



BCBSAZ Health Choice Provider Newsletter

September 2023

Q3

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What's New!

Change to our Physical and Correspondence Address

Effective August 1, 2023, the BCBSAZ Health Choice physical and correspondence address has changed to:

8220 N. 23rd Ave, Phoenix, AZ 85021

NOTE: The claim submission address is not changing. All providers are encouraged 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. As a reminder, Arizona providers and contracted providers located in contiguous counties to Arizona will continue to submit claims to BCBSAZ Health Choice directly.

For paper claim submission:

- BCBSAZ Health Choice (AHCCCS)
BCBSAZ Health Choice **Payer ID# 62179**
P.O. BOX 52033
PHOENIX, AZ 85072-2033
- BCBSAZ Health Choice Pathway (Medicare Advantage D-SNP)
BCBSAZ Health Choice Pathway
Payer ID# 62180
P.O. BOX 52033, PHOENIX, AZ 85072-2033

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

BCBSAZ Health Choice Q3 All Provider Forum

BCBSAZ Health Choice and BCBSAZ Health Choice Pathway will be hosting our third All Provider Forum of 2023.

We will hold this event **ONLINE ONLY**, via Zoom Webinar.

Please register and come join us!

Zoom Webinar
Wednesday, September 27, 2023
11:30 a.m. – 1 p.m.

Link to register in advance:

[azblue.zoom.us/webinar/register/
WN_oqKI-Co_RdGxL64DXK8LZA](https://azblue.zoom.us/webinar/register/WN_oqKI-Co_RdGxL64DXK8LZA)

After registering, you will receive a confirmation email containing information about joining the webinar.

You can participate by joining us online:

From your PC, Mac, Linux, iOS, or Android,

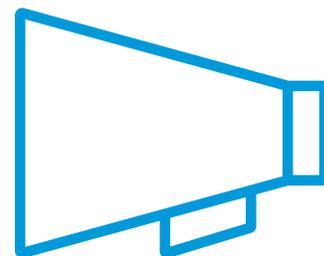
Call in numbers:

By calling: US: **+1 253 205 0468** or **+1 253 215 8782** or
+1 346 248 7799 or **+1 669 900 6833**
Webinar ID: 882 3503 5476

Please submit any questions in advance to:
Jadelyn.Fields@azblue.com with your name, contact information, and the office name (TIN).

WE HEARD YOU!

At Health Choice, we are dedicated to making a difference. The opinion of your practice is an important source of information that will help us identify and deliver the solutions that will best meet your needs. Come join us, let us share our progress with you, and provide your feedback to our team.



What's New!

Prior Authorization Grid Updates – Effective August 10, 2023

Effective 08/10/2023, the following codes **will require** prior authorization:

Applies to BCBSAZ Health Choice and Health Choice Pathway		
Medical Pharmacy	Adalimumab-aacf, biosimilar (Idacio)	Q5131
	Bendamustine (Apotex)	J9058
	Bendamustine (Baxter)	J9059
	Bendamustine (Vivimusta)	J9056
	Evinacumab-dgnb (Evkeeza)	J1305
	Fecal microbiota, live-jslm (Rebyota)	J1440
	Immune globulin (Panzyga)	J1576
	Lenacapavir, 1 mg (Sunlenca)	J1961
	Mirvetuximab soravtansine-gynx (Elahere)	J9063
	Mosunetuzumab-axgb (Lunsumio)	J9350
	Nadofaragene firadenovec-vncg (Adstilardrin)	J9029
	Pemetrexed (Bluepoint)	J9322
	Pemetrexed ditromethamine (Hospira)	J9323
	Remimazolam (Byfavo)	J2249
	Teclistamab-cqyv (Tecvayli)	J9380
	Tepluzimab-mzwv (Tzield)	J9381
Tremelimumab-actl (Imjudo)	J9347	
Ublituximab-xiiy (Briumvi)	J2329	
Medical	All new skin substitute product codes require PA (Q4272 – Q4284)	

Effective 08/10/2023, the following codes will no longer require prior authorization:

Applies to BCBSAZ Health Choice and Health Choice Pathway		
Medical Pharmacy	Zoledronic Acid (Zometa, Reclast)	J3489
	Cosyntropin (Cortrosyn)	J0834
	Vinorelbine tartrate (Navelbine)	J9390
	Mesna (Mesnex)	J9209
	Ifosfamide (Ifex)	J9208

Reminder: All out-of-network providers require Prior Authorization for all services

BCBSAZ Health Choice Prior Authorization (PA) Guidelines and PA Grids are available online by visiting:

HCA: healthchoiceaz.com/ -> Provider Tab-> PA Guidelines

HCP: healthchoicepathway.com/ -> Provider Tab-> Provider Information

2023 Annual Model of Care Training: Special Needs Plans (D-SNP)

An SNP is a type of Medicare Advantage plan providing targeted care, improved care coordination, and continuity of care to members with special needs. SNPs operate under the Model of Care (MOC) structure to identify and help meet the unique healthcare needs of each SNP member.

BCBSAZ Health Choice Pathway 2023 Annual MOC training is available online! healthchoicepathway.com Click the drop down 'For Providers' and select 'Provider Education' to access the online presentation and attestation.

- Special Needs Plan (SNP) Model of Care (MOC) training is required initially and annually by the Centers for Medicare & Medicaid Services (CMS) for care providers who treat members in SNPs.
- An SNP is a type of Medicare Advantage plan that provides targeted care, improved care coordination, and continuity of care to members with special needs.
- You are considered to be an SNP care provider if you treat members who are enrolled in an SNP, even if you treat just one SNP member.
- One clinical or non-clinical staff member of each practice, clinic, or medical group may take the training and communicate the information within the practice.

What's New!

Remind members about incentives for completing well-child visits

A reminder that BCBSAZ Health Choice members ages 3- 19 can receive a \$25 once completing a well-child visit.

- A well-child visit can be billed with a sick visit if services are completed during visit
- 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 Health Choice even if listed as secondary payer so the patient gets the credit for attending their recommended well-child visits.

Back-to-School Campaign FYIs:

- Childhood and teen well-care visits are covered by AHCCCS.



- Well-care visits provided by PCPs and OBGYNs include screenings and preventive measures.
- Only one \$25 gift card will be earned per member during the period between June 5 and September 5, 2023.

Learn more about the BCBSAZ Health Choice and Health Choice Pathway Rewards programs below.

