Banner University Health Plans

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Provider Update – Third Quarter 2019

Changes to the Prior Authorization Grid

As you may have already heard, Banner University Health Plans (BUHP) updated the Prior Authorization (PA) grid on August 1, 2019. Both the PA and J Code grids are available online under "Provider Resources – Prior Authorization" on the Banner - University Family Care (BUFC) and Banner - University Care Advantage (BUCA) websites. The chart below outlines the changes to the Prior Authorization grid. To find the PA grid for all BUHP, visit https://www.banneruhp.com/materials-and-services/prior-authorizations-and-referrals#Prior-Authorization-Grids. **Please share this information with your prior authorization staff.**

SPECIALTY TYPE/SERVICE	GRID UPDATES
Obstetrician (OB) Ultrasounds	• BUHP **no longer** requires a prior authorization (PA) for ultrasound CPT codes 76811, 76812, 76813, 76814, 76815, 78616, 76817, 76801 and 76805.
Lung Volume Reduction	• BUHP **now requires** a prior authorization (PA) for CPT Codes 32491
3D Mammogram Tomosynthesis	• BUHP **now requires** a prior authorization (PA) for CPT codes: 77061,77062, 77063
Medical Foods for under 21 years of age and 21 years and older **(Form for Under 21)** https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/430_AttachmentB.docx **(Form for 21 or Older)** https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/310GG-A.docx	• BUHP **now requires** a prior authorization (PA) for S9435, S9434, S9433, B4158, B4159, B4160, B4161, B4162 Along with the Prior Authorization request, attach either the **Certificate for Medical Necessity for Commercial Oral Nutritional Supplements Form for Under 21 years of age** OR **AHCCCS Certification of Medical Necessity for Commercial Oral Nutritional Supplements for Members 21 years of Age or Older-Initial or Ongoing Requests** These forms can be found on the AHCCCS.gov website. The links are listed on the left for your convenience.

Please double check the billing to ensure use of appropriate code(s). If you have any questions, please contact your assigned Provider Relations Representative.

Opioid Updates

E-Prescribing of Controlled Substances (EPCS)

In February, Arizona Governor Doug Ducey signed into law the bill requiring all Arizona providers to electronically prescribe Schedule II controlled substances by January 1, 2020. It also removed the waiver process for EPCS that was included in the original legislation.

- Benefits of e-prescribing include:
  - Improving patient care
  - Reducing prescription errors by 50% or more
  - More secure than a paper prescription that can be tampered with, lost or stolen
  - Your DEA number is no longer out in circulation on paper prescriptions
- Steps to become ready for EPCS
  - Contact your EHR or e-prescribing vendor and ask if they are EPCS – certified.
  - Complete identity proofing requirement
  - Obtain dual authentication device or process
  - Set up access controls
  - Go live with EPCS and adjust work flow

For more information, go to https://healthcurrent.org/information-center/controlled-substances/

Opioid Safety Edits

Federal opioid legislation monitoring requirements (42 USC 1396a(oo) must be implemented by October 1, 2019. This will apply to AHCCCS members, including members enrolled in Banner – University Family Care (ACC) and Banner – University Family Care (ALTCS).

- These requirements include:
  - **Limitations for opioid-naïve members**
    - If there is no paid claim for an opioid in the previous 60 days, the opioid claim will reject if greater than a 5-day supply. This is currently in place and there will not be any changes to this edit.
  - **Member utilization when the current cumulative dose of opioids is greater than 90 morphine milligram equivalents (MME)**
    - If the cumulative dose of opioids is 90-199 MME and the opioids are prescribed by two or more prescribers, the prescription will reject at point of sale (POS). This includes active prescriptions previously processed (if applicable) plus the current prescription the pharmacy is processing. The pharmacist will be able to override (if appropriate) after reviewing the prescription and member history and discussing with the prescriber.
    - If the cumulative dose of opioids (active prescriptions previously processed if applicable plus current prescription pharmacy is processing) is 200 MME or greater and the opioids are prescribed by two or more prescribers, the prescription will reject at POS. Submission of a prior authorization to Banner University Health Plans will be required. The prior authorization should document why the member requires this dose of opioids.
  - **Opioid benzodiazepine concurrent use edit**
    - If a member has an active prescription for an opioid and the pharmacy attempts to process a prescription for a benzodiazepine and these drugs are prescribed by two different prescribers, the prescription will reject at POS.

