



# Provider Reference Guide

PHYSICIAN-LEAD ORGANIZATION

LOCAL PRESENCE

QUICK CLAIM TURNAROUND

NETWORK CLARITY

MEMBERSHIP DIRECTORY

SEAMLESS COVERAGE



Arizona  
Foundation

# Welcome!

Arizona Foundation welcomes you to our Network of Providers! This guide contains policies, procedures, and general reference information that is required of Foundation Providers. Should you not find answers within this manual, please contact the Foundation's Provider Relations Team or call center at 800-624-4277.

## Introduction to Arizona Foundation

Founded in 1969, Arizona Foundation is a Phoenix-based company run by Arizonans who are committed and empowered to solve regional problems that may arise. Arizona Foundation is the largest, Arizona-based, independent healthcare network with more than 14,000 physicians in over 39,000 locations. For more than 45 years Arizona Foundation has been committed to providing affordable, high-quality healthcare. Arizona Foundation is also contracted with many hospitals, laboratories, outpatient surgical centers, urgent care centers, and radiology centers throughout Arizona and bordering states. Physicians and providers in the network are peer-reviewed to ensure the highest level of quality and leadership in the industry.

Arizona Foundation is a physician-led organization where providers are part of a comprehensive system of healthcare. Hospitals, facilities, third-party administrators, carriers, medical management companies and Arizona Foundation work in tandem to help members make cost-effective, quality decisions about their healthcare.

Arizona Foundation is not a single plan or insurance company and works with many employers and claim administrators that retain their own benefit plans. Arizona Foundation is a traditional provider network giving your patients—our employer group members—a financial incentive or disincentive in their benefit plan that encourages them to seek care from participating providers. Since these benefit plan differentials could significantly impact the patient's out-of-pocket cost, network utilization under the Foundation's programs is very high. Members are encouraged to use these selected providers because they receive better benefits when they do. This gives patients true freedom of choice, but rewards them for making cost-effective decisions. Details regarding benefit differentials should be determined by contacting the claim or benefit administrator.

## Arizona Foundation Products and Services

Arizona Foundation offers Arizonans freedom of choice by endorsing a variety of health plans through insurance agents and brokers. Arizona Foundation network products include the following:

**Foundation POS:** This network plan is broken down into three tiers: Tier 1, Tier 2, and Out-of-Network. The Foundation POS is structured much like a pharmacy benefit plan that has generic, brand, and non-formula drugs to choose from. If a member chooses a Tier 1 Hospital they will pay less than if they choose a Tier 2 hospital, or pay out-of-network cost if Tier 3 is chosen. These differentials exist between the three tiers to incentivize plan members to use the most effective providers.

**Foundation PPO:** This network plan includes all providers who are contracted with Arizona Foundation, including hospitals, physicians and ancillary services such as laboratories, imaging, and urgent care centers. The Foundation PPO network is a perfect fit for employer groups that have employees throughout the state of Arizona and desire the broadest coverage without restriction.

**Foundation Comp:** This network plan is Arizona Foundation's all-inclusive workers' compensation plan for employer groups. This plan offers the largest, most accessible network of occupational medical centers, urgent care centers, physical therapy centers, and outpatient surgery centers, as well as a comprehensive network of 6,500+ physicians in over 19,500 locations. Foundation Comp is the workers' compensation network endorsed by the Arizona Self-Insurers Association (ASIA).

**Medical Management:** The Arizona Foundation enhances patients' overall quality of life by offering a full array of medical management programs and wellness services.

**Foundation UM** – Foundation UM is a Continuous Case Evaluation within the patient care setting whether it is in a hospital, outpatient facility, and/or provider's office. Medical necessity is certified for all inpatient stays, either through Foundation UM or a Payor's designated Utilization Review (UR) organization.

A nurse coordinator follows Foundation UM patients and progress is monitored via system-derived criteria and/or a physician advisor, if criteria is not met. As a concurrent review is preformed, coordination for discharge planning and/or large Case Management (CM) also occurs to assure the appropriate level of care for the patient.

Foundation UM provides a major role in the medical management services Arizona Foundation offers to its insurance carriers and administrators. Through our partnership with American Health Holdings, Arizona Foundation follows the nationally accepted benchmarks required by the Utilization Review Accreditation Committee (URAC). As a result, Foundation UM has strengthened its service between network providers and Foundation employer group members.

## Physician Membership

Physician Membership is renewed for successive periods of one (1) year each. Non-renewal of membership may be made by either Arizona Foundation or the provider upon written notice provided to the other during the period of 60 days between October 1 and November 30 of each membership year. Membership applications submitted and approved after September 1 of each membership year, are in effect until December 31 of the following membership year. All providers must be credentialed with Arizona Foundation before a contract can be accepted or the provider added to an existing group contract.

