

What's new!

page 2, 3

Did You Know?

page 4

Innovation Corner

page 5

Behavioral Health Corner

page 6

Dental Corner

page 7

**Maternal and
Child Health Corner**

page 7, 8

Tips & Tricks

page 9

**We heard you &
we're here to help!**

page 10

What's new!



Resources for Patients Impacted by COVID-19 - Loss of Health Insurance Coverage

Health Choice is here to help share information on how your patients can apply for Arizona Health Care Cost Containment System (AHCCCS) coverage for financial assistance.

Informational facts:

- AHCCCS, Arizona's Medicaid agency, offers health care programs to serve Arizona residents. This includes families, kids and adults.
- AHCCCS is open for enrollment year round.
- Eligibility for most programs are based on income only, not assets. Thousands of Arizonans may be eligible but have not tried to enroll. If a family's income has been reduced, they may be eligible.
- The same application for AHCCCS can also be used for Supplemental Nutrition Assistance (SNAP-formerly Food Stamps), and cash assistance (TANF-Temporary Assistance for Needy Families).
- The Health Insurance Marketplace (Healthcare.gov) grants a Special Enrollment Period for people who have lost their insurance coverage and for several other reasons.

Providers Can Be Reimbursed for COVID-19 Testing and Treatment of Uninsured Arizonans through Federal HRSA Web Portal

The Families First Coronavirus Response Act authorized federal reimbursement for COVID-19 testing and testing related services for any uninsured individual.

Last week, the US Department of Health and Human Services, Health Resources & Services Administration (HRSA) announced the **COVID-19 Uninsured Program**

How to apply:

Families and individuals have options on how to apply for these benefits. They can apply online, over the phone, through a Community Assistor or Federally Qualified Health Center (FQHC) to arrange for application assistance. Bilingual assistance is available. Help is available at no cost to them.

1. Call AHCCCS toll free: 1-855-HEA-plus (1-855-432-7587) to ask questions or apply by phone.
2. Visit: www.healtharizonaplus.gov to apply online or to locate a Community Assistor.
3. Visit: www.aachc.org/communityhealthcenters/map/ to locate a local FQHC.
4. Call Cover Arizona toll free: **1-800-377-3536** or visit www.coveraz.org/connector to make an appointment or ask questions. Certified Application Assistants are available to help over the phone. They can help with AHCCCS as well as the Health Insurance Marketplace for those individuals seeking a Special Enrollment Period (SEP).

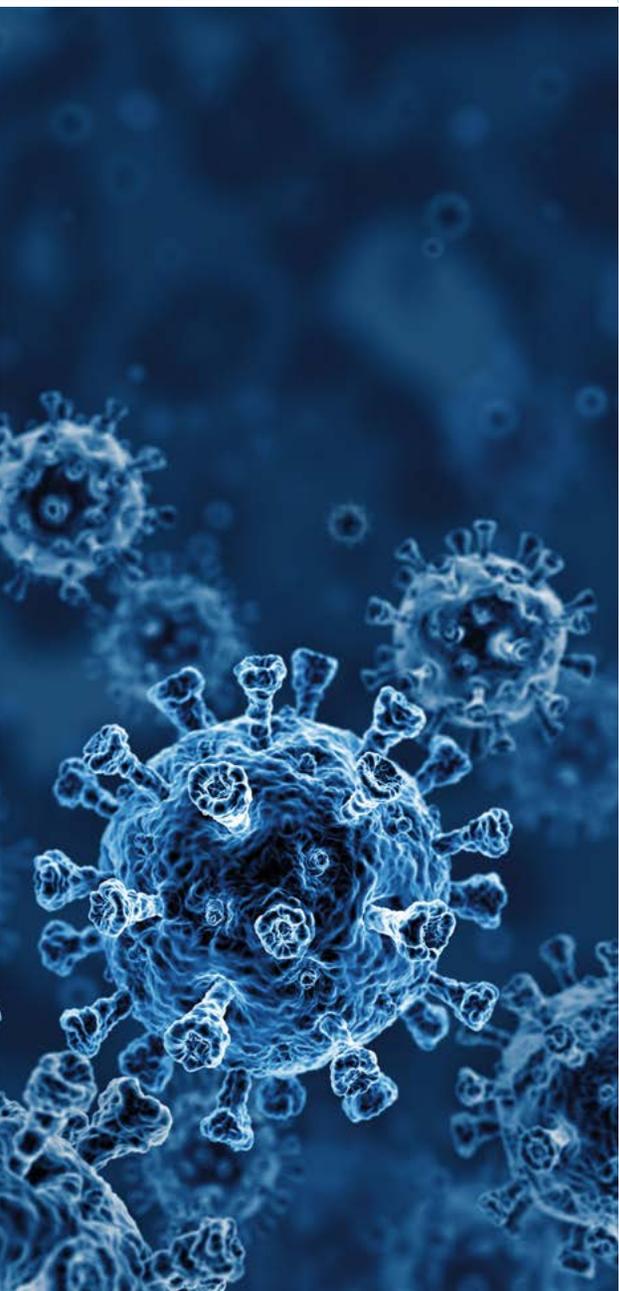
Additional Help:

