PRESBYTERIAN

Network Connection

Information for Presbyterian Healthcare Professionals, Providers and Staff

MARCH 2022

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

Smoking and Tobacco Cessation Resources

As providers, you know that quitting smoking is one of the best actions your patients can take to improve their overall health. When your patients are ready to quit smoking and tobacco, Presbyterian offers a multitude of tobacco cessation resources to make this journey to better health a reality.

Dedicated Quit Line	Available 24/7 to help get you started. Call (505) 923-5231 or toll-free at 1-866-742-7095.
Face-to-Face Individual and Group Counseling	Services do not require prior authorization and are provided by the member's healthcare provider.
Nicotine Replacement Therapies	The following are covered therapies when prescribed to members: • Bupropion • Chantix • Nicotrol inhaler • Nicotrol nasal spray • Nicotine gum • Nicotine lozenge • Nicotine patch
Clickotine®	An evidence-based tobacco cessation app available on Google Play and the Apple Store with many features, including: • Controlled breathing exercises • Real-time social support from peers • Money-saved tracker • Health-recovered tracker • Journaling Presbyterian Centennial Care members may access the Clickotine app at no additional cost on an unlimited basis by visiting https://try.clickotine.com and entering the following Medicaid code: 4FAE18.

Need more 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. - 5 p.m.

Follow-Up Care for Children Prescribed ADHD Medication

Presbyterian is committed to partnering with providers to ensure members prescribed ADHD medication receive the follow-up care they need to live their best lives. To ensure members receive the quality care they need when they need it, Presbyterian uses the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS has a comprehensive set of quality performance measures established by the National Committee for Quality Assurance (NCQA) that are designed to promote positive health outcomes for patients.

The "Follow-up Care for Children Prescribed ADHD Medication (ADD)" HEDIS measure assesses the percentage of children who were newly prescribed ADHD medication. This measure is reported for two phases: Initiation Phase and Continuation and Maintenance Phase.

Initiation Phase	Continuation and Maintenance Phase
Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.	Assesses children between 6 and 12 years of age who had a prescription for ADHD medication, remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the nine months after the Initiation Phase.

Quick Tips to Improve Member Care

Here are some quick tips to help ensure Presbyterian members who were newly prescribed ADHD medication receive the recommended follow-up visits, as indicated in the Initiation Phase and the Continuation and Maintenance Phase of this HEDIS measure:

- Schedule a follow-up visit with your patient within 30 days of first prescribing ADHD medication to document progress and/or make dosage adjustments.
- Schedule two follow-up visits after the first 30 days of prescribing ADHD medication to document progress and/or make dosage adjustments.

  Note: *These additional follow-up visits should occur before 10 months have elapsed since the medication was initially prescribed.*
- Consider providing telemedicine options to address the needs of children and families for whom traveling to an office or facility is a hardship.
- Collaborate with parents regarding treatment plans, medication options and side effects.
- Promote continuity of care between primary care physicians, behavioral health prescribers and schools, wherever possible.

Provider Education 2022

UPCOMING TRAININGS Providers and office staff are invited to attend a variety of trainings throughout the year. Please see the list below for upcoming training events.

Provider Education Webinars

Wednesday, March 16, 9 - 11 a.m.
Thursday, March 17, Noon - 2 p.m.

Register: 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 attend Provider Education Webinars and are only required to attend one of these trainings each year.

Indian Health Services and Tribal Conversations

Thursday, March 24, 1 - 2:30 p.m.

Register: phs.swoogo.com/IHS2022

All Indian Health Services and Tribal 638 providers and staff are encouraged to attend the Indian Health Services and Tribal Conversations trainings.

Behavioral Health Critical Incident Reporting

Wednesday, May 18, 1:30 - 2:30 p.m.

Join Online: phs.swoogo.com/bhcir22
Join by Phone (Audio only): (669) 900-6833 (US Toll)
Meeting ID: 247 501 0370

Behavioral health providers are required to participate in annual Critical Incident Reporting training. For questions, contact Amy Baldrige at abaldridg@phs.org.

