Banner
University Health Plans

800-582-8686 • TTY 711 • Fax 520-874-5555
www.BannerUHP.com

May 2022 Provider Update

Annual Model of Care Training & Attestation Due

The Centers for Medicare & Medicaid Services requires providers who are caring for Special Needs members to document their training on the Model of Care (MOC). Contracted providers, subcontractors and non-participating providers rendering services to Banner Medicare Advantage Dual (formerly known as Banner University Care Advantage DSNP) members are required to complete the Model of Care Training and submit the attestation annually.

The Model of Care Training and attestation can easily be accessed from the Banner University Health Plans website.

Instructions:

- Review the **training content** located here:
https://www.banneruhp.com/resources/provider-trainings
  Or click the link here:
  Provider Trainings (banneruhp.com)
- Select **Model of Care Training**

Once you have completed the Model of Care Training, please complete, and **submit your attestation** online by following the link below:
https://bannerhealth.formstack.com/forms/moc_attestation

Have questions? Contact our Provider Experience Center (PEC) by phone at 877-874-3930 option 2 (You may request to be connected with your Care Transformation Consultant or Specialist) or by email at BUHPProviderInquiries@bannerhealth.com.

Prior Authorization waiver expiration

Please be aware that the prior authorization waivers in place for Skilled Nursing Facilities (SNF), Long Term Acute Care Hospitals (LTACH), Intensive Rehab Facilities (IRF) and Acute Inpatient Hospitals (Acute IP) have all ended. Please review the information below for details.

Payer	Last Update	Acute IP	SNF	IRF	LTACH	Notes	End Date
BUHP (AHCCCS) Plans (UFC/ALTCS)	8/16/21	X (Waive concurrent review for urgent acute admits, continue concurrent for elective admits)	X	X	X	IRF/LTACH auto auth **up to 7 days only** if level of care criteria not met on admission. Acute IP waiver: Auto auth and retro review initiated	TBD
Banner Medicare Advantage Dual (SNP)	4/13/22						4/13/22 Waivers Expired
AARP Medicare Complete UnitedHealthcare (BHN UHC MA)	3/4/22						3/4/22 Waivers Expired
Banner Aetna	1/25/22						2/28/22 Waivers Expired
MSSP	4/12/22		X			Applies to SNF 3-day waiver only.	7/15/22
Banner Medicare Advantage Prime and Plus	2/15/22						2/28/22 Waivers Expired

Last Updated 4/27/22
X= indicates PA is waived

Please reach out to your Care Transformation Specialist with any questions.

AHCCCS Updates

Public Health Emergency (PHE) extension updates

On April 12, 2022, the Secretary of Health and Human Services (HHS) renewed the national public health emergency (PHE) period for COVID-19 through July 15, 2022. This renewal allows for the continued implementation of existing federal waivers related to the PHE.

Below are URLs/links to AHCCCS, CMS, United Health Care and Cigna plans that will give you current and updated information on their waivers, telehealth guidance and more. Stay updated by visiting these sites regularly.

The End of the Public Health Emergency?

Banner-University Family Care (B-UFC), AHCCCS, and the other Arizona Managed Care Organizations (MCOs) continue to plan for the end of the Public Health Emergency (PHE). When the Public Health Emergency Ends, so too will some of the operational changes or “flexibilities” that have been put in place due to the pandemic. **On April 12, 2022, Health and Human Services (HHS) Secretary Xavier Becerra extended the public health emergency for another 90 days. Some observers believe this will be the last extension and that the PHE will formally end this summer.**

Once the PHE ends, the biggest change we can expect relates to member eligibility. During the PHE, AHCCCS members have not been disenrolled from the program due to change in

circumstances or failure to reapply. When the PHE ends, AHCCCS will begin disenrolling those that are no longer eligible and those that have not completed required renewals during the PHE. B-UFC has put a plan in place to do multi-channel outreach to these members to remind them to take action to preserve their benefits. Our **#TimetoRenew** campaign will be promoted in member materials over the next few months, but it will take a team effort! We need your support to ensure that vulnerable Arizonans do not lose their AHCCCS benefits.

