Banner
University Health Plans

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Provider Update

September 2024

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Helping members on the Autism Spectrum with their Employment Goals

Members on the autism spectrum may face different barriers when entering the workforce. Luckily there are a variety of services and supports available to those members both in the B-UHP network and in the community. Banner members are eligible to receive Pre-Employment Services (H2027) such as interest and skills assessments, interview practice, and soft skills, as well as Ongoing Support to Maintain Employment (H2025) such as job coaching!

Things to keep in mind when working with members on the autism spectrum who are working towards a job goal:

Sensory – Consider the work environment and how compatible it is with your member. How does it feel, sound, smell, and look?

Communication – Assess the employer's communication style. This might be an opportunity to teach formal and informal workplace language.

Structure & Routine- Many members on the Autism Spectrum perform best when they know what to expect. Keep this in mind while working with them on their employment goals, and when considering employers.

Accommodations – There are many reasonable accommodations that can be requested by the member with their new employers. Deciding what one might be takes advocacy skills and creative thinking. For more support visit https://tinyurl.com/3cm3755k. If you have a member who requires additional assistance, check out the below resources!

B-UHP Centers of Excellence: Autism Spectrum Disorder and Employment Services

https://tinyurl.com/ye5b2r5f

Autism Spectrum Disorder Resources: https://tinyurl.com/4dct7pdn

Workability (Pima County): https://tinyurl.com/2zxhbhpr

Prior Authorization Updates

Prior Authorization Grid Changes

Please continue to access the online Banner Health prior authorization section for the most up-to-date copy of the prior authorization grid(s). The prior authorization team will be removing/updating multiple codes on this grid in the next couple of months, to be compliant for 2025, including the removal of multiple codes were reviewed by eviCore.

EviCore Changes

EviCore will be migrating to one online platform in November of 2024. The radiology/cardiology platform, known as Isaac/Med solutions platform, will be migrating to the Image One/Care Core National Platform. EviCore will be sending a training schedule with helpful tips soon, so please be on the lookout for that update.

The Arizona Opioid Assistance and Referral (OAR) Line:888-688-4222

In response to the national (and state) opioid epidemic, the Arizona Department of Health Services (ADHS) established the Arizona Opioid Assistance and Referral (OAR) Line. The OAR Line provides free, 24/7, confidential (HIPAA-exempt) phone consultation for all opioid-related questions and illnesses that patients, or their providers, might have. It is provided by ADHS and operated by the Banner Poison & Drug Information Center and Department of Medical Toxicology, in partnership with the U of A Tucson Poison Center.

The OAR Line is staffed 24/7 by physicians, registered nurses, and pharmacists who provide assistance with acute opioid toxicity, questions about chronic pain management, referrals from local providers (e.g. medications for opioid use disorder [MOUD], behavioral health) medication reconciliation, and virtual case management services. Once connected to the OAR Line, staff will provide follow-up calls to see how patients are doing, help them find treatment programs and help with insurance issues.

Patients (or their caregivers) should call the OAR Line with questions about:

- Opioids (narcotics) and other medications
- Adverse drug effects
- Help with chronic pain or opioid withdrawal
- Referrals for behavioral health or addiction medicine services
- Information about naloxone kits and training

Healthcare providers can call about:

- Safely prescribing opioids
- Patients with acute or chronic pain
- Reducing opioid doses
- Drug overdoses
- OUD and MOUD

Banner Cerner does have OAR Line information available to print in discharge instructions.

Banner Department of Medical Toxicology is one (of only two) admitting toxicology services in the nation, and the only Level One Toxicology Center (BUMCP) for Arizona. They provide 24/7/365 call service for the Banner Poison & Drug Information Center and together provide teaching for graduate medical students at the UA College of Medicine Phoenix, Banner Health, PCH, Valleywise Medical Center (Emergency Medicine Department) and for all healthcare facilities, First Responders, Nursing, and Pharmacy programs across Arizona.

Secure Firearm Practice and Lethal Means Suicide Prevention

In our critical role as champions for mental health and well-being, it is important to address challenging yet essential topics to ensure the safety of our members and communities. Let's focus on a topic that needs our attention: **Suicide Prevention through responsible firearm safety practices**.

Maricopa County alone recorded 863 firearm-related deaths in 2022, with a staggering 56% attributed to suicide. Notably, the rates of firearm-related suicides increased by 7% compared to other methods, underscoring the urgent need for targeted intervention strategies. In Pima County, firearm deaths in 2023 totaled 213, with 66% ruled as suicides. Of the decedents, 87% were male, and the majority were between the ages of 20-49. These statistics highlight the critical importance of addressing firearm safety and mental health in our communities.

Encouraging individuals to seek support from trusted sources, including crisis lines like 988 for immediate assistance, National Suicide Prevention Lifeline (1-800-273-TALK), and Warm Lines, can provide crucial support during difficult times.

Our Role in Firearm Safety

As health providers, we play a pivotal role in educating and supporting individuals and families in adopting safe storage practices for firearms. While some individuals may assume members do not own a firearm at all, oftentimes that is not the reality. Hence, encouraging members to store firearms securely in locked cabinets or safes can substantially reduce impulsive access during moments of crisis.

It's crucial to recognize that standard safety measures may not suffice during acute mental health crises. Gun locks serve as a vital tool in mitigating the fear of gun owners losing control over their firearms, especially during challenging times. By securely locking firearms while other trusted individuals hold the keys, gun owners can maintain a sense of security knowing that their firearms are safeguarded while still in their possession.

Other crisis safety practices

It is common practice to ask a friend or loved one to temporarily hold firearms for safety reasons. When considering this option, it is crucial to identify a responsible individual and discuss this plan with them before any crisis occurs. Providing the firearm with a gun lock already in place can help mitigate concerns of misuse. If there are any doubts about the individual's ability to safely handle the firearm, consider giving them a critical component of the weapon that renders it inoperable, such as the barrel, magazine(s), or recoil spring. This approach ensures the firearm cannot be used without the missing part, enhancing overall safety.

