Banner
University Health Plans

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September 2021 Provider Update

Provider Guidance: Respiratory Syncytial Virus (RSV) Prophylaxis

BUHP would like to provide guidance to pediatricians, family medicine physicians and other providers regarding coverage of Synagis® (palivizumab) in high-risk infants for passive immunoprophylaxis against RSV during the 2021-2022 RSV season. National and regional surveillance data indicate that RSV infection rates have increased in recent weeks. In response to this trend, Banner University Family Care is issuing prior authorization requests, effective immediately, for members who qualify for RSV immunoprophylaxis with Synagis. A copy of the form is included at the end of this newsletter.

BUHP will be using the July 2014 American Academy of Pediatrics (AAP) guidelines in making coverage determinations for RSV immunoprophylaxis as well as all guidance related to out-of-season RSV case trends. Attached to this communication is an RSV Prior Authorization form. All patients for whom you plan to prescribe and/or administer Synagis must have a completed RSV form submitted to BUHP for coverage determination before the first dose is administered. Note: if you have already submitted a prior authorization request to BUHP, you are not required to resubmit the request, but you may be contacted by BUHP to submit additional clinical documentation as needed.

Synagis® (palivizumab) is covered via medical or pharmacy benefit. Submit medical claims for Synagis using standard billing practices for "buy and bill" drug products. To submit claims via the pharmacy benefit, follow the instructions below once an approved prior authorization is in place.

1. Send a prescription to Banner Family Pharmacy – Chandler or CVS Specialty Pharmacy, along with prior authorization information.
   a. For home administration of Synagis, indicate the Home Health Agency information to the specialty pharmacy receiving the prescription, including:
      i. Home Health Agency Name
      ii. Home Health Agency Contact Information
   b. Indicate the date that the first/next Synagis dose is due.
   c. Indicate most recent patient weight, and date recorded.
2. Send an order to the designated Home Health Agency for nurse administration of Synagis.

BUHP is here to assist you in this process. If you have any questions regarding prior authorization, coordination with Home Health, or care management for your patient, please do not hesitate to contact us at BUHP Customer Care at 1-800-582-8686. If you need

assistance with care management support, please contact BUHP Maternal and Child Care Management at BUHPMaternalChildHealth@bannerhealth.com.

Long Term Care Providers: Survey

As part of the work of the Governor's Abuse and Neglect Prevention Task Force, AHCCCS and the Arizona Department of Economic Security, are asking long term care health care providers who serve AHCCCS members to participate in a short survey conducted by the Sonoran Center for Excellence for Developmental Disabilities (UCEDD).

The survey responses will help the Abuse and Neglect Prevention Task Force identify current strengths and opportunities within the care delivery system, and make recommendations for future enhancements, including establishment of benchmarks and target metrics.

We want to hear from AHCCCS health care providers and front-line staff who provide:

- In-home services,
- Home health services,
- Residential services,
- Institutional services,
- Employment services,
- Day treatment services,
- Specialized habilitation, or
- Therapy services.

Take the survey by clicking bit.ly/ALTCSProviderSurvey.

The survey is anonymous and open through September 30, 2021.
We would appreciate your assistance in encourage all levels of your staff to complete this survey. Please share the link above or print and post the flyer included at the end of this newsletter. Thank you for helping AHCCCS and DES improve the care delivery system for Medicaid members with disabilities.

AHCCCS Clinical Practice Tools for Child and Family Teams (CFT): Important Update

AHCCCS clinical practice tools (practice tools) are guidelines for implementing best practice treatment modalities. These guides are published on the AHCCCS website and are also included in BUHP's Behavioral Health Provider Manual
https://www.banneruhp.com/resources/clinical-practice-guidelines

For the children's system of care, practice tools are specified for the following areas:

- CFT Practice Tool (includes CALOCUS use)
- Support and Rehab Services
- Family and youth involvement in the children's system of care
- Needs of children and families involved with DCS
- Children's out of home services
- Youth Transition to Adulthood/the adult system of care

Historically, these practice tools were intended to encourage clinical guidelines. However, these tools will be converted to standalone sections in the AHCCCS Medical Provider Manual

(AMPM) to promote fidelity and universal implementation. Formalizing these tools to policies are intended to promote better outcomes for children and their families.

