www.BannerHealth.com/BHPProvider
800-582-8686, TTY 711
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Provider Newsletter

May 16, 2025

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Working With the Birth through Five Population

Children ages birth through five have unique developmental and emotional needs. Their behaviors are often shaped by relationships, environment, and early experiences—which means they require a different lens than older children. Specialized and evidence-based approaches are essential to accurately assess and treat the needs of this age group. These approaches account for rapid developmental changes, caregiver relationships, and the impact of early adversity or trauma. Early intervention with the right approach can make a lifelong difference. AHCCCS AMPM 581 provides more information on system requirements when working with the birth through five population, including best practices for screening, assessment and service planning.

To learn more, go to https://tinyurl.com/4x9m7zyw.

If you have additional questions, contact the Children's System of Care at CSOC@BannerHealth.com.

Translation Interpretation Services

Banner Plans & Networks provides language interpretive services and translation assistance at no-cost.

If a member cannot speak with us or one of our health plan providers because of a language barrier, please contact our Customer Care Center at least **5 working days** prior to the member's office visit.

- Provide the representative with the member's AHCCCS ID number and the nature of the interpretation services required.
- You will be placed on hold while the representative connects you with the interpretation services.
- Customer Care Center phone numbers and hours of operation:
  - Banner – University Family Care/ACC: 800-582-8686, TTY 711, 7:30 a.m. to 5 p.m., Monday through Friday
  - Banner – University Family Care/ALTCS: 833-318-4146, TTY 711, 7:30 a.m. to 5 p.m., Monday through Friday
  - Banner Medicare Advantage Dual HMO D-SNP: 877-874-3930, TTY 711, 8 a.m. to 8 p.m., seven days a week

School Based Behavioral Health Services: Referrals and Feedback

Banner – University Family Care (B – UFC) wants to ensure that providers offering School Based Behavioral Health Services (SBS) are educating schools on the AHCCCS Universal Referral Form and the AHCCCS School Feedback Form.

Referral pathways between schools and behavioral health providers maximize the opportunity for students and their families to get connected to services. In an effort to support schools in connecting families to behavioral health services, AHCCCS has developed a school-based Universal Referral Form. The expectation is that any school in Arizona can use this form to make school-based referrals to community behavioral health providers.

In addition to the Universal Referral Form, AHCCCS has developed a form for schools to provide direct feedback around what is working well and barriers that need additional support. Feedback from the school will be shared with each MCO and support will be provided to the school when appropriate.

Each of these forms can be found on the AHCCCS BH in Schools webpage at https://tinyurl.com/4hhspfup.

For questions related to the Universal Referral Form please contact BHInSchools@azahcccs.gov.

For all other school-based behavioral health services questions please contact the Children's System of Care at CSOC@BannerHealth.com.

Risk Adjustment: Status Codes

You may have heard conversations recently about "status codes" and how you need to capture them at your patient's annual visit. You may be thinking, here we go again, one more thing that you need to do. Well, the Banner Plans & Networks Risk Adjustment Team wants to make sure you understand the importance of these very informative and valuable ICD10 diagnosis codes.

What are status codes?

Status codes are ICD10 diagnosis codes that, when added to an encounter and/or problem list, notifies the care team and payer that a patient has sequela or long-lasting effects of a past disease, condition, or medical/surgical event. Status codes can also be used to indicate that a patient is a carrier of a disease and/or has a history of a condition or allergy that may guide your medical decision making (MDM).

Below are a few examples of many of the different status codes. These are not the only ones, yet they are a representation of some more common diagnoses that may be encountered.

- BMI 38 – 38.9 – Z68.38
- Long term (current) use of oral hypoglycemic drugs – Z79.84
- Allergy status to penicillin - Z88.0
- *Acquired absence of left foot – Z89.432*
- *Presence of artificial left leg - Z97.14*
- Acquired absence of kidney – Z90.5
- *Colostomy status – Z93.3*
- *Liver transplant status – Z94.4*
- *Stem cells transplant status – Z94.9*
- Dependence on renal dialysis – Z99.2
- Dependence on supplemental oxygen – Z99.81

** Diagnoses in *italics* risk adjust and carry a RAF score.

Forever Codes

Some status codes are considered "forever codes", meaning these conditions will stay with the patient for life. Medical conditions or procedures that are considered forever codes are:

- Organ transplant status
- Amputations, including "acquired absence" and "presence of artificial limbs".

