CHAPTER 1:

Introduction to Health Choice Arizona

Reviewed/Revised: 10/1/18; 7/9/19, 1/1/20

1.0 INTRODUCTION

Thank you for choosing Health Choice Arizona!

Health Choice Arizona's mission is to advance the health and well-being of the communities we serve by connecting our members and patients to quality health care networks. We are committed to providing quality, cost-effective health care to AHCCCS members.

Health Choice Arizona currently serves eight Arizona counties as a Managed Care Organization for the AHCCCS Complete Care Contract (ACC): Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal and Yavapai. Health Choice Arizona is also the Regional Behavioral Authority (RBHA) serving the following counties: Apache, Coconino, Gila, Mohave, Navajo and Yavapai. Together we are highly motivated and compassionate people, using advanced systems and technology to become the health plan of choice by revolutionizing health care services, driving value, and leading the way in the communities we serve.

1.1 OVERVIEW

This manual is designed to provide basic information about the administration of the Health Choice Arizona, AHCCCS and RBHA programs. Details within this manual are intended to furnish providers and their staff with information, covered services, and claim/encounter submission requirements. This 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 in this manual.

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 this manual. 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 and the use of modifiers (Chapters 7-15). Use of this manual will help reduce questions and expedite the claims process by ensuring that claims are submitted correctly the first time.

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

Health Choice Arizona: www.HealthChoiceAZ.com

Health Choice Generations: www.HealthChoiceGenAZ.com

Note: Covered services, limitations, and exclusions described in this manual are global in nature and are included to offer general guidance to providers as it pertains to the administration of the Arizona Health Care Cost Containment System (AHCCCS) program. The *AHCCCS Medical Policy Manual (AMPM)* contains additional information about covered services, limitations and exclusions. The AHCCCS AMPM can be found on the AHCCCS website by visiting: https://www.azahcccs.gov/shared/MedicalPolicyManual/

1.2 HEALTH CHOICE ARIZONA NETWORK MANAGEMENT

Health Choice Arizona is responsible for coordinating covered services that are provided to members through a comprehensive provider network of Health Choice Arizona contracted physicians and facilities. The network consists of but is not limited to: primary care physicians, nurse practitioners, specialists, dentists, medical facilities, ancillary service providers, pharmacy, behavioral health services and non-emergent medical transportation.

Health Choice Arizona's network has been strategically developed to include contracted health care providers, facilitating our ability to meet or exceed the AHCCCS minimum requirements ensuring member access to quality care and services through appointment availability and network adequacy by geographic service area. Our robust network includes a diverse selection of qualified primary care providers, specialists, hospitals, and ancillary providers who agree to accept and follow Health Choice Arizona managed care policies and procedures. Contracted health care providers are required to coordinate care within the Health Choice Arizona provider network for all members. This standard of practice enables us to monitor, evaluate and maintain our well-established network.
In the event a referral(s) is needed outside of the contracted network, prior authorization is required. Questions concerning the Health Choice Arizona network should be directed to the attention of your Provider Performance Representative.

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.

Our Network Services Department is staffed with qualified, experienced professionals who are dedicated to developing partnerships with providers, and committed to providing personalized assistance such as staff orientation, education and training on claims or billing/coding issues, AHCCCS standards, prior authorization requirements, and compliance matters. Our goal is to collaborate on innovative approaches to maximize effectiveness and efficiency, and identify resources to help reduce administrative burden.

Provider Performance Representatives are assigned by territory and/or service type. The Provider Performance Representatives are available to assist you with your questions or

requests and respond within 3 business days. Please do not hesitate to contact your Provider Performance Representative whenever necessary.

Health Choice is committed to ensuring that you have an open line of communication with us at all times. If you feel your concerns are not being met in a timely fashion, or to your satisfaction, please refer to our Provider Escalation Process, Exhibit 1.1 to contact our Network Services Team.

1.3 PROVIDER REIMBURSEMENT

The provider's primary role is to render medically necessary services to Health Choice members. Prior to rendering or billing for services, the provider must be an active registered provider with AHCCCS, have completed Health Choice's contracting and credentialing process and have received a copy of the fully executed Health Choice Provider Agreement.

Health Choice Arizona reimburses providers for services in the following ways:

1. Providers receive a prepaid capitation payment each month for each eligible member assigned to them.
2. Health Choice Arizona reimburses providers on a negotiated or regulatory required fee-for-service basis for services rendered to eligible members.

Health Choice Arizona cannot reimburse members.

