

Provider Newsbrief – Dec. 15, 2021

Annual Model of Care Training & Attestation Due

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

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

Instructions:

- Review the **training content** located here:
<https://www.banneruhp.com/resources/provider-trainings>
- Select **Model of Care Training**
- Once you have completed the Model of Care Training, please complete, and **submit your attestation** online by following the link below:

https://bannerhealth.formstack.com/forms/moc_attestation

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

Banner Medicare Advantage Plan Reference Materials

We know how important it is for providers to understand member benefits and evidence of coverage. Below is a link to access this information about Banner Medicare Advantage plans. In addition, we've included an "At a Glance" look at each plan for you to share with your staff and keep as a quick reference in your office. Those documents follow at the end of this newsbrief.

Detailed information about each plan can be found on the **View Plan Materials** link found at www.bannerhealth.com/medicare/our-plans.

Helping Members Thrive Following Hospitalization for Mental Illness

The importance of inpatient discharge follow-up appointments

Members hospitalized for behavioral health issues are vulnerable after discharge without appropriate follow-up care in place. In order to prevent hospital readmission, **AHCCCS requires follow-up appointments at 7 and by 30 days after discharge to monitor the member's progress towards recovery.**

Helping your members attend their follow-up appointments can help you catch the warning signs that can lead the member back to the hospital. Not only are follow-up appointments necessary for member recovery, but it's also important to consider that hospital readmission rates are costly. Reducing the amount of people that return to the hospital will not only improve member outcomes, but it will also support the funding needed to provide quality care.

Express Scripts Reminder

Beginning Jan. 1, 2022, all Banner Medicare and all Banner University Health Plans prescription plans will be managed by **Express Scripts®**. We have selected a list of covered drugs that most closely matches our members' needs. Our goal is to minimize changes to prescription coverage, but there may be some differences in the medications that are covered. **There may also be minor changes to the pharmacies that can fill members' prescriptions, so be sure to verify that the pharmacy is in network when issuing refills for these members.** You will find the list of medications and pharmacies on the BUHP Provider website (or on the e-services portal). For questions, reach out to your care transformation consultant or specialist.

Reminder: Banner – University Care Advantage becomes Banner Medicare Advantage Dual

In an effort to be known as one brand name in the Arizona market, Banner will be retiring our Banner University Care Advantage product name and linking all our Medicare products under the product name Banner Medicare Advantage. The change to **Banner Medicare Advantage Dual** will begin in October with the distribution of new and prospective member materials.

Our Dual plan is the third largest in the state with more than 15,500 members in 10 counties. Since 2010, we have been serving the needs of our Medicare and Medicaid dual members by providing excellent service and benefit coverage in one plan.

Banner Medicare Advantage Plus PPO

2022 Benefits at a Glance

Premiums and Benefits		
Description	Maricopa Pinal Yuma	Pima Santa Cruz
Monthly Plan Premium	\$25	
Annual Deductible	\$0	
Annual Out-of-Pocket Maximum	In-Network \$4,500 In-Network & Out-of-Network Combined \$9,000	
Inpatient Hospital – Acute (up to 90 days per benefit period)	In-Network Days 1-5: \$275/day; Days 6-90: \$0/day Out-of-Network Days 1-90: 40%	
Skilled Nursing Facility (SNF) (up to 100 days per benefit period)	In-Network Days 1-20: \$0/day; Days 21-100: \$178/day Out-of-Network Days 1-100: \$195/day	
Outpatient Hospital – Surgery & Observation	In-Network \$250 Out-of-Network 40%	In-Network \$275 Out-of-Network 40%
Ambulance (one-way trip)	In-Network & Out-of-Network \$250	
Emergency Care	In-Network & Out-of-Network \$90	
Worldwide Emergency/Urgent Care	In-Network & Out-of-Network \$90 Up to \$25,000/calendar year	
Urgently Needed Care	In-Network & Out-of-Network \$30	
Primary Care Physician (PCP) Visit	In-Network \$0 Out-of-Network \$35	
Specialist Visit	In-Network \$30 Out-of-Network \$70	
Diagnostic Tests, Procedures & Lab Services	In-Network \$10 Out-of-Network 40%	
X-rays	In-Network \$20 Out-of-Network \$27	
Diagnostic Radiology (e.g., CT, MRI)	In-Network \$125 Out-of-Network 40%	
Therapeutic Radiology	In-Network \$60 Out-of-Network 40%	
Home Health	In-Network \$0 Out-of-Network 50%	
Durable Medical Equipment (DME)	In-Network 20% Out-of-Network 50%	
Prosthetics & Orthotics	In-Network 20% Out-of-Network 50%	
Renal Dialysis	In-Network 20% Out-of-Network 40%	