Available Resources

Firearm owners can choose from a variety of locking devices, including trigger locks, cable locks, lock boxes, and gun safes. Cable locks and lock boxes are often the most affordable options, and some police departments have programs to distribute these types of locking devices for free. Additionally, educational resources such as UC Davis provide comprehensive firearm safety education.

Banner University Family Care is committed to fostering a culture of safety and support within our communities. As behavioral health providers, your dedication to promoting holistic approaches to mental health is instrumental in creating positive change. Together, let us advocate for responsible gun safety practices, raise awareness, and provide compassionate support to those in need. Your efforts can make a profound difference in saving lives and creating a safer, more supportive community for all.

Understanding and Coping with Suicide Loss

If a friend or loved one completes suicide after having their firearm returned to them, it is important to understand that the responsibility does not lie with the person who returned the firearm. Feelings of guilt or grief are natural, and seeking counseling or support can be beneficial during this time. Remember, you are not alone on this journey. Grieving a suicide loss is a complex process, encompassing a range of emotions in our hearts and minds. Please consider utilizing or sharing the **Suicide Grief and Loss resources** listed below:

1. Solari can help guide you to resources. Call 988
2. La Frontera EMPACT-SPC: https://tinyurl.com/5a94u955
3. To find a support group try America Foundation for Suicide Prevention SOS groups: https://tinyurl.com/4ubs2sp8
4. For education and tips on surviving the loss of suicide
    a. U of A Suicide Prevention Initiative: https://tinyurl.com/2acv99dx
    b. Mayo Clinic – Suicide Grief: https://tinyurl.com/546uu3zt

Firearm Resources:

1. **Lock Education:** UC Davis provides comprehensive information on firearm safety and locking devices, offering valuable insights for both firearm owners and advocates. UC DAVIS Resource: https://tinyurl.com/57cewr3h
2. **Free Gun Lock Resources:**
    - Project Child Safe offers safety kits for firearm owners, promoting responsible firearm storage practices. Project Child Safe: https://tinyurl.com/4c5hdk7u
    - BeConnected provides resources for veterans and their families, recognizing the unique challenges they may face in firearm safety. BeConnected: https://tinyurl.com/2uzmnue3

- Pima County Attorney's Office offers free gun locks, ensuring accessibility to essential safety tools within the community. Pima County Attorney's Office: https://tinyurl.com/y2e7x3hz

3. **Firearm Disposal Guide:** Properly dispose of firearms with resources from the ATF and FastBound, promoting safe and responsible firearm management practices.
    - ATF Firearm Disposal Guide: https://tinyurl.com/m6b7anc6
    - FastBound Firearm Disposal Guide: https://tinyurl.com/3hevn485

Seriously Mentally Ill (SMI) Training Schedule

Solari offers live training sessions scheduled at the same time each month via Zoom. Solari offers Serious Emotional Disturbance (SED) Determination Training, Serious Mental Illness (SMI) Determination Training, and Removal of Designation (Decertification) Training.

Serious Emotional Disturbance (SED) Determination Training

- The first Friday of each month from 9-10:30 am
- The second Monday of each month from 10-11:30 am
- The third Friday of each month from Noon-1:30pm (no session 8/16/24)
- The fourth Monday of each month from 2-3:30 pm
- No session will be held if day falls on a holiday

Serious Mental Illness (SMI) Determination Training

- The first Monday from 9-10:30 am
- The second Friday from 10-11:30 am
- The third Monday from Noon-1:30pm
- The fourth Friday from 2-3:30 pm
- No session will be held if day falls on a holiday

Removal of Designation (Decertification) Training

- The first Monday from 1-2:00 pm
- The fourth Friday from 10-11:00 am
- No session will be held if day falls on a holiday

Agencies can also schedule personalized sessions for their agency either in-person or virtual. Jennifer Janzen can travel anywhere in the state and train providers or do community information sessions as well.

To register for any of these sessions or schedule a personalized session for your agency, please contact Jennifer Janzen at Jennifer.Janzen@solari-inc.org or 480-273-3847.

If you have any questions, please contact Adult System of Care at ASOC@bannerhealth.com.

Children's System of Care

Redetermination of Seriously Emotionally Disturbed (SED) Members

In February 2024 Banner began monitoring the redetermination of members previously identified as SED. This has been a collaborative effort between the AHCCCS health plans and the network of behavioral health providers. Banner recognizes the significant amount of staff time and resources that have been required to complete the monthly deliverable. With the support of the provider network, Banner is approximately 90% done with the list of members that needed to be screened for redetermination and we hope to be complete by 10/1/24.

All children who are determined SED need to be assigned to a Health Home per AHCCCS Policy AMPM 320-P.

For information about training on the SED determination process refer to the Solari website, https://tinyurl.com/5yzmvr2m

The Children's System of Care Team is extremely thankful for your support and collaboration.

LGBTQ+ Center of Excellence

Banner is proud to announce the launch of the LGBTQ+ Center of Excellence (COE) for children and adults. The LGBTQ+ COE designation will be awarded to providers that provide high quality, whole person, affirming and culturally appropriate care. In addition to meeting AHCCCS requirements and providing industry best practices, LGBTQ+ Centers of Excellence should offer new and innovative techniques for member engagement and whole person health care.

For additional information about LGBTQ+ COE including criteria, and application process email CSOC@bannerhealth.com.

High Needs Case Management Monitoring

Provider case management is a supportive service provided to improve treatment outcomes and meet member's service or treatment plan goals. Provider case management services may be provided outside of the role of an assigned case manager by those who are providing services or are involved with a member's care in a case management capacity.

AHCCCS requires that children with a CALOCUS score of 4,5,6 be assigned to a High Needs Case Manager. AHCCCS Policy AMPM 570 and Attachment 570 A outline the requirements for provider case management and ratios for High Needs Case Management. Banner collects data regarding High Needs Case Management ratios on a quarterly basis. Providers who are out of compliance may request an exemption from the health plans. The Exemption Tool is included in the Quarterly High Needs Case Management Inventory Tool. Exemptions need to be approved by the MCOs and by AHCCCS. Exemptions are intended to be time limited and specific to a situation or set of circumstances rather than generalized to a business model.

