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## Provider Update – November 2019

### Child and Family Support

Access to health education, prevention and treatment options are critical to promote the wellbeing of our members. Providers will find a wide array of community resources to support those working with children, young adults, and families on the **Child and Family Support** page of the BUHP website (<https://www.banneruhp.com/resources/child-and-family-support>). The page is broken down into the following sections:

- **Children’s Specialty Behavioral Health Provider Directory:** The directory serves as a tool for providers looking to identify and refer to specialty services and programs. The directory contains a list of AHCCCS covered services that can be utilized by BUHP members.
- **Specialty Population Services and Resources:** This section lists resources for our Transition Aged Youth (TAY) ages 16 to 22, including community and behavioral health providers that offer assistance with independent living skills, social skills and work and education planning. Anti-Human Trafficking Resources provide preventative and treatment resources for children and adults who are at risk or may have experienced human trafficking.
- **Peer and Family-Run Organizations:** Peer and family-run organizations are comprised of individuals with real-life experience who specialize in providing family support services to help members navigate through complex systems.
- **Family and Community Support Resources and Hotlines:** These resources are community based and encourage self-sufficiency - they do not require a formal referral. Members are able to utilize these resources as needed to aid with health, legal and daily needs.
- **State Agencies:** This list contains contact information for some commonly accessed state agencies and programs.

If you have questions regarding the Children’s Specialty BH Provider Directory, or if you would like to have your agency added, please contact: [Jennifer.Blau@bannerhealth.com](mailto:Jennifer.Blau@bannerhealth.com). If you have questions regarding the resources on the web page, please contact: [Mayra.Lopez@bannerhealth.com](mailto:Mayra.Lopez@bannerhealth.com).

### Perinatal Mood Anxiety Disorders and PPD Screenings

It is important that women are screened for depression during their pregnancy and following the birth of the child. According to the [AHCCCS Medical Policy Manual](#) (AMPM) Chapter 400 *Medical Policy for Maternal and Child Health*, Section 410 *Maternity Care Services*, Subsections III. C. *Maternity Care Provider Requirements*, #3 d:

- All maternity care providers shall ensure that Perinatal and Postpartum Depression (PPD) screenings are conducted at least once during the pregnancy and then repeated at the postpartum visit.
- Appropriate counseling and referrals shall be made if a positive screening for Perinatal or Postpartum Depression is obtained.

- PPD screening is considered part of the global service and is not a separately reimbursable service.
- Providers should refer to any norm-referenced validated screening tool to assist the provider in assessing the postpartum needs of women regarding depression and decisions regarding health care services provided by the PCP or subsequent referrals for Behavioral Health services if clinically indicated.

For information on support services for Postpartum depression, please email [BUHPMaternalChildHealth@bannerhealth.com](mailto:BUHPMaternalChildHealth@bannerhealth.com)

## **CSPMP Screening Requirements for Pregnant Members**

To ensure the best health for both mother and child, AHCCCS requires that pregnant members are screened regularly throughout their pregnancy through the Controlled Substances Prescription Monitoring Program (CSPMP).

- AHCCCS requires that all pregnant members are to be screened through the Controlled Substances Prescription Monitoring Program (CSPMP) *once during each trimester throughout their pregnancy.*
- Pregnant members who are receiving opioids must be provided appropriate intervention and counseling, including referrals for behavioral health services as indicated for Substance Use Disorder (SUD) assessment and treatment.

The CSPMP utilizes a computerized central database to track the prescribing, dispensing and consumption of Schedule II, III, and IV controlled substances in Arizona. It provides patient, practitioner and pharmacy information to help mitigate inappropriate use of Schedule II, III, and IV controlled substances.

### **For more information on CSPMP**

<https://pharmacypmp.az.gov/aboutpmp>

### **Prescription Monitoring Program**

[pmp@azpharmacy.gov](mailto:pmp@azpharmacy.gov)

(602) 771-2732

## **Addressing the Increase of Syphilis in Arizona**

Arizona has an outbreak of syphilis among women and babies. Since 2015, the yearly average of syphilis cases has increased 269% and the number of babies born with syphilis has doubled. Arizona now has the fourth highest rate of syphilis in the country.

Based on the recommendation from the Arizona Department of Health Services (ADHS), with support from the Center for Disease Control (CDC), AHCCCS is covering three syphilis screenings during pregnancy statewide. For the duration of this outbreak, AHCCCS will cover all of the augmented screening recommendations statewide:

1. All pregnant women at first prenatal visit, early in the third trimester, and at delivery, regardless of risk.
2. Opt-out screening in both men and women who use drugs.
3. Sexually active men who have sex with men: testing annually and every 3-6 months if at increased risk.
4. Sexually active persons with HIV: testing at least annually and every 3-6 months if at increased risk.

