

2023 Q2 All Provider Forum

June 28, 2023

Zoom Recording:

<https://azblue.zoom.us/rec/share/vli-v6yvo6lr36nGT91DEATsMBupho55aAZwXm17Sw2agvoFZ1KURYUMs3sV-zYx.CzH8CIUJiZed2ol1>



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Agenda

- 
1. Welcome
Charlotte Whitmore, VP Network Services 5 minutes
 2. Provider Mission Moment
Holly Balderrama, Network Provider Performance Rep - Lead 5 minutes
 3. Integrated Health
Solari – SED Eligibility Determinations
Ashley Gill, BHT, Solari - Manager Eligibility 20 minutes
AHCCCS – Targeted Investments Program
Cameron Adams, AHCCCS - Program Administrator TIP 40 minutes
 4. Performance Improvement Updates – Back to School Campaign
Dr. Jane Dill, MD, BCBSAZ Health Choice Medical Director 10 minutes
Sarah Bradshaw, RN, MSN, CPN, ACM-RN – Manager of Pediatric Clinical Programs
 5. Provider Resources
Jadelyn Fields, Network Provider Service Manager and Educator 10 minutes
 6. Q and A 5 minutes



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MISSION

M O M E N T



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Mission Moment

Network Operations
and Medical Director
Collaboration



Provider Visits

Dr. Heller, BCBSAZ Health Choice Medical Director, traveled to Globe on March 29, 2023



Palo Verde Family Care with Dr. Andrade

Provider Performance Representative Holly Balderrama traveled to Vernon, AZ on May 18, 2023 to visit new provider Beacon Treatment Center



Provider Comments - 2023

- “I feel like Christmas just arrived early Jody! I am so thankful for you. Thank you so much!!!” – Kindred Hospice
- “I personally, would like to thank you for assisting us [Holly]. This has not been an easy issue for anyone involved. Thank you for your efforts in getting what we could taken care of. It is appreciated.” – Kids Little Smiles Dentistry
- “I wanted to circle back and let you know that we very much appreciate your responsiveness, and that of your team! Brian Gibbs and Jadelyn Fields have reached out and re-connected on things to follow up, and seems we are well on our way to a smooth process. They were both so kind and helpful.” – Nextsteppx

Provider Comments - 2023

- “Thank you so much as always Jody, you’re a wonderful help!!” [PA assistance] – High Country Early Intervention, Inc.
- “I appreciate your prompt response and willingness to take care of our issues immediately. You're very valued as a provider rep [Holly].” – AZA4D
- “Just wanted to send you a note of thanks. Your team has been exceptional in getting these delegated rosters. Particularly Dottie. I know she has the majority of them and without batting an eye, she jumped on it and started collecting. It's going to help us, our providers, and our members. Just wanted to say thanks!” – Internal leader
- “Thanks Dottie! You’re the bestest!” – Ensign SNF [claims issue resolution]

Integrated Health



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SED Determination Process Overview

Solari Eligibility & Care Services

What does Solari Do?



- Solari Crisis & Human Services is an award-winning non-profit organization based in Arizona
- We partner with communities to provide solutions that improve public access to local services and resources
- We help, inspire, and empower individuals through our crisis call center, information and referral, and data services





Solari's Role: Eligibility & Care Services Team

- No direct services
- Neutral third party in the public behavioral health system
- No monetary incentive to determine an individual's eligibility
- Completes all SMI determinations in Arizona and effective 10/1/2023 all SED determinations.
- Behavioral Health Providers complete assessments and submit to Solari; we review and make the determination
- Applies the criteria as mandated by AHCCCS:

Does the individual meet diagnostic criteria?

Does the individual meet functional criteria?



Serious Emotional Disturbance (SED) Designation:

- All individuals from birth to 18 years of age shall be evaluated for SED eligibility by a qualified clinician and have an SED eligibility determination made by Solari if the individual or their Health Care Decision Maker (HCDM) makes such a request. *This includes request for Removal of SED Designation.
- To meet criteria for SED status, an individual shall have, a qualifying SED diagnosis, and functional impairment because of the qualifying diagnosis, for most of the past six months, or for most of the past three months with an expected continued duration of at least three months,
- Or Risk of deterioration
- 17.5-year-olds are eligible for a Serious Mental Illness (SMI) evaluation. Reviewing for SMI prior to the 18th birthday can help with the transition to adult services.
- If approved for SMI services, the AHCCCS portal holds the information until the individual's 18th birthday. On the day of the individual's 18th birthday, the information is sent to the AHCCCS Pre-Paid Medicaid Management Information System (PMMIS) for processing.

What will a complete SED packet consist of?