2023 Healthy Rewards Program

We want to remind our members about the amazing benefits available to them through the BCBSAZ Health Choice Healthy Rewards program. Check out all the easy ways our members can be rewarded, just for keeping healthy.

Healthy Rewards Program - BCBSAZ Health Choice (healthchoiceaz.com)

HCA members need to call Member Services for gift card redemption.

HCP member rewards are distributed on a prepaid Visa® flex card based on claims activity. It is essential for providers to bill the correct codes to ensure member rewards are distributed.

BCBSAZ Health Choice Arizona (Medicaid)

Member Services: 1-800-322-8670, TTY: 711

-  **\$25 for a Well Child Visit, 0 – 15 months,** up to six visits (Up to \$150 annually)
-  **\$25 for a Well Child Visit 16 – 30 months,** once per year
-  **\$25 per Well Child Visit, 3 – 21 years of age,** once per year
-  **\$50 for Mammogram** during the measurement year for women 50 – 74 years of age
-  **\$25 for a Prenatal Visit** within the first trimester
-  **\$25 for a Postpartum Visit,** 7 – 84 days post delivery
-  **\$25 for completing a Health Risk Assessment,** members ages 3 – 17
-  **\$25 Oral Evaluation** with a dental provider, for children under 21 years of age

BCBSAZ Health Choice Pathway (Medicare)

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

- \$25 for Medicare Annual Wellness Visit** (All HCP members) 
- \$25 for Colorectal screening** during the measurement year, 45 – 75 years of age 
- \$50 for Mammogram** during the measurement year for women 50 – 74 years of age 
- \$25 for a Diabetic Eye Exam,** 18 – 75 years of age with diabetes (type 1 & 2) 
- \$50 for Osteoporosis Management** in women 67 – 85 years of age with fracture 
- \$25 for completing a Health Risk Assessment** (Initial or Annual) 

Did You Know?

Augmentative and Alternative Communication (AAC) Evaluations and Devices Providers

BCBSAZ Health Choice's website has been updated with information regarding Augmentative and Alternative Communication (AAC) Evaluations and Devices for providers and members to identify available speech therapy providers who perform evaluations for AAC devices for Health Choice members.

AAC referrals will be performed as outlined within the Health Choice Provider Manual Chapter 6 – Medical Authorizations and Notifications. Primary Care Providers (PCPs) and Specialists will assist members and refer to the appropriate providers who can conduct medically necessary evaluations and supply the device(s).

To view our list of AAC providers visit us at:

healthchoiceaz.com/providers/augmentative-and-alternative-communication-aac-providers/

Overpaid? Need to submit refund?

To improve our overpayment and refund process we have a lockbox for providers to submit overpayment/refund payments.

It is important that you use this new address to avoid delays in processing your payments. We will accept checks with remittance documentation at our lockbox facility:

BCBSAZ Health Choice
ATTN: Overpayment/Refund
PO Box 743242
Los Angeles, CA 90074-3242

A provider must notify BCBSAZ Health Choice of an overpayment. Providers can notify by submitting an overpayment/refund to the lockbox as indicated above or on a claim by requesting an adjustment to the paid claim. The provider can notify by submitting a replacement claim, which will allow recoupment of the overpayment to occur. In the event that an adjustment is needed, providers should attach documentation substantiating the overpayment, such as an EOB if the overpayment was due to payment received from a third-party payer.

Patient and Provider Communication

"Ask me 3" promotes three simple but essential questions that patients should ask their providers in every healthcare interaction. Providers should always encourage their patients to understand the answers to:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

Health literacy is known to be vital to quality patient care and positive health outcomes. Along with encouraging your patients to use the Ask Me 3* approach, simple techniques can increase your patients' comfort level with asking questions, as well as compliance with your instructions, after they leave appointments. These include:

- Create a safe environment where patients feel comfortable talking openly with you.
- Use plain language instead of technical language or medical jargon.
- Sit down (instead of standing) to achieve eye level with your patient.
- Use visual models to illustrate a procedure or condition.

For more information, please go to [Ask Me 3: Good Questions for Your Good Health | IHI - Institute for Healthcare Improvement C3_Provider_Patient_Comm_Guide.pdf \(healthchoiceaz.com\)](#)

Did You Know?

Back to Basics: Understanding Patient Readiness

Did you ever end an appointment with your patients and think, “They are not going to do what is needed to improve?” There may be one or more barriers – cultural, language, and literacy – that are getting in the way of change. There is also the underlying concern that change is difficult – changing diet, taking medications, new meal plans – these actions are not easy for patients and their families.

Two things to keep in mind during your appointment:

1. Check for understanding of main problem/ area of concern
2. Check for readiness or motivation to change

Check for understanding.

If possible, always try to ask your patients some simple questions to assure they understand the information provided.

Tell me in your own words or how would you describe:

- a. your main health concerns?
- b. the best steps that you can take to get better health?
- c. your health if you do not do this?

Check for motivation.

Supporting the patient through their health change journey is critical to them achieving their goals. How can you support them if they are not ready for your support or ready for change? How do you know if they are ready? By asking your patients, families, or caregivers a few basic questions to get a baseline for change readiness, you will be able to help motivate the patient and get them ready for change.

Here are some examples of what can be said or done:

- On a scale of 1 to 3 with 1 being not ready at all and 3 being ready, how ready are you to do what we talked about today (you can specify – i.e., change eating habits, exercise, etc.)?
- We have gone over a lot of information today, what are the two or three things that you are going to do?
- If you take the steps that we talked about, how will that change your lifestyle? Look for both positive and negative responses.

Resources and Educational Opportunities

Don't forget about the AZ IHA Health Literacy Conference:

healthliteracysolutions.org/events/ (for free admittance contact Jeanette.Mallery@AZBlue.com – we have scholarships available).

Medical Record Standards

Providers are required to maintain medical records in a detailed and comprehensive manner, which conforms to good professional medical practice, permits effective professional medical review and medical audit processes, and which facilitates an adequate system for follow-up treatment. The provider must ensure that records are accessible to authorized persons only. Medical records must be available to BCBSAZ Health Choice and AHCCCS for purposes of quality review or other administrative requirements, free of charge to BCBSAZ Health Choice and any vendor BCBSAZ Health Choice delegates to for the purposes of Medical Record Reviews.

