Banner
University Health Plans

www.BannerUHP.com
(800) 582-8686, TTY 711
Fax (520) 874-5555

Provider Update

May 2024

In this issue:

Banner|Aetna Update – Care Advocate Team

- Banner|Aetna promotes the Care Advocate Team to members with complex or chronic conditions. (pg. 2)

CHC Update

- Reference information for Payer IDs, provider manuals and the no-fee Zelis option. (pg. 3)

Physical Health Best Practice Guidelines

- Guidelines are member-centric, population-outcome based with a focus on quality improvement. (pg. 4)

Banner Plans & Networks for Behavioral Health Providers

- Review the guidelines for Banner Plans & Networks oversight for behavioral health contracts. (pg. 4)

Quality Management Audits

- Medical record compliance audits and best practice audits are health plan requirements. (pg. 6)

CLAS Standards Help Achieve Health Equity

- Banner Health Plans is your partner in meeting culturally and linguistically appropriate services (CLAS) standards for the members you serve. (pg. 7)

Adult System of Care

- Coordination of care and discharge process for inpatient hospitalization. (pg. 7)

Integrated System of Care

- Empowering Parents to Prevent Opioid/Fentanyl Misuse Among Children (pg. 8)

Office of Individual and Family Affairs

- Consumer Operated Service as a Complement to Clinical Services. (pg. 9)

Children's System of Care

- AMPM Updates (pg. 10)
- Appropriate Use of Respite Services for Children and Adults (pg. 11)
- Intensive Outpatient Services Reminders for Children and Adults (pg. 11)
- Banner UFC Establishing LGBTQ+ Health Equity Centers for Excellence for Children and Adults (pg. 11)
- CALOCUS Reminders (pg. 12)
- Autism Spectrum Disorder (ASD) Café Event (pg. 12)

Provider Manual Update

- B-UHP Medicaid Provider Manual updates effective May 10, 2024. (pg. 12)

AHCCCS Updates

- 2024 Arizona Healthcare Workforce Goals and Metrics Assessment. (pg. 13)

Provider Services & Support

- Pharmacy Prior Authorization Guides (pg. 13)
- Appointment Availability Standards (pg. 14)
- Model of Care (pg. 14)
- Arizona Disability Benefits 101 (DB101) (pg. 14)
- B-UHP Health Equity (pg. 15)

Risk Adjustment

- Risk Adjustment Update: Asthma and COPD (pg. 15)

News of Note

- Review users – BHN web portal or eServices – with access in your office. (pg. 17)

Compliance Corner

- Ransomware and Protections (pg. 17)

Banner|Aetna Update – Care Advocate Team

In partnership with Banner|Aetna, Banner Health's Digital Health Engagement team is launching an email campaign to inform Sofia about the Care Advocate Team (CAT) program. This program helps members with *complex or chronic conditions* to achieve their health goals with the help of

a multidisciplinary support team and to connect Sofia to more of her insurance plan based benefits.

The email campaign launched on **May 7, 2024,** inviting qualifying Sofias to visit Care Advocate Team program page to explore enrollment. This invitation is designed to help communicate the CAT benefit in a tailored manner offering a complementary pathway to the current telephone outreach process.

Benefits

- Empower and inspire them to meet their personal health goals
- Help them navigate the health care system
- Find services or programs that may improve their health
- Identify barriers to care and ways to address them
- Give them information about effective and affordable treatments

At Banner|Aetna, the focus is helping our members achieve their health goals at every stage of life, no matter where they start out on their wellness journey. Members with complex or chronic conditions, can count on Banner|Aetna for extra support along the way.

CHC Outage

As a reminder, below is a quick reference of payer IDs for plans where Banner pays claims. You may need this information as you explore clearinghouse options.

HMO #	Plan Name	Electronic Payer ID
21	BMA-P Plus	84324
20	BMA-H Prime	84323
13	BMA DSNP	9830
7	BUFC-ACC	9830
18	BUFC-ALTCS	66901
19	UHC AARPMA	12X42

Provider Manuals

The most current information payer information can be found in the Provider Manual for each plan. We encourage you to note the links below for future reference:

ACC and ALTCS Plans

https://www.banneruhp.com/materials-and-services/provider-manuals-and-directories#Provider-Manuals

BMA and BMAD Plans

https://www.bannerhealth.com/medicare/providers/provider-manual

UHCMA – you must logon to view this provider manual.
https://www.bannerhealthnetwork.com/

Banner-sponsored no-fee Zelis option

Even if you have a Zelis account, Banner is funding a no-fee ePayment option. If you have not signed up for this no-fee option, visit https://bannerplan.epayment.center and click **Sign Up**

Now. You can also call the Zelis ePayment center at 855-774-4392 or email any questions you have to help@epayment.center.

