



November 2020 Update

Government Programs Bulletin Regarding COVID-19 Vaccines

It is unknown when a COVID-19 vaccine will be available. However, state and federal officials are working to ensure providers are prepared to distribute and administer the vaccine expeditiously once it is approved. Here are some quick pieces of information and resources for members, providers, and staff.

COVID-19 Vaccine Information:

The Arizona Immunization Program Office (AIPO) is engaged in a Provider Onboarding Campaign. Both VFC and non-VFC Providers who would like to administer future COVID-19 Vaccines must complete the Pandemic Provider Onboarding Survey Forms available [here](#).

In addition, CMS has released a set of toolkits for providers, community partners, health plans, and state Medicaid programs. <https://www.cms.gov/COVIDvax>. These toolkits will be regularly updated with new information as information becomes available.

It is anticipated that the initial supply of COVID-19 vaccines will be purchased by the federal government and available to most or all individuals enrolled in Medicare or Medicaid at no cost. Notably, CMS has announced that due to a determination that the costs of the vaccine will be significant, coverage for the vaccine for Medicare Advantage Plan beneficiaries will be through the Medicare Fee for Service Program during calendar years 2020 and 2021.

We continue to encourage providers and others to monitor CMS, CDC and AHCCCS' Frequently Asked Questions page related to COVID-19 for information related to COVID-19 vaccinations.

We would encourage everyone to review the **8 Things you Need to Know** about COVID-19 vaccination on the CDC webpage.

Resources:

CMS <https://www.cms.gov/COVIDvax>

CDC <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

AHCCCS <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>

Deadline for ROPA providers to register with AHCCCS has been extended

Even if you don't submit Medicaid claims, providers who are not registered with AHCCCS, but who may be the Referring, Ordering, Prescribing, or Attending (ROPA) provider, may keep members from getting needed health care.

In light of COVID-19 public health emergency and priority efforts it has demanded of public health systems, AHCCCS has **extended the ROPA registration deadline to June 1, 2021**. The extension will help AHCCCS, our contracted MCOs, and impacted providers to:

- Work through the analysis of who still needs to be registered and who does not, and
- Ensure denials and access to care impacts are limited and/or negated.

AHCCCS has developed and posted the FAQ's available at this link:
<https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html>

To begin the enrollment process, visit AHCCCS Provider Enrollment
(<https://www.azahcccs.gov/PlansProviders/NewProviders/registration.html>)

VFC Notification

The Arizona Department of Health Services Immunization Program Office (AIPO) has asked us to communicate this important information to providers. AIPO is aware that your practice may be facing challenges to keep patients current with immunizations because of COVID-19. AIPO is available for support and training as you continue to get your footing. Please contact the AIPO office if you have not yet contacted them about your practice wastage requirements.

Arizona Immunization Program

150 N. 18th Avenue, Suite 120
Phoenix, AZ 85007
602-364-3630 Main Line
602-364-3642 VFC
602-364-3899 ASIIS
1-877-491-5741 ASIIS
ASIISHelpDesk@azdhs.gov
ArizonaVFC@azdhs.gov

AIPO may offer you an exception for vaccine wastage outside of your control. Please contact AIPO if you have engaged with us but need more time or support related to your practice wastage requirements. AIPO may offer you a further extension to make the required restitution and can provide additional training and support if needed.

Care Plans will be added to Provider Portal

Coming in 2021, providers will have access to the most up-to-date care plan for their BUHP patients on the provider portal. Currently, member care plans are faxed to the provider's office. Beginning next year, they will be sent electronically through the provider portal. This will ensure timely and current care plans are always available.

FQHC/RHC Visit Definition

We wanted to clear up any confusion about submitting claims for a multiple visit. Please note that all services are based on multiple providers within the same discipline (medical, behavioral, dental). Beware of submitting claims for duplicate services. The AHCCCS definition is below.

FQHC/RHC Visit – Defined:

Face-to-face encounter with a licensed AHCCCS-registered practitioner during which an AHCCCS-covered ambulatory service is provided when that service is not incident to another service. Multiple encounters with more than one practitioner within the same discipline, i.e., dental, physical, behavioral health, or with the same practitioner and which take place on the same day and at a single location, constitute a single visit unless the patient, subsequent to the first encounter, suffers illness or injury requiring additional diagnosis or treatment. In this circumstance, the subsequent encounter is considered a separate visit. A service which is provided incident to another service, whether or not on the same day or at the same location, is considered to be part of the visit and is not reimbursed separately.

