Provider Update

May 12, 2023

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AHCCCS Fee-for-Service Rates Impacted by the End of the Public Health Emergency

The Federal Public Health Emergency (PHE) is anticipated to end on May 11, 2023, which has an impact on a few rates that were adjusted for the duration of the PHE. As a result, AHCCCS is adjusting the following codes effective May 12, 2023:

COVID Drive-Thru Wait Time

- T2007, Modifier TU has been end dated on May 11, 2023

COVID Administration Codes (may or may not be currently a covered code) have been adjusted from $83.00 to $40.57, effective May 12, 2023

0001A	0022A	0053A	0082A	0113A
0002A	0031A	0054A	0083A	0124A
0003A	0034A	0064A	0091A	0134A
0004A	0041A	0071A	0092A	0144A
0011A	0042A	0072A	0093A	0154A
0012A	0044A	0073A	0094A	0164A
0013A	0051A	0074A	0111A	0173A
0021A	0052A	0081A	0112A	0174A

FQHC reimbursement for COVID vaccine administration will be considered "incident to" moving forward for dates of service on or after May 12. As a result, it is not eligible for a T1015 reimbursement if there is no qualifying service in addition to the COVID vaccine administration code.

PMMIS has been updated to reflect these changes and fee schedules on the website will be published the week of May 12to reflect these changes.

Member Identification Cards

Samples of current Banner Member ID cards are below. You'll also see the important information listed on each type of card.

Banner - University Family Care ACC and ALTCS Identification Cards

AHCCCS ID#: The member's AHCCCS identification number

Member Name: Member's First and Last Name

Health Plan Name: Member's AHCCCS Health Plan Name

B – UFC Phone: Phone number for members and providers to reach B – UFC Customer Care

Behavioral Health Services Phone: Statewide Crisis number

Pharmacy Information: Information needed to process medication through their health plan

Important Information: The importance of caring this ID card

Important Information: The importance of caring this ID card in Spanish

Nurse on Call: Nurse triage telephone number
Nurse On-Call nurses can give members advice for care at home or help them determine if they should seek urgent or emergency care

SAMPLE

ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
· · · · · · · · · · · ·
*Member
Identification Card*

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS ID#: SMPL0001
Member Name: JOHN SAMPLE
Health Plan Name: Banner – University Family Care (B – UFC)
B – UFC Phone: (800) 582-8686, TTY 711
Behavioral Health Services Phone: <(800) ###-####>

SAMPLE

Banner
University Family Care

EXPRESS SCRIPTS
RxBin   003858
RxPCN   MA
RxGrp   BANBUHP

IMPORTANT INFORMATION

Carry this card with you at all times. Present it when you get service.
You may be asked for a picture ID. Using the card inappropriately is a
violatin of law. This card is not guarantee of services. To verify benefits
visit www.BannerUFC.com/ACC

Lleve esta tarjeta con usted en todo momento. Preséntela cuando obtenga
un servicio médico. Es posible que le pidan una identificación con foto. Uso
de la tarjeta de forma inapropiada es una violación de la ley. Esta tarjeta no
es una garantía de servicio. Para verificar beneficios, visite la página Web
www.BannerUFC.com/ACC

Nurse On Call: (888) 747-7990

Banner Medicare Advantage Identification Cards – Front

Banner Prime

Banner
Medicare Advantage.

Plan ID: H5843
Health Plan (80840)

Member ID#:
<SMPLXXX>

Subscriber:
<First, Last>

EXPRESS SCRIPTS
RxBin   610014
RxPCN   MEDDPRIME
RxGrp   BANBMA1

MedicareRx
Prescription Drug Coverage

Banner Medicare Advantage Prime HMO

Banner Dual

Banner
Medicare Advantage.

Plan ID: H4931
Health Plan (80840)

Member ID#:
<SMPLXXX>

Subscriber:
<First, Last>

EXPRESS SCRIPTS
RxBin   610014
RxPCN   MEDDPRIME
RxGrp   BUHDSNP

MedicareRx
Prescription Drug Coverage

Banner Medicare Advantage Dual HMO D-SNP

Banner Plus

Banner
Medicare Advantage.