Physical Health Best Practice Guidelines

Banner – University Health Plans (B-UHP) has devised a set of **Physical Health Best Practice Guidelines** founded in the most current evidence-based literature; the guidelines are member-centric, population-outcome based and focused on quality improvement. Primary care physicians, specialists and other health care providers are expected to utilize these Best Practice Guidelines to achieve excellence in patient care and service delivery. These guidelines will be disseminated widely, and their implementation will be monitored on an ongoing basis. We have recently discussed Obesity including screening, diagnosis, and treatment options. Guidelines from the American College of Cardiology/American Heart Association/The Obesity Society and from the American Association of Clinical Endocrinologists/American College of Endocrinology were utilized.

Additional information and resources on best practice guidelines are available on the Medical Necessity Criteria & Clinical Practice Guidelines webpage: https://www.banneruhp.com/resources/clinical-practice-guidelines.

We welcome any feedback regarding the adoption of the Obesity Guidelines for B-UHP. Feel free share any questions or concerns with Medical Director, Sheena Sharma, MD at sheena.sharma@bannerhealth.com with any questions or concerns.

Banner Plans & Networks for Behavioral Health Providers

Banner Plans & Networks **does** oversee and create Behavioral Health Contracts for the following lines of business:

- Banner Plans and Networks

Medicaid

- Banner – University Family Care – AHCCCS Complete Care (B-UFC-ACC)
- Banner – University Family Care – Arizona Long Term Care System (B-UFC-ALTCS)

Medicare Advantage Products

- Banner Medicare Advantage Prime (HMO)
- Banner Medicare Advantage Plus (PPO)

Medicare Advantage Dual Eligible

- Banner – University Care Advantage – Special Needs Plan (B-UCA MA-SNP)

*For other plans where you hold a direct contract, please reach out to the plans directly for their behavioral health information.

Banner Plans &Networks does **NOT** oversee and/or create Behavioral Health Contracts for the following the following lines of business:

Commercial

- Banner|Aetna Narrow Network
- Cigna CAC Program
- United Healthcare
- Blue Cross and Blue Shield of Arizona, INC

Medicaid

- United Community and State

Medicare Advantage Products

- AARP United Medicare Complete
- Aetna Medicare
- Blue Medicare Advantage
- Humana Attribution
- United Healthcare Medicare and Retiree (MR) PPO

Medicare Advantage Dual Eligible

- United Community and State

*All contract requests for behavioral health must be submitted directly to the health plans listed above.

New Requests to be added to Banner Plans & Networks

Follow the steps below for consideration to join BPN:

- Complete Provider Interest Form – https://tinyurl.com/4ftj6tks
- Must include a summary description of programs, including target populations and age categories, specific models of care/therapies used, along with frequency of programming treatment and complete Mental Health Form for each location.
    - Behavioral Health Program and MH Tech Form Questionnaire - https://tinyurl.com/hpf9asca
- Current and recently signed W9
- Current certificate of insurance for facility and/or practitioner(s)
- All appropriate AzAHP Forms must include current licensure and/or certifications
    - Organization/Facility - https://tinyurl.com/k3ha8s54
    - Practitioner - https://tinyurl.com/y38mmcax

Note: Any missing items will delay review and vetting of the request to be added to the network.

Behavioral Health Contract after Execution

- Once a contract is executed, your Care Transformation Specialist (CTS) or Consultant (CTC) will be your single point of contact, with the exception of the following:
    - Addition of another site
    - Change of Ownership
    - Provider Acquisitions
    - Detailed questions regarding your behavioral health contract questions

- Banner Plans & Networks, Behavioral Health Contract Contacts:
    - Banner Plans & Networks Contract Mailbox: BPAProviderContracting@bannerhealth.com
    - Naomi Vega, Provider Contract Consultant, Naomi.Vega@bannerhealth.com
    - Teri Krantz, Associate Director of Contracting, Teri.Krantz@bannerhealth.com

Quality Management Audits

Behavioral Health Clinical Chart Audit (BHCCA) and Best Practice Fidelity Audit

Health plans are required to conduct medical record compliance audits of behavioral health outpatient clinics, outpatient integrated clinics and behavioral health residential facilities. (The requirements can be found in the AHCCCS Medical Policy Manual Chapter 900, Policy 910 and 940.)

Alongside the BHCCA, a best practice audit will be conducted. This is to evaluate provider service delivery against the American Psychological Association's (APA) guidelines for depression treatment. The results from this audit will also be used to identify any service areas that may need alignment with current APA standards.

The Audit Process: What to Expect and How to Prepare

Medical record reviews will be conducted remotely utilizing a provider's electronic medical record (EMR) where applicable to further lessen provider burden. Please designate a staff member to assist with EMR setup one week prior to the audit to work out any issues that could cause any delays.

