

March 2020 Update

COVID-19 Provider Resources Available

from Ed Clarke, MD, Chief Medical Officer, Insurance Division & Seth Dubry, MD, Associate Chief Medical Officer, BUHP

Colleagues:

We have received many COVID-19 related questions from the provider teams that take care of our members in the Banner University Health Plans (BUHP) and Banner Health Network (BHN) products. I wanted to share the materials the system teams have created to help give direction to Banner employed and contracted providers as they are applicable to many of you that practice in the community. These materials can be found on the BUHP website (<https://www.banneruhp.com/resources/covid-19>). These materials were created following the guidance of the CDC and national public health experts. This situation is fluid and the materials may be updated frequently.

Also note that many of the provider group forums we have scheduled in the short-term are either being rescheduled or are converted to Skype / audio meetings, and many of the BHN/BUHP representatives that regularly visit your practices may conduct their business with you telephonically per the request of our clinics.

We will continue to share information from the Banner system teams.

COVID-19 and Long Term Care

from ALTCS Administrator Lawrence O'Connor

Long Term Care members may be at higher risk for serious illness from COVID-19 because of their age or because they have a serious long-term health problem. It is extra important for you and your employees to take actions to reduce the risk of getting sick with the disease.

As such, Banner University Health Plans strongly recommends following the CDC recommendations to help prevent the entry of COVID-19. These recommendations can be found at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

We suggest you regularly visit the website for the most updated information on Steps to Prevent Illness and Older People & People with Chronic Diseases at Higher Risk.

We thank you for your assistance in helping us keep our members, and those who care for them, safe.

A change is coming to your eServices portal login

In order to provide a more streamlined experience for providers and their staff, we are creating a single sign-on mechanism for your Banner eServices and Provider Service Hub portals.

What is being done?

We are merging the two portals together to provide a single site for providers to access information. All services currently offered by the eServices portal will be brought into the Provider Service Hub.

Why is this being done?

We want to make accessing your information easier and make experience more consistent. This move will bring services under a single portal, requiring only one website and login to remember. In addition, the provider service hub allows enhanced user management features, allowing you to manage access to the portal for your organization.

Who will this affect?

All providers and provider office staff members who currently log in to either the Banner eServices portal or the Banner Provider Service Hub portal will be able to benefit from this update. Your practice (identified by TIN and AHCCCS ID) can have a single administrator who can process user account requests for providers and practice staff.

When will this go into effect?

We are planning a go-live of mid-April 2020. Development work is ongoing and happening behind-the-scenes. You will receive more information about requesting your login in March and April via the Provider Portal and your Provider Rep.

If you have questions about how to get started or how this change impacts you and your staff, please reach out to your Provider Relations Representative.

Utilizing Urgent Care for Medical Clearance Getting Urgent Behavioral and Physical Health Care Needs Met

Did you know that you can get a medical clearance completed for a member at one of Banner's Urgent Care facilities? Did you know many health care concerns can be handled at an urgent care? This can be easier and faster than going to an emergency department.

Utilizing the urgent care for medical clearance can help transition a member to a residential level of care in a timely manner.

BUFC has partnered with community behavioral health providers and Banner Urgent Care Centers. Together, we designed processes for behavioral health providers to coordinate care with Banner Urgent Cares to meet members urgent physical and behavioral health care needs.

Reasons to use Banner Urgent Care

- Coordination of health care needs through referral or walk-in to expedite care
- Banner Urgent Cares: Use fully certified medical staff
 - Allow for much shorter wait times than other emergency settings, such as emergency departments
 - Complete care usually within 1 hour
 - Open between 8 a.m. to 9 p.m.

Participating Banner Urgent Care Locations

- 1120 S Gilbert Rd, Mesa, 85204, 480-827-5720
- 7952 N 43rd Ave, Glendale, 85301, 623-465-6330
- 3611 N Campbell Ave, Tucson, 85719, 520-694-4650
- 5545 E Broadway Blvd, Tucson, 85711, 520-694-4920
- 7066 E Golf Links Rd, Tucson, 85730, 520-694-6420
- 7089 N Thornydale, Tucson, 85741, 520-694-6600
- 6021 N Oracle Rd Ste 107 Tucson, 85704, 520-694-6550
- 1676 E McMurray Blvd #1, Casa Grande, 85122, 520-316-0688

Annual Wellness Visit incentive for members

Banner – University Care Advantage (HMO SNP) (B – UCA) is launching a wellness campaign for our D-SNP Medicare Advantage (MA) members. As part of this campaign, we will contact members by letter and encourage them to see their provider for their Annual Wellness/Comprehensive Health Assessment (CHA) visit.