Corrective action may be required for providers who are consistently out of compliance with AMPM 570 and case load ratios.

For additional information about the High Needs Case Management requirements and deliverable email CSOC@bannerhealth.com.

Implementation of Wraparound and MRSS

AHCCCS is moving forward with the Wraparound and MRSS models of care through the University of Connecticut and National Wraparound Implementation Center (NWIC).

Wraparound is an intensive care coordination model for children with a CALOCUS score of 4,5 or 6. AHCCCS is working with Health Homes and High Needs Case Management agencies to identify providers that might want to adopt the Wraparound model. Early adoption of the Wraparound model ensures free training for staff and collaborative support from NWIC staff.

MRSS is a model of care that provides intensive support for children encountering the crisis system. Initially this model will be available to children in the foster care system and adopted children and their families. AHCCCS is engaging with current providers that offer crisis and stabilization services as well as providers that would be interested in offering this level of care.

For information about Wraparound or MRSS contact CSOC@bannerhealth.com.

Mindful Beginnings Conference with Infant Toddler Mental Health Coalition of Arizona

Banner is partnering with the Infant Toddler Mental Health Coalition of Arizona (ITMHCA) to host the "Mindful Beginnings: Embracing Inclusivity in Perinatal and Birth through Five Communities of Care" Conference on October 29th. This conference is intended for professionals supporting pregnant mothers and birth through five members and their families.

To register for the conference register on the ITMHCA website (https://tinyurl.com/mhjj58er). For more information about the conference contact CSOC@bannerhealth.com.

Access to Applied Behavioral Analysis (ABA) Services

Behavior Analysis Services are an AHCCCS covered benefit for individuals with Autism Spectrum Disorder (ASD) and/or other diagnoses as justified by medical necessity. Behavior Analysis Services are designed to accomplish one or more of the following: increase functional skills, increase adaptive skills (including social skills), teach new behaviors, increase independence and/or reduce or eliminate behaviors that interfere with behavioral or physical health.

Behavior Analysis Services are prescribed or recommended in specific dosages, frequency, intensity, and duration by a qualified BHP as the result of an assessment of the member, the intensity of the behavioral targets, and complexity and range of treatment goals.

Banner does not require prior authorization or ongoing authorization for ABA services.

Banner offers an extensive network of ABA providers. A comprehensive list of Banner contracted ABA providers can be found the website, https://tinyurl.com/2psshhpb.

For additional information about ABA services refer to AHCCCS Policy AMPM 320-S or contact CSOC@bannerhealth.com.

Services and Support for Adopted Children and Families

Adopted children and their families have unique health care needs. Children and families benefit from high quality behavioral health care and access to trauma treatment services. HB2442, also known as Jacob's Law was signed in March 2016 in an effort to improve care for Arizona's foster/kinship/adoptive families receiving behavioral health services. The law establishes timelines to provide behavioral health services to foster and adoptive children. The initial evaluation must be provided within 7 days of referral or request and medically appropriate services must initiate within 21 calendar days of the assessment.

AHCCCS provides training around Jacob's Law, refer to the AHCCCS website, https://tinyurl.com/5fyknca4 for training dates.

Refer to AHCCCS Policy AMPM 541 and Policy AMPM 585 for additional information about the unique needs of adopted children and their families.

Quality Management – Preventative Health

Well-Women's Preventative Care

Preventive care can often be pushed aside as patients and providers often need to prioritize acute issues. Preventive health visits provide an opportunity to discuss topics such as cancer screenings, risk factors, social determinants of health, family planning, sexually transmitted diseases, obesity screening, as well as mental health concerns. Depending on age, family history, and other risk factors, the following screenings are recommended routinely:

- Clinical breast exams and mammograms for breast cancer screening
- Pelvic exams
- Cervical cancer screening including a pap smear
- Immunizations such as HPV
- Colorectal cancer screening
- Sexually transmitted infections including chlamydia and HIV

Additional topics of importance include depression and emotional wellness, tobacco and substance use, healthy weight and management, and chronic disease management.

Members may not be aware of plan coverage and preventive services often being available to them at no cost. Additional barriers to care often include fear of the procedure itself or finding out they may have an illness, lack of transportation, provider accessibility, scheduling, and/or childcare. Many times these barriers can be overcome through discussion, and education. Front-line staff can help with their knowledge of assistance programs, such as transportation, or clinics that may offer screening services with flexible hours.

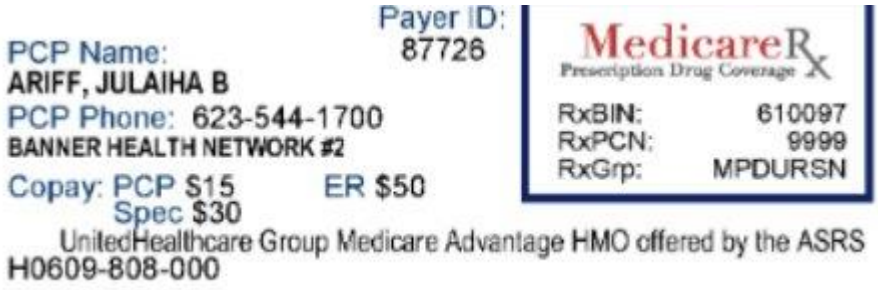
For additional information on Well-Women's Preventive Care, members can visit https://tinyurl.com/4kf9rffu or providers can visit the Banner-University Family Care Provider Manual at https://tinyurl.com/dk2drj6w.