A Banner – University Family Care (B-UFC) quality management representative will notify you of their scheduled audit at least 2 weeks prior to the start date either by secure encrypted email or letter. Audit notification, at a minimum, will include the following information:

- Start and End Date of the Audit
- Sample and Over Sample List if applicable
- AHCCCS Audit Tools & Operational Definitions applicable to the Audit Sample
- Audit Review Period

Medical record audit data will be recorded daily by the assigned B-UFC quality management representative. The audit will take approximately 1-2 weeks to complete. We would appreciate it if you could designate a point of contact to answer the QM representative's questions or requests during the audit.

An exit interview will be conducted by the assigned QM representative at the end of the scheduled provider audit to discuss areas of strength and refinement. Technical assistance will be provided for any of the individual standards of the audit tool(s) that did not meet the minimum performance standard (MPS) of 85%.

A summary of the technical assistance provided will be sent by secure encrypted email to your office at the end of your exit interview. Final audit results will be sent within 30 days of the exit interview to ensure all data entered is accurate.

We appreciate your collaboration with these upcoming audits in advance. If you have any questions regarding the audit, please contact Jennifer.Gallegos@bannerhealth.com.

CLAS Standards Help Achieve Health Equity

Culturally and linguistically appropriate services (CLAS) are a way to improve the quality of services provided to all individuals, which ultimately helps reduce health disparities and achieve health equity. Health inequities in our nation are well documented. Providing CLAS is one strategy to help eliminate health inequities; providing health services that are respectful of and responsive to the health beliefs, practices and needs of all our members can help close the gaps in health outcomes.

Banner Health Plans is your partner in meeting CLAS Standards for our members that you serve. As your partner, we provide resources to help you meet the culture and language needs of our members. Below is a quick reference for the resources available to help with our members' interpretation and translation needs.

B-UHP Health Plan	**Customer Care Phone Number**	**TTY Line**
Banner – University Family Care/ACC	800-582-8686	711
Banner – University Family Care/ALTCS	833-318-4146	711
Banner – Medicare Advantage Dual (BUCA)	877-874-3930	711
Hearing Impaired Interpreter Services	**Contact Information**	**TTY Line**
Valley Center of the Deaf and Blind	602-267-1921	711
Community Outreach Program for the Deaf	520-792-1906	711
Americans with Disabilities Act (ADA)	**ADA Information Line**	**TTY Line**
For information and technical assistance about the Americans with Disabilities Act (ADA), contact the ADA Information Line	800-514-0301 (voice)	800-514-0383

Adult System of Care

Coordination of care and discharge process for inpatient hospitalization

As part of our commitment to providing comprehensive and effective care for our members, the Adult System of Care Team (ASOC) wants to emphasize the importance of coordinating care while members are inpatient.

Here are a few reminders:

- Discharge planning starts day of admission/notification
- Communicate with the member (they need to be included in DC plan and any changes to ISP)
- Coordinate with the inpatient team

- Coordinate with BUHP staff (Discharge Coordinators, Care Managers, and OIFA Member Advocate) as needed
- Complete ART staffing to discuss discharge planning (include all involved stakeholders, parties, natural supports, and anyone member wants involved)
- Submit referrals for services/treatment
- Members need a discharge follow up appointment within 7 days of discharge

If you have any further questions, please reach out to the Adult System of Care team at ASOC@bannerhealth.com.

Integrated System of Care

Empowering Parents to Prevent Opioid/Fentanyl Misuse Among Children

As advocates for the health and well-being of our community, we recognize the importance of addressing the critical issue of opioid and Fentanyl misuse among children. As part of our ongoing commitment to supporting families, we aim to empower you with resources and strategies to educate parents about the dangers of opioid misuse and equip them with tools to prevent such occurrences.

In our role as health care providers, we play a pivotal role in educating parents about the risks associated with opioid and Fentanyl misuse among children. Through Social Media Awareness, we can educate parents about the signs of opioid/Fentanyl misuse on social media platforms, highlighting the risks associated with online purchases and peer networks, and emphasizing the need for vigilance in monitoring children's online activities.

By familiarizing parents with identifying the warning signs within physical and behavioral indicators of opioid/Fentanyl use, such as changes in pupil size, altered respiratory rate, and withdrawal from social activities, we empower them to recognize potential warning signs early on.

Prevention Strategies are key in promoting the importance of awareness among parents and youth about the dangers of opioid/Fentanyl misuse. Additionally, we provide guidance on fostering open communication with children, setting boundaries, and establishing safety plans to prevent exposure to risky situations.