Resources for food, housing, help paying bills, employment or other services can be found online at www.211arizona.org or by dialing 2-1-1.

Portal. The COVID-19 Uninsured Program will provide reimbursement at Medicare levels to providers and facilities for coronavirus-related testing and treatment of the uninsured. Funding for the program is provided primarily through appropriations to the Provider Relief Fund, as well as \$1 billion from the Families First Coronavirus Response Act. The administration has not yet announced how much of the Provider Relief Funds will go towards the program.

continues on next page

What's new!



To access the funds, health care providers must **register to participate** in the HRSA program. Once registered, those who have conducted COVID-19 testing or provided treatment to uninsured individuals on or after February 4, 2020 may request claim reimbursement through the portal beginning May 6, 2020. Providers will be required to verify and attest that the patient does not have individual or employer-sponsored Medicare or Medicaid coverage, and that no other payer will reimburse them for COVID-19 testing and/or treatment for that patient. Providers can expect to begin receiving reimbursement in mid-May.

AHCCCS had received federal approval and was working on a separate eligibility category to cover the cost of COVID testing for uninsured individuals in Arizona. With the announcement of the federal portal, and the added benefit of payment for treatment as well, AHCCCS is suspending that effort and directing providers to the HRSA portal. This will lessen any provider confusion for how to access payment for the coverage of COVID-19 testing and care for uninsured individuals, and help to prevent any potential fraud.

Health Choice Q2 All Provider Forum

Health Choice Arizona and Health Choice Generations will be hosting our second Provider Forum of the year. Due to the COVID19 outbreak in Arizona, we have made the decision to hold this event via **Zoom ONLINE ONLY**.

Have you completed 2020 HCG Annual Model of Care Training?

Health Choice Generation's 2020 Annual MOC training is available online!

Visit: www.HealthChoiceGenAZ.com

Click the drop down for "Providers" and select "Provider Education" to access the online video 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.
- A 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 a SNP care provider if you treat members who are enrolled in a 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.

Thank you for being a valued provider to our Health Choice Generations members.

Wednesday, June 17, 2020 | 11:30 A.M. - 1:00 P.M.

You can participate by joining us online from your PC, Mac, Linux, iOS or Android: zoom.us/j/4807604593
AND by calling: (669) 900-6833 or (646) 876-9923
Meeting ID #: 480 760 4593

If you plan to attend please RSVP to Jadelyn.Fields@healthchoiceaz.com with your name, office name and number of anticipated guests.

Did You Know?

New HCG Exclusive Benefit: 100-day refills

At Health Choice we are committed to providing members with access to quality, medically appropriate services. Please consider 100-day supplies when prescribing/renewing established maintenance drugs for Health Choice Generations members. This saves money for your patients as their copay for 100 day fills is the same for 30 day fills and it helps members to stay adherent to important maintenance medication. Health Choice Generations members have limited incomes and the savings are important to them.

This benefit is exclusive to Health Choice Generations (Medicare Advantage) members, please continue to prescribe 30-day supplies to Health Choice Arizona (Medicaid) members.

Thank you for your continued commitment in serving our members and ensuring the provision of quality care.

