2023 Q3 All Provider Forum

September 27, 2023

Zoom Recording:
https://azblue.zoom.us/rec/share/XuiL9x08pTv5l7RP_4Mg3tShsj9XE4rYyIr719UzgJ0rhp0rQMp8MkWtkaj_QLDp.WlLudwdRN38kZyPz?startTime=1695838746000

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Health Choice

Agenda

1. Welcome
   Charlotte Whitmore, VP Network Services — 2 minutes

2. Introduction to ACA StandardHealth with Health Choice (HCS) — 10 minutes
   Marla Bauer, Director of Individual Growth and Marketing

3. Network Cultural Assessment
   Nicole Larson, Chief Compliance Officer — 15 minutes

4. HIE – contexture
   Jayme Pina, Director, Account Management — 20 minutes

5. Integrated Health
   End of Life Care and Advance Directives
   Patricia White, Manager Clinical Accreditation and Training — 15 minutes

6. Performance Improvement Updates – Back to School Campaign
   Dr. Jane Dill, MD, BCBSAZ Health Choice Medical Director — 15 minutes

7. Provider Resources
   Jadelyn Fields, Network Provider Service Manager and Educator — 10 minutes

7. Q and A — 5 minutes

ACA StandardHealth with Health Choice

Plans available 2024

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A New 2024 Affordable ACA Plan

StandardHealth HMO plan + Health Choice network
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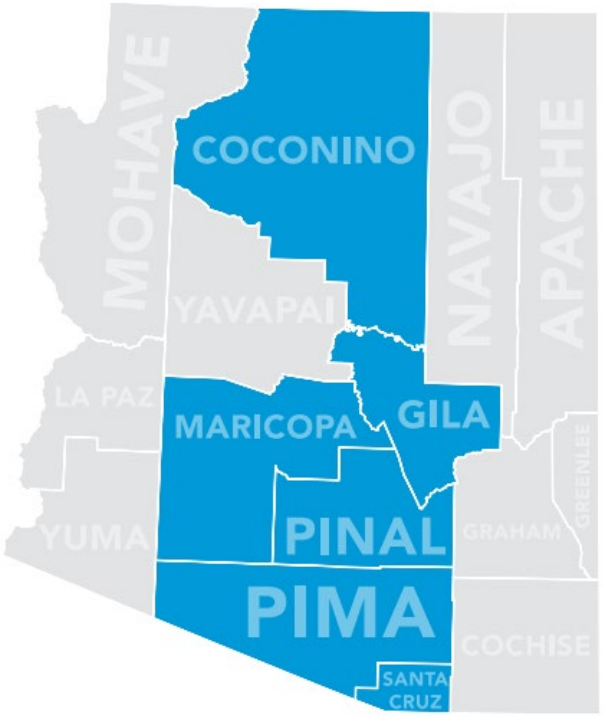
ACA StandardHealth with Health Choice

- Attract Health Choice members who are no longer eligible for Medicaid
- Offer plan in select counties
- Deliver a lower premium plan



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ACA StandardHealth with Health Choice

This plan is ideal for those who:

- Are transitioning from a Health Choice plan and want to keep their same doctors
- Want added support and resources for chronic health conditions
- Prefer fixed costs for doctor and specialist visits and prescription drugs
- Need help coordinating care across multiple providers

		Cost-Share Reduction Plan Options (with financial help from the federal government)		
	ACA StandardHealth with Health Choice	ACA StandardHealth with Health Choice CSR		
	Silver	Silver 4	Silver 5	Silver 6
Deductible	$5,900	$5,700	$700	$0
Out-of-Pocket Maximum	$8,700	$7,200	$3,000	$1,800
Assigned PCP Required	Yes	Yes	Yes	Yes
Specialist Referral Required	Yes	Yes	Yes	Yes
PCP Visit	$40	$40	$20	$0
Specialist Visit	$80	$80	$40	$10
Tier 1 (Generic Drugs)	$20	$20	$10	$0

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Network Cultural Assessment

Analysis of cultural network adequacy and actions taken to enhance care
Annual Evaluation – June 2023

Provider Race/Ethnicity and Languages Spoken Analysis

Data collection, process, and criteria for network adjustment

Overview

BCBSAZ Health Choice strives to ensure members have access to quality care and services that accommodate both their cultural and language preferences.

We conduct frequent monitoring of provider contracting demographic information, member utilization, and complaint data to ensure the network is sufficient to meet both the cultural and linguistic needs of our members.

(NCQA HPA 2023, NET 1A 1-2)

Provider Race/Ethnicity and Languages Spoken Analysis Approach

Data collection, process, and criteria for network adjustment

Credentialing Dept analyzes practitioner race/ethnicity using CAQH application data provided by the practitioner.

Data is analyzed by total respondents, respondents by county, and comparison of the previous reporting/analysis period.

If race/ethnicity data is identified for greater than 50% of the sample, analysis is conducted to member access/availability to providers of the same race/ethnicity or preferred language spoken

(NCQA HPA 2023, NET 1A 1-2)
(NCQA HPA 2023, HE 3C-1 and HE 4A 1-6)

Provider Race/Ethnicity Analysis

Data collection, process, and criteria for network adjustment

Data Sources:

- CAQH Data (Provider Credentialing)
- AHCCCS Provider Demographic Data (Languages Spoken)

Challenges with Data Collection and Reporting:

- Large percentages either opting not to answer, or selecting “other” or “prefer not to say”. (Both Providers and Members)
- Ensuring ability to capture 2nd (and additional) languages spoken
- Capturing demographics for provider office staff

(NCQA HPA 2023, HE 4A 1, 2)

Provider Race/Ethnicity – Year over Year Analysis

~11,000

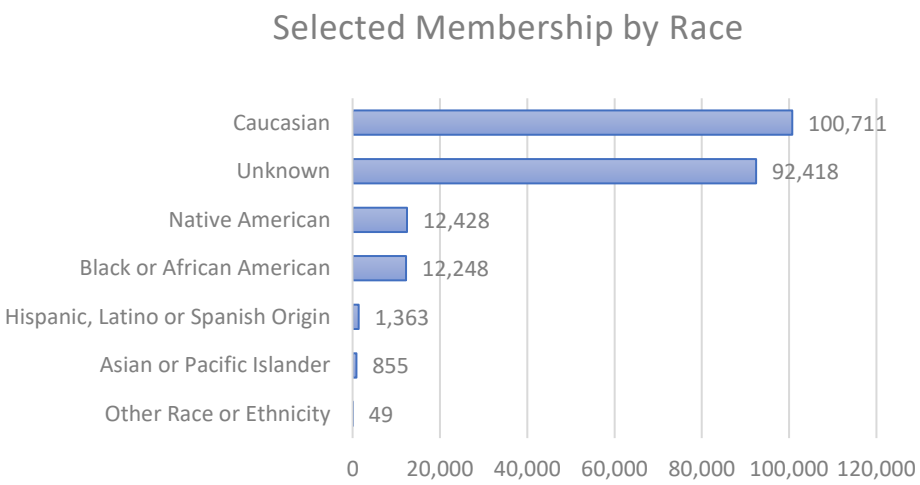
Providers on roster

**Providers who have attested within 120 days*

52%

Responded:

-Unknown
-Other
-Prefer Not to Say



Comparative Analysis from 2021 to 2023

- Increase in #/% of identifying responses (reduction in Unknown)
- Shift in responses from “unknown” to “prefer not to say”;
- Expanded reach to include languages spoken;
- Expanded analysis to show provider to member ratio based on race/ethnicity and language identification;
- Incorporated utilization data (identified as claims filed w/in last 12 months) to help assess network adequacy.

Provider Race/Ethnicity Analysis

Data collection, process, and criteria for network adjustment

Additional approaches for assessing Network Adequacy/Outcomes

During 2023, BCBSAZ Health Choice expanded our data collection to include member utilization (by ethnicity/language spoken).

- Utilization was defined as “claim filed within the last 12 months”.

There is not yet an established benchmark for the Provider: Member ratios on access to providers specific language/ethnicity. Assessment of network adequacy is also taking complaints, grievances, and utilization into consideration

The utilization rates do not necessarily mean a member is seeing a provider of the same language/ethnicity. This is simply being used as an indicator to demonstrate that providers with similar cultural heritage exist within our network.

Member Languages Spoken

Health Choice (ACC) Member Enrollment
as of June 2023 = 228,519

June 2023 Enrollment

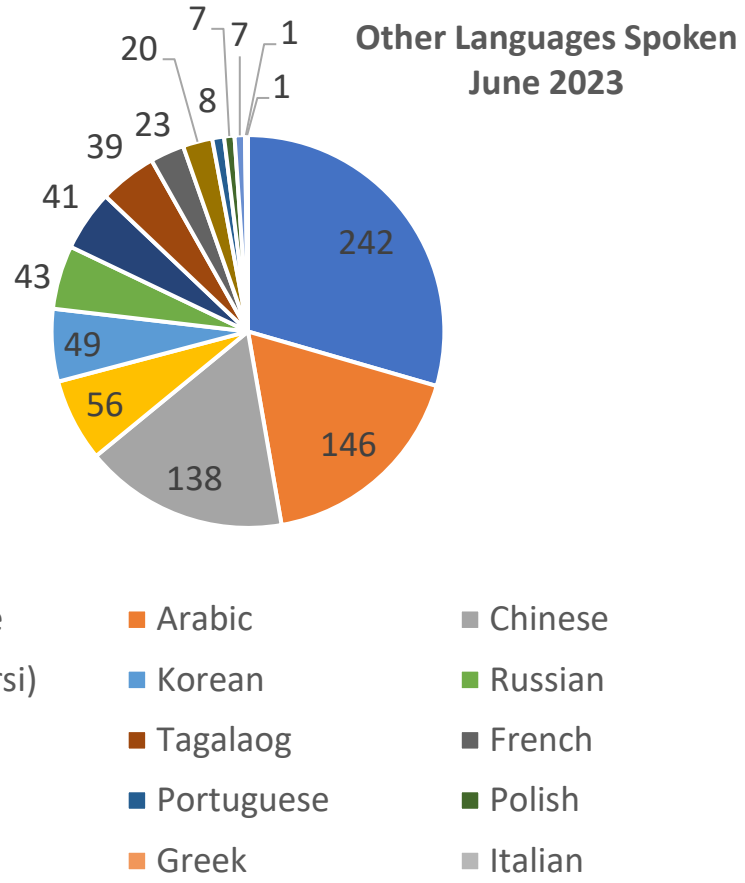
228,519

English = 145.971 64%

Spanish = 17,050 8%

28%

-Unknown
-Other
-Prefer Not to Say



(NCQA HPA 2023, HE 2C 1-4)

Provider Languages Spoken – June 2023

Languages	Member Count	% of Total Enrollment	Provider Count (Unique Identifier)	Provider 2nd Language	Ratio (Provider: Member) by Unique Identifier	Provider Count with Staff	Overall Ratio - access to other language	Utilization	% Utilization (Claims w/in last 12 mos)
English	208,109	91%	All	All	All	N/A	N/A	169,919	82%
Spanish	20,650	9%	188	76	1 to 78	14,363	1 to 1.5	17,103	83%
Vietnamese	242	<1%	11	0	1 to 22	19	1 to 8	188	78%
Arabic	147	<1%	7	56	1 to 22	96	1 to 1	122	83%
Chinese	138	<1%	5	22	1 to 8	89	1 to 1	100	72%
Persian (Farsi)	56	<1%	10	0	1 to 6	86	1 to .5	46	82%
Korean	49	<1%	4	0	1 to 12	47	1 to 1	30	61%
Russian	33	<1%	8	0	1 to 5	35	1 to 1	33	100%
Navajo	45	<1%	2	0	1 to 20	17	1 to 2	23	51%
Tagalog	39	<1%	11	5	1 to 2	118	1 to .5	31	79%

Review of languages spoken by members and providers indicate there was network adequacy based on consideration of provider to member ratio, claims utilization, and absence of any reported grievances or complaints.