Therefore, even though your patient has been living with their lower leg amputation for years, you will want to add the appropriate diagnosis to the patient's encounter annually.

On the next page is a list of the status codes that risk adjust by their respective HCC diagnosis group.

HCC Group	Description Label	Medicare and MA	Medicare & MA Non-Dual	Medicare and Medicaid - Dual
HCC35	Pancreas Transplant Status	0.949	1.393	0.573
HCC62	Liver Transplant Status/Complications	0.376	0.184	0.409
HCC77	Intestine Transplant Status/Complications	1.172	6.301	6.161
HCC211	Respirator Dependence/Tracheostomy Status/Complications	0.879	0.878	1.418
HCC221	Heart Transplant Status/Complications	1.053	0.999	1.781
HCC223	Heart Failure with Heart Assist Device/Artificial Heart	2.505	5.770	6.612
HCC276	Lung Transplant Status/Complications	2.531	1.583	2.292
HCC409	Amputation Status, Lower Limb/Amputation Complications	0.598	0.562	0.844
HCC454	Stem Cell, Including Bone Marrow, Transplant Status/Complications	1.068	0.452	0.608
HCC463	Artificial Openings for Feeding or Elimination	0.673	0.914	0.947

Updated SED Determination Process

Effective 4/21/25, all SED Identification requests must be submitted through the Serious Emotional Disturbance (SED) Identification/Removal of Identification Request Form found at https://forms.office.com/r/K2Uq47njaA.

This form is secure and approved for submitting Protected Health Information (PHI). A separate secure email will no longer be accepted if submitted to the previous inbox of systemofcare@azahcccs.gov.

The provider will need to submit the following:

- AHCCCS ID*
- FIRST AND LAST NAME OF CHILD OR ADOLESCENT
- DOB
- QUALIFYING DIAGNOSIS
- CALOCUS SCORE (or 99)
- DATE OF IDENTIFICATION

Current health plan and enrollment date.

*A member is required to have an AHCCCS ID and open enrollment plan for AHCCCS to input information into the AHCCCS PMMIS system. In instances where an AHCCCS ID is not found and/or an enrollment is not active, providers shall coordinate with the ACC-RBHA/TRBHA Contractor (if applicable for Non-Title XIX/XXI eligibility) to ensure member eligibility records are created and updated.

Providers shall coordinate with the identified ACC-RBHA/TRBHA Contractors to receive the AHCCCS ID number and open enrollment to provide the information to AHCCCS to complete the process of SED identification.

If any of the above information is missing, the child or adolescent will not be identified as SED.

An updated SED Identification FAQs is posted on the AHCCCS website at www.azahcccs.gov/systemofcare.

2025 AHCCCS Provider Survey

AHCCCS Looking for Provider Feedback on its Managed Care Plans

The Arizona State Health Care Cost Containment System (AHCCCS) is conducting a survey to determine its contracted Managed Care Organizations' (MCOs') performance and responsiveness to providers.

AHCCCS is asking that providers contracted with each Medicaid MCOs complete the survey to determine your level of satisfaction with MCO Claims, Customer Service, Credentialing, Prior Authorization and Quality Measure and Access to Non-Title XIX/XXI services education.

The survey will be available May 1, 2025 through May 31, 2025.

To complete the survey, or to view the results of past provider surveys, please use this link to navigate to the AHCCCS website at: https://tinyurl.com/5f8hjtx8.

Thank you in advance for your valuable feedback.

Member Experience (MX)

The Member Experience (MX) Team is here to support you in providing an exceptional experience to your patients. Our team has several tools and resources that can support in improvement in CAHPS and HOS related measures. If you would like additional information on any of the MX tools or have questions for our team, we are happy to help! Please reach out to your dedicated Member Experience (MX) Sr. Advisor or email us at BPNMemberExperienceTeam@BannerHealth.com!

Care Coordination

Care coordination can have a direct impact on a patient's experience. This month our member experience team will be focusing on practice workflows around informing patients of their test results. Partner with your Sr. Advisor this month to discuss your practice's workflow and identify additional best practices that can be implemented to ensure your patients are receiving their results in a timely manner, understanding their results and have a clear understanding of next steps.

