Banner
University Health Plans

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Provider Update

In this issue:

Maternal and Child Health

Maternal & Child Health – OB, Pediatric and CRS Care Coordination

The B – UHP Maternal Child Health (MCH) team is available to coordinate with both members and providers, offering a fully integrated and multi-disciplinary care management programs to those who need help navigating the health care system.

Our *OB Care Management* team works to coordinate care and support members with increased risks or unmet needs in pregnancy. We can help resolve barriers to care and address social determinates of health, throughout the member's pregnancy and for up to a year or more postpartum. Care Managers help link mothers to medical, behavioral and community-based resources. We provide direct member support and promote compliance with prenatal care appointments, prescribed medical care regimens and postpartum follow-up. BUHP places a critical importance on early, regular and comprehensive maternity health care. A provider's early submission of the NOP or "Notification of Pregnancy" form to the Health Plan is the key step to ensuring our most expedient and effective maternal outreach and support. An electronic fillable PDF of the NOP form is available in the Banner – University Health Plans Provider Manual at: https://tinyurl.com/3nv5aabm.

The *Pediatric Care Management* team is available to support any member under 21 years of age. Our team of experienced Pediatric RN Care Managers coordinate with providers and facilitate, support and guide members/guardians to positive health outcomes. They work closely with the health plan's Children's Behavioral Health team to effectively co-manage and coordinate the complex combination of both physical and behavioral healthcare needs.

Children's Rehabilitative Services – The health plan's MCH department has a dedicated CRS team to focus on supporting current and former CRS-designated members, their families and their providers. Our CRS team is also available to help manage the complex application process for members who may have CRS eligible conditions, including eligibility review, facilitating required consults and follow-ups, preparation of comprehensive application packets, submission to AHCCCS and appropriate follow-up to state determination.

REFERRALS or requests for assistance with any OB (prenatal or postpartum), Pediatric or CRS member can be sent to: BUHPMaternalChildHealth@BannerHealth.com or simply call our Customer Care Center (800-582-8686) and ask to speak with the Maternal & Child Health team.

Tdap Vaccine Recommended in Pregnancy

The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women receive a Tdap shot between 27 and 36 weeks of each pregnancy. The Tdap shot is a safe and effective way to protect women and their babies from serious illness and complications of pertussis. Additionally, it is safe to get the Tdap vaccination at the same time as an influenza and COVID vaccination. For mothers who do not get a Tdap vaccination during pregnancy, it can be administered immediately postpartum. If the mother is breastfeeding her baby, there may be some protection passed on to the newborn through her breastmilk. ACOG also recommends unvaccinated adults receive a Tdap vaccination at least two weeks before interacting with a newborn. Please talk to your patients and their families about the importance of getting the Tdap vaccine during pregnancy. If your patient has Banner University Family Care and is having difficulty getting her vaccination, please have her our Customer Care Center at 800-582- 8686 and ask to speak to an OB Care Manager.

