Rad/Path Results



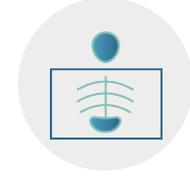
Data From Laboratories & Radiology Centers

- Lab results
- Pathology reports
- Radiology reports



Data From Public Health Departments

- Immunizations
- Reportable Conditions



Care Summary Documents

- Ambulatory Providers



Arizona HIE Services - Catalog

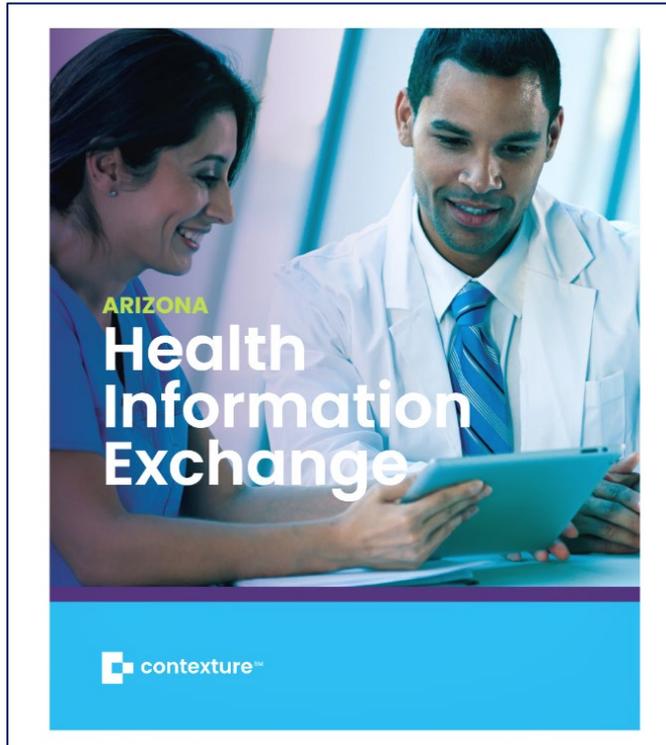


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Continued efforts to support:

- Physical and behavioral health data exchange
- Various types of alerts – ADT, COVID, EMS, Mental illness hospitalizations, etc.
- Bidirectional exchange via various mechanisms
- New public health reporting options

<https://contexture.org/arizona-health-information-exchange/>



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



How Does the HIE Improve Workflow?



PENDLETON
PEDIATRICS

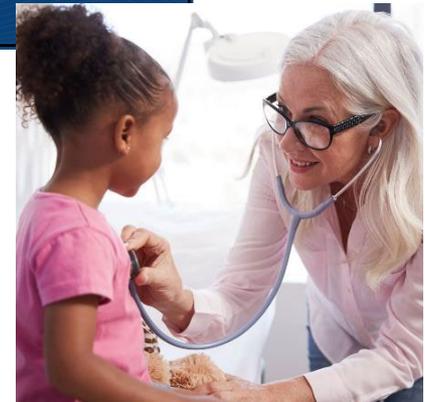


Community Provider

HIE Testimonial

"The **HIE is a huge part of our daily work**, we use it all the time. We receive patient alerts from Health Current and task them out to the appropriate providers. All of our physicians and medical assistants **prepare for each appointment** early in the morning—or sometimes the night before—**by looking up the patient's information** through the HIE portal."

Practice Manager, Pendleton Pediatrics





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 Delivery

When are Alerts Received?

Real-time Alerts

- Individualized based on identified event – ADT, Lab, Trans, Rad Results
- Immediate care team response, next day coordination of care, follow through on tests ordered
- Good for managing smaller patient groups
- Available in PDF, HL7, or CDA

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



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

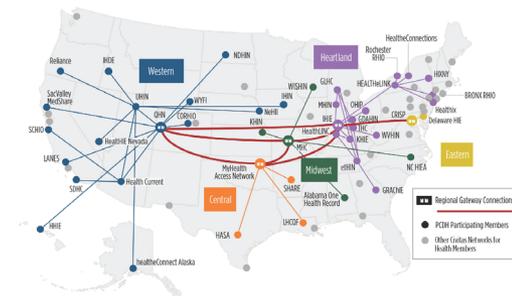
- Uses ZIP code matching to route notifications that a specific patient has been admitted to or discharged from an ED/inpatient facility outside of the patient's home state and allows the home or away facility to query for additional patient records.
- PCDH is a cost-effective, scalable method of exchanging 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](#).

