Banner
University Health Plans

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www.BannerUHP.com

# March 2021 Provider Update


## Keep up the fight against COVID-19

**Mitigate** – Lessen the seriousness of the disease.
**Vaccinate** – Get an inoculation to produce immunity against COVID-19. Currently available vaccines are Pfizer requiring 2 injections 3 weeks apart, Moderna requiring 2 injections 4 weeks apart and Johnson and Johnson requiring 1 shot. Effectiveness for preventing you from getting COVID-19 or getting a mild infection of all 3 are comparable. Take whatever vaccine is available when you are offered the option to receive the injection.
**Separate** – Keep a safe distance from others (the 6-feet apart rule). Although we are making great progress in getting back to normal, until the number of COVID-19 infections are lowered sufficiently, we must continue to separate and avoid gatherings as much as possible.
**Eliminate**- Frequently wash your hands (the 20 second rule – sing the birthday song twice). Simple to continue this habit that will also reduce your chances of getting the flu.
**Obfuscate** – Wear a mask when in public – non-valved, multilayer cloth masks or non-medical disposable masks for community use. Mask wearing has been one of the most effective tools for reducing the transmission of the virus.
**Eradicate** – Put an end to COVID-19. Remember this is a world-wide problem, and we must comply with these simple steps to get rid of this virus and get our lives back to normal.
**Ingratiate** – Bring yourself into favor with family, friends and your fellow human beings.

## Behavioral Health Medical Management

### SMART Goals

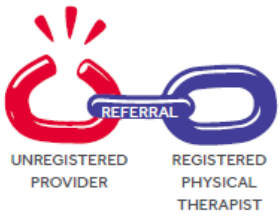
Behavioral health SMART Goal provide structure and direction of the treatment and support for members. SMART Goals help to ensure that clinically appropriate treatment is meeting the individual needs of members. SMART Goals should be used throughout the treatment process to provide the member with the clarity and motivation that is needed to successfully achieve an identified goal. Some of the collaborative processes where SMART Goals are developed include prior authorization requests, the Child and Family Team (CFT) and Adult Recovery Team (ART). B-UFC provides a 'SMART Goal Cheat-Sheet' on the Banner Behavioral Health page, under the Behavioral Health Materials and Forms section, to support providers in better understanding the

purpose, use and development for members enrolled with B-UFC: https://www.banneruhp.com/materials-and-services/behavioral-health.

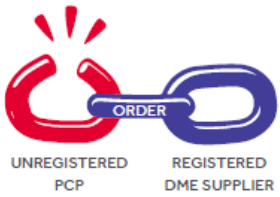
Validated screening tools for Primary Care Providers (PCPs) to utilize for children and adults in assessing for behavioral health needs, social determinants of health and trauma can be found at: https://www.banneruhp.com/materials-and-services/behavioral-health. The PCP Referral to Behavioral Health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

# Don't be the weak link in the claim.

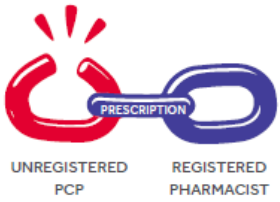
**Enroll with AHCCCS** to become a Referring, Ordering, Prescribing or Attending provider by **June 1, 2021.**



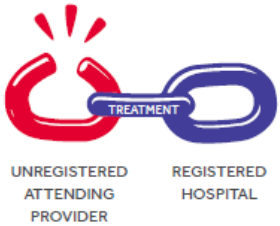

**Referring**
Referral not accepted and claim from physical therapist not paid or member goes without needed care.




**Ordering**
Order not accepted and claim from DME supplier not paid or member goes without DME.




**Prescribing**
Prescription not covered and claim from pharmacist not paid or member goes without prescription.




**Attending**
Attending not appropriate and claim from hospital not paid or member goes without needed care.

# Workforce Development Updates

**ACC Provider AzAHP Workforce Development Alliance Provider Forums**

The AzAHP Workforce Development Alliance consists of the AzAHP, Relias, and the Workforce Development Administrators from all seven ACC Health Plans. On the second Thursday of each month, the Alliance hosts virtual provider forums to update the Behavioral Health Network on Workforce Development related issues, training, and Relias.

