

- Other high-risk populations include older adults, adults with chronic heart and lung disease, and adults with weakened immune systems. These populations have an estimated 6,000 to 10,000 deaths annually caused by RSV.

When is RSV season typically? October – April

Newly FDA approved: Beyfortus (nirsevimab-alip)

*The CDC's Advisory Committee on Immunization Practices (ACIP) has added Beyfortus to VFC recommendations.

- Who is this indicated for?
 - All newborns and babies <1 year, born during or entering their first RSV season, including premature infants
 - Children <2 yrs. who remain at risk of severe RSV during their second RSV season
- Administration:
 - Beyfortus is administered intramuscularly (IM) as a **single dose**
 - Beyfortus can be given simultaneously with other childhood vaccines at differing injection sites
- What are the side effects?
 - Rash (0.9%)
 - Injection site reactions (0.3%)

What else is currently available for RSV prevention?

Synagis: approved for patient who are <6 months at the beginning of RSV season or <24 months and high-risk

- Administration: an IM injection every month for 5 months
- Will likely stay preferred in some areas this upcoming RSV season as Beyfortus may not be readily available.

Abrysvo: approved for administration during pregnancy at 32-36 weeks gestational age for protection from birth to 6 months, and 60 years +

- Administration: a single IM injection
- If the mother gets Abrysvo the baby is protected from 0-6 months. It is not recommended for them to receive any other RSV preventatives.
- Under the Inflation Reduction Act (IRA), patients with Medicare part D will pay no out-of-pocket expenses.

Arexvy: approved for patients 60 years +

- Under the Inflation Reduction Act (IRA), patients with Medicare part D will pay no out-of-pocket expenses.

The CDC's Advisory Committee on Immunization Practices (ACIP) recommends that adults 60 years of age or older may receive a single dose of an RSV vaccine using shared clinical decision-making. The CDC is waiting until additional evidence becomes available from post-marketing surveillance to clarify the

existence of any potential risk but states RSV vaccination in older adults should be targeted to those who are at the highest risk.

Banner Medicare Advantage (BMA) Provider Initiative Effective Sept. 2023

We are introducing an important initiative that will begin in September for our Banner Medicare Advantage (BMA) contracted providers. This initiative involves the completion and submission of Patient Assessment Forms (PAFs) for select BMA members.

The Patient Assessment Form (PAF) is a tool designed to aid the Physician/APP in managing the BMA member during a Risk Adjustment acceptable visit. The PAF gives the care team a holistic view of a member by displaying previous and possible diagnosis as well as open Quality Care Gaps. We also wanted to notify you that you may be seeing patients that aren't currently within your panel because they are not attributed to an assigned PCP at this time.

To ensure you are compensated for the additional time required to complete these visits, you will receive **\$200** when submitting a completed PAF along with the corresponding medical record. Please ensure that all requirements that are outlined in the 2023 Patient Assessment Form Requirements document have been addressed before submitting the form.

Reminders:

- The Annual Wellness Visit (AWV) and Annual Physical Exam (APE) are covered once per calendar year for BMA members.
- Members have a \$0 co-pay for AWVs and APEs.

Your Care Transformation Specialist or Consultant will be reaching out to you to provide further instruction on this initiative.

For questions regarding this letter or if you would like additional information, please reach out to your Care Transformation Specialist or Consultant.

Upcoming Engagement Opportunities

September B – UHP Provider Education Forums

Noon – 2 p.m. Tuesday, Sept. 26

Noon – 2 p.m. Thursday, Sept. 28

Call in info: (480) 378-7231 **Conf ID:** 142 452 334#

Microsoft Teams: <https://bit.ly/3syrML3>

The same information will be covered during both meetings, so you only need to attend one of them.

You're Invited: 17th Annual Southwest Liver Disease Symposium: Advances in Hepatology 2023

Date: Saturday, Oct. 7, 2023

Time: 7 a.m. – 4 p.m.

Location: Mountain Shadow Resort Scottsdale 5445 East Lincoln Drive, Paradise Valley, AZ 85253

Please join our 17th Annual Southwest Liver Disease Symposium

This symposium highlights Banner Health's commitment to improving the health of our patients and the dissemination of medical knowledge to our community. Our Advanced Liver Disease Center and Liver Transplants Program continue to grow at an extraordinary rate while delivering quality and compassionate care to a complex patient population.