Postpartum Depression and Perinatal Anxiety Screenings

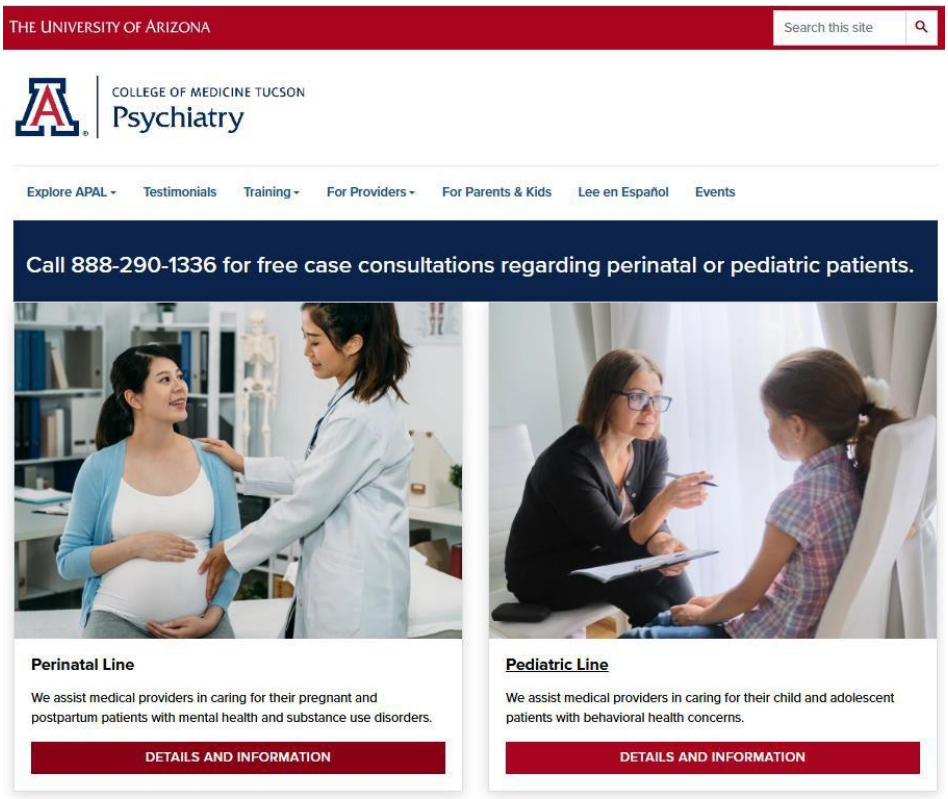
Regular screening for depression and anxiety is very important both during and after a woman's pregnancy, to help ensure the best outcomes for both mother and newborn. AHCCCS requires all maternity care providers complete Perinatal and Postpartum Depression (PPD) screenings at least once during the pregnancy and again at the postpartum visit. Appropriate counseling and referrals must be provided to any member who has a positive screening for depression or anxiety.

Providers may refer to any norm-referenced validated screening tool to assist the provider in assessing the postpartum needs of women regarding depression and decisions regarding health care services provided by the PCP or subsequent referrals for Behavioral Health services if clinically indicated.

PPD Screening during EPSDT / Well-Baby Visits:

To improve early identification of postpartum depression and promote the best possible health outcomes for both mother and newborn, *separately billable screening of the birthing parent for signs and symptoms of PPD is a **required** screening during each of the one-, two-, four- and six-month EPSDT visits*. Providers are to use a standard norm-criterion referenced screening tool and keep a copy of this screening in the newborn member's record. Positive screening results require referral to appropriate case managers and services at the respective maternal health plan.

https://apal.arizona.edu/



CSPMP Screening Requirements for Pregnant Members

Per the AMPM (AHCCCS Medical Policy Manual) Policy 410 Maternity Care Services, page 7 (item C., 3., e.) all Maternity care providers shall ensure that:

> All pregnant members are screened through the Controlled Substances Prescription Monitoring Program (CSPMP) at least once during each trimester, throughout their pregnancy.
> Pregnant members receiving opioids must be provided appropriate intervention and counseling, including referrals for behavioral health services as indicated for substance use disorder (SUD) assessment and treatment.

The CSPMP tracks prescribing, dispensing & consumption of Schedule II, III and IV controlled substances in Arizona, to help mitigate inappropriate use.

- General CSPMP Contact Information: 602-771-2732 or pmp@azpharmacy.gov

Consents for Coordination of Care with SUD Treatment Providers

OB providers shall obtain member consent for coordination of care and information sharing with SUD treatment providers. AHCCCS requires all maternity care be provided in compliance with current ACOG (American College of Obstetricians and Gynecologists) standards.

Per the ACOG Clinical Guidance Cmte. opinion #711 (reaffirmed 2021), opioid use disorder in pregnancy should be co-managed by the OB provider and a provider with addiction medicine expertise AND *an appropriate 42 CFR Part 2-compliant consent for release of information should be obtained.*

Maternal MAT Resources

Banner – University Health Plans has a Maternal MAT (Medication Assisted Treatment) services directory available online. The Maternal MAT directory is organized by county and provides a break-down of agencies, services, locations and referral info for each provider's site, at: https://tinyurl.com/mw94c4fc.