A.R.S. 32-1401(2) defines adequate medical records as “legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warning provided to the patient, and to provide for another practitioner to assume continuity of the patient’s care at any point in the course of treatment.”

Utilization Management (UM) Criteria and Medical Decision Making (MDM)

BCBSAZ Health Choice applies objective and evidence-based criteria and takes individual circumstances and the local delivery system into account when determining the medical appropriateness of healthcare services.

Evidence-based criteria include InterQual, LCD, NCD, and health plan-developed guidance. Given your clinical expertise, we welcome your involvement in developing and reviewing criteria. BCBSAZ 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.

Did You Know?

AHCCCS Rules and Policy regarding billing for Arizona Physicians and Advance Practitioners

This communication serves as a reminder of the AHCCCS Rules and Policy regarding billing for Arizona Physicians and Advanced Practitioners. In accordance with AHCCCS's guidelines, *all rendering providers must bill under their own NPI number.* As a result, incident-to billing is not permissible for advanced practitioners. (A rendering provider is defined as the individual who provided care to the client and needs to be reported as such in box 24J of the CMS 1500 claim form.)



Per the AHCCCS Participating Provider Agreement General Terms and Conditions: "No provider may bill with another provider's ID number, except in locum tenens situations and in accordance with applicable AHCCCS policy." Locum tenens providers must submit claims using the AHCCCS provider ID number of the physician for whom the locum tenens provider is substituting or temporarily assisting. Locum tenens arrangements will be recognized and restricted to the length of the locum tenens registration with the American Medical Association.

In connection with our ongoing activities to monitor claim payment and billing, we identified claims submitted to BCBSAZ Health Choice inappropriately that are non-compliant with this billing policy. We will continue auditing claims and/or encounters for this purpose. We may deny claims and/or recoup payments issued on any incorrect claim submissions. To prevent this from occurring, we request that you review your organization's billing practice for compliance with these requirements.

Changes to AHCCCS Provider Enrollment and Billing System Close Ability for Fraudulent Behavioral Health Claims Payments

In response to the discovery of significant fraudulent Medicaid behavioral health billing in Arizona, AHCCCS has made numerous system changes to stop deceptive providers who bill for services that are or were not provided, not appropriate, or not necessary. Please refer to the Provider Payment Suspensions Fact Sheet updated 6/14/2023.

Some of the holistic, system-wide improvements to the Medicaid payment system include:

- Added ability to flag concerning claims
- Ended ability for providers to bill on behalf of others
- Imposed prepayment review for various scenarios including multiple providers billing the same client on the same day for similar services, excessive number of hours per day, and the age of patients

A few of the changes to the AHCCCS provider enrollment process include:

- Moved three behavioral health provider types to the high-risk category which requires a Fingerprint Clearance Background Check and site visit
- Received federal approval for a 6-month moratorium on all new provider enrollments for Behavioral Health Outpatient Clinics, Integrated Clinics, Non-Emergency Transportation providers, Behavioral Health Residential Facilities, and Community Service Agencies providers

Anyone can report suspicion of provider or member fraud using the AHCCCS Report Fraud web page or by calling **602-417-4045** or, outside of Arizona, **1-888-ITS-NOT-OK (1-888-487-6686)**.

Providers can also make a report directly through BCBSAZ Health Choice by visiting: **Fraud, Waste & Abuse - BCBSAZ Health Choice ([healthchoiceaz.com](https://www.healthchoiceaz.com))**. Any AHCCCS member who needs help because of a sober living home closure can call 2-1-1 (press option 7).

Did You Know?

AHCCCS Provider Disenrollment, Registration Updates, and Revalidation

Beginning in October 2022, AHCCCS started a 10-month process of disenrolling providers who have not complied with multiple re-registration requests. Any provider who has not completed the revalidation process in the AHCCCS Provider Enrollment Portal (APEP) will receive written notification to submit an application. Providers who do not respond will receive written notification of pending disenrollment and appeal rights.

To avoid termination and/or loss of billing privileges, providers must respond and take action, following specific actions outlined in the letter, within the noted time frames. Failure to complete these actions result in disenrollment and claim denials.

What AHCCCS Providers Need to Know:

- Providers who need to complete the revalidation process or meet additional screening requirements will be notified in writing through United States Postal Service mail.
- AHCCCS will review the submitted application and issue a written notice upon completion.
- Providers who have an expired license will be notified in writing to submit the current license or certification.
- Providers who fail to respond to the request could experience delays such as termination and/or loss of billing privileges.

AHCCCS Provider Enrollment Applications and Revalidations Portal (APEP)

AHCCCS Provider Enrollment Applications and Revalidations (azahcccs.gov)

Providers with questions, those who are no longer participating as a Medicaid provider, and those no longer employed with an organization are asked to contact APEPTrainingQuestions@azahcccs.gov.

Provider Registration Updates

BCBSAZ Health Choice is reminding providers to inform both CAQH and AHCCCS registration sites if there are any changes or updates to provider data or office locations.

Additionally, BCBSAZ Health Choice also encourages providers to update CAQH and/or AHCCCS demographic race/ethnicity and languages spoken fields. This helps facilitate our efforts to ensure members with specific race/ethnic background or spoken languages other than English are linked with providers who can give culturally competent care and services.

Maintaining Enrollment as an AHCCCS Provider

Reporting Changes and Maintaining Current License and Certifications. After being approved as an AHCCCS registered provider, you are required to:

- Report any changes to your information using APEP. Changes may include, but are not limited to:
 - Change in service address
 - Changes in ownership or managing employees
- Maintain current license and certifications
- Respond to any requests from AHCCCS about your enrollment information

Revalidation

A provider must revalidate their enrollment every four years to maintain Medicaid billing privileges. AHCCCS reserves the right to request off-cycle revalidations.

For more information on AHCCCS Provider Registration and maintaining enrollment as an AHCCCS provider, please visit the AHCCCS website at [AHCCCS Provider Enrollment Applications and Revalidations \(azahcccs.gov\)](http://azahcccs.gov).

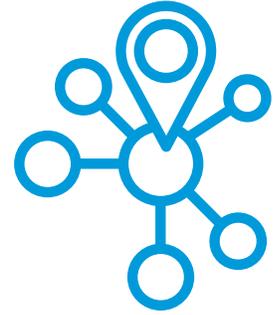
AHCCCS Redeterminations

As of 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 log in to 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.



