

# Provider Newsbrief

March 28, 2024

## Banner Update

As we move toward launching with our new electronic payment vendor in mid-April, we continue to work around the clock to receive, process and pay claims due to the Change Healthcare (CHC) outage. We appreciate your patience with this process while you continue to serve patients across the state.

## Online EOP documents

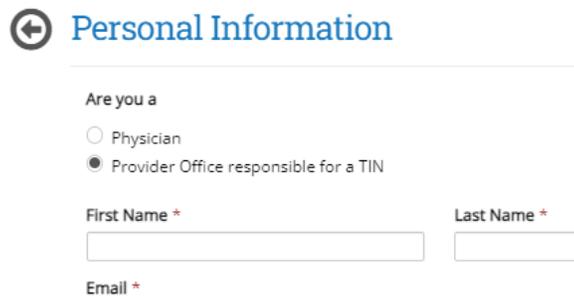
Thanks to our Banner IT partners, we are granting **temporary access** to the secure provider portal on BannerHealthNetwork.com in order for you to retrieve pdf copies of EOPs beginning **Friday, Mar. 29, 2024**.

Providers who have already received a BHN Provider Portal logon will be able to use it to access this additional information.

If you do not already have a logon for the Banner Health Network Provider portal ([www.BannerHealthNetwork.com](http://www.BannerHealthNetwork.com)), we encourage you to get your credentials established as soon as possible.

### To request a Provider Portal logon:

- Visit [www.bannerhealthnetwork.com](http://www.bannerhealthnetwork.com).
- Click the **sign up** button on the blue task bar and complete the request form; **be sure to select the Provider Office responsible for a TIN option.**



⬅ Personal Information

Are you a

Physician

Provider Office responsible for a TIN

First Name \* Last Name \*

Email \*

- You may be granted immediate access if you can validate your NPI with either processed authorizations or processed claims.
- If you don't have claim information or if the account validation fails, you can go back out and submit the request without that information. Your account will be

created and a logon will be emailed to you within 24 hours. The first time you log on, you'll be asked to change your password and provide a question/answer that only you will know.

- If you are a location based provider or an entity that cannot report an NPI, you may skip to the end of the request form to ask that a logon be sent to you.

**Please note:**

- This temporary access is intended for retrieval of Remittance Advice/Explanation of Payment Documents **only**.
- Continue to use the eServices and other portals as usual.
- Access to BHN will be removed once electronic payment processing is restored.

**Electronic 835 files available**

If you would like to receive an electronic 835 via email, please reach out to us at [ProviderExperienceCenter@bannerhealth.com](mailto:ProviderExperienceCenter@bannerhealth.com).

Be sure to include the following information in your email:

- *Practice Name*
- *TIN*
- *Check number*

**Change in electronic payment vendors Apr. 19**

As you know, Banner Health Network has selected Zelis™ Payments (formerly Pay-Plus Solutions, Inc.) to replace Change Healthcare as our ePayment vendor to assist us in expediting payment and remittance transactions, as well as complying with PPACA Section 1104.

If you are not already a Zelis customer for ePayments using ACH or Virtual Payment Cards, or electronic remittances (835, Excel, PDF), you will be able to enroll with them soon. Please contact a Zelis Provider Enrollment Advisor at 1-855-496-1571 or visit <https://www.zelis.com/provider-solutions/provider-enrollment> for more information.

*For additional information about the CHC outage, visit our resource page:  
<https://www.bannerhealth.com/medicare/providers/change-healthcare>*

**If you have additional questions, please contact the Provider Experience Center at [ProviderExperienceCenter@bannerhealth.com](mailto:ProviderExperienceCenter@bannerhealth.com).**

## Banner – University Family Care (B – UFC)

### Appropriate Use of Respite Services AMPM 310B, 1250-D

Banner contracted providers are required to deliver services in alignment with AHCCCS AMPM. Information about Respite can be found in AHCCCS AMPM 310-B and AMPM 1250-D. Providers should be knowledgeable about the system requirements and limitations prior to providing Respite services. Respite services provided in any manner other than as specified below are not eligible for reimbursement.

**In accordance with AMPM 310-B for ACC and ALTCS Members:** Unskilled respite care (respite) is short term behavioral health services or general supervision that provides an interval of rest or relief to a family member or other individual caring for the member receiving behavioral health services as authorized under the Section 1115 Waiver Demonstration and delivered by providers who meet the requirements in A.A.C. R9-10-1025 and A.A.C. R9-10-1600.

**In accordance with AMPM 1250-D for ALTCS Members:** Respite Care is provided as an interval of rest and/or relief to a family member or other individual caring for an ALTCS member. Respite Care may be provided by a respite provider coming to the member's home, or by admitting the member to a licensed institutional facility or an approved Alternative HCBS setting for the respite period. Respite care may only be delivered as specified in the member's Person Centered Service Plan and requires prior authorization by the case manager.

If you have questions about the utilization or provision of respite services contact Children's System of Care at CSOC@bannerhealth.com or the Adult System of Care at ASOC@bannerhealth.com.

### Intensive Outpatient Program (IOP) requirements

We want to remind you about the minimum requirements for intensive outpatient psychiatric services.

If you are billing S9480 for intensive outpatient psychiatric services, you must meet the minimum requirements below:

- A. Treatment shall consist of a minimum of 9 hours of service per week, a minimum of 3 hours per day, conducted on at least 2 days and shall include, but is not limited to the following:
  - i. 1 session with the members treating Psychiatric Provider (Behavioral Health Medical Practitioner-BHMP) per week
  - ii. 1-3 individual counseling sessions with a BHP, no less than 50 minutes in duration, per week
  - iii. 2 group counseling sessions, no less than 50 minutes in duration, per week.
- B. A BHMP shall be available on-site at least 80% of the time during IOP Program operation
- C. BHP Caseloads shall not exceed 16 active members

- D. Group sessions shall include no more than 8 members and be facilitated by a BHP
- E. Intensive outpatient psychiatric services focused on the treatment of substance use and co-occurring disorders shall be consistent with the American Society of Addiction Medicine (ASAM) Criteria (3rd edition) level 2.1.

It is essential that all providers adhere to these requirements to ensure the delivery of effective and comprehensive care to our members. If you have any questions or require further clarification on any of the points mentioned above, please do not hesitate to contact Children's System of Care at [csoc@bannerhealth.com](mailto:csoc@bannerhealth.com) or Adult System of Care [ASOC@bannerhealth.com](mailto:ASOC@bannerhealth.com).