

Health Choice

An Independent Licensee of the Blue Cross Blue Shield Association



2023 BCBSAZ Health Choice Pathway Provider Manual

Contents

Chapter 1: Introduction to BCBSAZ Health Choice Pathway

- 1.0 Introduction to BCBSAZ Health Choice Pathway HMO D-SNP
- 1.1 BCBSAZ Health Choice Pathway HMO D-SNP Overview
- 1.2 BCBSAZ Health Choice Network Management

Chapter 2: Member Services

- 2.0 Member Services
- 2.1 Member Eligibility
- 2.2 Primary Care Physician (PCP) Selection
- 2.3 Member Rosters
- 2.4 Resources and Contacts for BCBSAZ Health Choice Pathway Members

Chapter 3: Provider Responsibility

- 3.0 Medicare Participation Standards
- 3.1 Persons Excluded from Medicare Participation
- 3.2 Medicare, UPIN, National Provider Identification Numbers
- 3.3 Notifications Practice/Company Changes, Updates Additions
- 3.4 Provider Contract/Terminations
- 3.5 Contract Renewal
- 3.6 Credentialing and Re-Credentialing
- 3.7 Delegated Provider Functions
- 3.8 Verify Eligibility
- 3.9 Primary Care Physician
- 3.10 Specialists
- 3.11 Referrals
- 3.12 Appointment Availability/Appointment Wait Time
- 3.13 Telephone Availability
- 3.14 Appointment Availability Non-Compliance

- 3.15 After-Hours Coverage/Physician Vacation Coverage
- 3.16 Maintaining the Medical Record
- 3.17 Inspection and Audit of Records and Facilities
- 3.18 Managing Members with Disabilities or Specific Needs
- 3.19 History and Physical
- 3.20 Hospital Admissions
- 3.21 Adult Immunization/Preventive Services
- 3.22 Patient Education
- 3.23 Prescriptions
- 3.24 Drug Utilization Concerns
- 3.25 Member Death
- 3.26 Emergency Room
- 3.27 Fraud and Abuse
- 3.28 Reporting Fraud, Waste and Abuse
- 3.29 BCBSAZ Health Choice Pathway Claim Submissions

Chapter 4: Cultural Competency

- 4.0 Non-Discrimination
- 4.1 Linguistic Services
- 4.2 Ask Me 3
- 4.3 Additional Resources

Chapter 5:

- 5.0 Overview
- 5.1 Peer Review
- 5.2 Performance Measures
- 5.3 HEDIS: The Healthcare Effectiveness Data and Information Set
- 5.4 CAHPS: Consumer Assessment of Healthcare Providers and Systems
- 5.5 HOS: Health Outcomes Survey
- 5.6 Patient Safety

5.7 Medical Record Requests

5.8 Privacy

5.9 Disease Burden Management (Hierarchical Condition Category or HCC)

Chapter 6: Medical Authorizations & Notifications

6.0 Overview

6.1 The Following Directives Apply to all BCBSAZ Health Choice Pathway Prior Authorizations

6.2 Please Follow These Steps when Requesting a Medical Necessary Prior Authorization

6.3 Time Frame for Approvals (as Defined by Medicare Managed Care)

6.4 Supporting Documentation – Prior Authorization

- 6.5 Organization Determination Process
- 6.6 Referrals to Specialists

6.7 Hospital Services

- 6.8 Clinical Practice Guidelines
- 6.9 Service Request Denials

6.10 Primary Care Obstetrician Responsibility (PCO)

- 6.11 OB Ultrasound
- 6.12 Education for Pregnant Women
- 6.13 Prior Authorization and Referrals
- 6.14 Ophthalmology/Optometry
- 6.15 Durable Medical Equipment and Infusion/Enteral Therapy
- 6.16 Orthotics/Prosthetics
- 6.17 Pharmacy Authorizations
- 6.18 Specialty Medication Program
- 6.19 Behavioral Health Program
- 6.20 Referrals to Specialists
- 6.21 Specialist Protocol
- 6.22 Retrospective Authorization
- 6.23 Care Management

