

December 16, 2019

RE: BHRF UM Authorization Requirements

Effective January 2020, Banner – University Family Care (B – UFC), will require all contracted adult Behavioral Health Residential Facilities (BHRF) to include Banner’s interactive phone application, PYX information to all members upon discharge. This application is a fun mobile app for anyone with a cell phone that will help them live a healthier and happier life. This application can assist with improving someone’s mood through activities, pictures, conversation and self-management tips. It can help Banner members feel more connected to their friends, family and Banner Health Plan. Members will have a one touch access to the 24/7 nurse hotline and the ability to find a doctor or dentist near them.

Attached are two documents (English or Spanish) to be distributed to members upon discharge so members can download this application. The Discharge Summary from the BHRF should also include that this information was given to the member upon discharge as part of their discharge plan. Banner – University Family Care requires for all BHRF providers to submit member’s discharge summary within 24 hours of the member’s discharge to BUHPBHUMPAMailbox@Bannerhealth.com.

B – UFC does not require a specific Discharge Form but BHRF providers may use the Banner BHRF Discharge Summary for this purpose and convenience. A Discharge Summary Form is attached to this correspondence. This form can be copied and used to submit the member’s information.

B – UFC is conducting a series of meetings specific to the Behavioral Health Residential Facility level of care. These meetings will include another overview of Utilization Management authorization and documentation requirements including more information about the requirement to utilize the PYX Health Application in the discharge planning process.

If you’re receiving this correspondence, we have also outreached your provider agency via email. If you have not responded to the request via email to confirm appropriate contact information of where to send the invitation electronically, please respond with the requested information below.

Provider Name:
Attendee Name and Title:
Attendee Phone:
Attendee Email Address:

Note, unless there are special circumstances, the invitation for this meeting will be sent electronically. You can provide the above requested information to:

Jeanne Golden-Burke
Jeanne.golden-burke@bannerhealth.com

Please review the information provided and respond with the requested information as quickly as possible.

For additional questions, please contact:
Jeanne Golden-Burke, Integrated Care Program Manager
(480) 827-5991

Thank you.

Banner – University Health Plans
525 W. Brown Rd.
Mesa, AZ 85201