Provider Update

March 2024

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Change Healthcare Update

As you know, Banner Plans & Networks (BPN) received notification that our vendor, Change Healthcare (CHC), is experiencing a network interruption, affecting certain aspects of our business operations. CHC's services have been offline since February 20, 2024.

We recognize this outage could create a hardship for some members and providers, and we are taking steps to mitigate the impact. We have sent information about additional clearinghouse options and hope that you have utilized this information to maintain your operations during this time.

New Information
Change Healthcare has confirmed that **no claims** are being held within the Change Healthcare system/portal. Change Healthcare rejected claims to providers or other clearinghouses. Change Healthcare confirmed that it disconnected services on Feb. 21, although some providers were impacted with their Feb. 20 claims submittals.

Banner is currently connected to two other clearinghouses. You can subscribe to one of these services to and Banner will be able to receive claims: SSI Healthcare Revenue Cycle Solutions and Office Ally. Links to both are below.

SSI Healthcare Revenue Cycle Solutions (supporting both 837I and 837P claims submissions)

Website: https://thessigroup.com/

Office Ally Service Center (currently supporting only 837P claims submissions)

Website: https://cms.officeally.com/

Additional Resources

Here are some additional resources we want to bring to your attention:

For providers looking to request funding assistance: www.optum.com/temporaryfunding

Updates on the technical status of Change Healthcare: https://status.changehealthcare.com

Please do not hesitate to reach out to your Care Transformation Specialist or Consultant if you have additional questions or have urgent cash flow or other needs due to the Change Healthcare outage. If you are unsure of their contact information, please contact the Provider Experience Center at 480-684-7070 or 1-800-827-2464 or ProviderExperienceCenter@bannerhealth.com.

NCQA Health Equity Accreditation

We are excited that Banner Plans & Networks (BPN) is pursuing Health Equity accreditation from the National Committee for Quality Assurance (NCQA) for our Medicaid lines of business. NCQA is committed to eliminating health disparities in underserved populations which result in not only better health outcomes, but also reduces overall treatment costs.

Health Equity standards evaluate plans on:

- Organizational Readiness
- Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data
- Access and Availability of Language Services
- Practitioner Network Responsiveness
- Cultural and Linguistically Appropriate Services (CLAS) Programs
- Reducing Health Care Disparities

The updated schedule for NCQA activities is:

- July 2023-June 2024: Gap analysis and revisions, if necessary
- February 2024: Submit applications to NCQA
- October 2024: All policies comply with NCQA standards
- May 2025: Desktop/Evidence submission
- August 2025: Accreditation granted to meet AHCCCS requirements of holding accreditation by October 2025

Banner understands that BPN providers will play a significant part in our Health Equity accreditation success. Interacting directly with members, you play a crucial role in providing culturally competent care and can bridge any remaining gaps relating to race, ethnicity, and language and sexual orientation and gender identity (SOGI) data. Banner is grateful to partner with you to obtain 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.]

To aid our providers, BPN is creating an online resource for Health Equity and the webpage will be going live on May 1, 2024. The Health Equity webpage will contain information and resources about the following topics:

- Collection of Race/Ethnicity and Language, and Sexual Orientation and Gender Identity Data including a training aid.
- Support of Language Needs including how to access and work with interpreters.
- Addressing Health Disparities including information on how our internal committees and our provider and community committees work collaboratively to advance health equity.
- Addressing Health-Related Social Needs including training aid for ICD-10 Z-Codes for Health-Related Social Needs.
- Education and Resources including training and resources nationally recognized leaders in Health Equity.
- Guiding Documents including guidance form CMS, NCQA and AHCCCS.

Reminder: Please go to the Provider Directory (found here: https://banner-search.phynd.com/providers) to review the information currently on file. We ask you to make sure that your information is current with us by **Mar. 31, 2024**. If you need to update or correct this information, please contact the Provider Experience Center (ProviderExperienceCenter@bannerhealth.com).

We thank you for your cooperation and understanding as we make strides toward the Health Equity Accreditation.