Provider Race/Ethnicity Analysis

Data collection, process, and criteria for network adjustment

Linking Members to care and services in a culturally competent manner

BCBSAZ Health Choice has over 30 years of experience in delivering care and services to the Arizona Medicaid population in a manner that accommodates Arizona's geographic and culturally diverse landscape.

While our member demographic data reflects enrollment to be primarily Caucasian and English Speaking, we ensure our network not only includes access to a wide array of languages and race/ethnicity among all providers, but also focuses on areas were other languages or races/ethnicities and more prominent, such as the Native American population in the Northern Arizona GSA.

Details on BCBSAZ's engagement in meeting the needs of the health care needs of the Native American population are outlined in our Tribal Services Plan.

Provider Race/Ethnicity – June 2023

Race/ Ethnicity	Member Count	Provider Count (Unique Identifier)	Ratio	Provider Count with Locations and staff race/ ethnicity	Overall Ratio - access to staff	Utilization	% Utilization (Claims w/in last 12 mos)
Caucasian	105,898	All	All			80,630	76%
Black or African American	13,431	50	1 to 245	453	1 to 25	10,062	75%
Native American	12,937	2	1 to 6,215	17	1 to 680	8,795	68%
Hispanic, Latino	1,370	69	1 to 152	667	1 to 2	1,086	79%
Asian or Pacific Islander	868	88	1 to 8	600	1 to 1.2	637	73%
Unknown	95,489	N/A	N/A	N/A	N/A	N/A	N/A
Other	49	N/A	N/A	N/A	N/A	N/A	N/A

Opportunities for Improvement:

- Conduct additional analysis on member utilization dropping below 70% to determine if there is a need for any adjustments to the network;
- Research utilization data to determine if utilization is impacted by member/provider relations of the same ethnicity or languages spoken
- Continue outreach to provider, encouraging updates to CAQH data to include ethnicity and languages spoken information;

Provider Race/Ethnicity Analysis

Data collection, process, and criteria for network adjustment

Linking Members to Care and Services in a Culturally Competent Manner (Cont.)

BCBSAZ Health Choice ensures staff is trained and knowledgeable to identify any potential cultural barriers impacting a member's access to care.

There have not been any reported grievances or complaints related to cultural competency or access to care during the reporting period.

The next slide is a recent example of how BCBSAZ staff were able to connect members to services

Provider Race/Ethnicity - Outcomes

Linking Members to Providers: Member Request for an African American Provider

We received a request to authorize behavioral health services in the school setting for a nine-year-old member who is African American

Situation:

- The child was referred to a specialty behavioral program by her school to assist with classroom behavior.
- The child struggles with communication with her teachers.
- When she doesn't understand things during class, she shuts down and it can take up to two hours to get back on track and engaged in learning again.
- She will withdraw when upset.

Outcome:

- The child's mother requested an African American provider work with her child.
- The Prior Auth staff worked to identify a provider to meet the member's needs.
- To quickly serve the child, a non-contracted provider was identified and approved using the Single Case Agreement process
- A referral to care management was also completed

Provider Languages Spoken - Outcomes

Linking Members to Providers: EPSDT/Dental Outreach Success Story

During an outreach campaign that targeted Arabic speaking members to close gaps in care, three siblings were identified for not having any dental or well visit claims on file

Intervention:

- The EPSDT manager called the mother and informed her in her native language that all three children were due for their well-child and dental visits
- The mother stated she needed assistance in finding a provider who spoke Arabic and did not know how to search for one. She also had no form of transportation
- The mother indicated the middle child needed to see a specialist for a severe case of acne
- The EPSDT Manager assisted the mother in scheduling three dental, and three well-child visit appointments with Arabic-speaking providers. She also assisted in scheduling transportation

Outcome:

- The mother was very grateful she can communicate her concerns and have all her questions answered. She was appreciative of the assistance provided by Health Choice and stated we showed her that we care about the health of her family
- The mother called after a couple of weeks stating all three children attended their dental and well visits appointments, and she was given a referral to the dermatologist for her middle child
- While at the PCP office, the mother, who is also a member scheduled her first well visit!

Support for Language Services

Data collection, process, and criteria for network adjustment

BCBSAZ Health Choice supports practitioners in providing competent language services including (but not limited to):

- Sharing individual data on language needs with practitioners;
- Sharing BCBSAZ Health Choice or service population data on language needs
- Providing practitioners with language assistance resources;
- Making in-person, video or telephone interpretation services available to practitioners; and
- Offering training to practitioners on the provision of language services

(NCQA HPA 2023, HE 3C 1-5)

Assessment and Availability of Language Information

Data collection, process, and criteria for network adjustment

To enable individuals to choose practitioners best able to meet their cultural needs and linguistic needs, BCBSAZ Health Choice ensures the following:

- Collection of information about language services available through provider practices;
- Collects practitioner race/ethnicity data;
- Publishes practitioner languages and language services available through practices in the physician directory.
- Provides practitioner race/ethnicity upon request.

(NCQA HPA 2023, HE 4A 1-6)

Provider Race/Ethnicity and Language Analysis

Data collection, process, and criteria for network adjustment

Additional Network Goals for 2023/2024 related to Cultural Competency

- Continued development and implementation of training modules to assist providers in the provision of culturally competent services;
- Deeper dive into member utilization data (including utilization of language assistance resources) to identify any potential concerns related to race/ethnicity or language barriers;
- Identify and develop outreach materials encouraging providers and members to provide their race/ethnicity and preferred language(s).

contexture℠

Contexture

Arizona's Health Information Exchange (HIE)

HIE Community Collaboration: Do Well By Doing Good

Jayme Piña
Director, Development and Engagement, Az

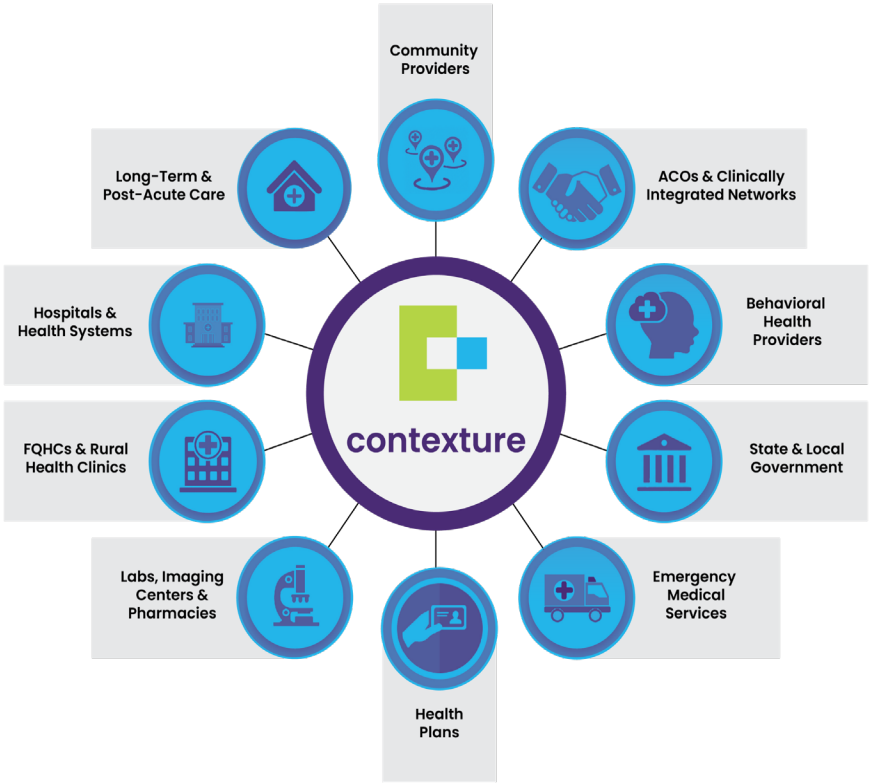
Agenda

- ☑ About Contexture
- ☑ Review HIE Services & Value
- ☑ SDOH CommunityCares
- ☑ AZ Healthcare Directives Registry
- ☑ Contexture's Unified Platform

About Contexture

About Contexture, Arizona's HIE

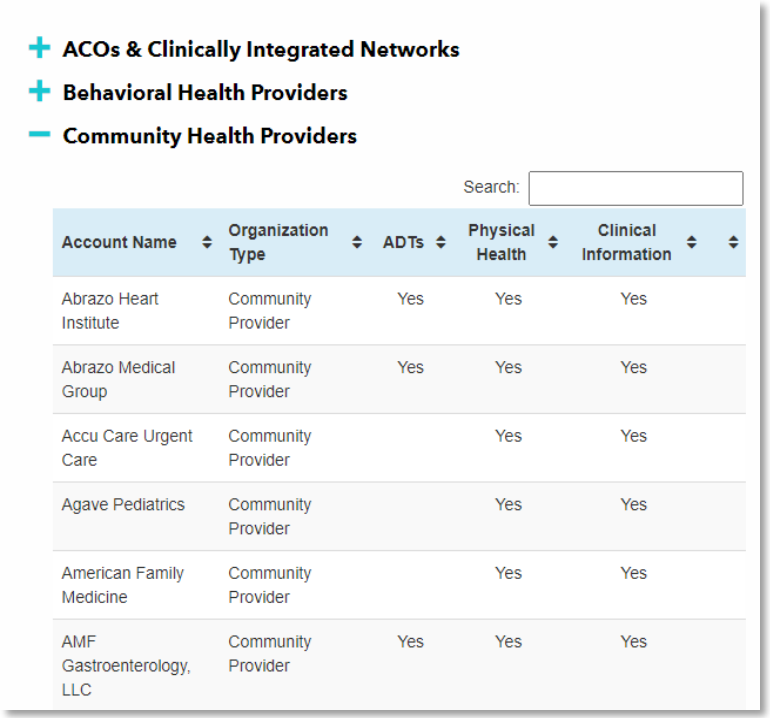
- Founded in 2007.
- An HIE allows healthcare providers to securely share clinical information among different information systems in order to facilitate the timely access of accurate data in support of patient-centered care.
- Over 1,100 Arizona HIE participants and growing.
- Over 300 data sources sending patient medical records for sharing.
- Data available on 12+ million individuals.
- Joined forces with a Colorado-based HIE in 2021 to form the regional organization, Contexture. Together, we support the needs of 1,800+ organizations.



