Provider Update

January 2024

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Show Your Banner Support

Banner – University Family Care was not selected by the Arizona Health Care Cost Containment System (AHCCCS) to continue serving members of the Arizona Long Term Care System (ALTCS) for the Elderly and Physically Disabled health plan.

AHCCCS did not take into consideration our past performance and investments within the communities we serve, and instead, awarded the ALTCS contract to two large for-profit, out-of-state insurance companies. We're concerned about this decision and the impact it'll have on our Sofias and have filed a formal protest to AHCCCS.

How to help

We've made it easy for those who are concerned to send a letter of support. You can share this information with family, friends and other stakeholders in the community. We've provided a pre-written letter for consideration, or it can be edited for a personalized message.

Thank you for your support of Banner as we care for our state's elderly and disabled population.

Letter of Support: www.votervoice.net/BannerHealth/Campaigns/109631/Respond

AHCCCS Adds ID.me Security to Provider Portal

New Feature Will Verify User Identity

Beginning Jan. 4, 2024, AHCCCS will implement another layer of security on its provider portal, AHCCCS Online, by requiring all users to register with ID.me.

ID.me is a federally certified identity verification vendor specializing in digital identity protection. ID.me provides secure proofing, authentication, and group affiliation verification for government and businesses. It is a secure, online service available 24 hours a day and can be accessed on a computer, tablet, or smartphone. Many federal and state government agencies, including the Social Security Administration and the Arizona Department of Economic Security, rely on ID.me

to ensure timely services while maintaining the integrity of public programs funded by taxpayers.

AHCCCS will use ID.me to verify user identity in the AHCCCS Online portal. This is one of many steps AHCCCS has taken this year to ensure program integrity and eliminate fraudulent Medicaid billing.

Upon logging in to AHCCCS Online on or after Jan. 4 users will see an additional screen and be asked to verify identity with an ID.me account. From that screen, they can log in to their existing ID.me, or create one if they haven't already done so.

Claim Dispute Submission Process Change Effective Jan. 1

We want to inform you of a change in our claim dispute submission process. Effective Jan. 1, 2024, we will no longer be accepting claim disputes via email. To ensure a streamlined and efficient process, please utilize the fax number listed below or you may submit your dispute in writing.

Appeals may be initiated in fax or writing at:

Banner Medicare Advantage
Attn: Grievance & Appeals
5255 E. Williams Circle, Ste. 2050 Tucson, AZ 85711
Fax: (866) 873-0029

A claim dispute may be initiated by writing to us at:

Banner – University Family Care/ACC & ALTCS
Attn: Grievance & Appeals Department
5255 E. Williams Circle, Ste. 2050 Tucson, AZ 85711
Fax: (866) 465-8340

To ensure prompt and proper handling, claims submissions, reconsiderations and resubmissions must be submitted to the designated address noted below. These items are not considered grievances or appeals and will not be treated as such.

Additionally, requests must be separate if you are disputing multiple claims or dates of service. You need to include all documentation to support why you feel the claim processed in error to help prove your case.

Medicare Plans	
Banner Medicare Advantage Dual HMO - D-SNP	P.O. Box 38549 Phoenix, AZ 85069-8549 Electronic Payer ID: 09830
Banner Medicare Advantage HMO Prime	P.O. Box 35769 Phoenix, AZ 85069-5769 Electronic Payer ID - 16664

Banner Medicare Advantage PPO Plus	P.O. Box 35277 Phoenix, AZ 85069-5277 Electronic Payer ID: 16663
Medicaid Plans	
Banner – University Family Care/ AHCCCS Complete Care (B – UFC/ACC)	P.O. Box 35699 Phoenix, AZ 85069-7169 Electronic ID: 09830
Banner – University Family Care/ Arizona Long Term Care System (B – UFC/ALTCS)	P.O. Box 37279 Phoenix, AZ 85069 Electronic ID: 66901

Additional Provider Types Added to Medicare

Beginning Jan. 1, 2024, the Centers for Medicare & Medicaid Services (CMS) will allow additional behavioral health provider types to participate in Medicare. This means that Marriage and Family Therapists and Mental Health Counselors may now participate in Medicare Advantage Dual (also known as Banner University Care Advantage), our DSNP plan, and Banner Medicare Advantage.

To participate, eligible providers must register with CMS and obtain a Provider Transaction Access Number (PTAN) number.

Please refer to the following link below for additional information:

- Counselor/Therapist Information CMS Releases New Medicare Enrollment Information for Counselors (counseling.org) https://www.counseling.org/news/news-detail/2023/09/19/cms-releases-new-medicare-enrollment-information-for-counselors

To meet the Jan. 1 start date, please submit your application to CMS as quickly as possible to obtain a PTAN number. Once you have obtained your PTAN number, please submit the relevant AzAHP form to BPAProviderContracting@bannerhealth.com:

- To request adding Medicare products for a practitioner already contracted and credentialed with Banner, submit an AZAHP Practitioner Practice Change Form. In your email, please indicate that you have obtained a PTAN number.
- To add a practitioner to your contract, please complete the AzAHP Practitioner Data Form or the AzAHP Group Roster Form, including attachments.

AzAHP forms are located at www.buhp.com/join-us/join-our-network.

If you have questions or concerns about adding Marriage and Family Therapists and Mental Health Counselors to your contract, please email the Provider Experience Center at providerexperiencecenter@bannerhealth.com or call (800) 582-8686, TTY 711.

