Banner
University Health Plans

800-582-8686 • TTY 711 • Fax 520-874-5555
www.BannerUHP.com

November 2021 Provider Update

Banner|Aetna health insurance now available to individuals on the ACA health exchange

Open enrollment for 2022 began Nov. 1 in Arizona's health insurance exchange, allowing residents of Maricopa, Pinal and Pima counties to obtain quality coverage from Banner|Aetna. This unique joint venture, owned by Banner Health and Aetna, a CVS Health company, previously marketed health benefit plans exclusively to employers in the state.

To read the full press release:
https://www.businesswire.com/news/home/20211101005193/en/BannerAetna-Health-Insurance-Now-Available-to-Individuals-as-Open-Enrollment-Begins-for-the-ACA-Health-Exchange

Primary Care Providers: COVID-19 non-vaccinated patient lists available

In conjunction with AHCCCS, we encourage providers to utilize vaccination data to engage members who have not received at least one dose of the COVID-19 vaccine.

Providers can access this information from the **eServices** portal: eservices.uph.org. This information is based on our internal data and information from the Arizona State Immunization Information System (ASIIS).

Instructions to access the list once you're logged into eServices:

- Go to the upper left-hand corner to the **Tools** tab
- Click **Patient Roster**
- Default search field Unfiltered Search **Enter your TAX ID**
- Click **Export Roster** to download the list
- Apply filters to all columns
- Sort the **PatientVaccination** Column (located at the very end of the spreadsheet) to see the members labeled "NO" which indicates they haven't had the COVID vaccine.

Change Healthcare

Online EOPs beginning Nov. 8 & 9

Change Healthcare is continuously striving to drive more efficiency and save costs for providers. According to the 2020 CAQH Index, switching from paper to online Explanations of Payment (EOPs) could save $3.2 billion annually across the medical and dental industries. In response to this, we are going to stop issuing paper EOPs and will provide instructions on how to securely access them online.

In an effort to drive digitization and reduction of paper, you will begin receiving online EOPs along with your checks from some Payers within the Change Healthcare network. You will continue to receive your payment as a printed check in the mail.

You will receive instructions on how to access your online EOP in the envelope with your paper check — this will involve entering the remit ID and the payment amount at remit.changehealthcare.com to get access to your EOP. This service is provided at no cost.

You may have already started to receive online EOPs from some Payers disbursing checks through Change Healthcare. If you have any questions regarding this service, please call the Provider Customer Success team at 866-943-9579 during normal business hours, Monday through Friday from 8:00am to 4:30pm, Central Time.

You also have the option of viewing your EOPs from multiple payers in a single, centralized portal and receiving your payments as direct deposits instead of paper checks — if you would like to continue with this option, you can follow the instructions at paymentsconnector.changehealthcare.com and use the promo code AD33.

Thank you for helping us move towards a better (and paperless) healthcare system!

COVID-19 Vaccine for Medicare Advantage CY2022 Notification

If you participate in the Centers for Disease Control (CDC) COVID-19 Vaccination Program, please remember:

- You must administer the vaccine with no out-of-pocket cost to your patients for the vaccine or administration of the vaccine.
- The administration of the vaccine does not require a physician's order or supervision.
- You should vaccinate everyone, including the uninsured, regardless of coverage or network status.
- You cannot balance bill for COVID-19 vaccinations.
- You cannot charge your patients for an office visit or other fee(s) if the COVID-19 vaccination is the only medical service provided.

Beginning January 1, 2022, Banner Health will pay for the COVID-19 vaccine administration and booster for beneficiaries enrolled in one of our Medicare Advantage plans (Banner Medicare Advantage Prime HMO, Banner Medicare Advantage PPO, and Banner Medicare Advantage Dual HMO D-SNP). For all other plans, please visit their website for COVID-19 vaccine billing guidance.

Cost Sharing does not apply to:

- COVID-19 vaccine administration
- Booster doses

Billing

- Continue to bill on single claims and submit it to the appropriate Medicare Advantage plan electronically or via mail.
- Place of Service (POS) is where you provided the vaccine.
- Bill only for the vaccine administration.
  - You would not bill for the COVID-19 vaccine itself since it's provided by the government.
- At Home administration of vaccine may be billed with code M0201.
  - M0201 will be reimbursed at $35 in addition to the administration code.
- CMS, FQHC/RHC's should bill the all-inclusive, per visit (PPS) rate for COVID-19 vaccine administration performed by FQHC/RHC's.
  - Must be within the provider's scope of practice.
  - Only service provided at that time.
  - If vaccine is provided as part of an office visit, the administration will be considered incidental to that visit and not a separate PPS-eligible visit.
    - FQHC pharmacy billing remains under the pharmacy provider type and not eligible for receiving the all-inclusive, pre visit rate

For more information about COVID-19 vaccine policies and guidance or Original Medicare's payment for COVID-19 vaccine administration in the home, please click on the links below:

https://www.cms.gov/COVIDvax
https://www.cms.gov/files/document/vaccine-home.pdf

Focus on Quality

Inpatient discharge follow-up appointments: helping members thrive after hospitalization

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 30 days after discharge to monitor the member's progress towards recovery.