The CHA initiative requires the member to complete their CHA visit (initial or subsequent) sometime in 2020 per CMS guidelines found. The reward for this initiative is a \$25 gift card. This initiative is available to all B – UCA members.

To receive the incentive, members will be required to obtain a provider signature attesting to the CHA visit. The member should present their form for a signature at the time of service. If the member does not bring their form to the appointment, a replacement form may be downloaded on our website at www.BannerUCA.com. Providers must sign the form and fax or mail in the form to the information listed on the form.

If you have any questions about this initiative, please contact Kristina Medina at 520-874-2185 or your Provider Relations Representative.

New website available to offer mental health resources, services, guidance

The Adult System of Care generated an Adult General Mental Health and Substance Use (GMH/SU) Support web page. ASOC wants to offer helpful information to providers regarding behavioral health services, resources and general guidance for the GMH/SU population. Our initial goal for the web page is to allow providers to collaborate and access supportive services between agencies for our members, families and community. The directory also provides information on Medication Assisted Treatment Service: highlighting Opioid Treatment Programs (OTP) and Office Base Opioid Treatment (OBOT) across central and southern AZ.

Link: <https://www.banneruhp.com/resources/mental-health-and-substance-use>

Overview:

- 9 Guiding Principles and Adult Recovery Team
- Specialty GMH/SU Provider Directory
- All specialty BH services throughout Central and Southern AZ
- Substance Use resources and links

- Peer and Family Run Organizations
- Community Support Services
- Hotlines

We welcome any thoughts or feedback you might like to share. For questions regarding the Specialty GMH/SU Provider Directory, or to be added to the document, please contact Adult System of Care Coordinator, Patricia Iniguez, at Patricia.Iniguez@bannerhealth.com. For general questions, please contact Adult System of Care Sr. Manager, Alejandro Flores at Alejandro.Flores@bannerhealth.com.

TECHNICAL ASSISTANCE:

The Adult System of Care in collaboration with Crisis Response Network (CRN) helped develop Helpful Tips on submitting SMI determination packets. This handout provides administrative and clinical information before submitting an SMI packet. Our goal is to help providers decrease errors when submitting SMI determination packets via the portal:
<https://www.crisisnetwork.org/smi/provider/#smi-assessment>.

CRN is open to providing on-site training for clinical staff such as onboarding staff and/or refresher course in SMI determination packets. For further information contact Kristine Hansen, Manager of Eligibility and Care Services: Kristine.Hansen@CrisisNetwork.org

A flyer about CRN follows at the end of this newsletter.

Social Determinants of Health Diagnosis Code Billing

Social Determinants of Health provide a valuable source of information including social factors that may impact member health. Providers should routinely screen for and document Social Determinants of Health. Any Social Determinant ICD-10 diagnosis codes that are identified should be included on the submitted claims for AHCCCS members, in order to comply with state and federal coding requirements.

Please note that Social Determinant ICD-10 diagnosis codes should not be billed as primary diagnosis; they are secondary ICD-10 codes. The only exception is the use of code Z13.9, Encounter for Screening, Unspecified, that can be utilized when a screening is performed, and no other diagnosis is documented to support the screening. The intent of this code is not to be used for every screening.

For a list of ICD-10 codes relevant to social determinants of health, please see Exhibit 4-1, Social Determinants of Health ICD-10 Code List in the Fee-For-Service Provider Billing Manual. The list of social determinants of health codes may be added to or updated on a quarterly basis. Providers should remain current in their use of these codes.

Thank you for attention to this matter.

Please reference:

AHCCCS Fee-For-Service Provider Manual, Chapter 4, General Billing:
<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

AHCCCS Demographics, Social Determinants and Outcomes:
<https://www.azahcccs.gov/PlansProviders/Demographics/>

AHCCCS Social Determinants of Health ICD-10 Code list:
https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/Exhibit_4-1SocialDeterminantsHealthICD-10List.pdf

Maternal & Child Health Care Management and coordination

➤ **OB/Maternity Care Management:**

- BUHP places a critical importance on early, regular and high-quality prenatal health care. Our OB Care Mgt team is dedicated to working with members and providers to coordinate care and support members with increased risks or needs in pregnancy and to alleviate barriers to care throughout their pregnancy and postpartum periods.
- **Early “Notification of Pregnancy” to the Health Plan by providers is vital to our ensuring the most expedient and effective maternal Care Management & Coordination.**
- The NOP (Notification of Pregnancy) form is available in the Banner University Health Plans Provider Manual at: https://www.banneruhp.com/-/media/files/project/uahp/maternity-care/buhp_notice-of-pregnancy-form_oct2018.ashx?la=en

➤ **Pediatric Care Management:**

- BUHP’s Maternal Child Health team offers fully-integrated Pediatric Care Management & Care Coordination, for any member under 21 years of age. Dedicated RN Care Managers with extensive Pediatric clinical and health plan experience are available to coordinate with providers and facilitate, support and guide members/guardians to positive health outcomes.
- The BUHP Pediatric Care Management and Children’s Behavioral Health Care Mgt. teams work closely together to effectively co-manage and coordinate the complex combination of both physical and behavioral healthcare needs.