Data Providers & Data Types

Arizona HIE Participant Network - Contexture

- Accountable Care Organizations (ACOs) & Clinically Integrated Networks
- Behavioral Health Providers
- Community Health Providers
- Emergency Medical Services
- FQHCs & Rural Health Clinics
- Hospitals & Health Systems
- Labs, Imaging Centers & Pharmacies
- Long-Term & Post-Acute Care
- State & Local Government



+ **ACOs & Clinically Integrated Networks**
+ **Behavioral Health Providers**
− **Community Health Providers**

Search:

Account Name	Organization Type	ADTs	Physical Health	Clinical Information
Abrazo Heart Institute	Community Provider	Yes	Yes	Yes
Abrazo Medical Group	Community Provider	Yes	Yes	Yes
Accu Care Urgent Care	Community Provider		Yes	Yes
Agave Pediatrics	Community Provider		Yes	Yes
American Family Medicine	Community Provider		Yes	Yes
AMF Gastroenterology, LLC	Community Provider	Yes	Yes	Yes

HIE Benefits

- **One Connection to Save Time & Resources**
  Making connections to other providers, hospitals, reference labs and health plans takes time and valuable resources from your practice. One connection saves time and allows real-time transfer of data from hospital encounters, reference lab results and other community provider encounters.

- **More Complete Patient Information**
  Connection to the statewide HIE provides the ability to view current information and historical medical records in the HIE.

- **Real-Time Information to Coordinate Care**
  Clinicians can access patient health information when and where it's needed.

- **Secure Communication**
  Use of the HIE's Direct Trust-certified, HIPAA-compliant secure email system facilitates the easy and secure exchange of patient information among providers, care team members and healthcare facilities.

What Are Your PHI Needs?

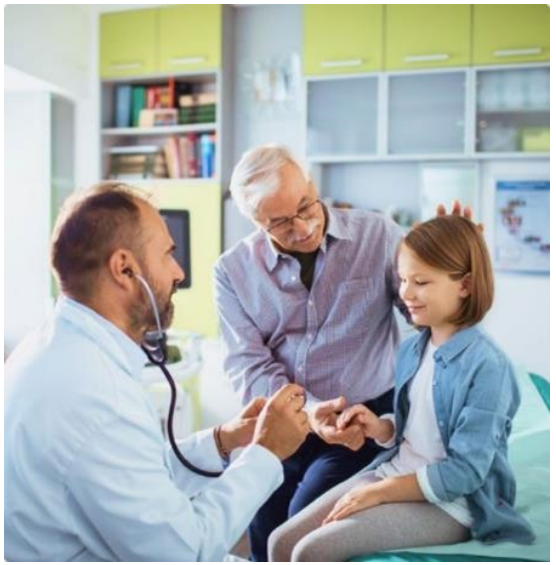
- How are you currently obtaining patient protected health information (PHI)?
  - Patient requests/shares medical records, phone, fax, email, etc.
- How much time do you typically spend trying to track records for one patient?
- How many health system logins do you have?
- What types of data do you request most often?
  - Labs, Imaging reports, H&Ps, Discharge summaries etc.
- What do you use PHI for?
  - New patient intake (health history, demographics, insurance info)
  - Care planning, identifying high risk or high frequency users
  - Quality measures
  - Other

HIE Services & Value

HIE Services

Contexture offers a range of HIE services designed to integrate more complete patient information into the care delivery of HIE Participants.

- Portal
- Alerts
- Direct Secure Email
- Data Exchange (Interface)
- Clinical Summary (download)
- Controlled Substances PDMP



Core HIE Components:

- Master Patient Index
- Integration Engine
- Clinical Data Repository

Arizona HIE Services Catalog

contexture.org/arizona-health-information-exchange

Table of Contents

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Public Health Reporting 16
Integration Services 17
Registries & Care Coordination Tools 18

Continued efforts to support:

- Physical and behavioral health data exchange
- Various types of notifications – ADT, COVID, EMS, mental illness hospitalizations, etc.
- Bidirectional exchange via various mechanisms
- New public health reporting options

HIE Data Available

Varies by Data Source

- Demographics (insurance info)
- Encounters (Inpatient/ER/Amb)
- Results (Lab/Rad/Trans/Path)
- Allergies/Adverse Reactions
- Medications/Prescriptions
- Conditions (Diagnosis/Problems)
- Procedures/Treatments
- Immunizations
- Vital Signs
- External Documents (eHealth Exchange)
- Substance Abuse Treatment
- Crisis Summary (SMI data)
- Family History
- Social History
- Clinical Documents
  - Discharge Summary
  - CCD/CCDA
  - Emergency Room Report
  - Encounter Summary
  - Progress Notes
  - Transition of Care/Referral Summary
  - History & Physical Report
  - Operative Note
  - Consultation Note
  - BH Court Orders

Using the HIE Portal

HIE Portal

Secure online access to a consolidated patient record, including specialized view of SMI patient crisis data.

- Includes all treating physical care providers.
- Can include behavioral health services /substance abuse treatment data with patient consent.
- Individualized – one patient at a time.
- Used by care managers and clinicians to identify the complete patient history for care coordination, transitions of care, changes, etc.

Accessing the Portal

Upon successful login the search page will be displayed.

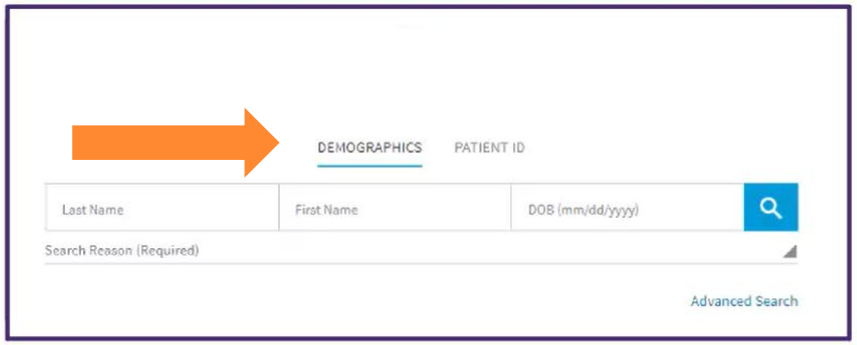
The two default search groups are:

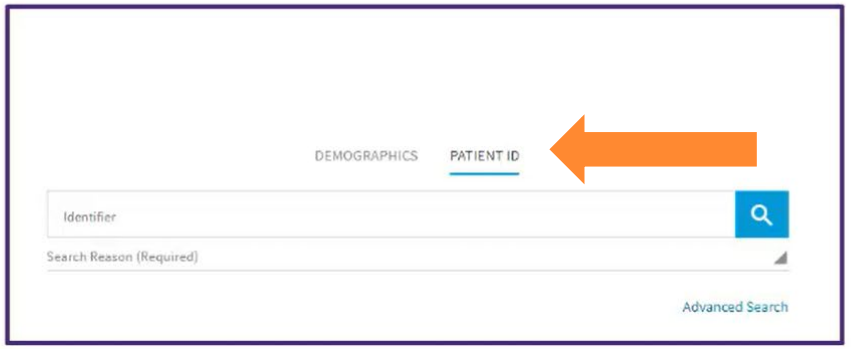
Demographics

Last name, First Name, Date of Birth

Patient ID

ID assigned to the patient record

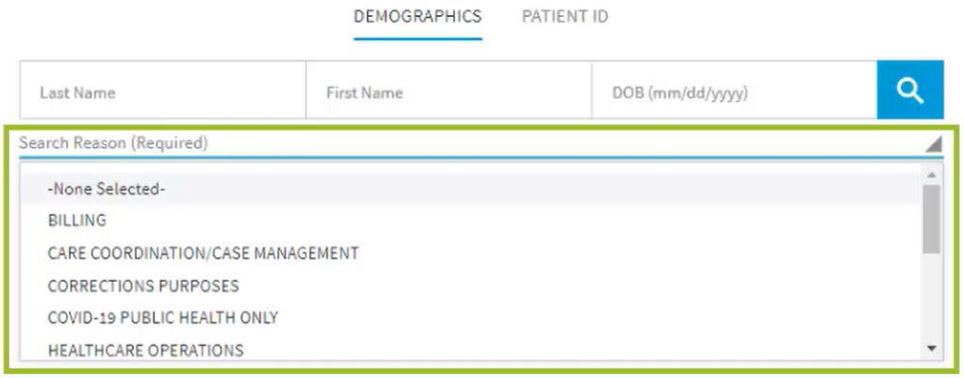




Patient Search

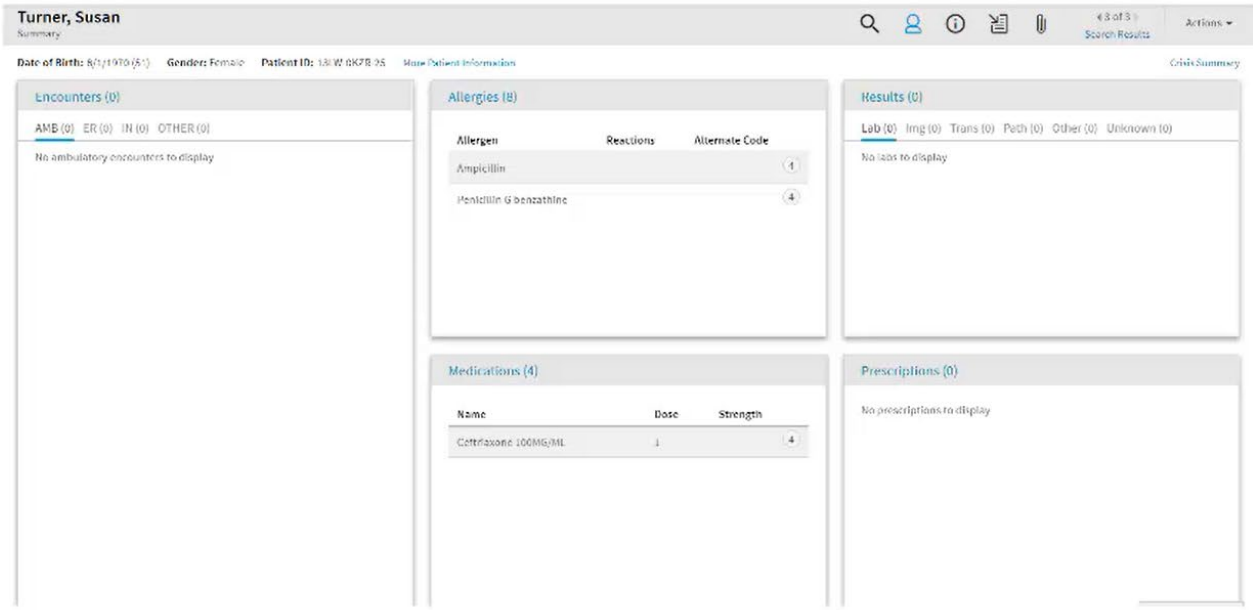
Include a search reason when performing a search. The search reason is why you are reviewing the patient's information. This will help identify the reason for performing a search in case there is an audit of what you viewed.