**ACC and ALTCS Workforce Development Technical Assistance Needs**
The Banner Workforce Development Administrators are available to provide technical assistance for various workforce development related needs. Technical Assistance needs could include:

- WFDP Guidance
- Recruitment Assistance
- Competency Review
- Workforce Development Goal Review
- Career Path Development
- Training Needs
- Metrics Review
- Relias
- Technology Assistance
- Network Capacity Review
- Cultural Competency
- Diversity/Equity/Inclusion Support
- Community Resources

For additional information on the WFDP requirement, training plans and the provider forums, or to discuss technical assistance needs, please reach out to our Workforce Development Department at workforce@bannerhealth.com, the Workforce Development Administrator for ACC, Selena McDonald, at selena.mcdonald@bannerhealth.com, or the Workforce Development Administrator for ALTCS, Kate Lemke at katherine.lemke@bannerhealth.com.

# The importance of ICT, ICP

Helping our members reach their best health is a top priority at BUHP. One of the ways we do this is by having Interdisciplinary Care Team (ICT) rounds and through the creation of an Individualized Care Plan (ICP) for our members. Our goal is to work collaboratively with the member and their providers to address any barriers to their health. As the primary provider for our members, you have been or will start seeing invitations to Interdisciplinary Care Team rounds and receiving a copy of the Individualized Care Plan for your patients. To provide you with a little more understanding, we have put together a brief explanation of both processes and how you can help with keeping your patients' needs and health a priority.

**Individualized Care Plan (ICP)**
In accordance to CMS regulation 42 CFR 422.101(f)(ii), every member in the Banner University Care Advantage health plan is assigned a case manager who will prepare and complete a comprehensive individualized care plan (ICP) for its member. The case manager will utilize Health Risk Assessments (HRAs), Medical Risk Assessments, utilization claims data, pharmacy data, input from providers, and predictive modeling with a goal of creating an Individualized Care Plan (ICP) for each enrollee. Members are also consulted and asked if they would like to participate in the care plan process. This establishes their goals for self-care management and participation in the case management programs. The completed Care plans are then shared by mail with the member and faxed to you, their PCP. The health plan encourages the PCP to review the care plan and use for support with the member's care. If you have any additional information that you believe should be included in the ICP, please contact the member's case manager to add it to the ICP.

**Interdisciplinary Care Teams (ICT)**

To provide close monitoring, members are risk stratified into low, medium, and high risk based on the findings during the completion of the ICP. High risk members are presented at a weekly Interdisciplinary Care Team (ICT) meeting. The ICT team is comprised of the health plan Medical Director, Case Manager, Case Management Supervisor and Pharmacist. Members and their PCP are invited to participate in the ICT meeting for the purpose of collaboration to discuss any concerns they have regarding the member's health care. Prior to the meetings, the case manager will send an invitation to participate in the ICT to the members and their care providers. You will receive the invitation by fax with the date and time of the meeting and instructions on how to contact the case manager to let them know you would like to participate.

Thank you for caring for our members and coordinating with us on their care. We believe our collaboration is what allows us to make a difference in in the lives and health of our members.

# Understanding RSA/VR: Eligibility & Services

The Rehabilitative Services Administration/Vocational Rehabilitation (RSA/VR) is an excellent partner is helping our members with disabilities achieve their employment goals. Members must reach certain eligibility criteria in order to qualify. Below Eligibility requirements for VR are as follows:

- Have a documented disability
- Have a disability which presents a barrier to employment
- Have the potential and desire to work
- Need services in order to work

Disability documentation including medical records, is required during the eligibility process. Services are dependent on the member's individual need, but the types of services that are available might include:

- Vocational counseling
- Job Skill and Interest Evaluations
- Training and Education Assistance
- Job Interview Skills
- Equipment or Technology needed is for the job
- Assistance with transportation to training or job site

References: *https://des.az.gov/documents-center?qt-content-tab=3*

# Children's System of Care

The Child and Family Support page includes the following updated resources for behavioral health providers: https://www.banneruhp.com/resources/child-and-family-support.