Getting member buy-in is critical for discharge planning

Reducing hospital readmission can be complex because it involves a wide variety of factors. However, these factors can be identified with proper assessment and engagement strategies during the discharge planning process. Specifically, best practice indicates behavioral health staff should include members during the discharge planning process to increase the likelihood they will understand their discharge plan and to attend post-discharge appointments.

Social determinants of health

Another key area for behavioral health staff to consider during discharge planning is whether a member has any social determinants of health (SDH) to address. Social determinants of health are defined as "the economic and social conditions that influence individual and group differences in health status. This includes, but is not limited to homelessness, lack of

transportation, low income, and language barriers. Identifying what supports people might need and planning for such is essential to their recovery.

The bottom line
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.

Annual HEDIS Audit: Banner Medicare Dual

Just like you, we want your beneficiaries to be as healthy as possible. One way of working together to help achieve this goal is by performing our annual HEDIS audit.

The Healthcare Effectiveness Data and Information Set (HEDIS) is an established set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA). HEDIS measures relate to many significant public health issues, such as cancer, heart disease, smoking, asthma and diabetes.

Banner Medicare Advantage Dual collects HEDIS data from our providers to measure the quality of care and to help make improvements where needed.

How to Improve HEDIS Scores?

- Ensure claim and encounter data are submitted within a timely manner for each service rendered.
- Make sure chart documentation is accurate and reflects all services being billed.
- Consider properly using CPT Category II Codes to reduce medical record requests.
- We appreciate your efforts to return medical record requests within 7-10 business days.
- To help lower the administrative burden, consider granting Banner Medicare Advantage Dual remote access to your EMR system. This option is the most accurate and time effective way to ensure all data needed is obtained. Contact your Banner Care Transformation Consultant or Care Transformation Specialist for more information.
- Utilize the statewide Health Information Exchange (HIE), Health Current, to share data.
- Stay on top of the latest HEDIS information at www.ncqa.org.
- Look for more helpful HEDIS education and resources in future issues of this newsletter.

If you have any questions, please don't hesitate to reach out to us by calling the Provider Experience Center by phone at: 800-582-8686.

Tribal Spotlight: Traditional healing resources

Tribal healing resources are available in many communities and provide direct services for tribal individuals in urban and reservation areas. Various methods of healing and spiritual services link the individual to culturally appropriate services, such purification ceremonies held in a sweat lodge, talking circles (AA/NA), smudging or prayer circles through urban and tribal community coalitions.

Links to some key organizations are listed below. These organizations can provide housing, employment/training, Wellbriety programs and cultural resources. Tribal individuals may be seeking to improve their health outcomes by accessing resources that address Social Determinants of Health such as housing, food sovereignty/food banks, poverty and education programs (such as GED programs) offered through local Indian Centers.

Traditional Healing Resources:
https://www.nativeconnections.org/behavioral-health/traditional-healing
https://www.ticenter.org/
http://www.swiwc.org/
https://www.ticenter.org
https://whitebison.org/

Office of Individual and Family Affairs (OIFA)

Arizona Olmstead Plan

In June 1999, the US Supreme Court held in *Olmstead v L.C*. that unjustified segregation of persons with disabilities constitutes discrimination in violation of title II of the Americans with Disabilities Act. AHCCCS and community stakeholders, including members and family members, are currently in process of creating the Arizona Olmstead Plan, while reviewing the current system of care. AHCCCS will host two community stakeholder meetings for members, family members, community members and stakeholders to learn about the past, present and future of the Arizona Olmstead Plan. Participants will be able to share their feedback on areas of focus for Olmstead planning. https://www.azahcccs.gov/AHCCCS/AboutUs/ArizonaOlmsteadPlan/

Peer-2-Peer Coaching Program

A program of the Arizona Peer and Family Career Academy is providing FREE and CONFIDENTIAL Peer-to-Peer Support for our Peer and Family Support Workforce. BUHP is asking for your support in posting this in your clinics and community agencies for your peer and/or family support workforce to take advantage of. Any questions, please do not hesitate to reach out to Colleen McGregor, BUHP OIFA Administrator at colleen.mcgregor@bannerhealth.com to learn more or get connected. A flyer about the program is included at the end of this newsletter.