Provider Claims Appeals and Disputes Fax Submission Reminder

- Banner Medicare Advantage Fax: 866-873-0029
- Banner – University Family Care/ACC & ALTCS Fax: 866-465-8340

Clean Claims Timely Filing & Acceptable forms of Proof Reminder

Providers must submit all claims for covered services provided to members within one hundred and twenty (120) days after the Covered Services are rendered, whether fee-for-service or capitation. Unless another timeframe is specified in your contract, claims initially received more than 120 days from the date of service will be denied. Non-contracted providers must submit within six (6) months from the date of service. Secondary claims must include a copy of the primary payer's remittance advice and be received within 60 days of the primary payer's remittance advice. Non-contracted providers have 60 days from date of the primary payer's remittance advice or six months from the date of service, whichever is greater.

Acceptable proof of timely filing requirements must establish that B - UHP or its agent has received a claim or claim related correspondence. Acceptable examples of proof of timely filing include:

- Signed routing form documenting specific documents contained
- Certified mail receipt that can be specifically tied to a claim or related correspondence
- Successful fax transmittal confirmation sheet documenting the specific documents faxed
- Acceptable confirmation report from the appropriate clearing house

Unacceptable examples of proof of timely filing include:

- Provider billing history
- Any form or receipt that cannot be specifically tied to claim or related correspondence. Claims initially received outside of the timely filing deadlines will be denied as Part Filing Deadline (PFD). The deadline will be determined by the ending date of service for claims involving hospitalization. If a claim is accepted, but denied for a reason which can be corrected and resubmitted, the claim form should be resubmitted following the resubmission guidelines.

FDA Approves First Gene Therapies to Treat Patients with Sickle Cell Disease

What is Gene Therapy?
Gene therapy is a medical approach that modifies a person's genes to treat or cure disease. While the concept of gene therapy has been around for decades, its usage has seen great advancement in recent years making it a newer field in medicine. Gene therapy often comes with a high price tag, more than $1 million.

What is Sickle Cell Disease (SCD)?
Sickle cell disease is a genetic disorder that affects the shape of red blood cells. Normally, red blood cells are round and flexible, but in individuals with sickle cell disease, their red blood cells become rigid and shaped like sickles or crescent moons. These abnormal cells can get stuck in blood vessels, leading to extreme pain, anemia and various complications throughout the body.

Newly FDA approved: Lyfgenia

Who should receive this treatment?
Patients at least 12 years of age with SCD and a history of extreme pain crises.

How does Lyfgenia work?
Lyfgenia is made specifically for each patient, using the patient's own blood stem cells.

What are the side effects?
Most common adverse reactions are sores on the lips, mouth and throat, as well as fever and low white blood cell count.

Black Box Warning: Blood Cancer

Newly FDA approved: Casgevy – First treatment that utilizes CRISPR, a novel genome editing technology

Who should receive this treatment?
Patients at least 12 years of age with SCD and a history of pain crises.

How does Casgevy work?
Casgevy makes an edit to a particular gene to make them produce high levels of hemoglobin, which improves red blood cells and may permanently ease symptoms.

What are the side effects?
Most common adverse reactions are low levels of platelets and white blood cells, sores in the mouth, nausea, vomiting, musculoskeletal pain, abdominal pain, itching and headache.

Citations:
MacMillan, C. (2023, December 19). *Casgevy and Lyfgenia*: Two gene therapies approved for sickle cell disease. Yale Medicine. https: https://www.yalemedicine.org/news/gene-therapies-sickle-cell-disease#:~:text=With%20Casgevy%2C%20an%20edit%20(or,a%20healthy%20hemoglobin%2Dproducing%20gene.

LyfgeniaTM (Lovitibeglogene Autotemcel) qualified treatment center … (n.d.). https://lyfgenia.com/find-a-qualified-treatment-center

Closing Care Gaps: Best Practice Tips to Improve Client Outcomes

Banner - University Family Care is focused on improving care, coordination and services provided to AHCCCS members as demonstrated through performance metrics. Performance metrics are an integral component to the QM/PI Program and meeting AHCCCS performance standards. It is crucial for all providers to be aware of these standards and whether or not your practice is meeting the minimum. If not, you will need to take steps to ensure you are delivering the highest quality of service and care for our members. To help facilitate improvement, we have included best practice tips for closing care gaps for the following measures.

Developmental Screening

- The Z13.42 code must be included with the CPT 96110 to count towards numerator compliance (when determining the initial administrative numerator).
- Inclusion of the CPT code 96110 without a modifier specifying the use of a global screening tool (e.g., Z13.42) would not meet numerator compliance according to measure specifications.