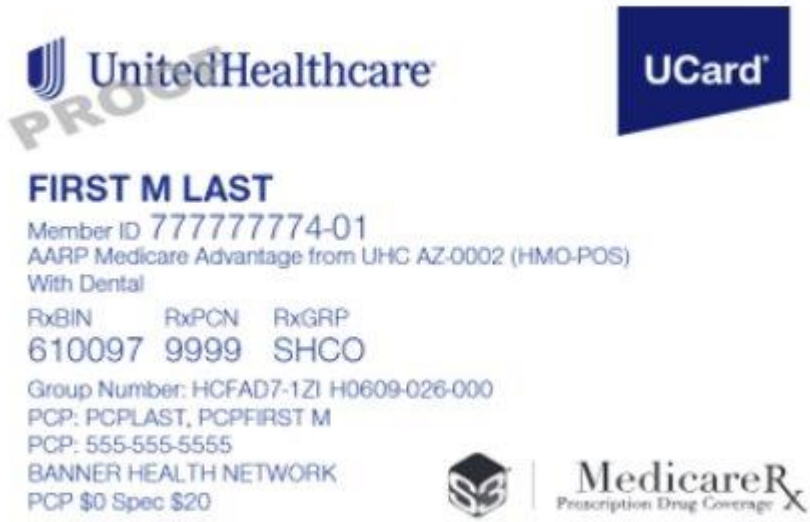
Banner|Aetna / APM Team

UnitedHealthcare Medicare Advantage new member identification card issues

UnitedHealthcare (UHC) has notified Banner Health Network (BHN) about an issue with identification card for their Medicare Advantage members. Due to limited record space in the UHC system, additional space was created for new members coming onboard with BHN. Some BHN members will be identified by Banner Health Network #2 on their ID cards; these members are to be treated the same as other members who only show as Banner Health Network.

Here are samples of both ID cards:





Durable Medical Equipment (DME)

Please refer to https://banner-search.phynd.com/locations to view the list of contracted DME providers for Banner Medicare Advantage, Banner Medicare Advantage-Dual, AHCCCS Complete Care (ACC), and Arizona Long Term Care System (ALTCS).

Transfer your pediatric patients to Banner Children's at Desert or Thunderbird with just one call

At Banner Health, we're always working to make processes easier for our referring physicians and their patients. Banner Health Transfer Services recently overhauled the process of transferring pediatric patients to Banner Children's at Desert (https://tinyurl.com/4x6xvmt6) or Banner Children's at Thunderbird (https://tinyurl.com/y5ww3rcv).

With a single phone call, you can now transfer your pediatric patients to one of our Banner Children's locations.

- Call Transfer Services at 602-839-4444.
- Select Option #2 for pediatric transfers.
- Banner Health Transfer Services will connect you to a pediatric hospitalist or pediatric intensivist, who will help complete the intake process in a single phone call.
- During this phone call, the receiving facility will release a bed assignment.

This new process facilitates faster acceptance and transfer of patients to Banner Children's at Desert and Banner Children's at Thunderbird, allowing your pediatric patients to get the care they need as efficiently as possible and bypass any additional wait times.

Learn more: https://tinyurl.com/ysueb6ay

Banner Research

Banner offers free brain health check-ins for West Valley residents

People often question whether their brain is working normally for their age.

Banner Sun Health Research Institute in Sun City offers a free “Brain Health Check-In” by appointment on weekdays at the Center for Healthy Aging, 10515 W. Santa Fe Drive.

It is common to experience changes in memory and thinking as we age. While some changes are normal, others may be symptoms that could indicate an underlying condition or something serious. This assessment determines whether further consultation with a medical provider is necessary.

Paper and pencil assessments for people 55 years and older are provided by the Neuropsychology team, and last about one hour.

You can expect to complete short questionnaires and brief memory and thinking tests. Then you will have a chance to review your brain health risk status, ask questions, and receive resources for maintaining brain health. Please note: Brain scans and blood work are not provided.

To make an appointment, call (623) 832-6506.

'Alzheimer's, Lewy Body & Related Dementias Symposium' on Oct. 18 and 19

The 4th-annual "Alzheimer's, Lewy Body & Related Dementias Symposium: Advances in Diagnosis & Treatment" will take place from 7:30 a.m. to 4 p.m. Oct. 18 and 7:30 a.m. to noon Oct. 19, online and in person at the University of Arizona's Biomedical Science Partnership Building, Room E115 475 N. 5th Street in Phoenix.

Banner Sun Health Research Institute is holding the event for clinicians, nurses and allied health professionals to understand the progress made in diagnosis and treatment of Alzheimer's disease, Lewy body and other dementias, explore best clinical practices and discuss current controversies.

Topics will include:

- Diagnosis & Biomarkers
- Neuropsychologic Assessment & Cognitive Screening in Primary Care
- Lewy Body Spectrum & Parkinsonian Dementias
- Emerging Therapeutics
- Neuropsychiatric Syndromes
- Dementia Caregiver Burden: Best Clinical Care Practices

Registration is free for Banner employees, $80 for in-person attendance for non-Banner employees, and $50 for non-Banner virtual attendees.

Physician Education Credit: Banner Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Banner Health designates this live in-person and virtual activity for a maximum of 8.75 AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To register, visit BannerHealth.com/230CARE, call 602.230.CARE (2273) within Arizona, or call: 800.230.CARE (2273) outside of Arizona. For questions, contact Dorinda Ramirez at Dorinda.Ramirez@bannerhealth.com.

Change of Ownership – CHOW: Did You Know?

Did you know that if a provider changes the name of its Practice, it must follow the Change of Ownership (CHOW) rules established by AHCCCS?

This is required when the Provider Practice or Facility changes its name, merges with another Practice, or is acquired.