The search reason is required.



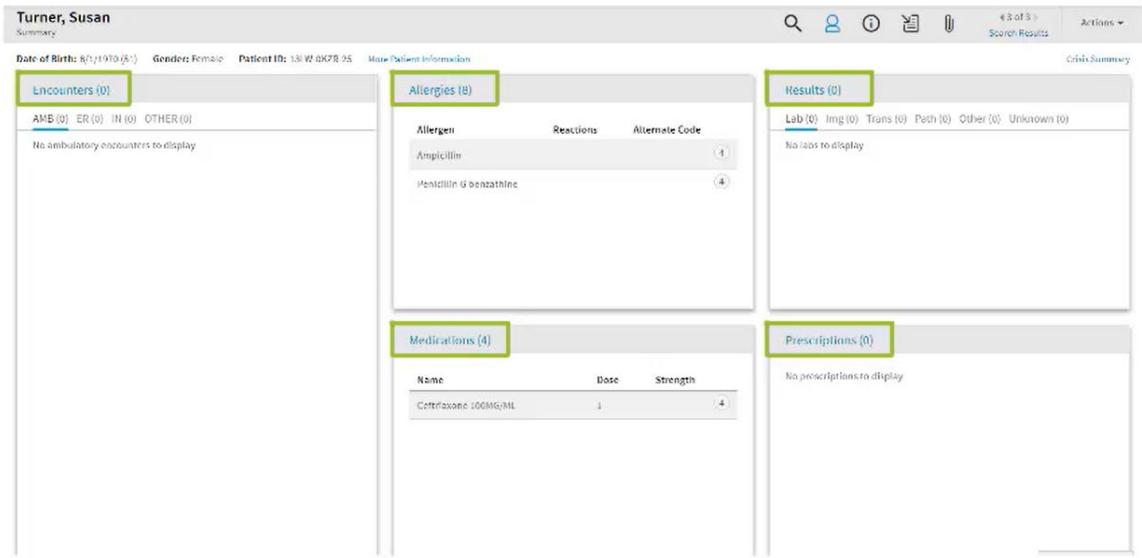
Patient Summary

- After selecting a patient, the summary will display a record of clinical data from multiple data sources.
- Each data category has its own **card**.
- Data that displays is dependent upon your user role.



Patient Data Cards

- Cards help you visualize your patient data.
- Select the card title to view the data details.
- Cards may or may not be visible depending on your user role.

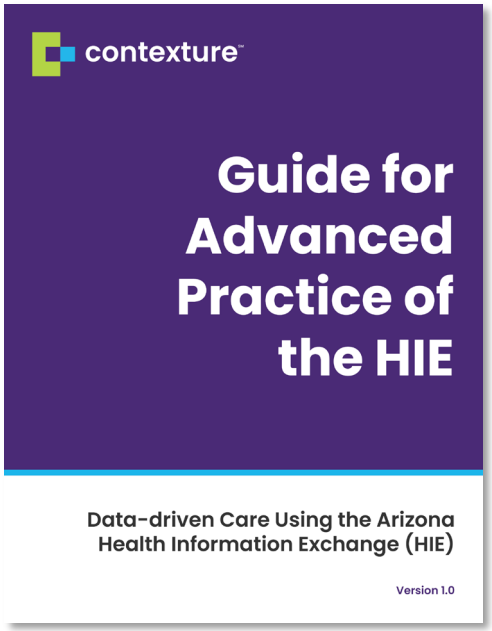


HIE Portal – Use Cases

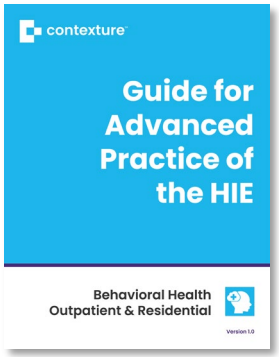
- **Pre-visit planning** for recent procedures, labs, medication changes.
- **Review active medications and allergies** at admission to a skilled nursing facility.
- **Coordination of care notes** between a primary care provider and a cardiologist or other specialty.
- **Reduce duplicate testing** and procedures.
- Identify patients with high-risk conditions to verify they received **regular monitoring tests** (i.e., quarterly A1c for diabetic patients).

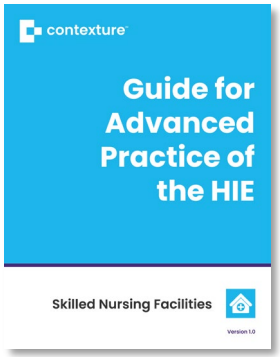
Guides for the Advanced Use of the HIE

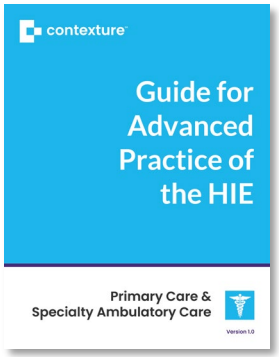
Created from “Blue Ribbon” panels

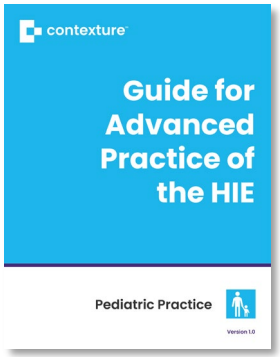


The General Guide
This introductory guide provides an overview of HIE services, discusses the basics how to apply HIE services for success and lays the foundation for our provider-specific guides.







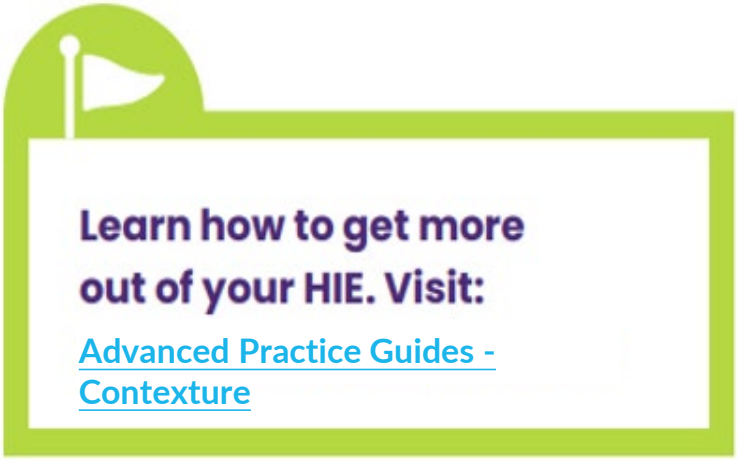


Four companion guides provide a deep dive into each specialty and cover topics specific to that provider type.

Access “Your HIE” Guides

Using HIE services to:

- Improve practice efficiency
- Improve patient outcom
- Increase reimbursement through value-based contracts
- Improve overall patient and provider experience



SDOH Community Cares

SDOH Referral System – CommunityCares

- **Single, Statewide SDOH Referral System**
  Contexture teamed with AHCCCS and, in collaboration with Solari Crisis & Human Services and 2-1-1 Arizona, implemented **CommunityCares** to address social determinants of health (SDOH) needs in Arizona.
- **New Technology Platform**
  Powered by Unite Us, the system is designed to **connect healthcare providers and community-based organizations** to streamline the referral process, foster easier access to vital services and provide confirmation when social services are delivered.
- **Financial Incentives Available**
  - Eligible hospitals and providers can get a DAP increase upon SDOH milestone completion
  - Community-based organizations (CBOs) can earn up to $15k through CommunityCares program.

CommunityCares
Arizona's Connection for Whole Person Care

Arizona Healthcare Directives Registry

BlueCross BlueShield Arizona
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Health Choice

