

# Network Connection

Information for Presbyterian  
Healthcare Professionals,  
Providers and Staff



JANUARY 2022

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## 2022 Practitioner and Provider Manuals Are Available

Presbyterian recently updated the Universal Practitioner and Provider Manual and the Centennial Care Provider Manual for 2022. The universal provider manual covers all of Presbyterian’s programs, policies and guidelines. The Centennial Care Practitioner and Provider Manual provides information specific to Presbyterian’s Centennial Care 2.0 programs and requirements. The manuals are updated quarterly and more frequently as necessary.

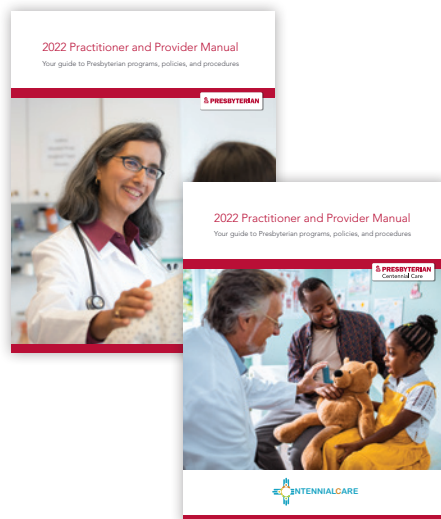
These manuals are a great resource to providers and are an extension of the provider’s contract with Presbyterian. Manuals include instructions for the following:

- Submitting medical, behavioral and pharmaceutical prior authorization requests and exception requests based on medical necessity
- Contacting Utilization Management, Pharmacy, Medical and Behavioral Health staff to discuss prior authorization requests and utilization management issues
- Obtaining or requesting utilization management criteria

The provider manuals also include information regarding:

- Prior authorization criteria
- Medical policies
- Presbyterian formularies and updates, including restrictions and preferences
- Clinical practice guidelines
- Affirmative statement concerning utilization management decision-making and incentives
- Member rights and responsibilities

Providers can instantly access both provider manuals by visiting [www.phs.org/providermanuals](http://www.phs.org/providermanuals). Providers may also request a printed copy of both manuals at no cost by contacting their Provider Network Operations relationship executive. Contact information can be found at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide).



*Presbyterian exists to  
improve the health of the patients,  
members and communities  
we serve.*

## Presbyterian Offers Individual and Family Plans through the New Mexico Health Insurance Exchange

Since the public health order ended, the New Mexico Human Services Department has returned to the standard process of determining members' Centennial Care eligibility. To ensure the thousands of Presbyterian members who no longer qualify for Centennial Care will be able to continue care with their Presbyterian network provider, Presbyterian is excited to announce that it is offering Individual and Family Plans in 2022 through the New Mexico Health Insurance Exchange, also known as "BeWellnm."



Enrolling through BeWellnm allows individuals and families who are eligible for a tax credit to access health insurance at a lower cost, including monthly premiums,

deductibles, copayments and coinsurance. Members can find out if they are eligible for a tax credit and shop for eligible Presbyterian Health Plans at [bewellnm.com](https://bewellnm.com).



## Help Your Patients Quit Smoking

As providers, you know quitting smoking is one of the best decisions your patients can make to improve their health. According to the Centers for Disease Control and Prevention, "Quitting smoking has health benefits, no matter how long or how much you have smoked." But quitting smoking isn't easy, and people are more likely to successfully quit when they have help.

As partners in care, we're committed to working with you to provide Presbyterian members with the tools and resources they need to help them quit smoking. For information about tobacco cessation resources available to your patients, call the Presbyterian Customer Service Center at (505) 923-5757 or toll-free at 1-888-923-5757, Monday through Friday, 8 a.m. to 5 p.m.



## FIRST QUARTER

Providers and office staff are invited to attend a variety of trainings throughout the year. Please see the list below for training events available during the first quarter of 2022.

### Provider Education Webinars



Wednesday, March 16

Thursday, March 17



**Register:**

[phs.swoogo.com/2022PEW](https://phs.swoogo.com/2022PEW)

*All contracted physical health, behavioral health, long-term care, Indian Health Services and Tribal 638 providers and staff are invited to the webinar series and are only required to attend one of these trainings each year.*

### Indian Health Services and Tribal Conversations



Thursday, March 31



**Register:**

[phs.swoogo.com/IHS2022](https://phs.swoogo.com/IHS2022)

### Presbyterian Dual Plus Provider Training



Available year-round on demand



**Register:**

[phpn.org](https://phpn.org)

*All contracted providers who render services to Presbyterian Dual Plus members are required to complete this training. Office staff cannot complete the training on behalf of the provider.*

### Cultural Sensitivity Training



Available year-round on demand



**Register:**

[thinkculturalhealth.hhs.gov](https://thinkculturalhealth.hhs.gov)



## Provider Satisfaction Survey Highlights

Since 2001, Presbyterian has partnered with SPH Analytics to conduct an annual provider satisfaction survey to gain insight into how we can better partner with providers by incorporating their feedback to improve our processes and deliver increased provider satisfaction.