PHE Unwinding Resource Web Page
As AHCCCS continues to plan for the eventual end of the public health emergency, AHCCCS wants it to be as easy as possible for members, community partners, and health plans to find accurate information and materials to distribute. To that end, AHCCCS has created a single "Return to Normal" web page where all resources about the unwinding are posted.

www.azahcccs.gov/ReturntoNormal
On this page you'll also find an updated version of the Frequently Asked Questions (pdf) AHCCCS is fielding from health plans as well as a link to their news release and provider information web page. B-UFC has created a dedicated webpage as well:

www.bannerufc.com/acc/time-to-renew

It is important to note that the PHE has implications for provider registration requirements as well. AHCCCS expects to reinstate provider screening requirements that have been suspended during the pandemic. Please review AHCCCS' Return to Normal website and the B-UFC webpage for additional information.

Here are additional links that you might find helpful:

For Medicaid providers:
https://www.azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html
Updated Apr. 8, 2022. Following this link will take you to the FAQ that has many topics related to the Public Health Emergency, including telehealth.

AHCCCS Emergency Authority Requests, revised Apr. 15, 2022
https://www.azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf

For Medicare providers:
Telehealth
https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

CMS Waiver
https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

For United Health Care providers:
Waivers and Telehealth
https://bit.ly/3yx3QIK

For Cigna providers:
https://bit.ly/3wnfnYw

AZ WITS & ASAM CONTINUUM Project

AHCCCS is implementing the ASAM CONTINUUM® assessment tool to improve treatment

outcomes with greater assessment fidelity and proper level of care placement. The ASAM CONTINUUM® provides counselors, clinicians, and other treatment team members with a computer-guided, structured interview for assessing and caring for patients with addictive, substance- related, and co-occurring conditions. This assessment tool will provide the entire treatment team with a clinical standard decision support system for assessing members with substance use disorders and co-occurring conditions. Providers who conduct substance use disorder (SUD) assessments will be required to start utilizing the ASAM CONTINUUM® **by Oct. 1, 2022**.

For providers who do not have access to the ASAM CONTINUUM® through their electronic heath record (EHR), AZ WITS (Web Infrastructure for Treatment Systems) is a web-based application to conduct the ASAM CONTINUUM® assessment.

Please refer to the AHCCCS FAQ page at AZ WITS & ASAM CONTINUUM Project (azahcccs.gov) which outlines clinical guidance, staff training, cost, implementation, technical assistance and much more about this initiative.

Social Determinants of Health

Social Determinants of Health (SDOH) provide a valuable source of information including social factors that may impact member health. Providers should routinely screen for and document SDOH. When appropriate, SDOH should be reflected in the assessment and service planning process. Providers should help members connect to services and/or resources to address SDOH in efforts to improve health outcomes.

Any Social Determinant ICD-10 diagnosis codes that are identified should be included on the submitted claims for AHCCCS members, to comply with state and federal coding requirements. Please note that Social Determinant ICD-10 diagnosis codes should not be billed as primary diagnosis; they are secondary ICD-10 codes. The only exception is the use of code Z13.9, Encounter for Screening, Unspecified, that can be utilized when a screening is performed, and no other diagnosis is documented to support the screening. The intent of this code is not to be used for every screening.

For a list of ICD-10 codes relevant to SDOH, please see Exhibit 4-1, Social Determinants of Health ICD-10 Code List in the Fee-For-Service Provider Billing Manual. The list of SDOH codes may be added to or updated on a quarterly basis. Providers should remain current in their use of these codes.