- Children's Specialty BH Provider Directory for specialty services in Central and Southern Arizona
- School-Based BH Service lists for Southern Arizona
- Birth to Five resources
- Birth to Five High Needs Determination Tool

- Transition Age Youth (TAY) resources
- TAY Tool for transition planning
- TAY Checklist for transitioning to adulthood
- Anti-Human Trafficking treatment and resources
- LGBTQ+ resources
- Adopted child and family resources
- Suicide prevention resources
- Family and community resources and more

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. For questions regarding resource guides or Transition Age Youth, contact Program Coordinator, Mayra Lopez, at Mayra.lopez@bannerhealth.com. If you have other questions, please contact Associate Director, Cameron Cobb, at Cameron.cobb@bannerhealth.com.

### Service Plan Documentation Tips

Although behavioral health chart audits have been suspended due to the COVID-19 pandemic, AHCCCS documentation requirements for treatment plans and assessments still apply. As a reminder, AHCCCS considers treatment plans to be current (valid) with the following elements:

- Guardian or member signatures
- Signature from a behavioral health professional (BHP) reviewer within 24 hours of the behavioral health technician (BHT) signature if the *residential or inpatient* treatment plan was completed by a BHT. This timeframe is 72 hours if the treatment plan is for *outpatient* services
- BHP signatures include the person's credentials (licensure) and the date
- Service plans are based on a current assessment. Current assessments include:
    - Timeframes for BHP reviewer signatures are followed as stated above
    - Completed within 48 hours after admission (residential or inpatient) or dated within 365 days from admission if the assessment was received from an outpatient behavioral health provider
    - Not dated more than 365 days if the person is receiving outpatient services
    - Assessments are completed before (or on the same day) as treatment plans. This is to ensure the member's most current assessed needs are included in service planning

For more information on AHCCCS documentation requirements, please refer to the AHCCCS Medical Policy Manual Section 320-O, Behavioral Health Assessments and Treatment Service Planning or contact Jennifer.Lewusz@bannerhealth.com for further technical assistance.

# Adult System of Care

Adult System of Care would like to remind behavioral health providers of helpful resources, including the General Mental Health/Substance Use Specialty Directory of BH providers, found at: https://banneruhp.com/resources/general-mental-health-substance-use. Providers will find the opportunity to collaborate and access supportive services across agencies for members, families and the community. The directory also provides information on Medication Assisted Treatment: highlighting Opioid Treatment Programs (OTP) and Office Base Opioid Treatment (OBOT) across central and southern Arizona.

# Access point locations offering MAT services

Arizona has four 24/7 Access Point locations providing opioid treatment services to serve individuals seeking treatment. Medication Assisted Treatment (MAT) is offered in various settings in the community that are commonly described as Opioid Treatment Programs (OTPs) and Office-Based Opioid Treatment (OBOTs).

**CODAC Health, Recovery and Wellness**
380 E. Ft. Lowell Road, Tucson, AZ 85705
520-202-1786

**Community Bridges, East Valley Addiction Recovery Center**
560 S. Bellview, Mesa, AZ 85204
480-461-1711

**Community Medical Services**
2806 W. Cactus Road, Phoenix, AZ 85029
602-607-7000

**Intensive Treatment Systems, West Clinic**
4136 N. 75th Ave #116 Phoenix, AZ 85033
623-247-1234

For additional OTP and OBOT providers in central and southern region you can access via BUHP website: General Mental Health and Substance Use Specialty directory.

https://www.banneruhp.com/resources/mental-health-substance-use

# Office of Individual and Family Affairs (OIFA)

**Committees and Council Engagement and Participation:**
**Recruitment is open**! We're looking for people who are interested in serving on the Member Advocacy, Youth Leadership and Community Advisory Councils. For more information or to join a council, visit https://www.bannerufc.com/acc/plan-information/oifa

The application process is very simple. Share the link above with the interested member or family and it will guide them to the committee application. They can save the application and email it to the Office of Individual and Family Affairs at OIFAteam@bannerhealth.com

Your voice is critical to this process. We encourage all members and their families to become involved in a way that is comfortable to them to voice concerns, provide input, make recommendations and participate in decision-making. All committee members play an important role in shaping, guiding how we serve the community and how we provide care.

