

FDR Newsletter

QUARTER 3 | SEPTEMBER 2022

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The Banner – University Health Plan's Compliance Program is committed to compliance and meeting requirements of all applicable laws and regulations of CMS and AHCCCS.



IN THE NEWS

2022 B – UHP Financial Audits

As a reminder, every year for AHCCCS Administrative Subcontractors, B – UHP is required to conduct a financial audit of all its administrative subcontractors.

Audit engagement letters are in process. As part of that audit, we will provide you with what we require from you and/or your organization. The audit is generally conducted within 30 days and results will be shared once the reviews are finalized.

If you have any questions or concerns in regard to this year's financial audit, please feel free to reach out to the B – UHP Vendor Oversight Team at BUHPVendorOversight@bannerhealth.com.

2022 B – UHP Annual Compliance Attestation

All FDRs are required to complete the attestation and disclosure statement on an annual basis. The Compliance and Offshore Subcontracting Attestations are available on our website.

Website: www.BannerUHP.com

Links: [2022 Compliance Attestation](#) & [Offshore Subcontracting Attestation](#)

Please complete the attestations and email it to the address below.

Email: BUHPVendorOversight@bannerhealth.com

We ask that you complete the attestation no later than November 30, 2022.

COMPLIANCE UPDATES

Exclusions Program, Screening and Reporting Obligations

All FDRs are required to notify the Banner Medicaid and Medicare Plan's Compliance Department upon confirmation that an employee or contractor is excluded from any of the databases listed below. They are also required to inform the Compliance Department if any of their subcontractors who do business for Banner Medicaid and Medicare Plans has identified an excluded employee or contractor. It is the obligation of the FDR to notify the Compliance Department immediately upon discovery. The methods to notify the Compliance Department are listed below.

Office of Inspector General (OIG) Exclusions Program

The OIG has the authority to exclude both individuals and entities from Federally funded health care programs, including Medicare and Medicaid. They could be excluded due to a number of reasons including a conviction for fraud. Any entity or individual who is excluded is prohibited from receiving payment from Federal healthcare programs for any items or services they provide, order, or prescribe.

The list of excluded individuals and entities maintained by the OIG is called the List of Excluded Individuals/Entities (LEIE). The online searchable database is located at:
<https://exclusions.oig.hhs.gov/>

Any FDR who hires an individual or entity on the LEIE list may be subject to civil monetary penalties (CMP). In order to avoid this probability of receiving CMP, it is important to routinely check the list prior to hire or contract and then monthly thereafter. If the FDR uses a vendor to do this service, it would be wise to ensure appropriate contract language to protect the FDR in the event a CMP is imposed due to the failure of the vendor.

System for Award Management

The System for Award Management (SAM) contains a list of debarred individuals or entities by any Federal agency. The persons and entities listed as excluded are for a specified term as determined by the debarring agency and as indicated by the listing.

Click this [LINK](#) to check the SAM.

Both the OIG and the SAM should be utilized to check individuals prior to hire or contract and monthly thereafter.

Preclusion List

The preclusion list is sent out monthly and lists providers and prescribers who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.

Requires denial of payment for items or services furnished by an individual on the Preclusion List. Effective as of the April Preclusion List, any prescriber or provider is to be precluded from all B – UHP lines of business (AHCCCS and Medicare).

Both AHCCCS and CMS include exclusion screenings in their requirements. In addition, according to the B – UHP Contracts with Arizona Medicaid, notification must be provided to the Insurance Division Compliance Department, if any individual or entity is determined excluded from any state Medicaid, not just Arizona.

In addition, for Medicare Advantage Plans, CMS made the first Preclusion List available to plans January 1, 2019, and they are issued monthly thereafter.

The preclusion list is a list of providers and prescribers who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.

Plans are required to:

- Reject a pharmacy claim (or deny an enrollee's request for reimbursement) for a Part D drug that is prescribed by an individual on the Preclusion List.
- Deny payment for a health care item or service furnished by an individual or entity on the Preclusion List.

If you identify or suspect FWA or non-compliance issues, immediately notify the Banner Insurance Division 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
2701 E. Elvira Road
Tucson, AZ 85756

Contact the Medicaid Compliance Officer, Terri Dorazio:
Phone (office): (520) 874-2847
Phone (cell): (520) 548-7862
Email: Theresa.Dorazio@bannerhealth.com

Contact the Medicare Compliance Officer, Adam Barker:
Phone: (602) 747-8452
Email: BMACComplianceOfficer@bannerhealth.com

Banner Medicaid and Medicare Health Plan's Customer Care Center Contact Information

B – UHP Customer Care Center

Banner – University Family Care/ACC: (800) 582-8686

Banner – University Family Care/ALTCS: (833) 318-4146

Banner Medicare Advantage Customer Care Center

Banner Medicare Advantage Prime HMO: (844) 549-1857

Banner Medicare Advantage Plus PPO: (844) 549-1859

Banner Medicare Advantage Dual: (877) 874-3930

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: <http://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 (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

REPORT ACTUAL OR POTENTIAL FWA, OR NON-COMPLIANCE

ComplyLine:

(888) 747-7989

(Reports can be made anonymously 24/7)

Secure Fax:

(520) 874-7072

Visit us online at www.BannerUHP.com