Banner
University Health Plans

www.BannerUHP.com
(800) 582-8686, TTY 711
Fax: (520) 874-5555

# Provider Newsletter

Sept. 9, 2022

## Updating and Certifying Provider Data in NPPES

It's a great time to review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) to ensure that accurate data is displayed. As you may know, providers are legally required to keep their NPPES data current. The Centers for Medicare & Medicaid Services (CMS) is also encouraging Medicare Advantage Organizations to use NPPES as a resource for our online provider directories. By using NPPES, we can decrease the frequency by which we contact you for updated directory information and provide more reliable information to Medicare beneficiaries. If the NPPES database is kept up-to-date by providers, we can rely on it as a primary data resource for our provider directories, instead of calling your office for this information. We can download the current NPPES database and compare the provider data to the information in our existing provider directory to verify its accuracy.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields including provider name, mailing address, telephone and fax numbers, and specialty, to name a few. You should also be sure to include all addresses where you practice and *actively* see patients and where a patient can call and make an appointment. Do not include addresses where you *could* see a patient, but do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you will need to confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

If you have any questions pertaining to NPPES, you may reference NPPES help at https://nppes.cms.hhs.gov/webhelp/nppeshelp/HOME%20PAGE-SIGN%20IN%20PAGE.html. Please direct any general questions about this notice to your Care Transformation Consultant.

## DME Provider Update

We want to let you know about an upcoming change in suppliers. Medline Industries, a durable medical equipment and supply vendor, will no longer be contracted with Banner – University Health Plans effective Sept. 14, 2022. Medline primarily supplied adult briefs for our members in the following plans:

- Banner – University Family Care/ACC
- Banner – University Family Care/ALTCS
- Banner Medicare Advantage Dual (formerly known as Banner – University Care Advantage

Effective Sep. 1, 2022, **J&B Medical Supply Co Inc** will begin providing supplies previously provided by Medline. To reach J&B Medical, call (800)737-0045, fax number is (800)737-0012.

A list of alternate contracted suppliers is listed below. You may also use these suppliers for your patients who need adult briefs.

| Vendor | Phone | FAX |
|---|---|---|
| Banner Homecare and DME | (480)657-1000 | (480)657-1794 |
| 180 Medical | (480) 584-6638 | (888)718-0633 |
| MedOne Healthcare | (480)835-9100 | |
| Preferred Homecare DME | (520)459-1725 | (520)459-2327 |
| Edgepark Medical Supplies | (800)321-0591 | (330)425-4355 |
| Symbius Medical | (800)948-1868 | (877)396-6235 |
| United Seating and Mobility LLC | (520)323-4496 | (520)323-0387 |

For a comprehensive list of all Durable Medical Equipment and Supply providers, please visit our provider directory at: https://www.banneruhp.com/find-a-provider

Using the **Advanced Search** option, select **Durable Medical Equipment** in the **Provider Type** field.

Additional questions can be directed to the Provider Experience Center by calling the number that corresponds to the member's Health Plan:

- Banner – University Family Care/ACC – (800)582-8686
- Banner – University Family Care/ALTCS – (833) 318-4146
- Banner Medicare Advantage Prime/HMO – (844) 549-1857
- Banner Medicare Advantage Plus/PPO – (844) 549-1859
- Banner Medicare Advantage Dual – (877) 874-3930
- Banner Health Network – (480) 684-7070 or (800) 827-2464

# Arizona Children's Association (AzCA) Office Closures

Arizona Children's Association (AzCA) will be closing the following clinic locations on Oct. 14, 2022:

- 2066 W. Apache Trail, Ste 101, Apache Junction, AZ 85120
- 11321 W. Bell Road, Ste. 401, Surprise, AZ 85378

Arizona Children's Association's (AzCA) Sierra Vista location will close on Oct. 28, 2022.

Alternate AzCA locations near Apache Junction include:

- Gilbert: 1420 N. Greenfield, Suites 100 & 101, Gilbert, AZ 85234.
  Phone: 480- 474-2263
- Florence: 225 S. Orlando St., Florence, AZ 85132
  Phone: 520- 723-6893

Alternate AzCA locations near Surprise include:

- Phoenix: 3636 N. Central Avenue, Suite 300, Phoenix, AZ 85012
  Phone: 602- 234-3733
- Goodyear: 1300 S. Litchfield Rd., Suite 210-A, Goodyear, AZ 85338
  Phone: 623- 889-0091

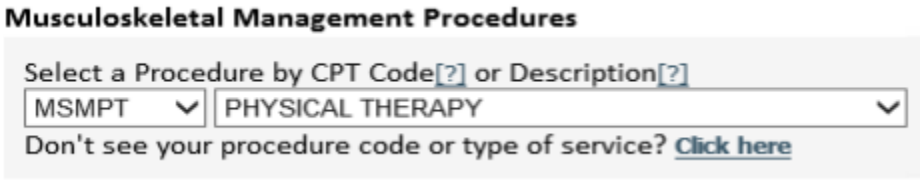
In Sierra Vista, providers may refer members to Easterseals Blake Foundation (ESBF) located at 55 South 5th St., Sierra Vista, AZ 85635. Phone: 520- 452-9784

# Prior Authorizations from eviCore

We want to your prior authorization process to go as smoothly as possible. When ordering prior authorizations from eviCore, please keep in mind:

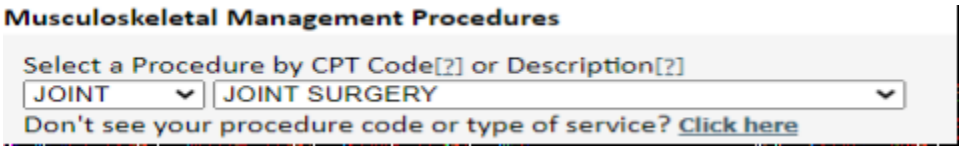
Musculoskeletal (MSK)
Physical Therapy (PT)
Occupational Therapy (OT)