### Membership Renewal

Arizona Foundation's membership renewal season starts each October and continues through the end of December. The membership renewal process is required for all contracted providers within Arizona Foundation's network.

Individual and group providers will receive notification containing instructions for the Foundation's Membership renewal process.

General tips on the renewal process:

- If you misplaced your notification and need your license number and password PIN, and/or have questions regarding the renewal process, contact Arizona Foundation at 800-624-4277 or e-mail [individualrenewal@azfmc.com](mailto:individualrenewal@azfmc.com) (individual providers) or [grouprenewal@azfmc.com](mailto:grouprenewal@azfmc.com) (group providers).
- Please remember to completely fill out your renewal form; submit all applicable documents; and pay your dues (if applicable) to Arizona Foundation in order for your renewal to be processed. Incomplete information will delay the processing of your renewal.
- Failure to submit any of the required information to process your renewal will terminate your Foundation membership for the next calendar year.

### How to Renew Membership

Membership for individual and group providers can be completed online at:

**[www.azfmc.com/renewal](http://www.azfmc.com/renewal)**

### Credentialing

The Arizona Foundation Board of Trustees established a Credentialing Committee that provides oversight and technical knowledge. The Committee is comprised of member physicians from various specialties that oversee the credentialing process and serves as the regulatory arm ensuring a system of checks and balances remain in place.

Arizona Foundation's Credentialing Criteria follows NCQA guidelines. It is our policy to credential/re-credential all MD, DO, DPM, Allied Health and Behavioral Health Providers. Initial credentialing is made at the time of application; the process can take up to 90-100 days to complete. A provider who has not been credentialed cannot treat and will not receive payment for services rendered to Foundation members. Upon completion of credentialing, the file is approved by Arizona Foundation's Credentialing Committee and provider will receive notification of effective date.

### Re-credentialing

Re-credentialing occurs every three years after the initial credentialing process. Providers will receive notification that re-credentialing is due. It is important that all Arizona Foundation contracted providers complete the re-credentialing application as quickly as possible. Failure to maintain a credentialed status with Arizona Foundation can result in contract termination and non-re-pricing of claims.

Providers terminated from Arizona Foundation's network are required to repeat the credentialing process if the Foundation is not notified within six months of the date the provider was terminated and/or the provider's credentialing has expired.

## Provider Relations and Support

Arizona Foundation employees strive to provide impeccable service and client satisfaction. We want to make it easy for you to communicate with us.

The Call Center Provider Unit can assist with issues such as:

- Verification of provider participation/status.
- Assistance on a claim repricing issue.
- General administrative questions.
- Information on a facility or physician contract.

### Contact Provider Relations

Contact us with any questions, comments, concerns, and/or feedback at  
800-624-4277  
providerrelations@azfmc.com

## Helpful Tips

- To check a payment status of a claim or to verify benefits and eligibility, contact the patient's plan administrator; their contact information is located on the back of the patient's ID Card or in the Arizona Foundation's Listing of Plan Administrators located on our Web site.
- To check pre-certification status for groups using Arizona Foundation's Medical Management Services, call Arizona Foundation's Foundation UM unit at 833-291-2519.

One place to find answers to your questions is the Arizona Foundation Web site. Whether you're a first time user or a frequent visitor, you'll find helpful information:

- Administrator Listing (payers/administrators who work with the Foundation)
- Annual Renewal Portal
- Claims Status and Claim Appeal
- Commonly Used Forms
- Custom Directory Builder
- EDI Guide
- Enrollment Search
- NPI Submission
- Provider Communications
- Provider Search

### Commonly Used Forms Available on Our Web site [www.azfmc.com](http://www.azfmc.com)

Fee Schedule Request  
Provider Change Form  
Privacy Notice Form  
General Registration/Claims Status  
Provider Contact Information Form

## Situations That Require Notification

Providers must notify Arizona Foundation, in writing, within five (5) days in the event any of the following occur:

- License to practice medicine in Arizona is lost, restricted or suspended.
- Hospital privileges are lost, restricted or they have been suspended for a cumulative total of 30 days or more for any 12-month period.
- Other situations arising that might materially affect the ability to carry out duties or obligations under this agreement.
- Professional liability insurance is canceled or reduced for any reason.
- Intent to terminate Arizona Foundation membership/contract within 60 day window of December 31 term date.

