

Provider Retrospective Review Request

Banner – University Health Plans (B – UHP) appreciates all providers who use their time and resources to manage our members to achieve good outcomes. When a provider does not notify us about an inpatient stay or services that require prior authorization, it takes away our ability and opportunity to intervene early to assist both the member and provider, to navigate the health care system and put other services in place, if necessary.

There are times that you may not know whether a member has B – UHP insurance and you will be required to submit a Retrospective Review request. This occurrence should be very limited since you can find all the prior authorization requirements on our website at:

<https://www.banneruhp.com/materials-and-services/prior-authorizations-and-referrals>

Below are items that are needed by B – UHP staff in order to process your request for Retrospective Review:

- Requests for Retrospective Reviews must include the date ranges being requested for review.
- The request must be submitted within 30 days of the date of discharge/completion of service. If past 30 days, the record will not be reviewed and returned to the provider. Provider will then have to submit a claim.
- If the provider indicates that attempts were made to contact the Health Plan upon admission or prior to services being provided, the provider must submit evidence (faxes with date and time and result of transmission) or date, time and person you talked to in prior authorization to attempt to get prior authorization.
- All Court Ordered Evaluations are funded by the county. Medicaid is the payer of last resort and does not reimburse for Court Ordered Evaluation.
- All psychiatric requests for Retrospective Reviews or Appeals must include the required clinical documentation as indicated in the B – UHP Behavioral Health Provider Manual Supplement for initial authorization, concurrent review and discharge.
- Providers should label each clinical document when submitted to ensure the required documentation is being submitted and not extraneous information that can delay the review process.

B – UHP’s Medical Record Requirement Checklist will give you more detail on what documentation is required and can be found on our website here:

<https://www.banneruhp.com/materials-and-services/prior-authorizations-and-referrals>

Upon receipt of a request for Retrospective Review, the Health Plan will review the request and make a determination within 30 days of receipt date. If it is determined that the request is not eligible for Retrospective Review based on the above criteria, the provider may submit an appeal.

Original or corrected claim(s) and attachments, supporting medical necessity, should be mailed to the correct Health Plan, Mail Drop (see addresses below) Claims and attachments should be batched together with claim on top with attachment(s) followed by next claim and its attachment.

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 (B – UFC/ALTCS)

P.O. Box 37279
Phoenix, AZ 85069
Electronic ID: 66901

Banner – University Care Advantage (B – UCA)

P.O. Box 38549
Phoenix, AZ 85069-7169
Electronic ID: 09830 (UCA)

RESUBMISSIONS

Be sure to clearly mark “Resubmission” on the claim form or select the appropriate box on the claim form if sending electronically

APPEALS

Banner – University Health Plans
Attn: Grievance and Appeals Department
2701 E. Elvira
Tucson, AZ 85756
Fax: (866) 465-8340
Email: BUHPGrievances&Appeals@bannerhealth.com

Thank you for assisting Banner – University Health Plans by notifying us of a service a member requires for their plan of care.

Sincerely,

Banner – University Health Plans