This change will occur in late 2021 or early 2022. Draft AMPM sections for the aforementioned areas will be available for public comment on the AHCCCS website on or around October 1, 2021.

Blood Lead testing kit shortage

The CDC has made the Arizona Department of Health Service aware of a potential shortage of LeadCare® test kits used to analyze capillary blood lead samples from patients following the recall on July 2, 2021. This shortage of LeadCare® test kits may result in fewer children receiving blood lead tests in their jurisdictions.

If LeadCare® test kits are unavailable, CDC strongly recommends that health care providers not delay required blood lead testing for children. Blood lead testing can be done with either a venous or capillary blood sample, both of which can be submitted to a laboratory for analysis with higher complexity methods. Health care providers should contact laboratories for recommended blood collection supplies.

If sending to Sonora Quest for processing, here are the instructions:
In house testing: 3147 Lead,Blood,Pediatric
1 tan-top (K2 (EDTA)) lead-free vacutainer tube (1 mL whole blood min)

Special Draw/Handle Instructions:
Include patient's name, address, phone number,
date of birth, sex,
and name of ordering physician on the test request
form for State reporting of positive results.

More information about this potential shortage and blood lead testing is available at https://www.cdc.gov/nceh/lead/news/potential-shortage-of-test-kits-following-recall.html.

Express Scripts 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.

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

Office of Individual and Family Affairs (OIFA)

Community Conversations

Community Conversations are monthly conversations facilitated by the Offices of Individual and Family Affairs (OIFA) through AHCCCS and all the other health plans. OIFA supports members and families in the community to promote advocacy, collaboration, education, empowerment and peer and family support. Community Conversations are a platform to ensure that voice is heard and choice in services are honored. Guests consist of providers, health care professionals, and community service agencies. Topics range from behavior and physical health needs, trauma informed care, and overcoming barriers to service connection. For more information on how to attend the Community Conversations, sign up for the AHCCCS OIFA newsletter and pass this information along to our members. You can make "shift" happen because together we can break down barriers to care for our members and their families!

For more information:

- https://www.azahcccs.gov/AHCCCS/Downloads/OIFA_Administrators.pdf
- https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA.html

Peer-2-Peer Coaching Program

The Peer and Family Career Academy has a Peer-2-Peer coaching program that practices a model of interaction that focuses on peers helping peers. The program educates and provides whole health and wellness coaching. This peer-2-peer program also offers dialogue sessions and reflections in a group setting. Peer-2-peer coaching allows individuals to engage in an environment where they feel safe and understood. The coaches that have been trained by the Peer and Family Career Academy can relate to those they serve because they have "walked in similar shoes."

Who qualifies for coaching services:

- Anyone employed as a Peer Recovery Support Specialist (PRSS) and Parent/Family Support Partners (PFSP)
- Program is entirely free and confidential

For more information and registration link, please call 1-844-634-7272 or visit https://www.azpfca.org/peer2peer-coaching-program-1.

Maternal & Child Health

EPSDT/Well-Child Visits; Tracking form (or EHR) Submission

In accordance with AHCCCS (AMPM) [Policy 430 – Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services, Attachment E – AHCCCS EPSDT Tracking Forms], all providers offering care to AHCCCS members under 21 years of age, must use the AHCCCS EPSDT Tracking Forms to document age-specific, required information related to the EPSDT/Well-Child screenings and visits. Alternatively, providers may use their EHR (Electronic Health Record), as long as their electronic form includes ALL components present on the age specific AHCCCS EPSDT Tracking Form.

