

FDR Newsletter

QUARTERLY COMPLIANCE AND PROGRAM UPDATES

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2020 OVERSIGHT ACTIVITIES

Be prepared. 2020 Annual Audits will be completed within 365 days from 2019 audits. In addition, financial viability audits will begin late summer, and are required for all AHCCCS lines of business. If you have questions or concerns, please reach out to the Vendor Oversight Team at the email below. We look forward to a great year.

Email: BUHPVendorOversight@bannerhealth.com

2020 NCQA UPDATES - CREDENTIALING VENDORS

NCQA has added new Credentialing Standards for 2020. These updated requirements help strengthen consumer protections by requiring plans to ensure that network clinicians are qualified to treat patients. The updated NCQA element is under Compliance Requirement 1 Element C: Credentialing Systems Controls. This element requires credentialing organizations to have policies and procedures describing their credentialing system controls.



These changes came about in response to feedback from states and other stakeholders. These elements help strengthen consumer protections by requiring organizations to have policies in place for ensuring the integrity of the systems being used. These components will be added to the annual audit done by B – UHP for its delegates in 2020.

Further information is located on our [website here](#), detailing the specific updates and expectations for the 2020 audit.

ANNUAL HEALTH PLAN TRAINING

Going into the new year and in accordance with CMS requirements, B – UHP will continue our B – UHP Training that is available on our portal.

As an FDR, you can still choose between the B – UHP, CMS, or a comparable training. An attestation indicating that employees involved in administration of Medicare Part C and Part D benefits have satisfied the training requirement is required.



[Click Here for B – UHP Health Plan Training](#)

General Compliance and Fraud, Waste, and Abuse Training is now available on our website.

PRECLUSION LIST



Sent out monthly by the Health Plan and is 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. Requires denial of payment for items or services furnished by an individual on the Preclusion List.

If you are delegated credentialing this should be included with your Credentialing processes. Precluded providers should not be added to the provider network for Medicare lines of business.

REPORT ACTUAL OR POTENTIAL FWA, OR NON-COMPLIANCE

ComplyLine: 1-888-747-7989
(Reports can be made anonymously 24/7)

Email: BUHPCompliance@bannerhealth.com

Secure Fax: (520) 874-7072

B – UHP's Medicare
Compliance Program Director:

Linda Steward

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HEALTH PLAN WEBSITES

Member Plan Sites

- Banner – University Family Care/ACC
➢ www.BannerUFC.com/ACC
- Banner – University Family Care/ALTCS
➢ www.BannerUFC.com/ALTCS
- Banner – University Care Advantage (HMO SNP)
➢ www.BannerUCA.com

Provider Site

- Banner – University Health Plans
➢ www.BannerUHP.com