Banner - University Family Care Strengthens Relationship with Banner Alzheimer's Institute

Banner – University Family Care/ALTCS has strengthened its relationship with Banner Alzheimer's Institute through a Dementia Value Based Agreement and promotion of their Dementia Care Partners program.

The purpose of the dementia value-based model is early intervention which results in the following:

- Ensuring patients with a diagnosis of dementia receive the most benefit at the earliest point possible from available treatment options.
- More time to plan for the future.
- Lessened anxieties about unknown problems and greater opportunities for the person and care partner to live well.
- Increased chances of participating in clinical drug trials, offering hope and helping advance research.
- An opportunity to participate in decisions about care, transportation, living options, financial and legal affairs.
- Time to develop a relationship with doctors, nurses, social workers and care partners.
- Benefit from education, support, skill-building, coaching and linkage to community resources, making it easier for them and their family to manage the disease.
- Leveraging the expertise of a specialized center to improve outcomes among patients with dementia during a shortage of specialists.

Members that are eligible to be evaluated for cognitive care planning visit are:

- Individuals with an established diagnosis of dementia
- Are community dwelling
- Have a medical record documenting the dementia designation
- Have a care partner that will attend the visit

Our integrated relationship also includes the Dementia Care Partners Program to assist members with dementia and their caregiver(s). B – UFC identifies potential DCP candidates to offer the program.

Dementia Care Partners (DCP) employs a home-based, person and care partner focused, collaborative with primary care providers. Dementia capable health coaches will utilize coaching methodology, provide education, support, skills training, and community resource provision for family caregivers of persons with dementia, to augment primary care, with the goal of enhancing behavioral, psychosocial, medication, financial, and safety outcomes. Potential person and care partner are referred to the program through direct referral from the Primary Care Provider (PCP) or automated referral through an algorithm run through the BH Informatics team extracting information from claims data. A DCP health coach completes a comprehensive chart review via Cerner to determine if they meet specific parameters for participation. If they meet criteria the team notifies the PCP and reaches out to the dyad to determine their interest in the program.

If the dyad is interested in our program, the health coach schedules an initial visit to gather additional data on medication use, dementia related concerns and perform assessments to gauge dementia stage. This visit signifies that the dyad has been enrolled in the program. The health coach meets with the dyad six additional times over the next six months (for approximately eight hours total) to provide support based on the most critical domains of care (Caregiver Wellness, Cognition, Function, Life Care Planning, Mood/Behavior, Safety). At the final visit, the health coach will complete additional assessments to determine program effectiveness. PCP is kept updated on the status of their patient.

Referrals to Banner Alzheimer's Institute and Dementia Care Partners are easy!

If you are interested in scheduling a clinic appointment, please call 602-839-6900 and fax referral information to 602-839-6906. If you are interested in the home-based supportive DCP program, call 623-832-6500, option 6.

Internal Referrals:

For cognitive disorder referrals: Ref AMB tab – **Medical Services** location BH Alzheimer's Inst. Phx Memory

For geriatric psychiatry referrals: Ref AMB tab – **Medical Services** location Geriatric Psychiatry

For Dementia Care Partners: Ref AMB tab – **Medical Services** location Dementia Care Partners

Dementia Project ECHO® Cohorts Beginning in January

Dementia Extension for Community Healthcare Outcomes (ECHO) is a free, tele-monitoring course held every 2 weeks, for a total of 12 sessions, available from generous funding from Maricopa County. Banner Alzheimer's Institute plans to train up to 250 frontline multidisciplinary medical providers over the next 14 months to increase their capability in diagnosing and managing the medical and non-medical needs of people and families living with dementia. The program aims to help patients and caregivers receive better access and more effective care from local providers they know and trust.

For each one-hour session program, participants will connect virtually with a multidisciplinary team who specialize in Alzheimer's and related dementias. Each session will include brief, didactic lectures to share evidence-based practices in care across a range of topics such as: remote cognitive testing; medications; behavior management; disease progression; caregiver support; conveying diagnoses, prognoses, and issues such as driving, advance directives, and end-of-life care. In addition, participants will have the opportunity to present their de-identified challenging patient cases to receive expert advice and discussion.

Here are the Dementia ECHO 2024 series start dates, with session held every 2 weeks for 12 total sessions:

- Jan. 24 – June 26, Wednesdays from Noon – 1 p.m.
- May 2 – Oct. 3, Thursdays from 4 – 5 p.m.
- Aug. 14 – Jan. 29, 2025, Wednesdays from Noon – 1 p.m.

Multidisciplinary medical professionals interested in participating should contact BAIECHO@BannerHealth.com. Please indicate which series start date you are interested in attending.

Here's some of the recent media attention around this program:

- o KJZZ recently shared this story on their website: https://kjzz.org/content/1827097/banner-alzheimers-wants-help-doctors-better-treat-people-living-dementia-heres-how

- o AZ Big Media (Arizona Business Magazine) recently published a story highlighting the program as well:

https://azbigmedia.com/business/banner-alzheimers-institute-expands-training-mentoring-in-dementia-care/

For more information, visit the Project ECHO web site:
https://www.bannerhealth.com/services/alzheimers/treatment-and-care/memory-care-centers/banner-alzheimers-institute/dementia-echo-program.

NCQA Health Equity Accreditation

Health Equity is "The state in which every person has the opportunity to achieve their full health potential, and in which no person is disadvantaged because of social circumstances. Inequity manifests as disparities in outcomes – including life expectancy, disease burden, disability, access and quality of life."