For each EPSDT/Well-Child visit, a copy of the completed and signed (by the clinician) EPSDT Tracking Form(s) shall be:

- Placed in the member's medical record AND
- A copy of the completed and signed form must be sent to the Health Plan

Your timely submission of EPSDT/Well-Child visit forms soon after completion of the visit, is appreciated. This allows the health plan to perform necessary member outreach, assist with follow-up on referrals initiated during the visit, and evaluate for and mitigate potential barriers to care.

There are three easy ways to submit your EPSDT forms (or EMRs) to the health plan.

Secure email:	BUHPEpsdtForms@bannerhealth.com
Secure fax:	520-874-7184
Mail:	Banner University Health Plans ATTN. : EPSDT 2701 E. Elvira Road Tucson, AZ 85756

Make every office visit an EPSDT/Well-Child visit

Banner - University Family Care (BUFC) DOES NOT limit the number of medically necessary billed EPSDT/Well-Child Visits.

Billing of a "SICK VISIT" (CPT Codes 99201-99215) at the same time as an EPSDT/Well-Child Visit is acceptable as a separately billed service if:

- An abnormality is encountered, or a preexisting problem is addressed in the process of performing an EPSDT service and the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service.
- The "SICK VISIT" is documented on a separate note
- History, exam, and medical decision-making components of the separate "SICK VISIT" already performed during an EPSDT/Well-Child Visit, are not to be considered when determining the level of additional service (CPT Code 99201-99215)
- The status (not history) of the abnormality or preexisting condition is the basis of determining medical necessity
- Modifier 25 must be added to the Office/Outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided by the same physician on the same day as the preventative service

Generally, members will not want to come back after a sick visit, to later complete a EPSDT/Well-Child Visit. Being able to include the EPSDT/Well-Child Visit care, at the time of a sick visit, will help ensure better overall success with performance of these valuable preventive care exams, screenings and other EPSDT services.

What's changed in postpartum care guidelines?

The American College of Obstetricians and Gynecologists (also called ACOG) has new guidelines to improve postpartum care for women. In the past, ACOG recommended that most women

have a postpartum checkup 4 to 6 weeks after giving birth. ACOG now says that postpartum care should be an ongoing process, rather than a one-time checkup. ACOG now recommends that all women:

- Have contact with their health care provider within 3 weeks of giving birth, earlier if needed for C-section follow up care.
- Get ongoing medical care during the postpartum period, as needed
- Have a comprehensive postpartum checkup no later than 12 weeks after giving birth

Timely follow-up is particularly important for women with chronic medical conditions. The initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth. This visit should serve as a transition to ongoing well-woman care and the timing of the visit should be individualized, woman-centered and the follow-up should include a full assessment of the following:

- Mood and emotional well-being
- Infant care and feeding
- Sexuality, contraception and birth spacing
- Sleep and fatigue
- Physical recovery from birth
- Chronic disease management
- Health maintenance

The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being. During this time, a woman is adapting to multiple physical, social and psychological changes. She is recovering from childbirth, adjusting to changing hormones and learning to feed and care for her newborn. Postpartum care visits with ob-gyns or other obstetric care providers can help women navigate the new challenges of motherhood. To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs.

https://www.acog.org/news/news-releases/2018/04/acog-redesigns-postpartum-care

Children's System of Care

CALOCUS Implementation

In order to ensure the proper identification of children and adolescents with complex needs and appropriate levels of care, AHCCCS has partnered with Deerfield Behavioral and Health to implement the use of the CALOCUS tool. This tool has replaced the CASII as of July 1, 2021, and will be utilized to measure the most appropriate level of care based on six domains that include risk of harm, functional status, comorbidity, recovery environment, treatment and recovery history and engagement. AHCCC's agreement with Deerfield Behavioral and Health includes access to the CALOCUS tool, integrated Electronic and Health Record (EHR) products and online training.