Chapter 7: Inpatient & Outpatient Hospital Care

- 7.0 Acute Inpatient Admissions
- 7.1 Inpatient Hospital Covered Services
- 7.2 Inpatient Services Hospital or SNF Days are not Covered or Limits Exhausted
- 7.3 Hospitalist
- 7.4 Skilled Nursing Facility Care (SNF)
- 7.5 Authorization for SNF Services
- 7.6 Skilled Nursing Facility Covered Services
- 7.7 BCBSAZ Health Choice Pathway Members Must Meet Certain Criteria to be Covered in a SNF
 - 7.8 Custodial Care Stays Only are not Covered
 - 7.9 Observation Services
 - 7.10 Outpatient Hospital Services
 - 7.11 Inpatient Behavioral Health Care

Chapter 8: Coordination of Benefits & Other Insurance Liability

- 8.0 When BCBSAZ Health Choice Pathway is Primary
- 8.1 When BCBSAZ Health Choice Pathway is Secondary
- 8.2 Motor Vehicle (MVA) or Work Related Injuries

Chapter 9:

9.0 Alternatives to Filing a Provider Claim Appeal - First Steps to Consider Before Filing a Claim Appeal

- 9.0.1 BCBSAZ Health Choice Pathway Claim Resubmissions
- 9.0.2 BCBSAZ Health Choice Pathway Claim Reconsiderations
- 9.1 Provider Claim Appeals
 - 9.1.1 First Level Contracted Provider Payment Review
 - 9.1.2 Second Level Contracted Provider Payment Review
- 9.2 Member Appeals and Grievances (Complaints)
- 9.3 Member Appeals for the Reduction, Suspension, or Termination of an Authorization
- 9.4 Member Grievances (Complaints)

Chapter 10: Prescription Benefits and Drug Formulary

- 10.0 Prescription Drug Benefit
- 10.1 Formulary (List of Medications)
- 10.2 Prior Authorization
- 10.3 Step Therapy
- 10.4 Quantity Limits
- 10.5 Formulary Exception Requests
- 10.6 Pharmacy Appeals (Redeterminations)
- 10.7 Formulary Changes
- 10.8 Transition Policy
- 10.9 Drug Management Programs
- 10.10 Drug Utilization Review
- 10.11 Medication Therapy Management Programs
- 10.12 Pharmacy Network
- 10.13 Retail Pharmacy Network
- 10.14 Mail Order Pharmacy
- 10.15 Specialty Pharmacy
- 10.16 Home Infusion Pharmacy
- 10.17 Long Term Care Pharmacy
- 10.18 Indian Health Services/Tribal/Urban Indian Health Program (I/T/U) Pharmacy
- 10.19 Extra Help with Medicare Part D Benefit Available for Enrollees

Chapter 11: Transplant Services

- 11.0 Organ Transplants
- 11.1 CMS Approved Transplant Centers
- 11.2 Authorization Requirements
- 11.3 Billing Requirements

Chapter 12: Benefits and Covered Services

12.0 General List of Covered Services

- 12.1 Preventive Services
- 12.2 Supplemental Benefits
- 12.3 Excluded Services
- 12.4 PCP Prescribing Medications for Behavioral Health Diagnoses
- 12.5 Non Behavioral Health Medication Covered by AHCCCS Acute Plans
- 12.6 Member Rights to Participate in their Treatment Decisions
- 12.7 Member Rights to Requests any Covered Service

Chapter 13: Care Management

- 13.0 Care Coordination
- 13.1 Individualized Care Plan (ICP)
- 13.2 Interdisciplinary Care Team (ICT)
- 13.3 Care and Disease Management Programs
- 13.4 Provider Referrals

Chapter 1:

Introduction to BCBSAZ Health Choice

Review/Revised: 01/18, 01/19, 01/20, 06/20, 01/21, 01/22, 01/23

BCBSAZ HEALTH CHOICE PATHWAY PROVIDER MANUAL ADDENDUM

The BCBSAZ Health Choice Pathway Provider Manual focuses on the requirements for relationships between Medicare Advantage organizations (MA organizations) and the physicians and other health care professionals and providers with whom they contract to provide services to Medicare beneficiaries enrolled in an MA plan.