WWW.CIVITASFORHEALTH.ORG

CIVITAS
Networks for Health

Civitas Networks for Health Patient Centered Data Home®

Health information exchanges (HIEs) are connecting nationwide to seamlessly deliver patient health information across state lines and across health systems, improving the patient experience by making their health information available whenever and wherever their care occurs.



PATIENT CENTERED DATA HOME®

OVER	SERVING	WITH
1 BILLION	177 MILLION	45 HIEs
Total event notifications exchanged	Patients in PCDH regions	Participating

For more information reach out to us at contact@civitasforhealth.org

PATIENT CENTERED DATA HOME® IS A REGISTERED TRADEMARK OF CIVITAS NETWORKS FOR HEALTH ASSOCIATION.



Consolidated Care Summaries

HIE Supported Use Cases

- **Consolidated Care Summaries** – a single view CCD of all Arizona HIE data sources, organized to help you find exactly what you are looking for
- **Provider in large integrated health system** – able to receive out-of-network ambulatory encounter data for upcoming scheduled visits
- **Care Manager in a payer organization** – needs to know right away if high-risk members have been in the hospital, emergency department or elsewhere



Additional Programs Supported by Contexture



CommunityCares SDOH Referral System



- **Single, Statewide Referral System**

Contexture, teamed with AHCCCS, and in collaboration with 2-1-1 Arizona and Solari Crisis & Human Services, has implemented CommunityCares to address social determinants of health (SDOH) needs in Arizona

- **New Technology Platform**

Powered by Unite Us, is designed to connected healthcare and community service providers to streamline the referral process, foster easier access to vital services, and provide confirmation when social services are delivered



Arizona Healthcare Directives Registry



ARIZONA Healthcare Directives Registry

- **Single, Statewide Advanced Directives Registry**
Direct access for participating providers. Source of truth for advance directives.
Secure and accessible data
- **AzHDR is Available to All Arizonans**
Providers need to sign-up and complete onboarding. The registry allows for both submitting and viewing documents.



Financial Incentives



Financial Incentives

- AHCCCS Differential Adjusted Payment (DAP) Programs
 - HIE Participation & Data Quality Initiatives
 - CommunityCares Participation Initiatives
- HIE Data Supplier Program – Administrative Offset Payments



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.



HIE Participation & Data Quality

Provider Category	Strategy	% Increase
Critical Access Hospitals	Data Quality	Up to 8.0%
IHS/638 Facilities	Data Quality	Up to 2.5%
All Other Hospitals	Data Quality	Up to 2.0%
Integrated Clinics	Data Quality	1.0%
Behavioral Health OP Clinics	Data Prep	1.0%
Nursing Facilities	Data Access	1.0%
OB/GYN, Ped, Cardiology, Nephrology	Data Access	1.0%
Assisted Living Centers	Data Access	1.0%

For Contract Year Ending (CYE) 2023, Effective 10/1/22



HIE Data Supplier Program

Receive Incentive Payment for Sending Data to the HIE

- Replaces historical HIE Onboarding Program ended 9/30/21
- AHCCCS Providers that did not previously receive a payment are eligible to receive

Provider Category	Payment
Hospitals & IHS/638 Facilities	\$20,000
Community Providers (26+)	\$20,000
Community Providers (16-25)	\$15,000
Community Providers (1-15)	\$10,000
Nursing Facilities	\$5,000



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 AZHIE (if applicable)
- COVID-19 lab test and immunization data (if applicable)



Miscellaneous Initiatives & Updates



Upcoming Changes to Fee Structure

- Board of Directors has discussed and supported the transition to an HIE fee structure that ties value of services to reasonable fee structure for all participants
- Merger called for development of integrated financial model and fee structure
- New fee structure transition in process. Rollout dates for new Az fees:
 - January 2023 – ACOs & New HIE Participants
 - January 2024 – All other existing non-paying HIE participants
 - **IMPORTANT:** Critical access hospitals, rural health clinics and tribal facilities will have NO fees indefinitely, starting in 2023



HITRUST Certification: What Does it Mean?