In its 17th year, the Annual Southwest Liver Disease Symposium will bring nationally- and internationally- renowned speakers to discuss current and relevant topics, including best practices for conditions that affect patients with liver disease.

Physicians & Clinical Education Credit: Information on education credit will be posted as it is approved.

Who Should Attend: Gastroenterologists, Hepatologists, Internal Medicine Physicians, Family Medicine Physicians, Nurse Practitioners, Physician Assistants, Gastroenterology Fellows, Residents & Medical Students and Nurses

RSVP: Bannerhealth.com/230CARE or call (800) 230-2273 (CARE)

<https://shorturl.at/bABY1> (use this one)

[https://weblink.bannerhealth.com/weblink/#!/classes/find/1/\\$IgnoreClosed=true\\$ExcludeScreenings=false\\$ClassDate=10.07.2023\\$Name=17th%20Annual%20Southwest%20Liver%20Disease%20Symposium\\$Type=CONFS\\$Facility=MTNSHADO](https://weblink.bannerhealth.com/weblink/#!/classes/find/1/$IgnoreClosed=true$ExcludeScreenings=false$ClassDate=10.07.2023$Name=17th%20Annual%20Southwest%20Liver%20Disease%20Symposium$Type=CONFS$Facility=MTNSHADO)

Psychiatry for Non-Psychiatrists Conference

Geriatric Psychiatry *for Non-Psychiatrists*

The University of Arizona and Banner – University Health Plans Update on Late-Life Mental Health

Date: Saturday, Nov. 4, 2023

Time: 8:30 a.m. - 12:30 p.m.

In response to the alarming rise in mental illnesses such as depression and anxiety – and the lack of mental health providers – we have created a conference to train Primary Care Physicians to more confidently care for their late-life patients with these conditions.

This fully virtual conference, ***Geriatric Psychiatry for Non-Psychiatrists: The University of Arizona and Banner – University Health Plans Update on Late-Life Mental Health***, will be

held on Saturday, Nov. 4, 2023. The conference will provide practical and actionable knowledge on best clinical practices for the behavioral health care of older patients. This program has special relevance for providers participating in the Arizona Long Term Care System (ALTCS) and Home and Community Based Services (HCBS) program.

Access to mental health care is a right, not a privilege. We aim to empower PCPs with new clinical skills to enhance to care, improve comorbid medical conditions, and reduce the stigma of seeking for mental illness.

Cost: **Free** thanks to Banner – University Health Plans

The conference will be recorded and made available to registrants afterwards. This is a planned CME event.

Register: https://arizona.zoom.us/webinar/register/WN_bhXcVejcTd2TubiRff_ovA#/registration

ADHS Surplus PPE Supplies Available

The AZ Department of Health Services (ADHS) has a surplus of PPE supplies that they are offering to community partners, providers etc., who may be in need, especially those who provide direct services and support to community members. Examples of available supplies include N95 masks, gloves, alcohol pads, bandages and COVID-19 test kits.

If your practice would like to request any of the surplus supplies, please refer to the links provided below. There is a separate link based on the specific supplies you are requesting.

Please note, ADHS allocates based on the unit of each (**i.e., If ordering two pairs of gloves, 4 gloves would be entered on the form**). Please submit a form based on your needs. If you have any questions on how to complete the form, please don't hesitate to reach out. This is not a one-time offer. These forms will be available until all the supplies have been distributed.

- **Resource Request Form:** <https://forms.gle/AbWZGjR5TjYUQ4Cq8>
 - You can request basic PPE items (face shields, N95 masks, etc.) through this form.
- **Vaccine Ancillary Supply Form:** <https://forms.gle/TxLzsejisbc9d6D17>
 - You can request supplies such as syringes, needles, alcohol pads, bandages, etc.) through this form.
- **Rapid Antigen Test Request**
 - Form:** https://docs.google.com/forms/d/e/1FAIpQLSeUvy5QYwHMIue_rS-RKBB9G0F-IG5vjinR3-SqC24sUECloww/viewform
 - The Arizona State Public Health Laboratory (ASPHL) oversees the allocation of COVID-19 test kits. Please request these items via the above form. Any COVID-19 test kit-related questions can be directed to qi-opslab@azdhs.gov.

The point of contact overseeing this for ADHS is Christina Blood. Christina will work with you to ensure you receive the PPE supplies you order and will coordinate delivery to your practice throughout Arizona.

ADHS is looking forward to moving these supplies to where they are most needed. If you have questions, please feel free to reach out to HEOCLogistics@azdhs.gov.

