

PROVIDER NEWSLETTER



SUMMER 2016



June 24, 2016

Re: Health Choice Insurance Co. individual product withdrawal from Federally-Facilitated Marketplace, effective December 31, 2016

Dear Health Choice Insurance Co. Healthcare providers:

Effective December 31, 2016, Health Choice Insurance Co. will no longer offer insurance plans in Arizona on the Federally-Facilitated Marketplace. Existing Health Choice Insurance Co. policies will be honored through the end of 2016, and all appropriate billed claims for contracted services rendered through December 31, 2016 will be processed as required per participating provider agreements and applicable law.

Please note, these actions only affect Health Choice Insurance Co. Marketplace plans; they in no way affect Health Choice's Medicaid, Medicare and integrate behavioral health plans (Health Choice Arizona, Health Choice Generations, and Health Choice Integrated Care). We appreciate your continued participation in serving these plan members now and in the future.

For your reference, we have attached an FAQ document that will be provided to all existing Health Choice Insurance Co. members.

We deeply respect our partnership with you, and appreciate the care you deliver to our patients. Should you have any questions, please call your provider services representative or Pat Hansen, our Vice President of Network Services, at 480-350-2204.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Uchrin".

Mike Uchrin
Chief Executive Officer

MEDICAL DIRECTOR'S CORNER:

A DOCTOR'S PERSPECTIVE ON PRIOR AUTHORIZATION

Dear Healthcare Professionals,

After 45 years of private practice, I'm aware of working with the PA process from the standpoint of a busy clinician. Although it may seem an unnecessary hurdle, it is an integral part of modern medicine and one of the foundations upon which quality metrics are based.

Now that I'm on the other side of the fence making decisions about approving or denying your requests, I find that the process is quite simple and has to do with the importance of DOCUMENTATION. The electronic medical record may have its own challenges, but the key elements needed for the procedural authorization are unchanged from what you learned in medical school:

1. Assessment of the patient's problems
2. Discussion of treatment options
3. Documentation of all pertinent test results
4. Plan of action
5. Appropriate coding of diagnoses and services requested

Keeping these elements in mind in all of your documentation will make the PA process flow smoothly and will facilitate the approval process. This is, after all, what we owe our patients if we want to practice quality medicine.

Ruben S. Valdez, MD
Medical Director,
Health Choice Insurance Co. ■



RISK ADJUSTMENT UPDATES

Are you taking full advantage of wellness visits with your patients? Marketplace Preventative Care Wellness Visits are an opportunity for you to engage in the following with our members:

- Health promotion
- Disease detection
- Chronic disease management
- Coordination of screening and preventative services

If preventative and diagnostic services occur during the same visit Please follow CPT coding guidelines.

According to CPT coding guidelines, the appropriate E/M service and Modifier should be reported in combination with the preventive E/M service code if:

- An abnormality is encountered
- A preexisting problem is managed while performing the preventive medicine evaluation
- The problem/abnormality is significant enough to require additional work to perform the key components of a problem oriented E/M service

TIP:

An insignificant or trivial problem/abnormality that is encountered in the process of performing the preventive medicine evaluation and which does not require additional work and the performance of the key components of a problem-oriented E/M service should not be reported. ■



KNOW YOUR SPECIALIST NETWORK

Did you know that specialists must also be in-network?

When you refer a member to a specialist, that specialist must be in-network. Services offered by the specialist may require Prior Authorization. Please refer to the PA Grid to see which services require a Prior Authorization by visiting <http://goo.gl/onyzue>. Referrals can be faxed to 1-855-432-2494 or 480-800-6703.

The following specialists do not require a Referral:

- Pediatrician designated as your child's PCP
- OB/GYN provider for female members
- Chiropractor for the first twenty (20) visits in a calendar year
- Dentists for basic treatments as described in the pediatric dental rider

Information on a provider's status as a network provider can be found on the online Provider Directory at www.healthchoiceessential.com/MyProvider or by contacting your network representative. ■

HEALTH CHOICE INSURANCE CO. PLAN DISCONTINUATION FAQs

Q: Will Health Choice Insurance Co. plans be available in 2017?

A: Health Choice Insurance Co. will not offer plans in 2017. Existing policies will be honored through December 31, 2016, and all provider claims for covered services rendered on or before that date will be processed.

Q: How will this affect current insurance coverage?

A: After December 31, 2016, Health Choice Insurance Co. member benefits are no longer active. We encourage Health Choice Insurance Co. members to find coverage for January 1, 2017 forward. To avoid gaps in coverage, existing members should enroll in a new plan between November 1, 2016 and December 15, 2016. Existing members can shop for a new plan by working with a broker or navigator, by calling the Marketplace at 1.800.318.2596, or by visiting www.healthcare.gov.

Q: Will this change Health Choice Insurance Co. member premiums?

A: Health Choice Insurance Co. member premiums will not change through December 31, 2016. Premiums charged by new insurers selected by former plan members for 2017 may vary from those that were charged by Health Choice Insurance Co.

Q: Do members need to continue to pay Health Choice Insurance Co.?

A: Yes. Members should continue to pay insurance premiums through the policy period in order to keep their policy active. Members who do not pay their premiums may be subject to penalty for any month they go without coverage. For information about coverage and penalties, visit www.healthcare.gov/fees/fee-for-not-being-covered/.

Q: Will current Health Choice Insurance Co. plan benefits change?

A: No, there will be no change in current plan structure through December 31, 2016. After December 31, 2016, Health Choice Insurance Co. member benefits will cease.

Q: Can current Health Choice Insurance Co. members enroll in a new policy immediately?

A: Health Choice Insurance Co. members can enroll in a new plan during Open Enrollment, which begins on November 1, 2016. To avoid gaps in coverage, a new policy with a January 1, 2017 effective date should be secured by December 15, 2016.

Q: Who can Health Choice Insurance Co. members and providers call for more information?

A: Please call Health Choice Insurance Co.'s member services number at 855-452-4242 (TTY: 711) if you have any questions.

HEALTH CHOICE ESSENTIAL AND HEALTH CHOICE VALUE NETWORKS

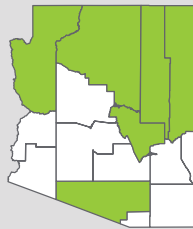
Health Choice Essential and Health Choice Value plans both offer members high quality, efficient healthcare services, but may benefit members and providers differently.



HEALTH CHOICE ESSENTIAL PLANS

Health Choice Essential plans have a broad group of physicians, hospitals and other healthcare professionals contracted with Health Choice Insurance Co. to provide healthcare services to our members. Health Choice Essential plans are available through the Marketplace and have a provider network covering six counties throughout the state of Arizona, all meeting the ACA and State of Arizona network standards.

Health Choice Insurance Co. Essential Plans serve in the following counties:

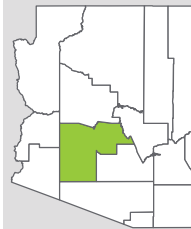


- Gila
- Pima
- Apache
- Coconino
- Mohave
- Navajo

HEALTH CHOICE VALUE PLANS

The Health Choice Value plans are low cost plans leveraging a narrower network by utilizing the Health Choice Preferred network of physicians, IASIS hospitals and other healthcare professionals in Maricopa County. The Health Choice Value network meets the ACA and State of Arizona network standards.

Health Choice Insurance Co. Value Plans serve the following county:



- Maricopa ■

CALL FOR PROVIDER DIRECTORY UPDATES

Has any of your information changed? We like to keep our records up to date. Please contact your network representative or fax 480-760-4952 if you have changes to your roster, address, fax or phone number. ■