Or go to www.bannerhealth.com/bhpprovider/resources/mch/pregnancy. Scroll to Maternal Medication Assisted Treatment (MAT) Services & Resources and select the Maternal MAT Directory link.

Agencies listed in this directory are contracted with B – UFC and may not reflect all behavioral health providers.

For additional General Mental Health / Substance Use providers, please refer to the B – UHP Provider Look-Up site at https://www.bannerhealth.com/bhpprovider/find-a-provider-rx

Head Start & Early Head Start

Early Head Start and Head Start Programs are family-centered, early childhood education offered at no cost to qualifying families, for children from birth to 5 years old. These programs focus on developing the physical, social, emotional and learning skills children need to be ready to promote into kindergarten. **As part of a well-child or EPSDT visit for children under 5, providers are encouraged to discuss the benefits of the Head Start and Early Head Start programs and indicate any referrals on your EPSDT visit documentation.**

Who is eligible for Head Start?

- Families with children ages birth to five who are income-eligible
- Children with diagnosed disabilities
- Children in foster care
- Families experiencing homelessness
- Pregnant women
- Families receiving SSI and TANF

How to refer members to Head Start:

https://tinyurl.com/mufe9yym

Arizona Head Start Association 602-338-0449

Arizona Head Start program locater flyers: https://tinyurl.com/43hkvdya

Vocational Rehabilitation Tracking Requirements: Employment Services

The Rehabilitation Services Administration/Vocational Rehabilitation (RSA/VR) is the primary payer of employment services. This means that RSA/VR must be offered to members who are interested in employment support and becoming employed. For our GMH/SU members, a referral means connecting interested members to RSA/VR and documenting it in the member's file. Providers are also required to track these referrals and submit the tracker as a deliverable.

Previously, B – UHP has requested the VR referral tracker on a quarterly basis. We will now be asking for these deliverables to be submitted monthly. Deliverables are due on the 5TH of each month and can be sent to healthplanemployment@bannerhealth.com. The report will also be changing slightly with the addition of one tab, to capture member progress.

If you believe your organization is not on the distribution list for updates related to this deliverable, or if you have questions related to the content please reach out to healthplanemployment@bannerhealth.com.

For more information about AHCCCS requirements related to Employment Services please consult the AHCCCS Contractor Operations Manual 447 (ACOM 447)

Compliance Corner

AHCCCS Provider Suspensions List

Arizona Healthcare Cost Containment System (AHCCCS) has a list of current provider suspensions on the website under the Fraud Prevention Tab and Provider Suspensions and Terminations. In this section of the website, there is a Provider Listings Search Tool, a Provider Due Process Flier, and the list of Current Provider Suspensions with the date the list was updated.

AHCCCS may suspend payments to a provide when a credible allegation of fraud is identified. Providers will receive a letter from AHCCCS notifying them of the reason for the suspension.

AHCCCS State Exclusion List

Recently, AHCCCS started posting a current Provider Exclusion List with the effective date of the list. Under authority in the Arizona Revised Statutes and the Arizona Administrative Code, AHCCCS may exclude entities and individuals for reasons outlined in the ARS and AAC. The definition of exclude means items and services furnished, ordered, or prescribed by a specific individual or entity and will not be reimbursed by the administration, a contractor (which includes Banner Health Plans), or any agent of the administration or a contractor. This also includes the termination of a provider agreement or AHCCCS' refusal to enter into a provider agreement.

This list is located on the AHCCCS website under the Fraud Prevention Tab, and under State Exclusion List. The list includes the Provider Name and the Exclusion Effective Date and Exclusion End Data which spans five years.

Updated Compliance Documents for 2025

In January 2025, Banner Plans and Networks will be posting the updated 2025 BPN Compliance Program and FWA Plan, the 2025 Banner Health Code of Conduct and the 2025 Updated General Compliance and FWA Training for FDRs.