Encourage Annual Wellness Visits for Our Members

Your patients who are members of our Health Choice health plan have coverage for an Annual Wellness Visit (AWV), a yearly office visit that focuses on preventive health. During the AWV, you will review your patient's history and risk factors for diseases, ensure that your patient's medication list is up-to-date, and provide personalized health advice and counseling. The AWV also allows you to establish or update a written, personalized prevention plan. The plan will be a part of the patient's medical record and can be given to your patient to help keep them on-track. This health plan benefit creates an opportunity for an ongoing focus on prevention that can be adapted as a patient's health needs change over time. Help keep your patients as healthy as possible by encouraging them to have an Annual Wellness Visit.



Physical & Mental Benefits of Exercise

Help Patients Get (Or Stay) Fit with their Health Choice Wellness Benefits.

As you know, physical activity and exercise provide a long list of documented health benefits- from weight management and disease prevention, to improved mood and sleep, and more. To support our members in reaping these benefits, Health Choice Generations, our Medicare Advantage Prescription Drug Plan will include access to the Silver & Fit Exercise and Healthy Aging Program.

With this program, they may choose either a free membership in a participating fitness center or YMCA,

or the option to work out at home using up to two free home fitness kits per calendar year mailed to their home. The program also includes educational materials, activity rewards, and quarterly newsletters.

We ask that, when appropriate, you help us increase awareness and utilization of these programs among your patients who have Health Choice coverage. It could be just the thing to get them moving and on their way to a healthier life!

More Information: Go to www.SilverandFit.com

Innovation Corner

Telehealth Crisis Services

In an effort to improve the delivery of services and mitigate risk during this time, our mobile crisis providers quickly dove into the world of telehealth. Terros Health successfully implemented crisis intervention services, via Zoom, to Flagstaff Medical Center and Coconino County Juvenile Detention Center. Additionally, Health Choice Arizona and northern Arizona mobile crisis providers have been collaborating with other regional hospitals and emergency departments to introduce the idea, and prepare for potential implementation, of telehealth crisis services. Although COVID-19 has created for a challenging situation, it has also resulted in innovation like this!



Little Colorado Behavioral Health Center (LCBHC) is the only mental health clinic serving rural Apache County in Northeastern Arizona. LCBHC has two outpatient sites, in St. Johns and Springerville.

In response to the pandemic, LCBHC discontinued all in-person visits and immediately educated members of the Governor's stay-at-home executive order. This occurred without interrupting services to all members by implementing telehealth. These services included all psychiatric services, medication management, therapy, case management, and treatment specific to substance use disorders.

LCBHC is uniquely experienced in the world of telemedicine, having provided nearly 100% of Apache County medical psychiatric service via telemedicine/telehealth for 24+ years. However, Apache County has extraordinary communication and connectivity challenges. Only 55% of households in Apache County (compared with 88% nationally) have a computer and only 37% have a broadband internet subscription (compared with 80.4% nationally) (US Census Bureau, 2019). There is only one landline telephone company, which often loses service. Cell service is poor. Most members do not have adequate "minutes" on their phones and few have phones that allow video capabilities.

Communication barriers were relieved by the purchase of mobile tablets with data plans helped by a grant from the NARBHA institute. LCBHC uses these tablets in expanding ways to serve their members. If the member does not have video communication available in home, a LCBHC staff drives to the patients home, connects the tablet to the provider using zoom, while following CDC guidelines to limit exposure to Covid-19. These efforts helped greatly to continue member behavioral health services

If no internet connection exists for members in need, they can connect to one of the two LCBHC locations and the tablet can be deployed to them in the parking lot using LCBHC's Wi-Fi.

LCBHC clinicians contacted all members remotely to educate them of their continuation of services. They continue to educate support, and encourage social distancing/public health.

This clinic has also collaborated with Apache County to the Arizona Department of Education to establish google classroom and home packets for those without internet connectivity. School can be continued!

The agency has not seen increases in domestic violence or substance abuse crisis calls. Apache County has access to help. Telecommunications have improved connectivity in Apache County. The number of people attending appointment has increased. Members generally appreciate the telehealth. Apache County needs continued personal protective equipment (PPE) but ongoing public health education and safety continues with success.

In addition, the HCA Tribal Liaison, Holly Figueroa, has created Tribal Town Halls in collaboration with Tribal Cultural Advisors. During this crisis these Town Halls present a great opportunity for culturally sensitive education and messaging to tribal members in our partner Nations. The next town hall will take place in Whiteriver, AZ during the week of 4/27/2020. More Tribal Town Halls are being scheduled in the next two weeks.