As Banner Plans & Networks (BPN) moves forward in the pursuit of the Health Equity Accreditation from the National Committee for Quality Assurance (NCQA), we understand that you will play a significant part in our success. Interacting directly with members, you play a crucial role in providing culturally competent care and the ability to bridge any remaining gaps relating to REaL (Race, Ethnicity, and Language) and SOGI (Sexual Orientation and Gender Identity) data. Banner is grateful to partner with you to obtaining this data so that we can more accurately assess and address the health care disparities within our member population. [Please note: SOGI data is completely voluntary and should be requested in a non-stigmatizing way.]

In efforts to provide our members with culturally competent care, we ask you to make sure that your information is current with us. Please go to the Provider Directory (found here: https://banner-search.phynd.com/providers) to review the information currently on file. To update this information, please contact the Provider Experience Center (ProviderExperienceCenter@bannerhealth.com).

Quality care is equitable care and BPN is continually partnering with you to provide the best possible care to our shared members. The Health Equity Accreditation, and its pursuit, will be another tool to help to reduce the health care disparities our members face and strengthen our partnership with you.

We want you to know that members will soon have the ability to request information about their Practitioner's race and ethnicity. This is being made available to align with NCQA requirements involving the cultural responsiveness of our Provider Network. We thank you for your cooperation and understanding as we make these strides toward the Health Equity Accreditation.

Upcoming Engagement Opportunities

Lunch & Learn Presentations for 2024

It has been a year since we launched our Lunch and Learn (LL) series, and thanks to provider participation, this program has surpassed all our expectations. Our LL community is more than 500 strong! Continue to participate by letting us know what topics you would like to learn by clicking on this short survey: https://forms.office.com/r/TdbDYu6Da1 . Your feedback will help shape future Lunch & Learn presentations.

If you have missed a presentation or would like to watch one again, recordings of previous Lunch & Learn Presentations can be found at https://www.banneruhp.com/resources/provider-trainings. Scroll midway down the list to find **Lunch and Learn** category, then click the **+** sign on the right.

March B – UHP Provider Education Forums

Noon – 2 p.m., Tuesday, March 26

Noon – 2 p.m., Thursday, March 28

Call in info: 480-378-7231
Conf ID: 631 557 36#

Microsoft Teams: https://bit.ly/3RHfnx5

The same information will be covered during both meetings, so you only need to attend one of them.

Integrated System of Care

Banner — University Family Care (B – UFC) Provider Training Series

Whole Person – SDoh / HRSN
This virtual educational training series is designed to enhance awareness, knowledge and provide tools to identify interventions that address Health Related Social Needs within General Mental Health & Substance Use (GMH|SU) populations.

We have created an amazing line-up of virtual presenters for 2024!

B – UFC is proud to offer behavioral health CEUs for clinical professionals and support staff including specialized CEUs for Community Health Workers/Representatives (CHW/CHR) within Arizona!

You may register in Teams or Relias. If you have a Relias account, we encourage you to register via Relias for easier access to your CEU transcript and certificate.

Online Training Schedule:
Jan. 17, 2024 | Noon - 1:30 p.m. **cking**
Registration: https://events.teams.microsoft.com/event/2d970d1d-e1f4-4042-b7f1-416cfc3c1d8d@adeadcd2-3aaf-4835-b273-1ebe8a7726f1

Justice: Familial Sex Trafficking
Jan. 30, 2024 | Noon – 1 p.m.
Registration: https://events.teams.microsoft.com/event/f36e1616-fe61-4d09-9010-49553fa2dd8c@adeadcd2-3aaf-4835-b273-1ebe8a7726f1

Trauma Effects of Sex Trafficking: How to Rebuild a Sense of Self
Feb. 14, 2024 | Noon – 1 p.m.
Registration: https://events.teams.microsoft.com/event/01c0280c-23b6-40de-89ec-f4ec12287dde@adeadcd2-3aaf-4835-b273-1ebe8a7726f1

Rural Health Systems
Dates Coming Soon!

Housing: Keys to Housing Stability
Mar. 6, 2024 | Noon – 1 p.m.
Registration: https://events.teams.microsoft.com/event/b8875cc6-e2bb-4b01-bb67-dd2c13266253@adeadcd2-3aaf-4835-b273-1ebe8a7726f1

Recognizing Signs of Human/Sex Trafficking and Exploitation Among Behavioral Health Members

In our ongoing commitment to the well-being of our members, it's crucial to address issues that may affect their whole health, even those that might be concealed beneath the surface. One such pervasive and deeply troubling issue is human/sex trafficking, a crime that involves the severe exploitation of individuals, often leaving lasting scars on survivors. As behavioral health care providers, being vigilant about the signs of human/sex trafficking and exploitation among our adolescent and adult members is essential.

Recognizing Signs of Human/Sex Trafficking and Exploitation

1. **Unexplained Absences or Frequent Moves:** Be attentive to members who frequently move or have unexplained absences, as these could be indicators of a volatile and transient lifestyle imposed by traffickers engaging in exploitation.

2. **Controlled Communication:** Traffickers often exploit their victims by controlling communication, closely monitoring, and restricting access to phones or preventing them from speaking freely. Look for signs of anxiety or hesitation when discussing personal matters.

3. **Visible Signs of Physical or Sexual Abuse:** Exploitation is evident in physical and sexual abuse, which are unfortunately common in trafficking situations. Be aware of unexplained injuries, STDs, or signs of trauma, and create a safe space for members to share their experiences.

4. **Fear and Anxiety:** If a member exhibits extreme fear, anxiety, or is unusually submissive, it may indicate the presence of exploitation through coercion or threats from a trafficker.

5. **Unexplained Finances:** Keep an eye on members with unexplained or inconsistent sources of income, as traffickers often exploit their victims by controlling their finances.