Behavioral Health Residential Facility (BHRF) and Medication Opioid Use Disorder (MOUD)

- BHRF providers are not to exclude members on MOUD from admission. If a BHRF provider does not provide MOUD, then the BHRF is required to coordinate care with the member's MOUD provider.
- BHRF providers must have policies that specifically ensure members have access to their MOUD services and must train all staff on this requirement.
- If BHRF program offers an Opioid Treatment Program (OTP) or Office Based Opioid Treatment (OBOT) provider, then MOUD may be transitioned to that provider if member is agreeable.
- If BHRF program offers MOUD, then BHRF provider and Health Home must ensure member is enrolled with a MOUD provider upon discharge and coordinate.
- If BHRF cannot accommodate specific MOUD treatments due to licensure or coordination constraints, then BHRF providers can present options to transition from MOUD or MOUD alternatives but must not require their alternative treatment for admission and must coordinate with member, MOUD provider, and Health Home. The decision to accept the BHRF's alternative treatment regimen is made by the member, not the BHRF.
- In all cases and situations, best practice includes coordination between the member, the BHRF, MOUD Provider, Health Home, and prescribing doctors before adjusting prescribed treatment regimens.

In case of an emergency, there are 24/7 Access Point locations providing opioid treatment services 24 hours a day, 7 days a week to serve individuals seeking treatment. MOUD is offered in various settings in the community that are commonly described as Opioid Treatment Programs (OTPs) and Office-Based Opioid Treatment (OBOTs).

CODAC Health, Recovery and Wellness	380 E. Ft. Lowell Rd Tucson, AZ 85705	Phone: 520-202-1786
Community Bridges, East Valley Addiction Recovery Center	560 S. Bellview Mesa, AZ 85204	Phone: 480-461-1711
Community Medical Services	2806 W. Cactus Rd Phoenix, AZ 85029	Phone: 602-607-7000
Intensive Treatment Systems, West Clinic	4136 N. 75th Ave #116 Phoenix, AZ 85033	Phone: 623-247-1234

Please refer to AMPM: https://tinyurl.com/36u2ra62

For assistance in locating a MOUD provider, please visit AHCCCS to find an OTP or OBOT provider https://tinyurl.com/bdecetxw

Annual Model of Care Training Requirement for all Banner Dual Providers

The Model of Care Training and Attestation is required annually every calendar year. We strongly encourage you to complete the training and submit the attestation as soon as possible! 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** are required to complete the Annual Model of Care Training and submit the Attestation per CMS.

This training and attestation take a minimal amount of time to complete (approximately 30 minutes).

Instructions:

2. Review the training content located here https://tinyurl.com/ywsecrup. Complete the *Annual Attestation*: https://tinyurl.com/r5avb5xx.

When completing your online attestation, please ensure you are documenting each practitioner's ***individual NPI*** on the attestation form.

Compliance Corner

Exclusions Program, Screening and Reporting Obligations

Banner – University Family Care and Banner Medicare Advantage plans require its First Tier, Downstream, and Related Entities (FDRs), Providers and Administrative Contractors to screen all employees and downstream entities prior to hire/contract and monthly. All Providers are required to notify the Banner Plans & Networks Compliance Department upon confirmation that an employee or contractor is excluded from any of the data bases listed below. They are also required to inform the Compliance Department if any of their subcontractors who do business for Banner – University Family Care and Banner Medicare Advantage plans has identified an excluded employee or contractor. It is the obligation of the Provider to notify the Compliance Department immediately upon discovery. The methods to notify the Compliance Department are listed below.

Office of Inspector General (OIG) Exclusions Program

The OIG has the authority to exclude both individuals and entities from Federally funded health care programs including Medicare and Medicaid. They could be excluded due to any number of reasons including a conviction for fraud. Any entity or individual who is excluded is prohibited from receiving payment from Federal health care programs for any items or services they provide, order, or prescribe.

The list of excluded individuals and entities maintained by the OIG is called the List of Excluded Individuals/Entities (LEIE). The online searchable data base can be located at: https://exclusions.oig.hhs.gov/

Any Provider who hires an individual or entity on the LEIE list may be subject to civil monetary penalties (CMP). In order to avoid this probability of receiving CMP, it is important to routinely check the list prior to hire or contract and then

monthly thereafter. If the Provider uses a vendor to do this service, it would be wise to ensure appropriate contract language to protect the Provider in the event a CMP is imposed due to the failure of the vendor.

System for Award Management

The System for Award Management (SAM) contains a list of debarred individuals or entities by any Federal agency. The persons and entities listed as excluded are for a specified term as determined by the debarring agency and as indicated by the listing.