Required Documents to process

- Consent for Assessment (Signed by parent or legal guardian)
- Assessment (completed within the last 6 months) with CALOCUS score.
- Serious Emotional Disturbance Determination form (must be signed by licensed BHP)

Helpful forms to include

- Waiver of Three-Day Determination Form
- Release of Information (ROI)
- Additional Treatment Records
- Demographic form



What will a complete Removal of SED Designation packet consist of:

Required Documents to process

- Removal of SED Designation Attestation form
- Serious Emotional Disturbance Determination form (must be signed by licensed BHP)

Helpful forms to include

- Waiver of Three-Day Determination Form
- Release of Information (ROI)
- Additional Treatment Records
- Demographic form
- Assessment (completed within the last 6 months)

Eligibility Determination Timelines



- An individual, their guardian, designated representative or family member can ask his/her current AHCCCS provider, or they can call the T/RBHA to ask for an SED Determination.
- An evaluation is required to occur no later than seven days after a request is made.
- The individual meets with a qualified assessor.
- The assessor sends the required paperwork (assessment) to Solari.
- Solari has either 3, 20, 30, or 60 days to make a decision depending on each individual case.
- After a decision has been made, a notice is sent to the individual with the results (determination) and information on how to receive services (when applicable).

Appeal Process



- Each applicant has the right to appeal their SED determination.
- To appeal, an individual must fill out and send the appeal form and include the original determination (decision). Or, they can call Solari and file by phone at 855-832-2866.
- The individual will be able to meet with a second reviewing psychologist in an informal meeting within seven days of filing the appeal. Any additional information about the individual's treatment history will be considered.
- Solari will make the second decision within 3, 20, 30 or 60 days depending on the need for more information.
- The individual will get a notice in writing with the final decision.



Administrative Hearing

- If the individual wishes to appeal the second decision, they have the right to request an administrative hearing.
- This form is included with the Notice of Supplemental Review, it must be filled out and mailed/faxed to the AHCCCS/G&A address provided.



REQUEST FOR ADMINISTRATIVE HEARING – SED ELIGIBILITY

Docket Number: _____

If you do not agree with the decision regarding _____ eligibility to receive Serious Emotional Disturbance (SED) services, you have the right to request an administrative hearing. At an administrative hearing you have the opportunity to present evidence to an administrative law judge regarding _____ eligibility for services. An administrative hearing may be requested by completing this form and sending it to the AHCCCS Office of Grievance and Appeals at the address listed below. Your request for an administrative hearing must be made within thirty (30) days of the receipt of this notification.

THE AGENCY AND ACTION BEING APPEALED: Solari – SED eligibility determination

DATE OF THE DECISION BEING APPEALED: _____

THE REASON FOR THE APPEAL: Appellant wishes to be determined SED eligible

Signature

Date

Are you the applicant: Yes No If you are not the applicant please state your relationship to the Applicant: _____

Please confirm your current mailing address and phone number:

Please send this form to:

AHCCCS/Behavioral Health Grievances and Appeals
801 E. Jefferson Street, Mail Drop 6200
Phoenix, AZ 85034

AHCCCS/G&A: 602-364-4575
Fax: 602-364-4591

Questions or Concerns?



Jennifer Janzen - Eligibility Education and Training Coordinator

Jennifer.Janzen@solari-inc.org

520-727-3005 or 480-273-3847

Dr. Korey Hawkins - Manager, Eligibility Clinical Operations

Korey.Hawkins@solari-inc.org

602-531-8731

Ashley Gill - Manager, Eligibility

Ashley.Gill@solari-inc.org

602-527-8115

Website: <https://community.solari-inc.org/> Includes Tips, Application, Required Forms, Submission Instructions, FAQ's, etc.



Targeted Investments Program

BCBSAZ Health Choice 2023 Q2 All Provider Forum

06/28/2023

Speakers

AHCCCS

- Cameron Adams, MPP
Program Administrator
- Jane Otenyo, MPH
Project Manager
- Vishal Etikala, MS
Research & Statistical Analyst Senior

ASU

- Samantha Basch
Project Manager
- Kailey Love, MBA, MS
Project Manager

Agenda

- ❑ Program Overview
- ❑ Participation Requirements
- ❑ Year 1: Application and Key Dates
- ❑ Year 2 - Year 5: Program Deliverables
- ❑ Technical Assistance
- ❑ Q & A

Program Overview

What is the Targeted Investments (TI) Program?

Areas of Focus for TI 1.0 (2017 - 2022)

- Increasing integration of physical and behavioral health (BH) care.
 - Reducing fragmentation between acute and BH care.
- Increasing care coordination for individuals with BH needs.
 - Increasing efficiencies in service delivery for patients with BH needs by improving integration at the provider level.
 - Improving health outcomes for members with physical health and BH needs.

Targeted Investments (TI 2.0)

Initiatives

- **Culturally and Linguistically Appropriate Services:** Staff cultural competency (CLAS standards)
- **Health Related Social Needs:**
 - Use of closed loop referral system (enhancing referral/coordination protocols).
 - SDOH: Identify predominant social needs of patient population and outcomes, address with enhanced coordination with social service providers.
- **Population Health / Health Equity:** Identify and analyze health inequities in patient population.