1.4 HEALTH CHOICE ARIZONA WEB SITE

Health Choice Arizona brings the expertise and roadmaps necessary to understand, participate in and maximize the value of the sweeping changes affecting the delivery of health care. We off real-time tools, technology and up-to-date information to our physicians and providers. We will assist and offer guidance to physicians and hospitals for the purpose of building partnerships, patient-centered medical homes and other entities that will maximize quality and reward performance.

The Health Choice Provider Portal is designed with you in mind. Included in this site, and accessed through a secure portal, is patient data such as Member eligibility, claims history, prior authorizations and provider data management. Health Choice is streamlining your access to important information! We have continued and will continue to make upgrades to our physical health provider portal for our Health Choice Arizona and Health Choice Generations-AZ lines of business.

Enhancements that give YOU, the provider, greater control and more immediate acknowledgement and response times. Utilize the portal often and stay on the lookout for more enhanced features to come! Easy to follow portal training video(s) and Provider Education are available under the 'Provider' section of our websites by clicking 'Provider Education'.

*Note – As we continue to enhance our provider portal to deliver optimal service for our providers, you may find that not all functions shown are readily available to all providers. Thank you for your patience.

Health Choice Arizona encourages providers to utilize our Provider Portal link, available on our website, www.HealthChoiceAZ.com under the 'Provider' section of our website.

The Health Choice Arizona provider portal is specifically designed to streamline provider access to information and resources, while also serving as a valuable tool for locating health plan and provider-specific information which includes but is not limited to the following:

- *Claim Status* - provides an on-line search whereby current information and status of provider's claims within the Health Choice and Health Choice Generations - Arizona claims system can be retrieved. You also have the ability to retrieve dental and vision history by member ID.
- *Member Eligibility Search* - is an on-line search utility for retrieving the eligibility information for members within the Health Choice and Health Choice Generations - Arizona system.
    - *Note: Health Choice Arizona, as an AHCCCS contractor does not deem our members eligible for enrollment into the Arizona State Medicaid Program, AHCCCS is the authority of eligibility and enrollment and Health Choice Arizona administers these benefits to our assigned memberships.
        - Providers can register and validate the most current information for all AHCCCS members eligibility and enrollment by utilizing the AHCCCS online system available on line by visiting: https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f
- *Prior Authorization* – gives providers access to check PA Guidelines, information on submitting requests and PA status.
    - Submit online Pharmacy PA requests
- *Provider Tools* – Use one of our convenient tools to manage your account (account management is only available for Master Account/Admin login) or look-up answers in our document library.
    - Provider Notices
    - Provider Newsletters
    - Provider Demographic Summary – submit a request to add/terminate a provider, update service location and more.
    - Links to External Health Choice Tools
        - Community Connection – Help our members connect with community based resources in their area.
        - Member Wellness Tools
- *Explanation of Benefits (EOB)* – Health Choice Arizona provides a link from within the Provider Portal to allow providers to download a printable copy of their EOB in Adobe pdf format. For providers that do not have systems capable of automatically posting payments via the ERA but want the quick payment afforded by the EFT, a downloadable

remit serves as an ideal complement. Each Friday, the EOBs for that week's adjudicated claims are made available for download. In order to access the downloadable EOB, follow these steps:

1. Access the Health Choice Secure Provider Portal at: www.HealthChoiceAZ.com under the "Provider" section of our website.
2. Choose the appropriate provider portal:
    i. Behavioral Services Rendered = ICE Provider Portal – Behavioral Health Homes Only
    ii. *Physical Health Services Rendered = ACC Provider Portal*
3. Log in using the Tax ID, User ID, and Password for the user's account.
4. Once logged in, you can locate provider/member options to assist your office:
    i. Eligibility
    ii. Prior Authorization
    iii. Claims
        a. Vision and Dental History
    iv. Quality Performance reports (as applicable by provider type)
        a. Member Rosters
5. Within the ACC link, you can click on any looking glass icon to search within that field. Search for adjudicated claims, those with a Paid or Denied status, by a specific date of service or by member (subsequent pages are shown at the bottom of your screen).
    i. Adjudicated claims will have an underlined link under the Claim Number. Clicking this link allows you to open or save a PDF file containing the EOB for not only that claim, but for all claims adjudicated in that week.

Various 'Provider Tools' and forms are available within the portal as well as online by visiting www.HealthChoiceAZ.com including but not limited to:

- Health Choice Arizona Prior Authorization Forms and Guidelines
- Claims Forms (EFT/ERA request)
- Health Choice Arizona EPSDT Forms
- Health Choice Arizona Transportation Referral Form
- Health Choice Arizona Case Management Referral Form
- Health Choice Arizona Formulary Request Form

*Physician Directories are available upon request.