Care is there and access is strong!

Behavioral Health Corner

Health Choice Arizona (HCA) is the integrated health plan and Regional Behavioral Health Authority (RBHA) in Mohave, Yavapai, Coconino, Navajo, Apache, & Gila Counties. We ensure access to and are the payer for behavioral and physical health services for adults with Arizona Health Care Cost Containment System (AHCCCS) title XIX coverage and Serious Mental Illness (SMI).

Crisis services

All services that are rendered in a crisis should include the “Y” indicator on the claim. AHCCCS and Health Plan MCOs use this data to monitor the amount of services provided when a member is in crisis. Please make sure all claims for crisis services, including, but not limited to, service codes T1016 case management, H2011 Mobile crisis and S9484 & S9485 crisis stabilization unit include a “Y” in the crisis indicator field on professional claims.

PCP Care for People with Behavioral Conditions

AHCCCS and Health Choice cover behavioral health services provided by a PCP within their scope of practice. This includes the monitoring and adjustment of behavioral health medications for the management of conditions such as anxiety, depression and ADHD. For antipsychotic medications, Prior Authorization (PA) may be required. Information on behavioral health medication coverage and PA procedures may be located on the Health Choice website: www.healthchoiceaz.com/providers/prescription-drugs/

PCPs may also refer members to a behavioral health provider for evaluation and/or ongoing medication management services. Members who are dual eligible for Medicare and Medicaid should be referred to a licensed behavioral health provider who is part of their Medicare contracted network. Members with Serious Mental Illness (a behavioral health diagnosis that causes

substantial negative impacts on functioning in the home, relationships, or community) often need services from a behavioral health specialist. PCPs can encourage their patients with SMI to engage in behavioral health services. If you are a PCP in the Northern Arizona counties, please refer your patients with SMI to an HCA contracted Behavioral Health Home in their community or contact HCA customer service for assistance identifying their Behavioral Health Home.

Health Choice provides Integrated Care Management and Disease Management services to members with chronic conditions and high risk/cost indicators. Health Choice care management staff provide coordination of care and self-management resources.

For assistance in locating a contracted behavioral health specialist, or to make a referral to Health Choice care and disease management programs, providers may call the Health Choice customer service line at **1-800-322-8670** (TTY:711). Additional resources are listed below.

Resource	Contact	Details
Behavioral Health Crisis Hotline	1-877-756-4090	24/7 Hotline for crisis stabilization.
Non-Emergency Medical Transportation (NEMT) Provider	1-800-322-8670	Members and Providers may call HCA Member Services for assistance scheduling NEMT. Please schedule NEMT rides at least 3 days in advance of the medical appointment.
HCA 24hr Nurse Advice Line	1-855-458-0622	24/7 Advice line for medical questions.
Warmline by NAZCARE	1-800-404-5530	Peer support line for questions about behavioral health. Open Monday - Thursday, 11:00 A.M. - 10:30 P.M. and Friday - Sunday, 3:00 P.M. - 10:30 P.M.

Dental Corner



Let's Seal the Deal

As we are all aware, the increased use of Dental Sealants placed on the children of low-income families will greatly decrease dental caries, abscesses and tooth loss in addition to being very cost effective. However, this extremely successful intervention remains underutilized. Health Choice Arizona strongly encourages the use of dental sealants as a major strategy in preventive dentistry.

The statistics speak for themselves, statistically speaking, sealants protect against 80% of dental caries, for a year period and up to 50% for a 4 -year period.

- Children aged 6 to 11 who do not receive sealants have 3 times more first molar dental caries than children who have sealants placed.
- Children aged 6 to 11 from low -income families are 15% less likely to receive dental sealants and yet are twice as likely to have caries that remain untreated.
- Only 25% of 6 to 9 year old children from low income families had sealants placed compared to 34% of children from high income families.

- Ironically, most low- income children who are the least likely to receive routine dental care lack sealants.
- Despite, over 50 years of scientific knowledge under our belts, sealants are still vastly underutilized.