Targeted Investments (TI 2.0)

PCP Specific

- Postpartum Depression Screening (Adult & Peds PCP)
 - Encouraging OB/GYNs to participate in Adult Primary Care to identify and address inequities in maternal health outcome
- Dental varnish (Peds Only)

Criminal Justice Specific

- Tobacco Cessation
- Identify inequities specific to the population (e.g., criminogenic risk and housing instability)

TI 2.0 Participation

Participation

TI 1.0

- Site and clinic specific participation level

TI 2.0

- Provider participation is at an organization (Tax ID) level
- Multi-site organizations can apply for all eligible sites & earn incentive based on organization's performance
- Except justice clinics which will remain at site level due to community collaboration requirements

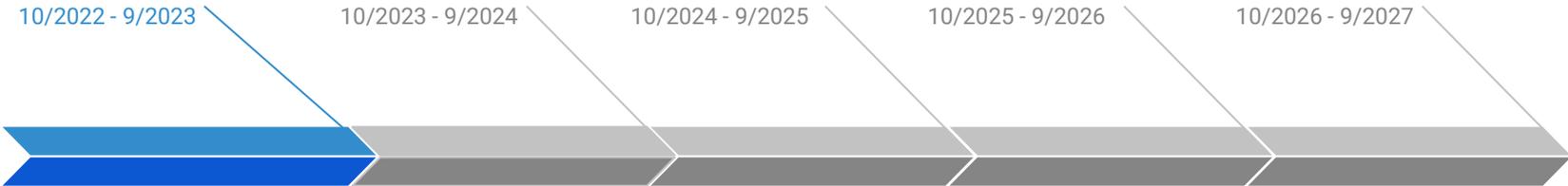
Medicaid Enrollment Requirement

- Participants must be an enrolled medicaid provider and have an active AHCCCS Provider Number, NPI & TIN in order to participate in the program

TI 2.0 Providers Types

<p>PCP Adult and Peds</p>	<p>Behavioral Health Adult and Peds</p>	<p>Justice Adult</p>
<p>Integrated Outpatient Clinics</p> <p>Non-Integrated Primary Care Outpatient Clinics</p> <p>Non-facility PCP Providers Working In the Clinics MD-Physician DO-Physician Osteopath Registered Nurse Practitioner Physicians Assistant *Obstetrician and gynecologist practices*</p>	<p>Integrated Outpatient Clinics</p> <p>77-Behavioral Health Outpatient clinics</p> <p>Non-facility BH Providers Working In the Clinics MD-Physician DO-Physician Osteopath Licensed independent Substance Abuse Counselor (LISAC) Licensed Clinical Social Worker (LCSW) Psychologist 86 Licensed Marriage & Family Therapist (LMFT) Licensed Professional Counselor (LPC) School Based Guidance Counselor School Based Certified School Psychologist Behavioral Health Counselor Board Certified Behavioral Analyst Provider MHS Social Worker MHS Nurse- Psychologists Registered Nurse Practitioner</p>	<p>Integrated Settings Integrated Outpatient Clinics Federally Qualified Health Centers Rural Health Centers</p> <p>Competitive by Population Served Application demonstrates robust collaborative agreements with a justice partner (e.g. Clinics co-located with or adjacent to probation, parole facilities, court, diversion)</p>

TI 2.0 Timeline



Year 1

Onboarding/Application

Year 2

Establish new systems and processes

Meet targets on performance measures

Year 3

Implementation and Evaluation of systems and processes

Meet targets on performance measures

Year 4

Meet targets on performance measures

Year 5

Meet targets on performance measures

TI 2.0 Application / Onboarding

Year 1

Year 1: Onboarding & Application

Application Process

- Submit an application through the AHCCCS Online Targeted Investments Portal
 - Application portal will be available **Summer 2023**
 - Application due by **5 p.m. (Arizona/Mountain Time) on 9/30/2023**
- Must meet EHR requirements
- Attest to meeting program process requirements based on area of concentration
 - Upload supporting documentation for policy and procedures which address required TI initiatives
- Acceptance letters to be sent by **December, 2023**
 - Participants must meet baseline deliverables and be accepted into TI 2.0 program to receive Year 1 payment
 - Year 1 incentive payment will be received in **Fall 2024**

HIE: Contexture Requirement

By the TI 2.0 application deadline (9/30/2023), the organization must attest and upload documentation to demonstrate that all participating clinics under the TIN either:

A. Have an EHR system capable of bi-directional exchange of a core data set with Contexture:

- **Must upload a signed scope of work**, dated no later than 9/30/2023, to connect the system to Contexture's **new** HIE platform once available.

OR

B. Have plans to adopt an EHR system capable of bi-directional exchange of a core data set with Contexture:

- **Must upload a commitment letter**, signed by the organization's Chief Executive Officer or individual in an equivalent position as of 9/30/2023, that identifies the EHR system and intent to connect to Contexture's **new** HIE platform once available.

TI 2.0 Application

Process Requirements	Project Type (Adult & Peds)
<input type="checkbox"/> Procedures for BH and HRSN screening, referrals, and care coordination <i>(HRSN are subset of SDOH: housing, transportation, food insecurity, utility assistance, interpersonal safety)</i>	BH & PCP
<input type="checkbox"/> Identify accountable position(s) to pursue TI 2.0 population health initiatives	BH & PCP
<input type="checkbox"/> Protocols for utilizing evidence-based practices in trauma-informed care	BH & PCP
<input type="checkbox"/> Policies and procedures that demonstrate the collaboration between psychiatric provider consultation services to manage patients care	PCP
<input type="checkbox"/> Policies for identifying, tracking, and coordinating care for high-risk patients	PCP

Behavioral Health (BH) - Must meet 2 out of 3 requirements

Primary Care (PCP) - Must meet 3 out of 5 requirements



TI 2.0 Application

Application

Eligibility Requirements

Quality Improvement Collaborative

Annual Requirements

Payment

FAQs

Support/Resources

News and Updates

TI 1.0 Program Website



TI 2.0 Application Requirements

The deadline to submit an application for the TI 2.0 program is **September 30, 2023 by 5 p.m. (MST/ AZ time)**. Applicants must submit through the [AHCCCS Online Portal](#) TI Application Portal. The TI 2.0 Application Portal will be available in **Summer 2023** ([sign up for the Newsletter to be notified](#)).