For additional resources on syphilis prevention, screening and treatment, please refer to:

- [2015 CDC Guidelines](#)
- [azdhs.gov/syphilis](http://azdhs.gov/syphilis) for updated information on the outbreak

## Maternity Care Services

The BUHP Maternal Child Health (MCH) team offers a multi-disciplinary care management program to assist in the care coordination of pregnant members who are at risk because of medical conditions, social determinates of care or compliance and adherence concerns. Our OB care team links expectant and recently delivered mothers with appropriate community agencies and resources such as WIC, parenting classes, shelters and substance abuse counseling. They provide direct member support and promote compliance with prenatal care appointments and prescribed medical care regimens.

The Notification of Pregnancy (NOP) form is the vital component for our MCH team to identify high risk pregnancy, initiate outreach, OB care management services, assist with resolving barriers to care and facilitating an active engagement by the member in their prenatal and postpartum.

Please submit the NOP Form to initiate maternity care services no later than the second prenatal visit.

- The NOP Form is available on the BUHP Provider website at: [https://www.banneruhp.com/-/media/files/project/uahp/maternity-care/buhp\\_notice-of-pregnancy-form\\_oct2018.ashx?la=en](https://www.banneruhp.com/-/media/files/project/uahp/maternity-care/buhp_notice-of-pregnancy-form_oct2018.ashx?la=en)
- A complete Notification of Pregnancy Form (NOP) shall include the Estimated Date of Confinement (EDC), Gravida/Para (GP), Risk Status information and Prenatal records.
- All NOP forms should be faxed to 520.874.7026.

The MCH team also takes direct referrals for any pregnant member needing care coordination regardless of risk factors. Please send any referrals to our group email inbox: [BUHPMaternalChildHealth@bannerhealth.com](mailto:BUHPMaternalChildHealth@bannerhealth.com)

## Dental Periodicity Schedule

AHCCCS has an initiative to improve dental health of members aged 1 through 20 years old. The dental periodicity schedule outlines preventive care recommendations for different age groups. As the Health Plan, we are providing this schedule for your reference and use as a contracted provider.

We value your effort to provide or refer dental care to our members. You are also encouraged to schedule the next EPSDT and/or dental screening at the current office visit, especially for children 24 months of age and younger. For questions call (520) 874-7248.

***Please Note: The chart is included at the end of this newsletter***

## ALTCS Members and Employment Services

Did you know that Arizona Long Term Care System (ALTCS) members receiving behavioral health services are also eligible to receive assistance in seeking employment? Often overlooked with this population, employment is a key social determinant of health for all Arizona Health Care Cost Containment System (AHCCCS) members. Despite some common beliefs that ALTCS members are not *able* to work, many of them *want* to work and Banner Health is committed to ensuring they have the opportunity to explore their employment options.

Employment for ALTCS members, however, takes careful planning and coordination of care to be sure it will not interfere with their AHCCCS eligibility. For example, benefits counseling through the use of Disability Benefits 101, (<https://az.db101.org/>) is a vital step to give members the information they need to make informed decisions about working. And although earned income through work can cause some members to become ineligible for AHCCCS, most ALTCS members will qualify for AHCCCS Freedom to Work, a program that allows for people with disabilities to work, be subject to higher income limits, pay a small monthly premium and remain on AHCCCS.

If you have a patient who is interested in pursuing employment, the member should contact their ALTCS case manager. Together, the member and case manager can identify any employment needs and refer the member to the Banner Employment Specialist accordingly. The Employment Specialist will reach out to the member to discuss the member's employment goals. Based on the member's stated goals, preferences and readiness assessment, the Employment Specialist will determine which of the providers in our network would be best suited to meet the member's needs and make a referral. No authorization is needed to provide and bill for employment services.

If you have a member who is interested in these services or wants additional information regarding employment services, please contact the Banner Employment Team directly at [HealthPlanEmployment@bannerhealth.com](mailto:HealthPlanEmployment@bannerhealth.com).

## **Health Screening Documentation**

Banner – University Family Care strives to impact the health of our community by encouraging providers to reach out to members who have not been seen in the last year. Documenting the completion of key screenings in children, adolescents and adults can go a long way to identifying health concerns early when treatment is most effective.