Additional Benefits		
Description	Maricopa Pinal Yuma	Pima Santa Cruz
Diabetic Supplies	In-Network 0% Out-of-Network 40%	
Mental Health Services (individual & group sessions)	In-Network \$30 Out-of-Network \$40	
Physical Therapy, Occupational Therapy & Speech Therapy	In-Network \$40 Out-of-Network 40%	In-Network \$30 Out-of-Network 40%
Routine Chiropractic (up to 6 visits per calendar year)	In-Network \$35 Out-of-Network 40%	
Medicare-covered Chiropractic	In-Network \$20 Out-of-Network \$70	
Medicare-covered Podiatry	In-Network \$30 Out-of-Network 40%	
Medicare-covered Eye Exam	In-Network \$0 Out-of-Network 50%	
Annual Routine Eye Exam	In-Network \$0 Out-of-Network 40%	
Medicare-covered Eyewear (glasses or contacts after cataract surgery)	In-Network \$0 Out-of-Network 40%	
Routine Eyewear – \$200 every 2 years (In- & Out-of-Network Combined)	In-Network \$0 Out-of-Network 40%	
Medicare-covered Hearing Exam	In-Network \$0 Out-of-Network 40%	
Annual Routine Hearing Exam	In-Network \$0 Out-of-Network 40%	
Hearing Aid Fitting/Evaluation every 2 years (In- & Out-of-Network Combined)	In-Network \$0 Out-of-Network 40%	
Hearing Aids – \$1,000 every 2 years	In-Network \$0 Out-of-Network 40%	
Preventive Dental (up to 2 visits per year)	In-Network \$0 Out-of-Network 40%	
Over the Counter (OTC) Items	\$50/quarter unused amount rolls over to next period	
Fitness – Silver&Fit®	In-Network \$0 Out-of-Network 40%	
Home-Delivered Meals (12 meals ordered within 30 days of inpatient discharge)	In-Network \$0 Out-of-Network 40%	

Optional Supplemental Benefits – Comprehensive Dental	
Monthly Premium	\$20.20
Comprehensive Dental (Non-routine Services; Diagnostic Services; Restorative Services; Endodontics)	\$1,000/calendar year

Part D Prescription Drug Coverage	
Description	Maricopa Pinal Yuma Pima Santa Cruz
Annual Part D Deductible	\$0
Retail – 31-day Supply	Tier 1: \$0 / Tier 2: \$5 / Tier 3: \$47 / Tier 4: \$100 / Tier 5: 33%
Mail Order – 90-day Supply	Tier 1: \$0 / Tier 2: \$10 / Tier 3: \$141 / Tier 4: \$300 / Tier 5: Specialty drugs not available through mail order

<Banner Medicare Advantage Plus PPO has a contract with Medicare. Enrollment depends on contract renewal.>

		Banner Medicare Simple RxPDP (001)	Banner Medicare Classic RxPDP (002)	Banner Medicare Premier RxPDP (003)	
Monthly Plan Premium		\$37.40	\$39.30	\$85.40	
Annual Part D Deductible		\$480	\$480 (does not apply to Tiers 1 & 2)	\$0	
Retail, Out-of-Network & Long-Term Care Pharmacies	Tier 1	\$0			
	Tier 2	\$11	\$6	\$4	
	Tier 3	22%	\$40	\$40	
	One-Month Supply	Tier 4	38%	37%	39%
		Tier 5	25%	25%	33%
		Select Insulins	N/A	\$35	\$35
	Mail Order Three-Month Supply	Tier 1	\$0		
Tier 2		\$22	\$12	\$8	
Tier 3		22%	\$80	\$80	
Tier 4		38%	37%	39%	
Tier 5		N/A			
Select Insulins		N/A	\$70	\$70	
Initial Coverage Limit (ICL)		\$4,430			
Coverage Gap		After total drug costs reach \$4,430, members enter the coverage gap (or donut hole) phase and pay 25% of drug costs.			
Catastrophic Coverage		After total out-of-pocket costs reach \$7,050, members enter the catastrophic coverage phase and pay the greater of: 5% or \$3.95 for generic or preferred multi-source drugs and \$9.85 for all other drugs.			

Banner Medicare Advantage Prime HMO

2022 Benefits at a Glance

Premiums and Benefits		
Description	Maricopa Pinal Yuma	Pima Santa Cruz
Monthly Plan Premium	\$0	
Annual Deductible	\$0	
Annual Out-of-Pocket Maximum	\$2,775	
Inpatient Hospital – Acute (up to 90 days per benefit period)	Days 1-7: \$195/day Days 8-90: \$0/day	
Skilled Nursing Facility (SNF) (up to 100 days per benefit period)	Days 1-20: \$0/day Days 21-100: \$178/day	
Outpatient Hospital – Surgery & Observation	\$175	
Ambulatory Surgical Center (ASC)	\$175	
Ambulance (one-way trip)	\$265	\$250
Emergency Care	\$90	
Worldwide Emergency/Urgent Care	\$90 – Up to \$25,000/calendar year	
Urgently Needed Care	\$30	
Primary Care Physician (PCP) Visit	\$0	
Preventative Care & Immunizations	\$0	
Specialist Visit	\$20	
Diagnostic Tests, Procedures & Lab Services	\$10	
X-rays	\$15	
Diagnostic Radiology (e.g., CT, MRI)	\$125-\$200	
Therapeutic Radiology	\$60	
Home Health	\$0	
Durable Medical Equipment (DME)	20%	
Prosthetics & Orthotics	20%	
Renal Dialysis	20%	
Diabetic Supplies	\$0	