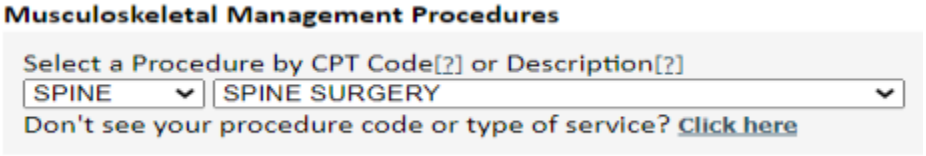
- Authorization must be obtained prior to rendering treatment.
- Retrospective requests will not be accepted.
- The approval letter contains a place holder code, the provider will treat/bill from this list of delegated codes, as long as they do not exceed approved visits/timeframes.
- For PT/OP requests, select MSMPT or MSMOT instead of specific CPT code. (see screenshot)

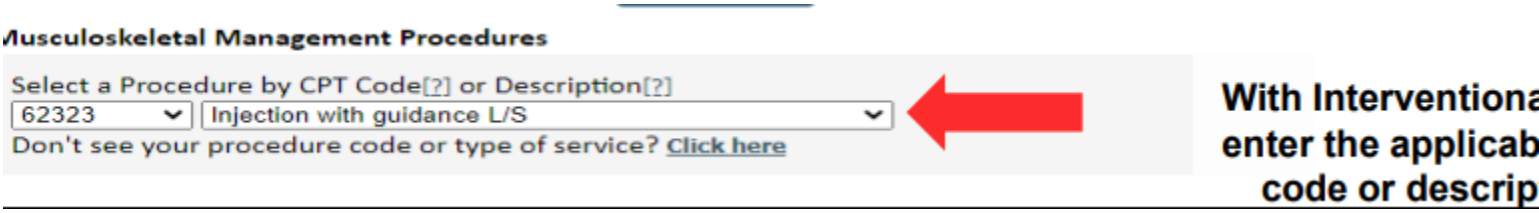



**MSK Pain / Joint / Spine**
-All ordering (requesting) physicians are required to obtain a prior authorization for services prior to the service being rendered in an office, inpatient or outpatient setting.
-Retrospective requests will not be accepted
-PAIN/JOINT/SPINE are authorized by CPT code (see list at https://www.evicore.com/resources/healthplan/bannerhealth)

For Joint & Spine Surgery, the provider will first select JOINT or SPINE from the drop down but will be asked to enter CPT when they enter the clinical collection process.






# Claims issues with eviCore Authorizations

Claims has discovered a potential obstacle to timely and accurate adjudication of claims with an eviCore PA. Based on provider feedback and examples, we have identified that eviCore adds an "A" to the front of the PA authorization number included in letters to providers.

If a Provider includes the A plus the authorization number in their claims submission, this will result in a failure for PA matching (since PA matching is for the numeric PA number only) and denial of claims.

We ask that providers only include the numeric authorization and exclude the "A" to ensure timely and accurate claims processing.

# Community Reinvestment Program applications due Sept. 30

To help us fulfill our mission to make health care easier, so life can be better, the Banner – University Family Care (B – UFC) Community Reinvestment Program provides philanthropic support to community-based organizations to improve access to both high-quality medical care and community-based services that address the social risk factors of health.

B – UFC will make community reinvestment funding available to organizations based on internally established priorities related to the health and wellbeing of our members and the communities we serve.

B – UFC is currently seeking proposals related to Social Determinants of Health (SDOH) with an emphasis on Health Equity and addressing social risk factors. Health Equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. SDOH are the conditions that affect a person's ability to be healthy, increase health care costs, and contribute to disparities in health equity.

Priority will be given to applicants with services/activities not currently covered by Title XIX/XXI and have a focus on housing, non-medical transportation, activities to combat social isolation, reducing recidivism for justice-involved members, employment and educational support, or other programs that address the adverse social conditions negatively impacting health outcomes.

### Application Process

Please complete and submit a Community Reinvestment Application form by visiting: https://www.banneruhp.com/about-us/community-reinvestment

Applications must be received by close of business on Friday, Sept. 30, 2022, to be considered.

***Funding decisions are made by B – UFC based on its established criteria and availability of funding. Funding decisions are made at the sole discretion of B – UFC.***

# Use Pre-TRM® to Identify Patients at Higher Risk for Spontaneous Preterm Birth

You can now order a PreTRM® blood test for your members with Banner – University Health Plans. The PreTRM® is a broadly clinically, validated commercially available blood test that provides an early individual risk assessment for spontaneous preterm birth in asymptomatic, singleton pregnancies. The test is free for your BUHP patients.

**One in 10 babies is born too soon[1]**

Preterm birth risk identification has posed a major challenge for clinicians, with traditional methods failing to detect 80% of spontaneous preterm births. Without this critical insight, clinicians and patients alike are left vulnerable to the risk that's hiding in plain sight.

**Why PreTRM®?**

The PreTRM® test is designed to identify patients at higher risk for spontaneous preterm birth. It is performed via a single blood draw between 19 and 20 6/7 weeks of gestation (126-146 days). In the test result, you'll receive both your patient's percentage for delivering her baby prematurely with a validated threshold, and her risk of spontaneous premature birth relative to the population risk. With 88% sensitivity, PreTRM® will allow you to identify your most at-risk patients and deploy case management and interventions most effectively.

**Clinical guidance on managing high-risk patients**

BUHP will support you in managing your patients who are determined to be higher risk by the PreTRM® Test.

- Clinical protocol with medication recommendations
- Weekly case management focused on preterm risk factors
- Recommendations for when your patient may need a specialist

Get started with PreTRM®

The PreTRM® Ordering Portal is available for immediate use. If you have any questions about PreTRM, the ordering process, or intervention strategy, contact support@pretrm.com or call 801-990-6600.

We are also hosting an information session about Pre-TRM on Tuesday, Oct. 18 from 5:30 – 7 p.m. To register, visit this link: https://bit.ly/3DcdHpR.

# Santa Cruz Valley Regional Hospital Closure

As you may know, Santa Cruz Valley Regional Hospital ceased all services on June 30, 2022. Banner – University Health Plans will no longer have a contractual agreement with Santa Cruz Valley Regional Hospital to provide services for our members.

