

Network Connection

Information for Presbyterian Healthcare Professionals, Providers and Staff



MAY 2022

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Baby Benefits and Baby Bonuses Incentive Programs Are Available to Centennial Care Members

Presbyterian would like to remind providers of its Baby Benefits and Baby Bonuses incentive programs that are available to eligible Centennial Care members at no extra cost.

The Baby Benefits program rewards members for attending prenatal and postpartum appointments when they complete the following steps:

Step One: Members who complete a prenatal visit within the first trimester of pregnancy or within 42 days of enrolling in Presbyterian Health Plan are rewarded with a \$150 gift card to buy healthy items for themselves during their pregnancy.

Step Two: Members who complete at least 10 prenatal care visits or members who complete 80% of the number of visits as determined by the provider are rewarded with a \$75 gift card for supplies for themselves and their baby.

Step Three: Members who complete a postpartum visit within seven to 84 days after the baby is born are rewarded with a \$100 gift card for newborn items.

For more information or to help members enroll in the Baby Benefits program, please visit www.phs.org/babybenefits.

The Baby Bonuses program awards parents and caregivers with gift cards when they complete six well-baby visits before the baby is 15 months old and two additional visits before the baby is 30 months old. The table below provides an overview of this program.

For more information or to help members enroll in the Baby Bonuses program, please contact Presbyterian's Quality Performance Improvement department at (505) 923-5017.

Baby Bonuses Program Overview

Well-Baby Visits	Gift Card Amount
Visits one to five before 15 months of age	\$10 gift card per visit
Visit six before 15 months of age	\$15 gift card
Visits seven to eight before 30 months of age	\$10 gift card per visit

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

Providers Required to Update Provider Directory Information Every 90 Days

Presbyterian wishes to remind individual practitioners, medical groups and facility providers to verify their provider directory information with Presbyterian every 90 days, beginning Jan. 1, 2022, as required by the Consolidated Appropriations Act (CAA) of 2021. To comply with this federal requirement, providers must verify their directory information with Presbyterian by June 30, 2022. There are no exemptions.

PHYSICAL HEALTH PROVIDERS

Physical health providers can verify their directory information by logging into their myPRES account at pchs.org/myPRES and selecting “Update Provider Demographic Information” from the Menu of Services.

Note: In order for groups and facilities to update their provider directory information, they must have a myPRES account and then they must submit a request to Presbyterian that identifies the delegate staff members who are authorized to verify and update the office’s provider directory information through myPRES. It may take up to 72 hours for access to be granted.

Groups and facilities can register for a myPRES account by completing the form at the following link: <https://mypres.pchs.org/Pages/provider-registration.aspx>. To request delegate access, please complete the form at the following link: <https://pchs.swoogo.com/delegate-access>.

In addition, all currently rostered medical groups should continue to follow the current roster process.

Need Help? Presbyterian has step-by-step instructional materials, a frequently asked questions guide and a short how-to video to assist physical health providers in verifying their provider directory information. To access these resources, please visit www.pchs.org/DirectoryUpdate.

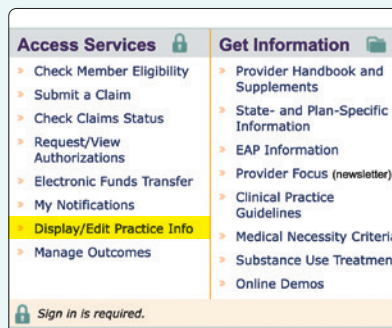


BEHAVIORAL HEALTH PROVIDERS

Behavioral health providers can update their directory information by logging into the behavioral health portal at www.magellanprovider.com.

Note: All organizations should continue to follow the current roster process. For more information, please contact your contract specialist.

If applied behavior analysis (ABA) providers have questions or need assistance, then they may contact Gerald Schiebe at gschiebe@magellanhealth.com. All other organizations may contact Adrienne Duran at aduran18@pchs.org for questions or assistance.