Presbyterian Dual Plus Provider Training

Available year-round on demand

Register: phppn.org

All contracted providers who render services to Presbyterian Dual Plus (HMO D-SNP) 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

Contracted providers and staff are encouraged to participate in Cultural Sensitivity training and may earn up to nine hours of free Continuing Education Units (CEUs).

Healthy Solutions Disease Management Coaching Program

Have you heard about Presbyterian's Healthy Solutions Disease Management (DM) Coaching Program? It's a program for Presbyterian members who were diagnosed with asthma, coronary artery disease, diabetes or hypertension, and it's designed to provide education and disease management support in collaboration with their primary care provider and/or specialist. Members must be 18 years of age or older to participate.

Through this program, a licensed nurse serves as the member's personal health coach to increase the member's understanding of their condition, assist with establishing self-management goals and provide support for lifestyle modifications.

Presbyterian members who qualify for the Healthy Solutions DM coaching program receive education and training in the following areas:

- Monitoring chronic condition(s)
- Reducing risk
- Practicing healthy eating
- Being active
- Adhering to the medication and treatment plan
- Available community resources

To enroll a Presbyterian member in the Healthy Solutions DM Coaching Program, please call (505) 923-5487 or toll-free at 1-800-841-9705. Providers can also fax (505) 355-7594 or email healthysolutions@phs.org.

Be the First to Know – Sign Up to Receive Emails from Presbyterian

Do you want to receive this newsletter and other important resources and communications via email? Then sign up to receive emails from Presbyterian. It's easy! All you need to do is complete the registration form at www.phs.org/providers/contact-us/news-and-communications/Pages/enews-registration.aspx.

When you sign up to receive emails from Presbyterian, you will receive important notifications and helpful resources relevant to your practice directly in your inbox. Staying up to date on the latest news from Presbyterian has never been so easy. Don't wait. Sign up today and be the first to know about the latest news from Presbyterian.

Prevent Claim Denials and Increase Timely Payment

Presbyterian is committed to providing guidance that helps ensure claims are submitted correctly, providers are reimbursed accurately and Presbyterian members receive the care they need when they need it.

Presbyterian would like to remind all providers to confirm that the member data they are including on claim submissions match the member's eligibility information. If the member data on the claim does not match the member's eligibility information, then the claim will be denied for all product lines (Medicare, Medicaid and commercial).

Providers can verify member eligibility by logging on to the myPRES Provider Portal or by calling the Presbyterian Customer Service Center at (505) 923-5757.

Your Top Formulary Questions Answered

Frequently Asked Questions and Answers

Q: Where can providers find the formulary?

A: Providers can access the formulary at www.phs.org/providers/formularies.

Q: How does Presbyterian ensure the formulary meets the needs of providers?

A: Presbyterian's Pharmacy and Therapeutics (P&T) Committee meets regularly to discuss formulary recommendations. The P&T Committee is composed of practicing physicians, pharmacists and other healthcare professionals who are licensed to prescribe drugs. Committee members represent a wide range of specialties to meet member needs. A majority vote is required to approve formulary recommendations.

Q: Who can providers contact to discuss complaints or comments?

A: Providers can email AskPHPPT@phs.org and/or AskRx@phs.org to submit complaints or comments. Providers can also call the Presbyterian Health and Pharmacy Services department at (505) 923-5500 to discuss their complaints or comments.

Q: Can providers impact the formulary?

A: Yes, providers may impact the formulary. To request any additions to the formulary, email AskPHPPT@phs.org. The Presbyterian Practitioner and Provider Manual includes additional information on how to use the formulary and how to request additions. Providers can access the provider manual at www.phs.org/providermanual.

Q: What is the best way for providers to request approval for a medication that is not listed on Presbyterian's formulary?

A: To receive approval for a medication that is not listed on Presbyterian's formulary, providers should request a medical exception using the prior authorization process.

Q: What does Presbyterian do to ensure that the formulary is comparable to those of other health plans?

A: The Presbyterian formulary is compared with other health plans on a quarterly basis to ensure that changes to the formulary are fair and address the health needs of our members.

Q: How does Presbyterian ensure the formulary is serving the needs of members?