Children's System of Care

Coordination of Behavioral Health Services for Members in Juvenile Detention

Behavioral health provider agencies are required to actively coordinate care for members in Juvenile Detention. Active coordination includes collaboration with detention staff, communication with the probation officer and other team members and scheduling and facilitating CFTs. When developing the service plan, the behavioral health provider must consider information and recommendations provided by the guardian and juvenile justice team. All agreed upon referrals are submitted within the required timeframes. The behavioral health provider supports and participates in transition planning prior to the release of eligible members and coordinates services for the enrolled member upon the release.

If you have questions about Coordination with Other Governmental Entities, refer to the BUHP Provider Manual or AMPM 541.

Autism Spectrum Disorder

In collaboration with all AHCCCS health plans, providers and community partners, a survey was developed to better identify individuals and organizations that can diagnose and/or treat members with an Autism Spectrum Disorder (ASD). The goal is to continue to build a state-wide network that has a variety of services and resources to support the needs of members at-risk or diagnosed with ASD. You are invited to take this brief survey to provide feedback on behalf of your agency. Please use the following link to be directed to the survey: https://www.surveymonkey.com/r/AZASD.

If you have any questions related to ASD please see our BUHP ASD webpage at https://www.banneruhp.com/resources/autism-spectrum-disorder or contact Jennifer Blau at Jennifer.Blau@bannerhealth.com.

For any additional questions related to the children's system, please contact Hilary Mahoney at Hilary.Mahoney@bannerhealth.com or Mayra Lopez at Mayra.Lopez@bannerhealth.com.

Cultural Competency Program

BUHP has a Cultural Competency Program to ensure health care services are delivered in a culturally competent manner according to the requirements listed in the AHCCCS ACOM Policy 405.

The requirement includes member education, identifying the cultural diversity of our members, assessing their needs and priorities, process improvement and tracking Cultural Competency training opportunities for providers and vendors.

BUHP continually works to enhance the Cultural Competency Program and promotes delivering services in a culturally sensitive, family/member centered manner, including those with Limited English Proficiency (LEP), and regardless of gender, sexual orientation or gender identity, health status, national origin or age.

For the year 2022, BUHP will be expanding options to offer additional trainings for providers while aligning efforts on supporting health equity by identifying health disparities and increasing member voice and feedback in Cultural Competency efforts.

Look for additional training opportunities next year. If you have any questions, please contact BUHP Cultural Committee Chair, Rita Wiese at Rita.Wiese@bannerhealth.com.

Regulatory Notifications

AHCCCS

OTP Reporting: The annual Opioid Treatment Program (OTP) reporting requirements identified in Arizona law (ARS 36-2907.14) are due to AHCCCS on Nov. 15, 2021. Report submissions are required for all OTPs receiving Medicaid and grant funding. Provider can locate needed information and documents on the OTP Requirements web page: (https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/OTP_Requirements.html)

In addition, those providers who opened or contracted with MCOs after November 2020 will need to submit reports again in November to align with the general requirements for the submissions. Questions? Contact Alisa.Randall@azahccs.gov.

Opioid Services Locator: The Opioid Use Disorder Real-Time Service Availability Locator is now available to assist members and the public in locating real-time information about the availability of opioid use disorder services throughout the state.
Opioid Treatment Programs (OTPs), Office-Based Opioid Treatment (OBOTs) and Opioid Residential Treatment Program providers will be reporting data elements for initial and update AHCCCS reporting.

https://opioidservicelocator.azahcccs.gov/

For technical assistance on how to submit provider data:
https://www.azahcccs.gov/Resources/Grants/GrantsAdministration.html

ONE request per agency should be submitted. Once the agency is approved, then location(s) may be added. Contact opioidservicelocator-support@azahcccs.gov with any questions.

Please note: providers should consult Section D Paragraph 22: Network Management for specific reporting requirements as contractually required.

For additional general mental health and substance use resources, visit the BUHP provider webpage:
https://www.banneruhp.com/resources/mental-health-substance-use
https://www.banneruhp.com/resources/opioid-management

Centers for Medicare & Medicaid Services

Model of Care Training & Attestation: CMS requires providers who are caring for Special Needs members to be trained 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) members you are required to complete the Model of Care Training Annual and submit the attestation.