Recognizing Paraphernalia is essential. Equipping parents with knowledge about common drug paraphernalia associated with opioid use enables them to identify potential signs of substance misuse and take proactive measures to address the issue.

Compassionate Intervention is crucial in addressing substance misuse. We emphasize the significance of approaching conversations about substance use with empathy and understanding. Encouraging parents to initiate open dialogue with their children and providing resources for seeking help and support are essential components of compassionate intervention.

As part of our commitment to supporting families in our community, we provide access to resources such as overdose reversal training, naloxone distribution programs, and information on harm reduction strategies. These resources aim to empower parents and healthcare providers alike in their efforts to prevent opioid/Fentanyl misuse among children.

By working together to educate, support, and advocate for the health and safety of our children, we can make a meaningful impact in preventing opioid and Fentanyl misuse. We remain

dedicated to empowering providers and families in fostering a community where children can thrive in drug-free environments.

Resources:

- https://www.bannerhealth.com/services/poison-drug-information/opioid-assistance
- https://spwaz.org

Office of Individual and Family Affairs (OIFA)

Consumer Operated Service as a Complement to Clinical Services

Consumer Operated Service Programs (COSPs) provide vital, important resources and are an important part of our Banner - University Family Care (B – UFC) contracted provider network. They are peer-run service programs owned, administratively controlled and operated by mental health consumers. Emphasizing self-help as their operational approach, COSPs serve four recognized basic functions: mutual support, community building, providing services, and advocacy. They value choice, reciprocity and mutuality in relationships, voluntary participation, interactive decision making, peer support through relationships and informal and structured interactions, and meaningful roles and opportunities for everyone.

The type of support provided at these programs can vary and often depends on a variety of factors, including the needs of the community the program is located in. Services could include peer support, assistance with basic needs and benefits, social and recreational opportunities, warm lines, information and education, and support and assistance facilitating transitions across levels of care, to name a few.

It is important to emphasize the key role COSPs play in supporting our B – UFC members. They do this by supporting individuals to see what is possible for themselves, showing that recovery is real and possible, and collaborating with other mental health service providers to complement more traditional and clinical services. COSP services are valuable for their ability to increase the use of outpatient services, like therapy or case management, to improve an individual or family's quality of life, and promote ongoing community support, which in turn fosters recovery.

All AHCCCS members should be regularly educated about the choice to participate in COSPs to promote and support recovery outcomes in partnership with more clinical services.

Below is a current list of COSPs/PFRO's in our B – UFC network:

Peer Run Organizations (PRO):

Recovery Empowerment Network Phoenix https://renaz.org/ 602-248-0368	***Center for Health and Recovery (CHR)*** Phoenix https://azchr.org/ 602-246-7601	***Coyote TaskForce – Our Place Clubhouse /Café 54 and Truck 54*** Tucson https://www.ourplaceclubhouse.org/ 520-884-5553
Helping Ourselves Pursue Enrichment (HOPE), Inc. Tucson, Yuma, Apache Junction , Sierra Vista, Douglas, Safford, Nogales https://hopearizona.org/ 520-770-1197	***Northern Arizona Consumers Advancing Recovery by Empowerment (NAZCARE)*** Prescott, Benson, Globe, Show Low, Bullhead City, Kingman, Eagar, Parker, Yuma, Casa Grande, Apache Junction, Cottonwood https://www.nazcare.org/ 928.442.9205	***Transitional Living Center Recovery*** (TLCR) Yuma, Casa Grande https://www.tlcrecoveryaz.com/ 928-261-8668

Stand Together and Recover (STAR) Centers Avondale, Phoenix, Mesa https://www.thestarcenters.org/ 602-231-0071	***Hope Lives/Vive La Esperanza*** Phoenix, Flagstaff https://www.hopelivesaz.org/ .855-747-.6522	***Avant Recovery*** Tucson https://avantrecovery.com/ 415-652-1594

Family Run Organizations (FRO):

Caring Connections for Special Needs (Benson, Sierra Vista, Payson, Douglas, Safford, and Tucson) www.ccsneeds.com 520-686-9436	**Mentally Ill Kids In Distress (MIKID)** (Phoenix, Tucson, Yuma, Casa Grande, Kingman, Nogales) www.mikid.org 602-253-1240
Family Involvement Center (FIC) (Phoenix, Prescott, Flagstaff, and Tucson) www.familyinvolvementcenter.org 602-288-0155	**Raising Special Kids** (Statewide) www.raisingspecialkids.org 800-237-3007
Reach Family Services/Alcanza Servicios de Familila (Phoenix) www.reachfs.org 602-512-9000	

If you have additional questions regarding how to connect the members you serve to a Consumer Operated Service Program (COSP) please contact the B – UFC OIFA Team at oifateam@bannerhealth.com.