Providers can implement CALOCUS in one of two ways. The first is via the web-based version which can be accessed at locus.azahcccs.gov. The second is via an EHR integration. Regardless of which option you choose, you must first reach out to Deerfield and sign their end user license agreement as soon as possible if you have not done so already. There is no cost associated with this agreement.

Matthew Monago will serve as your contact at Deerfield and can be reached at: mmonago@journeyhealth.org. Please be sure to identify your organization as an AHCCCS provider when e-mailing. Upon signing your agreement, you will receive a training discount code specific to your organization and a registration code to register on the locus.azahcccs.gov website. Training can be booked online at http://locusonline.com/training.asp. The discount code will provide a 100% discount on all booked trainings. Once you have your code, you can begin signing up for training immediately.

Adult System of Care

Serious Mental Illness/SMI Clinical Solutions

SOLARI Inc. is launching clinical training sessions for providers submit SMI determination packets. Training focuses on clinical factors such as SMI qualifying diagnoses, comorbid conditions, and functional impairment. Purpose of the training is to provide insight of the role of the psychologist who review SMI packets. As well provide further clinical questions that BHT/BHP may have during training.

Training is offered the third Thursday of each month from 9 – 10 a.m. To register, send an email request to SMItraining@solari.inc.org.

For additional resources:https://community.solari-inc.org/eligibility-and-care-services/

Helpful tips to providers when undergoing SMI determination process

- Provide more than one clinical contact.
- Provide accurate contact information for clinical contacts.
- Clinical contacts ought to be the clinicians who are most familiar with the member's day-to-day functioning.
- Take note of any potential upcoming vacation time for the clinical contact. Provide a backup contact if they are to be out.
- Ensure your voicemail is accepting messages and has a clear greeting identifying that it is your line.
- Return clinical staffing messages within 24 hours maximum. Solari has very limited time to render a decision!
- Indicate the best method to be reached (email/phone).
- Provide your accurate, honest perspective in the evaluation packet.

Workforce Development

ACOM 407 Attachment A Survey – Ready, Set, Go!

Who: A full list of participating provider types is listed below
What: The ACOM 407 Attachment A Survey
When: The survey will be available from Monday, Sept. 6 and closes on Friday, Oct. 1
Where: https://form.jotform.com/210889281159162

**Please note the information is being shared amongst the plans; thus, the ACOM 407 Attachment A survey is only required for your agency to fill out ONCE.

Before you begin the survey, we would like to note updates to the survey date ranges which will be identified for the questions they pertain to. Please reach out to us at workforce@bannerhealth.com to receive an Introduction document and a how-to-guide that will help you navigate the questions in the survey, as well as any general technical assistance that may be needed.

Why: It is our responsibility as a Contractor to produce a Network Workforce Development Plan for each line of business (ACC, ALTCS E/PD). The upcoming survey compliments the AzAHP WFDP process but also accomplishes other required aspects from ACOM 407 Attachment A; a network workforce profile and a workforce capacity assessment. Completing this survey will help us gather the necessary data to not only provide AHCCCS with the current situation but also give us insight as to where we can help implement improvements across the network.

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Habilitation Provider	39
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News of Note

- **Form Updates –** Both the AzAHP Organizational Facility Application and AzAHP Practitioner Data forms have been updated. Please find the updated forms on the BUHP website.
- **Integral Health Network of Southern Arizona –** BUHP and Blaze Advisors have partnered with community-based behavioral health, primary care and social service providers to develop this new network. A full press release is included at the end of this newsletter.
- **Coding Change for Therapeutic Foster Care/Adult Behavioral Health Home Providers -** AHCCCS opened Code S5145 for Provider Types A5 to replace S5109. AHCCCS will allow claims submitted to Banner with S5109 with dates of service through Sept. 30 to be processed through Sept. 30, 2021. **Effective Oct. 1, 2021, Provider Type A5 will only be permitted to bill for code S5145 to Banner for reimbursement. Modifiers will include UF, UG and UH.** Please contact your Provider Relations Representative if you have further questions related to billing.
- **Payer Tax ID not registered with NPI with AHCCCS -** There has been a large increase in the number of claims that have been submitted to BUHP where the Tax ID submitted on the claim is not registered as a Pay To Tax ID for the group or individual NPI listed on the claim. Please review your facility's and practitioners' NPI's and ensure the Pay To Tax ID reflects your group's Tax ID. Updates to your AHCCCS registration can be made on APEP portal. Instructions are located at: https://www.azahcccs.gov/PlansProviders/APEP/Access.html.