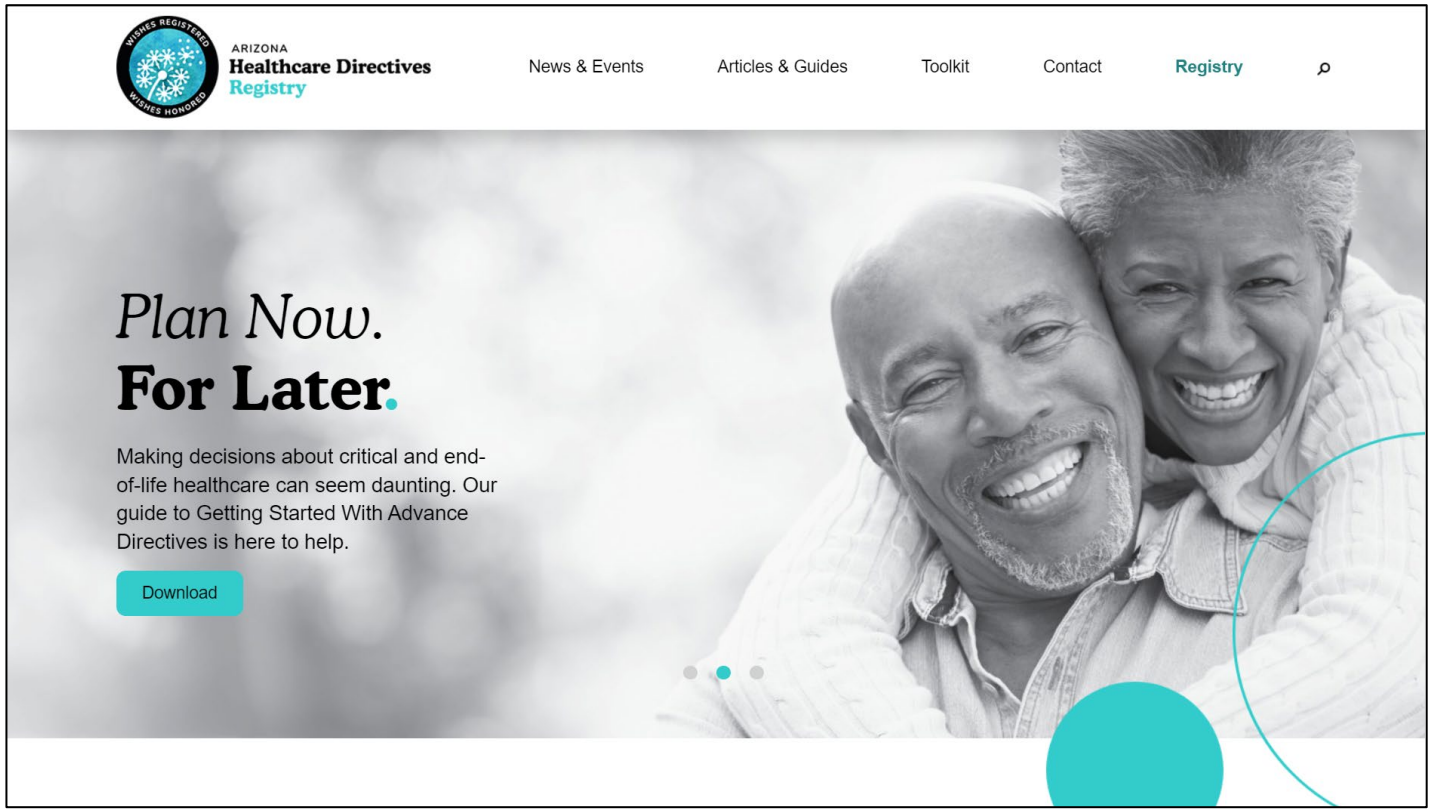
Arizona Healthcare Directives Registry (AzHDR)

- A secure platform for uploading and accessing an individual's advance directives and related documents
- Available at no cost and offers easy access to healthcare providers and facilities at the time of medical need.
- Ensures the individual's wishes are known when they cannot speak for themselves
  - Documents transferred from Az Secretary of State's database
  - General launch began October 2021
  - More information?
    Contact us or visit www.AzHDR.org

Wishes Registered.
Wishes Honored.

New Az Healthcare Directives Registry (AzHDR)

website – www.azhdr.org

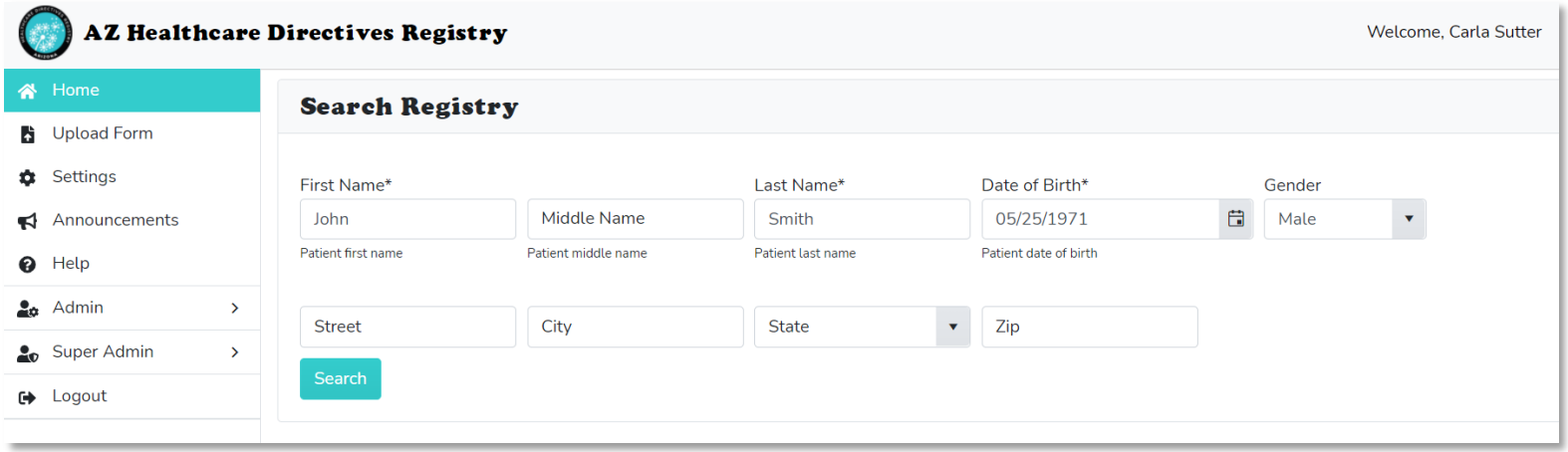


Arizona Statutes

- The AzHDR will accept **healthcare directives** submitted in compliance with **Arizona Healthcare Directives Law** (ARS 36-2301-3287), including:
  - Living Will
  - Health Care Power of Attorney
  - Mental Health Care Power of Attorney
  - Prehospital Medical Care Directives (DNR/Orange Form)
- Additional focus on incorporating other documents into the registry that are part of the **advance care planning (ACP) continuum**, include but are not limited to the POLST, organ donation and HIPPA documents.

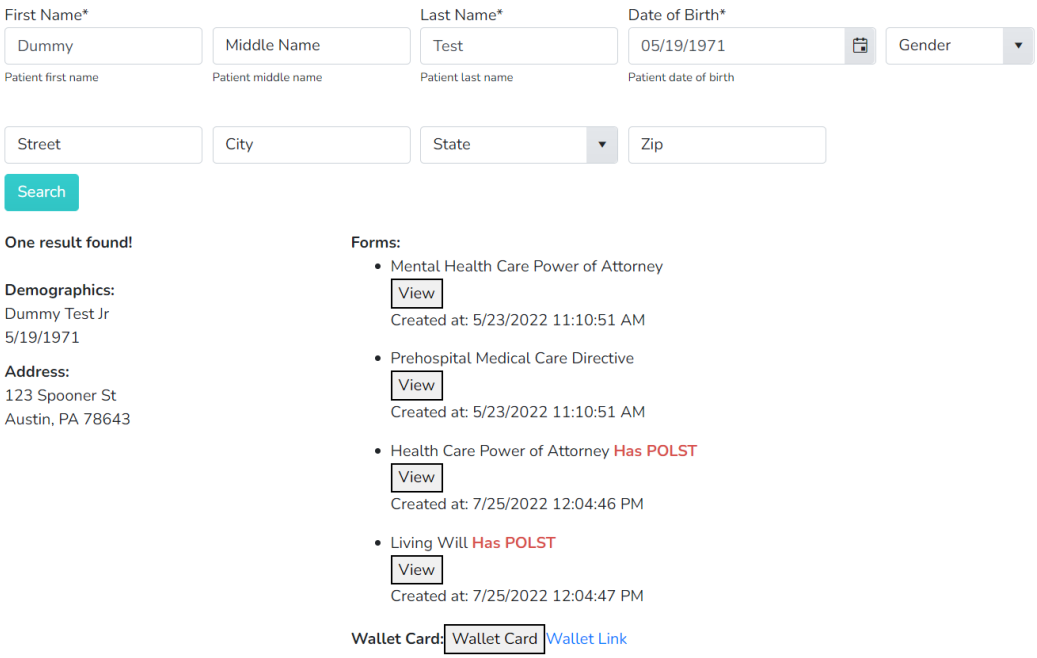
Advance directives are documents of **choice** and not of limitation. Identifying these documents as such opens the landscape to a wider patient population, while enhancing health **equity**.

AzHDR Search Function



- Healthcare providers will search by name, date of birth and gender.
- If there are multiple listings, then there will be additional search criteria you can use to isolate your patient.

Documents



- Your search will bring up any documents that are active in the registry.
- If your organization or the patient adds a duplicate document, such as another living will, the system will determine which date is most current and that will be the only document that shows as active.

View-only Wallet Card

My advance directives are registered with the **Arizona Healthcare Directives Registry**.

ARIZONA
Healthcare Directives Registry

Name: Dummy Test
(Print your full name as it appears on your advance directive(s).)

I have registered my advance directives with the **Arizona Healthcare Directives Registry**. To view my documents, use the link or QR code below.

consumers.azhdr.org/v/MYYJXL

Questions?
Contact Health Current at either 602-368-6371 or **azhdr@contexture.org**.

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Contexture's Unified Platform

- What Arizona Participants Need to Know

Contexture's Unified Platform

What Arizona Participants Need to Know :

- Why transition to a unified platform?
- Why Health Catalyst?
- What will the transition look like?
- DAP and other Arizona programs

WHY TRANSITION?

Innovative and Industry-Leading Technology

Increased Interoperability and User-Experience

Improved Support for Participants and Outcomes for Communities

Why Health Catalyst?

1. Health Catalyst is an **industry leading healthcare data and analytics technology company** that offers a unique end-to-end HIE technology solution that is customizable to fit our specific regional needs.
2. Health Catalyst has **national recognition** and provides technology stacks to well-established HIEs and other Health IT companies.
3. Health Catalyst is our **current HIE technology vendor in Colorado**, where they deliver a high level of system stability, security and functionality to our participants.
4. Health Catalyst has a **deep understanding** of Contexture's operating environment, technology and security responsibilities, and has **proven alignment** with Contexture's mission, values and long-term goals.

What Will Transition Look Like?

1. Transition process will begin in 2023 with anticipated completion for all participants in Arizona and Colorado in 2025.

2. In the coming months, we will provide detailed information and timelines to support all stakeholders. Our teams will work with all participants to ensure the transition is seamless with minimal disruptions.

3. Providers will not experience a disruption in services during the transition. Providers will onboard an upgraded new portal associated with the unified Contexture HIE platform in 2025.

4. Contexture and Health Catalyst will provide ample support to ensure a smooth transition process. We are working diligently to prepare our teams to support you every step of the way. Your account manager will continue to be your main point of contact and will support you throughout the transition.

contexture℠

Questions & Discussion

Thank You!

Jayme Pina
Director, Development and Engagement, Arizona
Contexture
M: 559-901-3419
jayme.pina@contexture.org | contexture.org

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Integrated Health

Health
Choice

End of Life/Advance Care Planning

Patricia White
Manager, Clinical Accreditation and Training
9/27/23

TOPICS FOR DISCUSSION

- The purpose of End-of-Life Care (EOL) discussions with patients
- The different types of advance directive forms
- Provider responsibilities regarding EOL planning

End-of-Life Care

Per AHCCCS AMPM Policy 310-HH-End of Life (EOL) care is a member centered approach with the goal of preserving member rights and maintaining member dignity while receiving any other medically necessary Medicaid covered services.

