

PROVIDER NEWSLETTER

May 2018

Health
CHOICE



WHAT'S NEW!

Steward Health Choice Arizona - New Name, New Logo!

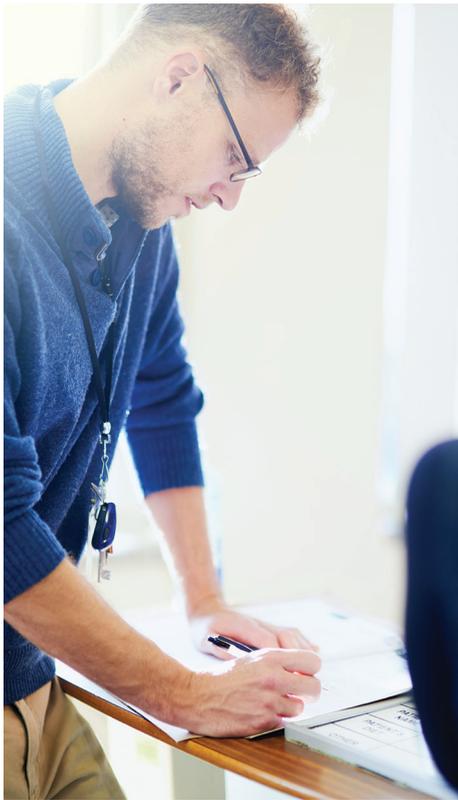
As we continue on our journey into 2018, Health Choice Arizona (HCA) and Health Choice Integrated Care (HCIC) are going to have a bold new look. Last year brought growth opportunities to Health Choice including our merger with the Steward Health Care Network family.

This year we are looking forward to the integration of both HCA and HCIC through the AHCCCS Complete Care contract. A component of integrating HCA, HCIC and Steward Health Care Network is creating a unified brand image. We are excited to share our new logo with you, as this branding is an important part of our combined direction, vision, mission and culture. The logo is derived from the combination of the Steward Health Care System logo, the Health Choice name, and the nautical flag for medical assistance. You will slowly start to see usage of this logo in the community with full implementation in October 2018 to coincide with our new contract year.



Steward
Health Care Network
HEALTH | CHOICE
ARIZONA

Thank you for all that you do for Health Choice Arizona, Health Choice Integrated Care and our members!



WE'RE HERE TO HELP!

Multi-Page Claim Submissions

The following information pertains only to claims where multiple pages are being submitted

Claim lines should only be filled in based on the services rendered/provided. If a claim you are submitting is only one page, this article does not apply. However, if more claim lines are needed than allowed on a single claim form, then multiple pages must be used. This instruction refers only to those claim submissions, where two or more pages of a claim form are submitted.

All Lines Must Be Completed

Claims submitted with multiple pages (multi-page claims) must have all line items filled out, before a second page can be submitted with the claim. If a multi-page claim is submitted, and all of the lines on the first page of the claim are not completed (i.e. left blank), this can result in errors.

UB-04 CLAIM FORM EXAMPLE:

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
PAGE		OF		CREATION DATE		TOTALS	

Lines 1-22 must be filled out, before a second page can be submitted.

Claims where page 1 has lines with data entered (i.e. lines 1-20 filled out) and then lines 21 and 22 are skipped with a second page submitted, is an incorrect submission. A second page cannot be submitted unless all lines on page 1 are completed and filled in first.

CMS 1500 CLAIM FORM EXAMPLE:

24.A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE EMG	C. PROCEDURE, SERVICE, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	E. DIAGNOSES POINTERS	F. \$ CHARGES	G. DAYS ON LINES	H. HOURS PER DAY	I. EL. QUAL.	J. RENDERING PROVIDER ID. #
1								NPI
2								NPI
3								NPI
4								NPI
5								NPI
6								NPI
25. FEDERAL TAX ID. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (If not, explain in 25B)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rev'd for NUCC Use		

Lines 1-6 must be filled out, before a second page can be submitted.

PHYSICIAN OR SUPPLIER INFORMATION

Claims where page 1 has lines completed (i.e. lines 1-4 filled out) and then lines are skipped (lines 5 and 6 left blank) with a second page attached, is an incorrect submission. A second page cannot be submitted unless all lines on page 1 are completed and filled in first.

ADA 2012 CLAIM FORM EXAMPLE:

24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Prep Form(s)	29b. DR	30. Description	31. Fee																						
1																															
2																															
3																															
4																															
5																															
6																															
7																															
8																															
9																															
10																															
32. Missing Teeth Information (Place an "X" on each missing tooth.)																															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
34. Diagnosis Code List Qualifier (ICD-9 = B; ICD-10 = AB)										31a. Other Fee(s)																					
34a. Diagnosis Code(s) (Primary diagnosis in "A")										32. Total Fee																					

Lines 1-10 must be filled out, before a second page can be submitted.