HEDIS Talk! OMW Ouch!

Osteoporosis Management in Women Who Had a Fracture (OMW)

OMW is a HEDIS Medicare measure that focuses on women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Acceptable documentation:

- This measure requires claim/encounter data submissions using appropriate codes.
 - Evidence of claim/encounter data:
 - Bone Mineral Density (BMD) test, in any setting, on the Index Episode Start date (IESD) or in the 180-day (6 month) period after the IESD.
 - If IESD was an inpatient, a BMD test during inpatient stay.
 - Osteoporosis therapy on the IESD or in the 180-day (6 month) period after IESD.
 - If the IESD was an inpatient, long-acting osteoporosis therapy during the inpatient stay.
 - A dispensed prescription to treat osteoporosis on the IESD or in the 180-day (6 month) period after IESD.
 - A dispensed prescription to treat osteoporosis.
 - Fracture.
 - Visit type.

*Members enrolled in Hospice or using Hospice services during the measurement year are a required exclusion.

Quality Management

Women's Health – Annual Visits and Preventative Care

Banner – University Family Care (B – UFC) recommends preventative care such as testing for cervical cancer and (STIs) during annual wellness visits.

The cervical cancer screening test is called a Papanicolaou (Pap) test. A Pap test should be done annually, and it looks for changes in the cervix which can lead to cancer. After three repeated normal Pap tests, members can ask for less testing. Regular screening tests provide the best chance of detecting pre-cancerous cells before they can develop into cancer. Women diagnosed with cervical cancer (or pre-cancer) or who had full or partial hysterectomies should follow specific screening guidelines as recommended by their physicians.

The test for chlamydia and other sexually transmitted diseases (STIs) can also be done during yearly check-ups and most STIs are easy to treat. Chlamydia is the most frequently reported bacterial STI in the United States. Sexually active women should be regularly tested to prevent

health complications and to prevent infecting others. If a woman is pregnant and has chlamydia, the infection can be passed to the baby during delivery. This can cause the baby to have an eye infection or pneumonia. In some cases, babies can even die. Because of these health risks, chlamydia testing is done at the first prenatal visit.

Members can call our Customer Care Center at (800) 582-8686, TTY 711 if they need help with scheduling a yearly check-up or other health care visit.

Maternal Child Health

Arizona Perinatal Psychiatry Access Line Now Available Statewide

If you are a medical provider caring for pregnant or postpartum persons who struggle with substance use and/or their mental health, you can connect with a perinatal psychiatrist through the University of Arizona College of Medicine – Tucson’s Arizona Perinatal Psychiatry Access Line (APAL). This is a free service for any medical provider across Arizona who can call (888) 290-1336 to ask questions and review treatment options. Hours are Monday through Friday, 12:30 p.m. to 4:30 p.m.

Office of Individuals and Family Affairs (OIFA)

Peer-Run Organizations

Peer-Run Organizations (PROs) are owned, operated and administrated by individuals with lived experience of mental health and/or substance use challenges. They are an important part of our provider network and offer various community-based support services to our members.

All AHCCCS members should be educated about and have the right to take part in programs and/or request that the services they receive be provided at PROs. Services and/or programs at a PRO’s could include:

- 1-on-1 Peer Support
- Daily Support Groups
- Social Outings
- Employment/Volunteer Opportunities
- Resources/Advocacy
- Youth & Young Adult Programs
- Creative Arts
- Meeting New People
- Healthy Meals
- Health & Wellness Programs

Once a member requests to receive a service(s) at a PRO of their choice it should be added to their service plan. This/these service(s) should be initiated within 45 days of that request.

Below is the most current list of PRO’s:

Recovery Empowerment Network Phoenix	Center for Health and Recovery (CHR) Phoenix	Coyote TaskForce – Our Place Clubhouse /Café 54 and Truck 54
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https://renaz.org/ (602) 248-0368	https://azchr.org/ (602) 246-7601	Tucson https://www.ourplaceclubhouse.org/ (520) 884-5553
Helping Ourselves Pursue Enrichment (HOPE), Inc. Tucson, Yuma, Apache Junction, Sierra Vista, Douglas, Safford, Nogales https://hopearizona.org/ (520) 770-1197	Northern Arizona Consumers Advancing Recovery by Empowerment (NAZCARE) Prescott, Benson, Globe, Show Low, Bullhead City, Kingman, Eagar, Parker, Yuma, Casa Grande, Apache Junction, Cottonwood https://www.nazcare.org/ (928) 442-9205	Transitional Living Center Recovery (TLCR) Yuma, Casa Grande https://www.tlcrecoveryaz.com/ (928) 261-8668
Stand Together and Recover (STAR) Centers Avondale, Phoenix, Mesa https://www.thestarcenters.org/ (602) 231-0071	Hope Lives/Vive La Esperanza Phoenix, Flagstaff https://www.hopelivesaz.org/ (855) 747-6522	Avant Recovery Tucson https://avantrecovery.com/ (415) 652-1594