These requirements when not completed can prevent Banner Plans and Networks from paying claims or paying claims timely. Please review the link for more information https://www.azahcccs.gov/APEP

Workforce Development Requirements

Single Learning Management System-Relias

ACC BH Providers ensure that all employees who work in programs that support, oversee, or are paid by the Health Plan contract have access to Relias and are enrolled in the AzAHP Training Plans listed on the WFD Alliance website, (https://azahp.org). This includes, but is not limited to, full time/part time/on-call, direct care, clinical, medical, administrative, leadership, executive, and support employees. ACC BH provider agencies with 20 or more users will be required to purchase access to Relias Learning for a one-time fee of $1500 for full-site privileges. ACC BH provider agencies with 19 or fewer users will be added to the AzAHP Relias Small Provider Portal (SPP) at no cost with limited-site privileges. Provider agencies that expand to 20 or more users will be required to purchase full-site privileges to Relias immediately upon expansion. If you have questions or need access to Relias please reach out to Workforce Development Team cori.mclain@bannerhealth.com or Selena.mcdonald@bannerhealth.com.

Healthcare Network Employee Questionnaire (HNEQ) is now available.

The HNEQ is available August 1st –September 30th. Providers are required to complete an attestation acknowledging the requirement and their responsibility to encourage employee completion. There are various methods for HNEQ submission; Relias users have been assigned the module within the Relias LMS, the HNEQ Toolkit is available for those with another LMS and submission online via the JotForm link is open. Please go to https://azahp.org for more information.

BMA Member FIT Kit Campaign

2024 FIT Kit Campaign

Banner Medicare Advantage is deploying the annual FIT Kit campaign (previously known as the FluFIT campaign). The objective of this campaign is to provide FIT kits to eligible members as they come in for their end of year office visits. Provider offices will receive information for the 2024 FIT Kit campaign via their Care Transformation Consultant (CTCs) and then decide if they'd like to participate. For providers who decide to participate in this campaign, they will be connected to a Sonora Quest Labs representative who can help order FIT kits.

This campaign will run from September 2024 to December 2024.

Timeline	
September	Care Transformation Consultants (CTCs) share campaign information
September	Provider offices opt in/out of campaign
October - December	Provider offices hand out FIT kits

Clinician Experience Project (CEP)

Clinician Experience Project (CEP) is a technology-based tool that offers a wide variety of micro learnings. Join us throughout the month of September for a ***Tip to Improve Care Coordination, Access to Care, and Ease of Care***. This monthly module will focus in on the ***Impact of Collaboration (https://tinyurl.com/3e9cz3vh).*** This module expands on the benefits to teams who work well together and how it ultimately impacts patient experience, clinician experience, and quality of care. After listening to the module, take a moment to reflect on how strong team collaboration benefits your team and patients!

Behavioral Health Department

Covered Behavioral Health Services Guide (CBHSG)

AHCCCS has brought back the Covered Behavioral Health Service Guide (CBHSG) to be effective 10/1/2024. This guide is meant to be a living document so please be sure to pull the most recent document for your review. The CBHSG can be found at the AHCCCS website, Plans & Providers page under *Medical Coding Resources.* (https://tinyurl.com/yerst93r)

The CBHSG is a resource for general information regarding services and commonly used billing codes. Providers should conform all billing practices to comply with federal, state, and local laws, rules, regulations, standards, Executive orders, AHCCCS and contractor provider manuals, policy guidelines, and all compliance standards. Included in the guide is the B2 Matrix, a file showing appropriate combinations of provider types, service codes, place of service, and modifiers.

Please review for updates and adjustments to common HCPC codes (such as IOP, Case Management), billing limitations (such as group sizes, per diem codes), and definitions of provider types able to provide behavioral health services (additional information can be found in AMPM Chapter 600 – Provider Qualifications and Provider Requirements).

AHCCCS will be providing ongoing trainings in October and information on this can be found on the AHCCCS Division of Fee for Service Management webpage: (https://tinyurl.com/4bawbn4e)

The CBHSG is not subject to public comment, however, AHCCCS has been collecting questions on the guide and will be providing frequently asked questions (FAQ) documents, as well as ongoing training materials.

Urine Drug Testing: Prior Authorization Requirements and Medical Necessity Criteria effective 10/1/2024

Reminding all providers that all non-emergent orders for Urine Drug Testing (UDT) of members with Substance Use Disorders must be completed through point-of-care testing (POCT) or by BUFC's in-network laboratory provider (Sonora Quest) unless Prior Authorization for use of an out-of-network laboratory facility has first been obtained.

BUFC requires Prior authorization before orders of presumptive UDT are submitted to a laboratory provider or facility when POCT has been performed, or when POCT is reasonably available and would provide an adequate basis for clinical decision-making.

BUFC requires Prior Authorizations for definitive UDT of 15 or more drugs or drug classes on the same urine specimen and/or the same day of service, including orders that utilize CPT codes G0482 or G0483, as well as any combination of alternative codes would result in testing for 15 or more drugs or drug classes.

BUFC requires Prior Authorization for more than three (3) presumptive UDT per week, or more than one (1) definitive UDT per week.

Medical Necessity Criteria:

Urine Drug Testing (UDT) that is performed in response to blanket or standing orders by a provider is not considered medically necessary and will not be reimbursed by BUFC unless medical necessity is clearly documented for each type of test (presumptive or definitive) and each drug/drug class that is included in the order, and when the member's medical record clearly reports how the results will be used to guide clinical decision-making for the member.

Simultaneous presumptive and definitive UDT for the same drug/drug class and for the same member are not considered medically necessary.

Definitive UDT is not considered medically necessary unless presumptive UDT is not available for the drug/drug class specified in the order, or unless presumptive UDT has first been performed and the results obtained are not consistent with the member's history, prescribed medical regiment, or clinical presentation and therefore require further confirmation.

For additional information: https://tinyurl.com/2av2vchj

AHCCCS has also placed limits on the Urine Drug Screen code set and limits effective 8/1/2024.

Risk Adjustment: Provider CME and HCC Tips Sheets

Provider Education - Banner Plans and Network Risk Adjustment Town Hall

Mark your calendars for the brand-new provider education series – BPN Town Halls! The first one is scheduled for September 18th from 12-noon to 1pm. This is a virtual event, so grab your lunch, invite your staff to the conference room, and learn together. This first event is titled: "Demystifying Risk Adjustment: A Clinician's Guide".

