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

Provider Update

September, 2025

In this issue:

AzAHP Forms

Maintaining your practice information is important. Please access the latest most up to date AzAHP forms located on our website where you will also find instructions on how to submit your request: - https://tinyurl.com/2zfv4ffj. If you have any questions, please reach out to your Care Transformation Consultant or Specialist.

Contract Questions

For contract related inquiries, rates, and contract status you can reach the Contracting department at: BPAProviderContracting@BannerHealth.com. Please include your group name and tax identification number in your inquiry.

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.

Appointment Availability Standards Requirement

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 below as well as the AHCCCS website here: https://tinyurl.com/5wur5txp

- **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. Failure to comply could result in a resurvey and/or a Corrective Action Plan (CAP).

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

Member Advocate

Banner Plans and Networks does not prohibit, or otherwise restrict a provider, acting within the lawful scope of practice, from advising or advocating on behalf of a member who is his or her patient, for the following:

- The member's health care, medical needs, or treatment options, including alternative treatment that may be self-administered, even if needed services are not covered by Banner Plans and Networks
- Any information the member needs to decide among all relevant treatment options
- The risks, benefits and consequences of treatment or non-treatment
- The member's right to participate in decisions regarding his or her health care, including the right to refuse treatment and to express preferences about future treatment decisions. (42 CFR 438.102)

Providers must provide information regarding treatment options in a culturally competent manner, including the option of refusing treatment, and must ensure that members with disabilities have effective communication in making decisions regarding treatment options.

September Provider Education Forums

Noon – 1:30 p.m. Tuesday, Sept 23rd
Noon – 1:30 p.m. Thursday, Sept 25th
Call in info: (480) 378–7231 **Conf ID:** 920 082 082#
Microsoft Teams: https://bit.ly/3Ibpgly

**The same information will be presented during both meetings.*

Translation and Interpretation Services

Banner University Health Plans provides language interpretive services and translation assistance at no-cost.

If a member cannot speak with us or one of our health plan providers because of a language barrier, please contact our Customer Care Center at least 5 working days prior to the member's office visit.

- Customer Care Center hours of operation: Monday – Friday open from 7:30am-5pm
- Provide the representative with the member's AHCCCS ID number and the nature of the interpretation services required.
- You will be placed on hold while the representative connects you with the interpretation services.
- **Customer Care Center phone numbers:**
  - Banner University Family Care/ACC – 1-800-582-8686
  - Banner University Family Care/ALTCS – 1-833-318-4146
  - Banner Medicare Advantage Dual (BUCA) – 1-877-874-3930

BUFC Provider Manual Update

Banner has completed its annual review of the BUFC Provider Manual to ensure accuracy, clarity, and alignment with current AHCCCS policies. As part of this process, comprehensive updates have been made throughout the manual including revisions to content and formatting enhancements.

Neighborhood Advisory Councils

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 Kurt Sheppard, at Kurt.Sheppard@BannerHealth.com or Alma (Gina) Kemp at Alma.Kemp@BannerHealth.com.

Health Equity Accreditation

In July 2025, B – UFC/ACC and B – UFC /ALTCS received the Health Equity accreditation. This gives us a framework for improving our ability to serve members from all backgrounds, maximizes staff members' strengths and demonstrates commitment to minimizing barriers to accessible quality care.

How are we going to do this? We are going to:

- Collect and analyze data to identify barriers.
- Engage member and providers in building solutions to removing barriers.
- Develop vendor and community partnerships, when needed, to remove barriers.

The benefits of this approach are:

- Enhanced trust: helps build trust with members, providers, regulators and other stakeholders.
- Regulatory compliance: helps meet regulatory requirements and reduce risks.
- Operational efficiency: helps implement practices to establish better processes.