        - This edit is bidirectional so if the member has an active prescription for a benzodiazepine and the pharmacy attempts to process an opioid and these drugs are prescribed by two different prescribers, the same reject will occur.
        - A prior authorization request will need to be submitted to Banner University Health Plans. This should document why member needs to be using a combination of an opioid and a benzodiazepine.
    - **Opioid antipsychotic concurrent use edit**
        - If a member is on an antipsychotic and the pharmacy attempts to process a claim for an opioid and these drugs are prescribed by two different prescribers, the claim will reject if there is a 30 day or longer overlap in these two prescriptions. This will allow for short-term opioid use for acute indications.
        - This is a unidirectional edit so that claims for an antipsychotic will not reject at POS when the member is on an opioid.
        - A prior authorization request will need to be submitted to Banner University Health Plans. This should document why member needs to be using a combination of an opioid and an antipsychotic.
- Exclusions to the edits include:
    - Members who are in hospice
    - Long-term care claims (patient residence code of 3 or 9)
    - Members with a cancer or sickle cell diagnosis who have a claim for a drug indicated for one of these conditions in the past 180 days
- Prescribers who have the same address (same practice) will be counted as one prescriber.
- Please contact BUHPPharmacy@bannerhealth.com if you have any questions.

Well Care Visits for Children, Adolescents part of AHCCCS Measures

BUHP encourages providers to reach out to members to encourage them to follow the Arizona Health Care Cost Containment System (AHCCCS) schedule of wellness visits described below. Seeing these patients on a regular schedule will allow you to identify health issues early and have fewer complications. ***B-UFC/ACC does not limit the number of medically necessary billed Well Child /Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Visits per year***.

AHCCCS promotes initiatives to improve Adolescent Well Care, Well Child 0 – 15 months and Well Child 3 – 6 years in the following measures:

Measure Descriptions:

- ***Well Child 0 – 15 months***: These members should have at least 6 well child visits with a PCP during their first 15 months of life.
- ***Well Child 3 – 6 years:*** These members should have had at least one well child visit with a PCP each year for years 3, 4, 5 and 6.
- ***Adolescent Well Care:*** These members ages 12 up to 21 years should have at least one comprehensive well care visit annually with a PCP or OB GYN provider.

MEASURE	AGE GROUP	REQUIRED EPSDT VISITS	COMPLETION DATE
Well Child Visits	0 – 15 months	3-5 days after birth, 1 month, 2 months, 4 months, 6 months, 9 months, 12months, 15 months (Appointments need to be at least 2 weeks apart)	Must be completed by 09/30/19
Well Child Visits	3 – 6 years	One Visit Annually	Must be completed by 09/30/19
Adolescent Well Visits	12 – 21 years	One Comprehensive Visit Annually	Must be completed by 09/30/19

Providers must complete EPSDT forms at every EPSDT/Well Visit and perform all age appropriate screenings and services in accordance with the AHCCCS EPSDT and Dental Periodicity Schedules. You can find copies of the forms on AHCCCS website at https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/AppendixB.pdf

Forms should be submitted to the Health Plan and a copy should to stay in the medical record. **Timely submittal is important due to referrals generated from forms.**

Please send forms to : Fax: 520-874-7184; SECURE Email: BUHPEpsdtForms@bannerhealth.com

Child and Family Team (CFT)

BUHP supports the AHCCCS Child and Family Team (CFT) model for children's behavioral health interventions.

The Arizona Vision

The CFT was created out of The Arizona Vision. The Arizona Vision, as established by the Jason K. Settlement Agreement in 2001, states, "In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's and family's cultural heritage."

The 12 Principles for Children's Service Delivery (12 Principles)

1. Collaboration with the child and family
2. Functional outcomes
3. Collaboration with others
4. Accessible services
5. Best practices
6. Most appropriate setting
7. Timeliness
8. Services tailored to the child and family
9. Stability
10. Respect for the child and family's unique cultural heritage
11. Independence

12. Connection to natural supports

What is the Child and Family Team (CFT)

Arizona's CFT practice model was created as a guide to ensure the consistent delivery of quality care to children enrolled in behavioral health services. The CFT model utilizes nine guiding principles and is reflective of the Arizona 12 Principles and the Arizona Vision highlighted above. All children's behavioral health providers are required to deliver care and services by applying these principles and in accordance with the Arizona Vision. Through the CFT process, parents/caregivers and youth are treated as full partners in the planning, delivery, and evaluation of services and supports. The CFT process involves the following nine guiding principles:

1. Engagement of Child and Family: active development of a trusting relationship based on empathy, respect, genuineness and warmth to facilitate moving toward an agreed upon outcome.
2. Crisis Identification and Stabilization: determining if the child or family has any immediate crises or concerns that need to be addressed and stabilized.
3. Strengths, Needs, and Cultural Discover (SNCD): getting to know the family and reflecting that knowledge through the development of a SNCD that can be used to guide planning and service delivery.
4. CFT Formation/Coordination of CFT practice: determining, with the family, who could be helpful to have on the Child and Family Team to help the child and family reach their goals.
5. Service Plan Development: developing an Individualized Service Plan (ISP) to address the needs and utilize the child's and family's strengths while being observant of the family's culture.
6. Ongoing Crisis Planning: developing a crisis plan when needed to assist the child and/or family.
7. Service Plan Implementation: effectively implementing the service plan in a timely manner.
8. Tracking and Adapting: making changes in the service plan or in providers to effectively reach the desired outcomes.
9. Transition Planning: anticipating transitions that may affect the child and family in their progress toward their goals, this includes transition out of services or discharge planning.