Provider Manual Updates

Updates to the BUHP Medicaid Provider Manual have been made and will be effective June 12, 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 or added following sections:
- Added Dosing Procedures – Pg. 132
- Added OTP/OBOT Roles & Responsibilities for Guest Dosing – Pg. 133
- Revised Responsibilities of Health Homes – Pg. 195

- Revised Responsibilities of Specialty Providers – Pg. 196
- Added Provider Case Manager Roles and Responsibilities – Pg. 197
- Revised Referral and Intake Process – Pg. 198
- Added Support and Rehabilitation Services – Pg. 199
- Added Human Trafficking – Pg. 200
- Added LGBTQIA+ – Pg. 200

Maternal and Child Health

EPSDT / Well-Child Visits – Tracking Forms – correct FAX number

In March we ran an article about submitting EPSDT Tracking forms (now called EPSDT Clinical Sample Templates). Unfortunately, the fax number in the article was incorrect. We apologize for any inconvenience this may have caused.

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 (correct FAX number)**
US Mail: Banner University Health Plans
Attn: EPSDT
2701 E. Elvira Rd.
Tucson, AZ 85756

Banner Children's FREE and Virtual Lunch Lecture Series

Join us monthly for a free virtual lecture series happening the first Wednesday of each month. This educational lunchtime lecture hosts a different pediatric specialist to share informational content to providers. Each lecture offers 1 CME credit.

When: Wednesday, Jun. 1, 2022
Time: Noon - 1p.m.

Speaker: Pediatric Neurosurgeon, Ashley Tian, MD

Topic: Funny Looking Heads: Current Guidelines and Application to Practice

- Understand basic management of Plagiocephaly
- Understand how to identify Craniosynostosis
- Understand when to refer patients to management of Plagiocephaly / Craniosynostosis

Microsoft Teams: https://click.enewsletter-target.bannerhealth.com/?qs=6966c0aa37383f8326997e0b9fc4105ea8ef6615a8c05c8b6c3c3171d508b7165954c6bfa45e6c3f9e51ce85d106a95140528b2bf7a413ee

*Banner Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Banner Health designates this virtual activity for a maximum of **1 AMA PRA Category 1 CreditTM**. Physician should claim only the credit commensurate with the extent of their participation in the activity.*

Ashley Tian, MD, and the series planners have reported no financial relationships.

CME credit is available to Banner Health staff, Banner Health Network and affiliated providers only.

ASIIS Registry

The Arizona State Immunization Information System (ASIIS) is a registry designed to capture immunization data on individuals throughout the state of Arizona. Providers are mandated under Arizona Revised Statute (ARS) §36-135 to report all immunizations administered to children 18 years of age and younger to the state's health department. Providers are also encouraged to enter adult vaccination data. The registry provides a valuable tool for reporting immunization information to public health professionals, private and public healthcare providers, parents, guardians, and other childcare personnel. Some of the goals for ASIIS is to capture 100% of the vaccinations provided to children, to give access to data allowing providers to check for current and historical patient immunization records, and to ensure that healthcare professionals administering immunizations are reporting to the ASIIS registry in a regular and timely manner.

Banner|Aetna Resource Page

New Mental & Emotional Health Resource page on BannerAetna.com now live

To provide the best possible access to mental well-being resources for patients, you'll find a new Mental & Emotional Health Resource Page on BannerAetna.com. The newly launched page gives detailed information on offerings for care, treatment and support for patients and members no matter where they are on their mental well-being journey. The site also provides direct contact information so access to care is just a call, text or email away.

Check out the new page (https://www.banneraetna.com/en/members/mental-emotional-health.html) and share this resource whenever appropriate.

System of Care

Serious Mental Illness (SMI) and Clinical Resources

A critical component of the service delivery system is the effective and efficient identification of members who have special behavioral health needs due to the severity of their behavioral health disorder. To ensure that BUHP members who are eligible for SMI services are promptly identified and enrolled for services, AHCCCS requires that all SMI determinations to be made by Solari Crisis and Human Services.

The process to determine a member to be eligible for SMI services starts with the member's behavioral health provider, or an assessment completed by a behavioral health provider (for example, if a member is hospitalized and is not engaged in outpatient services.).