Compliance Corner

Fraud Warning from Health and Human Services (HHS) – Office of Inspector General (OIG)

OIG is warning the public regarding a fraud scheme that involves social media and fake websites to offer fake HHS Grants in order to steal money from victims. The scammers are posing as legitimate and asking for payment or personal information in order to receive the grants that are not real. Various social medial platforms and chat applications have been used to contact victims and direct them to false websites, online chats or chat boxes or a live customer support to attempt to obtain personal or financial information. They will likely pretend to be from HHS and explain to the person they will receive free Government grant money.

Be aware that HHS will never ask someone to pay money to receive a grant. These scammers try to trick people into sending cash or gift cards to cover fees for delivery or processing. And HHS will not contact someone through any social media channels to begin a grant application. Always note that HHS websites always utilize a .gov domain. They do not use .org, .com or .us domains.

Report the Scam
HHS OIG Hotline
TIPS.HHS.GOV

1-800-447-8477
TTY: 1-800-377-4950

Reminder on Training Requirements

All Healthcare providers are required to provide general compliance and fraud, waste and abuse training to its employees (including temporary employees and volunteers) and to any downstream entities within 90 days of contract or within 90 days of hire and annually thereafter. Evidence of internal training can be documented through an individual certificate or a list showing the information for all those who completed it through the internal web-based training.

In addition, providers must have policies and procedures in place to establish training requirements for all staff and provide training on the following aspects of the False Claims Act:

- The administrative remedies for false claims and statements:
- Any state laws relating to civil or criminal penalties for false claims and statements; and
- The Whistleblower protections under such laws.

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 (cell).

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 Plans and Networks 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

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: http://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

ACC / ALTCS Behavioral Health Services

SECLUSION AND RESTRAINT (SAR) REPORTING REQUIREMENTS

Technical Assistance Available email **BUHPRequests@BannerHealth.com** to arrange.

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/328nf833, based upon **AHCCCS MEDICAL POLICY MANUAL (AMPM) 962**

We encourage all B-UHP Providers to reach out for any questions, or if you would like the health plan to arrange Technical Assistance, regarding submission of SAR and / or IAD reports by Email to: BUHPRequests@BannerHealth.com.

Discharge hour on 21x final bills

This is a long standing NUBC guideline that is now being enforced by AHCCCS. Skilled Nursing Providers should be following the UB04 NUBC guidelines for final claims as noted below. It is not our intention at this time to recoup any claims already adjudicated by AHCCCS as Encounters (i.e. we don't intend to data mine for this issue and initiate wide recoupments). All claims that have been recouped, due to encounter pends/rejections, will require clean claim submissions.

We received the following from AHCCCS from the NUBC manual for UB04 2025.

4	**FL16 – Discharge Hour** Usage Note in 0050101-837 – Required on all final inpatient claims.	Required on all **final** inpatient claims (“IP”) **except** for 021x. This includes claims with a Frequency Code of 1 (Admit through Discharge), 4 (Interim – Last Claim) and 7 (Replacement of Prior Claim) ***when the replacement is for a prior final claim***.

DUGless Portal for Serious Emotional Disturbance (SED) Update

AHCCCS updated the SED identification and removal process for members under the age of eighteen. Effective 10/1/2025 providers are required to use the DUGless portal to report SED identification and removal. The new SED process is outlined in the updated AHCCCS AMPM 570 Serious Emotional Disturbance policy.

Providers are strongly encouraged to begin using the DUGless portal now to allow time for questions, troubleshooting and a smooth transition prior to the 10/1/2025 deadline.

Additional information on SED identification and removal is included on the AHCCCS website at: https://tinyurl.com/yh6dtutb

For additional questions contact the B – UFC Children’s System of Care at CSOC@BannerHealth.com.

The Essence of Peer Support and Member Voice: Transforming Healthcare Through Lived Experience

In the evolving landscape of healthcare and social services, two powerful concepts have emerged as catalysts for meaningful change: peer support and member voice. These interconnected approaches recognize that individuals with lived experience possess unique insights and capabilities that can profoundly impact recovery, healing, and system improvement. Together, they represent a fundamental shift from traditional top-down care models to collaborative, person-centered approaches that honor the expertise of those who have walked similar paths.

