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- Prevention
- Quality Data – Documentation and Coding
- Rx Generics

11 Clinical Resources
- Care Management Referral Form
- PCMH Interest Form
- Medical Coverage Guidelines
- Dental Coverage Guidelines
- ACR Appropriateness Criteria
- Clinical Practice Guidelines (for Chronic Conditions and Preventive Health and Wellness)
- PCMH Information
- Prevention and Wellness

12 Need Help?
- FAQ page
- Provider-specific Contact Us page (includes the NCS Search Tool)
- Technical Support - eSolutions
1 Provider Portal Overview

Public Portal for Healthcare Professionals – Resources and Tools
There are many resources available to providers on the public portal at azblue.com/providers. No login is required to view and use these resources.

Public portal for Healthcare Professionals:

Features include:

1 **Contract with Blue** – information about the BCBSAZ Provider Network and the contracting/credentialing process, required application forms, and a Network Contract Specialist (NCS) search tool.

2 **Live Healthy** – information for providers about valuable resources and tools available to BCBSAZ members to promote health and wellness.

3 **Find a Doctor** – access to the Arizona and National BCBS provider directories.

4 **Resource Center** – important information, tools and frequently used forms to support providers with Precertification, Medical Coverage Guidelines, Timely Filing Guidelines, Code Edit Information, Pharmacy, Fraud/Waste/Abuse, Appeals/Grievances, and Secure Provider Portal Roles and user access information.


6 **REGISTER for the secure provider portal** – once your organization is registered for the secure provider portal, your Admin can add users and modify user roles as needed.

Resource Center, showing some of the available resources under “Resources:”
Secure Provider Portal
The secure provider portal offers providers quick and easy-to-use tools for doing business and many helpful resources designed with providers in mind. The secure portal requires registration (each user is assigned a user access role) and login. Here are some features you’ll find on the homepage:

Secure provider portal homepage:

Homepage features include:

1a and 1b Quicksearch Tools – Initiate an eligibility & benefits inquiry or check claim status.
2 Logo = Home – Click the logo to get back to the homepage at any time.
3 Notifications – Get important updates here.
4 Sitewide Search – Find resources and tools in the secure portal that are associated with your user role.
5 My Account – See your assigned user role and account administrator in case you need to request a change.
6 My Quick Links – Customize your homepage with links to the resources you use most often.
7 Videos – View short video clips on various topics.
8 Contact Us – Get provider-specific contact information (includes the NCS Search Tool).

User Roles Determine Content Access
Every provider practice has a designated administrator who assigns each of the organization’s portal users to a User Role, based on the level of access required. Non-contracted providers do not have access to all content.

<table>
<thead>
<tr>
<th>User Roles</th>
<th>Areas of Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eligibility &amp; Benefits</td>
</tr>
<tr>
<td>1 General</td>
<td>✓</td>
</tr>
<tr>
<td>2 General with Claims</td>
<td>✓</td>
</tr>
<tr>
<td>3 PCMH Clinical</td>
<td>✓</td>
</tr>
<tr>
<td>4 Office Manager</td>
<td>✓</td>
</tr>
<tr>
<td>5 Administrator</td>
<td>✓</td>
</tr>
</tbody>
</table>
My Account Page

This page shows what user role you have been assigned and who can change your user role or add other providers.

My Account access from the homepage:

My Account page sample:

User Role and Account Administrator Contact Information – The “My Account” page shows your user role and your office administrator. Your office administrator can change your user role and add providers to your account configuration.

Other functions available on this page include:

Change User Contact Information
This page allows you to change your email or phone number.

Change Password
You may change your password at any time.

Provider Management
Links to the Provider Management page to view the providers (along with their NPI numbers) associated with the tax ID number(s) configured in your account. Select providers to access associated claim status and fee schedule information.
My Quick Links – Homepage Customization

The “My Quick Links” feature gives you an easy way to customize your homepage with quick access to the resources you use most often. You can save up to 10 links here.