This Provider Manual is not a replacement to the BCBSAZ Health Choice Arizona, Inc. Provider Manual (Medicaid). All BCBSAZ Health Choice Arizona Providers who provide services to BCBSAZ Health Choice Pathway (HCP) HMO Dual-Eligible Special Needs Plan (HMO D-SNP) beneficiaries are subject to the same responsibilities and rules under the Centers for Medicare and Medicaid Services (CMS). This addendum to the BCBSAZ Health Choice (Medicaid) Provider Manual contains basic information about the administration of BCBSAZ Health Choice Pathway. The intent of this addendum is to furnish contracted providers and their staff with information about BCBSAZ Health Choice Pathway, covered services, processes and claim submission requirements.

*Please refer to the BCBSAZ Health Choice (Medicaid) Provider Manual for contractual requirements and processes. Additionally, forms associated with BCBSAZ Health Choice operations may be available at <u>www.HealthChoiceAZ.com</u>-> For Providers.

1.0 INTRODUCTION TO BCBSAZ HEALTH CHOICE PATHWAY HMO D-SNP

BCBSAZ Health Choice Pathway (HCP), an affiliate of BCBSAZ Health Choice Arizona, Inc. (HCA), has contracted with the Centers for Medicare and Medicaid Services (CMS) to be a Dual Eligible Special Needs Plan (HMO D-SNP) under the Medicare Advantage program. Since January 1, 2006, we have served beneficiaries eligible for both Medicare and Medicaid (AHCCCS).

1.1 BCBSAZ HEALTH CHOICE PATHWAY HMO D-SNP OVERVIEW

BCBSAZ Health Choice Pathway provides covered services to members in eight Arizona counties:

- Apache
- Coconino
- Gila
- Maricopa
- Mohave
- Navajo
- Pinal
- Yavapai

Our commitment is to provide high quality, cost-effective healthcare to dual eligible Medicare and Medicaid members throughout the state.

1.2 NETWORK MANAGEMENT

BCBSAZ Health Choice Pathway is responsible for covering services for members through a comprehensive provider network of contracted physicians and facilities t including primary care physicians, specialists, dentists, medical facilities, and ancillary service providers. The BCBSAZ Health Choice Pathway network has been carefully developed to include those contracted healthcare professionals who meet certain criteria such as availability, location, specialty, hospital privileges, quality of care, and acceptance of our managed care principles and financial considerations.

Contracted healthcare professionals are required to coordinate member care within the BCBSAZ Health Choice Pathway Provider Network. That means all referrals for BCBSAZ Heath Choice Pathway Members must be directed to BCBSAZ Health Choice Pathway contracted providers. Referrals outside of the network *may* be permitted but only with prior authorization from BCBSAZ Health Choice Pathway.

Questions concerning the BCBSAZ Health Choice Pathway network should be directed to our Network Services Department, specifically to the attention of your Provider Performance Representative. The BCBSAZ Health Choice Network Services Department serves as the primary point of contact for providers who require assistance. Its' Provider Performance Representatives are responsible for getting providers information, fulfilling their requests, and serving as their liaison to other departments within BCBSAZ Health Choice Pathway. If you do not know which Provider Performance Service Representative is assigned to you, please refer to Exhibit 1.1 to determine the appropriate office to call in your area for assistance.

Please do not hesitate to contact your Provider Performance Representative whenever necessary.

See Exhibit 1.1 Network Services Contact Information Toll-Free: **1-844-457-8943, TTY 711** 7 Days a week, 8 a.m. – 8 p.m.

HealthChoicePathway.com



Health

Choice

An Independent Licensee of the Blue Cross Blue Shield Association