Understanding Peer Support

Peer support is a relationship-based practice where individuals who share similar life experiences, challenges, or conditions provide mutual assistance, encouragement, and guidance to one another. This approach is grounded in the belief that people who have navigated similar struggles possess invaluable wisdom and can offer hope, practical strategies, and emotional support in ways that traditional providers cannot.

Core Principles of Peer Support

- **Mutuality**: The relationship is reciprocal, with both parties benefiting from the exchange
- **Shared Experience**: Common lived experiences create authentic understanding and connection
- **Hope and Recovery**: Focus on possibility, resilience, and personal growth
- **Choice and Self-Determination**: Respecting individual autonomy and decision-making
- **Strengths-Based**: Emphasizing abilities, resources, and potential rather than deficits

Benefits of Peer Support

Research consistently demonstrates that peer support programs yield significant benefits:

- **Reduced Isolation**: Creates meaningful connections and reduces feelings of loneliness
- **Improved Outcomes**: Enhanced recovery rates, reduced hospitalizations, and better treatment adherence
- **Increased Engagement**: Higher participation in services and treatment programs
- **Enhanced Self-Efficacy**: Builds confidence and belief in one's ability to manage challenges
- **Cost-Effectiveness**: Often more affordable than traditional professional services while maintaining quality outcomes

The Power of Member Voice

Member voice refers to the active inclusion of members, families, or community members in decision-making processes that affect their care, services, and broader systems. It encompasses feedback, participation in governance, co-design of programs, and leadership roles within organizations.

Dimensions of Member Voice

- **Individual Level**: Personal care planning, treatment decisions, and goal setting
- **Program Level**: Service design, quality improvement, and policy development
- **Organizational Level**: Board participation, strategic planning, and organizational culture
- **System Level**: Policy advocacy, research participation, and community organizing

Creating Meaningful Member Engagement

Authentic member voice requires more than token consultation. Organizations must:

- **Provide Training and Support**: Equip members with skills and knowledge for effective participation
- **Create Safe Spaces**: Foster environments where honest feedback is welcomed and protected
- **Share Power**: Empower members to move beyond advisory roles to genuine decision-making authority
- **Address Barriers**: Remove obstacles such as scheduling conflicts, transportation issues, or accessibility concerns

The Connection Between Peer Support and Member Voice

When peer support and member voice work together, they create a powerful synergy that transforms both individual experiences and organizational culture. When peer support and member voice are blended, organizations experience:

- **Enhanced Authenticity:** Peer supports who also serve in member voice roles bring credibility and authenticity to both functions. Their lived experience provides legitimacy when advocating for system change.
- **Systemic Change:** Member voice initiatives informed by peer support principles can drive more meaningful organizational and policy changes. The combination ensures that improvements are grounded in real-world experience and practical wisdom.
- **Capacity Building:** Peer support relationships can prepare individuals to take on member voice roles, building confidence, skills, and knowledge necessary for effective participation in governance and advocacy.

Moving Forward

The essence of peer support and member voice lies in their fundamental recognition of human dignity, resilience, and the transformative power of shared experience. These approaches challenge traditional power dynamics in healthcare and social services, creating space for authentic partnership and mutual learning.

By embracing peer support and member voice, organizations and communities can create more responsive, effective, and humane systems of care. The journey requires commitment, resources, and a willingness to share power, but the rewards—improved outcomes, enhanced satisfaction, and stronger communities—make this investment worthwhile.

As we move forward, the integration of peer support and member voice will continue to reshape how we understand healing, recovery, and community. Their essence reminds us that everyone has something valuable to contribute, and that the most profound changes often come from those who have experienced challenges firsthand and emerged with wisdom to share.

The future of healthcare and social services is brighter when it includes the voices and experiences of all community members, recognizing that peer support and member voice are not just add-ons to existing systems, but fundamental elements of truly person-centered, effective care.