CFT Frequency and Expectations

Banner - University Family Care (BUFC) supports the concept of a CFT established for each member receiving services. The size, scope and intensity of the CFT are driven by the needs of the member and family. The team includes the member, guardian and CFT facilitator who is usually a case manager. The CFT may also include natural/community supports and possibly additional providers. Some common members of the CFT for children who have other system involvement include the Department of Child Safety (DCS), the Department of Developmental Disabilities (DDD), Juvenile Justice (Probation or Parole), and the school. The CFT meets as determined by the team based on member's unique needs to complete service and discharge planning. Service planning takes place during a CFT meeting as all members of the team play an important role in the identification and implementation of both formal and informal supports.

An initial assessment and Individualized Service Plan (ISP) must be completed within seven days of the request. The first behavioral health service following the initial assessment will take place as expeditiously as the member's health condition requires but no later than 23 calendar days after the initial assessment. Subsequent behavioral health services will occur as expeditiously as the member's health condition requires but no later than 45 calendar days from the identification of need. More frequent updates are needed for higher acuity members, such as those who have experienced crisis, hospitalization or who have a new diagnosis. Members in an out-of-home (OOH) residential service setting require CFTs to occur every 30 days to allow for effective discharge planning.

For additional resources please see the **AHCCCS CFT Tool** (https://www.azahcccs.gov/PlansProviders/Downloads/GM/ClinicalGuidanceTools/ChildFamilyTeam/ChildFamilyTeam.pdf) and the **Behavioral Health Comprehensive Provider Manual** found on the BUHP website (www.banneruhp.com).

Coordination of Care & Children's Specialty Behavioral Health Provider Directory

Coordination of care and discharge planning helps to ensure that services are accessible, provided in a timely manner and provided in the most appropriate and least restrictive setting. To support providers with discharge planning and transition from the Crisis Response Center and hospitals, as well as to support other identified needs, BUFC has developed a **Children's Specialty Behavioral Health Provider Directory**. The Children's Specialty Behavioral Health Provider Directory is intended to assist in identifying specialty services and programs that are open to receiving external referrals, with the goal of utilizing community-based services when possible and clinically appropriate. The directory contains a list of AHCCCS covered services that can be utilized by BUFC ACC members.

For more information and access to the *Children's Specialty Behavioral Health Provider Directory*, visit: www.banneruhp.com/resources/child-and-family-support

Which growth charts & standards should be used for children?

BUHP recognizes two options for growth charts for children: WHO and CDC.

The **World Health Organization (WHO)** growth charts are the preferred charts for infants and children 0 to 2 years of age and should be utilized by providers.

- The WHO standards establish the growth of breastfed infants as the benchmark for infant growth. These WHO charts reflect the growth patterns of children who were predominantly breastfed for at least 4 months and still breast feeding at 12 months.
- WHO growth standards provide a better description of physiological growth in infancy. The WHO growth charts are standards which identify how children should grow when provided optimal conditions. In contrast, the CDC growth charts reference how typical children in the US did grow during a specific period; these typical growth patterns may not reflect the ideal growth patterns.
- The WHO standards are based on a higher quality study which was designed explicitly for the creation of growth charts; the WHO did not experience the same infant data limitations as the CDC.

The **Centers for Disease Control (CDC)** utilizes growth charts for children 2 years and older.

- The CDC growth charts can be used continuously from ages 2 through 19 years of age.
- For children from 2 to 5 years old, the methods used to create both CDC and WHO growth charts are similar.

Additional Resources

Both the WHO and CDC growth charts are available on the CDC's website: https://www.cdc.gov/growthcharts/who_charts.htm#The%20WHO%20Growth%20Charts

Other valuable information on this site includes:

- CDC Data Tables for both boys & girls

    - Weight-for-Length & Head Circumference-for-Age
    - Length-for-Age & Weight-for-Age
- Online training course *Using the WHO Growth Charts to Assess Growth in the United States Among Children Ages Birth to 2 Years*. This CDC course targets health care providers such as nutritionists, nurses, pediatricians and other providers who measure and assess child growth.