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

Solari Inc. offers technical assistance for Behavioral Health Providers (BHP) and Behavioral Health Technicians (BHT) to complete SMI determination packets. SMItraining@solari.inc.org

Prescheduled SMI Determination Training Sessions are held on:

- The first Monday of each month from 9:00 AM – 10:30 AM
- The second Friday of each month from 10:00 AM – 11:30 AM
- The third Monday of each month from Noon – 1:30 PM
- The fourth Friday of each month from 2:00 PM – 3:30 PM
  *No session will be held if day falls on a holiday

Understanding Order of Selection (RSA/VR)

As a provider you may have questions related to why a member has been taking longer than another to begin services with Rehabilitative Services Administration/Vocational Rehabilitation (RSA/VR). Below you will find information that will clarify some of those questions.
Order of Selection is the process by which AZRSA determines the order in which persons will receive services through RSA/VR. The Order of Selection is organized by what is referred to as **Priority Category**. All eligible applicants are assigned a Priority Category based how their disability impacts their ability to engage in work. Priority Categories are determined by VR counselors after thorough review of the applicant's medical records, assessments, reports, and interviews. VR Counselors will speak with members about their ability to complete and perform tasks. RSA/VR will look at seven functional capacity areas (Communication, Mobility, Self-Direction, Work Tolerance, Interpersonal Skills, Self-Care, and Work Skills). Funding also impacts the order to which applicants are served but follow the below order based on application date:

- **Priority Category 1** – *Persons with the most significant disabilities.*

  A person with a severe physical or mental impairment that seriously limits three or more functional capacities in terms of an employment outcome; and whose vocational rehabilitation can be expected to require 2 or more vocational rehabilitation services over an extended period. Persons in Priority Group 1 are selected for services before all other eligible persons.
- **Priority Category 2** – *Persons with significant disabilities.*

  A person with a significant physical or mental impairment that seriously limits one or more functional capacities in terms of an employment outcome; and whose vocational rehabilitation can be expected to require 2 or more vocational rehabilitation services over an extended.

- **Priority Category 3** – *All other eligible persons.*

  A person with a physical or mental impairment that that seriously limits one functional capacity in terms of an employment outcome; and whose vocational rehabilitation can be expected to require one vocational rehabilitation service over a limited period of time.

Members will receive a letter with details related to their Priority Category either if they may begin services, or if they have been placed on a waitlist. RSA/VR contacts members by mail at leave once every 6 months with an update on status of the waitlist and as funding allows, will be notified when they can begin services. Members can request a review of their Priority Category at any time by submitting documentation to their VR Counselor information about their disability becoming more significant. Members who receive SSI or SSDI will be considered at minimum a Priority Category 2 but may qualify for Priority 1 based on functional capacity limitation.
For more information about Order of Selection contact your local VR Office or 1-800-563-1221
References:

Rehabilitation Services Administration (06/07/2015) *Understanding Order of Selection.* https://des.az.gov/documents-center?qt-content-tab=3

Understanding RSA/VR Status Codes

Beginning services with the Rehabilitative Services Administration/Vocational Rehabilitation (RSA/VR) is a process. Every member referred to RSA/VR services will have a specific status as they move along in the process towards meeting their employment codes.

00 Client referred
02 Client is an applicant
04 Order of Selection Waitlist
06 Extended Evaluation
08 Closed before eligibility
09 Closed: Not eligible for services
10 Eligibility approved
12 IPE completed
13 IPE implemented
20 Ready for Employment
22 Employed
26 Closed successfully, rehabilitated
28 Closed, not successfully rehabilitated
30 Closed, IPE not initiated, not successfully rehabilitated

Status 02-10 (Eligibility) should not exceed more than 60 days, Statuses 10-13 (Individualize Plan for Employment or IPE) should not exceed 120 days. A waiver will be required if the time frames are exceeded.