Banner ASD-ABA Collaborative Committee Meeting

B – UFC invites all *contracted Autism and ABA providers* to join the next bimonthly meeting focused on health plan updates and a discussion on current trends and needs within the system. Both child and adult serving providers are encouraged to attend. This is a valuable opportunity to stay informed, share feedback and collaborate on solutions that impact the care for individuals seeking Autism and/or ABA services.

The next meeting is scheduled for 9/24/2025 from 9:00-10:00am, via Teams.

If you have not received the meeting invite and are interested in joining, please contact B – UFC Children's System of Care at CSOC@BannerHealth.com.

Announcement: NSSD Submission Deadline

This is an important reminder about the upcoming deadline for submitting Non-Standard Supplemental Data (NSSD) for HEDIS® Performance Measures. It is crucial to ensure that all necessary documentation is submitted on time to avoid any disruptions in the evaluation process. **The deadline for NSSD submission is December 12, 2025.**

Submission Methods:

There are multiple ways to document HEDIS® Performance Measures, including claims and Non-Standard Supplemental Data. Acceptable methods of NSSD submission include:

- Innovaccer Uploads (bannerhealth.innovaccer.com/login)
- Email (BHNPopHealthSpec@BannerHealth.com)
- Fax (480-655-2500)

Additional Information:

- Claim submissions are the most expedient method of closing care gaps.
- Please do not use multiple submission modalities to submit the same documentation.

Resources:

For any assistance, please contact your Care Transformation Consultant. They can provide you with the following resources:

- Submission process for Innovaccer uploads, email, or fax:
  - Plans accepting NSSD
  - Quality metrics closed through NSSD
  - Quality metric documentation requirements
- NSSD Submission Training via Innovaccer (document and video)
- Cover sheet for fax and/or email submission
- Open Care Gap List
  - List of patients in the HEDIS® measure denominator
  - List of members with open HEDIS® care gaps

We appreciate your cooperation and timely submissions to ensure the accuracy and completeness of our HEDIS® Performance Measures. If you have any questions or need further assistance, please do not hesitate to reach out to your Care Transformation Consultant

Improving Health Equity Through Incentives and Outreach

Banner Plans & Networks' Quality Management (QM) department is launching three Health Equity Incentive Programs in 2025 to improve preventive care and reduce health care disparities across ACC and ALTCS populations.

ACC Back-to-School Campaign

From June 1 to November 30, ACC members who complete a Well Child Visit will receive a $20 gift card. This initiative targets 26,000 eligible members, supporting early detection and school readiness.

ACC Quality Initiative

Running July 1 to December 31, this program offers $20 gift cards for completed screenings, with over 75,000 members eligible. Focus areas include blood pressure control, lead screening, and cancer screenings, especially among rural, minority, and linguistically diverse populations.

ALTCS Quality Initiative

Also, from July 1 to December 31, ALTCS members can earn $25 gift cards for completing key screenings for breast cancer, colorectal cancer, and glycemic status assessment. The program supports 2,400 members, with emphasis on long-term care residents, older adults, and underserved groups who have been identified as needing these important preventative screenings.

These programs are based on health population disparity data with the and aim to close care gaps through targeted outreach and provider collaboration. Thank you for your continued partnership in advancing health equity.

Banner Health Plans' Quality Management (QM) department is launching three Health Equity Incentive Programs in 2025 to improve preventive care and reduce disparities across ACC and ALTCS populations.

- ACC Back-to-School Campaign (WCV): From June 1 to November 30, ACC members who complete a Well Child Visit will receive a $20 gift card. This initiative targets 26,000 eligible members, supporting early detection and school readiness.
- ACC Quality Initiative: Running July 1 to December 31, this program offers $20 gift cards for completed screenings, with over 75,000 members eligible. Focus areas include blood pressure control, lead screening, and cancer screenings, especially among rural, minority, and linguistically diverse populations.
- ALTCS Quality Initiative: Also from July 1 to December 31, ALTCS members can earn $25 gift cards for completing key screenings. The program supports 2,400 members, with emphasis on long-term care residents, older adults, and underserved groups identified in measures like BCS, COL, and GSD.