Fraud, Waste and Abuse

Fraud is purposely giving wrong or misleading information in order to receive a benefit or some type of service. **Abuse of the Program** is provider practices or member practices that result in an unnecessary cost to the AHCCCS program. **Waste** is over using services or misusing resources or practices.

What can you do? Anyone can report fraud - there are no restrictions. Fraud, waste and abuse hurts everyone. If you suspect a possible case, please report it immediately.

Some Examples of Provider Fraud Include:

- Upcoding: Billing a higher level of service than provided to get a higher reimbursement
- Overbilling or duplicate billing
- Billing for appointments the member failed to keep
- Unbundling: Separate pricing of goods or services that should be billed together in order to increase revenue
- Billing for services outside of scope of license or not provided
- Falsifying records/billing
- Cloning or copy/pasting records from one visit to the next or one patient to the next
- Billing for unnecessary services or overutilization – adding unnecessary tests, prescriptions, treatment or other medical services that are medically unnecessary in order to increase payments

- Billing under the NPI of another provider for high reimbursement or due to non-credentialing
- Balance billing a member or charging an inappropriate co-pay
- Failing to sign and date progress notes thus not validating the service occurred that was billed
- Failure to document a service

The Health Care Fraud Statute makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment for up to 10 years. It is also subject to criminal fines of up to $250,000.

Banner University Health Care Contact Information	
BUHP Customer Care Banner - University Family Care - ACC (800) 582-8686 Banner - University Family Care – LTC (833) 318-4146 Banner - University Care Advantage – SNP (877-) 874-3930 **BUHP Compliance Officers** (520) 874-2847 or (520) 874-2553 **BUHP Compliance Department FAX** (520) 874-7072	**BUHP Compliance Department Mail:** BUHP Compliance & Audit Dept 2701 E Elvira Rd Tucson, AZ 85756 **Confidential and Anonymous Compliance Hotline (ComplyLine)** (888) 747-7989

BUHP Compliance Department Email BUHPCompliance@BannerHealth.com	
AHCCCS Office of the Inspector General **Providers are required to report any suspected FWA directly to AHCCCS OIG**	
Provider Fraud (602) 417-4045 (888) 487-6686 **Member Fraud** (602) 417-4193 (888) 487-6686	**Website** www.azahcccs.gov (select **Fraud Prevention**) **Mail:** Inspector General 701 E Jefferson St. MD 4500 Phoenix, AZ 85034
Medicare **Providers are required to report all suspected fraud, waste and abuse to the Health Plan or to Medicare**	
Phone: (800) HHS-TIPS (800-447-8477) **FAX:** (800) 223-8164 **TYY:** (800) 377-4950 **Website:** https://forms.oig.hhs.gov/hotlineoperations	**Mail:** US Department of Health & Human Services Office of the Inspector General ATTN: OIG HOTLINE OPERATIONS PO Box 23489 Washington, DC 20026

Limitations on Billing and Collection Practices

As part of the AHCCCS registration and minimum contract provisions, except as provided in Federal and State law and regulations, Providers shall not bill, or attempt to collect payment from a person who was AHCCCS eligible at the time the covered service(s) were rendered, or from the financially responsible relative or representative for covered services that were paid or could have been paid by the System.

BUHP Contact Changes – Please update your files

Felicity Gutierrez has been named Sr. Manager of Provider Relations for BUHP.
Provider Relations general inquiry mailbox: BUHPProviderNotifications@bannerhealth.com

Customer Care
Banner - University Care Advantage - (877) 874-3930
Banner - University Family Care ACC- (800) 582-8686
Banner - University Family Care ALTCS- (833) 318-4146

******Note: We have included an updated Neighborhood Provider Relations Representative Contact List on the next page******

Neighborhood #	Neighborhood Name	Rep
NBHD 1	Sun City	Luis Valdez Ramos
NBHD 2	N. Central Phoenix	
NBHD 3	Scottsdale	
NBHD 4	Southwest	Bobbie Tabor
NBHD 5	Central	
NBHD 6	East	Rose Gresham
NBHD 7	Pinal	Minerva Robles
NBHD 8	Eastern	Minerva Robles
NBHD 9	Gila	Minerva Robles
NBHD 10	Graham/Greenlee	Minerva Robles
NBHD 11	Cochise	Minerva Robles
NBHD 12	Pima North	Danielle Carnes Kacer
NBHD 13	Pima Central	Danielle Carnes Kacer
NBHD 14	Sahuarita/Green Valley	Danielle Carnes Kacer
NBHD 15	Pima West	Danielle Carnes Kacer
NBHD 16	Yuma	Cecilia Bernal Edwards
NBHD 17	La Paz	Cecilia Bernal Edwards