This town hall focuses on the:

- Basics of Risk Adjustment
- How to overcome stumbling blocks
- Documentation best practices, and much more!

Free CMEs for attending the live presentation.

Clinical Documentation Tip Sheets – Disease Specific

Banner Plans and Network created several risk adjustment and clinical documentation tip sheets for providers! Topics include:

- Type 2 Diabetes
- Angina
- Arrhythmias
- CKD – Stage 3/3a/3b
- CKD – Stage 4
- CKD – Stage 5/ESRD
- COPD
- Heart Failure and Pre-HF
- Hypertensive diseases (heart, CKD, heart, and CKD)
- Dementia
- Major Depressive Disorder (MDD)
- Neoplasms and Metastatic Cancers

Also included is a two-page document listing the some of the most "Frequent HCC" which includes tips about documentation and additional diagnoses required.

These tips sheets are available from the BPN Risk Adjustment team and can be found at this link (https://tinyurl.com/3tbcvsys). If you don't already have access, request the access, and one of our team members will get you set up.

Reach out to the BPN risk adjustment team at BPN.RiskAdjustmentLeadershipTeam@bannerhealth.com with questions or if you would like to set up additional education.

September Provider Forums

Upcoming Engagement Opportunities

September BUHP Provider Education Forums
Noon – 1:30 p.m. Tuesday, Sept 24
Noon – 1:30 p.m. Thursday, Sept 26
Call in info: (480) 378–7231 Conf ID: 168 971 740#
Microsoft Teams: https://bit.ly/4cP1OnT

The same information will be covered during both meetings, so you only need to attend one of them.

Appointment Availability Standards

The Appointment Availability Standards are important to ensure Medicaid and Medicare members receive access to care timely. 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.

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

Housing and Health Opportunities H2O Program

AHCCCS Awards Housing and Health Opportunities Program Administrator Services to Solari, Inc.

The Arizona Health Care Cost Containment System (AHCCCS) has selected Solari, Inc. for the administration of the Housing and Health Opportunities (H2O) program (https://tinyurl.com/ymscndnn). Solari Crisis & Human Services (https://tinyurl.com/32ur88cm) is an Arizona-based non-profit organization for health care services that operates crisis and human services and contact centers.

Solari is partnering with Banner Health for this contract. The contract is effective October 1, 2024, for a contract term of three years with options to extend up to an additional two years.

The H2O program will initially start with those members who have the following:

- Serious Mental Illness (SMI) designation
- Experiencing homelessness.

- Have an identified chronic health condition (https://tinyurl.com/2myyn6h2)
- Currently incarcerated with a scheduled release within 90 days **-OR-** released from a correctional facility within the last 90 days.

Purpose

To enhance and expand housing services and interventions for AHCCCS members designated with Serious Mental Illness (SMI) who are homeless or at risk of becoming homeless*****.

Goals

- Stabilization of mental health
- Reduction in substance abuse
- Improve Primary Care utilization
- Decreased utilization of crisis services, ER and inpatient hospitalization

*Additional network participation information forthcoming.

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.

Any and 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/yyxsp788)
2. Complete the *Annual Attestation*: (https://tinyurl.com/r5avb5xx)
3. When completing your online attestation, please ensure you are documenting each practitioner's individual NPI on the attestation form

Seclusion And Restraint (SR) Reporting Requirements

It is the policy of the Banner – University Health Plans (B-UHP) to make certain that the organization and its providers have the necessary information to ensure that **Behavioral Health Inpatient Facilities (BHIFs) and Mental Health Agencies (MHAs) authorized to conduct Seclusion and Restraint report to the proper authorities as well as the Health Plan all Seclusion and Restraints of plan members.** The use of seclusion and restraint can be a high-risk behavioral health intervention; facilities should only implement these interventions when less restrictive approaches have failed. **The Health Plan requires BHIFs and MHAs to submit each individual report of incidents of Seclusion and Restraint to the Plan within (5) five business days of the incident utilizing AHCCCS Seclusion and Restraint Individual Reporting Form (Attachment A) or the agency's electronic medical record that includes all elements listed on Attachment A. (https://tinyurl.com/yxmnssh5)**

Please submit the completed form to B – UHP: Email: BUHPRequests@bannerhealth.com or Fax: 520-874-3567

Providers are required to submit a separate **Incident/Accident/Death (IAD) report for Seclusion and/or Restraints resulting in an injury to the member**, to the Health Plan and to the AHCCCS Quality Management (QM) Team. Contracted BHIFs and MHAs licensed to conduct Seclusion and Restraints must submit these IADs to the AHCCCS QM Portal **within 24 hours** of becoming aware of the incident.

All Reporting requirements are specified in the B-UHP Behavior Health Provider Manual at: https://tinyurl.com/bde5kjb6, based upon **AHCCCS MEDICAL POLICY MANUAL (AMPM) 962**

Incident, Accident, And Death (IAD) Reporting Update

B-UHP Contacted Providers shall ensure that reportable IADs are submitted via the AHCCCS QM Portal **within 48 hours** of the occurrence or notification to the provider of the occurrence. Sentinel IADs shall be submitted by the Provider into the AHCCCS QM Portal **within 24 hours** of the occurrence or becoming aware of the occurrence. Please refer to the **AHCCCS MEDICAL POLICY MANUAL (AMPM) 961**-for specific reportable incidents and time frames for reporting.

For new user registration to the AHCCCS QM Portal go to https://qmportal.azahcccs.gov and click on Create New Account link.

We encourage all of our Providers of care to reach out for any questions or issues regarding submission of SR and /or IAD reports by **Email to:** BUHPRequests@bannerhealth.com

Understanding Obstructive Sleep Apnea (OSA)

What is OSA and how common is it?

Obstructive Sleep Apnea (OSA) is a common, often underdiagnosed, sleep disorder that affects nearly 40 million U.S. adults and children. Blockage of the upper airway causes frequent interruptions in breathing during sleep. These interruptions, or "apneas", not only disrupt sleep and reduce oxygen levels, but they can also lead to many serious health complications such as heart attack, stroke, heart failure and arrythmias.