Cultural Competency - Words Matter

Often, when someone is told for the first time that they have a mental health diagnosis, an emotional storm of questions and concerns will follow. Questions like: Will I get better? What does treatment look like? Does this mean I'm "crazy"? Questions and thoughts like this can stem from stigma, internal and external. Stigma is perpetuated by the way mental illness is viewed by society and how people with mental illness are treated and discriminated against every day.

Therefore, person-centered language, or recovery-oriented language is vital. Person-centered language is recognized as important to use to maintain an environment of dignity, respect and hope. Placing the person first and the disability or illness second helps eliminate stereotypes.

The language we use in our professional lives:

- Represents the meanings we have constructed from experience
- Prompts attitudes, expectations and actions
- Should always reflect 'unconditional positive regard' for people

Diversity and inclusiveness should always guide us in our communications. Whatever a person's background, developmental age or impairment experienced, we should adopt strength-based language to encourage choice and control and support self-directed decision-making. We can start by just asking a person what they think would assist them to achieve their aims and objectives, what they need now and in the future, and how they can be supported to communicate and achieve their goals.

Some examples of recovery-oriented language are:

Say/Write:

- John has been diagnosed with a mental health condition or a disability.
- Sam is having a rough time.
- Kylie is having difficulty with her recommended medication.
- Susan may need to work on more effective ways of getting her needs met.
- James is pleased or satisfied with the plan we've developed together.

Instead of:

- John is schizophrenic.
- Sam is decompensating.
- Kylie is treatment resistant or non-compliant.
- Susan is demanding and unreasonable.
- James is compliant or manageable.

We may be unaware of how the words we use reflect our attitudes and the impact they have upon those around us. None of us should be defined by the mental health conditions or psychosocial difficulties that we experience, or by any single aspect of who we are. We should be respected as individuals first and foremost.

So, as you meet with, discuss or document about members, please remember WORDS MATTER.

Respiratory Syncytial Virus (RSV) Prophylaxis Synagis® (palivizumab) Provision during the 2020-2021 RSV Season

All patients for whom you plan to prescribe and/or administer Synagis® (palivizumab), must have a completed RSV Prophylaxis Prior Authorization form submitted to BUHP for coverage determination before the first dose is administered.

Options for Synagis® (palivizumab) administration:

- Administration of Synagis® (palivizumab) at your clinic / practice location.
 - Select the "Injection to be given in provider office" section of the RSV Prophylaxis Prior Authorization form, within the Provider Information section.
 - Upon approval, the Banner Family Pharmacy can coordinate delivery of the injection with your office staff.
- In-Home Synagis® (palivizumab) administration via home health services
 - Select the "Injection to be given in home by Home Health Care provider" option of the RSV Prophylaxis Prior Authorization form, within the Provider Information section.
 - Send an order to the designated Home Health Agency for nurse administration of Synagis® (palivizumab).
 - Send a prescription to Banner Family Pharmacy – Chandler or CVS Specialty Pharmacy, along with prior authorization information.
 - Indicate the Home Health Agency information to the specialty pharmacy receiving the prescription, including the Home Health Agency name and contact information.
 - Indicate the date that the first/next Synagis® (palivizumab) dose is due.
 - Indicate most recent patient weight and date recorded.
- Use of Banner Children's RSV Prevention Program. For eligibility and referral information, contact their Synagis® clinics at:
 - Banner Children's at Desert – Pediatric Outpatient Treatment Center in Mesa, AZ (phone 480-412-6275 fax 480-412-8257)
 - Banner Children's at Thunderbird – Pediatric Ambulatory Treatment Unit in Glendale, AZ (phone 602-865-4361 fax 602-865-4501)

BUHP is here to assist you in this process. If you have any questions regarding prior authorization, coordination with Home Health, or care management for your patient, please do not hesitate to contact us at BUHP Customer Care at 1-800-582-8686. If you need assistance with care management support, please contact BUHP Maternal and Child Care Management at BUHPMaternalChildHealth@bannerhealth.com.