If you have additional questions regarding how to connect the members you serve to a Peer-Run Organization, please contact the Banner – University Family Care OIFA Team at oifateam@bannerhealth.com

Children’s System of Care

Provider Training Series: Transition Aged Youth Symposium

Register today for the Virtual Transition Aged Youth Symposium. The symposium will offer three 3-hour training sessions that feature speakers serving youth in our communities. Presentations will share statistics, best practices, youth serving programming and areas of need. For registration information contact CSOC@bannerhealth.com.

Training Date/Time: Thursday, Oct. 5; Monday, Oct. 9 and Thursday, Oct. 12 from 9 a.m. to Noon

These presentations will cover:

- Overview of the Behavioral Health Landscape
- A TAY Program Perspective - Overview and Best Practices
- Services and Needs for Justice Involved Youth Aging into Adults
- SMI Determination for youth
- Supporting Human Trafficking Victims/Strength Court Program
- The Importance of Pre-Employment Services and Programming Overview
- Community Resources/Youth on Their Own
- Adolescent Health Champion Model/Adolescent Health Alliance Overview
- First Episode Psychosis Identification and Programming

Language Translation and Interpretation Services

Members should receive culturally and linguistically appropriate services (CLAS). CLAS standards require that providers ensure member's preferred language and communication needs are met. Toward that end, B – UHP provides language assistance services for our members at no cost. Our services include language interpreter services and translation assistance. If a member cannot speak to us or one of our health plan providers because of a language barrier, providers should contact our Customer Care Center to arrange for a telephonic interpreter to help.

TTY is a free, 24-hour service for those who are deaf, hard of hearing, or speech impaired. To contact our Customer Care Center, TTY users should call 711. For more information on TTY, please visit <http://www.azrelay.org>.

Free ECSII Training Opportunity Provided by AHCCCS

Training on the Early Childhood Service Intensity Instrument (ECSII) is available courtesy of AHCCCS. The ECSII is an available resource as a stand-alone assessment tool for children birth through five and aligns with the requirements found in AHCCCS AMPM 210. Use of the ECSII tool can allow for effective identification of infants and toddlers with the highest need for intervention and a developmentally appropriate option for assessing the strengths and needs of a young child within their environment. We highly recommend that providers register as soon as possible. Training seats are limited.

To register for the training:

1. Access American Academy of Child & Adolescent Psychiatry (AACAP's) online store at: https://www.aacap.org/ItemDetail?iProductCode=ECSII_OL&Category=CASIIIECSII&WebsiteKey=a2785385-0ccf-4047-b76a-64b4094ae07f
2. Select the ECSII course and click "**Add to Cart**."
3. Click on **Proceed to Checkout**
4. Login using your AACAP account username and password credentials. * If the user is new they must create an AACAP account profile by clicking Create a new account.
5. When checking out, apply corresponding promotional code which will provide a 100% discount: ARNAECS
6. Complete your purchase.

To access your course:

1. Access AACAP's learning management system, Pathways at: www.aacap.org/pathways
2. Select **Access Your Courses**.
3. Log in using your established credentials from your purchase.
4. Your course(s) will be listed on the left side of the screen.

If you have questions about the ECSII, or screening for the Birth through Five population please contact Jennifer Blau, Children's System of Care Specialist at Jennifer.Blau@bannerhealth.com.

Infant Safe Sleep Training for Providers

Training Date/Time: Thursday, Oct. 19 from 9 – 10 a.m.

Training will include:

- ABCs of safe sleep

- preventative measures and safe sleep environments
- Culturally competent approaches to working with families
- Testimonials from families that have been directly affected by infant deaths attributed to unsafe sleep environments
- Community resources available to families

To register for the training contact CSOC@bannerhealth.com.