While minors are often targeted, it's essential to recognize that individuals of all ages can be victims of human/sex trafficking. Adult victims may also face various forms of coercion, deception, or force that can lead them into exploitative situations. The age range of human/sex trafficking victims is diverse, and combating human trafficking requires addressing the unique vulnerabilities within different age groups. Efforts to prevent and combat trafficking should include education, awareness campaigns, support services, and legal measures that consider the specific needs of different age demographics.

It's crucial to address the root causes of vulnerability, such as poverty, inequality, discrimination, and lack of education, to effectively combat human/sex trafficking and protect at-risk populations. Again, awareness, education, legislation, and community frameworks are essential in preventing and intervening in human/sex trafficking situations. Collaboration among governments, MCO's, healthcare providers, communities, and individuals are pivotal to create lasting change in the fight against human/sex trafficking.

What to Do if You Suspect Trafficking and Exploitation

1. **Stay Compassionate:** If you suspect a member is being trafficked and exploited, remain calm and non-judgmental. Create a safe and confidential space for them to share their experiences.

2. **Document and Report:** Document any observed signs of exploitation and report your suspicions to local law enforcement or the National Human Trafficking Hotline at 1-888-373-7888.

3. **Collaborate with Your Local Anti-Trafficking Multidisciplinary Teams:** Work closely with law enforcement, crisis providers, and survivor services agencies, forming a united front against trafficking. These multidisciplinary teams bring together expertise and resources to address the complex needs of victims. Keep communication channels open for the member to connect with law enforcement if they choose to do so.

As behavioral health care providers our role extends beyond mental health to ensuring the safety and well-being of our members. Recognizing the signs of human/sex trafficking and exploitation and knowing how to respond are crucial steps in supporting those who may be victims of severe exploitation. By staying informed and proactive, we, in the behavioral health field, can contribute to the collective effort to end human trafficking and provide hope for survivors on their path to recovery.

Victim and Survivor Resources in Arizona

1. **Arizona Human Trafficking Hotline:** Phone: 1-877-4AZ-TIPS This hotline provides immediate assistance and support for individuals affected by human trafficking in Arizona. Callers can receive confidential help and report suspicions. **National Human Trafficking Hotline:** Phone: 1-888-373-7888 -24/7.

2. **Sex Trafficking Help:** Website: www.sextraffickinghelp.com Sex Trafficking Help is a valuable resource providing information, support, and assistance to individuals affected by human/sex trafficking. Their website offers a range of resources to help survivors and those seeking to combat trafficking.

3. **Arizona Department of Child Safety (DCS):** Website: dcs.az.gov DCS offers resources and support for child victims of trafficking and exploitation, including counseling and case management services.

4. **International Rescue Committee (IRC):** Website: www.rescue.org The IRC provides comprehensive support for survivors of trafficking, offering services such as counseling, legal assistance, and community reintegration.

As behavioral health care providers our role extends beyond mental health to ensuring the safety and well-being of our members. Recognizing the signs of human/sex trafficking and exploitation and knowing how to respond are crucial steps in supporting those who may be victims or survivors of severe exploitation. By staying informed and proactive, all of us in the behavioral health field, can contribute to the collective effort to end human/sex trafficking and provide hope for survivors on their path to recovery.

Arizona's Crisis Care System

Arizona's Crisis Care System is built on a comprehensive approach that impacts both behavioral health and physical health care providers. Any persons within the state of Arizona are eligible to receive Crisis Services regardless of their AHCCCS eligibility and health insurance coverage during the initial crisis episode. Due to this, it is imperative that both behavioral health and physical health providers understand and are well informed on crisis resources and the steps that are involved. Below are quick facts regarding Arizona's Crisis Care System:

- **What is considered a crisis?**
  - A situation where a person is experiencing thoughts, feelings, or circumstances they are no longer able to cope with.
- **What are Crisis Services?**
  - In Arizona, there are Crisis Hotlines, Crisis Mobile Teams and Crisis Stabilization Centers for Youth and Adults.
- **Who can provide Crisis Services?**
  - There are expert trained individuals that can help respond and stabilize individuals experiencing a crisis including peer supports, trained volunteers and behavioral health professionals.

- **What are the Crisis Hotlines?**

  National 24- Hour Crisis Hotlines
  - **Phone**
    - 988 Suicide & Crisis Lifeline
      988
    - National Substance Use and Disorder Issues Referral and Treatment Hotline:
      1-800-662-HELP (4357)
  - **Text**
    - Send a Text to **988**
    - Text the word "HOME" to **741741**
  - **Veterans**
    - Veterans Crisis Line:
      988 (press 1)

    - Be Connected:
      1-866-4AZ-VETS (429-8387)

- **Where are the Crisis Stabilization Centers?**

- o There are several different Crisis Stabilization Centers specific for Youth and Adults.
- o Become familiar with the Crisis Stabilization Centers near you here: https://www.azahcccs.gov/BehavioralHealth/CrisisStabilizationCenters.html

Read more Crisis FAQs by visiting https://www.azahcccs.gov/BehavioralHealth/CrisisFAQ.html.