When to suspect OSA

Common symptoms in patients with OSA include habitual snoring, excessive daytime drowsiness, difficulty waking up, morning headaches and irritability. Patients who are obese, have a history of hypertension, or possess anatomical features that predispose them to airway obstruction (e.g., enlarged tonsils or a small jaw). In children, OSA might be suspected if they exhibit behavioral problems, academic difficulties, or sleep disturbances.

How is OSA diagnosed?

Diagnosing OSA typically involves a combination of clinical evaluation and polysomnography, a comprehensive sleep study. The severity of OSA is assessed based on the frequency of apneas and hypopneas (partial blockages) per hour of sleep, known as the Apnea-Hypopnea Index (AHI).

How is OSA managed?

The management of OSA involves lifestyle modifications, medical interventions, and, in some cases, surgical options. The primary treatment for moderate to severe OSA is Continuous Positive Airway Pressure (CPAP) therapy. For patients who cannot tolerate CPAP, other treatments such as bilevel positive airway pressure (BiPAP), oral appliances, or surgical options (e.g., uvulopalatopharyngoplasty) may be considered.

Conclusion

Obstructive Sleep Apnea is a common, often underdiagnosed, condition that can cause significant, long -term health issues, making early diagnosis and treatment critical.

To learn more about the latest on OSA and its management, the American Academy of Sleep Medicine is a great resource: https://aasm.org/

Minimum Subcontractor Provisions

AHCCCS has made several significant changes to the AHCCCS Minimum Subcontractor Provisions (MSPs) that are effective October 1, 2024, which are incorporated into your contract with BUHP or BPA. Please visit the AHCCCS website to review the changes and new requirements. Here is the link to the document: https://tinyurl.com/2p4vp4m8

Compliance Corner

AHCCCS and Medicare Billing Rules for Rendering Providers

For AHCCCS, providers who are independently licensed should be billing under their own NPI as the rendering provider when they provide the service. AHCCCS does not allow mid-level providers such as Nurse Practitioners and Physician Assistants to bill under the NPI of a Medical Doctor.

In addition, for Behavioral Health Providers, if a Behavioral Health Professional (BHP) is independently licensed and is an independent biller, they are only allowed to use their own NPI as the servicing/rendering provider to bill for behavioral health services that they themselves provided. AHCCCS does not permit a BHP to bill for behavioral health services under their own NPI for services provided by another person. Claims for the services which are provided by a non-independent biller (which includes an associate level BHP, Behavioral Health Technician [BHT] or Behavioral Health Paraprofessional [BHPP]) must be submitted by using the licensed behavioral health facility NPI as the rendering provider. In addition, the name of the person who is providing the service must be added to box 19 of the claim form. For hospital provider types, they may bill BHT charges incident to an appropriate licensed provider on a UB04 claim form.

In most cases, Medicare requires that services be billed under the NPI of the rendering provider (the provider who performed the service). Billing under a non-rendering provider's NPI is only allowed in locum tenens arrangements or if the service meets "incident to" requirements. Medicare's "incident to" requirements refer to conditions under which professional services provided by non-physician practitioners (NPPs) can be billed under a physician's NPI. The key requirements for billing "incident to" under Medicare are:

1) Direct Supervision: The service must be provided under the direct supervision of a physician. This means the provider must be present in the office suite and immediately available to assist, though not necessarily in the same room.
2) Established Patient: The patient must be an established patient of the physician.
3) Physician Involvement: The service must be part of the patient's ongoing plan of care established by the physician. The physician must be the one to initiate treatment and is required to see the patient at a frequency that reflects active involvement in the patient's plan of care.
4) Setting: The services must be provided in a physician's office or group practice, physician directed clinic, or a similar setting. Hospitals and nursing homes do not qualify for "incident to" billing.
5) Documentation: Documentation must show that the service was provided under the physician's supervision, in accordance with the established plan of care, and clearly outline who performed the service.

Additional information on Medicare "incident to" guidelines can be found at:

https://tinyurl.com/ykbp74ac and also, at: https://tinyurl.com/3sv8atct

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 Prime HMO – 844-549-1857
Banner Medicare Advantage Plus PPO -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

Implement Credential Stream for Banner Plans and Networks

We are pleased to announce the successful implementation of the Credential Stream product for Banner Plans and Networks.

Description and Benefits:

CredentialStream is a solution to request, gather, and validate information about a provider to create a Source of Truth to serve downstream processes.

The Banner Plans and Networks team transitioned from Provider Manager to Verity's Credential Stream system for provider demographic data and network/product management.

This project started in June 2023 and involved three huge iterations of database/file exports, data ingestion, code conversions, and data consolidation. This required very detailed user acceptance testing in order to make sure data was accurate and not duplicated. In addition, many hours were spent on data mapping, development of workflows and reports, and over 22 separate training modules taken. Total record counts are 102,219 practitioners, 59,681 locations, 572,815 licenses and certifications, 88,228 education records, 444,144 training records, 279,881 work history records. Data integration from AHCCCS reference files and Morrissey were also built as part of the project.

Benefits:

- Unified credentialing system across Banner Health, integrating both BPN and CVO.
- Consolidating credentialing into one platform with automated web crawls, workflows, and logic
- Automated ingestion of identifiers such as AHCCCS ID and other data
- Provider data accuracy – the team scrubbed and validated data going in to ensure accuracy of data loaded.
- Improved compliance reporting

Banner Medicare Advantage Patient Education Opportunities

BMA members with diabetes are encouraged to register for our telephonic Dial Into Diabetes. This is a 90-day individualized diabetes self-management program run by a multidisciplinary team including CDCES, RD, RN, exercise physiology, and pharmacy.

- Open enrollment throughout the year.
- The program is free for BMA members with a diagnosis of diabetes.
- To register, call 602-230-CARE.

BMA members are invited to join our telephonic "Let's Talk About Diabetes" a 6-part group series focusing on diabetes and wellness self-care behaviors.