You can also access “My Quick Links” from any page in the secure portal by clicking the blue “MY QUICK LINKS” bar:

You can add the page you’re on to your quick links, or quickly navigate to your other saved links.
Navigation Menus - Overview
Four main navigation menus help you find what you’re looking for quickly and easily. There are also two expandable menus for forms and guidelines.

1 Practice Management – Tools and resources for everyday use, including Account Management and Communication:

2 Provider Resources – Guides, forms, Dental resources, and resources for electronic transactions, including expandable menus for FORMS and GUIDELINES:
3 **Education & Training** – eLearning modules that can be downloaded at your convenience:

4 **Population Health** – Tools and resources to help support value-based care:
2 Eligibility & Benefits Resources

Eligibility & Benefits resources in the “Practice Management” menu:

Eligibility & Benefits resources in the “Provider Resources” menu:
Eligibility & Benefits Inquiries (Medical/Dental and Pharmacy)

To find a member’s medical/dental/pharmacy eligibility and benefits information, use the “Eligibility & Benefits Inquiry” link or the Quicksearch tool from the homepage. This tool works for BCBSAZ, BlueCard and FEP members. To check eligibility for CHS group members, please contact the group’s TPA directly (see CHS info on page 13).

To use the inquiry tool:

1. Enter Member ID (Note: for BCBSAZ members, you may use the member name or SSN instead of the member ID.)
2. Enter Member Birthdate
3. Enter Date of Service
4. Select Service Type(s)
5. Search (Goes to Detailed Results page.)

Service Types:

Select up to 5 service types by using the search function or scroll through the menu.

Access the Quick Reference Guide for the complete list of Service Types and Responses (based on HIPAA X12).
From the **Eligibility and Benefits Results** page, click the specific **Member ID** link to see details:

![Eligibility and Benefits Results page](image)

On the **Detailed Results** page, scroll down and open the blue **Network Header(s)** to view detailed information:

![Detailed Results page](image)

Any inquiries you make are added to the **Eligibility & Benefits Results** page as well as the **My Patients List**.
Corporate Health Services (CHS) Groups

CHS groups are large, self-insured employer groups that have entered into a “network only” arrangement with BCBSAZ that allows their employees access to a BCBSAZ provider network. BCBSAZ provides network access and claim pricing only (no administrative or claims payment services). Most CHS groups use a Third Party Administrator (TPA) for claims processing, verification of eligibility and benefits, precertification, medical records requests, and appeals and grievances.

Use the CHS/TPA Information search tool (or download the PDF list) to find the contact information for eligibility & benefits, medical coverage guidelines, precertification, claim processing and payment, and remits.

CHS Group / TPA Information page:

Sample CHS Group Search Results page:
Other Eligibility & Benefits Resources
Other tools designed to support providers with eligibility and benefits:

- **Member ID Prefix List** – List of standard and custom prefixes for BCBSAZ and FEP members. Located in “Provider Resources” under “Guidelines > Eligibility and Benefits.”

- **ID Cards Quick Guide** – Samples of ID cards for BCBSAZ, FEP, CHS and BlueCard members. Located in “Provider Resources” under “Guidelines > Eligibility and Benefits.”

- **Waiver Form** – Form to obtain informed consent from a patient when a service is considered by BCBSAZ to be not medically necessary or investigational. This type of written waiver is required in order to be able to collect the service cost from the member. Located in “Provider Resources” under “Forms > General.”

- **COB Information Form** – Form to obtain current information about a member’s additional insurance coverage for coordination of benefits (to reduce claim processing and payment delays). Located in “Provider Resources” under “Forms > General.”

3 Precertification Resources
Precertification resources in “Practice Management” under “Precertification.”

- **Precertification Requirements and Requests** - See precertification requirements and request information for BCBSAZ and FEP members. For CHS group members, contact the TPA (see CHS info above).

- **Pharmacy Precertification Information** link – Get information about medications requiring precertification as well as home health and specialty injectable medication benefits.

- **Out-of-Area Member Precertification** online router – Access precertification requirements and request information from the member’s Blue Plan.