TI 2.0 Program Overview

The Targeted Investments Program (TI 2.0) has been approved by the Centers for Medicare & Medicaid Services (CMS) for \$250 million as part of Arizona's Section 1115 Waiver. The program is active for 5 years from October 1, 2022, through September 30, 2027. See the AHCCCS news release, the CMS announcement and the Targeted Investments (TI 2.0) Proposal.

TI 2.0 Initiatives

TI 2.0 initiatives will build off TI 1.0 by furthering point-of-care integration achievements of original TI 1.0 providers. Like TI 1.0, ACC Contractors will be directed by AHCCCS to use program funding to make specific incentive payments to providers. Improving health equity for targeted populations through addressing health-related social needs (HRSN) is a primary goal of TI 2.0.

Over the demonstration period, providers will be incentivized to establish certain processes and meet outcomes-based metrics which will include but are not limited to the following activities:

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

The TI application portal will be available through AHCCCS Online in the summer of 2023.

Primary Care (Adult and Peds)

Integrated outpatient clinics enrolled with AHCCCS under the same Tax ID.

Non-Integrated Primary Care outpatient clinics enrolled with AHCCCS under the same Tax ID.

Non-facility PCP Providers working in the clinics enrolled with AHCCCS under the same Tax ID.

Example: Family practice MDs, DOs, OB/GYNs, NPs, and PAs working at primary care clinics enrolled with AHCCCS under the same TIN.

Behavioral Health (Adult and Peds)

Integrated outpatient clinics enrolled with AHCCCS under the same Tax ID.

77-Behavioral Health outpatient clinics enrolled with AHCCCS under the same Tax ID.

Non-facility BH providers working in the clinics enrolled with AHCCCS under the same Tax ID.

TI 2.0 Program Timeline and Structure

Year 1 (10/1/2022- 9/30/2023) – Onboarding / Application / Required systems & processes

Year 2 (10/1/2023- 9/30/2024) – Establish New Systems and Processes & Performance / Outcome Measures

Year 3 (10/1/2024- 9/30/2025) – Implementation and Evaluation of Systems and Processes & Performance / Outcome Measures

Year 4 (10/1/2025- 9/30/2026) – Performance / Outcome Measures

Year 5 (10/1/2026- 9/30/2027) – Performance / Outcome Measures

Innovation Corner

CEU Opportunities

Mental Health and Diabetes for Behavioral Health Providers

Working with patients who are living with or at high risk for diabetes? These learning opportunities and resources from the American Diabetes Association® can help you!

Over 37 million people are living with diabetes. The American Diabetes Association is making strides to increase experts in the field and ensure support for the psychosocial challenges faced as we continue to help people with diabetes and their families thrive.

Behavioral health resources to support working with people living with or at risk for diabetes. Includes:

- Mental Health Provider Directory (eligible to apply for inclusion after completing **Diabetes 101**)
- **Diabetes and Emotional Health Workbook** (free of charge)
- **Mental Health Toolkit, Questionnaires, and Handouts** (free of charge)

Diabetes Education 101 for Behavioral Health Professionals (8 credits; at no charge through June 15, 2024). Covers the unique challenges of living with diabetes and how to incorporate supportive terminology into your behavioral health practice. *This program is intended for mental health providers who treat current patients with or who are at-risk for diabetes. (APA, ASWB, and general CE credit offered).*

Behavioral Health in Diabetes Care (5.25 credits; at no charge). Promotes a whole person approach to helping people with diabetes overcome behavioral health challenges.

AZ Human Trafficking Summit 9/24-26



REGISTRATION NOW OPEN!!

SEPTEMBER 24-26, 2023

Sunday	2-4pm	Registration
	5pm	Meet and Greet
Monday	8am	Registration
	9am-4:30pm	Conference
	5pm	Networking Event
Tuesday	9am - 3:30pm	Conference

For Questions Contact: Cherlyn Soto at: Cherlyn.soto@yavapaiaz.gov

- Improve multidisciplinary team (MDT) responses to child sex trafficking cases.
- Gather information about improving or establishing a formal MDT in your community.
- Identify gaps and develop short and long-term response plans with the help of subject matter experts.
- Learn how a team approach to investigations allow all members of a multidisciplinary team to work together to investigate cases involving child sex trafficking.
- Explore the different perspectives each MDT member bring to their contacts with victims.
- Identify 5 core values of partnership which will enable you to have a successful and productive team

ARIZONA HUMAN TRAFFICKING SUMMIT

AZPOST CERTIFIED

Harrah's Ak-Chin Hotel and Casino

15406 N Maricopa Rd,
Maricopa, AZ 85139

REGISTER NOW:

https://ACallToAction_AZTraffickingSummit.eventbrite.com



988 - National Suicide Prevention Hotline

988 has been designated as the three-digit telephone dialing code that will route callers to the National Suicide Prevention Lifeline (NSPL). When people call, text, or chat 988, they will be connected to trained counselors who are part of the existing National Suicide Prevention Lifeline network based on the area code of the incoming phone number. These trained counselors will listen, provide support, and connect people to resources, as needed. Services through the NSPL are free and available 24/7 to any individual.

Innovation Corner



The Office of Individual and Family Affairs (OIFA)

The Office of Individual and Family Affairs promotes recovery, resiliency, and wellness for individuals and families with mental health and substance use challenges.

Mental wellbeing matters to BCBSAZ Health Choice, and we strive to reduce the stigma surrounding it. There should be no shame in seeking help. The success behind our OIFA program is the fact that our team members understand where members are at because they have lived experience themselves or with a family member.

Mental health and substance use disorders are conditions that can be acute or chronic in nature. It is no different than when we treat a member with heart disease or other health challenges they may be facing. BCBSAZ Health Choice believes in treating the whole person. This means we go beyond basic blood work and knowing our members' blood pressure. This deep dive allows us to better know our members and provide the care that meets their needs.

Encourage your members to make a difference by joining our Member Advocacy Council.

They likely have ideas on how we can improve and make changes that need to be made within the healthcare system. Please encourage them join us. We need their perspective so we can all make a difference together,

Veronica Welch, OIFA-Manager
Veronica.Welch@azblue.com

Provider Manuals

Our Provider Manuals are designed to provide basic information about the administration of the BCBSAZ Health Choice Arizona and BCBSAZ 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 BCBSAZ Health Choice provider manual is an extension of the BCBSAZ Health Choice 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 BCBSAZ Health Choice.