They will be available on the websites below:

B – UFC /B – UHP: https://tinyurl.com/5ffdbb8d

Banner Medicare Advantage: https://tinyurl.com/383x32fu

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 via phone 520-874-2847 (office) or 520-548-7862

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

Banner Medicaid and Medicare Health Plans Customer Care Contact Information

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

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

Health Equity/Cultural Competency Update for Provider Update

As part of our 2025 Cultural Competency Plan, we look forward to working with you on increasing our collective cultural humility. This year, we will focus on the Transition Age Youth and Newly Resettled populations. These initiatives will be led by members of the Cultural Competency Committee.

We plan to conduct a focus group with members and providers to get direct feedback and learn more about the Transition Age Population. Any person receiving these services and any organization providing services are invited. If you would like to participate, please contact our Customer Care Center at 800-582-8686 and request an email be sent to our Complete Care Director.

We also plan to provide training and resources for the Newly Resettled population. We will be adding resources to our website health equity content and will be found at https://tinyurl.com/2mep3mmh. We will conduct a training later in the year. If there are specific topics you think should be included in the training, please contact our Customer Care Center at 800-582-8686 and request an email be sent to our Complete Care Director.

Integrated System of Care

Centers of Excellence

Banner – University Health Plans Centers of Excellence (COE) are programs recognized as providing the highest levels of leadership while demonstrating exceptional service delivery to our members. COEs implement evidence-based practices that result in a high degree of positive outcomes. The COEs within our network have delivered exceptional services to B – UHP members, while focusing on:

- High quality of care
- Most appropriate service delivery
- Clinical excellence
- Patient satisfaction

B – UHP selects COEs based on criteria and data that supports desired member outcomes and increased member satisfaction through exceptional service delivery, including:

- Policy and process
- Clinical outcomes
- Treatment planning and care coordination

The B – UHP recognizes Centers of Excellence for providers serving members in the following areas:

- Autism Spectrum Disorder
- Transition Age Youth
- Adolescent Substance Use Disorder
- Pain Management
- Birth to Five
- LGBTQ+ Affirming Care
- First Episode of Psychosis

If your agency is interested in becoming a Center of Excellence, please reach out to csoc@bannerhealth.com

Services for Members with Autism and Authorization for ABA

Services for members with Autism should be individualized and address the member's specific needs. The Child and Family team should work with the family to assess the whole person health needs and then identify medically necessary services. A variety of outpatient services and evidence-based practices are beneficial to Autistic members and their families. The Child and Family team is responsible for developing a service plan and referring the member to the services that will address their needs. Some examples of services that may meet the needs of Autistic members and their families include:

- Skills Training and Behavior Coaching
- Family Support and Peer Support
- Family Counseling
- Individual Counseling
- Psychiatry and Medication Monitoring
- Occupational and Physical Therapy
- Speech Therapy
- Respite

Applied Behavior Analysis is one service that may address the needs of our members. In 2025, B – UHP will introduce a process for prior authorization and/or ongoing authorization for ABA services. B – UHP will provide additional information about the authorization criteria and process in February 2025.

Lists of providers who diagnose and specialize in treatment of individuals with Autism can be found on the B – UHP website, https://tinyurl.com/2psshhpb. Additional resources and support may be found on the Great Phoenix Autism Society website https://phxautism.org/ and the Autism Society of Southern Arizona website https://as-az.org/.

ACES and Resilience Summit Regional Events

B – UHP partnered with the Arizona ACES Consortium to host viewing parties of the ACES and Resilience Summit on December 12th. This collaboration allowed individuals in Cochise, Yuma and Graham Counties to participate in the last day of the in-person conference without having to travel to Phoenix. Workshops focused on Trauma Informed Care and Resiliency. These viewing parties could not have been a reality without the support of our collaborative partners including Cochise Community College, Regional Center for Border Health, and the Graham County Substance Use Coalition.