Members in the Green Valley and Santa Cruz areas should be directed to hospitals such as Holy Cross in Nogales or Northwest Medical Center Sahuarita.

| Hospital | Phone | FAX |
|---|---|---|
| Holy Cross Hospital | (520) 285-3000 | (520) 285-8081 |
| Northwest Medical Center Sahuarita | (520) 469-8118 | |

For a comprehensive list of all contracted hospitals, please visit our provider directory at: https://www.banneruhp.com/find-a-provider

Additional questions can be directed to the Provider Experience Center by calling the number that corresponds to the member's Health Plan:

- Banner – University Family Care/ACC – (800) 582-8686
- Banner – University Family Care/ALTCS – (833) 318-4146
- Banner Medicare Advantage Prime/HMO – (844) 549-1857
- Banner Medicare Advantage Plus/PPO – (844) 549-1859
- Banner Medicare Advantage Dual – (877) 874-3930
- Banner Health Network – (480) 684-7070 or (800) 827-2464

# Banner - University Medical Center Tucson earns Comprehensive Stroke Center status

## Only one of its kind in Tucson

Banner – University Medical Center Tucson has again earned The Joint Commission's advanced comprehensive stroke certification, recognized nationwide as the gold standard in the treatment of the most complex stroke cases.

Banner – University Medical Center Tucson (B – UMCT) offers the only Joint Commission certified advanced comprehensive stroke center in Tucson. Together with Banner – University Medical Center Phoenix, the two academic medical centers provide Joint Commission comprehensive stroke services within the state. The certification is valid for two years.

As a comprehensive stroke center, B – UMCT provides a specialized team of cerebrovascular neurosurgeons, stroke neurologists, neurocritical care physicians, neuroscience nurses and staff, neuro-intensive care units, advanced imaging, post-hospital care, and access to stroke research and clinical trials.

*To read complete article, visit: https://bit.ly/3D6Vp9v*

# Prioritizing audits for Home and Community Based Settings rules

Banner – University Health Plans (B – UHP) is prioritizing audits for settings that may benefit from enhanced technical assistance to become compliant with Home and Community Based Settings (HCBS) rules. These new requirements, from the Centers for Medicare & Medicaid

Services (CMS), impact individuals receiving services in residential and non-residential settings such as assisted living facilities, group homes, adult day health, day treatment and training, center-based employment programs, etc.

The purpose of the HCBS rules is to ensure individuals receiving these services are integrated into their communities and have full access to the benefits of community living which includes the following:

- Opportunities to seek employment and work in competitive integrated settings
- Participation in community life
- Control over personal resources and privacy
- Receive services in the community to the same degree of access as individuals not receiving Medicaid HCB services.

In addition, the HCBS rules also require individuals receiving HCBS services to have a person-centered service plan (PCSP) that is tailored to the individual's needs, preferences and resources for room and board (if living in a residential setting). The overarching focus of the HCBS rules is not just on where the individual resides, it's the quality of the individual's experience while living there.

When you receive an audit notice, please respond immediately and review the instructions and timelines. This audit must be completed in a timely manner because all service settings must be compliant with HCBS rules **by March 2023**. If a service setting is not compliant by this date, all residents will be transitioned to another facility and admissions will be put on hold until compliance is reached. However, B – UHP's goal is to provide thorough technical assistance during the audit process to help settings achieve compliance and to prevent member relocation.

For more information on the HCBS Rules and the requirements for State Medicaid programs, please visit the CMS Website (https://www.medicaid.gov/medicaid/home-community-based-services/guidance/home-community-based-services-final-regulation/index.html). For a detailed overview of the audit as well as an HCBS training, please visit Home and Community Based Settings (HCBS) Rules (azahcccs.gov).

## Seclusion and Restraint (SR) Reporting Requirements

Following proper procedures for use of seclusion and restraints for certain patients is imperative. Banner – University Health Plans (B-UHP) is required to remind you and your staff about proper procedures regarding the documentation and use of seclusion and restraints by **Behavioral Health Inpatient Facilities (BHIFs) and Mental Health Agencies (MHAs) authorized to conduct Seclusion and Restraint report to the proper authorities as well as the Plan** all Seclusion and Restraints of plan members.

The use of seclusion and restraint can be high-risk behavioral health interventions; facilities should only implement these interventions when less restrictive and less intrusive approaches have failed. **The Health Plan requires BHIFs and MHAs to submit each individual report of incidents of seclusion and restraint to the Plan within (5) five business days of the incident utilizing AHCCCS Seclusion and Restraint Individual Reporting Form (Attachment A)**

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/962AttachmentA.docx
Please submit the completed form to B – UHP: Email: BUHPRequests@bannerhealth.com. or Fax: 520-874-3567

Providers are required to submit a separate **Incident/Accident/Death (IAD) report for Seclusion and/or Restraints resulting in an injury to the member**, to the Health Plan and to the AHCCCS Quality Management (QM) Team. Contracted BHIFs and MHAs licensed to conduct Seclusion and Restraints must submit these IADs to the AHCCCS QM Portal **within 24 hours** of becoming aware of the incident.

All Reporting requirements are specified in the B-UHP Behavior Health Provider Manual at: https://www.banneruhp.com/materials-and-services/provider-manuals-and-directories, based upon
**AHCCCS MEDICAL POLICY MANUAL (AMPM) 962**

**INCIDENT, ACCIDENT, AND DEATH (IAD) REPORTING UPDATE**
B - UHP Contacted Providers shall ensure that reportable IADs are submitted via the AHCCCS QM Portal **within 48 hours** of the occurrence or notification to the provider of the occurrence. Sentinel IADs shall be submitted by the Provider into the AHCCCS QM Portal **within 24 hours** of the occurrence or becoming aware of the occurrence. Please refer to the **AHCCCS MEDICAL POLICY MANUAL (AMPM) 961**-for specific reportable incidents and timeframes.