Maintenance of the Provider Manual is performed annually with review and revisions necessary to align with AHCCCS, CMS, as well as regulatory governing agency (i.e., ACOG, ADA, ADHS) updates. Annual review of the Provider Manual is conducted every July for BCBSAZ Health Choice (Medicaid) and every January for BCBSAZ Health Choice Pathway (Medicare D-SNP).

Hospital administrators, physicians, and other medical professionals may only be interested in reviewing chapters pertaining to their specialty directly, in addition to Chapter 1 of the BCBSAZ Health Choice and BCBSAZ Health Choice Pathway's provider manuals as well as chapters regarding our philosophy and guidance in Care Management.

However, office staff and billers of providers should also become familiar with the requirements for member eligibility and enrollment (Chapter 2), provider responsibility (Chapter 3), prior authorization requirements (Chapter 6), claims submissions, billing policies and procedures, formal dispute, and appeal processes (HCA Chapters 7-15, HCP Chapters 8-9). Use of our Provider Manuals will help reduce questions and expedite the claims process by ensuring that claims are submitted correctly the first time.

Behavioral Health Corner



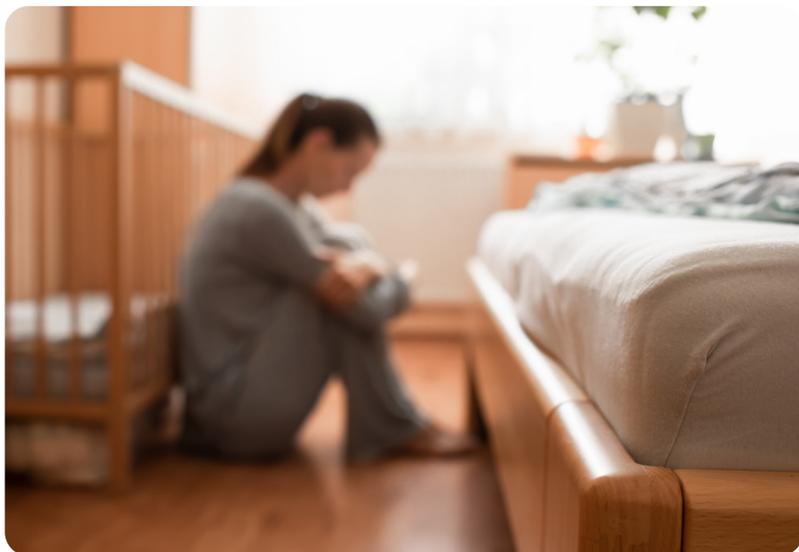
The State of Arizona has contracted with BCBSAZ Health Choice (the Plan) to administer the AHCCCS Complete Care (ACC) plan, an integrated delivery system of care including physical health, behavioral health, and substance abuse services. BCBSAZ Health Choice's geographic service area for integrated care includes Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties.

Please visit us online for Behavioral Health specific content and education-related material:
healthchoiceaz.com/providers/behavioral-health-resources/

Perinatal Psychiatry Line

Launched on June 1, 2023, Arizona has a new **Perinatal Psychiatry Access Line**. If you have any patients that are pregnant or postpartum and struggling with substance use or mental health issues, please call **1-888-290-1336**. There will be consulting perinatal psychiatrists who will provide free clinical guidance Monday – Friday from 12:30 to 4:30 p.m.

Please use this link for flier distribution to patients and to have for display in your clinics: [Arizona Perinatal Psychiatry Access Line](#)



Advance Directives, End of Life Care, and Hospice

BCBSAZ Health Choice supports the right of members to develop advance directives and utilize end-of-life care and hospice services when desired by member. Contract providers should discuss advance directives with all adult members receiving medical care. Adult members and members with special healthcare needs or their representatives should be provided written information about formulating advance directives that ensures provider involvement. For members in a Behavioral Health Residential Setting (BHRF) that have completed an advance directive, the document must be kept confidential but be readily available (for example: in a sealed envelope attached to the refrigerator).

HealthCurrent, Arizona's Health Information Exchange, maintains a free registry called the "Arizona Healthcare Directives Registry" where individuals can send advance directives for secure storage and accessibility to healthcare providers and loved ones. The registry was moved from the Arizona Secretary of State to HealthCurrent in Fall 2021, pursuant to AZ state bill SB 1352. To participate or find information: azhdr.org

Dental Corner



AHCCCS Dental Requirement: Periodicity Schedule and Uniform Warranty

As a reminder, all BCBSAZ Health Choice members under 21 years of age are assigned to a dental home by six months of age or upon enrollment. Members under 21 years of age must be seen by a dentist for routine preventive care according to the dental periodicity schedule contained in the AHCCCS Medical Policy Manual located at [azahcccs.gov/shared/MedicalPolicyManual/](https://www.azahcccs.gov/shared/MedicalPolicyManual/) (AMPM431- Attachment A).

The AHCCCS Dental Periodicity Schedule gives dental providers the necessary information regarding the time frame in which age-related required screening and services are to be rendered by the providers.

Please post a copy of the schedule in your office for easy reference and to utilize at every dental visit to ensure all age-appropriate screening and services are conducted during each visit.

Providers are also encouraged to refer to the AHCCCS Dental Uniform Warranty List to determine the frequency a restoration or other services can be replaced.

AHCCCS Dental Uniform Warranty List is located at: [azahcccs.gov/PlansProviders/GuidesManualsPolicies/](https://www.azahcccs.gov/PlansProviders/GuidesManualsPolicies/)

If you have any questions, please contact the BCBSAZ Health Choice Dental Department at **480-968-6866, ext. 254006**.

BCBSAZ Health Choice is happy to collaborate with you on health fairs, outreach, and scheduling. Contact Lupe Campos, Community Relations Manager, at Guadalupe.campos@azblue.com or Sarab Sabagh, Oral Health Program Manager, at Sarab.sabagh@azblue.com



Pediatric Corner



EPSDT REMINDERS

Complete a Well-Child Visit during a Sick Visit

One of BCBSAZ Health Choice's primary goals is to ensure our youngest members receive the preventive care they need. Your role as a provider is vital in increasing the rate of preventive and EPSDT screening among children. When a member presents to your office for a sick visit, and their records indicate the need for a well-child visit, you can use the opportunity to provide additional services included in the EPSDT (well-child) visit and get paid for both.