Maternal Child Health

Adolescent Substance Use Disorder (SUD) Screening

Per updated AHCCCS requirements, Primary Care Providers shall provide Adolescent SUD screening at annual EPSDT/Well-Child visits beginning at 12 years of age. The screening should utilize a standard, criterion-referenced screening tool specific for substance use. Positive screening results require appropriate and timely referral for further evaluation and service provision. These screenings are separately billable, and a copy is to be kept in the medical record. The AHCCCS EPSDT Clinical Sample Templates (forms for ages 9-12 years, 13-17 years and 18-21 years) have been updated to include the new screening requirements. Banner University Health Plans has both Pediatric Nurse Case Managers and Children's Behavioral Health Case Managers available to assist with any care coordination needs. To refer an adolescent or teen with a positive SUD screening, please contact Customer Care at 800-585-8686 and ask to speak to a Behavioral Health Care Manager or email your questions/referrals to BUHPCareMgmtBHMailbox@bannerhealth.com.

Children's System of Care

2024 Training Options: Understanding Support and Rehab Services

Support and Rehabilitation Services are an essential part of community-based practices and culturally competent care. These services help children and families live successfully 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.

Child Family Team (CFT) and Adult Recovery Teams should assess the underlying needs of the individuals, children, and families 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 Team Meetings.

There are two upcoming training options that will cover the array of Support and Rehabilitation Services available to our members.

The Upcoming 2024 Training Dates are:

- Tuesday, March 12, 2024, 9-10:00 a.m.
- Tuesday, Sept. 10, 2024, 9 - 10:00 a.m.

To register for an upcoming hour-long session and receive additional training reminders and updates, you can use this link: https://forms.office.com/r/zycFvSmjVL

If you have additional questions, you can email CSOC@Bannerhealth.com.

Serious Emotional Disturbance (SED) Process for Redetermination and Determination

All behavioral health providers serving members under the age of 18 are required to participate in and/or refer members to the SED determination process. Children who are determined SED are considered to have special health care needs and are eligible to receive additional services through Mental Health Block Grant (MHBG) funding.

As a reminder, all members with an existing SED determination (completed prior to Oct. 1, 2023) will need to have a redetermination completed by Solari no later than Oct. 1, 2024. To ensure compliance, providers should have already begun submissions to Solari for redetermination and the Banner Children's System of Care team will also be outreaching providers for updates on packet submissions.

The process for SED Redetermination and SED Determination is as follows:

- Providers complete the assessment.

- Providers submit the assessment and determination packet to Solari.

- Solari reviews the documentation and makes the SED determination.

- SED determined members who are TXIX (Medicaid) eligible remain with their enrolled health plan. If members are NTXIX and found to be ineligible for TXIX, then these members would be considered state-only funding and would be enrolled under the appropriate ACC-RBHA within their GSA.

You are strongly encouraged to attend the SOLARI trainings to ensure that you understand the SED Determination process. Contact Solari - Ashley.Gill@solari-inc.org or Tara.Bingdazzo@solari-inc.org for additional information.

Banner will continue to monitor provider assessments and determination packets for quality and completion. Banner will also continue to provide support and answer questions, as needed. Please outreach Jennifer Blau at Jennifer.Blau@bannerhealth.com.

Additional information on SED Determination is included on the AHCCCS website at: https://www.azahcccs.gov/PlansProviders/Downloads/HealthPlans/SED_EligibilityDeterminations FAQs.pdf.

Cultural Humility versus Cultural Competence

Cultural competence is loosely defined as the ability to engage knowledgeably with people across cultures. The term has become ubiquitous in healthcare, with an assumption that the more knowledge we have about another culture, the greater the competence in practice. However, "cultural competence" also has two main problems: it suggests that there is a finite amount of knowledge a person can attain about a group of people, and it denotes that there is an endpoint to becoming fully culturally competent. Cultural humility means that one does not know and is willing to learn from patients about their experiences, while being aware of one's own embeddedness in culture(s). Cultural humility refers to a person-to-person approach that promotes person-centered care.

As part of our 2024 Cultural Competency Plan, we look forward to working with you on increasing our collective cultural humility. To that end, we have two initiatives focused on

increasing cultural humility and, in turn, cultural competency with the LGBTQIA+ and Autism communities. These initiatives will be led by our Integrated System of Care staff in conjunction with our Office of Individual and Family Affairs staff and other members of the Cultural Competency Committee.

Some of the areas included in the LGBTQIA+ Initiative include Gender Affirming Care, Collection and Use of Sexual Orientation and Gender Identity data and LGBTQIA+ Center of Excellence. The primary activities of our Autism Initiative will be Community Conversations held in conjunction with Autism Society of Greater Phoenix and Autism Society of Southern Arizona.

We also have a unique training opportunity coming up at the end of the month, Culture Humility: The Color of Care, with Ashlea (Taylor) Barber. This is a Teams Live Session on Tuesday, Jan. 30, 2024, from 1 - 2:30 p.m. Access the link below to accept the invitation to the training session.

Microsoft Teams link: https://shorturl.at/hsFX7

Workforce Development (WFD) Updates

Relias Learning Management System (LMS)

The ACC BH Providers, under the provider types listed at the link below, ensure that all employees who work in programs that support, oversee, or are paid by the Health Plan contract have access to Relias and are enrolled in the AzAHP Training Plans listed in this addendum. This includes, but is not limited to, full time /part time/on-call, direct care, clinical, medical, administrative, leadership, executive and support employees.

Provider types:

https://azahp.org/azahp/azahp-accrhba-awfda/resources-2/

Exceptions:
- Any employees(s) hired for temporary services working less than 90 days is required to complete applicable training at the discretion of the Provider.
- Any employee(s) hired as an intern is required to complete applicable training at the discretion of the Provider.
- Any Independent Contractor (IC) is required to complete applicable training at the discretion of the Provider.
- Behavioral Health Hospitals
- Federally Qualified Healthcare providers (FQHCs) may request exemption from their contracted Health Plan(s). Exemptions may be granted on a case-by-case basis and will consider the following: Portion of AHCCCS Members enrolled in the network and served by that provider, geographic area serviced, and number of other service providers in the surrounding area.
- Housing Providers
- Individually Contracted Practitioners
- Prevention Providers
- Transportation Providers

If you fall within the requirements but have not yet gained access to Relias and the required training, as well as for additional information on other WFD requirements and technical assistance, please reach out to our Workforce Development team.