Universal Referral Form for School Based Services

AHCCCS rolled out a Universal Referral Form that can be used by any school in Arizona to refer a student to Behavioral Health Services. The Universal Referral form is housed on the AHCCCS BH in School Webpage. <https://www.azahcccs.gov/AHCCCS/Initiatives/BehavioralHealthServices/>

As part of an effort to incentivize providers to accept the Universal Referral Form, a milestone has been added to the DAP for provider type 77.

If you have questions about the Universal Referral Form, please contact BHInSchools@azahcccs.gov.

If you have questions about providing behavioral health services in schools, please contact Jennifer.Blau@BannerHealth.com.

New Determination Process for Seriously Emotional Disturbance (SED) Effective Oct. 1, 2023

Children who have SED are considered to have special health care needs and are eligible to receive services through Mental Health Block Grant (MHBG) funding. Effective Oct. 1, 2023, there will be a formal process that BH providers must follow for SED determination. All BH providers serving members under the age of 18 are required to participate in and/or refer members to the SED determination process.

Additional information on SED determination is included within the [SED Determination FAQs - https://www.azahcccs.gov/PlansProviders/Downloads/HealthPlans/2022/SED_EligibilityDeterminationsFAQs.pdf](https://www.azahcccs.gov/PlansProviders/Downloads/HealthPlans/2022/SED_EligibilityDeterminationsFAQs.pdf) at the website. Providers are strongly encouraged to attend the SOLARI trainings to ensure they understand the SED determination process. Contact Ashley.Gill@solari-inc.org or Tara.Bingdazzo@solari-inc.org for additional training information. Questions about the SED Determination Process can be sent to CSOC@bannerhealth.com.

Banner Centers of Excellence

Banner Centers of Excellence are programs recognized as providing the highest levels of leadership while demonstrating exceptional service delivery to our members. Banner COEs implement evidence-based practices that result in a high degree of positive outcomes. COEs deliver exceptional services while focusing on:

- High Quality of Care
- Evidence Based Practices
- Clinical Excellence
- Patient Satisfaction

Banner Recognized COEs include:

Birth through Five

- Easter Seals Blake Foundation (Pima)
- Casa De Los Ninos (Pima)

Autism

- Children's Clinic (Pima)
- Intermountain Center's for Human Development (Pima)
- Southwest Autism Center of Excellence (Maricopa)

Adolescent Substance Use

- Terros (Maricopa)
- COPE (Pima)

Transition Age Youth (TIP Model)

- Jewish Family and Children's Services (Maricopa)
- Southwest Network (Maricopa)

First Episode of Psychosis

- Valleywise (Maricopa)
- Resilient (Maricopa)
- Epicenter (Pima)
- Intermountain Centers for Human Development (Pima and Southern Counties)

Adult Pain Management

- Recovia

For more information about Banner Centers of Excellence: <https://www.banneruhp.com/resources/centers-of-excellence>

Provider Manual Updates

Updates to the B – UHP Medicaid Provider Manual have been made and will be effective **Oct. 8, 2023**.

Reminder: These updates can be found on BannerUHP.com under the Banner – University Family Care/ACC and ALTCS Provider Manual.

Key updates and changes:

- Addition of provider data changes to APEP section regarding section *Registering with AHCCCS*
- Addition of AzEIP evaluation report information to AzEIP section
- Addition of Augmentative and Alternative Communication (AAC) evaluation and device information to Prior Authorization section

AHCCCS Updates

AHCCCS Targeted Investments (TI) 2.0 Reminder:

The deadline for submitting the TI 2.0 program application is Sept. 30, 2023.

Targeted Investments (TI) 2.0 Program Overview

- Support and incentivize providers to develop and enhance comprehensive whole person care systems
 - o These systems should effectively address social risk factors that adversely affect health
- Eligible Medicaid providers will receive financial incentives via managed care plans for developing infrastructure and protocols to optimize coordination of services designed to meet:
 - o the member's acute, behavioral, and health-related social needs
 - o and address identified health inequities among their patient population
- Important Dates:
 - o **Jun. 30, 2023:** submit a Provider Interest Form to request justice partnership concept, use-case, or negotiation review (TIP Justice 2.0 applicants **only**)
 - o **Aug. 30, 2023:** submit Provider Interest Form to request application assistance and document review prior to submitting official application via the AHCCCS online portal
 - o **Sept. 25, 2023:** submit application via AHCCCS online portal with all required documentation by 5PM (AZ time), applicants must have an HER system capable of bidirectional data exchange and related scope of work with the HIE
 - o **Sept. 30, 2023:** TI 2.0 Program application is due
 - o **Dec. 29, 2023:** Acceptance letters will be sent by Dec. 23. Participants must meet baseline deliverables and be accepted to the TI 2.0 program to receive Year 1 payment. Year 1 incentive payment will be received early 2024

the Provider Interest form isn't the official TI 2.0 application. The official application will be submitted via AHCCCS Online Targeted Investment Portal. The application portal will be available Sept. 1, 2023