**Peer Support Specialist/Recovery Support Specialist and Parent/Family Support Providers:**
Provider agencies employing, utilizing and billing for self-help Peer Support and/or Family Support Services are required, on a quarterly basis on the 5th day of each month, to submit the Credentialed Peer/Recovery Support Specialist and/or Credentialed Parent/Family Involvement in Service Delivery deliverable in secure email format to BUHP OIFA through the OIFATeam@bannerhealth.com general mailbox. Links to the deliverable template can be found on AHCCCS website and through the following links. If there are questions regarding the

deliverable submission requirements, please contact BUHP OIFA through the general mailbox address above in Section three of this Manual.

**Links to deliverable templates:**
ACC Report: Peer Recovery Support Specialist Involvement in Service Delivery: Attachment A: https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/963a.xlsx

ALTCS Report: Peer Recovery Support Specialist Involvement in Service Delivery: Attachment B: https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/963b.xlsx

ACC Report: Credentialed Parent/Family Support Specialist Involvement in Service Delivery: https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/964A.xlsx

ALTCS Report: Credentialed Parent/Family Support Specialist Involvement in Service Delivery: https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/964A.xlsx

**Join B-UHP in Launching: Mental Health Literacy/Stigma Eradication Campaign: *Stigma Stops Here!* Campaign**
Stigma and stigmatizing language are so commonplace for so many and much of it is unintentional and not noticed most people. But to some, the language and the stigma associated with having mental health challenges can be crippling, fear-inducing and create barriers to engaging in everyday life.

The way we talk about mental illness and the things we express publicly through media, social media, in our homes and in our workplaces can make a difference.

Let's be Change Agents. Let's change the conversation! Words Matter. Your Story Matters.

JOIN US– Be a CHAMPION!! Watch your email for an engagement message from OIFA to get involved!

# Maternal & Child Health

## Long Acting Removable Contraceptives for AHCCCS members now available through "Buy and Bill" Process

AHCCCS pharmacy guidelines have changed regarding Long Acting Removable Contraceptives (LARCs). Effective January 1, AHCCCS requires LARCs to be administered via the **Buy and Bill** process, under the Medical Benefit.

These include the following:
- Subcutaneous Implantable Rod (Nexplanon)
- IUDs (Intrauterine Devices)
  - Copper-Based IUDs (Paraguard)
  - Hormone-Based IUDs (Liletta, Skyla, Mirena and Kyleena)

For questions regarding **Buy and Bill**, please contact our Provider Experience Center at:
Banner – University Family Care / ACC 800-582-8686
Banner – University Family Care / ALTCS 833-318-4146
Banner – University Care Advantage 877-874-3930
Banner Health Network 480-684-7070 (option 4) or 800-827-2464

# Pharmacy Update

**Understanding the Statin Measures Exclusions**

Thank you, providers! At the end of 2020, we saw improvements in the number of our members taking guideline directed statin therapy for primary and secondary prevention of ASCVD.

At the same time, we are hearing from you that statin intolerances are a major barrier to initiating therapy when a re-challenge is not clinically appropriate.

If your patient has a history of severe statin-associated muscle symptoms, it is best practice to assign an ICD-10 code for an excluding condition during a billable encounter with the patient. Appropriateness of statin therapy should be evaluated annually and coded accordingly. **Only qualifying ICD-10 codes submitted on an encounter will work.** Intolerances listed in the allergy or problem lists are helpful yet will not exclude your patients from the quality measure.

| Muscular Pain and Disease | |
|---|---|
| Myalgia | M79.1 |
| Myositis, unspecified | M60.9 |
| Drug-induced myopathy | G72.0 |
| Myopathy, unspecified | G72.9 |
| Myopathy due to other toxic agents | G72.2 |
| Rhabdomyolysis | M62.82 |

*At the time of this article, these exclusions definitively apply to the SPC (Statin Therapy for Patients with Cardiovascular Disease) measure. Based on information in a recent CMS Advance Notice, we expect these may also apply to the SUPD (Statin Use in Persons with Diabetes) measure starting in 2021.

Please send questions or comments to askapharmacist@bannerhealth.com

# Provider Relations

**Member Rosters**

To access member enrollment information and obtain member rosters, please visit https://eservices.uph.org/. For more information about eServices, contact your Provider Relations Representative.