The link to the TI 2.0 Application Portal will only be visible to the organization's Master Account Holder or another AHCCCS Online User that is granted access by the Master Account Holder. Please note that Master Accounts are locked after 90 days of inactivity; Individual Accounts are deleted after 120 days of inactivity. If there are no active Master Accounts or User Accounts to promote, applicants must [register for a new AHCCCS Online account](#) at least a month prior to the application deadline to receive the authentication code via postal mail.

Eligibility Requirements by Area of Concentration

Provider Type
Primary Care Project: Adult
Outpatient Behavioral Health Project: Adult
Primary Care Project: Pediatric
Outpatient Behavioral Health Project: Pediatric
Adult Ambulatory: Criminal Justice Focused

Important Deadlines

6/30/2023: [Submit a Provider Interest Form](#) no later than 6/30/2023 to request justice partnership concept, use-case, or negotiation review (TIP Justice 2.0 applicants only).

8/30/2023: [Submit TI 2.0 application](#) no later than 8/30/2023 through the AHCCCS Online portal for prioritized document

Application Summary & Supporting Documentation Checklist

3. PROCESS REQUIREMENT: Protocols for utilizing member-centered, culturally sensitive, evidence-based practices in trauma-informed care.

3.1 Uploaded trauma-informed care protocols must:

Supporting Documentation

- A) Identify the staff/positions responsible for screening patients for trauma.
- B) Describe the process of documenting screening results and the patient's desire to be referred-to follow up care.
- C) Identify external referral resources that provide (and/or explain how internal resources provide) culturally sensitive trauma-informed care once trauma has been identified.
- D) Describe the referral (external) and/or hand-off (internal) process to appropriately intervene when a positive screen is identified, and the member agrees to a referral.

Elements

3.2 Uploaded training documentation must:

- A) Describe annual TIC training requirements for staff responsible for TIC screening that include, at minimum, 3 hours of evidence-based training program per year.

TI 2.0 Program Deliverables

Year 2 - Year 5

TI 2.0 Participant Metrics

Years 2 - 3

- Create process and protocols that include prescribed criteria in a way that complements current operations.
- Demonstrate process and protocols followed via random sample.

Year 2 - 5

- Meeting target on Stratified Performance Measures.
- HRSN, geography, age, disability, etc.
- Target setting methodology, strata, and performance measures still in review.

TI 2.0 Year 2 & Year 3 Peds PCP Example

Year 2: By September 30, 2024:

- A. Identify at least one position who is responsible for placing dental fluoride varnish at time of visit at each clinic.
- B. Demonstrate that the position responsible for placing dental fluoride varnish is adequately trained. Examples of these trainings include ([Smiles for Life](#) and [Missouri Department of Health Preventative Services Program](#)).
- C. Document the duties of the position responsible for placing dental fluoride varnish, including:
 - a. Documenting each member's decision to receive the service or not at time of well-visit,
 - b. Educating the member and present guardians of about the importance of oral health,
 - c. Documenting the member's dentist and/or referred dentist in the member's EHR, and
 - d. Documenting the member's last dental visit, per the member's memory, in the member's EHR.
- D. Develop policies and procedures related to follow up with the dentist and/or patient to confirm the follow up dental service was scheduled and completed within 6 months, if the member does not recall a dental visit in the past 12 months.

Year 3: By September 30, 2025:

Based on an organization record review of a random sample of at least 20 pediatric members that received a well-visit during the year, attest that these procedures were followed at least 85% of the time.

TI 2.0 Years 2 - 5 Performance Measures

Example

- Portion of payment tied to meeting or exceeding performance measure targets.
- Based on services provided in the Program Year.
- Aligned with national stewards.

Updated:10/27/2021

TI Year 4 – 6 Metrics with Methodology

Measurement Stewards Key			
CMS Core Set PEDS Adult	CMS ScoreCard	Statewide (STG)	NCQA HEDIS
●	●	●	●

Pediatric PCP		
Chosen Performance Measure	Measure Description	Measurement Stewards
Well child visits in third, fourth, fifth and sixth years of life	Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.	● ● ● ●
Adolescent well-care visits	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner during the measurement year.	● ● ●
Well-child visits in the first 15 months of life	Percentage of children who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life: --No well-child visits --One well-child visit --Two well-child visits --Three well-child visits --Four well-child visits --Five well-child visits --Six or more well-child visits	● ● ●

Pediatric BH		
Chosen Performance Measure	Measure Description	Measurement Stewards
Pediatric follow-up after hosp. for mental illness ages 6-17 (30 - Day)	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the child received follow-up within 30 days after discharge	● ● ●
Pediatric follow-up after hosp. for mental illness ages 6-17 (7 - Day)	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the child received follow-up within 7 days after discharge	● ● ●
Metabolic monitoring for children and adolescents on antipsychotics	Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year.	●