➤ **Children’s Rehabilitative Services (CRS):**

- BUHP now manages the fully-integrated physical and behavioral health services for BUHP members with active CRS enrollment/designation. The Health Plan’s Maternal Child Health Department provides care-coordination support to CRS members, families and providers.
- BUHP’s Maternal & Child Health team has CRS Eligibility Specialists and Liaisons dedicated to assisting with the complex CRS application process & member support requirements.

****ANY REFERRALS** or needs for assistance for OB, Postpartum, Pediatric or CRS members can be sent to: BUHPMaternalChildHealth@BannerHealth.com or simply call our Customer Care line (800-582-8686) and ask to speak with the Maternal & Child Health team.

Children's System of Care – website update

The Children's System of Care recently updated the Child and Family Support web page. We hope that this will provide helpful information to providers regarding behavioral health services, resources and general guidance for the children's system. Based on feedback we received from the provider network, we put together the birth to five high needs screening tool and transition age youth (TAY) transition guide to support with those related processes. The documents also link to additional helpful tools.

<https://www.banneruhp.com/resources/child-and-family-support>

Overview:

- Arizona Vision and 12 Principles and a link the AHCCCS CFT Practice Tool
- Specialty BH Provider Directory: All specialty BH services throughout Central and Southern AZ have been updated for 2020.
- School-Based BH Services: Information on available services and key contacts, broken out by county. This has been helpful for schools/districts in identifying new providers and partnerships throughout Southern Arizona.
- Specialty Population Information
 - 0-5 Resource Guide
 - 0-5 High Needs Screening Tool
 - TAY Resource Guide
 - TAY Transition to Adulthood Tool
 - Anti-Human Trafficking Resource Guide
 - LGBTQ+ Resource Guide
- Peer and Family Run Organizations
- Family Resources
- Hotlines & Key Contacts

We welcome any thoughts or feedback you might like to share. For questions regarding the Specialty BH Provider Directory, or to be added to the document, please contact Children's System of Care Coordinator, Jennifer Blau, at Jennifer.Blau@bannerhealth.com. For questions about Resource Guides, outreach Children's System of Care Coordinator, Mayra Lopez, at Mayra.Lopez@bannerhealth.com. For any feedback regarding the 0-5 or TAY tools, or any general questions, please contact Children's System of Care Sr. Manager, Cameron Cobb, at Cameron.Cobb@bannerhealth.com.

Provider Developmental Screen Training

Need more information to submit your Developmental Screen documentation? It is available online:

Developmental Screening Training Website: AZPediaLearning.org/certification-courses

Training is provided by the Arizona Chapter of the American Academy of Pediatrics (AzAAP).

- Training consists of PowerPoint Slideshow and Post Test
- Certificate is generated for you to print for your records; be sure to submit your certificate to CAQH

Schedule: Online training available 24 hours a day

Fee: \$30.00

As a reminder, **all providers are required to complete a developmental screening for all EPSDT members at the 9, 18, and 24-month appointment using one of these AHCCCS approved tools:**

- Parents' Evaluation of Developmental Status (PEDS)
- Modified Checklist for Autism in Toddlers (M-CHAT)
- Ages & Stages Questionnaire (ASQ)
- **AHCCCS reimburses for performing developmental screenings**
 - However, all qualified medical professionals must provide proof of certification to the Council for Affordable Quality Healthcare (CAQH), in order to get reimbursed
 - Providers may submit certificates showing completed PEDS Tool training sponsored by one of the following organizations:
 - Pedstest.com
 - American Academy of Pediatrics (or any of its State Chapters)
 - American Academy of Family Physicians (or any of its State Chapters)
 - American Osteopathic Medical Association (or any of its State Chapters)
 - National Association of Pediatric Nurse Practitioners (or any of its State Chapters)
 - American Nurses Association (or any of its State Chapters)
 - American Academy of Physician's Assistants (or any of its State Chapters)
 - The certifications must be uploaded to the CAQH site
 - Health Plans will check for certification to ensure provider compliance with the AHCCCS training requirement
 - Certificates dated before August 1, 2014 will be accepted

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. Forms need to be submitted to the Health Plan and a copy needs to stay in the medical record.