Some of the key screenings include:

- Well-child visits 3 - 6 years of age
- Well-child visits 6 - 5 months
- Colorectal Cancer Screenings in Adults
- Chlamydia Screening in Women
- Cervical Cancer Screening
- Annual Dental Visits 2 - 20 years

We strongly encourage you to pull a list of B-UFC members and reach out to them to document that any screenings have been done, help schedule any necessary tests or procedures or encourage parents to bring their child in for a well-child visit before the end of the year. As you know, this information is required by AHCCCS and accurate data has a big impact when reporting Quality Performance Measures.

Final performance measure results from 2017 can be found at the end of this newsletter.

## **Primary Care Physician Behavioral Health Overview and Referral Form**

BUHP is committed to improving health outcomes for our members through optimal coordination of integrated care. Many of our members have both physical and behavioral health needs that may require treatment options and coordination across multiple providers in order to improve care for members. The following PCP Behavioral Health Overview and Referral Form is one referral pathway providers use to connect members to behavioral health services. A Care Manager will be assigned through this process in order to support the member in getting connected to services that meet their needs.

**Please Note: The Overview and Referral forms are included at the end of this newsletter.** They can also be found at: <https://www.banneruhp.com/materials-and-services/behavioral-health>

If you have any questions regarding the PCP BH Overview and Referral Form, please contact [Cameron.Cobb@bannerhealth.com](mailto:Cameron.Cobb@bannerhealth.com).

## **PCP Referral to Behavioral Health Provider**

### **How can a Behavioral Health (BH) Provider help?**

Banner University Health Plans (BUHP) is committed to coordination of care for patients/members to ensure optimal integrated care to meet their needs. Many of our members have complex behavioral health and physical health conditions that may require multiple providers to communicate their treatment approaches and interventions to improve the member's care.

BH Providers offer a wide array of evidence-based services to help meet each member's needs to promote their overall wellbeing. BH Providers can help support members who are struggling with mental health symptoms and can assist them in making behavioral changes. Members who complete an intake with a BH Provider agency receive a comprehensive assessment that helps identify their unmet needs and treatment objectives, provides an initial diagnosis and identifies potential interventions. A BH Provider Case Manager is assigned to regularly reach out to the patient to re-assess symptom severity and connect them to clinically appropriate services to help the member reach their goals. In addition to formal services, BH Providers help meet cultural needs and empower members by connecting them to community supports to encourage long-term wellness.

### **Who can benefit from a referral to a BH Provider?**

Members may benefit from a referral to a BH Provider if their behavioral health needs require extensive or specialized services beyond the primary care provider's scope. Examples of support that BH providers can offer include the following:

- Counseling, psychotherapy or a specialized therapy
- Support for co-occurring conditions (e.g. physical, behavioral, substance use, and/or developmental)
- Intensive wrap-around services from direct support providers which may support members who have recently attempted to harm self and/or others
- Psychiatric, psychological or neuropsychological testing and implementation of recommendations
- Support for complex trauma
- Care coordination for members at risk of BH hospitalization or BH residential services
- Medication for a diagnosis other than ADHD, Anxiety, Depression and Opioid Use Disorder

### **How and when to refer to a BH Provider?**

If BUHP members require medication for certain limited behavioral health disorders (Anxiety, Depression, Attention Deficit Hyperactive Disorder (ADHD) and Opioid Use Disorder), they may obtain medication from a primary care provider. All other psychiatric diagnoses must be referred to a BUHP contracted BH Provider.

Referrals can be made with the attached 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. The referral is not required if the member would prefer to contact a BH Provider directly or to outreach BUHP Customer Care at (800) 582-8686. The benefit of completing the included referral is that a BUHP Care Manager will be assigned to the member for additional support as needed.

Members suspected as having an autism diagnosis can be managed through this referral process or directly referred to a specialized Autism Spectrum Disorder (ASD) diagnosing provider located at: <https://www.banneruhp.com/resources/autism-spectrum-disorder>.

## **Compliance Corner**

### **Medicare and Medicaid Billing and Claims**

Entities, such as Banner University Health Plans, that accept reimbursement for services from or make payments on behalf of Medicare or Medicaid are subject to several laws and regulations designed to prevent fraud. For providers, subcontractors and First Tier, Downstream and Related Entities (FDRs), honesty and accuracy in billing and in the submission of claims for Medicare (CMS) or Medicaid (AHCCCS) is vital. It is a federal felony to willfully make a false statement in connection with a claim for payment under Medicare and Medicaid. Failure to obey these laws can result in fines, jail or exclusion from Medicare and Medicaid programs.