Provider Services & Support

Provider Self-Service Functions

Member Rosters

To access member enrollment information and obtain member rosters, please visit https://eservices.uph.org/. For more information about eServices, contact the Provider Experience Center.

For inquiries related to obtaining information regarding the provider's assigned membership, please send to our dedicated inbox at BUHPProviderInquiries@bannerhealth.com.

Notify the Health Plan Data Department of any updates to the information below:
According to provider standards and responsibilities, providers must notify plan with any changes to:

- Provider and Provider Group Adds
- Provider or Group Location demographic updates (except terms)
- Provider Panel Changes
- Telephone numbers
- Provider (Group) Term

This notification should occur within 30 days of any of the above noted changes. Please send all updates and changes via the online Provider Update Form located at https://www.banneruhp.com/materials-and-services/provider-data-update-form or you may email to BUHPDataTeam@bannerhealth.com.

Access to Timely Care
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey asks patients to report on and evaluate their experiences with health care and their provider. One important component focuses on getting appointments and care quickly. AHCCCS also has a set of required appointment standards. Ensuring your office meets these standards increases the patients positive experience with your office and healthcare. Ease of getting needed care impacts overall health care quality for our members.

BUHP has made a commitment to meet appointment availability standards as set forth by AHCCCS, Medicare and community standards; Chart of standards follows the end of this newsletter.

In accordance with AHCCCS and Medicare standards, appointment standards/wait time audits are conducted regularly to ensure members have timely access to care. Should providers not meet appointment or wait time standards, a Corrective Action Plan will be issued.

Note: BUHP utilizes a contracted vendor (Contact One) to conduct appointment availability surveys on a quarterly basis. Please share the appointment standards below with your staff. You may designate a representative in your office to complete the quarterly appointment availability survey with Contact One to alleviate confusion.

If you have any questions on implementing this in your office, please reach out to your Provider Relations Representative.

Provider Manuals: All Banner University Health Plans provider manuals can be accessed on the Health Plans website: https://www.banneruhp.com/. You can download a copy of the provider manual and print it if you prefer.

Compliance Corner

Fraud, Waste and Abuse (FWA)

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 Oct. 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.

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.

HIPAA Updates

The Office of Civil Rights (OCR) has been focusing on the violations of the patient's right of access to their records. The OCR indicated in a report in December 2020 that 89% of the covered entities audited by the OCR failed to show compliance with the rules regarding a patient's right to access.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule mandates that healthcare providers provide individuals access to their protected health information contained in the "designated record set" when they make a request. The request covers the member's right to inspect and/or obtain a copy of their record or to provide a copy to a person or entity they have designated to receive the record.
The OCR has entered into 18 resolution agreements and corrective action plans regarding violations of this regulation as of March 2021. Most of these are with physician practices.

This requirement mandates that providers complete the member's request for access to their records within 30 days. There is an option for an additional 30-day extension. It is important that providers develop and implement a robust process for responding to patient/member requests in order to ensure compliance and avoid enforcement actions by the OCR.