EOL care includes educating members and families about illness and treatment choices; to keep them healthy; and to afford them greater flexibility in deciding what his or her treatment course will be when faced with life limiting illness regardless of age or the stage of the illness. EOL care allows members to receive Advance Care Planning, palliative care, supportive care and hospice services.

Members who receive EOL care can opt to receive curative care until they choose to receive hospice care. Providing both palliative and curative care concurrently positively impacts quality of care, as well as member and family satisfaction.

Advanced Care Planning and Advanced Directives

- Taking steps to share personal goals, values, religious, cultural believes and what matters for quality of life
  - Discussions with family/loved ones and health care professional (HCP)
  - Includes the type of treatment healthcare providers can use based on an individual's preferences
  - Used in the event of a medical crisis, unexpected, or known serious illness or advance frailty

Advance Care Planning

AHCCCS AMPM 310-HH defines Advance Care Planning as:

- A part of the End-of-Life care concept which is a billable service that is a voluntary face-to-face ongoing discussion between a qualified health care professional and the member to:
  - 1. Educate the member/guardian/designated representative(s) about the member's illness and the health care options that are available to them,
  - 2. Develop a written plan of care that identifies the member's choices for treatment, and
  - 3. Share the member's wishes with family, friends, and his or her physicians.

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Types of Advanced Directives/legal documents

	Legal Documents	Medical Orders
Includes:	Advanced Directives • Living Wills • Health Care Power of Attorney	• Prehospital Medical Care Directive: Do Not Resuscitate (DNR) Orders • POLST: Portable Medical Orders
Purpose:	Identify a surrogate decision maker. Provide general wishes about treatments individual wants.	Orders emergency personnel to provide specific treatments during a medical emergency
Who Needs:	All competent adults over the age of 18	Seriously ill individuals. POLST Forms are only those individuals for whom healthcare professionals wouldn't be surprised if they died within a year
Can be used during an emergency:	No. These are used to develop care plans but are not orders EMS can follow	Yes. These are medical orders signed by health care professionals

Types of Advance Care Planning Forms

LIVING WILL

- A written statement to express wishes about one's medical care in the event of a terminal condition, a persistent vegetative state or an irreversible coma
- Must be signed by the patient and witness and notarized
- It is a stand-alone document that may also have other advance care planning
- This form should be provided to the person appointed, loved ones, and HCPs

HEALTHCARE POWER OF ATTORNEY

- A document to choose another person, called an "agent" to make healthcare decisions if a person is no longer able to make those decisions
- Person identified (unless specified) has a broad authority to make any healthcare decisions
  - Could include a decision re: tube feeding
  - Must be signed by the patient and witnessed OR notarized and attached to the living will

Forms are available at Advance Care Planning - Arizona Hospital and Healthcare Association (azhha.org)

POLST

- POLST stands for Physician's Orders for Life-Sustaining Treatment
  - **Arizona is part of National POLST**
  - **POLST helps patients get the medical treatments they want and avoid medical treatments they do not want when they are seriously ill or frail.**
  - **It is about helping people live the way they want until they die**
  - **Encourages patients and their HCP (health care professional) to talk about end-of-life conversations should include:**
    - **Patient's diagnosis**
    - **Patient's prognosis**
    - **Treatment options**
    - **Goals of care**

Advance Care Planning forms continued

DURABLE MENTAL HEALTH POA

- Allows a person to choose an agent to make mental healthcare decisions if a person is no longer able to make decisions on their own
- Must be signed by person, and witnessed or notarized and attached to a living will

PREHOSPITAL MEDICAL DIRECTIVE

- Also called a DNR or “The orange form”
- Informs emergency personnel outside of a hospital setting that if a person’s heart stops beating, they are not to start CPR nor use equipment, drugs or devices to restart the heart or breathing
- Print in color and display in plain sight in the home

Forms can be found @ azhdr.org

Five Wishes

- A form of Advanced directives that meets requirements in AZ legally
- It is written in everyday language
- It covers personal, spiritual, medical and legal wishes in one document
- It allows families and caregivers to know exactly what their loved ones want regarding end of life planning
- Five wishes is a traditional printed booklet to complete by hand
- The booklet is available in 30 languages
- It is a booklet that can be found online to download and complete

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Health Choice

Hospice

Hospice is not a place, but a concept of care that can be provided anywhere. Hospice is a program of care and support for terminally ill members who meet the specified medical criteria/requirements. The focus of hospice is on comfort, not cure. Members must be willing to forego curative treatments. Hospice services include support to the family during the illness and after the member passes away.

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Palliative Care

- Palliative care is medical care for members with a chronic, complex or terminal illness. It focuses on providing members with relief from symptoms and the stress of illness. The goal is to improve the quality of life for both the member and his or her families. It is appropriate at any age and any stage in the illness and can be provided in conjunction with curative treatment outside the context of hospice care.

Provider Responsibilities

- A voluntary face-to-face service between a physician or other qualified health care professional (QHP), patient, family member around:
  - Discussion of advanced directives
  - Living Wills
  - POLST
  - Healthcare Proxy
  - Durable power of attorney for health care
  - Psychiatric advanced directives

[MLN909289 – Advance Care Planning (cms.gov)]

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Coding/Billing

Hospitals, physicians, or QHPs may bill ACP:

CPT Codes	Billing Code Descriptors
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

QUESTIONS

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RESOURCES

- https://azhdr.org/
- https://www.azahcccs.gov/shared/MedicalPolicyManual/
- https://www.azhha.org/
- https://www.cms.gov

Jane Dill, MD
BCBSAZ Health Choice Medical Director

September 2023 Quality Tips, Tricks and Best Practices

- AHCCCS Updates:
  - Topical Fluoride
  - Developmental Screening

- 2023 Healthy Reward Reminders
  - Breast Cancer Screening

PCPs and Topical Fluoride Varnish

- Dental cavities are the most common chronic disease in children in the United States.
- The USPSTF recommends that **primary care physicians** apply fluoride varnish to all children periodically (two to four times per year, depending on risk) for preventing and controlling dental caries from the time of **primary tooth eruption through five years of age.**
- This is associated with a 37% to 63% reduction in caries.

PCP Application of Topical Fluoride Varnish

The USPSTF targeted nondental primary care clinicians because they are more likely than dentists to have contact with children younger than six years.

- Fluoride varnish is easily applied, comes in many flavors, and is well tolerated by children, making it ideal for integration into medical practice.
- The varnish remains on the teeth for one to seven days before dissolving. During that time, it remineralizes enamel, repairs early defects and decay, and strengthens teeth.
- There are no absolute contraindications to varnish, and it does not cause fluorosis

*Topical Fluoride for Children (TFC)**

SUMMARY OF CHANGES TO HEDIS MY 2023

- This is a first-year measure.

Description

The percentage of members 1–4 years of age who received at least two fluoride varnish applications during the measurement year.

Eligible Population

Product line	Medicaid.
Ages	1–4 years as of December 31 of the measurement year. Report two age stratifications and a total rate: • 1–2 years. • 3–4 years. • Total. The total is the sum of the age stratifications.

AHCCCS Expanded topical fluoride coverage with PCPs

AHCCCS has expanded the covered ages for PCP reimbursement of topical fluoride application.

- Prior to 10/1/23 Arizona Medicaid coverage for PCP fluoride application included children 6mo until their 2nd birthday.
- Beginning 10/1/23, PCP topical fluoride coverage includes members **6 mo until their 5th birthday.**
- The expanded age range better aligns with the USPSTF recommendation as well as the new associated HEDIS measure (TFC).
- PCPs who have completed the AHCCCS required training, may be reimbursed for fluoride varnish applications completed at the EPSDT visits for members as early as six months of age with at least one tooth eruption.
- Additional applications occurring every three months during an EPSDT visit, up until member's fifth birthday, may be reimbursed.

PCP topical fluoride training

- AHCCCS recommended training for fluoride varnish application is located at: https://www.aap.org/en/patient-care/oral-health/oral-health-education-and-training/
- Training covers caries-risk assessment, fluoride varnish, and counseling.
- Upon completion of the required training, providers shall submit a copy of their certificate to each of the Contractors (Medicaid health plans) in which they participate, as this is required prior to issuing payment for PCP applied fluoride varnish.
- For BCBSAZ Health Choice, submit certification information to: hchcredentialing@azblue.com

Coding for PCP topical fluoride varnish

- CPT code 99188 – Application of topical fluoride varnish by a physician or other qualified health care professional. (For example, a trained MA or nurse under the supervision of a physician may apply fluoride varnish).
- Each application cost approximately $1
- AHCCCS fee schedule: $10.46 (facility rate) and $12.26 (non-facility rate) per the most recent published AHCCCS fee schedule.

Developmental Screening in the First Three Years of Life (DEV-CH)

- It is advised that all children should receive developmental screens at recommended intervals using an evidence-based screening tool at **nine, 18 and 30 months**, or whenever a concern is expressed.
- Documentation in the medical record must include the following: a note indicating the date on which the test was performed, the standardized tool used and evidence of a screening result or screening score.

Commonly Used General Developmental Screening Tools

- Ages & Stages Questionnaires, Third Edition (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS)
- Survey of Well-being of Young Children (SWYC)

- Note: The DEV-CH measure is aimed towards general developmental screening and milestones. Tools, such as the M-CHAT for Autism screening, which are focused on a specific area will not count towards the DEV-CH measure.

Developmental Screening – AHCCCS Coding update

To close Developmental Screening gaps with claims data, providers must use both:

- CPT **96110** – developmental screening using standardized instruments (with or without EP modifier) AND
- ICD-10 code: ***Z13.42*** Encounter for Screening of Global Developmental Delays (Milestones)

AHCCCS fee schedule for 96110: (as of 10/1/23): $11.24

The addition of the Z13.42 code better aligns AHCCCS requirements with CMS requirements.

Code and Reference Material Disclaimer: The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code does not imply that the service described by the code is covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code or any reference material does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

United States Breast Cancer Statistics

1 in 8 women, or approximately 13% of the female population in the U.S., will develop breast cancer in their lifetime.

Breast cancer is the most common cancer in American women, except for skin cancers.

It is estimated that in 2023, approximately 30% of all new female cancer diagnoses will be breast cancer.

Breast Cancer Screening Recommendations

- The USPSTF recommends that women who are 50 to 74 years old and are at average risk for breast cancer get a mammogram every two years.
- Women who are 40 to 49 years old should talk to their doctor or other health care provider about when to start and how often to get a mammogram.

*Note the USPSTF Guideline is currently under review and the age for recommended screening is expected to be lowered to 40 years

emind your BCBSAZ Health Choice patients they can earn a $50 Healthy Reward for completing a screening mammogram!