### **Exclusion Screening**

Banner University Health Plans requires its FDRs to screen all employees and downstream entities prior to hire/contract and on a monthly basis by reviewing the following lists or databases: List of Excluded Individuals and Entities - LEIE (<https://exclusions.oig.hhs.gov/>); SAM (<https://www.sam.gov/portal/SAM/>), formerly known as the Excluded Parties List (EPLS); state exclusion data bases and any other data bases as directed by AHCCCS or Medicare. Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP). To avoid CMP liability, health care entities should routinely check the list to ensure that new hires and current employees or downstream entities are not on it. The Office of the Inspector General (OIG) has the authority to exclude individuals and entities from Federally funded health care programs for a variety of reasons, including a conviction for Medicare or Medicaid fraud. Those that are excluded can receive no payment from Federal health care programs for any items or services they furnish, order or prescribe. This includes those that provide health benefits funded directly or indirectly by the United States (other than the Federal Employees Health Benefits Plan). CMS publishes a Preclusion List and any person or entity on the list cannot be paid by the Health Plan. FDRs are required to report any confirmed excluded party to the Compliance Department and directly to AHCCCS OIG and Medicare.

### **Annual Attestation and Disclosure Statement**

On the Banner University Health Plans Website ([banneruhp.com](http://banneruhp.com)) under the Materials and Services Tab and Compliance Program – there is an Annual Attestation and Disclosure Statement. Contracted Providers and Subcontractors with BUHP are required to complete the Annual Attestation and Disclosure Statement. It can be completed via <https://eservices.uph.org/Attestation/C2019> or by accessing the PDF version on the website and emailing to [BUHPVendorOversight@bannerhealth.com](mailto:BUHPVendorOversight@bannerhealth.com) with the Subject Line: 2019 Annual Attestation Submission. It must be submitted no later than December 15, 2019. Please sent any questions to the [BUHPVendorOversight@bannerhealth.com](mailto:BUHPVendorOversight@bannerhealth.com) email.

Contact our Compliance Department with any questions and/or to report potential compliance issues and fraud, waste and abuse.

ComplyLine (Confidential and Anonymous):  
(888) 747-7989 (24 hours a day/7 days a week)

Email: BUHPCompliance@bannerhealth.com  
Mail: Banner University Health Plans  
Compliance & Audit Department  
2701 E. Elvira Road  
Tucson, AZ 85756  
Fax: (520) 874-7072

**Compliance Officers:**

Theresa (Terri) Dorazio, MS, CHC, CHPC, CPC  
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BUHP Medicaid Compliance Officer  
(520) 874-2847

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Compliance Program Director  
BUHP Medicare Compliance Officer  
(520) 874-2553

**Submit demographic data via DUGless system**

A critical component in health care transformation is the collection of demographic and outcomes data. In 2018, AHCCCS launched the DUGless system to reduce the number of data points providers are required to report and help alleviate administrative burden. Submitting this information online allows for more accurate and ongoing tracking of Social Determinants of Health. Tracking this information allows AHCCCS and Managed Care Organizations to better understand the needs of members and the conditions in which they are born, grow, live, work and age. This can impact the way adjustments are made to covered services, resources and related policy efforts.

Providers are required to complete DUGless for all new members enrolling in services and any time a member's data changes. B - UFC also requires providers to update DUGless data on an annual basis during the comprehensive assessment update.

For instructions on registering and accessing the portal, as well as the individual data entry fields, please visit

[https://azahcccs.gov/PlansProviders/Downloads/Demographics/DUGlessPortalGuide\\_V1\\_0\\_E1\\_0012018.pdf](https://azahcccs.gov/PlansProviders/Downloads/Demographics/DUGlessPortalGuide_V1_0_E1_0012018.pdf). For technical support, please contact AHCCCS Customer Support at [ISDCustomerSupport@azahcccs.gov](mailto:ISDCustomerSupport@azahcccs.gov) or (602) 417-4451.