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
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

Contact the Medicare Compliance Officer Linda Steward via phone 520-874-2553 or email Linda.Steward@BannerHealth.com

Banner Medicaid and Medicare Health Plans Customer Care Contact Information
B-UHP Customer Care
Banner - University Family Care – ACC 800-582-8686
Banner - University Family Care – LTC 833-318-4146
Banner - University Care Advantage – SNP 877-874-3930

Banner Medicare Advantage Customer Care
Banner Medicare Advantage Prime HMO – 844-549-1857
Banner Medicare Advantage Plus PPO -1-844-549-1859

AHCCCS Office of the Inspector General
Providers are required to report any suspected FWA directly to AHCCCS OIG:
Provider Fraud: 602-417-4045 or 888-487-6686
Website: www.azahcccs.gov (select Fraud Prevention)
Mail:
Inspector General
701 E Jefferson St.
MD 4500
Phoenix, AZ 85034
Member Fraud 602-417-4193 or 888-487-6686

Medicare
Providers are required to report all suspected fraud, waste, and abuse to the Health Plan or to Medicare
Phone: 800-HHS-TIPS (800-447-8477)
Mail:
FAX: 800-223-8164
US Department of Health & Human Services
Office of the Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026

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Respiratory Syncytial Virus Prophylaxis Prior Authorization Form – 2021/2022

1. Complete this form in its entirety and submit to Banner University Health Plans via fax at: 866-349-0338. Include all relevant clinical documentation, including NICU discharge summary and other chart notes. Twins require separate authorization.
2. Synagis is covered via pharmacy or medical benefit. If using pharmacy, send prescription to Banner Family Pharmacy – Chandler or CVS Specialty Pharmacy.
3. If your patient will be receiving Synagis via in-home administration, complete a referral for home health nurse administration.

Member Information		
Member Name:	DOB:	Member ID:
Parent / Guardian Name:		Telephone:
Street Address: City: State: Zip Code:		
Language Spoken in the Home:		
Gestational Age at Birth: _______ Weeks _______ Days		
Current Weight	Date Recorded:	

Provider Information		
Provider Name:	Telephone:	Fax:
Provider NPI:	Date of Request:	Date Next Dose Needed:
Provider Address:		
City:	State:	Zip Code:
Office Contact:		
□ Injection to be given in provider office	□ Injection to be given in home by Home Health Care provider	
Synagis given in NICU? □ Yes □ No	Date of Synagis dose in NICU:	
Prescriber has counseled parent/guardian on Synagis therapy and parent/guardian is aware that specialty pharmacy or Home Health Care may make contact.	□ Yes □ No	

By signing, providers certify that the clinical information provided on this form is complete and accurate.

Banner – University Family Care/ACC and
Banner – University Family Care/ ALTCS
2701 E. Elvira Road, Tucson, Arizona 85756
(877) 874-3930 • TTY 711 • Fax (866) 349-0338
8 a.m. to 8 p.m., 7 days a week
www.BannerUFC.com

Criteria for Approval: Please indicate all that apply including ICD-10 code where applicable

- □ Age of 12 months or less at start of RSV season AND born before 29 weeks 0 days gestation
- □ Age of 12 months or less at start of RSV season with **Chronic Lung Disease of prematurity (CLD) / Bronchopulmonary Dysplasia** AND born at less than 32 weeks 0 days gestation and required >21% oxygen for at least 28 days after birth
    - o [ICD10 Code:______________]
- □ Age of 12 months or less at start of RSV season with impaired clearance of respiratory secretions from upper air AND one of the following:
    - □ Congenital pulmonary abnormality
        - o [ICD10 Code:______________]
    - □ Neuromuscular disorder
        - o [ICD10 Code:______________]
- □ Age of 12 months or less at start of RSV season with hemodynamically significant **Congenital Heart Disease** AND one of the following:
    - □ Acyanotic heart disease and receiving medication to control congestive heart failure
        - o [ICD10 Code:______________]
    - □ Moderate to severe pulmonary hypertension
        - o [ICD10 Code:______________]
    - □ Cyanotic heart disease and prescribed in consultation with pediatric cardiologist
        - o [ICD10 Code:______________]
- □ Age of 23 months or less with **Cardiac Transplantation** occurring during RSV season
- □ Age of 23 months or less at start of RSV season with **Severe Immunodeficiency**
    - o [ICD10 Code:______________]
- □ Age of 23 months or less at start of RSV season with **Cystic Fibrosis** and one of the following:
    - □ CLD and/or nutritional compromise by the age of 12 months or less
        - o [ICD10 Code:______________]
    - □ Manifestations of severe lung disease during second year of life
        - o [ICD10 Code:______________]
- □ Age of 23 months or less at start of RSV season with **Chronic Lung Disease (CLD)/Bronchopulmonary Dysplasia** AND required oxygen, corticosteroids, or diuretics within the past 6 months
    - o [ICD10 Code:___________________]