Care Management

Fall Prevention and Intervention: As health care workers and providers, we are aware that falls are a serious threat to the health and well-being of older patients. More than one out of four people 65 and older falls each year, and over 3 million are treated in emergency departments annually for fall injuries. You play an important role in caring for older adults and you can help reduce these devastating injuries.

The CDC's Injury Center has created the STEADI initiative for health care providers who treat older adults who are at risk of falling or who may have fallen in the past. STEADI stands for **Stopping Elderly Accidents, Deaths and Injuries**. As you are aware, research has identified many conditions that contribute to falling including Vitamin D deficiency, reduced balance, medications, vision problems, lower body weakness or pain and home hazards.

The STEADI initiative offers a coordinated approach to implementing the American and British Societies' Clinical Practice Guideline for fall prevention. STEADI consists of three core elements:

- Screen patients for falls
- Assess modifiable risk factors
- Intervene to reduce risk by using clinical and community strategies.

STEADI offers helpful tools and resources and can be found on the CDC website: <https://www.cdc.gov/steady>.

This website also has training and continuing education opportunities and materials to be given to your patients.

Banner - University Care Advantage Case Managers assess members for fall risk in their annual Health Risk Assessment and during other interactions with the member. Care Managers will reach out to you as the provider if a risk is identified. Our goal is to help coordinate care with you and other community resources. Feel free to make a referral to B - UCA CM if you have concerns regarding the members fall risk. We can be reached at this email address: BUHPCaseMgmtAHMB@bannerhealth.com

Importance of Discussing Urinary Incontinence

According to NAF (National Association for Continence), 25 million people in the USA experience bladder leakage daily. It is estimated that 17% of men and 51% of women, above the age of 60, experience urinary symptoms. Unfortunately, urinary incontinence (UI) is significantly underreported and underdiagnosed. Research shows that only half of patients discuss UI with their doctor. Getting patients to openly discuss bladder control issues can be very challenging, but the more you discuss it with your patients the more normalized the topic becomes.

Types of Urinary Incontinence

- Stress Incontinence—The most common form of incontinence. It occurs when movements such as exercise, coughing, sneezing, laughing, and lifting heavy objects put pressure on the bladder.
- Urge Incontinence—When the need to urinate comes on very quickly. Often, not being able to get to a restroom in time. It may be a sign that conditions, like diabetes, stroke, dementia, Parkinson's disease, urinary tract infections, or an overactive bladder need attention.
- Functional Incontinence—When you have urine control but can't get to a restroom in time. Sometimes due to conditions, such as arthritis, that make it hard to move.
- Overflow Incontinence—Small amounts of urine leak due to an over-filled bladder. It may feel like you can't fully empty your bladder.
- Mixed Incontinence—Having more than one type of urinary incontinence.

Causes of Urinary Incontinence

- Side effects of medicines, such as ACE Inhibitors, Anticholinergics, antihistamines, diuretics, calcium channel blockers, psychotropic agents, sedatives/hypnotics, and tricyclic antidepressants
- Menopause
- Urinary tract infection
- An enlarged prostate or treatment of a prostate problem
- Stool build-up in the bowels
- Obesity
- Spinal cord injuries, diabetes, Parkinson's disease, and multiple sclerosis
- Overactive bladder
- Changes in the body from childbirth or surgery
- 31% of cancer survivors are at higher risk

Types of Treatments

- Effective treatments include behavioral therapies such as bladder training and techniques for pelvic muscle rehabilitation.
- Low-intensity behavioral therapies are ideal first-line interventions that are inexpensive, low risk, and can be initiated effectively by primary care providers.
- Pharmacologic therapies include anticholinergic agents and tricyclic antidepressants, and surgical therapies include injections with bulking agents, and sling procedures
- Medication review, discontinuing medications that could cause cough, constipation, diuresis, or urinary retention is an often-overlooked conservative approach

Why is it important to address urinary incontinence?

Health related quality of life is significantly impacted by loss of bladder control. This issue impacts the social, physical and psychological aspects of a person's life. This also impacts their perception of poor physical health.