Plan ID: H7273
Health Plan (80840)

Member ID#:
<SMPLXXX>

Subscriber:
<First, Last>

EXPRESS SCRIPTS
RxBin   610014
RxPCN   MEDDPRIME
RxGrp   BANBMA1

MedicareRx
Prescription Drug Coverage

Banner Medicare Advantage Plus PPO

Plan ID and Health Plan #: Medicare Plan ID

Member ID: Member's Identification Number

Subscriber: Member's first and last name

Express Scripts Pharmacy Information:
Information needed to process medication
through their health plan

Banner Medicare Advantage Identification Cards – Back

Banner Prime	Banner Dual	Banner Plus
BannerHealth.com/MA	BannerHealth.com/MA	BannerHealth.com/MA
Medical Claims: Banner Prime Claims Dept. P.O. Box 35769 Phoenix, AZ 85021-9998	**Medical Claims:** Banner Dual Claims Dept. P.O. Box 38549 Phoenix, AZ 85069-7169	**Medical Claims:** Banner Plus Claims Dept. P.O. Box 35277 Phoenix, AZ 85021-9998
Eligibility/Customer Care Center: (844) 549-1857, TTY 711 8 a.m. to 8 p.m., seven days a week	**Eligibility/Customer Care Center:** (877) 874-3930, TTY 711 8 a.m. to 8 p.m., seven days a week	**Eligibility/Customer Care Center:** (844) 549-1859, TTY 711 8 a.m. to 8 p.m., seven days a week
Dental Claims: DentaQuest P.O. Box 2906 Milwaukee, WI 53201-2906 Phone: (800) 440-3408	**Dental Claims:** DentaQuest P.O. Box 2906 Milwaukee, WI 53201-2906 Phone: (800) 440-3408	**Dental Claims:** DentaQuest P.O. Box 2906 Milwaukee, WI 53201-2906 Phone: (800) 440-3408
Express Scripts: Pharmacy Help Desk (800) 903-6215	**Express Scripts:** Pharmacy Help Desk (800) 864-1406	**Express Scripts:** Pharmacy Help Desk (800) 903-6215
Prior authorization may be required for certain services	Prior authorization may be required for certain services	Medicare limiting charges apply Prior authorization may be required for certain services

Bannerhealth.com/MA: Banner Medicare Advantage Website

Medical Claims: Medical Claims Submission Address

Eligibility/Customer Care Center: Phone number to verify eligibility or to reach the Banner Medicare Advantage Customer Care Center

Dental Claims: Dental Claims Submission Address and Phone Number

Express Scripts: Pharmacy Help Desk Phone Number

Behavioral Health Intensive Outpatient Treatment Services Rate Change

Fee-for-service Providers will be Reimbursed at a Rate Higher than Industry Average

Effective May 1, 2023, AHCCCS has set a rate for fee-for-service providers who provide behavioral health services and bill AHCCCS for intensive outpatient program treatment. This change established a set rate of $157.86 for one unit of billable service, a change from the prior rate methodology which paid 58.66% of the billed amount.

AHCCCS established this fixed rate for billing code H0015 after a thorough data analysis of rates paid for these services by other Medicaid programs and AHCCCS managed care organizations, as well as the current AHCCCS reimbursement for comparable services. While the new rate may be lower than what was billed by some providers under the prior methodology, it is approximately $25 higher than industry average.

The H0015 billing code is meant for intensive outpatient treatment services for substance use disorder based on an individualized treatment plan and is only allowed to be billed once per day.

Approximately 94% of AHCCCS members are enrolled in managed care health plans, which can set their own rates for intensive outpatient services and are not directly affected by this change. More than 2,000 behavioral health providers in Arizona serve members across the spectrum of mental health and substance use needs; approximately 200 providers may be affected by this rate change.

Continuous Glucose Monitors Prior Auth Criteria

The Medicaid prior authorization criteria for a Continuous Glucose Monitor (CGM) have been broadened to include approval for dexterity of visual impairments in addition to frequent adjustments to diet based off readings. Per the American Diabetes Association clinical guidelines, utilizing the technology to make smarter diabetes management decisions is what CGMs are indicated for to improve quality of life.

Enhancements to Prior Authorization Request Process

Important Changes to Requesting a Prior Authorization for your Patients

Banner – University Family Care
Effective June 3, 2023, Banner University Health Plans (B – UHP) will update and enhance our Prior Authorization (PA) processing system for our Banner – University Family Care/ACC and Banner – University Family Care/ALTCS plans.

This enhancement to our Prior Authorization (PA) processing system will provide the following benefits for our Providers:
- Decrease administrative burden to request and manage PAs for your members
- Increase automated/electronic interfacing to improve follow-up regarding clinical requirements and communication

Effective June 3, 2023, we will be changing our direct fax number for initiating requests as part of this enhancement. The new direct fax number for Banner – University Family Care/ACC and Banner – University Family Care/ALTCS plans will be: (833)812-0181. However, submitting to the current fax number will still auto-forward to the new number.

With this enhancement, you will be able to interface through electronic PA tools such as CoverMyMeds®, Surescripts® and ExpressPath™, as well as utilize your Electronic Health Record (EHR) tools to manage prior authorization requests.

If you have any further questions, please reach out to the Provider Experience Center at the following options:

For Banner - University Family Care/ACC- (800)582-8686, TTY 711

For Banner-University Family Care/ ALTCS- (833)318-4146, TTY 711

or by email: providerexperiencecenter@bannerhealth.com.