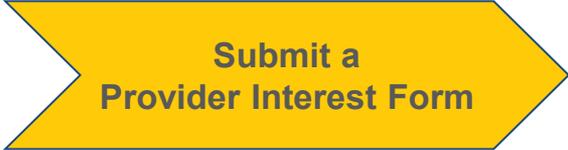
****These are the TI 1.0 Measures for Example Only****

Technical Assistance

Priority Application Assistance Important Deadlines

6/30/2023	Submit a Provider Interest Form to request justice partnership concept, use-case, or negotiation review (TIP Justice 2.0 applicants only). TIP Justice applicants must request assistance by 6/30 to guarantee priority assistance.
8/30/2023	Submit a Provider Interest Form to request document review prior to submitting official application through the AHCCCS online portal for prioritized document feedback and opportunity to resubmit with corrections. 8/30 is the last day to request document review. Early submission is highly encouraged.
9/25/2023	Submit a Provider Interest Form to request application portal submission assistance. This will not include document review. 9/25 is the last day to guarantee priority application portal assistance from the TI team.

Click on Buttons Below to:

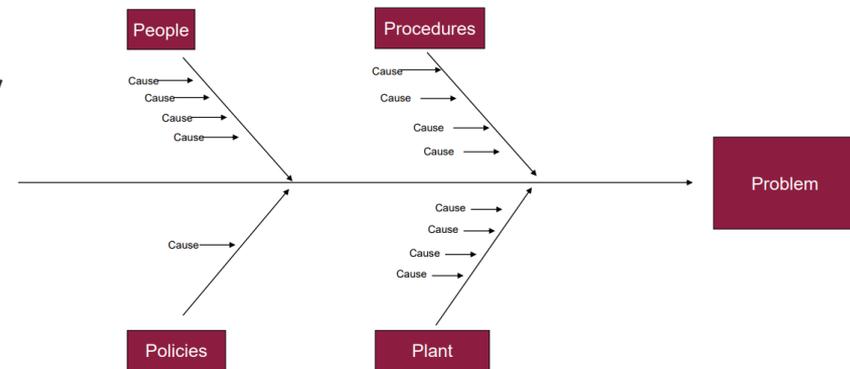


Technical Assistance Support

- Individualized Technical Assistance available upon request for process based quality improvement assistance.
- Assist with internal reporting and identify areas for improvement.
- Share [best practices](#) and facilitate peer learning.
- Assist with efficient onboarding new staff to TIP.

Learning Collaboratives & Workgroups

- Learning network with representatives from AHCCCS, ASU, MCOs, CBOs and TI program participants:
 - Evaluate performance on select quality measures and assist providers in improving performance.
 - Share best practices and facilitate peer learning.
- Provide Continuing Education (CE) credits for Medical, Nursing, Psychology, Social Work, and Interprofessional certifications.



Action Items

Follow Up Actions

1. [Subscribe to the TI Newsletter](#) (PCP, BH & Justice)
2. Review [TI Application Requirements](#) (PCP, BH & Justice)
3. Confirm access to an [AHCCCS Online Account](#) (PCP, BH & Justice)
4. Ensure the TIN, service addresses, and non-facility providers are correct in the [AHCCCS Provider Enrollment Portal \(APEP\)](#) (PCP, BH & Justice)
5. Submit TI 2.0 [Provider Interest Form](#) by 6/30/2023 (Justice only)
 - Request justice partnership concept, use-case, or negotiation review (TIP Justice 2.0 applicants only)
6. Submit TI 2.0 [Provider Interest Form](#) by 8/30/2023 (PCP & BH)
 - Use form to state interest in participating and request application assistance
 - Early submission is highly encouraged!
7. Prepare application materials (PCP, BH & Justice)
 - Gather documents, attend technical assistance meetings as needed, create and implement procedures as needed to meet requirements, etc.
8. Submit Application by 5 p.m. (Arizona/Mountain Time) on 9/30/2023 (PCP, BH & Justice)
 - Application release expected Summer 2023. Available on the AHCCCS Online Portal.
 - Application portal submission assistance is available to those who submit request via TI 2.0 [Provider Interest Form](#) by 9/25/2023.
9. Receive notice of application decision (PCP, BH & Justice)
 - Notifications will be distributed on 12/29/2023

Important Information for Submitting the Application via the AHCCCS Online Portal

- Participants must have an active AHCCCS TIN, Provider Number and NPI to log into the AHCCCS Online Portal
- The TI 2.0 application portal will only be visible to individuals who have an AHCCCS Online account
- Prior to beginning the application process, applicants need to confirm that they have an AHCCCS Online account with access to the TI Portal
- TI Portal access must be added by an AHCCCS Online Master Account holder
 - If there are no active Master Accounts in your organization, applicants must [register for a new AHCCCS Online account](#) 30 days prior to the 9/30 (TI application deadline) to receive the authentication code via postal mail.