Provider Workforce Development Plan (P-WFDP)

The ACC BH Providers, under the provider types listed at the link below, must submit a P-WFDP as required.

Provider types:

https://azahp.org/azahp/azahp-accrhba-awfda/resources-2/

scroll down to the **Deliverables by Provider type** for a list of provider types

Extension/Exemption Request Deadline: Jan. 15, 2024

Due Date: Feb. 1 –29, 2024

The purpose of the P-WFDP is to encourage provider organizations to work together and ensure members receive services from a workforce that is qualified, competent, and sufficiently staffed. The P-WFDP shall include a description of organizational goals, objectives, tasks, and timelines to develop the workforce. The overall approach and philosophy to Workforce Development is to ensure a comprehensive, systematic, and measurable structure that incorporates best practices at all levels of service delivery and utilizes Adult/Children's Guiding Principles, Adult Learning Theories/Methods, Trauma-informed Care, Equitable Services and Culturally Competent practices. All training initiatives, action steps, and monitoring procedures outlined in the P-WFDP are to include targeted efforts for all employees (e.g., direct care providers, supervisors, administrators, and support staff) who are paid by, partially paid by, or support an agency's health plan contract(s).

Submission & Extension/Exemption Requests

The P-WFDP template is provided for this deliverable by the AWFDA-ACC, ACC-RBHA to providers. P-WFDP's will be submitted between Feb. 1 – Feb. 28/29, annually. Early and late submissions will not be accepted unless an extension was received and granted by the deadline, determined by the AWFDA-ACC, ACC-RBHA (Jan. 15).

- Version 1 (VQ): All agencies with an ACC and/or ACC-RBHA contract, that fall under specific provider types are required to develop an annual P-WFDP: Required Provider Types
- Version (V2): Agencies that participated in the 2022 AHCCCS DAP and/or received "EXEMPLARY" status on their 2023 P-WFDP submission may elect to submit a shortened form (V2) of the 2024 Provider-Workforce Development Plan (PWFDP) that focuses on WFD goals. As an option providers may choose to submit the full form (V1), instead, if they would like to update their WFD initiatives in all areas (including WFD goals, succession planning, culture and employee competency).
- Extension Requests: Must be submitted to the workforce@azahp.org email before the date specified by the AWFDA-ACC, ACC-RBHA for each year. Non-submittals are subject to contracted health plan policies as it pertains to the P-WFDP deliverable.

- Exemption Requests: Federally Qualified Healthcare Providers (FQHCs) may request an exemption from their contracted health plans(s). Exemptions may be granted on a case-by-case basis and will consider the following: Portion of AHCCCS Members enrolled in the network and served by that provider, the geographic area serviced, and the number of other service providers in the surrounding area. Exemption requests must be submitted on/before the due date cited above and will be reviewed by the Alliance.

Failure, by the contracted provider agency, to submit the completed annual P-WFDP deliverable by the annual due date may result in corrective action and/or sanctions (including suspension, fines or termination of contract) from your health plan(s).

For further information on the P-WFDP requirement, and to access the resources, please visit the following page:

https://azahp.org/azahp/azahp-accrhba-awfda/resources-2/p-wfdp-resources/

P-WFDP Workshop Dates:
Course Name: *AZAHP – Provider Workforce Development Plan (P-WFDP) Workshop

Register: In Relias (search "workshop") in your Module List

Note: You can only register for one session at a time.

- Jan. 25, 2024 1 - 2:30 p.m.
- Feb. 14, 2024 3 - 4 p.m.

ACC, ACC-RBHA WFD Monthly Provider Forum
Each month, the Workforce Development Alliance team hosts a provider forum to provide updates, resources and information for Behavioral Health providers contracted under the ACC and/or RBHA lines of business.

When: Second Thursday of the month, 11 a.m. - 12:30 p.m. AZ

- To join the WebEx event as an attendee, visit the link
- https://azahp.webex.com/azahp/j.php?MTID=m3ee1d19af510530e4113d67e15e43b1d
- Meeting Number: 962 089 953
- Password: Rp4wiQeKA95
- Join by phone: 602-666-0783; Code: 962 089 953

Technical Assistance
The B – UFC Workforce Development team is available to provide technical assistance for various workforce development related needs. For additional information on the P-WFDP requirement, Relias training plans, Provider Forums, or other needs, please reach out to our WFD Department team at workforce@bannerhealth.com or contact our team below:

Selena McDonald, WFD Administrator/Associate Director WFD, selena.mcdonald@bannerhealth.com

Cori McLain, WFD Coordinator, cori.mclain@bannerhealth.com

Provider Manual Updates

Updates to the B – UHP Medicaid Provider Manual have been made and will be effective Jan. 12, 2024.

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

Key updates and changes:

- Updates to EPSDT Behavioral and Screening Services regarding Adolescent SUD
- Updates to B – UHP Care Management Department, Emergency Behavioral Health Services

Provider Services & Support

Banner – University Health Plans Provider Manual

The Provider Manual is a valuable resource, located on our website, www.banneruhp.com, under the Quick Links section on the right-hand side of the page. A copy of the Provider Manual is available upon request at no charge. Please contact your Care Transformation Specialist or Consultant if you need assistance.