Children's System of Care

AMPM Updates

AHCCCS is in the process of renumbering several AMPM policies that pertain to the Children's System of Care. For example, AHCCCS revised AMPM 220 and it is now AMPM 580 Child and Family Team. The attachments listed under AMPM 580 include: Attachment A - Strengths, Needs, and Culture Discovery Domains, Attachment B – CALOCUS Implementation Guidelines for CFT Practice Nine Essential Activities, Attachment C – Child and Family Supervision Tool, and Attachment D – Arizona Child and Family Teams Supervision Tool User's Guide.

Providers should take time to review updates and changes to policy language. AMPM 580 establishes the foundations of Child and Family Team Practices, addresses the complex needs for children and families, provides information about the CALOCUS. Changes included revisions to terminology to be consistent with other policies, increasing clarity, and removing duplicative language.

New Policy Number	Policy Name
AMPM 570	Provider Case Management
AMPM 580	Child and Family Team
AMPM 581	Working with Birth Through 5
AMPM 582	Support and Rehabilitation Services for Children
AMPM 583	Family Involvement in the Children's Behavioral Health System
AMPM 584	Youth Involvement in Childrens BH Health System
AMPM 585	Unique Needs of Children, Youth and Families
AMPM 586	Childrens out of Home Services

AMPM 587	Transition to Adulthood
AMPM 590	Behavioral Health Crisis Services

Appropriate Use of Respite Services for Children and Adults

Unskilled Respite is an AHCCCS covered service that provides families or caretakers an opportunity to rest and can support treatment or other services. Unskilled respite care (respite) is short term behavioral health service that provides intervals of **rest or relief to a family member or other individual caring** for the member receiving behavioral health services. Respite services are limited to 600 hours per year (October 1 through September 30) per person and are inclusive of both behavioral health and ALTCS respite care. Respite services may be provided in a variety of settings including, but not limited to, locations specified in AMPM 310B and 1250 D.

Providers should reference AMPM 310B (ACC and ALTCS) and AMPM 1250D (ALTCS) for the full scope of AHCCS requirements for respite services.

Intensive Outpatient Services Reminders for Children and Adults

Providers billing S9480 for intensive outpatient psychiatric services must meet the minimum requirements as described below:

- Treatment shall consist of a minimum of 9 hours of service per week, a minimum of 3 hours per day, conducted on at least 2 days and shall include, but is not limited to the following:
    - 1 session with the members treating Psychiatric Provider (Behavioral Health Medical Practitioner-BHMP) per week, and
    - 1-3 individual counseling sessions with a BHP, no less than 50 minutes in duration, per week, and iii. 2 group counseling sessions, no less than 50 minutes in duration, per week.
- A BHMP shall be available on-site at least 80% of the time during IOP Program operation, and
- BHP Caseloads shall not exceed 16 active members, and
- Group sessions shall include no more than 8 members and be facilitated by a BHP, and
- Intensive outpatient psychiatric services focused on the treatment of substance use and co-occurring disorders shall be consistent with the American Society of Addiction Medicine (ASAM) Criteria (3rd edition) level 2.1.

Providers should reference AMPM 310B (ACC and ALTCS) and AMPM 1250D (ALTCS) for the full scope of AHCCCS requirements for intensive outpatient programs.

Banner UFC Establishing LGBTQ+ Health Equity Centers of Excellence for Children and Adults

Starting in June 2024, Banner will begin the selection process to designate Centers of Excellence in LGBTQ+ Health Equity. Banner University Family Care seeks to recognize providers who provide quality care to LGBTQ+ members through their clinical practices, policies, processes, and staff training. Adopting clinical practices, that actively seek to address inadequacies and build healthcare environments that meet individuals as they are, is critical to addressing

inequity. Small changes can make a major impact on the member's experience and health outcomes.

The LGBTQIA+ Center of Excellence Criteria identifies the minimum requirements an agency needs to meet to be considered for a Center of Excellence designation. If your agency is interested in reviewing the criteria or applying for the designation, please send an email to CSOC@bannerhealth.com.

CALOCUS Reminders
AHCCCS registered provider types include 77, C2, IC, and 29 are required to conduct the CALOCUS, if needed. This means:

- At least one staff person has completed the required training through Deerfield *and*
- The provider has access to the Deerfield portal,
- The provider completes CALOCUS in the portal or a Deerfield approved integrated Electronic Health Record (HER).

If a child scores 4, 5, or 6 the child **MUST** be assigned a High Needs Case Manager (HNCM). Providers can access the AHCCCS CALOCUS FAQ (https://tinyurl.com/2wjr22yf).

For more information about the AHCCCS requirements for the CALOCUS refer to AMPM 580 or contact the Banner Children's System of Care Team at CSOC@BannerHealth.com.