The link to check the SAM is: https://sam.gov/search

Both the OIG and the SAM should be utilized to check individuals and entities prior to hire or contract and monthly thereafter.

Both AHCCCS and CMS include exclusion screenings in their requirements. In addition, according to the B – UFC Contracts with Arizona Medicaid, notification must be provided to the Banner Plans & Networks Compliance Department if any individual or entity is determined excluded from any State Medicaid, not just Arizona.

In addition, for Medicare Advantage Plans, CMS made the first Preclusion List available to plans January 1, 2019, and they are issued monthly thereafter.

The preclusion list 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.

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.

If you identify or suspect FWA or non-compliance issues, immediately notify the Banner Plans & Networks 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 Plans & Networks Compliance Department
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711

Contact the Medicaid Compliance Officer via phone 520-874-2847 (office) or 520-548-7862 (cell).

Contact the Medicare Compliance Officer via phone 602-747-1194 or email BMAComplianceOfficer@BannerHealth.com

Banner Plans & Networks Customer Care Contact Information

- Banner – University Family Care/ACC: 800-582-8686, TTY 711, 7 a.m. to 5:30 p.m., Monday through Friday
- Banner – University Family Care/ALTCS: 833-318-4146, TTY 711, 7 a.m. to 5:30 p.m., Monday through Friday
- Banner Medicare Advantage Dual HMO D-SNP: 877-874 3930, TTY 711, 8 a.m. to 8 p.m., seven days a week
- Banner Medicare Advantage Prime HMO: 844-549-1857, TTY 711, 8 a.m. to 8 p.m., seven days a week

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 https://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 Plans & Networks 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

Appointment Availability Standards Requirement

The Appointment Availability Standards are important to ensure Medicaid and Medicare members receive access to timely care. It is important to share these requirements with your scheduling team and office staff.

You can find the applicable Appointment Availability Standards in the Provider Manuals below as well as the AHCCCS website here: https://tinyurl.com/5wur5txp.

- B – UFC/ACC and B – UFC/ALTCS: Banner – University Family Care Provider Manual
- Banner Dual: Banner Medicare Advantage Provider Manual

We would also like you to be aware that participation in the telephone surveys is **required** and conducted on a semi-annual basis by Contact One. Contact One is the vendor used to complete the surveys, who will identify themselves when calling your office. Failure to comply could result in a resurvey and/or a Corrective Action Plan (CAP).

Should you have any questions, please reach out to your Care Transformation Consultant or Specialist.

Vocational Rehabilitation 101

Vocational Rehabilitation (VR) is a program that assists people with physical or mental disabilities to find success in work. They may provide assessments, help with accommodations, assistive technology, vocational training, supported education, and more based on individual need.

Eligibility

Did you know that GMH-SU members may be eligible for Vocational Rehabilitation services? Any functional limitation that a member may have could qualify them for VR services. Behavioral Health providers only need to know two things to refer to VR.

1.) Does the member want to work?
2.) Does the member have a disability?

Referrals

Members who are receiving services though Vocational Rehabilitation may still be able to receive employment services though Behavioral Health. Providers first must coordinate with VR staff to ensure they are not duplicating services.

Documenting referrals to VR and communicating them to the health plan is an important step in the process, even if the member doesn't enroll in VR services. Providers are responsible for completing and submitting the Psychiatric Rehabilitation Report (VR Tracker) to Banner Plans & Networks on a monthly basis.

Banner Plans & Networks is here to help! Do you have questions related to referrals or collaborating with VR? Please reach out to Sara.Hernandez@BannerHealth.com or submit questions for an upcoming discussion with VR here: https://forms.office.com/r/xXSr2tr9nV

For more information on VR or the services they offer please visit https://tinyurl.com/3mexa3d8.

Banner Alzheimer's to offer free medical training, mentoring in dementia care

'Tele-mentoring' coaches Arizona health professionals in top-quality Alzheimer's treatment

Banner Alzheimer's Institute is offering a virtual training and mentoring program for Arizona physicians and other primary care professionals to help them effectively treat patients with cognitive disorders, including Alzheimer's and related dementias.

The Dementia ECHO (Extension for Community Healthcare Outcomes), is a free 12-week course, with sessions running once every two weeks. The program aims to help medical providers feel more confident about caring for their patients and caregivers living with dementia. **The course will begin on Thursday, May 1**.