Please refer to the AHCCCS website at <https://www.azahcccs.gov/PlansProviders/TargetedInvestments> if you are interested in signing up for the program.

Maintaining Enrollment and Revalidation as an AHCCCS Provider

As an AHCCCS registered provider, it is important that you maintain your current licenses and certifications as well as adhere to revalidation requests in order to avoid termination and disruption to the Medicaid members you serve.

Please refer to the AHCCCS website at <https://www.azahcccs.gov/APEP> to learn more about reporting changes, maintaining current licenses, certifications and the revalidation process.

ATTENTION HCBS PROVIDERS: New Program for ALTCS Members

We are excited to announce that Banner has partnered with CareBridge Medical Group to provide an extra layer of support for members and caregivers. This program is called CareBridge 24/7 Member Support and began at the end of August with 2,297 eligible ALTCS D-SNP members. For members who opt-in, CareBridge sends a cellular-enabled computer tablet to the members'

homes. The program provides 24/7 telemedicine access to CareBridge's interdisciplinary team that includes nurses, advanced practitioners, and physician support to assist members with medical, behavioral, and SDOH needs. Members and their caregivers can use this service at no cost to help keep members in the home and out of the hospital. The service does not replace the member's PCP but is an extra layer of support available 24/7. For more information on the program, contact CareBridge's Provider Experience Liaison, Brittany Sykora at: Agency247@carebridgehealth.com.

Relias Learning Management System (LMS)

The ACC BH Providers, under the provider types listed at the link below, ensure that all employees who work in programs that support, oversee, or are paid by the Health Plan contract have access to Relias and are enrolled in the AzAHP Training Plans listed in this addendum. This includes, but is not limited to, full time/part time/on-call, direct care, clinical, medical, administrative, leadership, executive and support employees.

Provider types:

<https://azahp.org/azahp/azahp-accrhba-awfda/resources-2/>

Exceptions:

- Any employee(s) hired for temporary services working less than 90 days is required to complete applicable training at the discretion of the Provider.
- Any employee(s) hired as an intern is required to complete applicable training at the discretion of the Provider.
- Any Independent Contractor (IC) is required to complete applicable training at the discretion of the Provider.
- Behavioral Health Hospitals
- Federally Qualified Healthcare providers (FQHCs) may request exemption from their contracted Health Plan(s). Exemptions may be granted on a case-by-case basis and will consider the following: Portion of AHCCCS Members enrolled in the network and served by that provider, geographic area serviced, and number of other service providers in the surrounding area.
- Housing Providers
- Individually Contracted Practitioners
- Prevention Providers
- Transportation Providers

If you fall within the requirements, but have not yet gained access to Relias and the required trainings, as well as for additional information on other WFD requirements and technical assistance, please reach out to our Workforce Development team:

Selena McDonald, WFD Administrator/Associate Director WFD,
selena.mcdonald@bannerhealth.com

Cori McLain, WFD Coordinator, cori.mclain@bannerhealth.com

DREAM Job Fair

Are you a provider in Pima County? Do you have job vacancies to fill? Do you have members looking for employment opportunities? As a proud sponsor and co-chair of the planning committee, we would like to you to register as an employer for our in-person Fall 2023 DREAM Job Fair and encourage your members to register/attend as a job seeker.

When

Thursday, Oct. 26, 2023 from 10 a.m. - 1 p.m.

Where

Kino Event Center at Kino North Complex 2805 E. Ajo Way, Tucson, AZ 85713

Additional information can be found by visiting the website: <https://dreamjobfair.org/>

You may also reach out to our Employment and Workforce Development teams:

Employment:

Jody Gardner

Associate Director, Employment Services

jody.gardner@bannerhealth.com

Sara Hernandez

Complete Care Specialist

sara.hernandez@bannerhealth.com

Workforce Development:

Selena McDonald

Associate Director, WFD

selena.mcdonald@bannerhealth.com

Cori McLain

WFD Coordinator

cori.mclain@bannerhealth.com

Provider Services & Support

Provider Satisfaction Survey Available through September 2023

Banner – University Health Plans invite our contracted providers to share your feedback by participating in our 2023 Provider Satisfaction Survey.