These programs are informed by disparities data and aim to close gaps in care through targeted outreach and provider collaboration. Thank you for your continued partnership in advancing health equity.

Banner Alzheimer's Conference on Dementia in Native Americans Oct. 30

Event to address prevalence of memory issues among Native Americans

The Banner Alzheimer's Institute Native American outreach program (https://tinyurl.com/4szkzj32) will hold its 19th-annual "Conference on Alzheimer's Disease and Dementia in Native Americans" from 8:30 a.m. to 3:30 p.m. Oct. 30 at Little America Hotel's Grand Ballrooms, 2515 E. Butler Ave. in Flagstaff.

The event is geared toward helping families and professional caregivers, health care and human service providers, educators and tribal leaders better understand how dementia impacts tribal communities.

One in five Native American adults aged 45 and older reports experiencing memory or thinking problems that might be a sign of dementia, according to the Alzheimer's Association. Research shows Native Americans are more likely to develop Alzheimer's or other forms of dementia than their White counterparts.

Topics will include understanding Alzheimer's and dementia in tribal communities, the caregiver experience and self-care strategies, communicating with persons living with dementia, and research updates.

A pre-conference intensive event for professionals who serve tribal community members affected by dementia will take place from 10:30 a.m. to 3:30 p.m. Oct. 29 at Little America Hotel.

Cost for each event is $30. Registration is required. Call 602-230-2273 (CARE) or visit https://tinyurl.com/2r3tkn86 for the conference, and https://tinyurl.com/5n7483d9 for the pre-conference.

Working with Justice System Liaisons to Support Member Reentry to the Community

Justice System Liaisons are specialized contacts within AHCCCS Managed Care Organizations (MCOs) who help coordinate care for justice-involved members transitioning from incarceration back into the community. Their role is to ensure timely Medicaid reinstatement, facilitate access to mental health and substance abuse treatment programs, and connect members to social services and community resources.

For providers, Justice System Liaisons are key partners in improving continuity of care. Collaborating before the member's release by sharing treatment plans, medication histories, and upcoming appointments helps to ensure members receive timely and appropriate care post-release. Justice System Liaisons can also assist in resolving barriers such as lack of transportation, housing instability, or access to behavioral health services.

Justice System Liaisons assist in streamlining communication between, Arizona Department of Corrections Rehabilitation and Reentry (ADCRR), county jails, providers, and community partners. They are instrumental in bridging the gap between the justice system and healthcare. Justice System Liaisons supports individual recovery and stability and contribute to broader efforts in public health

and safety. By working together, providers and Justice System Liaisons can create a more coordinated, compassionate, and effective system of care.

Questions? Contact the B – UFC Justice System Liaison, Christy Weaver, Christy.Weaver2@BannerHealth.com.

Supporting Students and Families Through School-Based Services

School-Based Services (SBS) connect students with the behavioral health care they need to help them succeed in school and experience improved outcomes across all life domains. Providers play an essential role in this process by collaborating closely with schools and families.

To communicate any SBS behavioral health needs, Banner – University Family Care (B-UFC) encourages providers and schools to use the contact information on the *Parent-Caregiver Behavioral Health Schools Services Flyer* located at: https://tinyurl.com/5n6t8kxn

To streamline referrals and strengthen communication, AHCCCS has created two standardized tools:

- Universal Referral Form – A single, consistent form that schools can use to refer students for behavioral health services. This eliminates confusion, reduces delays, and ensures families receive timely access to a provider.
- School Feedback Form – A way for schools to share feedback about what is working well and identify any challenges around school based behavioral health. AHCCCS receives all completed forms.