Physical Health Best Practice Guidelines

BUHP has devised a set of Physical Health Best Practice Guidelines that are founded in the most current evidenced-based literature; the guidelines are member-centric, population-outcome based, and focused on quality improvement. Primary care physicians, specialists, and other health care providers are expected to utilize these Best Practice Guidelines to achieve excellence in patient care and service delivery. These guidelines will be disseminated widely, and their implementation will be monitored on an ongoing basis. We have started this series with the Surviving Sepsis Campaign which focuses on Best Practice Guidelines for sepsis screening, initial resuscitation, mean arterial pressure, admission to intensive care, infection, hemodynamic management, ventilation, additional therapies, and long-term outcomes and goals of care. The Surviving Sepsis Campaign was initiated in 2002 as a joint initiative of the Society of Critical Care Medicine and the European Society of Intensive Care Medicine. It was last revised in 2021. We have adopted the Surviving Sepsis Campaign as Best Practice Guidelines for BUHP.

In addition, we will be implementing the following Physical Health Best Practice Guidelines on future dates:

- American Heart Association: Hypertension
- American College of Endocrinology: Type 2 Diabetes Mellitus
- American Heart Association: Congestive Heart Failure
- National Institute on Aging: Neurological Diseases associated with Aging including screening for functional decline

Additional information and resources on best practice guidelines are available on the Medical Necessity Criteria & Clinical Practice Guidelines webpage: https://www.banneruhp.com/resources/clinical-practice-guidelines.

We welcome any feedback regarding the adoption of the Surviving Sepsis Campaign as Best Practice Guidelines for BUHP. Feel free to contact me via email at sheena.sharma@bannerhealth.com with any questions or concerns.

We would also like to provide a reminder of Best Practice Guidelines for Behavioral Health which have been adopted by BUHP and include:

- American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameters for Reactive Attachment Disorder and Disinhibited Social Engagement Disorder
- American Psychiatric Association (APA) Practice Antipsychotic Use to Treat Agitation of Psychosis in Patients with Dementia
- APA Psychiatric Evaluation of Adults
- APA Treatment of Depression Across Youth and Adults
- APA Guidelines for Post-Traumatic Stress Disorder
- APA Pharmacological Treatment of Patients with Alcohol Abuse Disorder
- Veterans Affairs Management of Major Depressive Disorder and related Provider Care Card

Office of Individual and Family Affairs (OIFA)

Provider Advisory Councils and Capturing Member Voice

Advisory Councils are a place where members, family members, and Provider/Clinic/Health Home staff including leadership can meet to discuss the needs of the membership being served. Banner University Family Care (B-UFC) Office of Individual and Family Affairs (OIFA) is gathering information on what is currently taking place at the Provider/Clinic/Health Home level regarding Advisory Councils and other ways you our Providers are capturing member voice.

Please fill out this brief questionnaire via the following Microsoft Forms Link:
Provider Advisory Council Questionnaire (https://bit.ly/3svvemA)

OIFA is here to offer additional support in this area and can be contacted via our general email box: OIFATeam@bannerhealth.com

Trauma Informed Care, Trauma Screening and Services

Banner University Health Plans (BUHP) is committed to ensuring that all members receive Trauma Informed Care (TIC) and when clinically indicated, evidence-based trauma specific treatment services. Trauma Informed Care and access to trauma focused services can improve treatment outcomes and impact the long-term health of members.

Trauma Informed Care emphasizes the importance of understanding that a member's life experiences impact their physical and behavioral health. By understanding this connection, providers can promote healing and avoid re-traumatization. In addition, part of a trauma informed approach is the recognition that trauma or the presence of a trauma history is prevalent in the lives of many members. For more information about trauma informed approaches and interventions in behavioral health, refer to the National Child Traumatic Stress Network https://www.nctsn.org or SAMSHA's National Center for Trauma-Informed Care https://www.traumainformedcare.chcs.org/resource/samhsas-national-center-for-trauma-informed-care/.

Through audits, BUHP ensures members receive trauma screenings at the time of assessment and as indicated by member report or clinical presentation. If the member screens positive for trauma, the provider is responsible for further assessment or referral to treatment, as clinically indicated.

Trauma focused evidence-based practices include but are not limited to Eye Movement Desensitization Reprocessing (EMDR), Dialectical Behavior Therapy (DBT), Trauma Focused-CBT. B-UFC monitors and tracks providers and certified practitioners that utilize evidence-based practices.