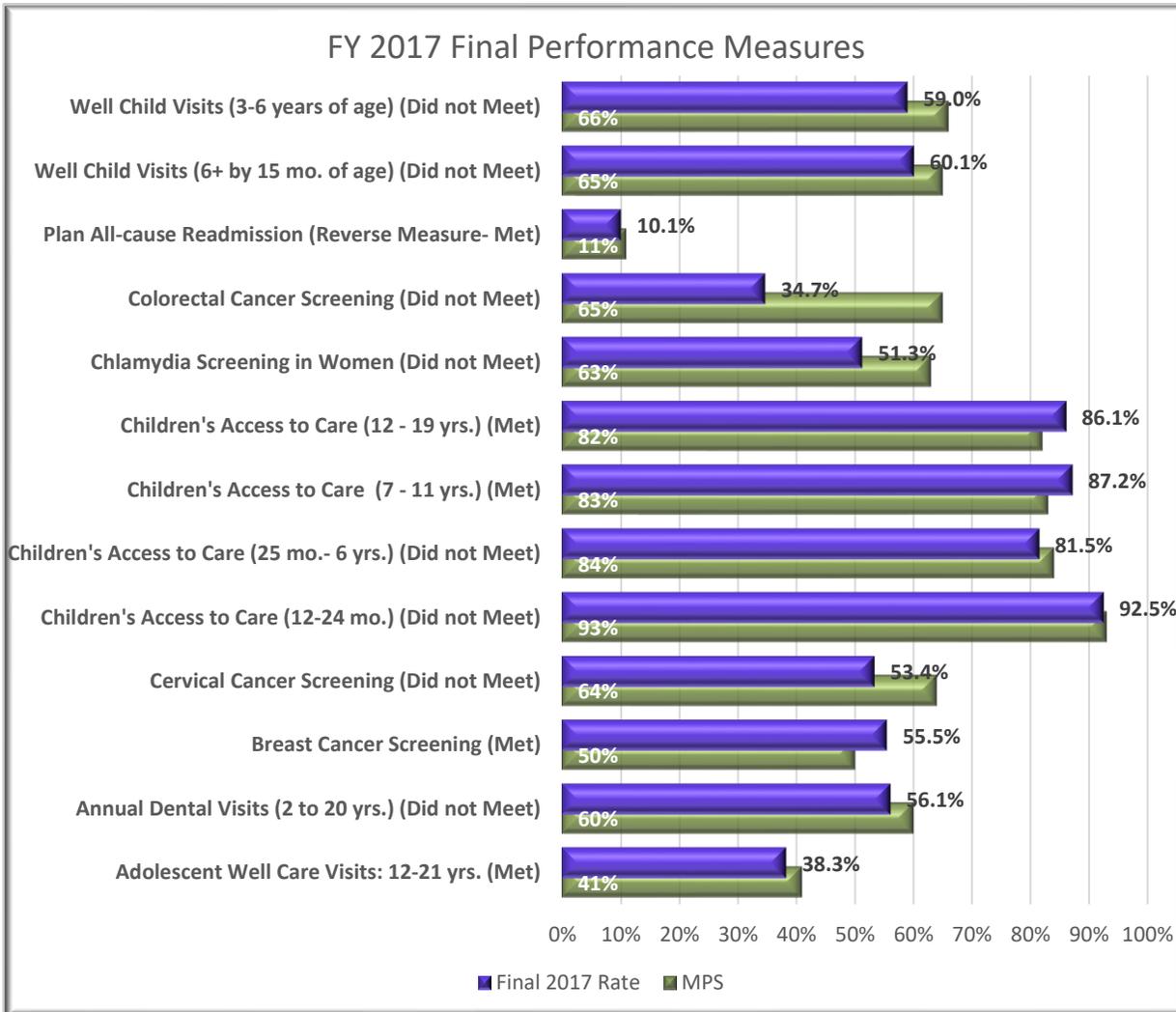
**Provider Manual Update**

The BUHP Provider Manuals have been recently updated. You may access Provider Manuals for all three BUHP Plans by visiting <https://www.banneruhp.com/>.

***Please note – Appendix begins on the next page***

# Appendix

## 2017 Performance Measures



Performance Measure	MPS	Final 2017 Rate
Ambulatory Care: ED Visits ( Reverse Measure Met)	55 Per 1,000 MM	<b>50.2</b> Per 1,000 MM
Inpatient Utilization-General Hospital/Acute Care- Total Inpatient (Days per 1,000 member months) (Reverse Measure Met)	33 Per 1,000 MM	<b>24.1</b> Per 1,000 MM

**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
DENTAL PERIODICITY SCHEDULE**

**RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC  
ORAL HEALTH CARE \***

These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health care needs.