Follow-Up After Hospitalization for Mental Illness (FUH)

- Visits that occur on the date of discharge will not count toward compliance.
- Telehealth and telephone visits with a behavioral health provider are acceptable to address the care opportunity.

- Refer the patient to a mental health provider to be seen within 7 days of discharge.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

- Initiation of substance use disorder (SUD) treatment must take place within 14 days of the episode date.
- Engagement of SUD treatment is compliance with the initiation of treatment AND one of the following between the day after and 34 days after the initiation visit:
  - o At least two inpatient, outpatient or medication treatment visits (excluding methadone billed on a pharmacy claim)
  - o A long-action SUD medication administration event (MAT)
- Claims must include the visit code, original episode diagnosis and, when applicable, a place of service code.

Breast Cancer Screening (BCS)

- This measure does not include biopsies, breast ultrasounds or MRIs.
- Always include a date of service – the year and month is acceptable – when documenting a mammogram reported by a member.
- As an administrative measure, it's important to submit the appropriate ICD-10 diagnosis code, Z90.13, that reflects a member's history of bilateral mastectomy.

HEDIS Talk: Documenting in the Medical Record

Good record-keeping is an integral part of quality health care but sometimes it can be difficult to know exactly what to document and what can be left out. The Banner Plans & Networks HEDIS Audit team reviews hundreds of medical records every month and we have some recommendations. Below are some Do's and Don'ts when it comes to documenting a member's medical record.

Do:

- Use timed and dated entries.
- Be thorough, accurate and objective.
- Document any noncompliance.
- Document oral communications.
- Include all relevant clinical findings.
- Maintain a professional tone.

Don't:

- Use sloppy or illegible handwriting.
- Forget to sign and date documentation.
- Leave out documentation for omitted medications and/or treatments.
- Document subjective data.
- Be too vague or use abbreviations not commonly known.
- Forget who your audience is.

Remember: The medical record is a legal document and what is documented in the medical record can determine anything from medical treatments and health outcomes to quality of life and bill payments.

"If it is not documented, it didn't happen!" – Medical professionals everywhere.

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.

Upcoming Engagement Opportunities

March BUHP Provider Education Forums
Noon – 1:30 p.m. Tuesday, March 26
Noon – 1:30 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.

BIPOC-Perinatal Mental Health Training
Virginia G. Piper Auditorium, 475 N. 5th Street, Phoenix, AZ 85003 (Parking will be covered)

Perinatal Mood Disorders: Components of Care Training

Dates: Apr. 24-25, 2024

Training Registration: https://tinyurl.com/2y48ezvv

A comprehensive two-day training offering 14.5 CE credits, laying the foundation for anyone involved with the perinatal population.

Advanced Psychotherapy Training

Date: Apr. 26, 2024

Training Registration: https://tinyurl.com/38rzmmz6

An intensive one-day session offering 6 CE credits, designed for mental health providers with at least 14 hours of prior perinatal mental health training. This advanced training focuses on differential diagnoses, evidence-based psychotherapy and complex therapeutic issues.

Become part of the #PSInColor Champion Program, a grassroots initiative aiming to build an Arizona network of informed, accessible, and equitable perinatal mental health care providers. Your involvement can make a significant difference in the lives of mothers, babies and families across Arizona.

Scholarships available (deadline Mar. 30, midnight AZ time):
https://psiarizona.org/scholarships

Become a #PSInColor Champion: https://tinyurl.com/4rtu8kfw

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 our members' needs 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:

- Mar. 12, 2024, 9 a.m. – 10 a.m.
- Sept. 10, 2024, 9 a.m. – 10 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.

Contracting Forum Handout

Please use the guide below to assist your practice or care organization to become a participating provider with Banner Plans & Networks including Banner - University Health Plans (B - UHP), Banner Medicare Advantage (BMA) and Banner Health Network (BHN) and to provide guidance during and after the contracting process.

Please use BPAProviderContracting@bannerhealth.com to communicate with Banner Provider Contracting.