For each one-hour session, program participants will connect virtually with instructors/mentors who specialize in Alzheimer's and related dementias. Each session will include brief lectures to share evidence-based practices in care across a range of topics such as: evaluating dementia; medications; behavior management; disease progression; caregiver support; conveying diagnoses, prognoses, and managing difficult issues such as driving, advance directives, and end-of-life care. In addition, participants will have the opportunity to present their challenging patient cases (de-identified) for expert advice and discussion.

The Dementia ECHO program began in 2020 and has trained nearly 800 professionals.

Nearly 7 million Americans have dementia, and as the proportion of older adults continues to grow in Maricopa County, more Arizonans will be living with Alzheimer's and related dementias. Maricopa County alone has approximately 81,000 people living with Alzheimer's, according to Axios.

Medical professionals interested in participating should contact BAIECHO@BannerHealth.com. Learn more at www.BannerHealth.com/DementiaECHO.

Physical Health Best Practice Guidelines

By Sheena Sharma, MD, Medical Director

Banner Plans & Networks has devised a set of Physical Health Best Practice Guidelines that are founded 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. We have recently presented on obesity within childhood and adolescence with pertinent information being discussed regarding diagnosis, evaluation, and treatment options.

Guidelines from the American Academy of Pediatrics Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity were utilized.

Additional information and resources on best practice guidelines are available on the Medical Necessity Criteria & Clinical Practice Guidelines webpage: https://tinyurl.com/2s3ua7hz.

We welcome any feedback regarding the adoption of these guidelines for Banner Plans & Networks. Feel free to contact me via email at Sheena.Sharma@BannerHealth.com with any questions or concerns.

2025 AHCCCS Provider Survey

AHCCCS is looking for Provider Feedback on its Managed Care Plans.

The Arizona State Health Care Cost Containment System (AHCCCS) is conducting a survey to determine its contracted Managed Care Organizations' (MCOs') performance and responsiveness to providers.

AHCCCS is asking that providers contracted with each Medicaid MCOs complete the survey to determine your level of satisfaction with MCO Claims, Customer Service, Credentialing, Prior Authorization and Quality Measure and Access to Non-Title XIX/XXI services education.

The survey will be available May 1, 2025, through May 31, 2025.To complete the survey, or to view the results of past provider surveys, please use this link to

navigate to the AHCCCS website at: https://tinyurl.com/5f8hjtx8.

Thank you in advance for your valuable feedback.

Banner Medicare Advantage Member Cologuard Campaign

Cologuard Mass Mailing Campaign Overview

Banner Medicare Advantage will be partnering with Exact Sciences to deploy a Cologuard mass mailing campaign for eligible members who have an open Colorectal Cancer Screening gap. High risk members, as well as BMG attributed members will be excluded from this campaign. Banner Medicare Advantage members included in this campaign will be able to opt-out if desired.

Exact Sciences partners with a provider group, Recuro Health, to review and communicate Cologuard kit results with members. PCPs will be receiving a copy of the lab results as well.

This campaign will run from June 2025 to December 2025.

Timeline	
May 15th	Members receive letter informing them of campaign
May 15th - May 29th	Members have two weeks to opt out of campaign
June 8th	Members receive their Cologuard kit
June - December	Members receive reminders to return kit. Results are communicated.

ROPA Update from AHCCCS

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Division Of Fee For Service Management

April 14, 2025

Referring, Ordering, Attending (ROPA) Providers

Required to Register with AHCCCS

Beginning July 1, 2025*,* claims submitted by fee-for-service providers that include a referring, ordering, or attending provider who is NOT registered with AHCCCS will be denied. Detailed information concerning Prescribing providers will be provided at a later date.

Fee-for-service claims that include an unregistered prescribing provider are not subject to this deadline. Referring Ordering Attending Provider Information. To begin the enrollment process, visit AHCCCS Provider Enrollment.

The Patient Protection and Affordable Care Act (ACA) and the 21st Century Cures Act (Cures) require that all health care providers who refer AHCCCS members for an item or service, who order non-physician services for members, who prescribe medications to members, and who attend/certify medical necessity for services and/or who take primary responsibility for members' medical care must be registered as AHCCCS providers. AHCCCS calls this initiative, and these providers, "ROPA."

Until these acts passed, referring, ordering, prescribing, and attending providers were required to obtain and maintain a National Provider Identifier (NPI), but were not required to be registered as an AHCCCS provider, but with the implementation of ROPA requirements any registrable healthcare provider who is not already registered as an active AHCCCS provider must register or be identified as an Exception non-registerable provider*, if applicable.