Additional Benefits		
Description	Maricopa Pinal Yuma	Pima Santa Cruz
Mental Health Services (individual & group sessions)		\$25
Physical Therapy, Occupational Therapy & Speech Therapy		\$25
Routine Chiropractic		\$35 (up to 6 visits per calendar year)
Medicare-covered Chiropractic		\$20
Medicare-covered Podiatry		\$25
Medicare-covered Eye Exam		\$0
Annual Routine Eye Exam		\$0
Medicare-covered Eyewear (glasses or contacts after cataract surgery)		20%
Routine Eyewear (1 pair of contacts or glasses)		\$25 \$200 every 2 years
Medicare-covered Hearing Exam		\$0
Annual Routine Hearing Exam		\$0
Hearing Aid Fitting/Evaluation (every 2 years)		\$0
Hearing Aids		\$0 \$1,000 every 2 years
Preventive Dental		\$0
Over the Counter (OTC) Items		\$50/quarter; unused amount rolls over
Fitness – Silver&Fit®		\$0
Home-Delivered Meals (post-inpatient discharge from hospital or SNF)		\$0 12 meals when ordered within 30 days of discharge
Medicare Part B Drugs		20%

Optional Supplemental Benefits – Comprehensive Dental	
Monthly Premium	\$20.20
Comprehensive Dental (Non-routine Services; Diagnostic Services; Restorative Services; Endodontics)	\$1,000/calendar year

Part D Prescription Drug Coverage	
Description	Maricopa Pinal Yuma Pima Santa Cruz
Annual Part D Deductible	\$0
Retail – 31-day Supply	Tier 1: \$0 / Tier 2: \$5 / Tier 3: \$47 / Tier 4: \$100 / Tier 5: 33%
Mail Order – 90-day Supply	Tier 1: \$0 / Tier 2: \$10 / Tier 3: \$141 / Tier 4: \$300 / Tier 5: Specialty drugs not available through mail order

<Banner Medicare Advantage Prime HMO has a contract with Medicare. Enrollment depends on contract renewal.>



Banner Medicare Advantage Dual HMO D-SNP 2022 Benefits at a Glance

Premiums and Benefits – ACC & ALTCS Plans		
Description	ACC Plans:	ALTCS Plans:
	Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pinal, Santa Cruz, Yuma	Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, Yuma
Monthly Plan Premium		\$0
Annual Plan Deductible		\$0
Annual Out-of-Pocket Maximum		\$2,900
Inpatient Hospital – Acute (up to 90 days per benefit period)		\$0
Inpatient Mental Health Care (up to 90 days per benefit period)		\$0
Skilled Nursing Facility (SNF) (up to 100 days per benefit period)		\$0
Outpatient Hospital – Surgery & Observation		\$0
Ambulatory Surgical Center		\$0
Ambulance (one-way trip)		\$0
Emergency Care		\$0
Urgently Needed Care		\$0
Primary Care Physician (PCP) Visit		\$0
Preventive Care & Immunizations		\$0
Specialist Visit		\$0
Diagnostic Procedures, Tests, Lab & X-rays		\$0
Diagnostic Radiology (e.g., CT, MRI)		\$0
Therapeutic Radiology		\$0
Home Health		\$0

Banner Medicare Advantage Dual HMO D-SNP has contracts with Medicare and Medicaid. Enrollment depends on contract renewal.

Premiums and Benefits – ACC & ALTCS Plans

Description	ACC Plans: Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, Yuma	ALTCS Plans: Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, Yuma
Durable Medical Equipment (DME)		\$0
Prosthetics & Orthotics		\$0
Renal Dialysis		\$0
Diabetic Supplies		\$0
Mental Health Services (individual and group sessions)		\$0
Physical Therapy, Occupational Therapy & Speech		\$0
Routine Chiropractic (up to 6 visits per calendar year)		\$0
Routine Podiatry (up to 6 visits per calendar year)		\$0
Medicare-covered Eye Exam		\$0
Annual Routine Eye Exam		\$0
Medicare-covered Eyewear (glasses or contacts after cataract surgery)		\$0
Routine Eyewear (1 pair of contacts or glasses)		\$225 per calendar year
Medicare-covered Hearing Exam		\$0
Annual Routine Hearing Exam		\$0
Hearing Aid Fitting/Evaluation (every 3 years)		\$0
Hearing Aids		\$1,500 every 3 years
Preventive & Comprehensive Dental		\$3,500 per calendar year
Over the Counter (OTC) Items		\$250 per quarter (unused amount rolls over)
Medicare Part B Drugs		\$0
Fitness Membership – Silver&Fit®	\$0	Not covered
Post-Inpatient Meals (when ordered within 30 days of discharge)	12 meals	Not covered
Routine Transportation – 36 one-way rides	\$0	Not covered
Annual Physical Exam	\$0	Not covered