The Model of Care Training and attestation can easily and conveniently be accessed from the health plan 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 your attestation online.
3. Complete the 2021 Annual Attestation 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 or by email at BUHPProviderInquiries@bannerhealth.com. You may request to be connected with your assigned Care Transformation Specialist or Consultant.

News of Note

- **Immunization and Injectable Reimbursement:**The updated Immunization and Injectable Reimbursement form for 2021-2022 has been posted on the BUHP Provider website (Banneruhp.com).
- **Express Scripts:** 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. 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.
- **Banner Medicare 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** began in October with the distribution of new and prospective member materials.

Provider Services & Support

Provider Self-Service Functions

Member Rosters

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

For inquiries related to obtaining information regarding the provider's assigned membership, please send to our dedicated inbox at BUHPProviderInquiries@bannerhealth.com.

Notify the Health Plan Data Department of any updates to the information below:
According to provider standards and responsibilities, providers must notify plan with any changes to:

- Provider and Provider Group Adds
- Provider or Group Location demographic updates (except terms)
- Provider Panel Changes
- Telephone numbers
- Provider (Group) Term

This notification should occur within 30 days of any of the above changes. Please send all updates and changes via the online Provider Update Form located at https://www.banneruhp.com/materials-and-services/provider-data-update-form or you may email to BUHPDataTeam@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; Chart of standards follows the end of this newsletter.

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.

Provider Manuals: All Banner University Health Plans provider manuals can be accessed on the Health Plans website: https://www.banneruhp.com/. You can download a copy of the provider manual and print it if you prefer.

We invite our Banner – University Family Care contracted providers to share your feedback with us by participating in our **2021 Provider Satisfaction Survey.** The survey will be available

from Nov. 15 - 26, 2021, at the link below:
https://bannerhealth.formstack.com/forms/2021providersurvey

Compliance Corner

Compliance Week – Nov. 7 - 13

National Compliance and Ethics Week is Nov. 7 – 13, 2021. This week should be used to increase awareness of compliance and ethics issues at your organization. Corporate Compliance and Ethics week was initiated in 2005 to shine a spotlight on the importance of compliance and ethics. The Seven Elements of an Effective Compliance and Ethics Program are identified in the U.S. Sentencing Guidelines as essential to an effective compliance and ethics program. Use them as a road map to establish and maintain compliance at your organization.

1) Standards of conduct, policies, and procedures
2) Compliance Officer, Compliance Committee and Executive and Board Oversight
3) Communication and Education
4) Internal Monitoring and Auditing
5) Reporting and Investigating
6) Enforcement and Discipline

Response and Prevention

Required Training

Medicare requires all FDRs including providers to complete General Compliance and FWA training at the time of hire or contract and annually thereafter. Banner Insurance Division has trainings available on the various websites. FDRs can take the Banner training or a comparable training. Any employees involved in the administration of Medicare Part C and D benefits must complete this training and be able to show evidence of completion.

For FDRs (Subcontractors including providers) under the Medicaid Lines of Business, the following are required training elements:

a. Detailed information about the Federal False Claims Act,
b. The administrative remedies for false claims and statements,
c. Any State laws relating to civil or criminal liability or penalties for false claims and statements, and
d. The whistleblower protections under such laws.

Documentation of internal training can be through an individual certificate or a list showing the information for all of those who completed it through the internal web-based training.

If you identify or suspect FWA or non-compliance issues, immediately notify the Banner Insurance Division Compliance Department:

24-hour hotline (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 Rd.
Tucson, AZ 85756

Contact the Medicaid Compliance Officer Terri Dorazio via phone 520-874-2847(office) or 520-548-7862 (cell) or email Theresa.Dorazio@BannerHealth.com

Contact the Medicare Compliance Officer Linda Steward via phone 520-874-2553 or email Linda.Steward@BannerHealth.com

Banner Medicaid and Medicare Health Plans Customer Care Contact Information
B-UHP 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

Banner Medicare Advantage Customer Care
Banner Medicare Advantage Prime HMO – 844-549-1857
Banner Medicare Advantage Plus PPO -1-844-549-1859

AHCCCS Office of the Inspector General
Providers are required to report any suspected FWA directly to AHCCCS OIG:
Provider Fraud: 602-417-4045 or 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 or 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)
Mail:
FAX: 800-223-8164
US Department of Health & Human Services
Office of the Inspector General
ATTN: OIG HOTLINE OPERATIONS
PO Box 23489
Washington, DC 20026