Important EVV Updates

We understand Electronic Visit Verification (EVV) has had a learning curve and has been an adjustment for everyone: members, families, direct care workers, provider agencies and health plans. Therefore, Banner is here to support you, to answer questions and to provide technical assistance and/or education as needed. As a result, we will send communication to keep you updated on the most pressing topics based on our day-to-day interactions with your practice. Please review the following updates and/or changes listed below:

Clarification on hourly (S-codes) and information for Sandata Users billing hourly nursing codes (S9123 and S9124)

This communication is being sent to clarify that while the hourly nursing codes (S9123 and S9124) have been designated as private duty nursing or continuous nursing codes for the purposes of EVV; they are not exclusive to the provision of private duty nursing. The codes may also be utilized for the provision of home health or intermittent services. That said, when providing private duty nursing **only** the hourly nursing codes are allowed to be billed for those services.

AHCCCS will be working on policy revisions in the AHCCCS Medical Policy Manual, Home Health (310-I) and Private Duty Nursing Policies (1240-G) to offer clarification on the permitted use of the billing codes. For providers using the Sandata system, the short definition of the S-codes in the system is designated as "private duty nursing" which may lead to some confusion. AHCCCS will work with Sandata to update the description to be more general and reflect the hourly billing nature of the code. In the interim, providers should simply ignore the description and select the code that they are authorized and contracted to provide when navigating the EVV system.

New Gene Therapy: Etranacogene dezaparvovec-drlb (Hemgenix)

Hemgenix is the first gene therapy for Hemophilia B. It is approved for patients with hemophilia B who currently use factor IX prophylaxis therapy or have current or historical life-threatening hemorrhage or have repeated, serious spontaneous bleeding episodes. Criteria has been set for Banner Medicare Advantage and BUHP for this indication. In addition, patients must also have close monitoring of transaminase levels once per week for 3 months after Hemgenix administration to mitigate the risk of potential hepatotoxicity. Hemgenix criteria for the health plans also requires a hematologist to prescribe, and the patient should not have active hepatitis C infection, an active HIV infection or decompensated cirrhosis. Hemgenix is the world's most expensive therapy and costs $3.5 million. Due to the ongoing costs of administering factor IX

and breakthrough bleeds, Hemgenix is estimated to save the U.S. healthcare system $5 -$5.8 million per patient treated.

Important Reminder – Refer to In-Network Providers

- Services that are outside the scope of the PCP may be referred to an In-Network, contracted Specialty Care Provider. The PCP will complete the referral or acceptable substitute and fax it to the Specialty Care Provider's office along with applicable test results and other pertinent documents.
- For those services, providers only need to complete their own Referral Form and refer the member to the appropriate contracted provider. BUHP's website includes a provider directory in the search bar under **Find a Provider** to assist with locating an In-Network provider. Referrals can be initiated by a contracted provider or in some instances, a member may self-refer.
- The provider is responsible for initiating, coordinating and documenting referrals to In-Network specialists, including dentists and behavioral health specialists. It may be necessary for a BUHP member to be referred to another In-Network provider for medically necessary services that are beyond the scope of the member's PCP.
- PCPs and contracted providers refer members for specific covered services to other In-Network practitioners or medical specialists, medical facilities, or ancillary service providers.
- Members may self-refer to certain medical specialists for specific services. These services are listed below:
  - Family Planning Services
  - OB Services
  - GYN Services
  - Dental Services for Members Under Age 21
  - Vision Services for Members under Age 21
  - Behavioral Health Services
  - When a member self-refers for any of the above services, providers rendering services must adhere to the same referral requirements.

Arizona Perinatal Psychiatry Access Line (APAL)

Launching June 1, 2023

Is your patient pregnant or postpartum and struggling with substance use and/or their mental health? Arizona Perinatal Psychiatry Access Line (APAL) is a statewide perinatal psychiatry access line. We assist medical providers in care for their pregnant and postpartum patients with mental health and substance use disorders. Perinatal psychiatrists are available by phone to answer your questions and review treatment options.

Call (888)290-1336 to consult with perinatal psychiatrists who will provide free clinical guidance, Monday-Friday, 12:30 p.m. – 4:30 p.m.

APAL.arizona.edu / team@apal.arizona.edu

Child System of Care

Children's Postinfectious Autoimmune Encephalopathy

Postinfectious Autoimmune Encephalopathy (PAE) is a condition where a streptococcal infection triggers an autoimmune reaction that leads to changes in neurologic function, mood and behavior. PAE is sometimes referred to as **PANS** (Pediatric Acute-onset Neuropsychiatric Syndrome) and **PANDAS** (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infection).