Additional information is located at: https://tinyurl.com/4hhspfup

For additional questions please contact the Children's System of Care team at CSOC@BannerHealth.com.

First Episode of Psychosis

The onset of psychosis can be confusing and distressing for individuals and their loved ones. B – UFC contracted providers play a key role in identifying symptoms, offering support, and connecting individuals and families to care. Early intervention and consistent support may decrease the severity of symptoms.

Common Signs to Watch For

- Hearing or seeing things that others do not (e.g., voices, shadows)
- Strong beliefs that do not match reality (e.g., thinking others are watching or controlling them)
- Talking in a way that is hard to follow or jumping between unrelated ideas.
- Pulling away from friends and family
- Not taking care of basic needs (e.g., hygiene, eating, sleeping)
- Sudden drop in school or work performance
- Feeling very anxious, sad, or numb
- Acting in ways that seem unusual or out of character

How to Support Individuals and Families

- Listen without judgment: Validate their experiences and emotions.
- Encourage early help or evaluation
- Educate families: Help them understand what psychosis is and how recovery is possible.
- Promote hope: Many people recover and lead fulfilling lives with the right support and services.
- Coordinate care: Work with schools, employers, and healthcare providers to create a supportive environment.

When to Refer a Member for Evaluation

- Symptoms are impacting daily life.
- Safety concerns arise (e.g., suicidal thoughts, aggression)
- The person or family is overwhelmed or unsure what to do.

For information about First Episode of Psychosis Centers of Excellence email CSOC@BannerHealth.com.

Recognizing Signs of Serious Mental Illness (SMI)

Solari is the AHCCCS contracted entity responsible for SMI determinations. For information about the SMI Determination process refer to AHCCCS Policy AMPM 320-P – Eligibility Determination for Individuals with Serious Mental Illness.

Prior to and separate from the SMI Determination Process, contracted providers play a critical in identification and ensuring members receive timely intervention and support.

Common signs to watch for may include persistent sadness or depression, extreme mood swings, disorganized thinking, and noticeable changes in behavior or personality. Individuals may struggle with interpersonal relationships, self-care, employment, or maintaining a stable living situation. Psychotic symptoms such as hallucinations or delusions may also be present.

Providers should be alert to patterns of withdrawal, erratic behavior, or difficulty managing basic tasks. Co-occurring substance use disorders can complicate diagnosis, making integrated screening essential.

Early identification relies on consistent observation, thorough assessments, and open communication with clients and their support systems. Using standardized screening tools and collaborating with behavioral health specialists can improve accuracy and outcomes.

Recognizing these signs and acting promptly allows providers to connect individuals with appropriate treatment and recovery resources. With early and consistent care, many people can manage their conditions and lead meaningful, productive lives.

Guidance for Behavioral Health Residential Facility (BHRF) on Medications for Opioid Use Disorder (MOUD)

MOUD is a highly effective, evidence-based treatment for Opioid Use Disorder (OUD). MOUD integrates medications with counseling and behavioral therapies. MOUD reduces risk for overdose and overall mortality.

BHRFs that serve individuals with co-occurring mental health and substance use disorders should establish policies and procedures that:

- Prevent exclusion of individuals receiving MOUD from admission.
- Ensure coordination and access to MOUD services during BHRF treatment.

Best Practices for Coordination and Continuity of Care include:

- If the BHRF program offers an Opioid Treatment Program (OTP) or Office Based Opioid Treatment (OBOT), MOUD may be transitioned to that provider with the member's consent.
- When a member is receiving MOUD from a BHRF affiliated OTP/OBOT provider, the BHRF and the member's Health Home or outpatient provider must coordinate to ensure enrollment with a MOUD provider upon discharge.
- BHRFs may offer alternative treatment options or transitions from MOUD; however, these alternatives must not be a condition for admission. Decisions regarding treatment changes must be made by the member in collaboration with their MOUD provider and Health Home/Outpatient provider.
- Any adjustments to a member's prescribed MOUD regimen should involve coordinated communication among the member, BHRF staff, MOUD provider, and Health Home/Outpatient provider.