- Contexture's Arizona and Colorado HIEs have achieved HITRUST CSF® Certifications to manage risks, improve security posture and meet compliance requirements
- Certification process involved 19 assessment domains, including third-party management, password management, access control and physical security
- All staff from both organizations participate in the ongoing process
- "This achievement puts us among an elite group worldwide and helps both organizations build trust with their business partners." -- Melissa Kotrys, CEO, Contexture





Get Connected!



Get Connected to Contexture

New Participants – Recruitmentinfo@contexture.org
Schedule your Demo - contexture.org/joinaz

Congratulations to Contexture's Deanna Towne, the 2022 Colorado CIO Corporate ORBE winner! Portal Logins ▾ For Patients ▾ Participant Network ▾ Customer Support Contact Us

contexture
Creating connections. Improving lives.

About Us ▾ Solutions ▾ Resources ▾ News & Events ▾ Careers ▾ Q

SCHEDULE A DEMO

Welcome to Contexture.

We're a nonprofit healthcare information and technology organization that provides strategic, technical and administrative support to advance health through information sharing. Our mission is to advance individual and community health and wellness through the delivery of actionable information and analysis.

Health Information Exchange	Quality Improvement	Data Analytics	Social Determinants of Health	Advance Directives	Public Health
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Questions & Discussion



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Performance Improvement Updates

All Provider Forum 12/21/22
Jane Dill, MD



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AHCCCS Targeted Investment 2.0

Primary Goal: Improving health equity for targeted populations through addressing **social determinants of health (SDOH)**.

Providers will be incentivized to establish certain processes and meet outcomes-based metrics for specified activities.

TI 2.0 Specified Activities

- Implement national standards for Culturally and Linguistically Appropriate Services (**CLAS**);
- Implement procedures to use a closed loop referral system to standardize **SDOH** referrals and coordination with community-based organizations;
- Conduct population health analyses related to **SDOH and health inequities**, and implement a plan to identify and address them;
- **PCP only**: Implement specialty-specific programs and processes such as: **postpartum depression screening** for parents;
- **Justice only**: **Tobacco cessation programs** for patients transitioning from the criminal justice system.

AHCCCS Targeted Investment 2.0

AHCCCS will begin to accept applications (by TIN) in early 2023 for Targeted Investment 2.0.

Year 1- Onboarding/ Application:

- All interested PCP and BH organizations and ICs, regardless of TI 1.0 participation, have the opportunity to submit an application through an AHCCCS Online portal and upload specified documents to demonstrate meeting application requirements by 9/30/2023.
- Eligible provider groups will earn a Year 1 incentive payment for successfully completing the application process.

AHCCCS Targeted Investment 2.0

Year 2 & Year 3 Systems and Processes:

- Establish new and meaningful systems transformations and improve requirements to more comprehensively address health equity by providing whole person care.
- These processes will be developed with minimum requirements met in Year 2 and demonstrated with a random sample review of members served in Year 3.

Year 2 - Year 5 Performance / Outcome Measures:

- Each performance target will have an incentive amount associated with it.
- Participating providers will receive an incentive payment for each target that is met.

AHCCCS Targeted Investment 2.0

Sign up to receive emails with TI updates from AHCCCS:

[Targeted Investments : Sign Up to Stay in Touch
\(constantcontact.com\)](#)

Electronic Clinical Data Sets (ECDS)

- The HEDIS ECDS Reporting Standard encourages secure sharing of patient medical information electronically.
- ECDS reporting is part of NCQA's strategy to enable a Digital Quality System and move to digital measures. *Breast Cancer Screening is transitioning fully to an ECDS measure for 2023.*

Electronic Clinical Data Sets (ECDS)

- ECDS reporting includes, but is not limited to, EHRs, clinical registries, HIEs, administrative claims systems, electronic laboratory reports, immunization information systems and disease/case management registries.
- As more HEDIS measures move to ECDS only measures, BCBSAZ Health Choice strives to maximize data sources that help show the work our providers are doing for our members and assist our providers in excelling in Value Based Care.

With TI and ECDS in mind...

Work with BCBSAZ Health Choice Quality Improvement and Information Management Teams to:

- Build a structured supplemental data file for monthly upload
- Maximize coding to capture your work

Reach out to Contexture to connect with or maximize use of the HIE. Each Contexture participant has an account manager. Work with them to:

- Identify the specific data needed to make the bi-directional information received from Contexture actionable
- Customize the preferred workflow for receiving or monitoring the alerts/data
- Highlight information that ties to the TI performance measures.