UI may be associated with a variety of medical issues such as rashes, skin infections, pressure sores, urinary tract infections and falls. Furthermore, there are psychosocial problems (e.g., depression, embarrassment, restricted social interaction, reduced activities outside the home, reduced sexual activity and sleep disturbances). This also puts elderly patients at higher risk for admittance to nursing homes and the loss of their independence.

Despite the distribution of clinical practice guidelines for UI by the Agency for Health Care Policy and Research (AHCPR), many physicians still do not know how to diagnose or treat UI.

Understanding the importance of bladder control issues is crucial. Patient education on the treatment options to manage bladder leakage has a huge impact on a patient's overall quality of life and is key to improving a patient's perception of their health status.

We encourage you to discuss UI with your patients. If you would like some patient resources on bladder control, please reach out to your Provider Relations Representative.

Resources:

- <https://www.hopkinsmedicine.org/health/conditions-and-diseases/urinary-incontinence/solutions-for-a-leaky-bladder>
- <https://www.nia.nih.gov/health/urinary-incontinence-older-adults>
- <https://www.uspharmacist.com/article/seniorcare-aug-2014-incontinence>

Maternal & Child Health

OB, Pediatric and CRS Care Coordination

The BUHP Maternal Child Health (MCH) team is available to coordinate with both members and providers, offering a fully integrated and multi-disciplinary care management programs to those who need help navigating the health care system.

- Our **OB Care Management team** works to coordinate care and support those with increased risks or unmet needs in pregnancy. We can help resolve barriers to care and address social determinants of care throughout the member's pregnancy and postpartum periods. Care Managers help link mothers to medical as well as community-based resources. We provide direct member support and promote compliance with prenatal care appointments, prescribed medical care regimens and postpartum follow-up. BUHP places a critical importance on early and regular maternity health care. A provider's early submission of the NOP or "Notification of Pregnancy" form to the Health Plan is the key step to ensuring our most expedient and effective maternal outreach and support. An electronic fillable PDF of the NOP form is available in the Banner University Health Plans Provider Manual at: https://www.banneruhp.com/-/media/files/project/uahp/maternity-care/buhp_notice-of-pregnancy-form_oct2018.ashx?la=en
- The **Pediatric Care Management** team supports any member under 21 years of age. Our team of experienced Pediatric RN Care Managers coordinate with providers and facilitate, support and guide members/guardians to positive health outcomes, working closely with the health plan's Children's Behavioral Health team to effectively co-manage and coordinate the complex combination of both physical and behavioral healthcare needs.
- **Children's Rehabilitative Services** – The health plan's MCH department has a special team of coordinators who focus on supporting our current and former CRS-enrolled members, their families and their providers.

REFERRALS or requests for assistance with any OB, Postpartum, Pediatric or CRS member can be sent to: BUHPMaternalChildHealth@BannerHealth.com or simply call our Customer Care line (800-582-8686) and ask to speak with the Maternal & Child Health team.

Postpartum Depression and Perinatal Anxiety Screenings

Regular screening for depression and anxiety is very important both during and after a woman's pregnancy, to help ensure the best outcomes for both mother and newborn. AHCCCS requires all maternity care providers to complete Perinatal and Postpartum Depression (PPD) screenings at least once during the pregnancy and then repeated at the postpartum visit. Appropriate counseling and referrals must be provided to any member whom has a positive screening for depression or anxiety. Providers may refer to any norm-referenced validated screening tool to assist the provider in assessing the postpartum needs of women regarding depression and decisions regarding health care services provided by the PCP or subsequent referrals for Behavioral Health services if clinically indicated. For information on support services for Postpartum depression, please email us at: BUHPMaternalChildHealth@bannerhealth.com.

CSPMP Screening Requirements for Pregnant Members

Per AHCCCS requirements, all pregnant members must be screened through the Controlled Substances Prescription Monitoring Program (CSPMP) at least once during each trimester of pregnancy. Additionally, pregnant members receiving opioids must be provided appropriate intervention(s) and counseling which includes appropriate behavioral health referrals for Substance Use Disorder (SUD) assessment and treatment when indicated.