- The EPSDT and sick visit must be billed on the same claim form.
- Must add modifier 25 to sick visit CPT codes (99201-99215) when billed with an EPSDT visit code to indicate that a significant, separately identifiable evaluation and management service was provided by the same physician on the same day as the preventive medicine service.
- A qualifying sick diagnosis code needs to be submitted to support the additional E&M service.
- The documentation for the problem-focused visit must be separate from the EPSDT (well-child) visit.

Pediatric Care Management

BCBSAZ Health Choice has a team of skilled pediatric care managers who promote health literacy specific to the needs of children with high-risk conditions. Our pediatric care managers are registered nurses who understand the role social determinants of health have on impacting health outcomes. Pediatric care managers interface with parents/guardians, providers, and community constituents to facilitate educational and coordination of care interventions for high-risk infants, children, and adolescents.

Please email our Care Management (CM) referral form to: HCH_PediatricsCM@azblue.com or fax 480-317-3358.

The CM referral form can be located under the 'For Providers' section of our website under "Forms": <https://www.healthchoiceaz.com>

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Pediatric Corner

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EPSDT Clinical Sample Templates

Please keep sending us your clinical sample templates in a timely manner for your Well-Child Visits! As a reminder, please include the AHCCCS ID on the clinical sample template and EMRs and verify you're sending a complete file. Please submit EPSDT Clinical Sample Templates and EMRs directly to the EPSDT department, either by email or fax.

EPSDT screening for AHCCCS members less than 21 years of age is required. Submission can be completed via fax or mail. All EPSDT information is logged into the member's file for tracking and reporting purposes as required by AHCCCS. Age-appropriate screenings include vision, hearing, oral health, nutrition, development, tuberculosis (TB), BMI, and lead. Any referrals you have for the member are also noted.

Working together we can keep kids healthy. Healthy children will lead to healthy adults.

Email: HCHEPSDTCHEC@azblue.com
Fax: 480-760-4716

Childhood Obesity

Childhood obesity is a serious public health problem in the United States putting children and adolescents at risk for poor health. Almost 14 million children (24% of the U.S. population) ages 2-17 are obese. In Arizona, 12.1% of youth ages 10 to 17 and 12.1% of children ages 2 to 4 participating in WIC have obesity, giving Arizona a ranking of 38 among the 50 states. Children covered by Medicaid are particularly at risk, with this population nearly six times more likely to be treated for obesity than those who are privately insured.

While obesity is not a chronic condition, it is a risk factor for four of the 10 leading causes of death in the United States (coronary heart disease, stroke, type II diabetes, and cancer). In addition, being overweight carries important emotional health risks in children and adolescents. Children who are overweight often report stigma and social discrimination, which, in turn, is linked to poor self-esteem and depression.

Body mass index (BMI) expresses the relationship of weight-to-height and is used to screen and monitor the risk of obesity. The CDC has developed BMI charts adjusted for age and gender for children ages 2-20. Refer to the Centers for Disease Control and Prevention website:

www.cdc.gov/growthcharts Body Mass Index (BMI) and growth chart resources.

According to the CDC, the BMI-for-age cutoffs below the 5th percentile or above the 85th percentiles may indicate a health risk. BMI at or above 95th percentile is considered overweight or obese.

AHCCCS requires continued monitoring of childhood weight and body mass index (BMI) percentiles. It also focuses on nutrition and physical activity counseling for children and adolescents. To be compliant with AHCCCS requirement, providers must complete and document the following for all children at each well-child visit:

- Height and weight
- BMI percentile (ages 2 to 21 years). Beginning at two years of age, each EPSDT member must have documentation of BMI percentile, regardless of the BMI results or whether the child appears over or underweight.

- Nutritional Counseling
 - Discussion of nutritional habits
 - Referral for nutritional education
 - Anticipatory guidance for nutrition
 - Documentation that the member received educational material on nutrition
 - to the patient or their parents/guardian
 - Weight or obesity counseling
- Physical activity counseling
 - Discussion of physical activities
 - Referral for physical activities
 - Anticipatory guidance for physical activity

Thank you for everything you do to keep our members well.

EPSDT Services – Eyeglass Replacement & Repair

BCBSAZ Health Choice covers eyeglasses and other vision services, including replacement and repair of eyeglasses, for members under the age of 21 years to correct or ameliorate defects, physical illness, and conditions discovered by EPSDT screenings. There are no restrictions for replacement eyeglasses when medically necessary for vision correction. This coverage includes but is not limited to loss, breakage, or change in prescription.

EPSDT members do not need to wait for their next scheduled EPSDT well-child visit or vision screening to receive eyeglass replacement or repair.

The members can choose to accept or decline any upgrade to lenses

Continues on next page.

Pediatric Corner

or frames. Any upgrade that is not AHCCCS covered is the member's responsibility, and providers are required to ensure the member accepts financial responsibility and signs a financial responsibility agreement prior to rendering service. The agreement must detail the service and the amount to be paid by the member.

The Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP) is Arizona's statewide interagency system of services and supports for families of infants and toddlers, birth to three years of age, with disabilities or delays. AzEIP is established by Part C of the Individuals with Disabilities Education Act, which provides eligible children and their families access to services to enhance the capacity of families and caregivers to support the child's development.

A child birth to 36 months of age who has not reached 50% of the developmental milestones expected at their chronological age in one or more of the following areas is eligible for AzEIP services:

- Physical (Fine or gross motor, including vision and hearing)
- Cognitive
- Communication
- Social or emotional
- Adaptive

A child with an **established condition** known to have a high probability of resulting in developmental delay is also eligible. The conditions include but are not limited to:

- Chromosomal abnormalities
- Metabolic disorders
- Cerebral Palsy
- Severe auditory or visual impairment
- Failure to thrive/undernutrition
- Severe attachment disorders
- Disorders reflecting disturbances in the nervous system (Autism Spectrum Disorders, born addicted to narcotics or alcohol)

During the EPSDT well-child visit, the PCP will determine the child's developmental status through discussion with the parents and utilization of developmental screening tools. If the PCP identifies potential

developmental delays, they may request an evaluation by a specialist by submitting the clinical information and request for evaluation and services to HCA.

To initiate the referral process, contact AzEIP directly at **1-888-592-0140**, or via the AzEIP website at: [Arizona Early Intervention Program Policies and Procedures | Arizona Department of Economic Security \(az.gov\)](#)

For additional information, please contact the BCBSAZ Health Choice EPSDT department at **480-760-4821**.