Providers seeking a contract	Complete the Provider Interest Form (Join the network) (https://www.bannerhealthnetwork.com/providers/becomeanetworkprovider) and attach the AzAHP Group Roster Form, W9, and other requested. All practitioners must be registered with CAQH. The primary contact information in CAQH must be current to avoid credentialing delays. Practitioners must also re-attest to the validity of their information quarterly. If your organization is undergoing a TIN change or if a practitioner is leaving one TIN and opening a new practice, you must submit a new Provider Interest Form and attach a new AzAHP Group Roster Form, W9, and other requested attachments. Instructions for Behavioral Health Programs : https://tinyurl.com/y7jjssdx Behavioral Health providers should include a summary description of programs, including target populations and age categories, specific models of care/therapies used, along with frequency of programming treatment. Please allow 120 days for a contracting decision.

Contract-related inquiries and contract status	Email: BPAProviderContracting@BannerHealth.com Please include the name of your organization and tax identification number in the subject line of your email.
Providers with an existing contract requesting to add a practitioner or location to their contract	If you wish to add a practitioner to an existing contract with Banner Plans & Networks, please submit AzAHP forms and other requested documents directly to BUHPDataTeam@bannerhealth.com. Obtain AzAHP forms at: https://www.banneruhp.com/join-us/join-our-network If applicable, submit forms only after AHCCCS Registration is completed. Location adds require an Organizational/Facility AzAHP form.
Providers with an existing contract requesting to add a new Product	If you already have a contract with Banner Plans & Networks for B - UHP, BMA or BHN Products, please email your request to BPAProviderContracting@bannerhealth.com. Please include a W9, name of the contract contact person and their email address, the name of the signer and their email address, and comments regarding the additional Product(s) requested. If you are requesting BUHP products, also provide the AzAHP Group Roster Form and requested attachments. Note that not all provider types or geographic areas are eligible for all Products.
Providers with an existing contract requesting to terminate a practitioner or change or remove a location from their contract	If you wish to update, terminate, or make changes to a practitioner or location, please submit the required AzAHP Practitioner/Practice Change Form (https://www.banneruhp.com/join-us/join-our-network) to BUHPDataTeam@bannerhealth.com. Please include the termination date.
Providers with an existing contract requesting a termination of the contract or a product from the contract	Please submit legal name, TIN, what is being terminated, and the termination date to: ProviderLegalNotice@bannerhealth.com. Most contracts require a 90-day notice prior to termination. Notify Banner Plans & Networks Provider Contracting team at least 45 days before the effective date of any changes in services, the organization's legal name change, change of control, or any requested changes to your contract. If your organization is having a change in TIN, a Provider Interest Form is required, as noted above.

Adult System of Care

Medication for Opioid Use Disorder (MOUD) Clinic Closures & 24/7 Opioid Treatment Services

This is a friendly reminder to notify Banner - University Family Care Plan (B - UFC) of MOUD clinic closures or disruptions in members' treatment. It is also important to share any updates with dosing plans and coordination of care of our members. MOUD providers should also notify B -UFC of any capacity issues.

MOUD services are offered in various settings in the community. In case of emergency, there are four 24/7 Access Point locations that provide Opioid Treatment services 24 hours a day, 7 days a week.

CODAC Health, Recovery and Wellness	380 E. Ft. Lowell Rd Tucson, AZ 85705	Phone (520) 202-1786

Community Bridges, East Valley Addiction Recovery Center	560 S. Bellview Mesa, AZ 85204	Phone (480) 461-1711
Community Medical Services	2806 W. Cactus Rd Phoenix, AZ 85029	Phone (602) 607-7000
Intensive Treatment Systems, West Clinic	4136 N. 75th Ave #116 Phoenix, AZ 85033	Phone (623) 247-1234

We would also like to remind MOUD providers that members can qualify for guest dosing. The home MOUD provider and Guest MOUD provider will need to agree to transition to Guest MOUD provider for a scheduled period. MOUD providers are required to comply with coordinating member guest dosing. For further information on Guest dosing and requirements, please visit our BUHP provider manual at https://www.banneruhp.com/materials-and-services/provider-manuals-and-directories page 129.

Please notify the following for MOUD clinic closures or if you have any questions:

Adult System of Care: ASOC@bannerhealth.com

Care Transformation: BUHPProviderInquiries@BannerHealth.com

Office of Individual and Family Affairs (OIFA)

Help elevate Member & Family voice & inclusion. Member Engagement and Participation – Committee and Council Recruitment

Banner - University Health Plans (B –UHP) needs your support in our ongoing efforts to ensure we have member and family engagement and participation in our Plan committees and councils.