The CSPMP database tracks the prescribing, dispensing and consumption of Schedule II, III, and IV controlled substances in Arizona, providing patient, practitioner and pharmacy information to help mitigate inappropriate use of certain controlled substances.

For more information on CSPMP <https://pharmacympm.az.gov/aboutmpm>
Prescription Monitoring Program mpm@azpharmacy.gov (602) 771-2732

Systems of Care

Screening Tools: Validated screening tools for Primary Care Providers (PCPs) to utilize for children and adults in assessing for behavioral health needs, social determinants of health and trauma can be found at: <https://www.banneruhp.com/materials-and-services/behavioral-health>. The PCP Referral to Behavioral Health Provider Form can be found on this web page as well.

Children's System of Care

The Children's System of Care offers the Children's Specialty BH Provider Directory, which includes all specialty services in Central and Southern Arizona at <https://www.banneruhp.com/resources/child-and-family-support>. This web page also includes the following resources:

- School-Based BH Service lists for Southern Arizona
- Birth to Five resources and the High Needs determination tool
- Transition Age Youth (TAY) resources and the TAY Tool
- Anti-Human Trafficking treatment and resources
- LGBTQ+ resources
- Adopted child and family resources
- Suicide prevention resources
- Family and community resources and more

Autism spectrum disorder (ASD) services, professionals who can diagnose/assess for ASD and other applicable resources can be found at: <https://www.banneruhp.com/resources/autism-spectrum-disorder>.

If you are not currently listed in the Children's Specialty BH Provider Directory or the School-Based BH Service lists and would like to be added, please contact Program Coordinator, Jennifer Blau, at Jennifer.blau@bannerhealth.com. If you have other questions, please contact Associate Director, Cameron Cobb, at Cameron.cobb@bannerhealth.com.

Fluoride Varnish Certification Opportunity

PCPs have an opportunity to apply fluoride varnish in their office to children who have reached six months of age with at least one tooth erupted, with recurrent applications up to two years of age during their EPSDT visit. Frequency of application is once every six months. Application of fluoride varnish may be billed separately from the EPSDT visit using CPT Code 99188. Fluoride applications will be reimbursed according to AHCCCS-approved fee schedules.

Training is free at <https://www.smilesforlifeoralhealth.org/> in module 6 "Caries Risk Assessment, Fluoride Varnish & Counseling." Training consists of Slideshow and Post Test. Certificate is generated for you to print for your records; be sure to submit your certificate to CAQH.

Pharmacy

Tips when submitting prescription prior authorizations

The Pharmacy Utilization Management department wants to offer a few reminders to our providers. When submitting a prior authorization request for a member, always be sure to include the following information:

1. Patient's diagnosis
2. Medications the patient has tried and failed for their diagnosis
 - o Include dates the patient tried each medication (if available)
 - o Include strength and dosing of each medication
3. Medications the patient has an intolerance or contraindication to for their diagnosis
 - o Include the specific intolerance or contraindication to each medication
4. Clinical notes with lab work (if applicable) from recent visits
5. For opioid requests, include a taper plan or medical rationale for why the patient must continue with that dose
6. Any additional medical information indicating medical necessity for the requested medication over formulary alternatives

If all necessary information is submitted initially with each prior authorization request, our team will be able to provide a more timely decision and ensure there are no gaps in therapy for our patients!

Opioid Treatment Program Required Reporting

As a reminder, the required annual OPT Reporting outlined in ARS § 36-2907.14, is due to AHCCCS by November 15. This reporting requirement is for all OTPs that receive AHCCCS reimbursement.

OTPs that have opened within the last year at a new location and have had a report reviewed at the time of opening will need to submit reporting in November as well to align with the requirements for the submissions.

Should you have any questions, please feel free to contact the Division of Grants Administration at GrantsManagement@azahcccs.gov.

The link below will provide you and your providers with additional information and required documentation.

https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/OTP_Requirements.html

Provider Relations

Access to Timely Care

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey asks patients to report on and evaluate their experiences with health care and their provider. One important component focuses on getting appointments and care quickly. AHCCCS also has a set of required appointment standards. Ensuring your office meets these standards increases the patients positive experience with your office and healthcare. Ease of getting needed care impacts overall health care quality for our members.