Missed Appointment Logs

As a reminder, please submit missed medical and dental appointment logs.

For medical please fax the log to **480-760-4708** or email HCHcomments@azblue.com

For dental please fax the log to **480-350-2217**

Appointment log forms are located on our website under For Providers -> Provider Manual-> Exhibits 3.5.1 (Medical) and 3.5.2 (Dental).

Arizona State Immunization Information System (ASIIS)

Timely administration of childhood and adolescent immunizations are more essential this year than ever, and AHCCCS requires that all administered immunizations are logged into ASIIS, the statewide immunization portal. Data integrity in ASIIS is critically important because common data entry errors like duplicate patient records and mis-keyed dosage information can make it difficult for providers, plans, and AHCCCS to know which members are truly overdue for immunizations. We highly recommend that you require your staff who enter data into ASIIS to complete the patient data and dose data trainings on ASIIS's online learning portal, APO TRAIN. aipo.myabsorb.com/?KEYNAME=AIPOTRAIN



Maternal Health Corner

Well-Woman Preventive and Family Planning Services

BCBSAZ Health Choice is committed to providing members with access to quality, medically necessary, and appropriate services. The purpose of this notice is to remind you of the coverage for an annual well-woman preventive care visit for women wishing to obtain the recommended preventive services, including preconception counseling.

Frequency:

- Annual physical exam (well exam) that assesses overall health
- Clinical breast and pelvic exams (according to current best practice recommendations)
- Regular review and administration of immunizations, screenings, and testing as appropriate for age and risk factors

Screening, counseling, and treatment for positive results as part of the well-woman preventive care visit to include:

- Proper nutrition, physical activity, and elevated BMI indicative of obesity
- Tobacco/substance use, abuse, and/or dependency
- Interpersonal and domestic violence screening
- Depression screening and mental well-being
- Sexually transmitted infections including Human Immunodeficiency Virus (HIV)
- Family planning counseling
 - Information on family planning options, including Long-Acting Reversible Contraceptives (LARC) and Immediate Long-Acting Reversible Contraceptives

(IPLARC) services which are reimbursed through regular claims processes

- Preconception counseling and treatment that includes discussion regarding a healthy lifestyle before and between pregnancies:
 - Reproductive history and sexual practices
 - Healthy weight, including diet and nutrition, as well as the use of nutritional supplements and folic acid intake
 - Physical activity or exercise
 - Oral health care
 - Chronic disease management
 - Emotional wellness
 - Tobacco and substance use (opioids, alcohol, marijuana, and prescription drugs)
 - Recommended intervals between pregnancies

NOTE: Preconception counseling does not include genetic testing

Claim Submission of Postpartum Visit

BCBSAZ Health Choice understands the importance of the postpartum visit to identify postpartum depression, stress, anxiety, substance use, and medical morbidities which impact postpartum health.

Please submit a claim when your patients attend their postpartum visit. The maternal team at BCBSAZ Health Choice provides outreach to our postpartum members. We offer assistance with scheduling their postpartum visit, transportation, and education on the importance of keeping their postpartum visit to ensure their physical, emotional, and family planning

needs are met. Your submission of a postpartum claim facilitates identifying members who have attended their postpartum visit. The maternal team will implement additional outreach interventions for members who have not attended their postpartum visit.

Our goal is to decrease serious maternal morbidities by promoting postpartum access to care and improving healthy maternal outcomes.

OB Care Management

Did you know BCBSAZ Health Choice also has an OB Care Management team comprised of skilled nursing professionals and maternal child assistants who provide integrated culturally sensitive interventions to high-risk moms? High-risk conditionals are often identified from the timely submission of TOB forms.

If you have a pregnant member with high-risk medical or BH conditions, please refer to our OB CM team. Please email our Care Management (CM) referral form to: HCHHCACaseManagement@azblue.com or fax 480-317-3358. The CM referral form can be located under the 'For Providers' section of our website under Forms: www.healthchoiceaz.com

Syphilis testing

Prenatal syphilis screening is important to both mom and her fetus. Undiagnosed syphilis during pregnancy delays treatment and can result in transmission to the fetus (congenital syphilis). Congenital syphilis is associated with stillborn delivery and neonatal death.

We Heard You & We're Here to Help!

Provider Portal

The BCBSAZ Health Choice Arizona Provider Portal is designed with you in mind. Included in this site, and accessed through a secure portal, is patient data such as claims history and prior authorizations.

Are you registered for the Provider Portal? Sign up today!

Get access to member eligibility, claim status, prior authorization status, and much MORE!

healthchoiceaz.com/providers/provider-portal

If you do not have an account, we have easy instructions for creating an account on the portal login page. If you have any questions about the provider portal, please contact our Provider Services team at **1-800-322-8670** or contact your Provider Performance Representative.

Customer service is the fabric of our organization. Our internal infrastructure is designed to provide your patients speedy access to customer service representatives and to expedite claims processing.

Features and upgrades include:

- The Credentialing Portal is BCBSAZ 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>
- UPGRADE: Claim Reconsideration requests and Claim Dispute requests
- UPGRADE: Improved access to provider rosters and paneled member information
 - Admission & Discharge Alerts
 - COVID Gap List

Outpatient Laboratory Services – LabCorp

BCBSAZ Health Choice has a statewide capitated contract with LabCorp of America to provide a full array of laboratory services. Please refer to the prior authorization grid regarding laboratory services that require prior authorization. Please visit labcorp.com for service locations.

Provider Directory Maintenance

BCBSAZ Health Choice is conducting maintenance of the provider directory! To ensure your information is accurately reflected in our directory, please log in to your CAQH and update any information which may be outdated, including:

1. Practice address, phone number, and hours
2. Hospital affiliations
3. Board certification
4. Languages spoken

The above information reflected in your CAQH may be utilized for the provider directory and displayed to members. Hospital affiliations are frequently inaccurately reflected on the CAQH, it is important to maintain accuracy of this information so members can easily identify where they may receive care from you. Please confirm the accuracy of the hospitals listed on your CAQH and reattest to finalize any changes made.

In-Office Laboratory Testing Description and CPT Code

In our ongoing efforts to ensure the provision of quality care and services to our members, BCBSAZ Health Choice and BCBSAZ Health Choice Pathway annually review our list of approved Provider Office Lab Testing (POLT) codes.