A: Presbyterian ensures the formulary is serving the needs of members by ensuring P&T Committee members include practicing physicians, pharmacists and other healthcare professionals from a wide range of specialties who are licensed to prescribe drugs. This robust representation of members with different health needs ensures the formulary is serving the needs of members. Drug utilization reviews are also performed by the P&T pharmacist to help ensure Presbyterian is meeting members' needs.

Q: What is the difference between a medical exception and prior authorization?

A: Medical exception applies to drugs that are not on Presbyterian's formulary. Exceptions may be requested by a prescriber, member or appointed representative. Providers use the prior authorization process to request an exception.

Prior authorization applies to some formulary medications and is a clinical process used to determine if the requested service is medically necessary, a covered benefit and whether it is being delivered in the appropriate healthcare setting.

If providers need more information or have additional questions, then they can email AskPHPPT@phs.org and/or AskRx@phs.org.

Value-Based Programs for Behavioral Health Providers

Presbyterian's behavioral health value-based programs (VBPs) reward behavioral health facilities and providers who ensure Presbyterian members receive the recommended screenings and services based on the Healthcare Effectiveness Data and Information Set (HEDIS).

Presbyterian has VBPs that behavioral health facilities and providers can participate in to earn incentive payments for providing quality care: Model Facility Incentive Programs (MFIP) and Behavioral Health Quality Incentive Programs (BQIP). Providers who participate in these programs will work to meet the following five HEDIS measures:

- Follow-up after Hospitalization for Mental Illness (FUH)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
- Follow-up After Emergency Department Visit for Mental Illness (FUM)

Psychiatric facilities that participate in the MFIP and consistently meet the HEDIS measures above may receive reimbursement, utilization management agreements and Treatment Record Review exemptions. Behavioral health providers who meet these HEDIS measures may earn up to $70 per qualified claim, which is calculated on a quarterly basis.

To request more information about MFIP or BQIP, or to enroll in a VBP, please contact Jeanette Tapia at jtapia9@phs.org or Lorissa Marshall at lmarshall5@phs.org.

Centennial Care Appointment Standards

Presbyterian is committed to meeting appointment access standards established by our regulators. To assess the ease and accessibility of scheduling different types of appointments with network providers, Presbyterian conducts mystery shopper surveys. The following table defines the type of appointment and the time frame in which providers are required to see patients for these different types of appointments.

Healthcare Service	Appointment Characteristics	Standard
Primary Care	Routine asymptomatic member-initiated outpatient primary care	No more than 30 calendar days, unless the member requests a later time
	Routine symptomatic member-initiated outpatient primary care	No more than 14 calendar days, unless the member requests a later time
	Outpatient appointments for urgent medical conditions	Within 24 hours
Behavioral Health Care	Outpatient appointments for non-urgent conditions	No more than 14 calendar days, unless the member requests a later time
	Outpatient appointments for urgent conditions	Within 24 hours
	Face-to-face crisis services	Within 2 hours
Specialty Care	Outpatient referral and consultation	Consistent with clinical urgency, but no more than 21 calendar days, unless the member requests a later time
Diagnostic laboratory, diagnostic imaging and other testing	Routine outpatient appointments	Consistent with clinical urgency, but no more than 14 calendar days, unless the member requests a later time
	Walk-in instead of an appointment system	Member wait time shall be consistent with the severity of the clinical need
	Urgent outpatient appointments	Consistent with clinical urgency, but no longer than 48 hours
Dental Care	Routine asymptomatic appointments	No more than 60 calendar days, unless the member requests a later time
	Routine symptomatic member-initiated outpatient appointments for non-urgent care	No more than 14 calendar days, unless the member requests a later time
	Urgent outpatient appointments	Within 24 hours
Prescription Fill Time	In-person fill time	No longer than 40 minutes
	Practitioner phone-in fill time	No longer than 90 minutes
Follow-up Visits	Outpatient follow-up visits	Consistent with clinical need

For more information or questions about Centennial Care appointment standards, please contact your Provider Network Operations relationship executive. You can find their contact information in the Provider Network Contact Guide available at www.phs.org/ContactGuide.

Presbyterian Implements $0 Behavioral Health Cost-Share for Most Services

Presbyterian would like to remind providers that pursuant to Senate Bill 317, effective Jan. 1, 2022, behavioral health services will not have any cost-share for members when billed by an in-network behavioral health provider or primary care provider with a behavioral health diagnosis as either the primary or secondary diagnosis on the claim. This applies to most commercial and public employee plans.