Program Resources

AHCCCS Website:

<https://www.azahcccs.gov/PlansProviders/TargetedInvestments/>

TI Application Summary:

<https://www.azahcccs.gov/PlansProviders/TargetedInvestments/AppRequirements.html>

ASU TIPQIC Website:

<https://tipqic.org/about.html>

TI 2.0 Program Overview- Final Proposal to CMS:

https://www.azahcccs.gov/PlansProviders/Downloads/TI/TargetedInvestmentsTI_2Proposal.pdf

Click on the Buttons Below to:

**Subscribe to the
TI Newsletter**

**Submit a
Provider Interest Form**

Questions?

Thank You.

TI Program Email: targetedinvestments@azahcccs.gov



BCBSAZ Health Choice Provider Forum June 28, 2023

Back-to-School Campaign 2023

Sarah Bradshaw, RN, MSN, CPN, ACM-RN
Manager of Pediatric Clinical Programs
Blue Cross Blue Shield Arizona Health Choice

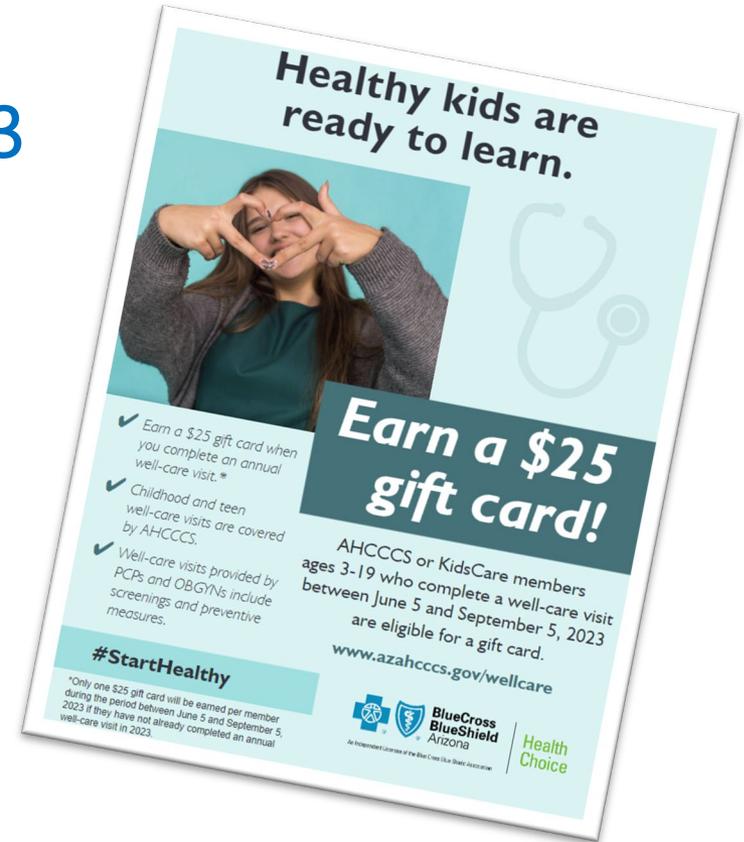


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Back-to-School Campaign

June 5, 2023 – September 5, 2023

- All members 3 -19 who have not completed a Well-Child Visit in Calendar Year 2023 can earn a \$25 gift card.
- Health Choice outreaches:
 - Text message sent to each household of qualifying members
 - Email sent 2 weeks after text message to same member list used for text messages
 - Provided link to BCBSAZ Health Choice Back to School website in email outreach: <https://www.healthchoiceaz.com/bcbsaz-backtoschool/>
 - Individual phone outreach to offer appointment scheduling and transportation coordination
- Community Outreaches
 - Provider and Member flyers shared at community outreach events, including but not limited to:
 - Dental health fairs
 - Dental site visits
 - Community events with BCBSAZ HC attendance



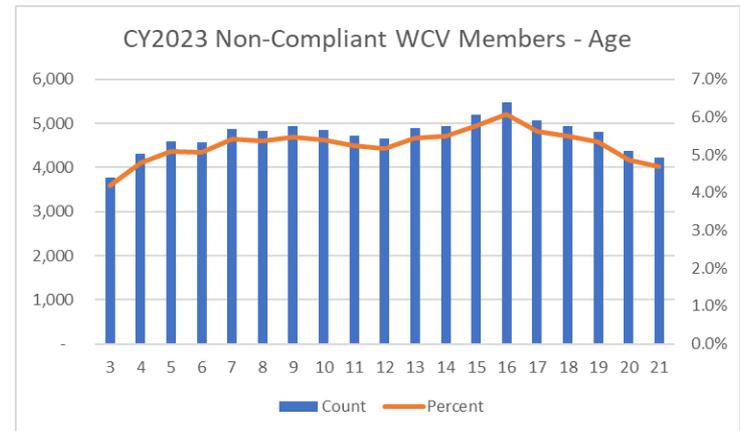
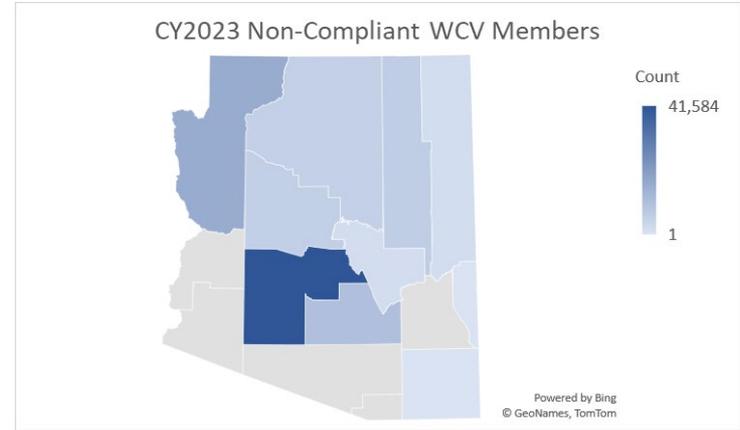