B – UHP has made a commitment to meet appointment availability standards as set forth by AHCCCS, Medicare and community standards; see chart of standards below. In accordance with AHCCCS and Medicare standards, appointment standards/wait time audits are conducted regularly to ensure members have timely access to care. Should providers not meet appointment or wait time standards, a Corrective Action Plan will be issued.

Note: B-UHP utilizes a contracted vendor (Contact One) to conduct appointment availability surveys on a quarterly basis. Please share the appointment standards below with your staff. You may designate a representative in your office to complete the quarterly appointment availability survey with Contact One to alleviate confusion.

If you have any questions on implementing this in your office, please reach out to your Provider Relations Representative.

Appointment Standards		
PROVIDER TYPE	URGENT	ROUTINE
Primary Care Provider (PCP)	No later than 2 business days of request	Within 7 calendar days for non-urgent but in need of attention (SNP) only. Within 21 calendars of request for routine physicals or health maintenance visits
Specialty Provider Referrals	No later than 2 business days of request	Within 45 calendar days of referral
Dental (AHCCCS Oral Health Care is a covered service for AHCCCS members between birth and age 21)	No later than 3 business days of request	Within 45 calendar days of referral
Maternity	High risk pregnancies – no later than 3 business days of identification of high risk by contractor or immediately if an emergency exists	Initial prenatal care appointments 1 st trimester – within 14 calendar days of request 2 nd trimester – within 7 calendar days of request

		<p>3rd trimester – within 3 business days of request</p> <p>Within 45 calendar days for routine care (SNP)</p> <p>Uncomplicated pregnancy – every 4 weeks for the first 28 weeks and every 2 – 3 weeks until 36 weeks of pregnancy and weekly thereafter</p> <p>One postpartum visit at approximately 6 weeks after delivery.</p>
Behavioral Health Providers	No later than 24 hours from identification of need	<p>Initial assessment within 7 calendar days of referral or request for service</p> <p>For members 18 years or older – 1st service following assessment no later than 23 calendar days after initial assessment</p> <p>For members under the age of 18, no later than 21 days after the initial assessment</p> <p>All following services no later than 45 calendar days from identification of need</p>
Psychotropic Medications	Urgency will be assessed immediately	Appointment within a timeframe that ensures member does not run out of needed medication or decline in behavioral health condition, but no later than 30 days from the identification of needs

Provider Manuals: All Banner University Health Plans provider manuals can be accessed on the Health Plans website: <https://www.banneruhp.com/>.

A printed copy of the manuals will be provided upon request, please contact your Provider Relations Representative.

Notify the plan of Updates: According to provider standards and responsibilities, providers must notify plan with any changes to:

- Providers
- Locations
- key contacts
- telephone numbers
- Tax Identification Numbers
- corporate structure

This notification should occur within 30 days of any of the above noted changes. Please send all updates and changes to BUHPPProviderNotifications@bannerhealth.com

Compliance Corner

Potential Fraud and Health Care Scams with loosened health care regulations due to COVID-19

In the current environment with loosened health care regulations, suspensions of audits, expected payments in response to the coronavirus pandemic and fear among members, a potential for increased health care scams and fraud exists.

Health care fraud in the U.S. is estimated at \$300 billion annually. In 2019, the Department of Justice recovered \$2.6 billion and all Federal Activity resulted in \$5.04 billion collected which is the 10th year more than \$2 billion has been recovered. Recent popular schemes include power wheelchairs and scooters, ambulance, counterfeit medicines and fake testing and cures. An estimated 140 million U.S. households received stimulus funds and may receive additional funds in the near future. Fraudsters and scam artists will take advantage of the fear and the opportunity presented by the current situation.

As the Government has taken a number of steps to relax long-established regulatory requirements and processes in order to increase health care capacity to address COVID-19 challenges and to promote focusing primarily on patient care, the opportunity for unethical providers to commit fraud and waste increased.

The majority of health care providers are honest and strive to follow the rules. However, history shows that bad actors take advantage when the rules are relaxed, and the monitoring and checks/balances are reduced.