As a reminder, BCBSAZ Health Choice contracts with LabCorp for all labs including reference and specialty, however, we have designated the labs on the POLT list for providers to perform in their office.

Please refer to our websites under 'For Providers' -> Provider Education for the complete listing of In-Office Laboratory Testing Description and CPT Codes:

BCBSAZ Health Choice Arizona:
[Health Choice Arizona \(healthchoiceaz.com\)](https://healthchoiceaz.com)

BCBSAZ Health Choice Pathway:
[Home - Health Choice Pathway](#)

We Heard You & We're Here to Help!

Tips & Tricks – Allergy and Immunotherapy Services

The following codes are billed for allergy/immunotherapy services. When billing for these services it is important the correct code is billed and supporting documentation is in the medical record.

Code 95004 is billed for the percutaneous testing with allergenic extracts, immediate type reaction and includes interpretation. The number of tests should be specified. Per AHCCCS guidelines, the max daily allowable units are 125 units.

Code 95165 represents the antigen preparation only and does not include the administration. Supporting documentation would include a mix sheet or similar document listing the total units and date of the mix along with the name or initials of the staff preparing the antigen. Documentation should be included in the medical record each time code 95165 is billed. Per AHCCCS guidelines, the daily max units allowable for 95165 is 30 units.

Codes 95115 – 95117 are billed for the professional allergenic extract administration by injection. For each day allergy antigen is administered the following components should be included in the documentation: the date, the dose, the site, route of administration, reaction, and identification of provider that administered the antigen. Per AHCCCS guidelines, the daily max units allowable for codes 95115-95117 is 1 unit.

Without the complete documentation of the mixing and administration of allergy antigen the medical record does not support these billed services. When responding to medical record requests involving allergy immunology services, please be sure to include documentation that supports the testing, consent to treat, prescribing, mixing, and administration of the antigen for each day these services are billed.

The American Academy of Allergy, Asthma, and Immunology (AAAAI) lists documentation recommendations for each immunotherapy encounter to include:

- Identification of allergen extract
- Vial identified by color, number, or other designation
- The dilution or concentration and expiration date
- The amount of serum administered with the route and site of administration
- Attestation and identification of the provider administering the injection
- The reaction to the injection after 20 minutes

As always, the **most specific documentation** in order to code appropriately is particularly important.

If you are interested in learning more about the AHCCCS performance measures or working with a BCBSAZ Health Choice Quality Improvement Specialist, contact the Quality Improvement Team.

Email:

hchperformanceimprovement@azblue.com

**References: EncoderPro.com for Payers, Professional; CMS, Billing and Coding: Allergy Immunotherapy (A56424), 10/27/2022; Department of Health and Human Services, Office of the OIG: Allergen Immunotherapy for Medicare Beneficiaries; The American Academy of Allergy Asthma and Immunology, Allergen Therapy Templates*

Coding and Documentation materials are based on current guidelines and are to be used for reference only. Clinical and coding decisions are to be made based on the independent judgement of the treating physician or qualified healthcare practitioner and the best interests of the patient. ICD-10-CM, CPT, and HCPCS are the authoritative referenced for purposes of assigning diagnoses and procedure codes to be reported. It is the responsibility of the physician and/or coding staff to determine and submit accurate codes, charges, and modifiers for services rendered.

Training Resources Available for Providers and Staff

BCBSAZ Health Choice has interactive training courses for providers and their staff!

To access interactive trainings visit us online at:

healthchoiceaz.com/providers/provider-education

We welcome your feedback or questions:

Lauren Fofanova, LCSW, Project Lead, Medical Management
Lauren.Fofanova@azblue.com 928-214-2303.



We Heard You & We're Here to Help!

REMINDER: System, Policy Updates, Billing Requirements, and Added/Deleted Codes

As a reminder, BCBSAZ Health Choice and BCBSAZ Health Choice Pathway provides medically necessary covered services as specified by AHCCCS and CMS. Healthcare is delivered under the applicable Federal and State laws and regulations. Compliance with all periodic updates to processes and procedures is considered part of your contractual obligation as a participating healthcare provider.

Please visit the [AHCCCS Medical Policy Manual \(AMPM\)](#), [AHCCCS Contractor Operations Manual \(ACOM\)](#), [AHCCCS News & Press Releases \(azahcccs.gov\)](#), and [Medical Coding Resources](#) as available on the [AHCCCS website](#) to ensure you have reviewed the most recent versions of state guidance.

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 including those related to daily limits, procedure coverage, etc.

The AHCCCS *Claims Clues* is a newsletter produced periodically by the AHCCCS Claims Department for Fee-For-Service (FFS) providers. It provides information about changes to the program, system updates, billing policies, and requirements.

Additional information can be found in the AHCCCS [Encounter Keys](#) newsletter.

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

Provider Resources

Our team brings an open vision to Arizona. We believe that those who provide care should be the leaders in creating and constructing new, better, and less invasive mechanisms for the delivery of the care they provide. We are here to inspire health and make it easy, we understand both the rewards and difficulties of managed care and health plan/provider relationships.

BCBSAZ Health Choice Arizona:
healthchoiceaz.com

BCBSAZ Health Choice Pathway:
healthchoicepathway.com

Visit us online for provider-specific resources! To help you and your staff stay informed and help address any questions about Health Choice, we have established the following support services:

Provider Services call center:
1-800-322-8670

- BCBSAZ Health Choice hours are 8 a.m. – 5 p.m., Monday through Friday (except holidays).
- BCBSAZ Health Choice Pathway hours are 8 a.m. – 8 p.m., 7 days a week.
 - Our Call Center staff may also be reached via: hchcomments@azblue.com
- For self-service options, please visit our provider portal: **Log in - Health Choice Provider Portal (healthchoiceaz.com)**
 - Provider Portal: **480-760-4651** or via email: hchproviderportal@azblue.com

Please take advantage of additional resources available online on the 'Providers' tab of our websites

****Member Rights & Responsibilities & Privacy Notices**** are included in the BCBSAZ Health Choice Member Handbook and can be located on the Health Choice website at:

- healthchoiceaz.com/privacy-notice/
- healthchoiceaz.com/members/member-services/
(Member Rights and Responsibilities tab)
- healthchoicepathway.com/members/member-information/
(Member Rights and Responsibilities tab).