Claims Mailing Address Reminder

Please see the table below for information regarding electronic and mail submissions.

Medicaid Plans	
Banner – University Family Care / AHCCCS Complete Care (B – UFC/ACC)	P.O. Box 35699 Phoenix, AZ 85069-7169 Electronic ID: 09830
Banner – University Family Care / Arizona Long Term Care System (B – UFC/ALTCS)	P.O. Box 37279 Phoenix, AZ 85069 Electronic ID: 66901
Medicare Plans	
Banner – University Care Advantage (B – UCA) (HMO SNP)	P.O. Box 38549 Phoenix, AZ 85069-7169 Electronic ID: 09830
Dental Claims	
DentaClaims of Arizona, LLC	DentaQuest of Arizona, LLC - Claims Office: (800) 440-3408 P.O. Box 2906 Milwaukee, WI 53201-2906 Web Site: dentaquest.com

Model of Care
Important Reminder

CMS requires providers who are caring for Special Needs members to be trained on the Model of Care (MOC). If you provide care to our Banner Medicare Advantage HMO D-SNP members, Model of Care Training and attestation is required annually. We strongly encourage you to complete the training and submit the attestation as soon as provide. Any and all new providers joining your group should attest within 60 days of hire.

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.

This training and attestation take a minimal amount of time to complete (approximately 10 minutes).
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 *Annual Attestation*:
   https://bannerhealth.formstack.com/forms/moc_attestations
3. When completing your online attestation, please ensure you are documenting each provider's <u>individual NPI</u> on the attestation form.

If you have any questions or need assistance, please contact your Care Transformation Specialist or Consultant.

Shared Decision-Making Aids
Shared Decision-Making is a communication process that allows patients to make informed health decisions in partnership with their health care provider. Shared Decision-Making Aids are available on our website as an additional resource. These tools are designed to assist in developing conversations between providers and patients related to treatment decisions.

Mayo Clinic Knowledge and Evaluation Research Unit (https://carethatfits.org/)
- Cardiovascular Primary Prevention Choice
- PCI Choice
- Diabetes Medication Choice
- Statin Choice

Mutually Contracted Providers – Rehabilitative Services Administration/Vocational Rehabilitation (RSA/VR)
Members who receive employment services at a provider that is contracted with that member's health plan and Vocational Rehabilitation can see many benefits including:

- More streamlined services
- Having one provider for all employment services
- Simpler coordination of care
- Increased understanding of that member's needs

If you're interested in becoming contracted with RSA/VR as a vendor, all applications must go through the Office of Procurement. Providers can register on the Arizona Procurement Portal web app at: app.az.gov or contact the Office of Procurement Helpline at 602-542-7600, email app@azdes.gov and https://spo.az.gov/ .

If you are a provider who is already contracted with RSA/VR, you know already know how much it can benefit both you and the member to offer those services yourself. While the decision is up to the member, we encourage you to have a conversation with your members about using your services. When you refer them to VR, be assertive, make a call with the member if needed, and keep communication open with your local VR office. If you have trouble and need additional assistance, you can reach out to HealthPlanEmployment@bannerhealth.com.

Outpatient Clinics and Behavioral Health Residential Facilities (BHRF) Notice

We request your cooperation with notification of leadership changes and any significant clinic or BHRF changes. This would help expedite communication as well as improve coordination of care for our members.

Providers should notify B – UHP of any significant clinic or BHRF changes such as the following:
- Permanent Location Closures
- Permanent Clinic or BHRF Closures
- Newly Added Specialty Services/Treatment
- No Longer Providing a Particular or Specialty Service/Treatment
- Capacity Issues

Notifications of leadership changes or significant clinic/BHRF changes should be sent to the following B – UHP departments:
- Care Transformation: BUHPProviderInquiries@BannerHealth.com
- Adult System of Care: ASOC@BannerHealth.com
- Children's System of Care: CSOC@BannerHealth.com

Seclusion and Restraint (SR) Reporting Requirements

It is our policy to ensure that the providers have the necessary information to ensure that **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)** r**eport 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 Contracted Providers shall ensure that reportable IADs are submitted via the AHCCCS QM Portal within 48 hours of the occurrence or notification to the provider. 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 you to reach out with any questions or issues regarding submission of SR and /or IAD reports by **Email to:** BUHPRequests@bannerhealth.com

News of Note

Updated Pharmacy Prior Authorization Grid and Step Therapy

Effective Q1 2024, the Banner Medicare and Medicaid prior authorization grids will be updated. Updated grids will be available on the respective websites 30 days prior to the Jan. 1, 2024, Go-Live date. Please refer to the website for the updated version.

Prior Authorization Updates

- Please note the new prior authorization request for B – UHP has now been posted online.
- Please note the following changes to the prior auth grid (located at the top of the grid):
  - Supplies (A codes) over $1,000, not on the prior auth grid, can be billed directly to the plan; do not submit for prior authorization.
  - For any AHCCCS surgical/nutrition codes that require consent or Certificate of Medical Necessity (CMN), prior authorization must be requested (i.e. vasectomy/nutrition).
- The following codes were removed from the prior auth grid, effective Jan. 1, 2024:
  - 71271 (calcium scoring)
  - 77061 (3D uni lateral Mammo)
  - 77062 (#D bilateral Mammo)

Risk Adjustment Update

Controlling High Blood Pressure (C-HBP) and ICD-10s

It is a new year and that means it is time to begin appropriate HCC diagnosis recapture. Did you know that using diagnosis codes to the highest level of specificity may also have a positive impact on your quality measures?