- Series begins 9/11/24 and 10/23/24, but members can jump in at any point.
- The program is free for BMA members
- English and Spanish language sessions are available.
- To register, call 602-230-Care

In person "Daily Care: Living Your Best Life with Diabetes" is offered to our BMA members in both English and Spanish.

- September 5, 2024: Balancing Your Meals
- November 7, 2024: Holiday Meals and Staying Active
- The program is free for BMA members
- To register, call 480-684- 5090

Ignite Your Health: A Community of Support. This interactive, telephonic group is aimed towards BMA members with diabetes. Support individuals are encouraged to attend.

- Topical discussions each month
- Second Tuesday of each month
- The program is free for BMA members
- To register, call 602-230-CARE

BMA Wellness Wednesday virtual education events

- Preventative Screenings
  - 9/18/2024, 1:30 p.m.
  - An ounce of prevention is worth a pound of cure. Register to learn more about how preventative screenings can help you detect disease in their early states when treatment options are more effective.
- Seated Exercises
  - 10/17/2024
  - Seated exercise demo focused on increasing range of motion and strength.
- These events are free for BMA members
- To register, e-mail BMAWellness@BannerHealth.com

Grievance and Appeals

Importance of Including Complete information with appeals

As part of our ongoing efforts to ensure timely and accurate resolution of appeals, we want to remind you of the importance of including all pertinent information when submitting an appeal. Providing comprehensive documentation from the outset helps to expedite the review process and ensure that appeals are evaluated based on all relevant details.

Key Points to Remember:

1. Complete Documentation:

Always include all necessary medical records, prior authorizations, and any additional information that supports the appeal. This helps us fully understand the case and make an informed decision.

2. Clear Explanation:

Ensure that your appeal includes a clear explanation of why the original decision should be reconsidered, refencing specific policies or clinical guidelines if applicable.

3. Timeliness:

Submit appeals within the required timeframe to avoid delays. Timely submissions allow for prompt resolution, benefiting both your practice and the patient.

Appeals submitted after the deadline may not be accepted for review. It is essential to adhere to the filing timeliness to ensure that your appeal is considered.

4. Use the Correct Forms:

If applicable use the designated forms and ensure they are fully complete before submission. This reduces the likelihood of needing to request additional information, which can delay the process or result in an appeal denial.

By following these guidelines, you help us to provide quicker and more efficient reviews.

Maximizing Efficiency: A Guide to Timely Filing

BUFC – ACC/ATLCS:

Providers must submit all claims for covered services provided to members within one hundred and twenty (120) days after the Covered Services are rendered, whether fee-for-service or capitation. Unless another timeframe is specified in your contract, claims initially received more than 120 days from the date of service will be denied. Non-contracted providers must submit within six (6) months from the date of service. Secondary claims must include a copy of the primary payer's remittance advice and be received within 60 days of the primary payer's remittance advice. Non-contracted providers have 60 days from date of the primary payer's remittance advice or six months from the date of service, whichever is greater.

Banner Medicare Advantage Plus, Prime, Dual:

Providers must submit all claims for covered services provided to members within one hundred and twenty (120) days after the Covered Services are rendered, whether fee-for-service or capitation. Unless another timeframe is specified in your contract, claims initially received more than 120 days from the date of service will be denied. Non-contracted providers must submit within six months from the date of service. Secondary claims must include a copy of the primary payer's remittance advice and be received within 60 days of the primary payer's remittance advice. Non-contracted providers have 60 days from date of the primary payer's remittance advice or six months from the date of service, whichever is greater.

2024 Banner Medicare Advantage Provider Manual	https://tinyurl.com/ddv4cr4v
CMS.Gov Notices and Forms	https://tinyurl.com/y9mup39s
2024 Banner University Family Care Manual	https://tinyurl.com/dk2drj6w
Banner Medicare Advantage Grievance and Appeals Fax	(866) 873-0029
Banner – University Family Care/ACC & ALTCS Fax	(866) 465-8340

HEDIS Quality Measure

Glycemic Status Assessment for Patients With Diabetes (GSD)

2024 Measure changes:

- Measure A1c Control/Blood Sugar Control name changed to: Glycemic Status Assessment for Patients With Diabetes (GSD)
- Glucose management indicator (GMI) was added as an option to meet gap closure criteria

Measure definition: The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) showed their blood sugar is under control during the measurement year adequate control is < 8.0%, poor control is > 9.0%).

Codes that will help close the HEDIS numerator care gap:

HbA1c Level < 7.0%	
CPT®/CPT II	3044F
SNOMED	165679005
HbA1c ≥ 7.0% and <8.0%	
CPT®/CPT II	3051F
HbA1c ≥ 8.0% and ≤9.0%	
CPT®/CPT II	3052F
HbA1c > 9.0%	
CPT®/CPT II	3046F
SNOMED	451061000124104
Glucose Management Indicator (GMI)	
LOINC	97506-0

Government Programs Updates

ALTCS E/PD RFP Protest

On Sunday, September 9th, we received the disappointing news that AHCCCS had rejected the Administrative Law Judge's (ALJ's) key factual and legal findings. The result of AHCCCS' review was to deny the protests filed by Banner, Mercy Care, and Health Choice, and to affirm the awards of statewide contracts to Centene and United Healthcare.

It goes without saying we are disappointed in this decision. By law, we have the right to seek a rehearing or review or file an appeal directly with the Superior Court. We are assessing these options and will continue to keep you all updated as those decisions are made.

Since transition activities have been paused since August 9th, we do not expect members to transition immediately, and we are urging continuation of the "pause" given the strength of our appeal. AHCCCS has not stated when implementation of the awarded contracts will resume. Here is the latest public statement and fact sheet put out by the agency (https://tinyurl.com/ywkx832y). As we work through these next steps, we will continue to prioritize support for our members, providers, and staff.

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 ProviderExperienceCenter@bannerhealth.com to ensure our user records are current.