Please send inquiries related to obtaining information regarding the provider's assigned membership to our dedicated inbox at BUHPProviderNotifications@bannerhealth.com

**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.

BUHP 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: BUHP 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.<br>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<br>1st trimester – within 14 calendar days of request<br>2nd trimester – within 7 calendar days of request<br>3rd trimester – within 3 business days of request<br><br>Within 45 calendar days for routine care (SNP)<br><br>Uncomplicated pregnancy – every 4 weeks for the first 28 weeks and every 2 – 3 weeks until 36 weeks of pregnancy and weekly thereafter<br><br>One postpartum visit at approximately 6 weeks after delivery. |
| Behavioral Health Providers | No later than 24 hours from identification of need | Initial assessment within 7 calendar days of referral or request for service |

| | | |
|---|---|---|
| | | For members 18 years or older – 1st service following assessment no later than 23 calendar days after initial assessment<br><br>For members under the age of 18, no later than 21 days after the initial assessment<br><br>All following services no later than 45 calendar days from identification of need |
| 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 BUHPProviderNotifications@bannerhealth.com

# Compliance Corner

For 2021, the Department of Justice (DOJ) and Health and Human Services (HHS), have indicated that fraud enforcement will highlight COVID-19 fraud and abuse, opioid cases, kickbacks, and substandard care in nursing facilities.

In a November 2020 Special Fraud Alert, the Office of Inspector General warned providers about the fraud and abuse risks associated with the "offer, payment, solicitation or receipt of renumeration relating to speaker programs by pharmaceutical and medical device companies". The OIG and DOJ have investigated several fraud cases alleging that funds offered and paid as a result of these speaker programs violated the anti-kickback statute.

Another area of focus for the DOJ are investigations which look at telehealth services. Providers need to pay close attention to the regulations regarding coding for telehealth and how they

document the virtual services provided and that they meet the requirements for appropriate billing.

In regard to HIPAA enforcement by the HHS Office of Civil Rights (OCR), providers should pay close attention to the settlements and cases surrounding right of access. OCR is reviewing allegations that a provider not responding and providing member/patient records in a timely manner.

If you have questions or need to report potential Fraud, Waste or Abuse or non-compliance, please contact the Compliance Department as indicated below:

## 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**
520-548-7862 (Medicaid) or 520-403-3780 (Medicare)
**BUHP Compliance Department FAX** 520-874-7072
**BUHP Compliance Department Email**
BHPCompliance@BannerHealth.com

**BUHP Compliance Department Mail:**
BUHP Compliance 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

**Member Fraud**
602-417-4193
888-487-6686

**Website**
www.azahcccs.gov (select **Fraud Prevention**)
**Mail:**
**Inspector General**
**701 E Jefferson St.**
**MD 4500**
**Phoenix, AZ 85034**

## 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
**TYY:** 800-377-4950

**Website:**
https://forms.oig.hhs.gov/hotlineoperations

**Mail:**
US Department of Health & Human Services
Office of the Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026

| RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE* | | | | |
|---|---|---|---|---|
| These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health care needs. | | | | |
| **AGE** | **12-24 months** | **2-6 years** | **6-12 years** | **12 years and older** |
| Clinical oral examination including but not limited to the following:[1] | X | X | X | X |
| ➢ Assess oral growth and development | X | X | X | X |
| ➢ Caries-risk Assessment | X | X | X | X |
| ➢ Assessment for need for fluoride supplementation | X | X | X | X |
| ➢ Anticipatory Guidance/Counseling | X | X | X | X |
| ➢ Oral hygiene counseling | X | X | X | X |
| ➢ Dietary counseling | X | X | X | X |
| ➢ Injury prevention counseling | X | X | X | X |
| ➢ Counseling for nonnutritive habits | X | X | X | X |
| ➢ Substance use counseling | | | X | X |
| ➢ Counseling for intraoral/perioral piercing | | | X | X |
| ➢ Assessment for pit and fissure sealants | | X | X | X |
| Radiographic Assessment | X | X | X | X |
| Prophylaxis and topical fluoride | X | X | X | X |

[1] First examination is encouraged to begin by age 1. Repeat every six months or as indicated by child's risk status/susceptibility to disease.

**NOTE:** Parents/Guardians/Designated Representatives should be included in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

**NOTE:** As in all medical care, dental care must be based on the individual needs of the member and the professional judgement of the oral health provider.

* Adaptation from the American Academy of Pediatric Dentistry Schedule