Available August through September 2023

The purpose of this survey is to assess overall provider satisfaction and identify specific key focus areas of satisfaction with the following departments: Provider Experience/Customer Care Center, Provider Relations, Reimbursement Services, Provider Data Management, Medical Management, Contracting and Credentialing.

In addition, this survey will be used to better understand the needs of our members and the capabilities of our network. The results of the Provider Satisfaction Survey will help Banner identify key opportunities for improving the experience of our providers and our internal processes within the organization in order to make doing business with Banner easier.

Survey available at this link: <https://www.banneruhp.com/resources/notifications/08022023-2023-provider-satisfaction-survey>

Model of Care Training and Attestation

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, but no later than **Sept. 30, 2023**. By doing so, you will be better equipped to implement the content and incorporate the requirement into the care you provide. Any and all new providers joining your group should attest within 60 days of hire.

Contracted providers, Subcontractors and Non-participating providers with Banner Dual HMA 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.banneruhp.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.

If you need assistance or have questions, please contact your Care Transformation Specialist or Consultant.

Behavioral Health Appointment Standards Update Psychotropic Medications

1. Assess the urgency of the need immediately.
2. Provide an appointment, if clinically indicated, with a practitioner who can prescribe psychotropic medications within a timeframe that ensures the member:
 - a. Does not run out of needed medications, or
 - b. Does not decline in their behavioral health condition prior to starting medication, but no later than 30 calendar days from the identification of need.

Physical Health Best Practice Guidelines

B – UHP has devised a set of Physical Health Best Practice Guidelines that are found in the most current evidenced-based literature; the guidelines are member-centric, population-outcome based, and focused on quality improvement. Primary care physicians, specialists, and other health care providers are expected to utilize these Best Practice Guidelines to achieve excellence in patient care and service delivery. These guidelines will be disseminated widely, and their implementation will be monitored on an ongoing basis. Most recently, B – UHP has adopted the American College of Cardiology and American Heart Association 2022 Guidelines for the Management of Heart Failure. The guideline discusses diagnosis and treatments available for heart failure.

Additional information and resources on best practice guidelines are available on the Medical Necessity Criteria & Clinical Practice Guidelines webpage:
<https://www.banneruhp.com/resources/clinical-practice-guidelines>.

We welcome any feedback regarding the adoption of the Alzheimer’s Disease Best Practice Guidelines for B – UHP. Feel free to contact me via email at sheena.sharma@bannerhealth.com with any questions or concerns.

Cultural Competency Plan

We are in the process of evaluating our 2023 Cultural Competency Plan and developing the 2024 Plan. We would like your feedback on the 2023 Cultural Competency Plan and input developing the 2024 Plan. Please review the 2023 Cultural Competency Plan Goals and Objectives (below) and let us know how we performed as well as provide recommendations for the 2024 Cultural Competency Plan. Send your feedback and recommendations to Kurt.Sheppard@bannerhealth.com.

Expand Cultural Competency Training Options for Staff and Providers

- Expand training to include comprehensive Cultural Intelligence training on special populations for all B – UHP staff.
- Work directly with Work Force Development Department to offer contracted health provider offices virtual or live training in Cultural Sensitivity topics.
- Update current NEO and Annual Cultural Competency Training
- Engage Member/Family advocacy and community members for feedback sessions to improve training offered.

Aligned efforts on supporting health equity by identifying health disparities within B – UFC/ACC membership.

- Develop a Health Equity plan for B – UFC/ACC. Plan to include member, provider, and community engagement addressing Health Disparity and Health Equity barriers in B – UFC/ACC service areas.
- Utilize population health data to identify conditions affecting minority populations we serve.
- Participate in the Association of Community Affiliated Plans (ACAP) Health Equity learning collaborative.
- Work with Jvion, B – UHP risk stratification tool, to identify social vulnerabilities which create barriers to care to better match members to community resources.

- Analyze and present information quarterly to the Cultural Competency Committee and Executive Leadership Departments.
- Partner with Quality Department to access and review data provided by ongoing audits and Health Disparity reporting to help identify interventions to address disparities.

Increase member voice and feedback in Cultural Competency efforts.