1.5 COVERED SERVICES

(Members enrolled in the SOBRA Family Planning program are only eligible for family planning services.)

Health Choice Arizona provides medically necessary covered services specified by AHCCCS, which are mandated by federal and state law.

Medical necessity may be determined through professional review for appropriateness of services provided in conjunction with established criteria related to severity of illness and intensity of services. Documentation submitted by providers is the key to the determination of medical necessity. Failure to submit documentation that substantiates medical necessity may result in a denial of your request and/or claim.

Coverage of services is subject to Health Choice Arizona and AHCCCS rules, policies, and requirements, including, but not limited to:

- Prior authorization
- Concurrent review
- Claims review
- Post payment review
- Special consent requirements
- Eligibility

This list is intended to provide basic information and is not intended to be an in depth description of benefits. T he covered services, limitations, and exclusions described in this manual are global in nature and are included to offer general guidance to our providers. The *AHCCCS Medical Policy Manual (AMPM)* contains additional information about covered services, limitations and exclusions, and is available on the AHCCCS website at:
https://www.azahcccs.gov/shared/MedicalPolicyManual/.

Additionally, some services may require prior authorization.

Prior Authorization (PA) is a process by which Health Choice Arizona and/or Health Choice Generations-AZ determines in advance whether a service that requires prior approval will be covered, based on the initial information received. We work closely with your team to streamline and expedite PA by minimizing the number of procedures requiring PA. Many of the items on our abbreviated PA list ask for notification only.

Refer to Chapter 6: Authorizations and Notifications for prior authorization requirements.

Health Choice Arizona offers preventive, acute, and behavioral health care services.

There is limited coverage of rehabilitative services, home health care and long term care, as specified in A.A.C. Title 9, Chapter 22, Articles 2 and 12.

- For an overview of Health Choice Arizona (AHCCCS) covered services for Acute Care please refer to:
  - The AHCCCS Medical Policy Manual (AMPM), 310, Covered Services, which has policies that detail additional covered and uncovered services.
  - AMPM Exhibits 300-1, AHCCCS Covered Services with Special Circumstances;

- For an overview of AHCCCS covered services for Behavioral Health refer to AMPM Exhibit 300-2A, AHCCCS Covered Services Behavioral Health and 300-2B, AHCCCS Covered Services Behavioral Health Non-Title XIX XXI Persons.

<u>Covered Services</u>

- Audiology
- AHCCCS-approved Organ and Tissue Transplants and related prescriptions
- Behavioral Health Services, (See Chapter 18: Behavioral Health Services)
- Breast Reconstruction After Mastectomy
- Case Management
- Dental Services, (See Chapter 20: Oral Health Services)
- Medically necessary emergency dental care is covered for persons age 21 years and older who meet the criteria for a dental emergency. A dental emergency is an acute disorder of oral health resulting in severe pain and/or infection as a result of pathology of trauma. (See Chapter 20: Oral Health Services)
- Dialysis
- Emergency Medical Services for life-threatening medial problems
- End of Life Care (including Advance Directives)
- Eye Care, for medical conditions affecting the eyes
- Family planning services (birth control, contraceptives and family planning counseling)
- Health Risk Assessments and Screening Tests, (with limitations)
- HIV/AIDS Treatment
- Home Health Services
- Hospice services
- Hysterectomy Services
- Immunizations
- Inpatient and Outpatient Hospital Care, including Observation and Surgical Services
- Insulin Pumps, (prior authorization is required)
- Laboratory Services
- Maternal and Child Services
- Medical Supplies, Durable Medical Equipment and Orthotic/Prosthetic Devices
- Nursing Home Services, (up to 90 days a year in lieu of hospitalization)
- Nutritional assessments, medical foods
- Podiatry or Foot/Ankle Services when ordered by a primary care physician
- Physician Services (PCP and Specialists)
- Post-Stabilization Care
- Prescription Drugs, (See Chapter 17: Pharmacy and Drug Formulary)
- Radiology and Medical Imaging
- Rehabilitation Therapies (Occupational, Physical, Speech) (PT and OT-limited to 15 visits per year for members age 21 and older) (See Chapter 2: Member Eligibility and Member Services, for additional coverage details)
- Respiratory Therapy

- Transportation to medically necessary services

ADDITIONAL SERVICES FOR CHILDREN (under age 21) (See also Chapter 16: Women and Children's Services)

- Bone Anchored Hearing Aids
- Cochlear Implants
- Conscious Sedation, (with limitations)
- Chiropractic Services
- Eye Exams and Prescriptive Lenses
- Nutritional Assessment and Therapy
- Oral Health Screenings; Preventive, Therapeutic and Emergency Dental Services
- Speech and Occupational therapy