Symptoms include:

1. Abrupt, dramatic onset of obsessive-compulsive disorder or severely restricted food intake
2. Concurrent presence of additional neuropsychiatric symptoms, from at least two of the following categories (anxiety, emotional lability, irritability/severely oppositional behaviors, behavioral regression, deterioration in school performance, sensory or motor abnormalities, somatic signs and symptoms, including sleep disturbances)
3. Symptoms not better explained by a known medical or neurologic disorder

For more information and resources visits the following websites:
Clinical Guidelines & References:
https://www.azdhs.gov/audiences/clinicians/index.php#clinical-guidelines-and-references-cpae
CPAE Center: https://peds.arizona.edu/cpae
Pandas Physician Network: https://www.pandasppn.org/

School-Based Behavioral Health Services Partnerships and Referrals

We are dedicated to being a part of a trauma-informed community that supports school environments where students feel safe, respected and are encouraged to reach their fullest potential. As part of our collaboration with schools and community partners, BUHP is committed to increasing the accessibility of behavioral health services in schools.

Referral pathways between schools and behavioral health providers maximize the opportunity for students and their families to get connected to services. In 2023, AHCCCS developed a school-based Universal Referral Form. The form was developed in collaboration with health plans, providers and professionals working in our local education agencies. All schools in Arizona can use this form to make referrals to community behavioral health providers. As part of an effort to incentivize providers to receive the Universal Referral Form, a milestone has been added to the DAP for provider type 77. The form can be accessed on the AHCCCS BH in Schools webpage at https://www.azahcccs.gov/AHCCCS/Initiatives/BehavioralHealthServices/.

For questions related to the Universal Referral Form please contact BHInSchools@azahcccs.gov.
For all other school-based behavioral health services questions please contact Jennifer Blau at Jennifer.Blau@bannerhealth.com.

For more information on school-based behavioral health services and resources for students and families visit the BUHP Child and Family Support webpage at:
https://www.banneruhp.com/resources/child-and-family-support.

Services and Resources for Human Trafficking Victims

The US Justice Department defines Human Trafficking as a crime that "involves compelling or coercing a person to provide labor or services, or to engage in commercial sex acts." According to the Governor's Office of Youth, Faith and Family, the average age of entry into trafficking in Arizona is 13 years old; the national average is 17 years old. It is critical that behavioral health and physical health providers be able to identify risk factors, recognize signs, and provide connective resources.

Individuals who have experienced trafficking may exhibit memory loss, depression, anxiety or report feeling numb. In addition, they may develop post-traumatic stress disorder, substance use issues, runaway behaviors and/or eating disorders.

People who have been victims of this crime will not readily identify as such; utilizing a screening tool can assist providers with identification. Multiple organizations offer screening tools, one example of a comprehensive tool can be found on the National Human Trafficking Hotline website: https://humantraffickinghotline.org/en/resources/comprehensive-human-trafficking-assessment-tool.

Providers should connect individuals with services that are evidence based and trauma informed with an emphasis on trust and empowerment. Human trafficking is a complex experience and assisting someone who has been through the trauma of human trafficking requires a multidisciplinary approach and support from multiple community resources and agencies. Banner has resource list for specialty populations, including an Anti-Human Trafficking Resource Guide which providers can access here: https://www.banneruhp.com/resources/child-and-family-support

Additionally, the ASU Sex Trafficking Intervention Resource Office has a resource guide specifically for human trafficking. The website provides information about several statewide organizations that provide treatment services and support for trafficking survivors with resources such as safe housing, advocacy, and legal services. https://www.sextraffickinghelp.com/learn.

Several organizations in Arizona offer training and education materials, including:
- ASU Sex Trafficking Intervention Resource Office: https://www.sextraffickinghelp.com/learn
- The McCain Institute: https://www.mccaininstitute.org/programs/combatting-human-trafficking/
- Trust AZ: https://aatn.org/trust/

Sources:

Human Trafficking | What is Human Trafficking? (justice.gov) https://www.justice.gov/humantrafficking/what-is-human-trafficking
Mental Health Resources for Human Trafficking Survivors and Allies | The Administration for Children and Families (hhs.gov)
https://www.mccaininstitute.org/programs/combatting-human-trafficking/
https://aatn.org/trust/

Free ECSII Training Opportunity Provided by AHCCCS

Training on the Early Childhood Service Intensity Instrument (ECSII) is available at no cost, courtesy of AHCCCS. While not a required assessment, the ECSII is an available resource as a stand-alone assessment tool for children birth through five. Use of the ECSII tool can allow for

effective identification of infants and toddlers at highest need for intervention and a developmentally appropriate option for assessing the strengths and needs of a young child within his or her environment.

We highly recommend that providers register as soon as possible. Training seats are limited, and we anticipate that training seats will fill up very quickly. If you have questions about the ECSII, training registration or screening the Birth through Five population, please contact Jennifer Blau, Children's System of Care Specialist at Jennifer.Blau@bannerhealth.com.