Total Charges

As a reminder, the Total Charges/Fee fields should be used to enter in the Total Charges for all lines on the claim. Please note, multi-page claims should have this field left blank on all pages, **except the last page.**

For example, the first page of a two page claim should have the Total Charges field left blank. Zero should not be entered. The total charges should **only be entered on the last page of a multi-page claim.**



PROVIDER ONLINE RESOURCES

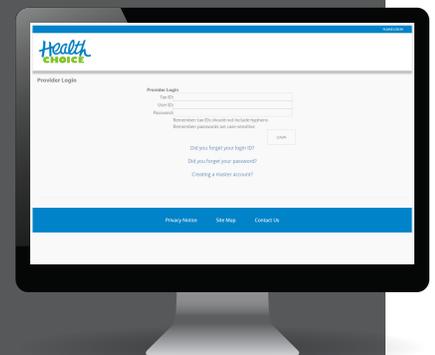
Our team brings an open vision to Arizona. We believe that those who provide care should be the leaders in creating and constructing new, better and less invasive mechanisms for the delivery of the care they provide. We are provider-owned and we understand both the rewards and difficulties of managed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

Visit us online for provider specific resources!

Provider Manual(s)
Prior Authorization
Provider Notices

HCA: <http://www.healthchoiceaz.com/providers/overview/>
HCG: <http://www.hcgenerations.com/providers/provider-information>
HCIC: <http://www.healthchoiceintegratedcare.com/providers/provider-resources/>

Provider Portal - Get direct access to member eligibility, claims status, PA status and more!
<https://www.healthchoicearizona.com/ProviderPortal/login/>



DID YOU KNOW?

Provider enrollment in the Vaccine for Children (VFC) program closes June 30, 2018.

For additional details please visit Arizona Department of Health Services, online at: <https://azdhs.gov/index.php> and search for "Immunizations".

5/31/18 is World No Tobacco Day

Quitting tobacco use can decrease the risk of pulmonary and cardiovascular diseases and death. As a healthcare provider, you can participate in **World No Tobacco Day** by advertising World No Tobacco Day and providing your patients with tobacco cessation resources. Information and printable posters are available on the World Health Organization's website: <http://www.who.int/campaigns/no-tobacco-day/2018/en/>

The Arizona Smokers' Helpline (ASHLine) is a free phone and online resource to help Arizonans quit smoking and using tobacco. It offers a 24/7 helpline, free coaching, free medication, and resources to help people quit. More information is available at <https://ashline.org> or 1-800-556-6222.

Health Risk Assessments for Health Choice Generations Members

Health Choice Generations completes Health Risk Assessments (HRA) on all members at the time of health plan enrollment and annually thereafter. The HRA identifies a patient's medical, functional, cognitive, psychosocial, and mental health needs.

If you would like a copy of a patient's HRA, please contact us via email: HCH.HCACaseManagement@steward.org

Health Choice Moving to Roche ACCU-CHEK Blood Glucose Testing Supplies

Effective 6/1/2018 Health Choice is moving to Roche ACCU-CHEK meters and blood glucose testing supplies. As part of this transition, members can receive a meter from Roche ACCU-CHEK and get ACCU-CHEK test strips through Health Choice. Meters included in this promotion are ACCU-CHEK Guide, ACCU-CHEK Aviva Plus, and ACCU-CHEK Nano.

A member can receive a Roche ACCU-CHEK meter in the following ways:

- Request a voucher online at <http://meters.accu-chek.com> or call the ACCU-CHEK Service Center at 1-800-835-8108 to make a request for a voucher. Take the voucher to the pharmacy to receive a meter.
- Ask a pharmacist to submit a prescription claim to the Roche ACCU-CHEK meter program.
- Contact Health Choice at 800-322-8670 for assistance.

If pharmacies or members need technical assistance, they can call Roche at 1-800-835-8108.

If ACCU-CHEK blood glucose testing supplies are not appropriate for your specific member, please submit a prior authorization request to Health Choice Pharmacy Department to review and render a decision for your member. Please fax HCA request to 1-877-422-8130 and HCIC request to 1-855-411-7559.

HAS ANY OF YOUR INFORMATION CHANGED?

We like to keep our records up to date.

Please contact your Network Provider Representative if you have changes to your roster, address, and fax or phone number.

