

QUARTERLY COMPLIANCE AND PROGRAM UPDATES

FDR Newsletter

QUARTER 3 | OCTOBER 2023

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QUICK LINKS

- [OIG's List of Excluded Individuals and Entities \(LEIE\)](#)
- [System for Award Management \(SAM\)](#)
- [Banner University Health Plan's Compliance Program](#)

The Banner – University Health Plans Compliance Program is committed to compliance and meeting requirements of all applicable laws and regulations of CMS and AHCCCS.



IN THE NEWS

2023 B-UHP Financial Audits

As a reminder, every year for AHCCCS Administrative Subcontractors, B – UHP is required to conduct a financial audit of all its administrative subcontractors. Audit engagement letters have been sent out.

As part of that audit, we will provide you with what we require from you and/or your organization. The audit is generally conducted within 30 days and results will be shared once the reviews are finalized.

If you have any questions or concerns in regard to this year's financial audit, please feel free to reach out to the B – UHP Vendor Oversight Team at BUHPVendorOversight@bannerhealth.com.

2023 B-UHP Annual Compliance Attestation

All FDRs are required to complete the annual attestation and disclosure statement on an annual basis. The Compliance and Offshore Attestations have been sent out.

Links: [2023 Compliance Attestation](#)

Please complete and email to the BUHP Vendor Oversight team.

Email: BUHPVendorOversight@bannerhealth.com

We ask that you complete the Annual Attestation by October 31, 2023.

AHCCCS POLICY UPDATES

Keep an eye out for weekly AHCCCS Policy updates! B-UHP Vendor Oversight will email all vendors as applicable of AHCCCS Policies open for public comment and key changes. If you'd like to review AHCCCS policies open for comment or submit a public comment, please visit: <https://ahcccs.commentinput.com/comment/search>.

COMPLIANCE UPDATE

Training Requirements for FDRs

Banner Medicaid and Medicare Health Plans require FDRs to complete General Compliance and FWA Training annually. The websites have training available for FDRs to take to meet this requirement. As an alternative, FDRs may take a comparable training to satisfy the requirement. FDRs are required to complete an attestation (available on the websites) and submit it to Banner Medicaid and Medicare Health Plans. The attestation indicates that the employees involved in the administration of Medicare Part C and D benefits or involved in the Medicaid lines of business have completed the required training. The attestations must be submitted prior to the end of the 2023 calendar year.

For FDRs (Subcontractors) under the Medicaid or Medicare lines of business, the following are also required training elements:

- a. Detailed information about the Federal False Claims Act,
- b. The administrative remedies for false claims and statements,
- c. Any State laws relating to civil or criminal liability or penalties for false claims and statements, and
- d. The whistleblower protections under such laws.

Documentation of internal training can be through an individual certificate or a list showing the information for all of those who completed the training using the Banner Medicaid and Medicare Health Plans training on the website or a comparable training.

If you identify or suspect FWA or non-compliance issues, immediately notify the Banner Plans and Networks Compliance Department:

24- hour hotline (confidential and anonymous reporting): (888) 747-7989

Email: BHPCompliance@BannerHealth.com

Preclusion List

The preclusion list is sent out monthly and lists 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. Effective as of the April Preclusion List, any prescriber or provider is to be precluded from all B – UHP lines of business (AHCCCS and Medicare).

Secure Fax: (520) 874-7072

Compliance Department Mail:

Banner Medicaid and Medicare Health Plans Compliance Department
5255 E Williams Circle, Ste 2050
Tucson, AZ 85711

Contact the Medicaid Compliance Officer Terri Dorazio via phone (520) 874-2847 (office) or (520) 548-7862 (cell) or email Theresa.Dorazio@BannerHealth.com

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

Banner Medicaid and Medicare Health Plans Customer Care Contact Information

B – UHP Customer Care

Banner – University Family Care/ACC (800) 582-8686

Banner – University Family Care/ALTCS (833) 318-4146

Banner Medicare Advantage Customer Care

Banner – Medicare Advantage Dual (HMO D-SNP) (877) 874-3930

Banner Medicare Advantage Prime HMO (844) 549-1857

Banner Medicare Advantage Plus PPO (844) 549-1859

Banner Medicare RX PDP (844) 549-1859

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: 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 Medicare Health Plans 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