B - UHP has a strong commitment to ensure we are inclusive of those we serve in conversations regarding health policy, access to care and system improvements. To demonstrate our continued commitment to a member-centric culture, we are always working toward increasing our member and family representation on the following B –UHP committees and councils: Member and Family Advisory Council (MAC), Governance Committee, Neighborhood Community Advisory Council (CAC), and on our B – UHP Health Plan Committees: Cultural Competency Committee, Complete Care Oversite Committee, Healthy Equity and Grievance and Appeals Committee.

If you serve youth and young adults, we are very eager to have representation and voice from our young adult members.

Member and Family engagement and participation in our committee's and councils is one way we bring our members, peers, family members, providers, and community partners together to discuss issues impacting care while collaboratively building local solutions. Additionally, this is also a way to ensure member and family voice is heard at every level of BUHP's organization and leadership.

Help us in our inclusion efforts by sharing our Committee and Council Application with the members you serve.

Below are links to our Committee and Council Application and Attachments:

Member Advocacy and Advisory Council Application:
https://tinyurl.com/5n8n9sft AND   https://tinyurl.com/55m3bz9j

Member Council Descriptions Attachment:
https://tinyurl.com/yc2wrey2 AND   https://tinyurl.com/wcxx7spb

Library Resources Attachment: https://tinyurl.com/3v6kec9y

You can also find this information on our website at www.bannerufc.com/acc. Just click on **Plan Information** then click on **Office of Individual and Family Affairs (OIFA)** and scroll down to **Join a Council**. You can download a committee application (PDF) from this page, have the interested individual fill out the form, save it, and email it to the Office of Individual and Family Affairs at: OIFATeam@bannerhealth.com.

OIFA also would welcome the opportunity to speak at your Agency's Member Councils regarding this opportunity and/or if you have additional questions on how to connect your B – UHP members and family members to one of our councils or committees, please contact B – UHP OIFA through our general mailbox: OIFATeam@bannerhealth.com.

Children's System of Care

AHCCCS Policy AMPM 580
Participation and/or facilitation of Child and Family Team (CFT) practice is required for all contracted providers that offer children's behavioral health services. AHCCCS recently published an updated version of AMPM 580. Contracted providers should read AMPM 580 in its entirety to ensure compliance with the expectations around CFT practice.   Providers should be looking for changes in language around the 9 Element of CFT. Please consider the following points in your review.

- **Service Plan** – "When the family has multi-agency involvement, every effort is made to collectively develop a single, unified plan."
- **Crisis/Safety Plan** – "Providers shall offer a safety plan for all members and shall facilitate a decision of whether a safety plan is needed based on the needs of the child. For those children without an immediate clinical need for a safety plan, a wellness plan can be created as a preventative measure to prevent crisis before they start."
- **Strengths Needs Culture Discovery (SNCD)** – "The Contractor shall ensure that for all children receiving CFT practice there shall be documentation that reflects the strengths, needs and unique culture of the child and family."

If you have questions about CFT Practice, please contact the Children's System of Care Team CSOC@bannerhealth.com.

Serious Emotional Disturbance (SED) Redetermination

AHCCCS implemented a formal process for SED Determination effective Oct. 1, 2023. All BH providers serving members under 18 are required to participate in and/or refer members to the SED determination process.

In addition, members who were born after Sept. 30, 2006, and were determined SED prior to Oct. 1, 2023, need to be assessed for redetermination prior to Oct. 1, 2024. Banner Children's System of Care Team is working with providers to identify members who need to be assessed for re-determination. Each contracted provider that has members that fit criteria for redetermination received an email from the Children's System of Care Team; the email included a list of members and the required reporting tool.

The first update from providers is due on Mar. 15 and will be due every month through the end of the redetermination period.

If you have questions about this process or need technical assistance, please contact Jennifer.Blau@bannerhealth.com.

Integrated System of Care

Suicide Loss Survivors

Suicide can affect anyone, anywhere and at any time. As a behavioral health and/or physical health provider, it is important to understand the warning signs of suicide and intervene if possible. It is also equally important to screen and provide support for those who may have lost a person to suicide. Suicide includes a ripple effect to those people that knew the person. They are known as Suicide Loss Survivors. Suicide Loss Survivors' lives can be drastically affected, both mentally and physically while navigating grief and loss. As providers, it is important to screen and understand the warning signs and resources for Suicide Loss Survivors.