We encourage all Providers of care to reach out for any questions or issues regarding submission of SR and /or IAD reports by **Email to:** BUHPRequests@bannerhealth.com

# Maternal & Child Health

## Respiratory Syncytial Virus
## Provider Guidance: 2022–23 RSV Prophylaxis

With RSV season coming soon, we 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. Based on regional surveillance data, Banner – University Family Care is resuming coverage during the regular November – March RSV season for members who quality for RSV immunoprophylaxis with Synagis.

A copy of the Prior Authorization form for RSV Prophylaxis is included at the end of this newsletter. B – UHP will be using the July 2014 American Academy of Pediatrics (AAP) guidelines in making coverage determinations for RSV immunoprophylaxis. All patients for whom you plan to prescribe and/or administer Synagis must have a completed RSV PA form submitted to B – UHP for coverage determination before the first dose is administered.

Note: if you have already submitted a prior authorization request to B - UHP, you are not required to resubmit the request, but you may be contacted by B – UHP 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. Ordering Synagis for In Office Administration
    a. Please use Banner Family Pharmacy – Chandler
        i. Contact Information: (844)747-6442
        ii. Please include provider's office shipping address and best contact information for member's legal guardians.
        iii. Banner Family Pharmacy will verify prescription and coverage.
        iv. Once verified, Banner Family Pharmacy will complete a welcome call with member's legal guardians.
        v. After the welcome call, medication will be shipped to the provided office address.

2.Ordering Synagis from In Home Administration by Home Health Agency

    a. Please use CVS Specialty Pharmacy.
        i. Contact Information
            1. Phone: (800) 753-2777 ext. 1037886
            2. Fax: (800) 323-2445
            3. E-mail: Customer.ServiceFax@CVSHealth.com
        ii. CVS will require completion of their *2022-2023 Synagis Seasonal Respiratory Syncytial Virus Enrollment Form.* This form is available by:
            1. Google search "CVS Synagis Enrollment Form"
            2. https://www.cvsspecialty.com/content/dam/enterprise/specialty/enrollment_forms/us/US_Respiratory_Syncytial_Virus_RSV.pdf

BUHP is here to help.

For assistance with prior authorization, coordination with Home Health or care management for your patient; please do not hesitate to contact us at BUHP Customer Care at (800) 582-8686.

Pediatric specialty nurse care managers are available to help with coordination of care. Please email the BUHP Maternal and Child Care Management team at BUHPMaternalChildHealth@bannerhealth.com.

**Respiratory Syncytial Virus Prophylaxis Prior Authorization Form – 2022-23 (see attachment)**

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.

# Head Start Programs

Early Head Start and Head Start Programs are family-centered, early childhood education offered at no cost to qualifying families, for children from birth to 5 years old. These programs

focus on developing the physical, social, emotional and learning skills children need to be ready to promote into kindergarten. **As part of an EPSDT / Well-Child visit for children under 5, providers are encouraged to discuss the benefits of the Head Start programs and indicate any Head Start / Early Head Start referrals on your EPSDT / Well-Child visit documentation.**

**Who is eligible for Head Start?**

- Families with children ages birth to five who are income-eligible
- Children with diagnosed disabilities
- Children in foster care
- Families experiencing homelessness
- Pregnant women
- Families receiving SSI and TANF

**How to refer members to Head Start:**

www.Azheadstart.org

Arizona Head Start Association (602) 338-0449

Arizona Head Start program locater flyers.

https://www.azed.gov/sites/default/files/media/AZHSA%20State-Wide%20Recruitment%20Flyer%20English.pdf

https://www.azed.gov/sites/default/files/media/AZHSA%20State-Wide%20Recruitment%20Flyer%20Spanish.pdf

## EPSDT/Well-Child Visits – Visits Forms

Proper documentation of EPSDT Services is extremely important from a regulatory perspective. In accordance with AHCCCS policy [*AMPM Policy 430 Early and Periodic Screening, Diagnostic and Treatment (ESPDT) Services, Attachment E – AHCCCS EPSDT Clinical Sample Templates*], formerly EPSDT Tracking Forms, a**ll providers offering care to AHCCCS members under 21 years of age, MUST use the AHCCCS EPSDT Clinical Sample Templates to document age-specific, required information related to the EPSDT/Well-Child screenings and visits.**

As an alternative, the Electronic Health Record may be used, so long as it includes ALL components present on the age-specific AHCCCS EPSDT template.

- Download: To download the EPSDT Clinical Sample Templates (EPSDT Forms), navigate directly to the AHCCCS website: www.azahcccs.gov > shared > Medical Policy Manual > 430 Attachment E
- Requirements: For each EPSDT/Well-Child visit, a copy of the completed and signed (by the clinician) EPSDT form (or appropriate EHR), must be:
    - Placed in the member's medical record AND
    - Sent to the member's Health Plan

Timely submission of EPSDT/Well-Child visit documentation (forms or a suitable copy of the EHR) to the health plan is very important to member care coordination. Sending these forms to the Health Plan soon after the well-child visit allows us to:

- Outreach to members and caregivers, evaluate for and mitigate potential barriers to care
- Identify, follow up and facilitate referrals initiated during the well-child visit

**Submitting EPSDT/Well-Child Visit Forms**

There are three easy ways to submit your EPSDT forms or EHRs after a visit.

Secure email: BUHPEPSDTForms@BannerHealth.com

Secure Fax: (520) 874-7184

US Mail: Banner – University Health Plans Attn: EPSDT 2701 E. Elvira Road Tucson, AZ 85756

# Statewide Drop in Blood Lead Screenings

Revised Blood Lead Screening requirements have been in effect since 2019 and have been covered as part of the Early and Periodic Screening Diagnostic and Treatment (EPSDT). The COVID-19 pandemic caused blood lead testing numbers to drop by 25.7% in 2020.