To make the ROPA registration process as simple as possible, AHCCCS developed a streamlined application for ROPA providers who meet all of the following criteria:

- Have a National Provider Identifier (NPI) from the National Plan and Provider Enumeration System (NPPES),
- Already fully enrolled in Medicare or another state's Medicaid program, and
- Do not intend to bill AHCCCS for services.

Steps To Comply with ROPA

If you are a provider who refers, orders, or acts as an attending provider for AHCCCS members, and you are not represented on either of the above lists, you must begin the registration or exception provider designation process.

If you are a provider who receives a referral or order from a provider who is not on either of these lists (as appropriate), your fee-for-service claim will not be paid as of July 1, 2025. ROPA enrollment can be initiated using the APEP Provider Enrollment Portal: https://tinyurl.com/mrnn87cu.

Closing the Gap: Addressing Racial and Ethnic Disparities in Maternal Health

Recent data analysis has revealed significant disparities in our Prenatal and Postpartum Care (PPC) HEDIS measure across different racial and ethnic groups. While 80.3% of Asian members and 78.6% of White members receive timely prenatal care, only 63.2% of Black/African American members and 61.7% of American Indian/Alaska Native members do. Similar patterns exist for postpartum care, with a disparity gap of nearly 20% between highest and lowest performing groups. Cultural beliefs and practices significantly influence how members engage with maternal health care. We encourage you to ask open-ended questions about cultural preferences, recognize that traditional practices may complement medical care, and utilize available interpretation services for non-English speaking members.

Working Together to Improve Prenatal and Postpartum Care for All Members

Our health plan will be delivering multilingual patient education materials, and cultural awareness tip sheets to support provider services. Together, we can improve maternal care for all members regardless of race or ethnicity, with the goal of reducing the disparity gap to less than 5%.

Documentation Tips:

Proper documentation is essential for accurate reporting. Remember to document:

- First prenatal visit (must occur within first trimester or 42 days of enrollment)
- Postpartum visit (must occur 7-84 days after delivery)
- Use appropriate procedure codes and diagnosis codes

Cultural Considerations:

Cultural beliefs and practices significantly influence how members engage with maternal health care. Consider these approaches:

- Ask open-ended questions about cultural preferences
- Recognize that traditional practices may complement medical care
- Utilize available interpretation services for non-English speaking members
- Request patient education materials in members' preferred languages

For questions or to request a copy of education materials and tip sheets, please contact BUFCQMProviderFeedback@BannerHealth.com. Together, we can improve maternal care for all members regardless of race or ethnicity.

Whole Person – SDoH/HRSN

This educational training series is designed to enhance awareness, knowledge, and provide tools to identify interventions that address Health Related Social Needs within General Mental Health & Substance Use (GMH|SU) populations.

We have created an amazing line of presenters for our upcoming May 2025 Provider Training Series Launch: *Eating Disorders.*

Keep an eye out for our training schedule along with registration details.

B – UFC is proud to offer behavioral health CEUs for clinical professionals and support staff including specialized CEUs for Community Health Workers/Representatives (CHW/CHR) within Arizona!

You may register in Teams or Relias. If you have a Relias account, we encourage you to register via Relias for easier access to your CEU transcript and certificate.

Southwestern Provider Services, Inc. (SPSI) Update

Effective July 31, 2025, Southwestern Provider Services, Inc. (SPSI) will be closing their organization. Please be aware with this closure, the Southwestern Provider Services, Inc. clearinghouse tool will no longer be available to submit claims. Please see the list of clearinghouse resources. Providers may subscribe to one of these services and Banner will be able to receive your claims.

Clearinghouse Resources

Banner is currently connected to two additional clearinghouses – listed below. Providers may subscribe to one of these services and Banner will be able to receive your claims.

SSI Healthcare Revenue Cycle Solutions (supporting both 837I and 837P claims submissions) Website: https://thessigroup.com/

Office Ally Service Center (supporting both 837I and 837P claims submissions for all lines of business) Website: https://cms.officeally.com/

If you have questions or need support, contact the Provider Experience Center by phone at 800-582-8686 or email ProviderExperienceCenter@BannerHealth.com

News of Note

- **Reminder:** Please review the list of users from your practice who have access to either the BHN web portal or eServices. If you need to make any changes (additions or deletions), please reach out to the ProviderExperienceCenter@BannerHealth.com to ensure our user records are current.