2023 Healthy Rewards Program
Member Rewards

BlueCross BlueShield Arizona | Health Choice

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Health Choice AZ & Health Choice Pathway

Medicaid

- **W30A** — **$25 per WCV** 0-15 months, up to six visits. Up to $150 annually
- **W30B** — **$25 Well Child Visit** 1x during the 16-30months. Children 16-30 months of age
- **WCV** — **$25 per Well Child Visit** 1x per year. Children 3-21yrs of age
- **BCS** — **$50 Mammogram During the Measurement Year**. Women 50-74yrs of age
- **PPC1** — **$25 Prenatal Visit** within the First Trimester
- **PPC2** — **$25 Postpartum Visit**. 7-84 days Post Delivery
- **OEV** — **$25 Oral Evaluation with Dental Provider**. Children under 21yrs of age

HCA Members need to call member services for gift card distribution

Medicare

- **$25 Medicare Annual Wellness Visit**. All Pathway Members — AWV
- **$25 for Colorectal Screening During the Measurement Year**. 45-75years of age — COL
- **$50 Mammogram During the Measurement Year**. Women 50-74yrs of age — BCS
- **$25 Diabetic Eye Exam**. 18-75yrs of age with Diabetes (type 1 &2) — EED

HCP gift cards are distributed via claims *(except HRA- members must call).* It is essential that providers bill the correct codes to ensure member rewards are distributed

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Health
Choice

Provider Resources

Jadelyn Fields, Network Provider Service Manager and Educator

An Independent Licensee of the Blue Cross Blue Shield Association

Health Choice

BCBSAZ Health Choice Provider Manuals

Our Provider Manuals are designed to provide basic information about the administration of the Health Choice Arizona and Health Choice Pathway programs.

Details within our manuals are intended to furnish providers and their staff with information, covered services, claim and/or encounter submission requirements.

The Health Choice Arizona provider manual is an extension of the Health Choice Arizona Subcontractor Agreement, executed by the participating provider. The participating provider agrees to abide by all terms and conditions set forth within our Provider Manuals. The Provider Manual is incorporated into the contract each provider holds with Health Choice.

Please take advantage of additional resources available online on the 'For Providers' tab of our websites or from the 'Home' screen of your secure online provider portal.

Health Choice Arizona: www.HealthChoiceAZ.com

Health Choice Pathway: www.HealthChoicePathway.com

Coding & Billing Updates AHCCCS AMPM, ACOM and CMS

!STAY UP TO DATE!

View updates to the **AHCCCS Medical Policy Manual (AMPM)** , **AHCCCS Contractor Operations Manual (ACOM)**, **AHCCCS News & Press Releases (azahcccs.gov)**, and **Medical Coding Resources** on the **AHCCCS website** .

The AHCCCS Medical Coding Unit is responsible for the update and maintenance of all medical coding related to AHCCCS claims and encounters processing. This includes place of service, modifiers, new procedure codes, new diagnoses, and coding rules. This unit is also responsible for reviewing and responding to any medical coding related guidelines or questions. This includes questions related to daily limits, procedure coverage, etc.

Visit the **AHCCCS Encounters Resource** page for additional resource and guidance regarding coding and plan coverage updates.

Visit the **CMS website** and subscribe to email updates for the latest information on Medicare enrollment, policies, benefits, and other helpful tools.

Member Advisory Council

When: Monday, October 9th

Time: 10:00 – 11:00 a.m.

Location: Zoom

- https://azblue.zoom.us/j/84296958456
- Meeting ID: 842 9695 8456

Contact: Maria Reyes, Member Liaison Coordinator at Maria.Reyes@azblue.com

The Member Advisory Council is a platform to provide information, gather feedback, and encourage open communication and collaboration with members, families, and other key stakeholders.

Members, families, and participants can share concerns, and barriers that affect service delivery, provide feedback, share information, make recommendations, and engage in open dialogue.

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AHCCCS REDETERMINATIONS

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

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

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

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

Provider Type – IC, 77,05 Reporting Participating Provider(s) Effective January 1, 2023

This requirement impacts all claims for AHCCCS providers registered as integrated clinics (Provider Type IC), behavioral health outpatient clinics (Provider Type 77), and clinics (Provider Type 05).

Health Choice will deny claims beginning July 1, 2023 if the individual practitioner who performed the services associated with the clinic visit is not reported.

Reference: See Exhibit 10-1 of the AHCCCS Fee-For-Service Provider Billing Manual for billing instructions for proper claims submissions.

Update to Physical and Correspondence Address

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

8220 N. 23rd Ave, Phoenix, AZ 85021

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

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

BCBSAZ Health Choice OR BCBSAZ Health Choice Pathway
Attention: SPECIFIC DEPARTMENT
(i.e. Claim Reconsideration/Dispute/Appeal/Grievances, FWA, EPSDT Forms, Dental Prior Authorization forms, Medical Claims Review)
8220 N. 23rd Ave
Phoenix, AZ 85021

Claim Submissions

KEEP YOUR RECORDS UP TO DATE!

By not keeping your information current, you may experience claim rejections, non-payments, or returned check payments.

All providers are recommended to submit claims/encounters electronically. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim/encounter sent, and minimizes clerical data entry errors.

BCBSAZ Health Choice (AHCCCS)

Health Choice **Arizona Payer ID# 62179**

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

BCBSAZ Health Choice Pathway (Medicare Advantage D-SNP)

Health Choice **Pathway Payer ID# 62180**

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

Claim Submission Reminders

KEEP YOUR RECORDS UP TO DATE!

By not keeping your information current, you may experience claim rejections, non-payments, or returned check payments.

No Staple Required

Please do not staple documents or claims. If there is a document being submitted with the claim, the document should lay directly behind the claim and each page of documentation should indicate the claim number.

Prior Authorization Number

Submit claims with the full and complete Prior Authorization number reported, including leading zeros.

Sending Correspondence to a specific department?

Help us stay efficient in getting your mail to the correct department, please indicate which department your mail should be directed to.

New address effective August 1, 2023:

BCBSAZ Health Choice OR BCBSAZ Health Choice Pathway

Attention: SPECIFIC DEPARTMENT

8220 N. 23rd Ave

Phoenix, AZ 85021

Claim Submissions Outside of Arizona

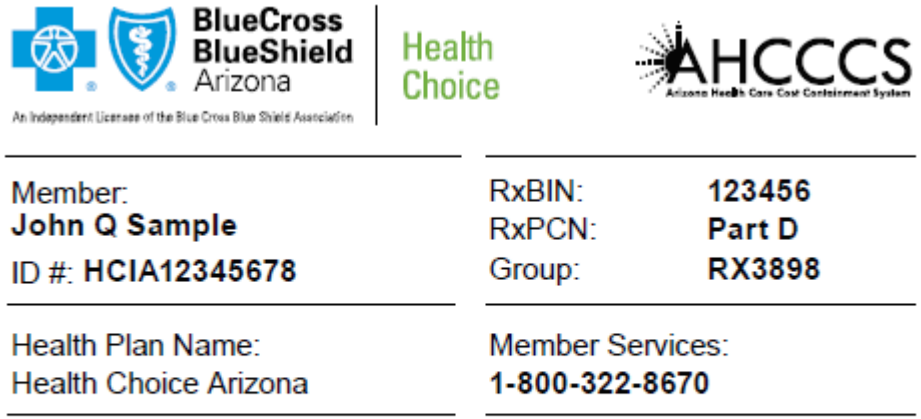
As a reminder, Arizona providers and contracted providers located in contiguous counties to Arizona will submit claims to Health Choice directly.

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

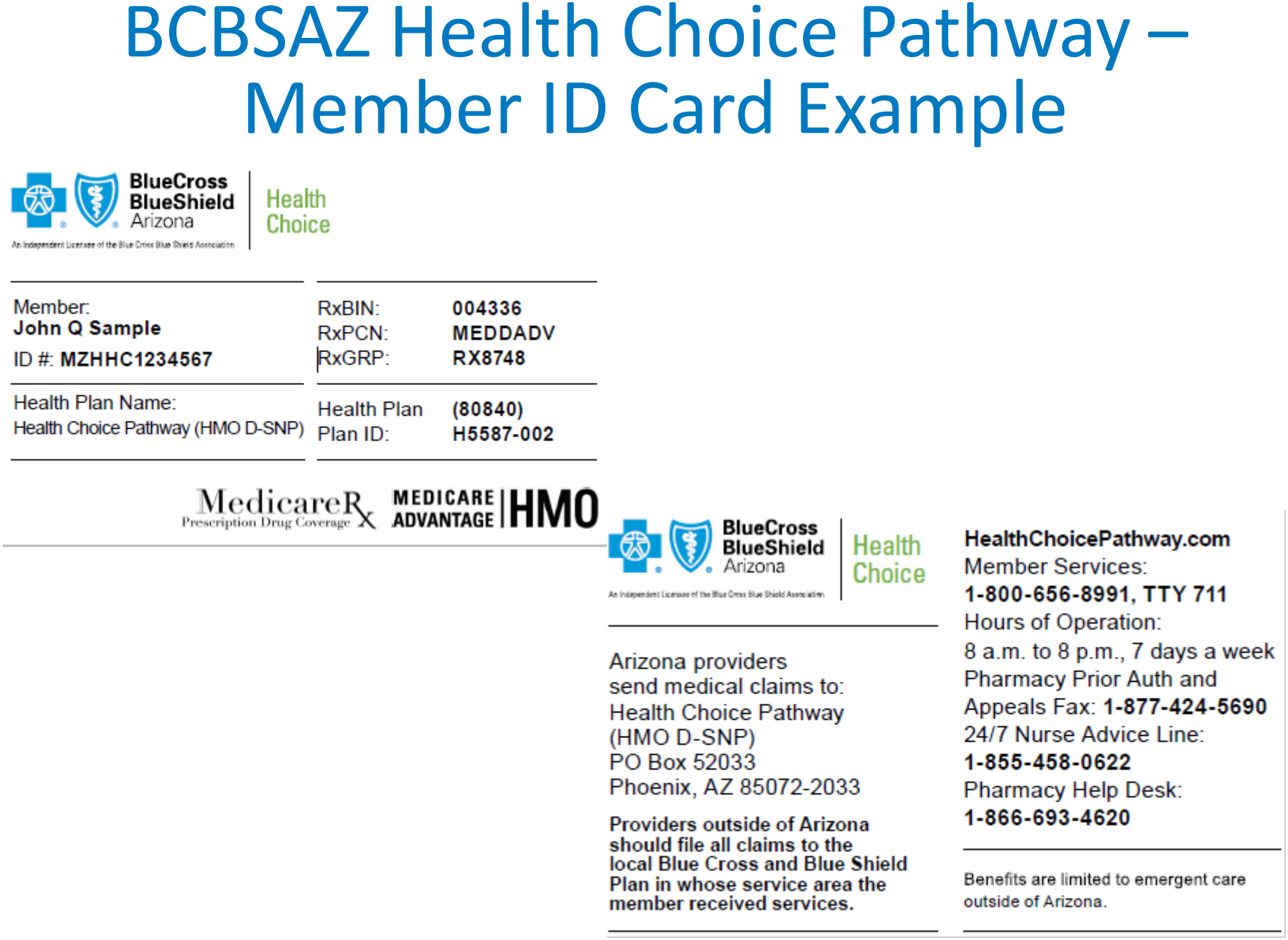
EXCEPTION: *Health Choice contracted providers located in contiguous (bordering) counties to Arizona will submit claims directly to Health Choice.*
Below is a current listing of contiguous counties (subject to change upon county boundary changes by each state).