Here are some ways health care providers can help protect the offices/practices from fraud:

- Verify that billing codes are accurate.
- Protect prescription forms within the physical buildings as these are frequently stolen during medical visits or by employees and are used in pharmacy fraud schemes.
- Always check patient/member histories to help stop prescription medication fraud. Ask members if they have seen other providers or have gotten prescriptions elsewhere.
- Develop and implement procedures to make sure that information on services provided is accurately communicated to both billing staff and any third-party billers.
- Monitor the practitioners' tax identification numbers and NPI so they are not used to bill for unauthorized services
- Ensure the identity of members by photographing them on their first visit and including the picture in his or her permanent medical record along with a photocopy of the insurance card. Require a photo identification on each visit.

You can also assist members in communicating information about prevalent scams during the public health emergency. Some of these include the following:

- 1) A phishing scam where a caller pretends to be part of a COVID-19 hotline or other medical entity. This individual asks the member for personal information such as

- date of birth or social security number by telling them that they must have this information to set up and release COVID-19 test results.
- 2) Calls or visitors to the member's home offering COVID-19 tests or supplies. Most of these services are fraudulent.
 - 3) Social media sites advertising COVID-19 testing or treatments including offers of free masks/gloves, false test kits to use at home, pills, cures, or drug therapies.
 - 4) Door to door visits offering to either do shopping for the member who is isolated and once the member gives them a shopping list and the money they do not return.
 - 5) Strangers offer to clean and sanitize members' homes to keep them safe from COVID-19.

Joint Cybersecurity Advisory: Ransomware Activity Targeting the Healthcare and Public Health Sector

SUMMARY

A cybersecurity advisory was coauthored by the Cybersecurity and Infrastructure Security Agency (CISA), the Federal Bureau of Investigation (FBI), and the Department of Health and Human Services (HHS). This advisory describes the tactics, techniques, and procedures (TTPs) used by cybercriminals against targets in the Healthcare and Public Health Sector (HPH) to infect systems with Ryuk ransomware for financial gain.

CISA, FBI, and HHS have credible information of an increased and imminent cybercrime threat to U.S. hospitals and healthcare providers. CISA, FBI, and HHS are sharing this information to provide warning to healthcare providers to ensure that they take timely and reasonable precautions to protect their networks from these threats.

Key Findings

- CISA, FBI, and HHS assess malicious cyber actors are targeting the HPH Sector with Trickbot malware, often leading to ransomware attacks, data theft, and the disruption of healthcare services.
- These issues will be particularly challenging for organizations within the COVID-19 pandemic; therefore, administrators will need to balance this risk when determining their cybersecurity investments.

For more information, visit <https://us-cert.cisa.gov/ncas/alerts/aa20-302a>.

Banner University Health Plans Contact Information

BUHP Customer Care

Banner - University Family Care – ACC (800)
582-8686 Banner - University Family Care –
LTC (833) 318-4146
Banner - University Care Advantage – SNP (877)
874-3930

BUHP Compliance Officers

(520) 874-2847 or (520) 874-2553

BUHP Compliance Department FAX

(520) 874-7072

BUHP Compliance Department Email

BUHPCompliance@BannerHealth.com

BUHP Compliance Department Mail:

BUHP Compliance & Audit Dept
2701 E Elvira Rd
Tucson, AZ 85756

Confidential and Anonymous Compliance Hotline (ComplyLine)

(888) 747-7989

AHCCCS Office of the Inspector General
Providers are required to report any suspected FWA directly
to AHCCCS OIG

Provider Fraud

(602) 417-4045

(888) 487-6686

Website

www.azahcccs.gov (select **Fraud Prevention**)

Mail:

Inspector General

701 E Jefferson St.

MD 4500

Phoenix, AZ 85034

Member Fraud

(602) 417-4193

(888) 487-6686

Medicare

Providers are required to report all suspected fraud, waste and abuse to the
Health Plan or to Medicare

Phone: (800) HHS-TIPS (800-447-8477)

FAX: (800) 223-8164

TTY: (800) 377-4950

Mail:

US Department of Health & Human Services

Office of the Inspector General

ATTN: OIG HOTLINE OPERATIONS

PO Box 23489

Website:

<https://forms.oig.hhs.gov/hotlineoperations>

Washington, DC 20026