ADDITIONAL SERVICES FOR ADULTS

Preventive health risk assessment and screening test services for non-hospitalized adults include, but are not limited to:

- Physical Examinations, (periodic health examinations or assessments for members under 21 years of age for early detection of disease, detect the presence of injury or disease, establish a treatment plan, evaluate the results or progress of treatment plan or the disease, or to establish the presence and characteristics of a physical disability which may be the result of disease or injury).
- Hypertension Screening, (annually)
- Cholesterol Screening, (once, additional tests based on history)
- Routine Mammography, (annually after age 50 and at any age if considered medically necessary)
- Well Exams for Adults age 21 and older (non QMB dual Medicare primary members (see Chapter 14: Medicare and Other Insurance Liability)
- Well-Woman Preventative Care Services (see Chapter 16: Women and Children's Services)
- Colon Cancer Screening (digital rectal exam and stool blood test, annually after age 50)
- Sexually Transmitted Disease Screenings (at least once during pregnancy, other based on history)
- Tuberculosis Screening (once, additional testing based on history)
- HIV Screening
- Immunizations
- Prostate Screening (annually after age 50, screening is recommended annually for males 40 and older who are at high risk due to immediate family history)
- Orthotic and Prosthetic; AHCCCS implemented limitations in 2014. Please refer to the Health Choice Arizona PA Grid and/or the AHCCCS Medical Policy Manual Chapter 300, policy 310-JJ (also see Chapter 6: Authorizations and Notifications for additional details).

Screening services provided more frequently than these professionally recommended guidelines will not be covered unless medically necessary.

1.6 ADDITIONAL SERVICES FOR QUALIFIED MEDICARE BENEFICIARIES (QMBs)

Some Health Choice Arizona members are also Dual Eligible in that they also have Medicare coverage. Additionally, some Medicare members are also categorized as Qualified Medicare Beneficiaries (QMBs). Medicare is the primary payer for these members, with Health Choice Arizona as the secondary or payer of last resort. Providers should bill Medicare first and then bill Health Choice Arizona with a copy of the Medicare EOB attached.

Providers can identify Medicare members by the "rate code" assigned to them by AHCCCS. The rate code appears on their AHCCCS ID card. Rate codes that denote Medicare as the primary payer include the following:

If the third digit of the rate code is a "0", then the member is Medicare Dual – Eligible.
If the third digit of the rate code is a "2", then the member is a QMB Medicare member.

QMB members can have their co-pays and deductibles covered by Health Choice Arizona for the following additional services as defined by Medicare:

- Chiropractic Treatment
- Inpatient and Outpatient Occupational and Speech Therapy
- Respite Services
- Any services covered by traditional Medicare but not covered by AHCCCS

1.7 NON-COVERED SERVICES

Examples of services that are not covered by Health Choice Arizona:

- Services that are not medically necessary
- Pregnancy Terminations that are not medically necessary (as defined in Chapter 400 of the AHCCCS AMPM)
- Pregnancy Termination Counseling
- Bone Anchored Hearing Aids or Cochlear Implants for adults 21 years of age or older
- High-frequency Chest-wall Oscillation (percussive) vests for lung disease
- Dental Services, (effective 10/01/2017, HCA will pay for emergency dental services for adults up to $1,000 per membership year)
- Services or items for Cosmetic purposes
- Services or items furnished free of charge, or for which charges are not usually made
- Services provided in an institution for the treatment of tuberculosis
- Hearing Aids for adults 21 years of age or older
- Eye examinations solely for prescriptive lenses for adults 21 years of age or older Services determined by the Health Choice Arizona Medical Director(s) to be experimental or

provided primarily for the purpose of research

- Sex change operations and reversal of voluntarily induced infertility (sterilization)
- Physical Therapy prescribed for maintenance only
- Artificial or mechanical hearts and xenograft
- Routine Circumcision for an eligible newborn male infant, (unless medical necessity is documented)
- Care for TMJ-related disorders
- Penile implants or vacuum assist devices for erectile dysfunction
- Chiropractic services for adults 21 years of age or older
- Outpatient speech and occupational therapy for adults 21 years of age or older
- Genetic Counseling/Testing for predisposition to cancer
- Physical examination performed to satisfy the demands of outside public or private agencies such as the following are not covered services:
  - Qualification for insurance
  - Pre-employment physical examination
  - Qualifications for sports or physical exercise activities
  - Pilots examinations (Federal Aviation Administration)
  - Disability certification for the purpose of establishing any kind of periodic payments, or
  - Evaluation for establishing third party liability