4 Pharmacy Information and Forms
For complete Pharmacy information and resources, visit the Pharmacy Information page at azblue.com/Pharmacy. Find formulary lists, Pharmacy Coverage Guidelines, drug precertification forms, and other forms and resources for members with specific types of benefit plans:

1. **Standard Pharmacy Plans** – Includes all plan names that begin with the word Blue or BluePreferred, and the ExecuCare plans
2. **Qualified Health Plans (QHPs)** – For plan names EverydayHealth, Portfolio, SimpleHealth, TrueHealth, and Essential
3. **Employer Sponsored Plans that have a customized formulary** – For group # 029653 only
4. **Aon Active Health Exchange Plans** – For group #s: 030830 and 030817 only

5 National Programs (Out-of-area Members)
For members from other Blue Plans, there are several resources on the secure provider portal, including:

- **BlueCard Program – Provider Guide** – Information about rendering services to and submitting claims for members from other Blue Plans. Located in “Provider Resources” under “Guidelines > National Programs.”

- **Out-of-area Medicare Advantage – Provider Guide** – Information about rendering services to Medicare beneficiaries who have opted for Medicare Advantage Plans. Located in “Provider Resources” under “Guidelines > National Programs.”

- **Out-of-area Medical Coverage Guidelines** – Online routing tool for out-of-area Blue Plans’ medical policy. Located in “Provider Resources” under “Guidelines > Medical Coverage Guidelines.”

- **Out-of-area Member Precertification** – Online routing tool for out-of-area Blue Plans’ precertification requirements and requests. Located in “Provider Resources” under “Guidelines > Precertification.”

- **Medicare Advantage Private Fee-for-service (MAPFFS) Terms and Conditions** – Online routing tool to access a BCBS Medicare Advantage PFFS Plan’s terms and conditions. Located in “Provider Resources” under “Guidelines > National Programs.”
6 Neighborhood HMO (PCP Coordinated Care HMO Plans)

For members with Neighborhood HMO Plans, there are dedicated provider resources:

- **Covering PCP Form** – Use to inform BCBSAZ of any covering PCPs who are not in the designated PCP’s tax ID.
- **PCP Consent Form** – Only for OB/GYN and Pediatric Sub-specialists, to be approved as designated PCPs.
- **PCP Panel Roster** – For designated PCPs to view patient list.
- **Precertification Requirements for Neighborhood HMO** – See list of requirements and request information.
- **Referral/Precert Fax Form** – Use to request a referral or precertification for a member with a Neighborhood HMO Plan.
- **Submit/View Referrals and Precertifications** – Online tool to request or check the status of a referral or precertification for a member with a Neighborhood HMO Plan. For more information about this tool, see the eLearning Module in “Education & Training” under “Webinars & eLearning > Provider eLearning.”

You can also access some of these resources on the “Detailed Results Page” when you do an Eligibility and Benefits inquiry for a member with a Neighborhood HMO Plan.
7 Claims Resources

Claims resources in the “Practice Management” menu:

Claims resources in the “Provider Resources” menu:
Claim Status Inquiries
For claim status information, use the “Claim Status Inquiry” link or the “Claim Quicksearch” tool from the homepage. This tool works for BCBSAZ, BlueCard and FEP members. To check eligibility for CHS group members, contact the group’s TPA directly (see CHS info on page 11).

The **Claim Summary Page** includes status, EFT/Check number, and important messages. Click on the “Claim Number” link in the left column to get the line item detail:

For BlueCard members, the claim status information comes from the member’s Blue Plan and may not be as complete as the information received for BCBSAZ and FEP members.
On the **Claim Status Details Page**, find additional messages, as well as the revenue/procedure code and patient liability information:

![Claim Status Details Page](image)