In addition to the situations listed above, it is a provider's responsibility to notify their patients at least 30 days in advance, of their decision to terminate their Arizona Foundation membership.

If the provider continues to treat their patient who is still enrolled in an Arizona Foundation network plan, the provider will receive payment(s) in accordance with the terms of the maximum reimbursement fee schedule covered by the applicable benefit agreement until the conclusion of the course of treatment, or for thirty (30) days following termination of their contract, whichever comes first. In the event payment or notification of claim status is not received within ninety (90) days after submission of claim(s), the provider has the right to bill the patient for services rendered, accepting the rates as referred to in their contract.

## Notifying Arizona Foundation of Provider or Practice Changes

Providers must notify Arizona Foundation of changes to practice/facility/personnel changes, including addition or deletion of a practice location, Tax ID#, or specialty, etc., by notifying Foundation in writing within 30 days of status change.

Please utilize the Provider Change Form located on the Commonly Used Forms page on the Foundation Web site to submit status changes, and fax to Arizona Provider Relations Team at 602-495-8684.

Claims submitted with dates of service greater than 30 days prior to notification of physician status change could be deemed as an out-of-network and forwarded to the insured's payor for processing.

## Claims Filing

Arizona Foundation can accept claims electronically from providers. In addition to Medicare requirements, Arizona Foundation follows the coding standards described in **UB-04 Manual; Classification of Disease Manual (current ICD-10); current editions of the Physicians Current Procedural Terminology (CPT) Manual and HCFA Common Procedure Coding System (HCPCS) Manual; and/or The First Data Bank Blue Book for Pharmacy Information.** It is Arizona Foundation's policy to re-price all medical claims accurately, and in a timely manner in accordance with CMS guidelines and regulations.

Arizona Foundation strongly encourages providers to submit claims electronically either directly to Arizona Foundation or through a clearinghouse. Electronic submission of claims can reduce payment turnaround cycles. Should you choose to file your claims in paper format, please mail the claim to the claims routing address indicated on the patient's ID card.

A number of administrators have timely filing limits that can affect whether a claim is payable if filed after a designated time frame. Some administrators will not reimburse for claims that fall outside the contract period. For these reasons it is important to file claims promptly. Arizona Foundation advises that claims should be submitted to the Foundation within 90 days from the date of service.

If you need to re-file a corrected claim, please do so in writing within 12 months from the re-pricing date in order to avoid denial due to timely filing limitations. It must be sent directly to the attention of Arizona Foundation's Medical Review Department. Review and adjudication of the claim will be delayed if the claim is sent to the "general" address. If you receive denials on these claims due to untimely filing, please be advised that the patient should not be penalized.

## Helpful Tips for Successful Claims Filing

Following are a few tips that will assist you with the Claims Filing process:

- File all claims in the appropriate current electronic format or on the current CMS/UB approved paper version.
- If filing on paper, make sure your claims are typed or computer generated and that the print is dark and legible.
- Do not staple items to your claims unless absolutely necessary.
- If you have retained the services of a billing company, please make them aware of Arizona Foundation's online Claim Status capabilities.
- When a claim is forwarded to a Third Party Administrator, you must send a copy of the claim generated by your office (CMS 1500 or HCFA) along with Arizona Foundation's re-pricing sheet printed from the Foundation's Web site. Payment will be delayed if the claim does not accompany the re-pricing sheet.

To assist in ensuring your electronic claims are successfully received at Arizona Foundation, please review the following tips:

- Claims without NPI numbers will be rejected. This includes facility claims. If the attending physician NPI is not included on a facility claim, it will be rejected.
- Please use your Tax ID Number when submitting claims. Arizona Foundation does not generate a unique Provider for its members.
- Routinely review your rejection/confirmation report. Your vendor should provide a report, which confirms receipt of your claim transmissions and flags rejections. It is vital that you routinely receive and review this report. If you are not receiving this report, please contact your vendor.
- Claims should contain an employer group number. Arizona Foundation has an edit in place with our vendors, which requires submitters to file a policy number. In order to re-price your electronic claim, we must be able to identify the group. If this segment is blank, your claim will be rejected. Please do not file Self, Unknown, Individual, None, 123456789, or all zeros as this will result in a reject by your vendor.

- Ensure your claim contains complete diagnosis codes carried out to the fifth digit, a valid patient date of birth, and a valid nine-digit SSN/alternate member ID. Please do not submit the patient's group number or name in this segment or include the patient relationship code. This can result in a reject at the payer level.