With this dramatic drop in statewide screening, all PCPs are encouraged to screen members per the AHCCCS requirements below:

- EPSDT covers blood lead screening *for all members at 12 and 24 months of age* and for those members between the ages of 24 and 72 months (6 years) who have not been previously tested or who missed either the 12- or 24-month test.
- Lead levels may be measured at times other than those specified if thought to be medically indicated by the provider, by responses to a lead poisoning verbal risk assessment, or in response to parental concerns.
- Additional screening for children under six years of age is based on the child's risk as determined by either the member's residential zip code or presence of other known risk-factors.
- Payment for laboratory services that are not separately billed and considered part of the payment for the EPSDT visit include but are not limited to: 99000, 36415, 36416, 36400, 36406 and 36410. In addition, payment for all laboratory services shall be in accordance with limitations or exclusions specified in Contractor's contract with providers.
- A blood lead test result, equal to or greater than 10 micrograms of lead per deciliter of whole blood obtained by capillary specimen or fingerstick, must be confirmed using a venous blood sample.
- All providers are required to report blood lead levels equal to or greater than 10 micrograms of lead per deciliter of whole blood to ADHS.

## ASIIS Registry

The Arizona State Immunization Information System (ASIIS) is a central registry designed to capture immunization data within the state. Providers are required to report all immunizations administered to children 18 years of age and younger to the state health department (providers are strongly encouraged to also enter adult vaccination data). The registry provides a valuable tool for reporting immunization information to public health professionals, private and public health care providers, parents, guardians and other childcare personnel.

A goal of ASIIS is 100% capture of vaccinations provided to children, giving providers a reliable place to check for both current and historic immunization records. Another ASIIS goal is to ensure health care professionals administering immunizations are reporting to the ASIIS registry in a regular and timely manner.

Banner – University Health Plans reviews the performance of contracted providers in their reporting of administered vaccinations into the ASIIS Registry, as required by state law and AHCCCS guidelines. The Health Plan's EPSDT team will be reaching out to providers identified to have ASIIS immunization entry gaps to increase awareness and improve ASIIS entry performance.

For more information on the ASIIS, please visit the Arizona Department of Health Services – ASIIS web-page at: http://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/asiis/index.php

# Children's System of Care

## CALOCUS Fidelity and Training Compliance

It has been a year since the introduction of the CALOCUS in the Children's System of Care and we are continuing to see successful implementation and utilization. AHCCCS is tracking the number of CALOCUS screening tools completed for individual members and the total number completed by each provider agency. The data shows growth in metrics.

AHCCCS is developing a robust process to monitor fidelity to the CALOCUS tool. As a first step, the ACC Health Plans will collaboratively monitor two elements of CALOCUS training compliance on a quarterly basis starting in October 2022.

- Provider staff attend Deerfield training for at least 2.5 hours.
- Provider staff attend Deerfield training within 30 days of registration in Relias.

The review of CALOCUS training compliance will be conducted using reports from Deerfield and Relias. Contracted providers will receive an email from one of the ACC health plans on a quarterly basis stating that the review has been completed. The email will also identify any training compliance issues that need to be addressed. More information will be emailed to providers in October 2022.

Contracted Providers should continue to work with Deerfield to integrate CALOCUS within their EHR.

If you have questions about the CALOCUS please contact Hilary Mahoney, Associate Director Children's System of Care at hilary.mahoney@bannerhealth.com.

# Child Family Team (CFT) Training and Supervisor Training

The new CFT Training was rolled out in July 2022. Each contracted provider that facilitates CFT's needs to have at least one trained CFT Champion. To date, 131 CFT Champions have been trained. Once trained, the CFT Champion takes the information back to their organization and ensures staff who facilitate CFTs have also been trained in the curriculum. CFT Champions can train staff as often as needed to meet the needs of the organization. Providers are encouraged to work together and coordinate shared training when appropriate. Additional Champion trainings will be held quarterly to address turnover and provider growth.

Roll out of the CFT Training for Supervisors is expected in Fall 2022. In addition to covering the CFT basics, this training will also address staff observation requirements and the utilization of the CFT Supervision Tool. The CFT Supervision Tool will be required at 60 Days, 6 months and on an annual basis.

If you have questions about CFT Training, please contact Jennifer Blau, Children's System of Care Specialist at Jennifer.Blau@bannerhealth.com.

# Understanding Support and Rehabilitation Services for Children and Adolescents

Support and Rehabilitation Services are an essential part of community-based practices and culturally competent care. These services help children live successfully with their families in the community and can contribute to growth in multiple life domains. As the needs of our members continue to evolve, it is expected that demand for high quality Support and Rehabilitation Services will continue to grow.

At a minimum, the Child Family Team (CFT) should assess the underlying needs of the child/family and consider whether Support and Rehabilitation Services will help address those needs. Banner contracted providers are responsible for ensuring Support and Rehabilitation Services are discussed and offered during CFT Meetings. The discussion should include education about the array of services that are available. Although a referral is not needed, the CFT should promote access to the services by submitting referrals to other service providers when appropriate.

Banner University Family Care is facilitating two free **Understanding Support and Rehabilitation Services Training** opportunities for provider staff. To register please use the following links.

October 17, 2022, 10:00am-11:00am https://forms.office.com/r/tq6QLGGS7R

December 12, 2022, 10:00am-11:00am https://forms.office.com/r/nue5ays8CN

If you have questions about Support and Rehabilitation Services, please contact Hilary Mahoney, Associate Director Children's System of Care at hilary.mahoney@bannerhealth.com.

## ADHD: The Importance of Screening for Related Conditions

According to the Centers for Disease Control website, in a 2011 study 11% of US children had been diagnosed with ADHD at some point in their lives compared to 8.9% of Arizona children. The website also states that boys (13%) are more likely to be diagnosed with ADHD than girls (6%.) The website also stated that 6 in 10 children with ADHD had at least one other emotional or behavioral disorder.

The most common related disorders are anxiety, depression, sleep problems, oppositional defiant disorder, conduct disorder, Autism Spectrum Disorder, Tourette's syndrome and learning disabilities. For more information about ADHD and related disorders, refer to the CDC website, https://www.cdc.gov/ncbddd/adhd/conditions.html.