Timely submittal is needed due to referrals generated from forms.

Please send forms via FAX to: **520-874-7184**; or via SECURE Email:

BUHPEpsdtForms@bannerhealth.com

Electronic Cigarettes (E-Cigs)

What is it?

E-cigs are battery powered and use liquid nicotine. The nicotine turns into a vapor when it's heated. The vapor has flavors and chemicals added to it that people breathe in. People call this vaping instead of smoking.

Is vaping bad for you?

The dangers of smoking are well-known, but we are still learning about vaping. Vaping has only been in the United States since 2007. That is not enough time learn about what's in the vapor. We also don't know yet how vaping will affect someone's health if they vape for a long time.

What does vaping do to your body?

The Centers for Disease Control and Prevention (CDC) studies things that can harm people. The CDC tells people what they find out from these studies to protect them. The CDC said vaping damages your lungs and heart. The CDC also said some people have died from vaping because their lungs were too damaged from it.

Can vaping help you stop smoking?

The places that sell e-cigs say that vaping is safer than smoking. These places also say vaping can help people quit nicotine for good. Is this true?

The Food and Drug Administration (FDA) is a government agency that studies which drugs are harmful or good for us. The FDA also makes decisions about how drugs are used. The FDA said e-cigs **cannot** help people stop smoking and this is not what they are used for.

Where to find help

Smoking *and* vaping are bad for your health. You can call the Arizona Smoker's Helpline (ASH Line) to help you quit at 1-800-556-6222.

Compliance Corner

The Banner University Health Plans recently updated their Compliance Program and FWA Plan. The document can be located on the website at the following link:

<https://www.banneruhp.com/materials-and-services/compliance-program>

Off Shore Activities:

Health Plan Activities that involve protected health information (PHI) must not be completed offshore for Medicaid. If used for Medicare, we must notify the Centers for Medicare & Medicaid Services (CMS) of the offshore activities. Common offshore activities include the following examples:

- Billing company
- Call center
- Clearinghouse
- Coding company
- Transcription services, etc.

The term "Offshore" refers to work not performed within one of the fifty United States or one of the United States Territories. AHCCCS does not allow any Medicaid activities involving PHI to be performed offshore. This includes the accessing, receiving, processing, transferring, handling or storing of BUHP Medicaid member PHI offshore.

The following information is contained in AHCCCS's minimum subcontract provisions:

19. OFFSHORE PERFORMANCE OF WORK PROHIBITED

Any services that are described in the specifications or 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.

As a reminder, if you enter into a contract with another entity, you are required to enforce AHCCCS's Off-Shore prohibition.

For Medicare, we are required to report offshore activities to CMS. If you engage in off-shore activities, you must complete and submit an offshore attestation to the BUHP Compliance Department. This attestation is CMS's assurance that you have taken the appropriate steps to

address the risks associated with the use of subcontractors operating outside of the U.S. Organizations must submit one attestation for each offshore subcontractor that you have engaged to perform Medicare related activities. Given the unique risks associated with the use of subcontractors operating outside of the US, you must take extraordinary measures to ensure that offshore arrangements protect PHI, including oversight requirements and audits of the offshore activities.

If you identify or suspect offshore activities, immediately notify BUHP Compliance Department:
24- hour hotline (anonymous reporting): 888-747-7989
Email: BUHPCompliance@BannerHealth.com
Secure Fax: 520-874-7072

Contact the Medicaid Compliance Officer Terri Dorazio via phone 520-874-2847 or email Theresa.Dorazio@BannerHealth.com
Contact the Medicare Compliance Officer Linda Steward via phone 520-874-2553 or email Linda.Steward@BannerHealth.com

Provider Agreement Preclusion List Required Verbiage

CMS made the first Preclusion List available to plans JAN. 1, 2019, and it is issued monthly thereafter. The Preclusion list includes a list of providers and prescribers who are precluded from receiving payment for Medicare Advantage (MA) items and services or Part D drugs furnished or prescribed to Medicare beneficiaries.

Plans are required to:

- To reject a pharmacy claim (or deny an enrollee's request for reimbursement) for a Part D drug that is prescribed by an individual on the Preclusion List.
- To deny payment for a health care item or service furnished by an individual or entity on the Preclusion List.

Effective Jan. 1, 2020, as documented in the 2020 Final Rule CMS 4185-F, 42 CFR 422.504, added a new paragraph (g)(1)(v) that requires the plan's provider agreements contain a provision acknowledging the preclusion list requirements, prohibiting precluded network provider from seeking payment from the member, and providing that the provider will hold financial liability for any items, services, or drugs the provider furnishes, orders, or prescribes after the prohibition on payment begins.