If you are currently submitting paper claims and want to switch to electronic submission, send a request for information to Arizona Foundation [cedi@azfmc.com](mailto:cedi@azfmc.com) and a representative will e-mail the appropriate information to your office. An additional contact option is to call the EDI Help Line at 602-253-7404. A Foundation representative will work with you on the claims transmission process.

### **Arizona Foundation's Claim Adjustment Policies**

Claims adjustment policies are part of the claims re-pricing process and may impact amounts allowed by the Foundation. Any disallowed amount will appear on your Explanation of Review, which can be viewed and printed on the Arizona Foundation Web site and should be adjusted off the patient's account. Each claim administrator may have their own policies and procedures that may affect the ultimate determination of coverage or benefit.

### **Claims Re-pricing Error Or Disputes**

Arizona Foundation makes every attempt to re-price claim accurately and per contract terms. Stringent system testing and audit processes are conducted when new or revised contract terms are implemented. We advise providers to review re-pricing amounts on their Explanation of Review (EOR), which can be reviewed and printed from the Arizona Foundation Web site, to assure re-pricing is per current contract terms.

If re-pricing discrepancy is noticed, please notify the Foundation as soon as possible through a claim appeal. If a claim dispute is not made within 18 months of the Arizona Foundation re-pricing date, the provider has agreed to accept the negotiated amount and no re-pricing amount or payment adjustment will be made.

### **Claims Appeal**

Arizona Foundation providers can appeal a claim on the Foundation's website at [www.azfmc.com/claimstatus/appeal](http://www.azfmc.com/claimstatus/appeal)

- All fields are required.
- Submit supporting documentation, if applicable, to include operative report, chart notes, diagnostic testing, and/or X-ray reports electronically by clicking on "Browse" to choose the file, and then "Add Attachment."
- Complete the question at the bottom of the page by selecting yes or no to "Will you be sending supporting documentation via fax or mail?"
- Click "Submit." Your request will be sent to the appropriate departments for processing. Please allow 3-5 days before contacting Arizona Foundation to inquire on status.

If you are unable to add attachments, please fax supporting documentation (including the claim appeal confirmation page) to 602-417-2870.

### **Collection Follow-Up**

Arizona Foundation encourages network providers to follow up on outstanding claims instead of re-filing duplicate claims. This may be done by contacting your claim administrator directly by calling the telephone number listed on the patient's identification card. If after following up with the claim administrator, your claim issue is still not resolved, you may contact the Foundation for assistance in resolving the issue.

### **Medical Review**

Medical Policies and Protocols have been established by Arizona Foundation member physicians. Peer Review is the Independent Review Process used to ensure the quality of medical care received and the propriety of the fee charged. Physicians serving all levels of Medical Review must be in private practice where there are the same daily procedures present as in the practice of the physician whose claim is being reviewed. Review of any claim does increase the processing and timely receipt of a claim and requested information from the physician's office is very important.

Arizona Foundation invites participating member physicians to join its Peer Review Committee. For more information on how to participate, contact Arizona Foundation's Provider Relations team at 1-800-624-4277.

## Privacy, HIPAA and the Provider Role

The Health Insurance Portability and Accountability ACT (HIPAA) of 1996 has created many changes in healthcare. Arizona Foundation has implemented numerous safeguards and processes to ensure our compliance with HIPAA.

Arizona Foundation is fully compliant with HIPAA privacy regulations and has numerous precautions and security safeguards in place to ensure the confidentiality of Protected Health Information (PHI). Disclosures of PHI between Arizona Foundation and providers for purposes of treatment, payment, and healthcare operations are permitted under HIPAA. In cases of requests from insureds regarding PHI, Foundation will refer the inquirer to the originator of the PHI (i.e., the claim administrator or the provider).

The HIPAA Privacy Rule requires authorization or waiver of authorization for the use or disclosure of identifiable health information. The authorization must indicate if the health information used or disclosed is existing information and/or new information that will be created. An authorization must include the following specific elements:

- a description of what will be used and disclosed and for what purposes
- a description of any information that will not be disclosed, if applicable
- a list of who will disclose the information and to whom it will be disclosed
- an expiration date of the disclosure; a statement that the authorization can be revoked
- a statement that disclosed information may be re-disclosed and no longer protected
- a statement that if the individual does not provide an authorization, s/he may not be able to receive the intended treatment
- the subjects signature and date

Arizona Foundation offers physicians the convenience of filling out and printing the "Authorization for Use or Disclosure of Printed Health Information" form online at [www.azfmc.com/commonly-used-forms](http://www.azfmc.com/commonly-used-forms). Please complete, print, sign, and return to us. Should you have any questions, please contact the Call Center Provider Unit at 800-624-4277.