BHRF's and MOUD providers should adhere to recognized best practices and ensure effective and ethical care is provided to individuals with OUD.

If you have any questions, email ASOC@BannerHealth.com.

Announcing Our Year-End Focus: Driving Success Together

As the year draws to a close, we are excited to announce our year-end focus for all primary care provider teams. By working together and prioritizing our efforts, we can finish the year strong and make a measurable impact on the health of our patients and our community.

Our Path to Success: Two Key Priorities

To achieve our shared goals, we are asking each office to focus on the following actions:

- Ensure all patient are seen before the end of 2025.
- Review your patient panels and promptly schedule appointments for any patients who have not yet been seen in 2025. Regular visits ensure continuity of care and improved outcomes.
- Prioritize patients with unevaluated chronic conditions. Early assessment and management can significantly enhance quality of life and prevent complications.

Supporting Your Success: Patient Outreach Tools

To support these efforts, our Care Transformation Consultants will be bringing patient outreach lists directly to your offices. These lists are designed to help you identify and connect with the patients who need your attention most.

Your assigned Care Transformation Consultant is your partner in this initiative. If you need further assistance or would like to discuss strategies for effective patient outreach and scheduling, please reach out to your Care Transformation Consultant directly. Together, we can ensure every patient receives the care they need and achieve our year-end goals.

Thank you for your ongoing dedication, collaboration, and commitment to exceptional patient care!

Rifaxmin (Xifaxin) Pharmacy Coverage Change for Medicaid

Effective October 1, 2025, Rifaximin will not be covered nationwide under Medicaid. Compassionate use programs for patients under the patient assistance programs may be utilized and include www.RxAssist.org or www.BauschHealthPAP.com/products. Lactulose is an alternative option for hepatic encephalopathy prevention that is covered without prior authorization requirements under Medicaid. Dosing is typically 20 to 30 grams 2-4 times daily and can be titrated every 1-2 days to achieve 2-3 soft stools per day. It is important to monitor electrolytes periodically when lactulose is used more than 6 months or in patients at a higher risk for electrolyte abnormalities, such as elderly or in hepatic disease.

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.

Banner Health

When and where to receive care

Knowing where to go for medical care can save you time, money—and possibly your life. Use this guide to help decide whether to schedule an appointment, visit urgent care or go to the emergency room.

Primary care

Best choice for:

- Routine checkups and preventive care
- Managing chronic illnesses like diabetes or high blood pressure
- Mild illnesses like sore throat, cough or low-grade fever
- Non-urgent health concerns like skin rash or minor aches
- Minor injuries
- Vaccinations and wellness screenings

When to go:

- During office hours with an appointment
- When you need a referral or ongoing care management
- When you need medication refills

Urgent care

Choose urgent care for symptoms that need attention quickly but aren't life-threatening. It's a good option after hours or when your primary care provider isn't available.

You can often be in and out in under an hour for:

- Minor fractures, sprains, strains and other injuries
- Common infections (like ear, sinus or urinary tract infections)
- Moderate dehydration
- Rashes or skin irritation
- Minor cuts and burns that may need stitches or a dressing
- Cold and flu symptoms
- Cough or sore throat
- Fever
- Minor allergic reactions that don't involve trouble breathing
- Minor work injuries
- Sports injuries
- Sports physicals
- Abdominal, back or muscle pain
- Most animal and insect bites
- Asthma symptoms
- Pink eye

Emergency room

Go to the emergency room for symptoms that may be life-threatening or need advanced care right away.

Call 911 if you are having a medical emergency or can't drive safely. Paramedics can begin treatment on the way to the hospital—this is especially important for symptoms of a heart attack or stroke.