Here are some tips on how to support Suicide Loss Survivors:

- Encourage the Suicide Loss Survivor to know they have power in choosing to discuss what they are feeling and that they do not need to feel pressured in speaking with others right away.
- Encourage the Suicide Loss Survivor to attend a local grief and loss support group, when they are ready.
- Encourage the Suicide Loss Survivor to talk about their feelings through writing or even a letter to their loved one.
- Be familiar with community resources and other providers that can provide support to Suicide Loss Survivors.
- Be familiar with the Safety Plan for Suicide Loss Survivors which can help provide guidance through their grief and loss. NationalSPA- https://tinyurl.com/ym3r9nnr

The national 988 Suicide and Crisis Lifeline provides resources to support Suicide Loss Survivors. The website also provides guidance in how to speak to children who are experiencing grief and loss.

Learn more here: Loss Survivors - 988 Suicide & Crisis Lifeline (988lifeline.org/help-yourself/loss-survivors)

Visit Suicide Prevention (www.azahcccs.gov/suicideprevention/) to learn more about specific county's resources.

National 24-Hour Crisis Hotlines

Phone
988 Suicide & Crisis Lifeline: Dial 988
National Substance Use and Disorder Issues Referral and Treatment Hotline: (800) 662-HELP (4357)

Text
Send a Test to 988
Text the word "HOME" to 741741

Chat
988 Lifeline Chat

For Teens
Teen Lifeline phone or text: (602) 248-TEEN (8336)

For Veterans
Veteran Crisis Line: 988 (press 1)
Be Connected:
(866) 4AZ-VETS (42-8387)

Suicide Prevention and Secure Firearm Practice: Empowering Providers

In our vital role as advocates for mental health and well-being, it is crucial to address challenging yet essential topics to ensure the safety of our members and communities. Today, we focus on suicide prevention through responsible firearm safety practices.

Within Maricopa County alone in 2022, there were a total of 863 firearm-related deaths, with the majority (56%) attributed to suicide. The rates of firearm-related suicides increased by 7% compared to other methods. This data underscores the urgent need for targeted intervention strategies to address firearm-related suicides and promote responsible gun safety practices.

You play a pivotal role in educating and supporting individuals and families in adopting safe storage practices for firearms. While it may best for a member to refrain from owning a firearm at all, that is often not the reality. Encouraging members to store firearms securely in locked cabinets or safes, while advocating for the strategic use of gun locks adds an extra layer of protection, substantially reducing impulsive access during moments of crisis.

It is important to recognize that standard safety measures may not suffice when members are experiencing acute mental health crises. Gun locks serve as a vital tool in mitigating the fear of gun owners losing control over their firearms, especially during challenging times. By securely locking firearms while other trusted individuals hold the keys, gun owners can maintain a sense of security knowing that their firearms are safeguarded while still in their possession. Gun locks offer a balanced solution that addresses both the need for safety while alleviating concerns about potential loss or misuse.

In essence, it is also important to address the misconception surrounding common practices, such as members asking friends or loved ones to "hold firearms" for safety. While well-intentioned, this approach can inadvertently burden individuals and pose significant risks. Fear of returning firearms to someone in distress may create a dilemma for trusted friends or loved ones.

Firearm owners can choose from a variety of locking devices, including trigger locks, cable locks, lock boxes, and gun safes. Cable locks and lock boxes are often most affordable, and some police departments have programs to distribute these types of locking devices for free.

By equipping ourselves with knowledge and promoting responsible gun safety practices, we can empower our members to prevent impulsive access to firearms during moments of crisis. Additionally, encouraging individuals to seek support from trusted sources, including crisis lines like 988 for immediate assistance, National Suicide Prevention Lifeline (1-800-273-TALK), and Warm Lines, can provide crucial support during difficult times.

At Banner - University Family Care (B - UFC), we are committed to fostering a culture of safety and support within our communities. As behavioral health providers, your dedication to promoting holistic approaches to mental health is instrumental in creating positive change. Together, let us continue to advocate for responsible gun safety practices, raise awareness and provide compassionate support to those in need. Your efforts can make a profound difference in saving lives and creating a safer, more supportive community for all.