**Pricing Guidelines**
Access the following lists and guidelines for pricing information:

- Anesthesia Base Units Lists
- Anesthesia Pricing Guidelines
- Assistant Surgeon Codes List
- DME Months-to-Purchase List
- Drug Urine Screening Test Pricing
- Fee Schedule
- Fee Updates – Outpatient
- Fee Updates – Professional
- Fee Updates – Unclassified Drug
- Global Surgical Code Lists
- Included Services Guidelines and Lists
- Maternity Epidural Anesthesia Pricing Lists
- Minor Procedure Code Lists
- Modifier 22 – Increased Procedural Services Guidelines
- Modifiers 26/TC Lists
- Modifier 50 Lists
- Modifier 62/66 Pricing Guidelines
- Modifier 63 Pricing Guidelines
- Modifier Pricing Actions Lists
- Outpatient Global Pricing Guidelines
- Revenue Code 0274/0278 – CPT/HCPCS Lists
- Same Day Readmission Pricing Guidelines
- Single Units of Service (CPT/HCPCS) Lists
- Single Units of Service (Revenue Code)
- TENS Supply Pricing Guideline
- Unclassified Drug Fee Schedule
C3 Code Edit Transparency Tool
Use the Clear Claim Connection™ (C3) tool (operated by McKesson) to see how your coding combinations are evaluated by the McKesson ClaimCheck® coding software during medical claim processing. C3 provides detailed edit rationale with references to national coding standards and guidelines. Access the C3 tool in “Provider Resources” under “Guidelines > Claim Coding.” To use the C3 tool, your user account must have a “primary” tax ID – your account administrator can set this up if necessary.

Access the C3 tool:

Enter claim information:

Get C3 edit clarifications:

For more information about the C3 tool, see the C3 User Guide, available in “Provider Resources” under “Guidelines > Claim Coding.”
Fee Schedule Information Tool

The Fee Schedule information tool offers customized searches for the most commonly used codes. Access the Fee Schedule tool in “Provider Resources” under “Guidelines > Claim Pricing” as shown here:

Preliminary step: select a provider from this list on the “Provider Management” page, and then click on the “Fee Schedule” link in the far right column:
Fee Schedule Search page:

1. Select either Professional or Outpatient Fees
2. Select the specific Tax ID you want to check
3. Select either the Specialty (sometimes listed as broad categories) or Procedure Code(s)
4. Select a Reimbursement Factor (for this, you need to use information from your contract reimbursement exhibit)
5. Enter the Date of Service

Sample results list (can be exported to Excel):
Online Remits

Use the “Online Remits” link to see your remits for the last 30 days or use the search function to find specific claims from the last 12 months:

Dental Predeterminations

When you submit a dental claim predetermination, the BCBSAZ responses are available online in “Provider Resources” under “Dental Resources > Dental Predeterminations.”
Electronic Claim Adjustments

When you need to correct an error or omission on a claim after it has been processed by BCBSAZ, submit an 837 electronic adjustment. For details about the types of corrections that can be made and to view the required data elements, see the *eAdjustments Guide*, available in “Provider Resources” under “Electronic Business.”

To report an excess payment on a claim, use the **Notice of Excess Payment Form**:

More Claims Information

In addition to the resources above, the *Provider Operating Guide* has several sections with current information and requirements related to claims. Access the Provider Operating Guide in “Provider Resources” under “Guidelines > Provider Operating Guide” and look for these sections:

- Section 15 – Claim Coding
- Section 16 – Claims Submission
- Section 17 – Claim Pricing
- Section 18 – Remittance
- Section 19 – Grace Period for Subsidized Members
- Section 20 – Medical/Dental Records Requests
- Section 21 – Provider Disputes and Complaints
- Section 22 – Member Appeals
8 Education & Training Resources

Provider Webinars and eLearning
BCBSAZ offers webinars and eLearning modules to help contracted providers understand the guidelines and most efficient ways of doing business with us.

General eLearning and Webinar topics include:
- BCBSAZ Products, Networks, and ID Cards
- Eligibility and Benefits
- Claims
- Provider Portal Resources
- Provider Directory
- 2017 Neighborhood HMO Benefit Plans

Population Health eLearning topics include:
- HEDIS: Improving Quality through Healthcare Measures
- Increasing Healthcare Quality through Care Coordination
- Leveraging Documentation and Coding for High Quality Coordinated Care

BCBSAZ webinars are facilitated by experienced staff and are scheduled several times a year. The eLearning modules are set up for providers to download the module on demand and go through it at their own pace.