Autism Spectrum Disorder (ASD) Café Event: *Come Have a Seat at the Table!*
We need your help to share this opportunity with families, caregivers, and local professionals! This event is open to EVERYONE, and you do not need to be enrolled with Banner - University Family Care (B-UFC) to participate. There will be three ASD Café Events:

- Yuma County Wednesday, June 12, 2024
- Pima County Monday, June 17, 2024
- Maricopa County Monday, June 24, 2024

This is a time for families, caregivers, and professionals to meet and discuss the following:

- Share thoughts about autism support.
- Discuss the cultural experiences of individuals with an Autism diagnosis.
- Talk about opportunities for best outcomes.
- Listen and learn from others.

Registration is required. If you are interested in attending as a professional or work with families that would like to participate, please use the attached link for registration: https://forms.office.com/r/y48u8XPCfp.

If you have any additional questions, please email CSOC@bannerhealth.com.

Provider Manual Updates

Updates to the B-UHP Medicaid Provider Manual have been made and will be effective **May 10, 2024.**

Reminder: These updates can be found on BannerUHP.com under the Banner—University Family Care (ACC and ALTCS) Provider Manual.

Key updates and changes:

- Zelis information added under Explanation of Benefits (EOBs)
- Updates to the Court Ordered Programs & Processes, Title 36 Court Ordered Evaluation (COE) and Court Ordered Treatment (COT)

AHCCCS Updates

2024 Arizona Healthcare Workforce Goals and Metrics Assessment

The Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA) is a statewide data collection tool used to help the Arizona Network by gathering information, analyzing data and assessing the current and future needs of the workforce. The result of this process gives insight for future workforce development resources, highlights where support is needed and assists with the prioritization of initiatives/projects across the network.

The AHWGMA is a collaborative effort initiated by the Arizona Workforce Development (WFD) Coalition, which includes Workforce Development Administrators from all 9 Arizona Managed Care Organizations (MCOs). Together the Coalition ensures initiatives across the state of Arizona align with all respective lines of business (ACC, ALTCS, DD, DCS, CHP, DES/DDD, RBHA).

Release: April 16, 2024

Close: May 31, 2024

Link to Form: https://form.jotform.com/233533644363153

Contractually Required: YES (see your contracted Health Plans Provider Manual)

*For questions regarding the Workforce Development requirements under DDD, please contact the Workforce Development at dddworkforcedevelopment@azdes.gov.

- List of required Provider Types: https://shorturl.at/cvyV8
- List of the 2024 AHWGMA Questions: https://tinyurl.com/2zb7rvym
- Webinar Presentation: https://tinyurl.com/2ejjj7ja
- AHWGMA FAQ: https://tinyurl.com/5n8hx3mb

If you have questions or would like more information, please contact the AZWFD Coalition at workforce@azahp.org.

Provider Services & Support

Pharmacy Prior Authorization Guides

The Pharmacy Prior Authorization Guides for Banner Medicare, Banner Medicaid, and UHC MA have been updated and go into effect May 15, 2024.

Point of clarification for Banner Medicaid Pharmacy Prior Authorization Grid: Avastin ophthalmic is a compounded product and can be billed under J9035 Avastin or J7999 compounded medications. Compounded ophthalmic Avastin does not require prior authorization.

Appointment Availability Standards

The Appointment Availability Standards are important to ensure Medicaid and Medicare members receive timely access to care. It is important to share these requirements with your scheduling team and office staff. You can find the applicable Appointment Availability Standards in the Provider Manuals:

- ACC and ALTCS: Banner University Family Care Provider Manual
- BMA-Dual: Banner Medicare Advantage Provider Manual

We would also like you to be aware that participation in the telephone surveys is required and conducted on a semi-annual basis by Contact One. Contact One is the vendor used to complete the surveys, who will identify themselves when calling your office.

If you have any questions, please reach out to your Care Transformation Consultant or Specialist.

Model of Care

Model of Care Training and attestation is required annually every calendar year. We strongly encourage you to complete the training and submit the attestation as soon as possible! By doing so, you will be better equipped to implement the content and incorporate the requirement into the care you provide. All new providers joining your group should attest within 60 days of hire.

Contracted providers, Subcontractors, and Non-participating providers with **Banner Medicare Advantage - Dual** are required to complete the Model of Care Annual Training and submit the Attestation per CMS.

This training and attestation take a minimal amount of time to complete (approximately 20 minutes).

Instructions:

1. Review the **training content** located here: https://tinyurl.com/36t5dpvd https://www.banneruhp.com/-/media/files/project/uahp/provider-trainings/moc/prov-bma_model-of-care-education_v2_cy24_en.ashx?la=en
2. Complete the **Annual Attestation**: https://bannerhealth.formstack.com/forms/moc_attestations
3. When completing your online attestation, please ensure you are documenting each practitioner's individual NPI on the attestation form.