Best practice for all providers: Verify benefits and eligibility, including copay, coinsurance and deductible information through the myPRES Provider Portal prior to rendering services.

A behavioral health diagnosis that should incur $0 cost-share when billed by a non-behavioral health provider is defined as any applicable ICD-10 F code, except for the following:

- F01.x – F09.9x: Mental disorders due to known physiological conditions
- F70.x – F79.9x: Mild intellectual disabilities
- F80.x – F83.9x: Pervasive and specific developmental disorders
- F85.x – F89.9x: Pervasive and specific developmental disorders
- F91.x – F98.9x: Behavioral and emotional disorders with onset usually occurring in childhood and adolescence

Any service rendered by a behavioral health provider is covered at $0 cost-share, regardless of the diagnosis code used, except for emergency room or urgent care services. The mandate also covers the following services without any cost-share:

- Inpatient facility services
- Residential treatment centers
- Detoxification services
- Clinical laboratory services
- Radiology and imaging services

Generally, these services must either be rendered or ordered by a behavioral health or primary care provider with a behavioral health diagnosis as either the primary or secondary diagnosis on the claim.

Psychotropic drugs may also incur zero cost-share when prescribed by a behavioral health provider. Members on a High-Deductible Health Plan (HDHP) must satisfy their deductible before benefits begin to incur $0 cost-share. Providers will be reimbursed at the full contracted rate.

Some restrictions may apply, including normal prior authorization requirements or other medical management techniques. This guidance supersedes any conflicting guidance issued previously in other provider communications or the provider manual. For more information, please see Bulletin 2021-009, issued by the New Mexico Office of Superintendent of Insurance.

Updating Claims Processing to Support Third-Party Liability Requirements

Presbyterian would like to remind providers that the New Mexico Human Services Department recently updated third-party liability (TPL) requirements authorized under the Bipartisan Budget Act (BBA) of 2018 and the Medicaid Services Investment and Accountability Act of 2019.

To ensure compliance with these updated requirements, Presbyterian updated its Medicaid TPL claims processing, effective Dec. 31, 2021, to discontinue "pay and chase" claims and apply cost avoidance procedures to claims for prenatal services, including labor, delivery and postpartum services provided on or after Jan. 1, 2022.

In addition to supporting compliance with updated TPL requirements, this change will help ensure Medicaid is the payor of last resort and that Medicaid only pays for covered care and services when there are no other sources of payment available. For more information, view the bulletin published on Aug. 27, 2021, from the Centers of Medicare & Medicaid Services, available at the following link: www.medicaid.gov/federal-policy-guidance/downloads/cib082721.pdf.

Section 508 Compliance: Ensuring Information Communication Technologies Are Accessible to People with Disabilities

As a contractor with state and federal agencies, Presbyterian is required to comply with Section 508 (Federal Electronic and Information Technology) of the Rehabilitation Act, which ensures information communication technologies (ICT) are accessible to people with disabilities. By extension, all Presbyterian contractors and providers are also required to comply with accessibility standards established by Section 508.

To verify that the provider's ICT meets the standards, Presbyterian or regulatory agencies may require provider offices and organizations to complete a certification process.

The certification process begins by obtaining an Accessibility Compliance Report (ACR) from the Information Technology Industry Council and completing a Voluntary Product Accessibility Template (VPAT). These documents explain how to validate your ICT products and ensure they comply with the Revised 508 Standards for IT accessibility. Examples of ICT products include software, hardware, electronic content and support documentation.

To learn more, please review the following resources:

- The Presbyterian Practitioner and Provider Manual: www.phs.org/providermanual
- Information Technology Industry Council and VPAT information: www.itic.org/policy/accessibility/vpat
- Section 508 requirements: www.access-board.gov/law/ra.html#section-508-federal-electronic-andinformation-technology
- VPAT document: www.section508.gov/sell/vpat/
- ACR information: www.fdic.gov/formsdocuments/acr.pdf

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Let's Connect

CONTACT GUIDE:
www.phs.org/ContactGuide

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