Lock Education resources:
UC DAVIS: https://tinyurl.com/56pux78r

Free Gun Lock Resources for Central and Southern AZ

Project Child Safe: https://projectchildsafe.org/get-a-safety-kit/

Reconnected for veterans or families of a veteran: https://tinyurl.com/mr4843cc

Pima County:

Pima County Attorney's Office: 32 N. Stone Ave., Tucson, AZ 85701 offers free gun locks. You can call the Pima County Attorney's Office at (520) 724-5617 for more information or go to this link https://www.pcao.pima.gov/gunlocks/.

Firearm Disposal

ATF Firearm Disposal Guide: https://www.atf.gov/firearms/how-properly-destroy-firearms

Firearm Disposal Guide: https://tinyurl.com/2h98fpt2

Veteran Engagement & Support

Connecting Arizona service members, veterans, families, & helpers to information, support and resources

Banner - University Family Care is committed to making sure our Veterans, Military Service Members and their Families receive the highest quality of care and timely connection to services, supports and community resources.

As a direct care provider, you play an essential role in educating and supporting individuals and their families with getting connected to community support and services to best meet their needs. Be Connected ties the resources together to help veterans, military service members and their families navigate and connect to appropriate community supports and resources. The Be Connected program has more than 3,000 community resources and supports statewide. These highly trained individuals understand that at any one time, individuals and families can have a

need to focus on one or a combination of areas to address their stress, reduce barriers or to pursue new opportunities.

Be Connected also provides training to members, community partners, family members and caregivers. On the Be Connected website, you will find available trainings such as:

- Psych Armor Courses
- Military and resource Navigation Training and
- Suicide Prevention Training

Be Connected is here for our members, their families and our community!

Call (866) 429-8387 or go online https://www.beconnectedaz.org.

Provider Manual Updates

B - UHP Medicaid Provider Manual updates have been made and are effective Mar. 8, 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 Medical Claims Review and addition of Retrospective Review Requests
- Updates to P.O. Boxes for Medical Claims Submissions
- Updates to Behavioral Health Services throughout the manual, including children and adult services

Provider Services & Support

Behavioral Health Residential Facility (BHRF) Audit Announcement

B - UHP is working with other health plans to visit behavioral health residential facilities. This is to ensure that our members continue to receive the quality care they need in a safe environment. The BHRF audit will occur from Jan. 1, 2024 to Apr. 30, 2024. This will be an onsite visit that will include a medical record review and a facility inspection. The medical record review will evaluate documentation pertaining to assessment and treatment planning, admission documentation and discharge planning. The facility inspection will focus on health and safety areas.

BHRF directors will start receiving notices in January at least two weeks prior to the scheduled audit. Please respond to audit notices in a timely manner due to the audit timeframe noted above. It is helpful to have staff available to set up the audit, provide access to medical records, and answer questions.

Thank you for helping our members get the quality care they deserve.

Appointment Availability Standards

The Appointment Availability Standards are important to ensure Medicaid and Medicare members receive access to care timely. It is important to share these requirements with your scheduling team and office staff. You can find the applicable Appointment Availability Standards in the Provider Manuals:

- ACC and ALTCS: Banner - University Family Care Provider Manual
- BMA-Dual: Banner Medicare Advantage Provider Manual

We would also like you to be aware that participation in the telephone surveys is required and conducted on a bi-annual basis by Contact One. Contact One is the vendor used to complete the surveys, who will identify themselves when calling your office.

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

Contracting Questions

If you have any questions about your contract or rates, please contact the Contracting department: BPAProviderContracting@bannerhealth.com.

Member Advocate

B - UHP does not prohibit, or otherwise restrict a provider, acting within the lawful scope of practice, from advising or advocating on behalf of a member who is his or her patient, for the following:

- The member's health care, medical needs, or treatment options, including alternative treatment that may be self-administered, even if needed services are not covered by BUHP
- Any information the member needs to decide among all relevant treatment options
- The risks, benefits and consequences of treatment or non-treatment

The member's right to participate in decisions regarding his or her health care, including the right to refuse treatment and to express preferences about future treatment decisions. (42 CFR 438.102) Providers must provide information regarding treatment options in a culturally competent manner, including the option of refusing treatment, and must ensure that members with disabilities have effective communication in making decisions regarding treatment options.