Arizona Disability Benefits 101 (DB101)

Do you know a member who is hesitant to work because they fear they will lose their benefits?

AZ DB101 is an online tool that assists our members in making informed choices about working while receiving benefits. It can also help you as a provider to get the most accurate information possible. On one website members can

- understand how working impacts benefits

- learn about programs that can help them to work
- understand different health coverage and education options

Visit https://az.db101.org today! All provider employment staff should be creating profiles, aiding members in creating their own account, completing estimator sessions with members, and using that information to help members access the different AHCCCS and/or Social Security Work Incentives.

AZ DB101 for Professionals Trainings are free and available throughout the year. For more information and/or training on using DB101 please contact Sara Hernandez sara.hernadnez@bannerhealth.com or visit https://wid.org.

B-UHP Health Equity

Banner Health has added Health Equity Information and Resources to our Provider websites:

- Medicare
  - Medicare 101: https://www.bannerhealth.com/medicare/health-wellness/topics/health-equity
  - Banner Medicare Advantage: https://www.bannerhealth.com/medicare/advantage/members/health-equity
  - Banner Medicare Providers: https://www.bannerhealth.com/medicare/providers/health-equity
- Medicaid
  - Medicaid 101: https://www.bannerhealth.com/medicaid/health-wellness/topics/health-equity
  - Medicaid Providers: https://www.banneruhp.com/about-us/health-equity

Risk Adjustment

Risk Adjustment Update: Asthma and COPD

Severe asthma – New to the HCC Model with V28

The Centers for Medicare and Medicaid Services (CMS) released significant changes to the risk adjustment model with the V28 HCC Risk Adjustment model. New to the model in 2024 are three diagnosis codes for severe persistent asthma:

ICD-10	Description	HCC Category
J45.50	Severe persistent asthma, uncomplicated	279
J45.51	Severe persistent asthma with (acute) exacerbation	279
J45.52	Severe persistent asthma with status asthmaticus	279

There are three distinct levels of severity for persistent asthma:

Mild	Symptoms may occur more than twice a week, yet not daily. Symptoms are easily controlled with one rescue inhaler.
Moderate	Symptoms may occur daily and are often controlled with two medications. A rescue inhaler may be needed daily. The patient may awaken with asthma symptoms more than once a week, yet not daily.

Severe	Symptoms occur daily. Treatment with two or more medications does not always control the symptoms. Rescue inhaler may be needed several times a day. The patient may experience nightly asthma attacks that wake them up.

Mild persistent asthma often does not restrict the patient's normal life, yet severe persistent asthma restricts normal daily functions and activities.

Provider documentation is essential to ensure that the proper code assignment is supported and validated. Items to include in your note that are part of the MEAT (Monitor, Evaluate, Assess, Treat) mnemonic are:

- Medications used in daily management of symptoms including the patient's response to the medications.
- How often a rescue inhaler is needed by the patient.
- How often the patient is awoken with asthmatic symptoms.
- Limitations to daily functions and exercise.
- Known triggers that bring on an asthma attack.

A patient may have an obstructive component to their asthma. If so, make sure to include the appropriate obstructive diagnosis (J44.x) and documentation in your assessment and plan as well.

Chronic Obstructive Pulmonary Disease – COPD

Now that we mentioned obstructive pulmonary diseases, let's discuss this group as well. The new V28 risk adjustment model didn't provide any changes from the V24 model. Yet, it may be a good time to review a few diagnoses in the COPD category that are often forgotten. You may think of that patient with a nagging "smoker's cough.".

Chronic bronchitis is a diagnosis that is often missed in a patient encounter even though there may be documentation to support it. Remember, if you have a patient who complains of a productive cough for more than 3 months within a 2-year period (especially if they are a smoker), then you may want to consider adding the appropriate diagnosis to your patient's record.

ICD-10	Description	HCC Category
J41.0	Simple chronic bronchitis	280
J41.1	Mucopurulent chronic bronchitis	280
J41.8	Mixed simple and mucopurulent chronic bronchitis	280
J42.0	Unspecified chronic bronchitis	280

Appropriate risk adjustment coding and documentation is meant to tell the best patient story while ensuring there are care dollars available to help your patients live the best life that they can with their chronic illnesses.

Please reach out to the Risk Adjustment Leadership Team at BPN.RiskAdjustmentLeadershipTeam@bannerhealth.com with additional questions.

News of Note

- **Reminder:** Please review the list of users from your practice who have access to either the BHN web portal or eServices. If you need to make any changes (additions or deletions), please reach out to the ProviderExperienceCenter@bannerhealth.com to ensure our user records are current.