§ 422.504(g)(1)(v) required contract verbiage:

Provider agreement contains a provision stating that after the expiration of the 60-day period specified in § 422.222:

- The provider will no longer be eligible for payment from the plan and will be prohibited from pursuing payment from the beneficiary as stipulated by the terms of the contract between CMS and the plan per § 422.504(g)(1)(iv); and
- The provider will hold financial liability for services, items, and drugs that are furnished, ordered, or prescribed after this 60-day period, at which point the provider and the beneficiary will have already received notification of the preclusion."

For more information refer to CMS Preclusion List webpage at:

<https://www.cms.gov/Medicare/Provider-Enrollment- and-Certification/MedicareProviderSupEnroll/PreclusionList.html>

Employment First

Several additions to our employment policies have been made this year. The first is a focus on Employment First. Arizona became an Employment First state when Governor Doug Ducey signed an Executive Order in November 2017. For state agencies providing services to individuals with disabilities, the focus and preferred outcome will be competitive and integrated employment. In order to embody the Employment First vision, providers will offer members access to jobs in integrated work settings, provide information on how work may impact benefits, and provide them with long term support services in order to stay employed. It is important to remember that the vision of Employment First also takes in to consideration who the person is and what they want to do. Members are much more likely to be successful if they are interested what they are doing. We encourage providers to always offer person-centered services and focus on the individual's own strengths and interests when discussing job opportunities. While focusing on the individual goals of the members, it is also important to keep in mind real or perceived barriers to employment and troubleshoot within your agency and/or professional partnerships to overcome such obstacles.

The benefits for our members engaging in meaningful work opportunities extend well beyond a paycheck. Having a job can offer members the opportunity to become part of the community, develop relationships, and improve their self-esteem. Banner's employment team is always open to help with trouble shooting any issues that arise programmatically and to assist our members obtain their employment goals.

For more information on Employment First in Arizona please visit:

<https://www.azemploymentfirst.org> or contact Jody Gardner, Employment/Vocational Administrative Senior Manager at jody.gardner@bannerhealth.com or Sara Hernandez, Employment/Vocational Specialist at sara.hernandez@bannerhealth.com

News of Note

- **Updated Prior Auth Grid:** Have you checked out the new and revised BUHP Medical Prior Auth grid? Other grids are also being updated, so be sure the check the BannerUHP.com website for all updates.
- **Prior Auth not needed for emergency:** Reminder - providers and hospitals do not need to submit the ED/ER notifications for Prior Authorization. No authorizations are required for emergencies.
- **AHCCCS Performance Measures:** Now is a good time to review the 2020 AHCCCS Performance Measures to make sure your practice is actively working to meet these measures. You can find the complete list at <https://www.azahcccs.gov/Resources/OversightOfHealthPlans/quality.html>. In addition, BUHP has compiled Performance Measure Reference Guides for your reference. They can be found on the BUHP website under the Performance Measures and Surveys section: <https://www.banneruhp.com/resources/performance-measures-and-surveys>.
- **Specialty Placement Criteria Revision:** In order to provide you with the clearest requirements within our 194 Specialty Placement Criteria, we have reviewed them and

made revisions. These revisions should clarify some questions about determining a member's level of care prior to admission to a facility. To find the current list, please visit www.BannerUHP.com.

HELPFUL TIPS: SMI DETERMINATION PACKET

PACKET SUBMISSION POINTERS

- Clinical Contacts – Clinical Contacts are very important for staffing the case in a timely manner. CRN is most interested in having direct contact information for the person who has the most experience with the applicant. It is helpful to add more than one clinical contact, in case one is unavailable.
- Packet Submission Contact – The Packet Submission Contact is the best person whom CRN can contact regarding the actual packet itself. If there are missing or illegible forms, for example, this is the person CRN will attempt to contact.
- If any past treatment history has been identified, ensure CRN has a signed ROI to request these records.

CLINICAL POINTERS

- When listing symptoms on the SMI Determination Form, be specific about how the applicant experiences these symptoms. For example: Instead of writing “has nightmares,” include a specifier, such as “Applicant has nightmares about being chased, which is a previous childhood trauma experience, three nights a week.”
- If psychosis is endorsed, clarify if the applicant appears to respond to internal stimuli (or does not) during the evaluation.
- When recommending dysfunction in role performance, submit a detailed work history when possible. Terminations vs. quitting, reasons for termination, and any history of written or verbal corrective action from an employer are helpful.
- If an applicant is currently on court-ordered treatment (COT), please note this early and often in the documentation.