Visit the AHCCCS website for more information about the ECSII or the free training: https://www.azahcccs.gov/Resources/OversightOfHealthPlans/ECSII.html

Banner Children's

Banner Children's FREE Virtual Lunch Lecture Series
Join us monthly for a free virtual lecture series happening the first Wednesday of each month. This educational lunchtime lecture hosts a different pediatric specialist to share informational content to providers. Each lecture offers 1 CME credit.

When: Wednesday, June 7, 2023

Time: 12:00 p.m. – 1: 00 p.m.

Speakers: Pediatric General Surgeon, Ravindra K. Vegunta, MD

Topic: Treatment for chest wall deformities in children

At this lecture, the speaker will share:

- Review the types of chest wall deformities
- Discuss surgical treatment options

Add event to calendar: https://bit.ly/3GJLp4d

Join via Microsoft Teams: https://bit.ly/33ej6gq

*Banner Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Banner Health designates this virtual activity for a maximum of **1 AMA PRA Category 1 Credit™**. Physician should claim only the credit commensurate with the extent of their participation in the activity.*

Ravindra K. Vegunta, MD and the series planners have reported no financial relationships. CME credit is available to Banner Health staff, Banner Health Network and affiliated providers only.

Veteran Engagement & Support

After more than twenty years of war, our veterans are coming home and reassimilating into society. They are well trained, educated and ready to join the hustle and bustle of everyday life. But many are finding barriers in communicating with people in the workplace, colleges or even with non-military providers.

A key aspect to military life is direct communication. This form of communication has no fluff, no unnecessary words, just the required number of words to convey one's point. Our Soldiers, Sailors, Airmen, Marines, Coasties and Guardians are bathed in a sub-culture that possesses its own language. This language is full of call signs, acronyms, and jargon that can sometimes only be deciphered by those who have shared that same experience. This shared experience comes with communication skills that sometimes take the form of direct orders or simple instructions that produce the required result in as little as one or two words. It is important to remember that when speaking to veterans, using direct and focused communication will net the best outcome. It leads to a shared understanding of whatever the issue is and what the best possible solution can be.

Additionally, Banner has launched the Banner's Got Your 6! Campaign, a laser focused campaign to connect our veterans, military members and their families to the available resources within the community. These resources range from VA services to outreach programs that address a wide array of needs. From housing to service animals, Banner's Got Your 6! With your help, the number of veterans, military members and family members we can assist will only grow and get stronger. We know many of our veterans shy away from asking for help, but together we can empower them to get the assistance they need. Together, we can help our veterans, military members and their families. Together, Banner's Got Your 6!

To access our list of resources, please to go: www.bannerhealth.com/medicaid/health-wellness/topics/veterans

Loneliness & Social Isolation: The Invisible Enemy

Sometimes called "The Invisible Enemy," loneliness and social isolation have had a dramatic impact on our communities. The people at risk of social isolation are individuals who are aging, people who live with mental illness and often people who experience substance use disorder. After the COVID pandemic, individuals who are aging and have other health risks have made a practice of physical distancing thus negatively impacting social connections. If someone is socially isolated or feeling lonely it can put their physical and mental health at risk leading to longer hospital stays, multiple hospital readmissions and even a shorter lifespan than people who are connected to meaningful social supports.

Loneliness and social isolation differ, but the two experiences are very interconnected. One common description of loneliness is the mental or emotional discomfort an individual may experience from being alone or feeling separated. Social isolation is defined by the *National Institute on Aging* (NIA) as the lack of social contacts and having few people to regularly interact with. Individuals can often be alone and not feel lonely and on the other hand just because someone is around people does not mean the person is not experiencing loneliness. It is important never to assume we know if someone is experiencing loneliness and isolation or not. Also, remember that the effect of individuals experiencing loneliness and social isolation may not always be flat and melancholy. Conversely, people experiencing loneliness often present as

smiling and happy to engage because they have not interacted with anyone in a while. That is one of the reasons loneliness and isolation may be referred to as "The Invisible Enemy."

As harmful as loneliness and social isolation can be to the mental, physical and emotional health of the individuals we serve, there is hope. There are many advances in technology that are being developed to connect people and combat social isolation such as <u>Pyx Health, which uses easy-to-use technology with a human 'hug' and science-based activities to deliver timely, meaningful help to reduce loneliness and improve health.</u> https://www.pyxhealth.com/member-home/.

If tech is not preferred, there are many activities at local community colleges, city libraries, and community centers available to the public. We would like to encourage our providers to assist members and their families with getting connected to organizations, councils and the multiple coalitions that would absolutely value community volunteers to participate in their causes even if it is sitting in a Zoom meeting from home.

Lastly, here is a valuable Social Isolation and Loneliness toolkit- https://www.nia.nih.gov/ctctoolkit#gifs - to share with older adults, care givers and health care providers. Let's create awareness and fight the invisible enemy together!