If approved, Synagis will be covered for all clinically indicated doses administered during RSV season (09/02/2021 – 3/31/2022)	
Provider Signature:	Date

By signing, providers certify that the clinical information provided on this form is complete and accurate.

The Sonoran UCEDD is conducting an independent evaluation of Arizona's efforts to protect vulnerable individuals from abuse.

You can help.

If you provide long term care services to Medicaid members, please take this short survey to tell us what is needed to better serve the people you care for.

The survey is anonymous and will not collect your personal information.

Take the Survey

Scan this QR Code

1. Use your smartphone's camera to scan the QR code.
2. Your web browser will launch with the survey link.
3. Complete the survey!

Or visit this URL

1. Open your smartphone or computer's web browser.
2. Type bit.ly/ALTCSProviderSurvey into the address bar. Complete the survey!

Expanding possibilites and enhancing independence through education, research and service

For Immediate Release:

PHOENIX (Aug. 24, 2021) – Banner – University Health Plans (B – UHP) and Blaze Advisors have partnered with community-based behavioral health, primary care and social service providers to develop the **Integral Health Network of Southern Arizona**. The new network is designed to improve access and lower cost for individuals in Central and Southern Arizona with complex behavioral health conditions.

The **Integral Health Network of Southern Arizona** partners to coordinate access and facilitate transitions of care, ensuring that every patient with an identified behavioral health disorder receives timely and effective treatment from a team of clinical experts practicing whole-person, integrated care. Using a proven integrated care clinical model called **ONEcare**, empowered by a digital platform of care coordination, analytics, care management and patient engagement tools, the **Integral Health Network of Southern Arizona** provides a standardized interlink between primary care, hospitals, social service and behavioral health providers. By minimizing confusion and opening lines of communication, patients feel empowered to seek and continue their medical, mental health and/or substance use treatment.

ONEcare networks are self-governed and partner with payers, managed care organizations, hospitals, and Medicare affiliated Accountable Care Organizations, to improve access to care, member health outcomes, and address any system of care gaps.

B – UHP is a managed care organization and part of Banner Health. As a Banner division, B – UHP is a locally owned plan focused exclusively in Central and Southern Arizona with nearly 300,000 members and is a recognized Medicaid managed care leader. B – UHP has been a recognized Medicaid managed care leader since 1985, with a long history of successful operations in Medicaid and Medicare. B – UHP owns and operates: Banner – University Family Care (B – UFC/ACC), an AHCCCS Complete Care plan; Banner – University Family Care (B – UFC/ALTCS), an Arizona Long Term Care plan; and Banner – University Care Advantage (B – UCA), a Medicare Advantage Dual Special Needs Plan (D-SNP). B – UHP fosters a member-centric culture, is an active community partner, with a mission to make health care easier so life can be better.

Banner Health is the largest nonprofit health care systems in Arizona. The system owns and operates 29 acute-care hospitals, Banner Health Network, Banner — University Medicine, academic and employed physician groups, long-term care centers, outpatient surgery centers and an array of other services; including Banner Urgent Care, family clinics, home care, and hospice services, pharmacies and a nursing registry. Banner Health is in six states: Arizona, California, Colorado, Nebraska, Nevada, and Wyoming.