Go to the ER for:

- Severe trauma, (such as injuries from a car accident, fall or gunshot wound)
- Stroke symptoms (sudden weakness, numbness or slurred speech)
- Chest pain, pressure or signs of a heart attack
- Sudden changes in vision
- Confusion or disorientation
- Shortness of breath or trouble breathing
- Loss of consciousness
- Seizure
- Overdose or poisoning
- Coughing up blood
- Severe allergic reactions
- Severe bleeding
- Fractures where the bone breaks through the skin
- Severe burns or cuts
- Sudden, severe pain
- Snake bites
- Fever over 103°F with a rash
- Severe vomiting lasting more than 24 hours
- Head injuries, concussions or other trauma
- Vaginal bleeding during pregnancy
- Urgent concerns involving a baby under 3 months old
- Mental health crises
- Anytime your instincts tell you it's serious

Banner Plans & Networks

Provider Facing Inbound & Outbound Engagement Teams

Aligning with our commitment to the Quadruple Aim.

Restructuring to support our provider network more effectively.

In alignment with our commitment to the Quadruple Aim, we have restructured the Provider-Facing Teams to support our provider network more effectively. This strategic change ensures that both internal and external partners have streamlined access to the appropriate contacts for timely and effective support. Our goal is to enhance the overall provider experience by fostering stronger collaboration, improving communication and delivering more responsive service from all Banner teams.

Provider Experience Center (PEC)
Sr. Manager: Alysha Piperata
Director: Soniqua White

Responsibilities:

- Assist with claims and prior authorization inquiries
- Assist with reconsiderations, reopens, claim disputes, and appeal processes
- Assist with check tracer, refunds, credentialing, and contracting matters
- Status updates on provider data requests (PDRs)
- Assist with Banner Health Network and eService web portal navigation
- Handle initial intake and documentation of provider complaints, Medicaid, and Medicare complaints

Care Transformation Specialist (CTS)
Director: Felicity Gutierrez

Responsibilities:

- Conduct new provider onboarding and maintain ongoing relationships with providers by conducting virtual and in person visits
- Serve as a specialty resource for Behavioral Health and Long-Term Care providers
- Educate providers on system processes, health plan updates and regulatory requirements
- Plan and facilitate quarterly provider meetings and education forums
- Develop and manage outreach initiatives and manage quarterly communication packets

Websites

www.bannerhealth.com/bhpprovider
www.bannerhealth.com/medicare
www.bannerhealthnetwork.com

Provider Systems & Project Specialist (PSPS) Sr. Manager: Danielle Carnes Kacer Director: Soniqua White **Responsibilities**: • Coordinate and manage issue resolution meetings (formerly JOCs) • Intake, review and submit past timely and advance payment request • Review, collaborate and help resolve global practitioner and provider escalations, Medicaid, and Medicare complaints • Generate specialized/ad hoc claims reports • Assist with special projects and outreach initiatives • Provide ad hoc practitioner and provider education on claims, credentialing, contracting etc., processes as requested • Provide ad hoc support for ALTCS and Behavioral Health practitioners and providers • Manage all delegated group credentialing rosters	**Care Transformation Consultant (CTC)** Directors: Ana Best (CIN Peds & BNSA), Donna Esposito-Hill (CIN PCP), Shannon Smith (VBP & CIN Spec) **Responsibilities:** • Conduct new provider onboarding and maintain relationships • Deliver education and communication to providers • Implement population health strategies and workflows • Provide scorecards, incentives, monthly reporting, and tools • Route to Subject Matter Experts for specialized support • Conduct regular office visits and staff meetings

Provider Experience Center (PEC)

ProviderExperienceCenter@bannerhealth.com

Banner – University Family Care/ACC:
800-582-8686, TTY 711
Banner – University Family Care/ALTCS:
833-318-4146, TTY 711
Banner Medicare Advantage Dual HMO D-SNP:
877-874-3930, TTY 711
Banner Medicare Advantage Prime HMO:
844-549-1857, TTY 711
Banner – AARP Medicare Advantage (United Healthcare):
480-684-7070 or 800-827-2464, TTY711