Provider Outreaches and Reminders

- Fax Blast communications with flyer and reminders sent to all in-network pediatric primary care provider offices.
- Communication added to provider portal.
- Well Child Visit Reminders:
 - A well-child visit can be rendered and billed with a sick visit if services are completed during the same visit (requires proper coding/reporting)?
 - A well-child visit can happen every CALENDAR year (do not have to wait until the patient's birthday or a rolling 12 months)?
 - Still submit claim to BCBSAZ Health Choice even if listed as secondary payer so the patient gets the credit for attending their recommended well-child visits.
- Vaccines for Children (VFC) re-enrollment started May 1, 2023 and will end August 31, 2023.
 - For more information, visit: https://asiis.azdhs.gov/Re-enrollment_instructions.html

School Age Gap in Care Data

- Target: 43.5% of all members will have a well-child visit complete in calendar year 2023.
- Data used in May 2023 to identify trends in school-aged population missing their well-child visit for CY 2023.
 - Maricopa county has largest volume of missing visits, followed by Mohave and Pinal county.
 - Age distribution was overall evenly distributed with approximately 4-5K members in each age group (3-19 years of age)
 - Evaluated overall well-child visit completion rates by PCP office and by ACO versus non-ACO.





Member Events with BCBSAZ Health Choice

Planning

- Work with the BCBS AZ Health Choice to secure a date at your location
- A BCBS Health Choice dedicated team will provide outreach, incentive reminders and assist with scheduling appointments
- Dedicated Saturday pediatric events tend to be well attended and Saturdays are available!

Event Day

- A BCBS AZ Health Choice friendly and bilingual outreach specialist will be on-site to greet event patients
- A table of resources will be available (plan information and educational materials)
- Goodie Bags will be provided for patients attending the event
- Related Healthy Reward gift cards will be available for distribution at the event

If you need more information or would like to cohost an event, please contact

Lupe Campos, Outreach Manager:

Guadalupe.campos@azblue.com | 480-270-2615

&

Sarah Bradshaw, Manager of Pediatric Clinical Programs:

Sarah.Bradshaw@azblue.com | 623-273-2049



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Provider Resources

Jadelyn Fields, Network Provider Service Manager and Educator



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Health
Choice

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 'For Providers' 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

Coding & Billing Updates AHCCCS AMPM, ACOM and CMS

!STAY UP TO DATE!

View updates to the [AHCCCS Medical Policy Manual \(AMPM\)](#) , [AHCCCS Contractor Operations Manual \(ACOM\)](#), [AHCCCS News & Press Releases \(azahcccs.gov\)](#), and [Medical Coding Resources](#) 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.

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

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

AHCCCS REDETERMINATIONS

On April 1, 2023, AHCCCS resumed normal renewal activities with the ending of the Covid-19 Public Health Emergency (PHE).

To avoid disenrollment from AHCCCS, please encourage any AHCCCS patients to:

- Make sure their mailing address, phone number, and email address are current with AHCCCS.
 - AHCCCS members can login to www.healthearizonaplus.gov, or call Health-e-Arizona Plus at 1-855-HEA-PLUS (1-855-432-7587), Monday through Friday 7 a.m. to 6 p.m.
- Respond to any requests from AHCCCS for more information.

Reminder: BCBSAZ Health Choice members have exclusive access to our Community Assistors team, Monday through Friday, 8 a.m. to 5 p.m. at 1-844-390-8935 to help them to retain Medicaid coverage or seek coverage elsewhere, if appropriate.

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).

Health Choice will deny claims beginning July 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.

Update to Physical and Correspondence Address

Effective August 1, 2023, the BCBSAZ Health Choice physical and correspondence address will change to:

8220 N. 23rd Ave, Phoenix, AZ 85021

***NOTE:** The claim submission address is not changing*

Sending Correspondence to a specific department?

Help us stay efficient in distributing your mail to the correct department. Please indicate which department your mail should be directed to:

BCBSAZ Health Choice OR BCBSAZ Health Choice
Pathway

Attention: SPECIFIC DEPARTMENT

(i.e. Claim Reconsideration/Dispute/Appeal/Grievances,
FWA, EPSDT Forms, Dental Prior Authorization forms,
Medical Claims Review)

8220 N. 23rd Ave
Phoenix, AZ 85021



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.

BCBSAZ Health Choice (AHCCCS)

Health Choice Arizona Payer ID# 62179

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

BCBSAZ Health Choice Pathway (Medicare Advantage D-SNP)

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 Correspondence 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.