Information about trauma informed services and support is listed on the Banner UHP website www.Banneruhp.com

Banner Home Care & Hospice

Home Infusion Therapy (HIT)

With Banner's Home Infusion Therapy (HIT) service, an integrative team of Clinical Pharmacists, Technicians and Pharmacy Service Representatives work directly with families to create a safe and effective option for care in the comfort of their home. The pharmacy team coordinates with physicians, discharge planners and other health care professionals to provide a consolidated approach to the patient's infusion needs. HIT is appropriate for all patients from infants to adults, allowing freedom and better quality of life throughout the course of treatment.

The dedicated and experienced pharmacy team is focused on providing the highest quality IV service available in the community and customer service is an ongoing department objective.
Services include:

- Antibiotics
- Hydration
- Steroids
- TPN
- IVIG
- Inotropes
- Antiemetics
- Other Infusion Therapies

For more information on how to request HIT for your patient, contact 520-694-2491 or visit www.BannerHealth.com/AZHomeCare.

Maternal & Child Health

Members Aged Birth through Five: Screening, Services and Care Coordination

The early social and emotional development of children is impacted by various factors including access to necessary resources and supportive adults. Access to preventative and treatment services can be critical to the wellbeing of infants, toddlers and pre-school aged children. A list of both community and behavioral health resources that specialize in supporting the birth

through five population can be located at B–UHP website:
https://www.banneruhp.com/resources/child-and-family-support.

When working with the Birth through Five population, providers are required to utilize a developmental screening tool consistent with AHCCCS Policy AMPM 210 – Working with the Birth through Five population. Some Banner members experience developmental delays. Depending on the age of the member, a referral to Arizona Early Intervention Program (AzEIP) may be necessary and appropriate.

BUHP contracted providers must ensure the following:

- Children birth to three years of age are referred to AzEIP in a timely manner when information obtained in the child's developmental screening tool or behavioral health assessment reflects developmental concerns.
- Children found to require behavioral health services as part of the AzEIP evaluation process receive appropriate and timely service delivery.
- If an AzEIP team has been formed for the child, the behavioral health provider will coordinate team functions to avoid duplicative processes between systems.

The CALOCUS is the AHCCCS required high-needs screening tool for children ages 6-17. At this time, AHCCCS does not require a specific high needs screening tool for children Birth through Five. Instead, children Birth through Five years of age are considered high needs if they present with two or more of the following:

- Other agency involvement; specifically: AzEIP, DCS, and/or DDD, and/or;
- Out of home placement for behavioral health treatment (within past six months), and/or;
- Psychotropic medication utilization (two or more medications); and/or,
- Evidence of severe psycho-social stressors (e.g., family member serious illness, disability, death, job loss, eviction)

For additional considerations and best practices when working with the birth through five population refer to AHCCCS Policy AMPM 210 –Working with the Birth Through Five Population and AHCCCS Policy AMPM 211 – Psychiatric and Psychotherapeutic Best Practices for Children Birth through Five Years of Age.

Support and Rehabilitation Services and Meet Me Where I AM (MMWIA)

Support and Rehabilitation Services are an essential part of community-based practice and culturally competent care. These services help members live successfully in the community. The CFT/ART is responsible for assessing the underlying needs of the member and identifying the various options presented through Support and Rehabilitation Services for meeting those needs. Support and Rehabilitation Services include but are not limited to; un-skilled respite, skills training, peer and family support, supported employment and Meet Me Where I Am (MMWIA) services.

MMWIA is an intensive community-based program for youth. Providers utilize a **Referral Prioritization for MMWIA Form** to ensure timely delivery of MMWIA services. The prioritization form can be found at https://www.banneruhp.com/materials-and-

services/behavioral-health. Additional information about the elements of MMWIA can be found at MMWIA.com.