- B – UFC OIFA will partner with the Cultural Competency Committee to build mechanisms to recruit, retain, train, support, incentivize and operationalize member and family engagement in the monthly Cultural Competency Committee.
- Execute a Community Educational Campaign, utilize a culturally sensitive approach, focusing on Veteran/Military populations.
- Develop a welcome pamphlet for tribal members: “Understanding Your Benefits.”

Z-Codes

AHCCCS contract 10/1/23 requires monitoring, promoting and educating providers on the use and importance of z-codes. These codes should be included on claims to support data collection on the HRSN experienced by AHCCCS members.

By working together, we can help to remove barriers to improved health and help provide improved quality of life to members. By utilizing z-codes, Banner Health Plans will be able to better understand the unique, social needs of our members and help connect members with available resources.

We are currently developing a training aid which will be distributed to providers.

SMI eligibility reminder for members receiving Long Acting Injectables (LAI)

As part of our commitment to providing comprehensive and effective care for our members, the Adult System of Care Team (ASOC) want to emphasize the importance of thorough evaluations when considering the integration of Long-Acting Injectables (LAIs) into the member’s treatment plan. The LAI is often prescribed to address adherence to oral medication and has become increasingly recognized for their potential benefits in improving treatment adherence and overall member outcomes.

Members on the LAI may meet criteria for the designation of Seriously Mentally III (SMI). Please ensure the member’s needs are met and contact member to discuss SMI benefits. If a member has previously declined an SMI evaluation or was determined Not SMI, continue to review, and offer SMI evaluation. (See AMPM 320-P attachment B for qualifying diagnoses).

If you have further questions regarding the SMI application or process, please contact Jennifer Janzen with Solari at Jennifer.Janzen@solari-inc.org or (480) 273-3847.

If you have questions, concerns, or need behavioral health referral for care management, please email the behavioral health mailbox at BUHPCareMgmtBHMailbox@bannerhealth.com.

News of Note

eviCore Case Review

When sending cases to eviCore, if the codes requested go to both Banner and eviCore to be reviewed, only send them to Banner; we will review all codes in their entirety.

Compliance Corner

Breach Notification Rules

A Health Information Portability and Accountability Act (HIPAA) Breach is defined as the "acquisition, access, use, or disclosure of Protected Health Information (PHI) in a manner not permitted by the Privacy Rule which compromises the security or privacy of the PHI."

Breach notification rules apply to all Covered Entities including Providers who transmit any health information in an electronic form. The breach rule also applies to business associates which are a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity.

Once a covered entity has identified that a breach has occurred, there is an obligation to notify any relevant parties within 60 days following the date of discovery. The 60 days applies even if when discovered the covered entity was not sure if the PHI was compromised. This would mean that communication would be required to any members and if it involved more than 500 individuals, the covered entity is required to utilize a media outlet within the state or jurisdiction where the breach occurred and to post the information in addition to notifying the Department of Health and Human Services.

In addition, providers are required to notify the Banner Medicaid and Medicare Health Plans if the breach involved members of those plans. The notification to the Health Plans should occur as soon as possible after the discovery.

The Department of Health and Human Services Office of Civil Rights has received 382 notices of breaches over 500 individuals from January 1, 2023, to present. Of the 382 notices 302 of those notices or 79% were due to IT Hacking incidents of Electronic Equipment or Network Servers.

The Security Rule requires covered entities to:

- Ensure the confidentiality, integrity, and availability of all electronic PHI that they can create, receive, maintain, or transmit;
- Identify and protect against reasonably anticipated threats to the security or integrity of the information;
- Protect against reasonably anticipated, impermissible uses or disclosures;
- Ensure compliance by their workforce.

Covered entities must review and modify their security measures in response to a changing environment and continue to protect electronic PHI.

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
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711

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, TTY 711

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

Banner Medicare Advantage Customer Care

Banner Medicare Advantage Prime HMO - (844) 549-1857, TTY 711

Banner Medicare Advantage Plus PPO - (844) 549-1859, TTY 711

Banner Medicare Advantage Dual HMO D-SNP - (877) 874-3930, TTY 711

Banner Medicare RX PDP – (844) 549-1859, TTY 711

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)

FAX: (800) 223-8164

Mail:

US Department of Health & Human Services

Office of the Inspector General

ATTN: OIG HOTLINE OPERATIONS

PO Box 23489

Washington, DC 20026