New address effective August 1, 2023:

BCBSAZ Health Choice OR BCBSAZ Health Choice Pathway

Attention: SPECIFIC DEPARTMENT

8220 N. 23rd Ave

Phoenix, AZ 85021

Claim Submissions Outside of Arizona

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

On January 1, 2022 Health Choice Arizona and Health Choice Pathway (Health Choice) made a change to how out of Arizona providers bill Health Choice. As a Blue Cross Blue Shield of Arizona plan, we have aligned with Blue billing requirements. This change only affects billing for services rendered to a Health Choice members outside of Arizona. Providers rendering services outside of Arizona will submit claims directly to the Blue plan within that state.

EXCEPTION: Health Choice contracted providers located in contiguous (bordering) counties to Arizona will submit claims directly to Health Choice.

Below is a current listing of contiguous counties (subject to change upon county boundary changes by each state).

- California: San Bernardino County
- Nevada: Clark County and Lincoln County
- Utah: Kane County and Washington County
- Colorado: Montezuma County
- New Mexico: San Juan County, McKinley County, Cibola County, Catron County, Grant County, and Hidalgo County

BCBSAZ Health Choice (Medicaid) 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.

BCBSAZ 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 | HMO**
Prescription Drug Coverage **ADVANTAGE**



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.

Health Choice Dual – Member ID Card Example

 BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>	Health Choice	 AHCCCS <small>Arizona Health Care Cost Containment System</small>
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 Choice Pathway (HMO D-SNP) Health Choice Arizona	Health Plan Phone #: 1-800-656-8991	
 MedicareRx <small>Prescription Drug Coverage</small>	MEDICARE ADVANTAGE HMO	 BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>

**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:
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PO Box 52033
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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.

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.

!!!NEW!!!

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

'For Providers' tab -> 'Provider Education'

Secure Provider Portal View



Welcome to Health Choice Provider Portal

New & Upcoming Enhancements

- You can now submit Dental Prior Authorization and Dental Specialty Referral requests directly through your secure portal.
- Enhanced Member Eligibility search providing Coordination of Benefits.
- Dental and Vision Claims History now provides member benefit balance.
- Medical Review Documents (reserved ONLY for approved Hospital Tax ID): Update process for file upload directly to a claim only. Pardon our dust as we continue maintenance on this feature.

Provider Reminders

- Member ID prefixes: Health Choice Arizona is HCI (e.g. HCIA12345678). Health Choice Pathway is MZH (e.g. MZHHC1234567)
- Providers can submit credentialing requests via our Provider Portal. Forms will automatically be routed to our Credentialing or Contracting department for processing with an accessible PDF form for your records. Click the [Provider Demographic Request/AzAHP E-Apply](#) Practitioner Data Form link under Provider Tools.
- Recent [Member Admissions and/or Discharges](#)
- View your Member [COVID Vaccine Status Report](#)
- Opportunity for Practitioner Input Health Choice values our network of providers and is interested in your input regarding Utilization Management (UM) Guidelines. If you have interest in assisting with development or review of UM criteria and technology, please send your contact information along with your field of practice to: HCHComments@azblue.com

Member Eligibility:

Click [here](#) to view eligibility and coordination of benefit details for a member

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](#)
- [View Your Dental 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](#)

Provider Resources

Please note that user Account passwords should NOT be shared between employees. Sharing passwords 322-8670.

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](#)

Provider Education (POLT List, Portal Training Videos, Quality Coding)

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)

Cultural Competency

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)

Prior Authorization Guidelines

- [Health Choice Arizona](#)

Prescription Drugs and Formulary

- [Health Choice Arizona](#)

Behavioral Health Resources

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)

Clinical Guidelines

- [Health Choice Arizona](#)
- [Health Choice Pathway](#)

Quality & Performance Measures

- [Health Choice Arizona](#)

Fraud Waste & Abuse

Secure Provider Portal View

Our Website Provider Resources

D-SNP Medicare Advantage Plan →

English Español **CRISIS HELP: 1-844-534-HOPE (4673)** | 24/7 Nurse Advice Line: 1.855.458.0622 | Call Us: 1.800.322.8670 (TTY:711)

Search 🔍

FIND A DOCTOR/PHARMACY MEMBER PORTAL

 COVID-19 UPDATES ABOUT MEMBERS HEALTH & WELLNESS COMMUNITY CONTACT FOR PROVIDERS

Stay Healthy This Season. Get Your Flu Shot Today.

Don't wait. Getting a flu shot is more important than ever.

[Learn More](#)

Enrolled in Medicaid

Has your contact information changed in the past two years?

1-844-390-8935
Call us Monday - Friday, 8 a.m. - 5 p.m.
or visit [HealthArizonaPlus.gov](#) and update
your mailing address to remain enrolled.

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

- Provider Overview & Joining Our Network
- Provider Portal
- Provider Manual
- Provider Notices
- Provider Education
- Prior Authorization Guidelines
- Clinical Guidelines
- Behavioral Health Resources
- Children's Behavioral Health
- Medical Management
- Quality & Performance Measures
- Prescription Drugs
- Dental
- Cultural Competency
- Claims
- Fraud, Waste & Abuse
- Health Information Exchange
- Forms
- Tribal Program
- Centers of Excellence & Star Ratings
- Mountain ECHO

Q & A



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Health
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