Member Engagement & Employment Services

Because employment has such a profound impact on one's life, AHCCCCS requires that all staff broach the topic of employment with members. This means that employment discussions must be taking place with all members, not just those who are requesting employment support or expressing the desire to work. These discussions may include discussing:

- Interest in employment
- Current meaningful activities in which they are engaging
- How satisfied they are with their daily activities
- If they have worked before
- How increased income may impact benefits
- Sessions using www.az.db101.org
- Frame conversations around what members would like to do for work rather than if they'd like to work

For more information about the AHCCCS policy around member engagement, please see ACOM 447.

AHCCCS Updates

Regular Medicaid Renewals Began April 1, 2023

To ensure that members do not experience any gap in health care coverage, AHCCCS asks all members to:

a) Make sure their mailing address, phone number, and email address on file is correct in www.healthearizonaplus.gov. Login or call Health-e-Arizona Plus at 1-855-HEA-PLUS (1-855-432-7587), Monday through Friday 7 a.m. – 6 p.m. Be sure to review the Updating Your Contact Information flier (available in English and Spanish) to help others learn how to update their contact information in Health-e-Arizona PLUS.

b) ALTCS members need to call 1-888-621-6880 to update their address or to get help completing their renewal.
c) Check their mailbox for a letter from AHCCCS about renewal of coverage.
d) Respond to any requests from AHCCCS for more information so the agency can accurately determine eligibility.

Many community assistor organizations are available to help members through the process. For community assistor organizations in your area, please visit https://www.azahcccs.gov/Renewals and follow the link.

Attention Targeted Investment Providers – Targeted Investment 2.0 Program

AHCCCS has received CMS approval for the TI 2.0 Program. Detailed information can be found here: https://www.azahcccs.gov/PlansProviders/TargetedInvestments/. Please be aware of these important updates and timelines.

1. Subscribe to the TI Newsletter (**PCP, BH & Justice**): https://shorturl.at/dipM1
2. Review TI Application Requirements (**PCP, BH & Justice**): https://shorturl.at/hzKMO
3. Confirm access to an AHCCCS Online Account (**PCP, BH & Justice**): https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f
4. Ensure the TIN, service addresses, and non-facility providers are correct in the AHCCCS Provider Enrollment Portal (APEP) (**PCP, BH & Justice**): https://www.azahcccs.gov/PlansProviders/APEP/Access.html
5. Submit TI 2.0 Provider Interest Form by 6/30/2023 (**Justice only**): https://shorturl.at/jVX15
    o Request justice partnership concept, use-case, or negotiation review (TIP Justice 2.0 applicants only)
6. Submit TI 2.0 Provider Interest Form by Aug. 30, 2023 (**PCP & BH**): https://docs.google.com/forms/d/e/1FAIpQLSemuBRvbin2hG9nFNwegOzrdOZL6gZ1aF0xwREGwbQ0z5DQgQ/viewform
    o Use form to state interest in participating and request application assistance
    o Early admission is highly encouraged!
7. Prepare application materials (**PCP, BH & Justice**)
    o Gather documents, attend technical assistance meetings as needed, create and implement procedures as needed to meet requirements, etc.
8. Submit Application by 5 p.m. (Arizona / Mountain Time) on Sep. 30, 2023 (**PCP, BH & Justice**)
    o Application release expected Summer 2023. Available on the AHCCCS Online Portal.
    o Application portal submission assistance is available to those who submit request via TI 2.0 Provider Interest Form by Sep. 25, 2023.
9. https://shorturl.at/rBGW5Receive notice of application decision (**PCP, BH & Justice**)
    o Notifications will be distributed on Dec. 29, 2023

AHCCCS Provider Registration Reminder

It is important to maintain your AHCCCS Provider Registration information to ensure that it is accurate, current and complete.

Missing or incomplete data in your Provider Registration Files can result in denial or recoupment of claims.

Ensure you have all applicable optional Categories of Service for your provider type and that you have all applicable licenses updated.

AHCCCS provides several options to update/maintain registration data.

- AHCCCS Online portal: AHCCS Provider Enrollment Portal (azahcccs.gov)
- Email & Fax Options – fax and email address to specifically send paper-related documents. (e. g. paper provider enrollment application, etc.); Fax: (602) 256-1474; Email: PRNotice@azahcccs.gov

Abuse & Neglect Task Force Follow-up Survey

To continue the work of the Arizona Abuse and Neglect Prevention Task Force Report, AHCCCS, the Arizona Department of Economic Security (ADES), and the Sonoran University Center for Excellence in Developmental Disabilities (UCEDD) is surveying providers of long-term-care services, including Home and Community Based Services, residential, institutional, day care, employment, and direct care workers.

We need your feedback about preventing abuse and neglect of vulnerable Arizonans. Please complete this survey and share it with other providers serving people with developmental disabilities, physical disabilities, or seniors.