In this month's installment, we are going to look at how using the most specific hypertension diagnosis, which may also be an HCC diagnosis, can impact your CMS 165, Controlling High Blood Pressure, quality measure.

Essential hypertension is the most common ICD-10 diagnosis used across the country. It is also known that hypertension, especially uncontrolled hypertension, is a precursor for many other complicated health conditions, such as heart failure and chronic kidney disease (CKD). Some providers may not be aware that the AMA assumes a causal relationship between hypertension and the previously mentioned diseases. So much so, that for CKD not to be linked to hypertension, the provider is required to document that the patients declining kidney health is due to another reason, like polycystic kidney disease.

CMS 165 looks for two things when determining who falls into the denominator for the C-HBP quality measure:

- A diagnosis of essential hypertension (I10) during the previous year or first 6 months of the current measurement year.
- A qualifying adult outpatient encounter.

If your patient has hypertension, heart failure, and/or CKD, you will want to select the diagnosis code most appropriate for them. Here is a list of the diagnoses that qualify for the denominator exclusion:

I11.0	Hypertensive heart disease with heart failure (HCC)
I11.9	Hypertensive heart disease without (congestive) heart failure
I12.0	Hypertensive CKD with stage 5 CKD or ESRD (HCC)
I12.9	Hypertensive CKD with stage 1 – 4 CKD or unspecified chronic kidney disease
I13.0	Hypertensive heart and CKD with heart failure and stage 1 – 4 CKD
I13.10	Hypertensive heart and CKD without heart failure, with stage 1 – 4 CKD
I13.11	Hypertensive heart and CKD without heart failure, with stage 5 CKD or ESRD
I13.2	Hypertensive heart and CKD with heart failure and with stage 5 CKD or ESRD.

Patients with one of the above hypertension diagnoses are removed from the denominator for Controlling High Blood Pressure. A smaller denominator may improve your overall rate for this metric, especially since patients in these groups pose a greater challenge for maintaining a blood pressure <140/90. Putting it simply, no ICD-10 diagnosis of Essential hypertension (I10), the patient is not included in the quality measure.

There are two key elements that must be included when using the hypertensive heart and/or chronic kidney disease diagnoses:

1. You must include the corresponding diagnoses in the same visit encounter:
   - Systolic (congestive) heart failure, unspecified – I50.20
   - Chronic combined systolic and diastolic heart failure – I50.42
   - Heart failure, unspecified – I50.9
   - CKD Stage 3b – N18.32
   - CKD Stage 5 – N18.5

2. You must include the appropriate documentation to support your medical decision making for this diagnosis. Remember the MEAT mnemonic may help!
   o Mr. X is a 68-year-old male patient seeing his PCP for his annual physical.
   o Correct documentation:
      § Hypertensive heart disease with systolic heart failure (I11.0, I50.02)
         · BP 152/88 today. On Diovan HCT with moderate control. Review of labs show potassium 3.8. Plus 1 pitting edema in bilateral ankles/feet. Has scheduled follow-up with cardiologist next week. No changes to meds.

Remember to always tell the best patient story when selecting the most appropriate diagnosis and completing your documentation.

Compliance Corner

2024 Banner Plans & Networks Compliance Program and FWA Plan, 2024 Banner Health Code of Conduct, and 2024 General Compliance and FWA Training for FDRs have been updated.

Banner Plans & Networks has updated the Compliance Program and FWA Plan, the Banner Health Code of Conduct and the General Compliance and FWA Training for FDRs. They are available on the websites below:

Banner – University Health Plans (B – UFC)
https://www.banneruhp.com/materials-and-services/compliance-program#

Banner Medicare Advantage https://www.bannerhealth.com/medicare/providers/compliance

U.S. Department of Health and Human Services – Office of Inspector General – Released a General Compliance Program Guidance in November 2023

The Office of Inspector General (OIG) provided a document aimed at assisting providers in understanding Compliance. They indicated in the report that the first issue of the General Compliance Guidance is applicable to both individuals and entities involved in the health care sector. This document provides information on key Federal authorities and applicable laws governing entities involved in the health care industry. They provide guidance on the seven elements of a compliance program required for providers. The document also provides resources and explanation of the OIG processes, adaptations for small and large entities, and other compliance considerations. The document also provides instructions on what to do if you identify a problem.

The OIG also explained that starting in 2024, publications will be available for specific compliance guidance for different types of providers, suppliers and other participants in the health care industry subsectors or ancillary industry relating to Federal Health care programs. This document can be located on the OIG website at: https://oig.hhs.gov/compliance/general-compliance-program-guidance/

If you identify or suspect FWA or non-compliance issues, immediately notify the Banner Plans and Networks Compliance Department:

24-hour hotline (confidential and 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
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711

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 Raquel Chapman via phone (602) 747-1194 or email BMAComplianceOfficer@BannerHealth.com.

Banner Medicaid and Medicare Health Plans Customer Care Contact Information
B – UHP Customer Care
Banner – University Family Care/ACC (800) 582-8686, TTY 711
Banner – University Family Care/ALTCS (833) 318-4146, TTY 711

Banner Medicare Advantage Customer Care
Banner Medicare Advantage Prime HMO (844) 549-1857, TTY 711
Banner Medicare Advantage Plus PPO (844) 549-1859, TTY 711
Banner Medicare Advantage Dual HMO D-SNP (877) 874-3930, TTY 711
Banner Medicare RX PDP (844) 549-1859, TTY 711

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 Compliance Department 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