The combination of ADHD with other disorder often present extra challenges for children, parents, educators and health care providers. The American Academy of Pediatrics recommends that every child with ADHD should be screened for other disorders or problems. For information about screening, interventions and treatment guidelines, refer to https://www.cdc.gov/ncbddd/adhd/guidelines.html.

## Free ECSII Training Opportunity Provided by AHCCCS

Training on the Early Childhood Service Intensity Instrument (ESCII) is available courtesy of AHCCCS. While not a required assessment, the ECSII is an available resource as a stand-alone assessment tool, for children birth through five. Use of the ECSII tool can allow for effective identification of infants and toddlers at highest need for intervention and a developmentally appropriate option for assessing the strengths and needs of a young child within his or her environment.

We highly recommend that providers register as soon as possible. Training seats are limited, and we anticipate that training seats will fill up very quickly.

If you have questions about the ECSII, training registration or screening the Birth through Five population please contact Jennifer Blau, Children's System of Care Specialist at Jennifer.Blau@bannerhealth.com.

# Office of Individual and Family Affairs (OIFA)

## Peer Support Employment Programs (PSETP) Curriculum Monitoring, Development and Enhancement

B – UHP's Office of Individual and Family Affairs (OIFA) is required to monitor Peer Support Employment Training Program (PSETP) providers' curriculum for review and may at any time request to do so, per the AHCCCS AMPM. A request to review your curriculum would come directly from B – UHP's Office of Individual and Family Affairs (OIFA) Administrator, Colleen McGregor.

For new or existing Peer Support Employment Training Program (PSETP) providers in need of support to further develop or enhance curricula, please contact B – UHP's Office of Individual

and Family Affairs (OIFA) Administrator, Colleen McGregor at colleen.mcgregor@bannerhealth.com or the OIFA Team general email box at OIFATeam@bannerhealth.com.

This information can be found on **pages 45-46 of the Banner – University Family Care (B – UFC) ACC and ALTCS Provider Manual**. In addition, it can also be found on our B – UHP Health Care Provider website in two places: ***Resources>Child and Family Support> Peer/Recovery And Family Support Workforce*** and ***Resources>General Mental Health & Substance Use> Peer/Recovery And Family Support Workforce*.**

# AHCCCS Updates

## Electronic Visit Verification (EVV)

**What is EVV?**

Electronic Visit Verification (EVV) is designed to better support home-bound members. It is an electronic verification system required by AHCCCS to monitor home services. This will eliminate paper timesheets, provide data to monitor service gaps, and help fraud, waste and abuse.

**Recent Updates from AHCCCS:**

Procedure code H2014 is no longer subject to EVV. AHCCCS may change this in the future, but for now, this code is not included in EVV.

**What deadlines are coming up?**

On Nov. 1, 2022, all claims subject to EVV must pass validation with Sandata prior to the health plans paying for the service.

- Providers should make sure all member visit information is loaded into the Sandata Aggregator and in a verified state before submitting their claims to the MCO.
    - If using an alternate vendor, your vendor should send the information to Sandata which will show in the aggregator, providers should verify themselves.
- If claims are denied related to an EVV error, the provider will have to correct the errors and resubmit the claim.

**Additional Resources:**

- Sandata Customer Service:
    - Phone (855) 928-1140
    - AZCustomerCare@sandata.com
    - AZAltEVV@Sandata.com – for Alt EVV Vendor questions/tickets
- AHCCCS EVV inbox: evv@ahcccs.gov
- AHCCCS EVV Website:
    - http://azahcccs.gov/AHCCCS/Initiatives/EVV/
- AHCCCS Service Confirmation Portal:
    - https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f
    - This is required for providers to use when no prior authorization is required from the health plan. The provider MUST enter information in the portal prior to the start of services. This will act as the “authorization” for the EVV system.
- Admin Training to use Sandata as an EVV vendor:
    - https://www.sandatalearn.com/?KeyNameAZEVVagency

- EVV contact update process
  - EVV Contact Add Updates.pdf (azahcccs.gov)
- Sandata Aggregator Uses and Benefits
  - AZ AggregatorInformation.pdf(azahcccs.gov)
  - Help yourself learn how to navigate the Sandata aggregator. This is extremely important no matter which vendor you are using.

# HEDIS Talk!

## Controlling High Blood Pressure (CBP)

The CBP measure is aimed at adequately controlling blood pressure (<140/90) for members 18-85 years of age who had a diagnosis of hypertension (HTN). Member population includes all Commercial, Medicare and Medicaid product lines.

Measuring blood pressure accurately is an important component to properly diagnosing and treating hypertension. Staff education, patient preparation and positioning of patients may help to avoid inaccurate readings.

Here are a few tips to help you and your staff ensure a more reliable reading:

- Ensure proper position:
  - Make sure the patient is seated in a chair with their back supported
  - Legs uncrossed and feet flat on the ground or on a stool
  - Place blood pressure cuff mid-arm, above the elbow
  - Support the arm so that the arm and cuff are at the level of the patient's heart

- Use the correct cuff size for the patient's arm
  - Cuffs that are too small or too big can cause an inaccurate reading

- Try to avoid talking to the patient while taking their blood pressure
  - Do not allow the patient to talk on the phone while getting their blood pressure taken

- ALWAYS recheck blood pressure if the initial reading is at or more than 140/90 mm Hg.
  - Make sure all blood pressure readings taken on the same day are documented in medical record

- Member reported readings taken at home with a digital device are acceptable
  - You can still record a patient's blood pressure during a virtual check-in, e-visit or telephone visit

Banner – University Health Plans is here to help! Don't hesitate to contact your assigned representative today. If you are unsure of who your representative is, you may send an inquiry to . providerexperiencecenter@bannerhealth.com

# ADULT SYSTEM OF CARE (ASOC)

## The SMI Extended Evaluation Program (EEP)

The EEP allows an individual the opportunity to be assessed in a period of sustained sobriety to clarify whether SMI criteria are met.

Please consider asking your member to choose **both** the **20-day** and the **EEP option** on the Waiver of Three-Day Determination Form only if your client is an adult and is suspected of or actively using substances.