Blaze Advisors, a national leader in Population Health Management and Integrated Care, works closely with healthcare payers, providers, and community partners to operationalize and manage high-performance **ONEcare** networks delivering comprehensive, inclusive, and informed whole person care designed to improve health outcomes and reduce costs. Blaze Advisors has extensive operational expertise in developing clinically integrated high-performance networks, population health analytics, care coordination technologies, and clinical quality improvement programs. Each **ONEcare** network is augmented by the Care Optimization System which allows

real-time communication, referrals, and insights to the patient's care team. This "Virtual Practice" approach allows collaboration and follow-up, delivers clinical intelligence, and live connections via phone/SMS with patients in between visits. With over 3 million managed lives across the US, **ONEcare** networks provide a shared vision of whole-person care and a platform of population health technologies to provide comprehensive, inclusive, and data-driven improvements health outcomes.

Banner
University Health Plans

Appointment Accessibility and Availability Standards

PRIMARY CARE

Urgent care Appointments

As quickly as the member's health condition requires but no later than two business days of request

Routine Care Appointments

Within 21 calendar days of request

SPECIALTY CARE

Urgent Care Appointments

As quickly as the member's health condition requires but no later than two business days of request

Routine Care Appointments

Within 45 calendar days of request

DENTAL CARE

Urgent Care Appointments

As quickly as the member's health condition requires but no later than three business days of request

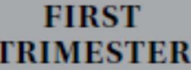
Routine Care Appointments

Within 45 calendar days of request

Wait Time

Members with an appointment shall not wait more than 45 minutes for treatment. Except when the provider is unavailable due to an emergency. If there is an emergency or delay, you should be given the option to reschedule your appointment within a reasonable period of time. B – UFC/ACC will actively monitor appointment wait times and ensure provider compliance.

MATERNITY CARE

 FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER	HIGH RISK PREGNANCIES
Within 14 calendar days of request	Within **7 calendar days** of request	Within **3 business days** of request	Within **3 business days** of identification of High Risk

High Risk Pregnancies
As the member's health condition requires and no later than three business days of identification of high risk by the Contractor or maternity care provider, or immediately if an emergency exists.

BEHAVIORAL HEALTH

Urgent Need Appointments	**Routine** I. Initial Assessment	**Routine** II. First behavioral health service following the initial assessment	**Routine** III. All subsequent behavioral health services
As quickly as the member's health condition requires but no later than 24 hours from identification of need	Within 7 calendar days of referral or request for service	As expeditiously as the member's health condition requires but no later than Member age 18 years and older: 23 calendar days after initial assessment Member age under 18 years old: no later than 21 days after initial assessment	As quickly as the member's health condition requires but no later than 45 calendar days from identification of need

PSYCHOTROPIC MEDICATIONS

ASSESS THE URGENCY OF THE NEED IMMEDIATELY

Provide an appointment, if clinically indicated, with a Behavioral Health Medical Professional within a timeframe that ensures the member a) does not run out of needed medications, or b) does not decline in his/her behavioral health condition prior to starting medication, but no later than 30 calendar days from the identification of need

ADOPTED CHILDREN

Routine I. Initial Assessment	Routine II. First behavioral health service following the initial assessment	Routine III. All subsequent behavioral health services
Within 7 calendar days after referral or request for service	As quickly as the member's health condition requires but no later than 21 calendar days after the initial assessment	As quickly as the member's health condition requires but no longer than 21 calendar days from the identification of need

If an adopted child does not receive services within these 7 and/or 21 calendar day timeframes, adoptive parent may contact the B – UHP Customer Care at (800) 582-8686 and the AHCCCS Clinical Resolution Unit at (800) 867-5808