Model of Care

Model of Care Training and attestation is required annually every calendar year. We strongly encourage you to complete the training and submit the attestation as soon as possible! By doing so, you will be better equipped to implement the content and incorporate the requirement into the care you provide. **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 20 minutes)

<u>**Instructions:**</u>

1. Review the training content located here: https://tinyurl.com/36t5dpvd.
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.

Translation Interpretation Services

Banner University Health Plans provides language interpretive services and translation assistance at no-cost.

If a member cannot speak with us or one of our health plan providers because of a language barrier, please contact our Customer Care Center at least <u>72 hours</u> prior to the member's office visit.

- Customer Care Center hours of operation: Monday – Friday open from 7:30 a.m. – 5 p.m.
- Provide the representative with the member's AHCCCS ID number and the nature of the interpretation services required.
- You will be placed on hold while the representative connects you with the interpretation services.
- Customer Care Center phone numbers:
    - o Banner University Family/ACC (800) 582-8686
    - o Banner University Family Care/ALTCS (833) 318-4146
    - o Banner Medicare Advantage Dual (BUCA) (877) 874-3930

Who is Verisys/Aperture?

Banner Plans and Networks is contracted with Verisys/Aperture, a Credentials Verification Organization (CVO,) to perform the necessary verifications that meet National Committee for Quality Assurance (NCQA) and URAC. Verisys will conduct three outreaches at a minimum if the required information is not available in Council for Affordable Quality Healthcare (CAQH).

To remove any delays with the credentialing process, it is extremely important your CAQH profile has been re-attested within the last 120-days with current supporting documents.

"Verisys/Aperture is a CVO (Credentials Verification Organization) that is NCQA and URAC accredited to perform the necessary primary source verifications needed on behalf the plan(s)."

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 health care, 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 admitting 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 an intrapersonal and interpersonal 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 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.

Compliance Corner

Department of Health and Human Services Finalized New Provisions to Improve Integrated Care and Confidentiality for Members/Patients with Substance Use

On Feb. 8, 2024, through the HHS Office of Civil Rights (OCR) and the Substance Abuse and Mental Health Services Administration (SAMHSA), the updates to the substance use disorder (SUD) Patient Records regulations at 42 CFR Part 2 (known as Part 2) were finalized.

The results of the updates to this regulation include increasing coordination between providers treating patients for SUD, improve integration of behavioral health information with other medical records resulting in better patient health outcomes and through civil enforcement enhance confidentiality protections.

This new rule helps the Part 2 program align with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Breach Notification and the rules of enforcement.

Some of the changes to Part 2 include:

Patient Consent:

- Allow or permits a single consent to be used for all future uses and disclosures for treatment, payment, and health care operations.

- Now allows HIPAA covered entities and business associates that receive records under this consent to redisclose the records according to HIPAA regulations. There is an exception in that these records cannot be used in legal proceedings against the patient without specific consent or a court order.

- Each disclosure made with the patient's consent must include a copy of the consent or a clear explanation of the scope of the consent.

Segregation of Part 2 Data:

- The requirement to segregate Part 2 data is no longer applicable.

Penalties:

- Changes the criminal penalties currently in Part 2 with civil and criminal enforcement authorities which also are applicable to HIPAA violations.

Breach Notification:

- Breach notification rules for Part 2 are the same for HIPAA Breach Notification Rules.

Patient Notice:

- The Part 2 Patient Notice requirements now align with the HIPAA Notice of Privacy Practices requirements.

SUD Counseling Notes:

- In a similar fashion as the HIPAA rule on psychotherapy notes, SUD clinician's notes which serve to analyze the counseling session conversation, which the clinician chooses to maintain separately from the other SUD treatment and medical records, will require a specific consent from an individual. These cannot be shared with the general treatment, payment, or healthcare operations consent.

Fundraising:

- Patients have the right to opt out of receiving fundraising communications.

The entire final rule can be located here: https://tinyurl.com/mr2papph

If you identify or suspect FWA or non-compliance issues, immediately notify the Banner Plans & 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
Banner - University Family Care/ALTCS (833) 318-4146
Banner Medicare Advantage/Dual (877) 874-3930

***Banner Medicare Advantage Customer Car**e*
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 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