We are pleased that when asked to rate overall satisfaction with Presbyterian, 61.6% of respondents indicated they are satisfied. In addition, survey results indicated that 61.5% of providers responded that they would recommend Presbyterian to other providers and 61.9% said they would recommend Presbyterian to their patients.

Providers who responded also rated Presbyterian as the highest-performing managed care organization when compared with the other health plans in New Mexico. Our other highest-scoring elements were related to the effectiveness of our care coordination and care management programs.

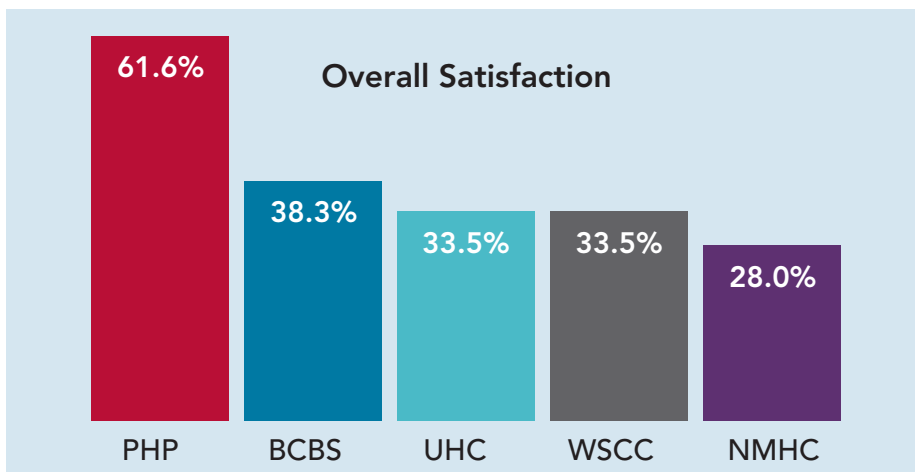
Providers also informed us that we have some areas of opportunity. We found that providers would like to resolve claims issues without making multiple inquires and would like more frequent contact with their provider services representatives.

Providers also noted that they would like Presbyterian to increase the variety of drugs available on

our formulary, work to increase the ease of prescribing drugs not in the formulary and increase the availability of comparable drugs to substitute those not included in the formulary.

Responses from the 2021 annual survey are very important to us and we are already taking steps to respond. We have celebrated the positive results and developed action plans designed to improve our processes and increase administrative efficiency. We will work diligently to reduce administrative obstacles for you and your organizations. We are committed to improving your experience with the health plan and will share our progress with you in upcoming newsletters.

Thank you for participating in the current and future provider satisfaction surveys. Your feedback is a gift. We appreciate your partnership and dedication to helping Presbyterian continuously improve as an organization and health insurance provider. We look forward to continuing to work together to ensure the patients, members and communities we serve can access the care they need and lead healthy lives.



## Get the Information You Need Faster – Sign Up to Receive Presbyterian Emails



At Presbyterian, we're committed to ensuring providers receive communications that are helpful, informative and relevant to your practice.

Want to get the information you need faster? When you sign up to receive emails from Presbyterian, we'll deliver this newsletter, along with the latest news, tools and resources directly to your inbox. All you need to do is complete the registration form at: [www.phs.org/providers/contact-us/news-and-communications/Pages/enews-registration.aspx](http://www.phs.org/providers/contact-us/news-and-communications/Pages/enews-registration.aspx).

Please note that signing up to receive emails will not replace the printed communications you currently receive from Presbyterian.



# REGULATORY REMINDERS

## Medicare Providers Should Submit Claims to Presbyterian for Monoclonal Antibody Treatments and the COVID-19 Vaccine

Presbyterian would like to remind providers that the billing practices for monoclonal antibody treatments and the COVID-19 vaccine have changed since 2021.

Effective for dates of service on or after Jan. 1, 2022, Medicare providers should submit claims to Presbyterian for monoclonal antibody treatments, the COVID-19 vaccine and its administration to Medicare members. Members who receive these services will not incur any cost sharing.

If providers have questions or need additional billing guidance, they may contact the Presbyterian Provider Care Unit by calling (505) 923-5757.



## Tax Identification Numbers Are Required on All Prior Authorization Requests

Presbyterian appreciates providers' commitment to reducing delays in care and ensuring patients and members receive the care they need when they need it. In that spirit of commitment to excellence and collaboration, we want to remind providers that as of November 2021, Presbyterian requires requesting and treating providers to include their tax identification number (TIN) on all prior authorization (PA) requests.