PCP Reassignments

- BCBSAZ Health Choice has been working on processes to help automate PCP reassignments.
- More accurate attribution = more accurate gap lists for BCBSAZ-HC practices and improved health plan and provider communication regarding member health needs.
- The first reassignments will take place January 1, 2023. Members who have not been to their assigned PCP but have visited another PCP 2 times in the last 12 months will move to that PCP.
- The process will be evaluated and refined after our initial reassignment. 2nd run for auto reassignment is planned for July. Moving to quarterly process by 2024.
- Manual member moves will continue as needed.

2023 Anticipated Focus Areas

BCBSAZ Health Choice

- **Well child visits (all ages)**
- Developmental Screening
- **Breast Cancer Screening**
- Cervical Cancer Screening
- Topical Fluoride (peds)
- Timeliness of Prenatal Care
- Diabetes A1c control
- Hospital Readmissions

2023 Anticipated Focus Areas

BCBSAZ Health Choice Pathway

- **Medicare Annual Wellness Visits**
- Breast Cancer Screening
- **Diabetes Care**
 - A1c (<9 and <8)
 - **NEW! Kidney Evaluation (urine albumin/creatinine ration and eGFR)**
 - DM Eye Exams
 - BP Control in Persons with Diabetes
 - Statin Use in Persons with Diabetes
- Colorectal Cancer Screening
- **Blood pressure control in Patients with Hypertension**

New DM Kidney Measure

Kidney Health Evaluation in DM (KED)

- Replaces Nephropathy Screening Measure
- The prior measure was often closed with use of ACE-Inhibitors or ARBs in lieu of urine microalbumin testing. That will not close the gap with the new measure.
- The patient will need claims for both a blood test and a urine test to close the measure:
 - urine albumin/creatinine ratio
 - eGFR from blood work such as a BMP or CMP

Questions?

Thank you for all you do
Happy holidays!

Credentialing Updates



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Applying for credentialing (practitioner)

Step

1

Ensure CAQH is accurate, complete, and currently attested



Preferred Step

2

Complete the AzAHP Practitioner Data Form using the Credentialing Portal



Alternate Step

2

Complete the AzAHP Practitioner Data Form PDF & email to credentialing



Benefits of the Credentialing Portal



Secure, user-friendly interface allows users to complete the AzAHP form and duplicate information for the next form.



Users are given an option to print the form in PDF format after submitting, allowing users to retain a copy in AzAHP format for their records.