Trainings on the AHCCCS Covered Services Guide

Banner University Health Plans (B – UHP) will provide an overview and training on the AHCCCS Covered Services Guide and associated tools and documents. This training is appropriate for provider staff in the B – UHP Network. Register for one of the online trainings using the links below.

- January 29th 9:00-10:00am https://tinyurl.com/mra6dy6u
- February 24th 1:00-2:00pm https://tinyurl.com/5zfxkjzb
- March 28th 11:00am-12:00pm https://tinyurl.com/ytp8sjw7

March BUHP Provider Education Forums

Noon – 1:30 p.m. Tuesday, March 25th
Noon – 1:30 p.m. Thursday, March 27th
Call in info: 480-378–7231 Conf ID: 899 690 533#
Microsoft Teams: https://bit.ly/3DTmgIm

*The same information will be presented during both meetings, so you only need to attend one session.

Children's System of Care

Transition Age Youth

The behavioral health system is required to ensure young adults are provided with the supports and services they need to develop the skills necessary to navigate the transition to adulthood. Service delivery should be individualized, strengths-based, and culturally responsive. The Children's System of Care and the Adult System of Care should work in partnership to ensure continuity of care and skill building.

In 2025, B – UHP will provide a training, **Supporting Youth to Successfully Transition to Adulthood** on the following dates:

- March 11, 2025 at 11am
- July 23, 2025 at 12pm
- October 23, 2025 at 11am

This training will review the AHCCCS requirements for Transition Age Youth, review of services and supports to meet the needs of this age group, and setting expectations for the adult system. Case managers, clinicians, and other behavioral health works who serve youth and young adults ages 14 to 24 should attend. Staff can register for this training at: https://forms.office.com/r/mtBkkSANFk

Therapeutic Foster Care

Therapeutic Foster Care (TFC) provides structured daily behavioral interventions within a home-based licensed family setting. This service is designed to maximize the member's ability to live in a family setting, participate in the community and to function independently. Members do not have to be in foster care to access this service.

Banner is hosting a training on Therapeutic Foster Care on January 23, 2025. To register for this training, providers can use this link: https://forms.office.com/r/Q5EsaDrph2
Members with complex needs may meet criteria for a modified rate. The tiered rate structure is in place to better support youth with complex needs. For more information on tiered rates, ask B – UHP during the prior authorization process.

Tips from Secret Shopper Calls for Providers Serving Adolescents with Substance Use

In December 2024, the Integrated System of Care Team completed a series of secret shopper calls for providers who offer services to adolescents who use substances. Secret Shopper calls will continue in 2025. Providers that received a Secret Shopper call will receive direct feedback in January 2025. However, all providers can learn from the findings of the Secret Shopper calls. Based on the outcomes of the calls, it is recommended that:

- Staff who answer phones are trained and able to provide the following information (or a connection to someone else who can):
  - Up to date information on the types of services available at each agency location
  - Briefly screen for acuity and best fit
  - Alternative resources if a service is currently not available (individual therapy, connection to an alternative agency, referral to health plan customer service, etc.)
- Phone numbers that come up in an internet search and are present on the website are in good working order and are answered regularly
- Website information is up to date with contact information, services provided, and locations

B – UHP encourages all agencies regardless of service type to conduct internal Secret Shopper calls and review internet search results, ease of navigation of website, accuracy of website content, customer service, and quality, accurate information availability at time of call.

How Key Elements in the Children's System Work Together:

The Children's System of Care (CSOC) provides comprehensive, coordinated services for children with mental health, behavioral, and emotional needs. Individualized care is delivered to each child through the Child and Family Team (CFT). The CFT is designed to involve children and their family in the decision-making process for services. The CALOCUS tool is used for children ages 6 to 18 to assess the severity of a child's emotional and behavioral needs. CALOCUS informs the Child and Family Team (CFT) about the appropriate intensity of treatment. Children with a CALOCUS score of 4, 5, or 6 are considered to have a "high needs" level of intensity, thus requiring these children to be enrolled in High Needs Case Management (HNCM) services with an assigned high needs case manager. HNCM ensures continuity of care for children with complex needs in the least restrictive environment. HNCM is essential for children who require frequent or specialized interventions, such as those with Serious Emotional Disturbance (SED) or complex medical needs. Children with a SED designation are required to be connected to a Health Home and many will likely benefit from HNCM. As children progress in treatment, the CFT will continue to monitor and adjust services to ensure that the current treatment is medically necessary and aligns with a child's current needs.