Compliance Corner

Ransomware and Protections

Data from Statistica's ransomware report indicated that in 2022 there were about 493.3 million ransomware attacks. This was down from the 2021 figures of 625.3 million. This is still more than in previous years.

What is ransomware?

Malware or "malicious software" includes a type called ransomware. With ransomware, the goal is to deny access to a user's data by utilizing encryption to insert a key that is available only to the hacker who implemented the ransomware until a ransom is paid. In most cases, the hacker will instruct the user to pay that ransom to the hacker generally in cryptocurrency, such as Bitcoin. The hacker may also use ransomware that transfers the information or destroys it or uses the ransomware with another malware that does these actions.

What are covered entities and business associates required to do under HIPAA Security Rule to combat malware, including ransomware?

The first step is to maintain frequent backups and make sure of the organization's ability to recover data from backups. Tests should be run every so often to confirm the backed-up data is not compromised. In addition, there is a suggestion that backups are maintained offline and not part of the network structure. A contingency plan is required to ensure the organization can function in the event of a disaster or attack. Testing of the contingency plan is crucial for success.

Procedures related to security incidents inclusive of responding and reporting security incidents are mandatory under HIPAA. These procedures are required to prepare for a variety of security incidents which include ransomware.

How can covered entities or business associates know if their systems are the target of ransomware?

If the organization has security measures or malicious software protection, ransomware can be detected and stopped before the damage is done. If not, the organization would usually know because the hacker was successful in encrypting the organization's data and then notifying them of the intent to demand payment. Sometimes, an employee can detect an early warning of a ransomware attack. Thus, employee security training is required and crucial to potentially deter an attack.

If the organization is infected with a ransomware, the Office of Civil Rights recommends contacting the local Federal Bureau of Investigation or United States Secret Service Field Office.

Is a ransomware presence considered a breach under HIPAA?

The determination of a breach is a case-by-case specific analysis. If Protected Health Information was acquired by the unauthorized hacker during a ransomware attack, this would be a breach as the disclosure is not allowable under the HIPAA Rule.

Resources

The Cybersecurity and Infrastructure Security Agency (CISA) published a CISA Strategic Plan – 2023 to 2025 in September 2022. The goal of this agency is to lead the effort to understand, manage, and reduce risk to the cyber and physical infrastructure. This agency also offers many free resources and tools and free training.

The Department of Justice has a document on protection from Ransomware:
How to Protect Your Networks from Ransomware: Technical Guidance Document (justice.gov)

The Office of Civil Rights also has resources on HIPAA. https://www.hhs.gov/ocr/index.html

If you identify or suspect FWA or non-compliance issues, immediately notify the Banner Plans and Networks Compliance Department:

24- hour hotline (confidential and anonymous reporting): 888-747-7989

Email: BHPCompliance@BannerHealth.com

Secure Fax: 520-874-7072

Compliance Department Mail:
Banner Medicaid and Medicare Health Plans Compliance Department
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711

Contact the Medicaid Compliance Officer Terri Dorazio via phone 520-874-2847 (office) or 520-548-7862 (cell) or email Theresa.Dorazio@BannerHealth.com

Contact the Medicare Compliance Officer Raquel Chapman via phone 602-747-1194 or email BMAComplianceOfficer@BannerHealth.com

Banner Medicaid and Medicare Health Plans Customer Care Contact Information
B-UHP Customer Care
Banner - University Family Care/ACC 800-582-8686
Banner - University Family Care/ALTCS 833-318-4146
Banner - Medicare Advantage/Dual 877-874-3930

Banner Medicare Advantage Customer Care
Banner Medicare Advantage Prime HMO – 844-549-1857
Banner Medicare Advantage Plus PPO -1-844-549-1859
Banner Medicare RX PDP – 1-844-549-1859

AHCCCS Office of the Inspector General
Providers are required to report any suspected FWA directly to AHCCCS OIG:

Provider Fraud
- In Arizona: 602-417-4045
- Toll Free Outside of Arizona Only: 888-ITS-NOT-OK or 888-487-6686

Website -www.azahcccs.gov (select Fraud Prevention)
Mail:
Inspector General
801 E Jefferson St.
MD 4500
Phoenix, AZ 85034
Member Fraud
- In Arizona: 602-417-4193
- Toll Free Outside of Arizona Only: 888-ITS-NOT-OK or 888-487-6686

Medicare
Providers are required to report all suspected fraud, waste, and abuse to the Banner Medicare Health Plans Compliance Department or to Medicare
Phone: 800-HHS-TIPS (800-447-8477)
FAX: 800-223-8164
Mail:
US Department of Health & Human Services
Office of the Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026