

# FDR Newsletter

QUARTER 3 | SEPTEMBER 2021

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AHCCCS MSP Updates

New Pharmacy Benefit  
Manager (PBM)

Banner – University Care  
Advantage HMO SNP  
Name Change

## QUICK LINKS

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- [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.*



## IN THE NEWS

### **Update to Minimum Network Subcontract Provisions**

Effective Oct. 1, AHCCCS will update the Minimum Network Subcontractor Requirement, which are incorporated into your contract with BUHP.

Visit the AHCCCS website to review the changes and new requirements. Here is the link to the document:

<https://www.azahcccs.gov/PlansProviders/Downloads/MSPs100121.pdf>

### **Express Scripts Inc. (ESI) to manage prescription plans**

Beginning Jan. 1, 2022, all Banner Medicare and all Banner University Health Plans prescription plans will be managed by Express Scripts®.

We have selected a list of covered drugs that most closely matches our members' needs. Our goal is to minimize changes to prescription coverage, but there may be some differences in the medications that are covered. There may also be minor changes to the pharmacies that can fill members' prescriptions.

You will find the list of medications and pharmacies on the BUHP Provider website (or on the e-services portal). For questions, reach out to your provider relations representative.

### **Banner – University Care Advantage to become Banner Medicare Advantage Dual**

In an effort to be known as one brand name in the Arizona market, Banner will be retiring the Banner University Care Advantage product name and linking all our Medicare products under the product name Banner Medicare Advantage. The change to Banner Medicare Advantage Dual will begin in October with the distribution of new and prospective member materials.

## COMPLIANCE UPDATES

Banner Medicaid and Medicare Health Plans are committed to preventing Fraud, Waste, and Abuse (FWA). If you suspect a member, a provider, a contractor, or an employee of potential FWA or non-compliance, you are required to report it to the Banner Medicaid and Medicare Health Plans.

Effective October 1, 2021, AHCCCS updated the Minimum Subcontract Provisions (MSPs). In this document, there is a requirement that if a Subcontractor discovers, or is made aware, that an incident of suspected fraud, waste or abuse has occurred, the Subcontractor must report the incident to AHCCCS, Office of Inspector General (OIG), immediately and to the Managed Care Organization meaning Banner-University Family Care/ACC or Banner-University Family Care/ALTCS. If fraud, waste, or abuse is identified, the Subcontractor is prohibited from recouping payments related to an improper payment.

Also, effective October 1, 2021, AHCCCS has updated the AHCCCS Contractors Operations Manual – Policy 103 Fraud, Waste and Abuse. Language was added to clarify that Subcontractors including Administrative Services Subcontractors and Providers, cannot recoup program funds. Once an Administrative Services Subcontractor or Provider, has referred a case of alleged fraud, waste, and/or abuse to AHCCCS OIG, the Administrative Services Subcontractor or Provider shall take no action to recoup, offset, or act in any manner inconsistent with AHCCCS/OIG's authority to conduct a full investigation, obtain a comprehensive recovery of any suspected overpayments, and/or impose a civil monetary penalty. This is in addition to the obligation of the Banner Medicaid Health Plans to also take no action to recoup program funds if a referral is made.

AHCCCS/OIG has the sole authority to handle and dispose of any matter involving fraud, waste, and/or abuse. The Subcontractor shall assign to AHCCCS/OIG the right to recoup any amounts overpaid to a provider as a result of fraud, waste, and/or abuse. If the Subcontractor receives anything of value that could be construed to represent the repayment of any amount expended due to fraud, waste and/or abuse, the Subcontractor shall forward that recovery to AHCCCS/OIG within 30 days of its receipt and failure to do so shall be deemed an overpayment.

If an Administrative Subcontractor or provider identifies an incident which requires a self-disclosure, this incident shall be reported within 10 calendar days to AHCCCS/OIG by completing and submitting the Provider Self-Disclosure form available on the AHCCCS/OIG webpage. In addition, this should also be reported to the Banner Medicaid Health Plans' Compliance Department.

If you identify or suspect FWA or non-compliance issues, immediately notify the Banner Insurance Division Compliance Department:

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

Email:  
[BHPCompliance@BannerHealth.com](mailto:BHPCompliance@BannerHealth.com)

Secure Fax: 520-874-7072  
Compliance Department Mail:  
Banner Medicaid and Medicare Health Plans Compliance Department  
2701 E Elvira Rd  
Tucson, AZ 85756

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

Contact the Medicare Compliance Officer Linda Steward via phone 520-874-2553 or email  
[Linda.Steward@BannerHealth.com](mailto:Linda.Steward@BannerHealth.com)

## REPORT ACTUAL OR POTENTIAL FWA, OR NON-COMPLIANCE

### ComplyLine:

1-888-747-7989

*(Reports can be made anonymously 24/7)*

### Secure Fax:

(520) 874-7072

### U.S. Mail:

Banner – University Health Plans  
Compliance Department  
2701 E. Elvira, Tucson, AZ 85756

### Email:

[BHPCompliance@bannerhealth.com](mailto:BHPCompliance@bannerhealth.com)

Visit us online at [www.BannerUHP.com](http://www.BannerUHP.com)