<b>AGE</b>	<b>12-24 months</b>	<b>2-6 years</b>	<b>6-12 years</b>	<b>12 years and older</b>
Clinical oral examination including but not limited to the following: <sup>1</sup>	X	X	X	X
<input type="checkbox"/> Assess oral growth and development	X	X	X	X
<input type="checkbox"/> <input type="checkbox"/> Caries-risk Assessment	X	X	X	X
<input type="checkbox"/> <input type="checkbox"/> Assessment for need for fluoride supplementation	X	X	X	X
<input type="checkbox"/> <input type="checkbox"/> Anticipatory Guidance/Counseling	X	X	X	X
<input type="checkbox"/> <input type="checkbox"/> Oral hygiene counseling	X	X	X	X
<input type="checkbox"/> <input type="checkbox"/> Dietary counseling	X	X	X	X
<input type="checkbox"/> <input type="checkbox"/> Injury prevention counseling	X	X	X	X
<input type="checkbox"/> <input type="checkbox"/> Counseling for nonnutritive habits	X	X	X	X
<input type="checkbox"/> <input type="checkbox"/> Substance abuse counseling			X	X
<input type="checkbox"/> <input type="checkbox"/> Counseling for intraoral/perioral piercing			X	X
<input type="checkbox"/> <input type="checkbox"/> Assessment for pit and fissure sealants		X	X	X
Radiographic Assessment	X	X	X	X
Prophylaxis and topical fluoride	X	X	X	X

<sup>1</sup> First examination is encouraged to begin by age 1 or 6 months with first tooth eruption. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.

**NOTE:** Parents or caregivers should be included in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

**NOTE:** As in all medical care, dental care must be based on the individual needs of the member and the professional judgment of the oral health provider.

\* Adaptation from the American Academy of Pediatric Dentistry Schedule

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**PCP Referral to Behavioral Health Provider**

***This patient receiving medical care services at our practice is in need of a Behavioral Health Assessment***

**Section 1: Member Information**

<b>Urgency of Referral:</b> <input type="checkbox"/> Routine (Member must be seen within 7 days) <input type="checkbox"/> Urgent (Member must be seen within 24 hours)	
<b>Date:</b>	<b>AHCCCS ID:</b>
<b>Member's Name:</b>	<b>DOB:</b>
<b>Phone:</b>	<b>Address:</b>
<b>Legal Guardian (if applicable):</b> <input type="checkbox"/> Parent/Guardianship <input type="checkbox"/> Department of Child Safety	<b>Guardian's Name (if applicable):</b>
<b>Member's Preferred Language:</b>	<b>Guardian's Preferred Language (if applicable):</b>
<b>Payer Source:</b> <input type="checkbox"/> Banner–University Family Care (ACC) <input type="checkbox"/> Banner–University Family Care (ALTCS) <input type="checkbox"/> Banner–University Care Advantage (HMO SNP)	

**Section 2: Referring PCP Information**

<b>Primary Care Provider's Name:</b>	<b>Practice Name:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Fax:</b>	<b>Email:</b>

**Section 3: Referral Information**

<b>Complaint/Symptoms Resulting in Referral:</b> <input type="checkbox"/> Anxiety/panic <input type="checkbox"/> Cognitive decline/dementia <input type="checkbox"/> Depression <input type="checkbox"/> Developmental delay <input type="checkbox"/> Difficulty with attention, hyperactivity or impulsivity <input type="checkbox"/> Post-traumatic stress/trauma/abuse <input type="checkbox"/> Eating disorder behavior <input type="checkbox"/> Substance use type:	<input type="checkbox"/> Obsessions/compulsions <input type="checkbox"/> Personality disordered behaviors <input type="checkbox"/> Violence/aggressive/oppositional behavior <input type="checkbox"/> Other behavioral health symptoms: <input type="checkbox"/> <i>Psychosis (auditory/visual hallucinations, delusions)*</i> <input type="checkbox"/> <i>Suicidal ideation*</i> <input type="checkbox"/> <i>Homicidal ideation*</i> <i>*If patient is a danger to self or others, or otherwise in need of IMMEDIATE support, please call the appropriate CRISIS LINE below.</i>
<b>Current Diagnoses:</b>	<b>Current Medications:</b>

**PHQ9, ACES or other screening tool findings (including tool name and score):**

**Additional Information:**

**If the patient has an IMMEDIATE need, please call the appropriate CRISIS LINE:**  
**Maricopa County:** (800) 631-1314 or 602-222-9444  
**Gila County:** (877) 756-4090  
**Pima, Pinal, Yuma, La Paz, Cochise, Graham, Greenlee and Santa Cruz Counties:**  
 (866) 495-6735

**Email routine and urgent referrals to: BUHPCareMgmtBHMailbox@bannerhealth.com**