While everyone's input is essential, hearing from direct support workers is especially important.

The survey is open from May 1 through May 31, 2023 and will take about 10 minutes to complete. Responses are confidential.

Take the UCEDD survey today!
https://redcap.uahs.arizona.edu/surveys/?s=RN84PPR9NWMELYA4

This follow-up survey is to see how Arizona is implementing the recommendations of the Arizona 2019 Abuse and Neglect Prevention Task Force. The Task Force made 30 recommendations to increase prevention across state support systems.

The survey will inform the second evaluation of the state's progress conducted by the Sonoran Center for Excellence in Developmental Disabilities, University of Arizona.

Your continued efforts to assist vulnerable Arizonans to have quality lives are appreciated.

Provider Services & Support

Model of Care Reminder - *IMPORTANT NOTICE*

Model of Care Training and attestation is required annually. We strongly encourage you to complete the training and submit the attestation as soon as possible. By doing so, you will be better equipped to implement the content and incorporate the requirement into the care you provide.

Contracted providers, Subcontractors and Non-participating providers with Banner Medicare Advantage Dual are required to complete the Model of Care Annual Training and submit the Attestation.

This training and attestation take a minimal amount of time to complete (approximately 10 minutes).

Instructions:

1. Review the training content located here: https://www.baneruhp.com/resources/provider-trainings > Select Model of Care Training to access the required training and attestation
2. Complete the *Annual Attestation*: https://bannerhealth.formstack.com/forms/moc_attestations
3. When completing your online attestation, please ensure you are documenting each provider's individual NPI on the attestation form.

Vaccines for Children (VFC)

The VFC program relates to AHCCCS ACC and ALTCS members from birth through 18 years of age. AHCCCS requires BUHP contracted providers to remain enrolled in VFC and use VFC vaccines for all members under 19 years old. If a provider is disenrolled, they risk losing AHCCCS pediatric members assigned to them. Providers may visit: ADHS-Arizona Immunization Program – Vaccines for Children (VFC) – Home (azdhs.gov) for details and information on enrollment and operations.

ASIIS Registry

The Arizona State Immunization Information System (ASIIS) is a central registry designed to capture immunization data within the state. Providers are required to report all immunizations administered to children 18 years of age and younger to the state health department (providers are strongly encouraged to also enter adult vaccination data). The registry provides a valuable tool for reporting immunization information to public health professionals, private and public health care providers, parents, guardians and other childcare personnel. A goal of ASIIS is 100% capture of vaccinations provided to children, giving providers a reliable place to check for both current and historic immunization records. Another ASIIS goal is to ensure health care professionals administering immunizations are reporting to the ASIIS registry in a regular and timely manner. Banner – University Health Plans reviews the performance of contracted providers in their reporting of administered vaccinations into the ASIIS Registry, as required by state law and AHCCCS guidelines. The Health Plan's EPSDT team will be reaching out to providers identified to have ASIIS immunization entry gaps to increase awareness and improve ASIIS entry performance. For more information on the ASIIS, please visit the Arizona Department of Health Services – ASIIS webpage at: http://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/asiis/index.php

Additional information can be found in our Provider Manual. You can access our provider manual by visiting our website https://www.banneruhp.com/ then select Provider Manual from the Quick Links section.

Provider Manual

The Banner - University Health Plans Provider Manual is located on our website (www.banneruhp.com) under the Quick Links section on the right-hand side of the page. A copy of the Provider Manual is available upon request at no charge. If you need assistance, please contact your Care Transformation Consultant or Specialist.

Member Rights

BUHP is committed to treating members with dignity and respect at all times. Member rights and responsibilities are shared with staff, providers and members and are included in our Member Handbook. A list of member's rights under 42 CFR 438.100 is included below:

- A member's right to be treated with dignity and respect
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Request and receive a copy of his or her medical records, and to request that they be amended or corrected, as specified in 45 CFR part 164 and applicable State law
- Exercise his or her rights and that the exercise of those rights shall not adversely affect service delivery to the member

Behavioral Health Residential Facility (BHRF) and Medication Assisted Treatment (MAT)

- BHRF providers are not to exclude members on MAT from admission. If BHRF provider does not provide MAT, then the BHRF is required to coordinate care with the member's MAT provider.
- BHRF providers must have policies that specifically ensure that members have access to their MAT services and must train all staff on this requirement.
- If BHRF program offers an Opioid Treatment Program (OTP) provider, then MAT may be transitioned to that provider if member is agreeable.
- If BHRF provides MAT for a member, then BHRF provider and Health Home must ensure member is enrolled with a MAT provider and coordinate upon discharge.
- If the BHRF cannot accommodate specific MAT treatments due to licensure or coordination constraints, then BHRF providers can present options to transition from MAT or MAT alternatives but must not require their alternative treatment for admission and must coordinate with member, MAT provider and Health Home. The decision to accept the BHRF's alternative treatment regimen is made by the member, not the BHRF.
- In all cases and situations, best practice includes coordination between the member, the BHRF, MAT Provider, Health Home and prescribing doctors before adjusting prescribed treatment regimens.