- This gives Solari the option to use 20-days to obtain records from other agencies or hospitals to look for evidence of either the SMI diagnosis clearly preceding the onset of substance abuse or symptoms are present in a period of sustained sobriety and persistence of functional impairment during those periods.
- The 20-day option also gives Solari time to staff with you, possibly interview your member, and ultimately use the extra 30-day EEP (If necessary) if it is not clear from the records if the member's functional impairment is directly caused by an SMI qualifying diagnosis.

*One of the examples in which an EEP can be beneficial is when a member goes to a Behavioral Health Residential Facility (BHRF).* If there is substance use and you think substance use is not the primary issue or cause of impairment, please provide Solari a detailed explanation in the narrative on the SMI Determination Form, especially when an applicant has a complicated clinical presentation.

If Solari utilizes the EEP option, you will be notified by email that the determination has been pended for 30 days**. Solari staff will check-in with you after two weeks to make sure member is engaging in services, and then again prior to the end of the 30-days and ask you to complete the EEP Summary Tool:

EEP Summary Tool

1. What specific services did the client participate in during EEP? (i.e., where did they obtain services, what meds were they prescribed, were they compliant with appointments and treatment recommendations, did they engage in substance abuse treatment, therapy, or other services).
2. What substances did they use and when was their last use?
3. What was their ability to function during EEP?
4. Did they have other conditions or issues impacting their symptoms or functioning during EEP (i.e. medical conditions, non-SMI diagnoses, situational stressors)?
5. Is there any evidence suggesting that their continued functional impairment is due to an SMI diagnosis? Explain.

If your member was able to remain sober for 30 days, Solari will make a determination. If they have only been able to reduce their use, Solari has the option to add another 30 days to allow additional time to monitor your member's behavior and functioning. Solari will make a determination based on behavioral health provider reporting as to whether or not your client meets SMI criteria.

****Note:** If you are a Central Arizona Provider, your member will be contacted by Crisis Preparation & Recovery who will arrange for any additional services and report outcomes to Solari.

If you have questions about the SMI Determination Process, please contact Jennifer Janzen, SMI Eligibility Education and Training Coordinator at Solari: (480)273-3847 or Jennifer.Janzen@solari-inc.org

For SMI provider forms & Checklist, please visit community.solari-inc.org/eligibility-and-care-services/provider-forms/

**Autism Spectrum Disorder (ASD)**
Banner – University Health Plans offers a comprehensive network of service providers who can meet the needs of children, adults and families living with autism spectrum disorder. This list includes providers in central and southern Arizona B – UHP developed a provider list for adult ASD services in our contracted geographical area. The provider list can be found in BUHP provider website: www.banneruhp.com/resources/autism-spectrum-disorder.

# Upcoming Engagement Opportunities

**September Provider Education Forums**
Noon – 1:30 p.m. Tuesday, Sep. 13
Noon – 1:30 p.m. Thursday, Sep. 15
**Call in info:** (480) 378–7231 **Conf ID:** 882 098 952#
Microsoft Teams: https://bit.ly/3wKurR2

# Provider Services & Support

## ADHS Quarterly Treatment Capacity Survey

Facilities that provide substance abuse treatment (hospitals, health care facilities and outpatient substance abuse treatment providers) are required to report capacity information every quarter to the Arizona Department of Health Services.

Please find the survey link for Quarter 2 (Apr. 1, to June 30, 2022) of Calendar Year 2022 below. ADHS is requesting that your facility **complete the survey no later than Sept. 15, 2022**:

Here is the Survey Monkey link: https://www.surveymonkey.com/r/TBQDCLD

The information you submit is important to assessing Arizona's progress in meeting the treatment needs of people throughout the state. The information is analyzed and compiled into a quarterly report that is provided to the Governor, the Presidents of the Arizona House and Senate and the Arizona Secretary of State's Office. The quarterly reports are also posted on the ADHS opioid website at https://azhealth.gov/opioid under the reporting tab.

If you have any questions or comments, please e-mail azopioid@azdhs.gov and an ADHS staff member will reach out to you.

## Provider Data updates notification process change

B – UHP strives to maintain an accurate and current Provider Directory. This allows our members to be able to select and contact you. Please notify us immediately of changes within your practice, including:

- Address changes

- Open or close panels
- Adding or removing a practitioner
- Key contacts, phone, fax numbers
- TIN changes or corporate structure changes
- Other demographic changes

All AHCCCS plans will implement the use of the AzAHP forms for notification of provider and organization updates. We hope this standardization will remove the duplicative work on you and your team. The standardized form with make it easier for you to complete one form and submit to all AHCCCS plans you work with.

Our current Provider Data Update form which is located on our website www.banneruhp.com/materials-and-services will be discontinued on Sept. 30, 2022.

Beginning Oct. 1, 2022, you will be required to submit the most current AzAHP form(s) for any new additions, updates, terms and changes.

The AzAHP forms are located on the website https://www.banneruhp.com/join-us/join-our-network. You will find the AzAHP Practitioner Data Form, Practitioner Practice Form and the Organization Facility Form located there as well. When submitting a request, please complete the appropriate form and email the completed form and supporting documents directly to the data department at BUHPDataTeam@bannerhealth.com.

# Provider Manual Updates

Updates to the BUHP Medicaid Provider Manual have been made and will be effective **10/9/2022.**

Reminder: These updates can be found on BannerUHP.com under the Banner — University Family Care (ACC and ALTCS) Provider Manual.

**Key updates and changes:**

- Revised the following sections:
  - Revised and added new language for Workforce Development. Pages 47 to 51 and 200 to 205.
  - Clarified EPSDT requirement for PCPs to complete a comprehensive 'unclothed physical' exam according to the AHCCCS EPSDT Periodicity Schedule. Page 66.
  - Revised language for continuing services when a Nursing Facility or HCBS contract terminates. Page 214.
  - Added new language related to payment responsibilities for contractor changes. Pages 214 and 215.