For additional information on CSOC AHCCCS requirements please review AMPM 570 Provider Case Management and AMPM 580 Child and Family Team: https://tinyurl.com/4rcdstuz

Any additional questions can be directed to csoc@bannerhealth.com

SED Redetermination AHCCCS Deliverable

The Banner Children's System of Care (CSOC) would like to extend our sincere thanks to all the behavioral health providers for their dedication and hard work in completing the SED Redetermination deliverable over the past eleven months. We recognize that this request has been an evolving process that was best met with flexibility, patience and the willingness to learn. Your commitment to supporting children and their families is truly appreciated.

As a reminder, it is required that providers assess and submit SED determinations for newly eligible members to Solari, when clinically appropriate and agreed upon by the HCDM: https://tinyurl.com/4y6286f6

Additionally, all members with a SED designation are required to be connected to a Health Home. This includes redetermined and newly determined members with a SED designation.

For information on the updated qualifying SED diagnosis list, effective 10/1/24 please see the AHCCCS update at: https://tinyurl.com/49877sd6

Additional questions can be emailed to csoc@banerhealth.com

Neighborhood Advisory Committee

We continue to solicit providers to participate in our Neighborhood Advisory Councils. Our Neighborhood Advisory Councils have the following objectives:

- Enlist councils in providing feedback on barriers to achieving measures.
- Councils and Health Plan becomes partners in creating Healthy Communities.
- Strengthens commitment for providing a forum where Providers and Community can provide feedback to Health Plan.

The Neighborhood Advisory Councils are multidisciplinary. The following are standing agenda items:

- Quality and Clinical Strategies
    - Ensure suggested interventions are consistent with current interventions.
    - Provide guidance on closing gaps in care.
    - Provide resources and tools.
- Workforce Development: address workforce challenges
- Care Transformation Updates
- OIFA Updates

If you are interested in participating in a Neighborhood Advisory Council, contact please contact our Customer Care Center at 800-582-8686 and request an email be sent to our Complete Care Director.

Extension of Telehealth Waiver through March 31, 2025

During the Public Health Emergency beginning on March 6, 2020, individuals with Medicare had broad access to telehealth services under the 1135 Waiver. The provisions included:

- Expansion of practitioners eligible for furnish telehealth services
- Extension of telehealth services for Federally Qualified Health Centers and Rural Health Centers
- Waiver of in-person visit requirements for behavioral Health
- Allowance for the furnishing of audio-only telehealth services
- Extension of the use of telehealth for hospice recertification

President Biden signed the stop gap spending bill on Saturday, December 21, 2024, which included an extension of the provisions listed above until March 31, 2025.

Annual Model of Care Training Requirement for all Banner Medicare Advantage-Dual Providers

The 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 Annual Model of Care Training and submit the Attestation per CMS.

This training and attestation take a minimal amount of time to complete (approximately 30 minutes).

Instructions:

1. Review the training content located here: https://tinyurl.com/ywsecrup.
2. Complete the *Annual Attestation*: https://tinyurl.com/r5avb5xx.

When completing your online attestation, please ensure you are documenting each practitioner's *individual NPI* on the attestation form.

Preventative Health – ALTCS Incentive Campaign

The B – UHP Quality Management Department performed an analysis to assess subpopulations within the overall membership. This was to understand how various groups within a larger population differ in terms of specific characteristics, behaviors, and/or outcomes. The goal is to detect potential healthcare inequalities or disparities in outcomes, access to resources, and/or other key metrics. This process is instrumental in identifying and implementing targeted interventions or strategies to address the specific needs of identified subpopulation(s). Subpopulations can include, but are not limited to, age, county, race and/or enrollment type. BUHP uses a systematic process for implementing targeted interventions to address subpopulation healthcare inequities.