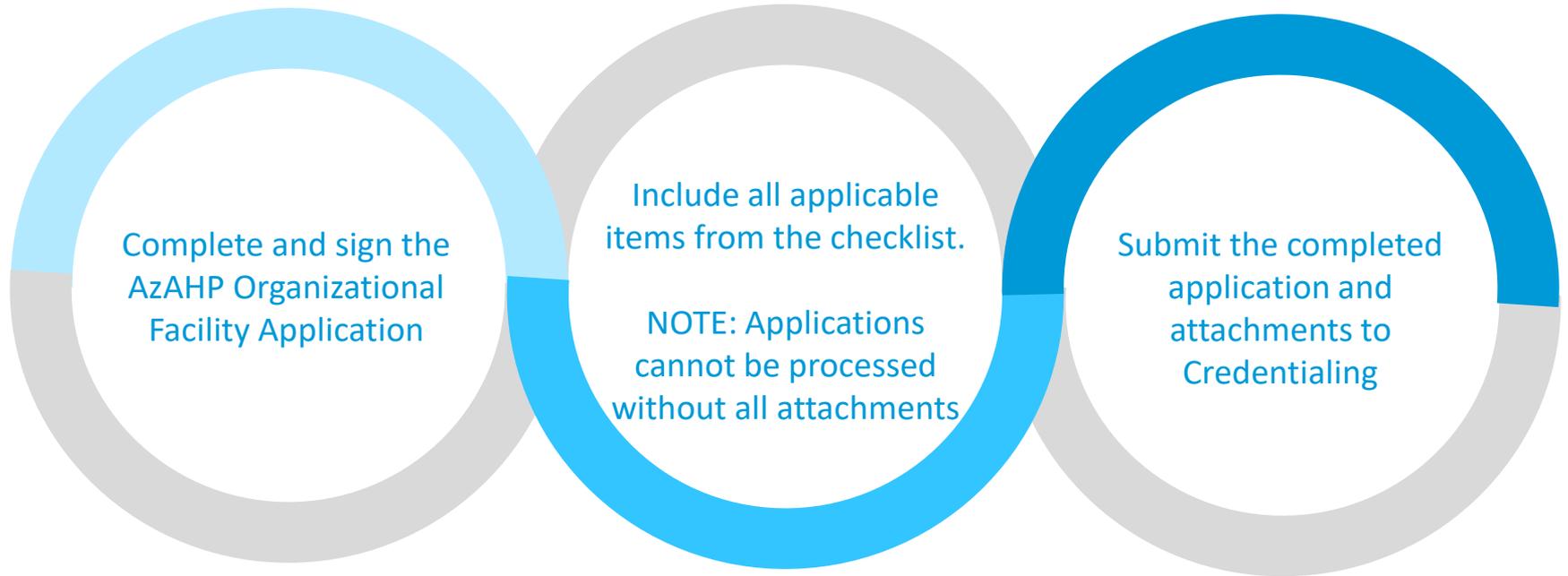


Faster credentialing TAT. The Credentialing team uses submissions in conjunction with CAQH to decrease manual data entry, resulting in faster processing.



Status updates of each application are available to users within the credentialing portal. Enhancements to this feature are coming soon.

Applying for credentialing (facility)



Frequently missing application items

PRACTITIONER

- Disclosure questions inaccurately answered/ no explanation for adverse events or malpractice cases
- Board certification not listed on CAQH
- CAQH not currently attested or not accessible by BCBSAZ Health Choice
- Current professional liability certificate of insurance
- Copy of DEA certificate

FACILITY

- Current workers' compensation liability certificate of insurance
- Current comprehensive general liability certificate of insurance
- Current accreditation certificates
- Current CLIA (if applicable)

Credentialing Timelines

Credential Type	AHCCCS Process Timeline
Initial	60 days from the completed application
Provisional Practitioner	14 days from the completed application
Recredentialing	Within 36-months of previous credentialing event

Partnering for faster credentialing & compliance with recredentialing:

- Ensure CAQH is accurate, complete, and currently attested at all times (rec credentialing may occur early to align with other AHCCCS plans)
- Ensure AzAHP is completed accurately and submitted to the correct department (credentialing if TIN is already contracted, contracting only if TIN is not yet contracted)
- Ensure supporting documentation is included in the AzAHP submission and/or CAQH
- At rec credentialing – ensure timely response to Verisys (practitioner rec credentialing) or BCBSAZ Health Choice credentialing department (facility and practitioner)
- Notify BCBSAZ Health Choice of any provider terminations

Provider Resources

Kijuana Wright, Director, Network Operations



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Health
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BCBSAZ 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

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

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

AHCCCS and its Managed Care Organizations **will deny claims** for dates of service on and after January 1, 2023 if the individual practitioner who performed the services associated with the clinic visit is not reported.

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

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**



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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



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Choice

Member: John Q Sample	RxBIN: 004336
ID #: MZHHC1234567	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



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Health
Choice



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

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

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



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Health
Choice

HealthChoicePathway.com

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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!!!

Dental Prior Authorization Submission

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

www.healthchoiceaz.com

www.healthchoicepathway.com

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

'Providers' tab -> 'Provider Education'

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/>

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](#)



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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](#)



Health Choice



NOTICE: CHANGE IN MEMBER SERVICE HOURS

8 a.m. - 5 p.m., Monday through Friday



COVID-19 Information

Learn more about COVID-19 and vaccine information.

- 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

MASK UP ARIZONA

My Mask Protects You, And Your Mask Protects Me

WATCH THE VIDEO

IMMUNIZATIONS SAVE LIVES

WATCH THE VIDEO

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

AHCCCS Electronic Visit Verification (EVV)

EFFECTIVE JANUARY 1, 2023

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.

Stay Informed

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

AHCCCS Electronic Visit Verification (EVV)

EFFECTIVE JANUARY 1, 2023

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).

Q & A



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