# Model of Care Annual Training and Attestation

## Important Reminder for Banner Medicare Advantage Dual

Contracted providers, subcontractors and non-participating providers with Banner Medicare Advantage Dual are required to complete the Model of Care Annual Training and submit the

Attestation. If you have not completed and submitted your required annual attestation for this year, you have until Dec. 31, 2022 to do so and remain compliant with this requirement.

Instructions:

1. Review the training content located here: https://www.banneruhp.com/resources/provider-trainings (Select Model of Care Training to access the required training and attestation.
2. Complete the 2022 Annual Attestation: https://bannerhealth.formstack.com/forms/moc_attestation

## Changing Primary Care Providers (PCP)

Members have the right to select a new PCP at any time. They should contact the Customer Care Call Center and a Representative will be able to assist with their request. Our Representatives will ask the member if they have already scheduled an appointment with the PCP of their choice, this is to ensure a provider is able to accommodate a member's timely request for an appointment. A Representative will also verify if the PCP has the adequate patient panels in place to make the requested change.

- If there is a Closed panel – We will verify with the provider's office representative that it is acceptable to add a member to their respective panel.
- No panel listed for provider - We will notify the member. If a provider believes this is incorrect information, they can update their information by clicking on the following link https://www.banneruhp.com/materials-and-services/provider-data-update-form

How can you verify PCP assignments?
Providers can always verify a member's PCP assignment by visiting eServices, https://eservices.uph.org
For more information about eServices, contact your Care Transformation Specialist.

Customer Care
Banner – University Family Care ACC Phone: (800) 582-8686
Banner – University Family Care ATLCS Phone: (833) 318-4146
Banner Medicare Advantage Dual Phone: (877) 874-3930

## Clinical Connectivity

Clinical Connectivity is Banner's on-line link to clinical information. It is designed for physicians, clinical staff, and health insurance staff to access clinical information quickly, easily and on their own schedules.

Clinical Connectivity provides access to clinical information anytime, anywhere.

Applications available via Clinical Connectivity:

- Cerner Millennium: Clinical information for Banner Health facility (lab, imaging reports, dictation, clinical results)
- PACS Synapse: Radiology Imaging/Picture Archive Communication System (PACS)

- iECG EKG Mgmt: iECG enables viewing, printing, and searching of the 12-lead ECGs from the PC
- Patient Census
    - Physician-specific census lists.
    - Patient-specific “face sheets” containing patient demographic and billing information

Learn more about Clinical Connectivity

https://www.bannerhealth.com/health-professionals/for-physicians

## Prior Authorization Update - eviCore

BUHP began using eviCore, as of April 1, 2022, to obtain prior authorization for certain services.
Plans:

- Banner – University Family Care/AHCCCS Complete Care
- Banner – University Family Care/ALTCS
- Banner Medicare Advantage Dual

Authorization is required for:

- Advanced Imaging
- Nuclear Medicine
- Cardiac Imaging
- Medical Oncology
- Radiation Therapy
- MSK-Therapies (PT/OT)
- MSK-Pain/Joint/Surgery

To request an authorization:

- Log onto www.evicore.com (Preferred)
- Call: (888)444-9261
- Fax: (888)863-3210

Training:

- To register and participate in a session:
    - Please go to evicore.com/provider
    - Under Provider login, access Training Resources
    - Select the training session that you would like to attend.

## Provider Data updates notification process change

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# Compliance Corner

## Office of Inspector General – Special Fraud Alert

The Federal Office of Inspector General (OIG) under the Department of Health and Human Services released a Special Fraud Alert in July 2022 to alert Practitioners to be careful when creating relationships with companies claiming to be reputable telemedicine companies. The OIG has performed multiple investigations looking into these telemedicine companies (including telehealth, telemedicine and telemarketing services). These companies have taken advantage of the increased acceptance of the use of telemedicine during the Public Health Emergency.

In some of the cases, the telemedicine company solicited providers or practitioners and paid them kickbacks or funds to create orders for either services, equipment or prescriptions that

were not medically necessary. These included durable medical equipment, genetic testing, wound care items or prescription medications that were then fraudulently billed to Medicare, Medicaid and other Federal Health Care Programs.

The OIG explained that in many of these arrangements, the telemedicine company would pay the provider/practitioner for ordering or prescribing items or services. In most cases, the provider/practitioner had limited or no interaction with the patient and there was no medical necessity involved and no clinical appropriateness. The OIG found that providers/practitioners only spoke with patients by telephone and had no access to the patient's actual medical records.

In these cases or schemes, fraud concerns are heightened due to the possibility of harm to Federal Health Care Programs and their beneficiaries. The OIG encouraged providers/practitioners to take great care and caution when entering into a relationship with telemedicine companies offering payment or reward in return for referrals for or orders of items or services which are reimbursed by a Federal Health Care Program.

Multiple federal laws could be violated by this behavior including the False Claims Act and the Anti-Kickback Statute. When a party knowingly and willfully pays remuneration to induce or reward referrals of items or services payable by a federal health care program, the Federal anti-kickback statute is violated. Inappropriate arrangements with telemedicine companies could result in criminal, civil or administrative liability.

**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 Adam Barker via phone (602)747-8452 or email Adam.Barker@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/ALTCS (833)318-4146
Banner - Medicare Advantage/Dual (877)874-3930

*Banner Medicare Advantage Customer Care*
Banner Medicare Advantage Prime HMO – (844)549-1857
Banner Medicare Advantage Plus PPO -(844)549-1859
Banner Medicare RX PDP – (844)549-1859

**AHCCCS Office of the Inspector General**
Providers are required to report any suspected FWA directly to AHCCCS OIG:
**Provider Fraud**
- In Arizona: (602) 417-4045
- Toll Free Outside of Arizona Only: (888) ITS-NOT-OK or (888)487-6686

Website: www.azahcccs.gov (select Fraud Prevention)

Mail:
Inspector General
801 E Jefferson St.
MD 4500
Phoenix, AZ 85034

**Member Fraud**
- In Arizona: (602)417-4193
- Toll Free Outside of Arizona Only: (888) ITS-NOT-OK or (888)487-6686

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