Please refer to the page 163-164 in the BUHP provider manual

Behavioral Health Care Managers Available

Banner University Health Plans (BUHP) is committed to helping our members, their health care decision makers, and our contracted practitioners and providers with the management of acute and chronic behavioral health conditions. Persons with mental health conditions face many barriers to accessing health care. Behavioral Health Care Managers provide support and assistance to adult and child members, and their families; encouraging them to seek behavioral health services, engage in psychotherapy, assist with navigating services and facilitating coordination of care between providers of both physical and behavioral health services. Behavioral Health Care Managers leverage their knowledge of the behavioral health delivery

system to support voice and choice to empower the member and/or their family to actively participate in their recovery.

Behavioral Health Care Management is short term and time limited. Through telephonic contact with members, Care managers identify and manage clinical interventions or alternative treatments. Care management activities include: assistance with making and keeping health care appointments, coordinating transitions in care, health coaching, making referrals to address members health care needs and providing education and materials related to wellness, lifestyle and prevention of illness. Care management does not replace the outpatient provider case management staff, but rather compliments community-based case management by providing recommendations and technical assistance.

Providers can refer Banner members to Behavioral Health Care Management by using the PCP Referral to BH Provider form, which includes general information about the member, referring PCP information and the chief complaint/symptoms resulting in the referral. Once the referral is submitted by email, a BUHP Care Manager will follow up on member intake and enrollment with the BH Provider to verify the member is connected to services. Alternatively, a provider may contact customer service and request that the member be assigned to a Behavioral Health Care Management. To improve our ability to respond appropriately, please provide information about how it is felt that the member will benefit from care management. Finally, referrals via email are also accepted. Just send a secure email with the member's AHCCCS ID, date of birth and contact information, along with some background information regarding the need for behavioral health care management to BUHPCareMgmtBHMailbox@bannerhealth.com.

Compliance Corner

The term "offshore" refers to any country that is not one of the fifty United States or one of the United States territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and the Virgin Islands). Examples of countries that meet the definition of "offshore" include but are not limited to: Mexico, Canada, India, Philippines, Germany and Japan.

Common examples of offshore activities include call centers, coding and billing and transcription services. Offshore can either be American-owned companies with certain portions of their operations performed outside of the United States or foreign-owned companies with their operations performed outside of the United States. Offshore work/services is provided by workers located in offshore countries regardless of whether the workers are employees of American or foreign countries.

The rules for offshore are applicable for both the entity contracted with Banner Medicaid and Medicare Health Plans or any subcontractors delegated to do work for the entity.

For Medicaid providers, part of the process to become eligible to provide services for Medicaid members is to abide by the AHCCCS Minimum Subcontract Provisions as well as the registration application. The language specifies that "any services that are described in the scope of work that directly serve the State of Arizona or its clients and involve access to secure or sensitive data or personal client data shall be performed within the defined territories within the borders of the United States. Unless specifically stated otherwise in specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are

incidental to the performance of the contract. This provision applies to work performed by Subcontractors at all tiers."

For Medicare, providers who provide services offshore or subcontract with entities who provide services offshore, are required to complete an Offshore Attestation which is available on the Provider Websites. The Banner Medicare Health Plans are required to submit this information to CMS, so it is important that the information is provided via the Offshore Attestation.

The Attestation also includes a requirement for information to be provided on the safeguards to protect beneficiary information and the audits conducted to ensure protection of protected health information.

Any use of offshore must be reported to the Banner Medicaid and Medicare Compliance Department.

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

24- hour hotline (confidential and 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 Raquel Chapman via phone 602-747-1194 or email BMAComplianceOfficer@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/ALTCS 833-318-4146
Banner - Medicare Advantage/Dual 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
Banner Medicare RX PDP – 1-844-549-1859

AHCCCS Office of the Inspector General
Providers are required to report any suspected FWA directly to AHCCCS OIG:
Provider Fraud
• 	In Arizona: 602-417-4045
• 	Toll Free Outside of Arizona Only: 888-ITS-NOT-OK or 888-487-6686
Website - www.azahcccs.gov (select Fraud Prevention)

Mail:
Inspector General
801 E Jefferson St.
MD 4500
Phoenix, AZ 85034

Member Fraud
- In Arizona: 602-417-4193
- Toll Free Outside of Arizona Only: 888-ITS-NOT-OK or 888-487-6686

Medicare
Providers are required to report all suspected fraud, waste, and abuse to the Banner Medicare Health Plans Compliance Department 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