By including TINs on PA requests, Presbyterian will be able to prevent delays in care and improve the

claims payment process. This step will also help ensure Presbyterian complies with requirements from the National Committee for Quality Assurance, the Centers for Medicare & Medicaid Services, the New Mexico Human Services Department, the Office of Superintendent of Insurance and the Health Insurance Portability and Accountability Act.

PA requests submitted without a TIN may be denied for insufficient information and providers will have to resubmit their request, which could affect their patients and their ability to receive the care they need when they need it.

Again, thank you for partnering with us to meet the highest standards in healthcare and improve the health of the patients, members and communities we serve.

**To reduce administrative burden on your office and help ensure your patients do not experience any delays in care, please be sure to include your TIN on all future PA requests.**

<b>[3] Provider Information:</b> Ordering Provider [ <input type="checkbox"/> ]    Rendering Provider [ <input type="checkbox"/> ]    Both [ <input type="checkbox"/> ] <i>Please note:</i> processing delays may occur if rendering provider does not have appropriate documentation of medical necessity. Ordering provider may need to initiate prior authorization.		
a. Provider name:	b. Provider type/specialty:	c. Administrative contact:
d. NPI #:	e. DEA # if applicable:	
f. TIN:		
g. Clinic/facility name:	h. Clinic/pharmacy/facility street address:	
i. City, State, Zip code	j. Phone number and ext.:	k. Facsimile/Email:

## Centennial Care Clinical Operations Overview

The Presbyterian Centennial Care Clinical Operations department is available to help members improve their health and make it easier for providers to connect with a member’s care team. Our Clinical Operations staff includes doctors, nurses, social workers and other health professionals. These professionals are trained to support the member, the member’s primary care provider (PCP), and other providers to make sure our members stay as healthy and functional as possible in the community.

The Clinical Operations department includes two key functional areas: care coordination and utilization management.

### Care Coordination

Care coordination refers to how Presbyterian Centennial Care manages the member’s medical, behavioral, and long-term care needs, whether in a hospital, facility, or at home. Our Care Coordination team is comprised of nurses, licensed social workers, and other health experts.

Our care coordinators conduct home and telephonic visits with members

### Prior Authorization Tools and Resources

The following resources are available to providers to verify whether a prior authorization is required:

- Medical Policy Manual: [www.phs.org/providers/resources/medical-policy-manual](http://www.phs.org/providers/resources/medical-policy-manual)
- myPRES Provider Portal Prior Authorization Tool: [www.phs.org/mypres](http://www.phs.org/mypres)
- Prior Authorization Check Tool: [www.prescoverage.phs.org/ac](http://www.prescoverage.phs.org/ac)
- Prior Authorization Guide: [www.phs.org/providers/authorizations](http://www.phs.org/providers/authorizations)



to complete a Comprehensive Needs Assessment (CNA). Then a member-centric, comprehensive care plan is developed collaboratively with the member, caregiver, and providers to ensure the identified needs are addressed.

Members who are appropriate for care coordination are those who have complex needs, functional concerns, transition of care needs and physical or behavioral needs. To refer a member to our Care Coordination team, please call (505) 923-8858 or toll-free 1-866-672-1242.

### Utilization Management

Presbyterian follows utilization management guidelines to ensure members receive the right care, in the right place, at the right time. Utilization management decision-making is based on appropriateness of care and services as well as the benefits covered under the member’s plan. This process includes prior authorization, concurrent review and retrospective review, as described below:

Prior Authorization	Concurrent Review	Retrospective Review
Some healthcare services require prior authorization from Presbyterian Centennial Care. This means that Presbyterian Centennial Care nurses and physicians must verify that the service is a benefit and medically necessary.	Through concurrent review, nurses work with discharge planners at hospitals or other facilities. They ensure the member is at the appropriate level of care for his or her needs.	During retrospective review, nurses review insurance claims to make sure the member received the most appropriate healthcare. Presbyterian does not reward practitioners for issuing denials of coverage. Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization.



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## Talk to Us



**CONTACT GUIDE:**  
[www.phs.org/ContactGuide](http://www.phs.org/ContactGuide)



**PHONE:**  
(505) 923-5757

## Give Us Your Feedback

Want to express feedback on this newsletter or get more information on a certain topic? Let us know your thoughts at the following link:  
[phs.qualtrics.com/jfe/form/SV\\_3Jl9H4yZ81DZtA2](https://phs.qualtrics.com/jfe/form/SV_3Jl9H4yZ81DZtA2).

We value your input and will use it to ensure our newsletters and communications continue to address topics that are interesting and meaningful to your office.