Of course, the proper application of sealants is the key to their overall success and tooth selection is of primary importance. Since sealant success is linked to the complete isolation of the tooth from saliva, partially erupted teeth are a challenge to seal and should probably not be sealed until the gingival tissue is practically free from the occlusal surface. Success rates for sealants have been documented up to over 90% effective with proper application. The long -term benefits of sealants have been very well documented.

Health Choice Arizona has placed a major emphasis on sealants as an extremely effective preventive public health measure which is strongly emphasized by AHCCCS.

Both Health Choice Arizona and AHCCCS focus on sealant utilization as one of the procedures used to evaluate provider performance, therefore we encourage

providers to place sealants on permanent first and second molars (i.e. numbers: 2, 3, 14, 15, 18, 19, 30 and 31) that exhibit no history of decay or restoration. Upon the eruption of first permanent molars at around ages 6 to 7, sealants should be placed and for children ages 12 to 13 when the second permanent molars have erupted sealants should be placed for those children at moderate to high risk for dental caries. Consequently, Health Choice covers dental sealants (D1351) for members aged 5 -14 years of age. Additionally, sealants are reimbursed at a maximum of 2 times per tooth, per lifetime and prior authorization is not required.

Again, many, many reports have indicated that dental sealants are not only safe but highly effective in preventing pit and fissure dental caries in permanent molars reducing dental caries by over **70%** after 2 to 3 year follow up appointments.

As AHCCCS providers, we have the ability and the moral obligation to deliver dental sealants to large numbers of high -risk children with susceptible permanent molars and this should be an integral part of our focus as we move forward to offer superior dental health care to our members. So, let's **SEAL** the **DEAL!**

Maternal and Child Health Corner

EPSDT Reminders

Pediatric care management:

If you feel a child is in need of a referral for care management please email or fax our Case Management (CM) referral form to: HCH_PediatricsCM@healthchoiceaz.com or fax (480) 317-3358.

The CM form can be found under the Providers section of our website under Forms: www.healthchoiceaz.com

EPSDT tracking forms:

Please keep sending us your tracking forms in a timely manner for your Well Child Visits! As a reminder, please include the AHCCCS ID on the tracking form and EMR's and verify your

sending a complete file. Please submit EPSDT Tracking forms and EHR's 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 with fax or mail. All EPSDT information is logged into the members file for *continues on next page*

Maternal and Child Health Corner

tracking and reporting purposes as required by AHCCCS. Age appropriate screenings include vision, hearing, oral health, nutrition, development, tuberculosis (TB) and lead. Any referrals you have for the member are also noted.

Below are two possible components which can affect the health of our children...

- **BMI in children.**
This number is calculated based on height and weight ratio. The higher the BMI the greater the risk for developing certain diseases such as diabetes, heart disease, and sleep apnea. When you submit your EPSDT Tracking Forms or EMRs please note the BMI. When we receive a referral for a member with BMI we will provide outreach and further education for the member and parents on healthy habits. These habits

include what types of food is best and how much. We also provide a list of different activities to help keep kids moving.

- The EPSDT Program also works with children with a **failure to thrive (FTT) diagnosis.** This diagnosis is given when a child does not meet the recognized standards of growth. The most common cause is not taking in enough calories due to poor feeding habits, neglect, even abuse and mental health conditions. Symptoms to watch for are lack of weight gain, delays in reaching milestones, and delayed motor movement to name a few. When FTT is diagnosed and a referral is generated, we will assist with outreach to members for education and making any appointments needed.

Working together we can keep kids healthy. Healthy children will lead to healthy adults.
Email: HCH.EPSDTCHEC@healthchoiceaz.com
Fax: (480) 760-4716

AzEIP fax number for submissions has changed:
The Medical Prior Authorization Department will now be processing all AzEIP/EPST request. The updated fax number for AzEIP submissions is (480) 760-4993.

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 comments@healthchoiceaz.com
For dental please fax the log to (480) 350-2217
Appointment log forms are located on our website under Providers -> Provider Manual -> Exhibits 3.5.1 (Medical) and 3.5.2 (Dental).

Maternal Reminders

Pediatric Care Management

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@healthchoiceaz.com
or fax (480) 317-3358.

The CM referral form can be located under the Providers section of our website under Forms: www.healthchoiceaz.com

OB Care Management

Did you know 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@healthchoiceaz.com or fax (480) 317-3358.

