

FDR Newsletter

QUARTER 3 | SEPTEMBER 2020

IN THIS ISSUE

Credentialing Vendors -
Provider Roster
Submissions

AHCCCS Credentialing
Timeliness Update

AHCCCS Minimum
Subcontract Provision
(MSP) Update

Preclusion List

Report FWA and Non-
Compliance

QUICK LINKS

- [OIG's List of Excluded Individuals and Entities \(LEIE\)](#)
- [System for Award Management \(SAM\)](#)
- [Banner University Health Plan's Compliance Program](#)

The Banner – University Health Plans Compliance Program is committed to compliance and meeting requirements of all applicable laws and regulations of CMS and AHCCCS.



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IN THE NEWS

Provider Rosters:

For delegated groups, there has been an increase of the amount of roster errors.

Provider Groups who are delegated for credentialing must ensure that all providers who service our Medicaid members are registered with AHCCCS prior to submission of your provider roster. Rosters that include providers who are designated as serving Medicaid members but who are not registered with AHCCCS will not be loaded into B – UHP's claim processing system.

AHCCCS Updates Credentialing Timeliness Requirements:

AHCCCS' AMPM Policy 950, Credentialing and Recredentialing has been revised to shorten the processing time for initial and organizational credentialing applications from 90 days to 75 days. This change is effective September 1, 2020. Turn-around-time for provisional (14 days) and recredentialing (3 years) remains the same.

If you have questions, please contact us at:
BUHPVendorOversight@bannerhealth.com

COMPLIANCE UPDATES

AHCCCS Minimum Subcontractor Provisions Update

AHCCCS has updated the MSPs which will be effective October 1, 2020. In addition to clarifying the definition of Subcontract and Subcontractor, AHCCCS revised, added and removed the following provisions:

Revised:

- Federal Immigration and Nationality Act
- Prior Authorization and Utilization Management
- Record Retention

Added:

- Dugless Data Reporting
- Adult Protective Services Registry Check
- Abuse, Neglect and Exploitation Prevention
- Corporate Governance for Providers

Removed:

- Certification of Truthfulness of Representation
- Limitations on Billing and Collection Practices
- Termination of Subcontract

[Click Here for to review the MSP.](#) Please be sure to review it in its entirety. If you have questions, please contact us at: BUHPVendorOversight@bannerhealth.com

Preclusion List

The preclusion list is sent out monthly and lists providers and prescribers who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.

Requires denial of payment for items or services furnished by an individual on the Preclusion List. Effective as of the April Preclusion List, any prescriber or provider is to be precluded from all B – UHP lines of business (AHCCCS and Medicare).

REPORT ACTUAL OR POTENTIAL FWA, OR NON-COMPLIANCE

ComplyLine:

1-888-747-7989

(Reports can be made anonymously 24/7)

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