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

BCBSAZ Health Choice (Medicaid) Member ID Card Example



BCBSAZ Health Choice Pathway – Member ID Card Example



Health Choice Dual – Member ID Card Example

BlueCross BlueShield Arizona
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Health Choice

AHCCCS
Arizona Health Care Cost Containment System

Member:
John Q Sample
HCP ID #: **MZHHC1234567**
AHCCCS ID #: **HCIA12345678**

RxBIN: **004336**
RxPCN: **MEDDADV**
RxGRP: **RX8748**
Health Plan **(80840)**
Plan ID: **H5587-002**

Health Plan Name:
Health Choice Pathway (HMO D-SNP)
Health Choice Arizona

Health Plan Phone #:
1-800-656-8991

MedicareRx Prescription Drug Coverage

MEDICARE ADVANTAGE HMO

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association

Health Choice

Arizona providers
send medical claims to:
Health Choice Pathway
(HMO D-SNP)
PO Box 52033
Phoenix, AZ 85072-2033

Providers outside of Arizona should file all claims to the local Blue Cross and Blue Shield Plan in whose service area the member received services.

HealthChoicePathway.com
Member Services:
1-800-656-8991, TTY 711
Hours of Operation:
8 a.m. to 8 p.m., 7 days a week
Pharmacy Prior Auth and Appeals Fax: **1-877-424-5690**
24/7 Nurse Advice Line:
1-855-458-0622
Pharmacy Help Desk:
1-866-693-4620

Benefits are limited to emergent care outside of Arizona.

PROVIDER PORTAL

Are you registered for the Provider Portal?

Sign-up today!

Get access to secure member eligibility, claim status/reconsideration, submit medical, dental and pharmacy prior authorization requests and much more.

Our portal is available under the 'Providers' tab of each of our plan websites:

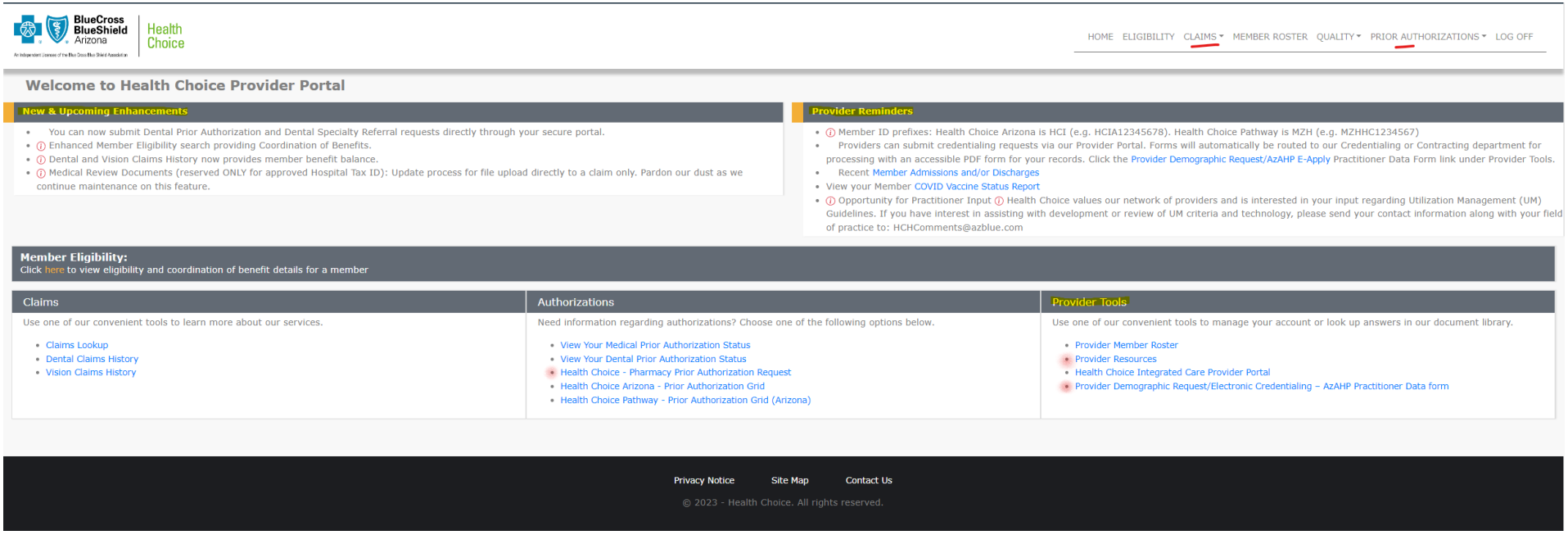
www.healthchoiceaz.com

www.healthchoicepathway.com

Easy to follow portal training video(s) on our websites

'For Providers' tab -> 'Provider Education'

Secure Provider Portal View



Secure Provider Portal View

BlueCross BlueShield Arizona
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Health Choice

Provider Resources

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

Provider Notices/Fax
- Health Choice Arizona
- Health Choice Pathway
- Health Choice Utah

Provider Manuals
- Health Choice Arizona
- Health Choice Pathway

Provider Forms
- Health Choice Arizona
- Health Choice Pathway
- Health Choice Utah

HCA Dental Matrix
- Health Choice Arizona Dental Benefits Matrix

Provider Newsletters
- Health Choice Arizona
- Health Choice Pathway

HCG Model of Care
- Health Choice Pathway

Provider Education (POLT List, Portal Training Videos, Quality Coding)
- Health Choice Arizona
- Health Choice Pathway

Cultural Competency
- Health Choice Arizona
- Health Choice Pathway

Prior Authorization Guidelines
- Health Choice Arizona

Prescription Drugs and Formulary
- Health Choice Arizona

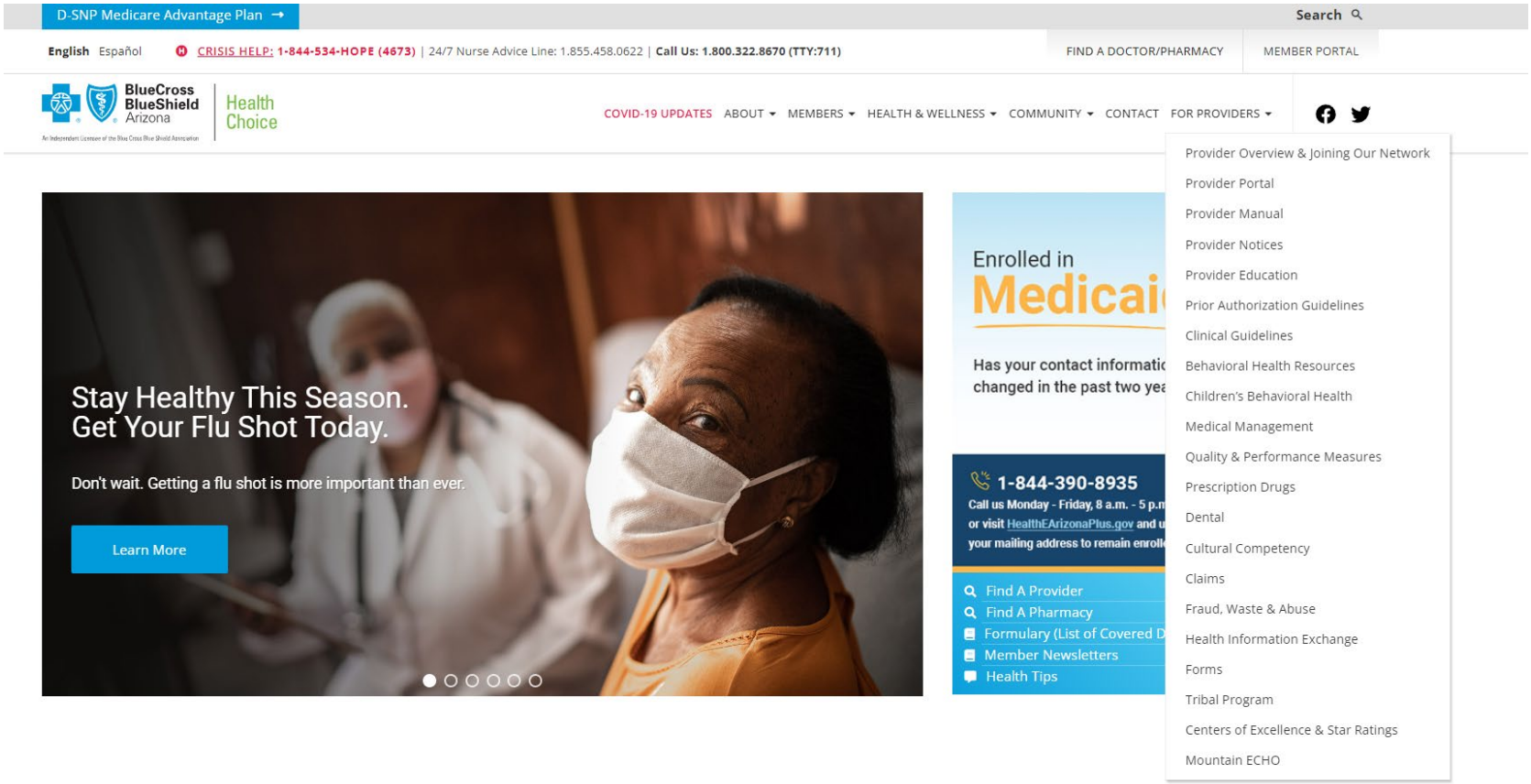
Behavioral Health Resources
- Health Choice Arizona
- Health Choice Pathway

Clinical Guidelines
- Health Choice Arizona
- Health Choice Pathway

Quality & Performance Measures
- Health Choice Arizona

Fraud Waste & Abuse

Our Website
Provider Resources



Q & A

BlueCross BlueShield Arizona

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Health Choice