In the spring/summer 2025, an incentive program will be initiated in collaboration with Soda Health to encourage members to complete the following preventative health services as it relates to the following performance measures:

- Breast cancer screening
- Controlling high blood pressure
- Cervical cancer screening
- Colorectal cancer screening
- Initiation and engagement of Substance Use Disorder Treatment
- Glycemic Status Assessment for Diabetes (HbA1c/GMI Control)

Text messages will be sent to eligible members to participate in the incentive program. BUHP anticipates approximately 3,600 members will be eligible for participation. Undeliverable text messages will be reported to Quality Management and postcards will be mailed instead. Stay tuned for more campaign kick-off information.

If members have questions or need help scheduling appointments, they can call our Customer Care Center at (800) 582-8686, or TTY 711, 8am-5pm, Monday – Friday.

Preventative Health – Breast Cancer Screening (BCS)

Members 40 years or older are encouraged to get a mammogram to screen for cancer. As a health plan, it is encouraged for them to do so on or before October 1st. Routine screenings are important to maintain good health!

In addition to routine screenings, knowing the signs and symptoms of breast cancer is also important. Breast tissue, in general, is lumpy which can be misinterpreted as a health concern. However, lumps that feel harder than the rest of the tissue should be examined. Other signs that women should not ignore are:

- Lumps, hard knots or thickening inside the breast or underarms
- Swelling, warmth, redness or darkening of the breast
- Breast size or shape changes
- Dimpling or puckering
- Sores or rashes on the nipple that may be itchy or sore
- Nipple discharge
- Pain in one spot that continues
- Pulling in of the nipple or other parts of the breast

2024 BCS Incentive Program Outcomes

The B – UHP Quality Management Department performed a subpopulation analysis across eight performance measures. The intent is to assess subpopulations within the overall membership to understand how various groups within a larger population differ in terms of specific characteristics, behaviors, and/or outcomes. The goal is to detect potential healthcare inequalities or disparities in outcomes, access to resources, and/or other key metrics. This process is instrumental in identifying and implementing targeted interventions or strategies to address the specific needs of the identified subpopulation(s).

B – UHP uses a systematic process for identifying subpopulations with noted healthcare disparities and implementing targeted interventions to address inequities. For Breast Cancer Screening (BCS), the following subpopulations significantly underperformed when compared to the total population and were identified as having noted disparities:

- Members 52-55 years old
- Members who live in in La Paz, Graham, Maricopa, and Gila Counties
- American Indian/Alaska Natives and Black/African American members

In an effort to increase breast cancer screening rates and to help overcome healthcare disparities, B – UHP ran a BCS incentive program from October 1st to December 31st. The incentives were aimed to encourage healthcare participation, to overcome access barriers, and to promote healthcare equality. Members who completed health screenings received a $30 gift card.

Initial incentive outcome data indicates that in October 2024, 3,824 members were eligible for a breast cancer screening incentive. Of this number, 122 members (3.2%) received a reward. Of the 122 members who received a reward, 55 live in Maricopa County and 48 were between the

ages of 52-55. This indicates the incentive program effectively reached members who are identified with a healthcare disparity subpopulation for the BCS measure.

Early incentive data also indicates there was an approximate 2% increase in the number of breast cancer screenings from the same timeframe last year when there was no health incentive campaign. The incentive program also raised the breast cancer completion rate to the performance target goal for October and November 2024.

Historically, from 2021 to 2024, the number of breast cancer screenings has steadily increased with the performance target close in sight. Most importantly, the data suggests that members are investing in the reward of better health by completing necessary health screenings. Please keep talking with members about the importance of preventative health. Let's move the trend even higher for 2025!

If members have questions or need help scheduling a mammogram, they can call our Customer Care Center at 800-582-8686, or TTY 711, 8am-5pm, Monday – Friday.

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.