The CM referral form can be located under the 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.

Tips & Tricks –

Diabetes with Complications

Diabetes occurs when blood glucose, also called blood sugar, is too high. High blood glucose can cause health problems over time. The main types of diabetes are type 1, type 2, due to an underlying condition and gestational.

Type 2 diabetes is the most common. Someone is more likely to develop type 2 diabetes if they have a family history of diabetes, are overweight, or are over age 45. Physical inactivity, race, and certain health problems also affect their chances of developing type 2 diabetes. A history of gestational diabetes is a risk factor for women.

Diabetes codes are combination codes that include the type of diabetes, the body system affected and the complications affecting that body system. As many codes as are necessary to capture all the complications of the disease may and should be used. Let's take a look at some basic diabetes codes that risk adjust:

Type 1 Diabetes, without complications:	E10.9
Type 2 Diabetes, without complications:	E11.9
Other specified Diabetes, without complications:	E13.9
Diabetes due to underlying condition, without complications:	E08.9

**Note that if the medical record does not indicate the type of diabetes then type 2 diabetes, category E11 should be used as the default code.*

There are many complications that can occur with diabetes. **These complications listed in the ICD-10 CM index are assumed as being related to diabetes and are to be coded as such unless the medical record specifically states a different cause of the complication.**

Please see common diabetic complication examples outlined below.

Diabetes with peripheral neuropathy*:	E11.42 or E10.42 or E13.42 or E08.42
Diabetes with CKD, Type 2:	E11.22
Diabetes with peripheral vascular disease, Type 2:	E11.51
Diabetes with hyperglycemia, Type 2:	E11.65

Diabetes with nephropathy, Type 2:	E11.29
Diabetes with neuropathy, Type 2:	E11.40
Diabetes with retinopathy, Type 2:	E11.319

**Note the code changes depending on the type of diabetes documented*

This is a sample of some of the more commonly seen complications and does not represent the full list in the ICD-10 index. Please note that **uncontrolled diabetes** does not have an ICD-10 code. If the medical record indicates diabetes with hyperglycemia, code E11.65. If the medical record indicates diabetes with hypoglycemia, code E11.649. **Do not code E11.65 for uncontrolled diabetes.**

Remember that all complications documented in the medical record with diabetes should be coded to identify all the associated conditions a patient has. Diabetes is a diagnosis recognized by CMS as a hierarchical chronic condition that risk adjusts and the medical record must also contain support for the diagnosis. Some ways to support this diagnosis can be medications, documentation of the body part affected and examined, other treatments being received for the condition, treatment by a specialist and length of time the condition has been diagnosed. Remember to reference your coding books to be certain you are assigning the correct and most specific code for this chronic disease. Happy Coding!

Reference: www.nih.gov, www.CMS.gov, ICD-10 CM Expert

Contact Us

Health Care Network
 Risk Adjustment Department
 410 North 44th Street, Suite 900, Phoenix, AZ. 85008
 (480) 968-6866 ext. 5034
 Email: hchperformanceimprovement@healthchoiceaz.com

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 health care 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, charged and modifiers for services rendered.

We heard you & we're here to help!

Provider Portal

The 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!

www.stewardhealthchoiceproviders.org/ProviderPortal/Login/

If you do not have an account, we have easy instructions for creating an account on the portal log in 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.

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 provider-owned and we understand both the rewards and difficulties of managed care and health plan/provider relationships.

Health Choice Arizona:
www.HealthChoiceAZ.com

Health Choice Generations:
www.HealthChoiceGenAZ.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
Open Monday-Friday, 6:00 A.M. - 6:00 P.M.

Provider Portal: 480-760-4651

Our **Provider Manuals** are designed to provide basic information about the administration of the Health Choice Arizona (both AHCCCS and RBHA) and Health Choice Generations 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.

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 Health Choice Arizona and every January for Health Choice Generations.

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 Health Choice Arizona and Health Choice Generation'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), prior authorization requirements (Chapter 6), claims submissions, billing policies and procedures, formal dispute and appeal processes (HCA Chapters 7-15, HCG 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.

Currently our provider Manual is under review in conjunction with our acquisition by BCBSAZ, so you'll notice logo changes as well as email address updates to "healthchoiceaz.com" throughout.

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