Refer to the Children's Specialty Behavioral Health Provider Directory for a comprehensive list of Support and Rehabilitation Services for children. www.banneruhp.com/resources/child-and-family-support

Refer to the Adult Specialty Behavioral Health Provider Directory for a comprehensive list of Support and Rehabilitation Services for adults. www.banneruhp.com/resources/mental-health-substance-use

Child and Family Team (CFT) Initiatives

BUHP, in collaboration with the other ACC Plans, assisted in the development of the statewide CFT Facilitator Course. The CFT Facilitator Course consists of 5 initiatives that will be implemented at different times throughout the upcoming months. For a full description of the initiatives and timelines please refer to the Arizona Association of Health Plans (AzAHP) Workforce Development Alliance CFT Initiatives communication (https://bit.ly/3PtdoL8)

Initiative 2 is the CFT Facilitator Train the Trainer (TtT). The AzAHP Workforce Development Alliance and associated Health Plans will collectively offer several TtT sessions starting in June 2022. These sessions are intended for staff who will be delivering the 2-day CFT Facilitators Course in-house in their own agency. These identified staff will be known as "CFT Champions." CFT Champions who participate in a TtT session must be seasoned staff who possess skills to lead training sessions and must have completed CFT training requirements already in place and be competent in CFT facilitation. It is left to the discretion of each provider agency to verify the trainer's competency. The number of staff who attend the TtT session is left to the discretion and business need of each provider agency. When possible, it is recommended that agencies consider having at least 2 to 3 individuals attend the TtT session.

TtT sessions will be approximately 6 hours long and will be delivered via virtual instructor-led training. The TtT sessions will serve as an opportunity to provide a high-level review of the content prepared and help ready local CFT Champions to successfully deliver the CFT course to their staff. Additional preparation and considerations following the TtT session will be required at the agency level, prior to successful implementation.

Enrollment for CFT Facilitator TtT is now open in Relias. Complete registration for your identified CFT Champion(s) once identified. Please note that you may receive this communication from different Health Plans, but you are only required to register once.

For any questions regarding CFT Initiatives reach out to Selena McDonald, Selena.McDonald@bannerhealth.com or Mayra Lopez, Mayra.Lopez@bannerhealth.com.

News of Note

- **Prior Authorization Grid Update –** as a reminder the BUHP Prior Authorization Grid has been updated; be sure to refer to the most recent version on the BUHP provider website.

Provider Services & Support

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 terminations)
Provider Panel Changes
Telephone numbers
Provider (Group) Termination

This notification should occur within 30 days of any of the above 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.

Compliance Corner

No Surprises Act

What are surprise medical bills?

If an individual had health insurance and received services from an out-of-network provider or if the out-of-network provider provided the services at an in-network facility – the facility or the health plan may not have covered all of the out-of-network cost as it would be higher than in-network. This would result in the individual having a higher cost than if every part of the service was provided by in-network providers. The individual may also have had out-of-network cost sharing charges. The out-of-network provider or the health plan could also bill the individual for the difference between the amount billed to the health plan and the amount the health plan paid the provider. This would be called "balance billing".

However, individuals with Medicare and Medicaid Health Insurance are not at risk for surprise billing. They are protected against surprise medical bills from providers and facilities that participate in these programs.

What is the No Surprises Act?

The No Surprises Act has new protections for people who are covered under group and individual health plans from getting medical bills that are a surprise for the individual as they are for emergency services, non-emergency services from providers who are out-of-network but provided services at in-network facilities, and services from out-of-network air ambulance service providers.

The Act also provides for an independent dispute resolution process for payment disputes between plans and providers. There is also a new dispute resolution opportunity for both uninsured and self-pay individuals when they receive a medical bill that is quite a bit higher than the good faith estimate they received from the provider.

What can Providers do to Assist Health Plans with the Provider Directory Requirements for the No Surprise Act?

It is important that Health Plans have accurate and up to date Provider Directories in order for members to select an in-network provider. Members have to rely upon the information available.

Providers have an obligation to notify the Health Plans if an individual provider or facility terminates, moves locations, changes availability for new members, or changes anything else published in the directory.

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
BUHP 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 -1-844-549-1859
Banner Medicare RX PDP – 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 Banner Medicare Health Plans 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