Resources for Newly-contracted Providers
Use the following orientation materials for new providers or for newly hired office staff:
- Checklist for New Providers
- FAQ
- Welcome Brochure
9 Electronic Business Resources

Resources include:

**eAdjustments Guide**
This document includes information on the eAdjustment process as well as the HIPAA data elements required for electronically submitted claim adjustments.

**EFT and ERA**
This page offers information about the use of electronic transactions for payment and reconciliation, including EFT and ERA enrollment instructions and forms.

**Electronic Transactions**
This page offers information about the options available to BCBSAZ network providers for electronic transactions in the HIPAA 5010 format, including Arizona Blue Direct Connect (ABDC).

**HIPAA Transaction Standard – BCBSAZ Companion Guide**
This document lists the BCBSAZ-specific information and guidelines (not provided by the TR3) needed to process certain scenarios on transactions.
10 Population Health Management Toolkit

Resource pages include:

**Care Coordination**
This page defines care coordination and lists actions for providers to create effective care coordination for BCBSAZ members.

**HEDIS Performance Measures**
This page gives information about the HEDIS quality measures and actions for BCBSAZ network providers to help support these measure through clinical and operational protocols.

**Patient Experience**
This page offers information and resources to help providers gauge and increase the quality of the patient experience for BCBSAZ members.

**PCMH Program**
This page gives an overview of the BCBSAZ Patient-Centered Medical Home (PCMH) program, along with resources for more information.

**Prevention**
This page gives providers strategies to customize prevention and wellness guidance for BCBSAZ members.

**Quality Data – Documentation and Coding**
This page focuses on how quality data contributes to quality outcomes. It lays out expectations for BCBSAZ network providers in the areas of medical record documentation and coding.

**Rx Generics**
This page shares information about generic drugs along with expectations for BCBSAZ network providers in prescribing generic drugs and helping to educate members about their value.
11 Clinical Resources

Clinical resources in the “Practice Management” menu:

Clinical resources in the “Provider Resources” menu:
Clinical resources include:

**Care Management Referral Form**
Use this form to refer a member to the BCBSAZ Care Management Program.

**PCMH Interest Form**
Learn more about the BCBSAZ PCMH Program and how to get started.

**Medical Coverage Guidelines**
The BCBSAZ Medical Coverage Guidelines include criteria to help determine whether a service, procedure, medical device or drug is eligible for benefits under a member’s benefit plan.

**Dental Coverage Guidelines**
The BCBSAZ Dental Coverage Guidelines are used as a reference guide to assist in making dental coverage determinations.

**ACR Appropriateness Criteria**
The ACR Appropriateness Criteria® (AC) are evidence-based guidelines to assist referring physicians and other providers in making the most appropriate imaging or treatment decision for a specific clinical condition.

**Clinical Practice Guidelines (for Chronic Conditions and Preventive Health and Wellness)**
This page offers links to evidence-based clinical guidelines for disease managed conditions and recommendations for preventive health and wellness.

**PCMH Information**
Learn more about the BCBSAZ PCMH Program.

**Prevention and Wellness**
Learn more about the programs BCBSAZ offers to support care coordination.
12 Need Help?

FAQ page
This page, accessible from the “Education & Training” menu, offers answers to commonly asked questions and includes helpful links to help you quickly navigate to relevant tools and resources in the provider portal.

Provider-specific Contact Us page (includes the NCS Search Tool)
This page, accessible from the homepage and the bottom of all other pages in the secure provider portal, displays contact information specifically for providers. You can access the NCS Search Tool here.

Technical Support - eSolutions
For tech support with the provider portal and HIPAA transactions, or to set up electronic transactions, please contact us at eSolutions@azblue.com or call us at (602) 864-4844 or 1 (800) 650-5656.