COVID-19 Testing Coverage Update

Presbyterian would like to remind providers that the following COVID-19 testing is not covered:

- Current Procedural Terminology (CPT) code 0202U is not covered for Medicaid, Medicare and commercial product lines
- CPT codes 0223U, 0225U and 0226U are not covered for commercial and Medicare product lines

Presbyterian made these coverage determinations based upon the following:

- The Local Coverage Article for “Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels” (A57579), which providers can view at the following link: www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57579&ver=26&
- Special COVID-19 Letter of Direction #8-2, “COVID-19 Testing and Treatment Services and Codes,” which providers can view at the following link: www.hsd.state.nm.us/wp-content/uploads/Special-COVID-19-Letter-of-Direction-8-2-COVID-19-Testing-and-Treatment-Services-and-Codes.pdf.

If you have any questions about these determinations, then please contact your Provider Network Operations relationship executive. You can find their contact information in the Presbyterian Contact Guide available at www.pchs.org/ContactGuide.

Help Us Keep Members' Out-of-Pocket Costs Low

Did you know that many common tests, treatments and procedures that are performed in a hospital can also be provided in more convenient and lower-cost locations? When certain procedures are done outside of a hospital-based facility, patients and members can save money on out-of-pocket costs.

Savings Opportunities

Below is an example of services that could carry a lower out-of-pocket cost for patients and members if they receive care outside of a hospital.

How Can Members Start Saving?

Presbyterian is committed to ensuring members can access the care they need, when they need it,

at the lowest out-of-pocket cost. To achieve this, Presbyterian provides members with education and a Cost Transparency Tool to help them understand their care options and identify a lower-cost site or service location that meets their healthcare needs. It is important to note that estimates are not a quote or guarantee as many factors can impact final costs. Members may find more information about the Cost Transparency Tool and how to access it online at the following link: www.phs.org/tools-resources/patient/Pages/cost-of-your-care.aspx.

Presbyterian also relies on its provider partners to help guide

members to accessible and cost-effective care. To help providers navigate these conversations with their Presbyterian patients and refer them to lower-cost service locations, we developed a Site of Service resource that lists the lower-cost service locations for each region in New Mexico. To view this list, please click the following link: www.phs.org/providers/resources/reference-guides/Pages/site-of-service.aspx.

Thank you for partnering with us to keep healthcare costs affordable for our members. We appreciate everything you do to ensure Presbyterian members receive the care they need in the most cost-effective setting.

Service	Hospital Facility Average Claim Cost	Potential Savings at Lower-Cost Location	Potential Claim Savings at Lower-Cost Location
Orthopedic (joint) Procedures	\$5,357	40%	\$2,143
Colon Screening	\$1,417	65%	\$921
Diagnostic Imaging	\$1,320	50%	\$660
Lab Work	\$261	65%	\$170



Celebrating National Women’s and Men’s Health Weeks

National Women’s Health Week is May 8-14 and National Men’s Health Week is June 13-19. The goal of these weeks is to empower men and women to make their health a priority and to help them understand what steps they can take to improve their health.

Presbyterian and the U.S. Preventive Services Task Force (USPSTF) recommends evidence-based screenings for adults of all ages. This month, Presbyterian would like to encourage providers to ask your patients about the screenings in the following table, as recommended by the USPSTF.

Recommended Health Screenings	
<p>Osteoporosis Testing in Older Women (OTO): Screens for osteoporosis in women 65 years of age or older, and in younger women whose fracture risk is equal to or greater than that of a 65-year-old. Dual-energy x-ray absorptiometry (DXA) of the hip and lumbar spine is the recommended screening method for osteoporosis.</p> <p>Cervical Cancer Screening (CCS): Screens for cervical cancer in women ages 21 to 65 years with cytology (Pap smear) every three years. For women ages 30 to 65 who want to lengthen the screening interval, it is recommended to conduct the screening with a combination of cytology and human papillomavirus (HPV) testing every five years.</p> <p>Chlamydia Screening (CHL): Screens for chlamydia in sexually active women ages 24 and younger and in older women who are at increased risk for infection.</p> <p>Breast Cancer Screening: Screens women ages 50 and older for breast cancer every two years. Mammograms are one the most effective methods for detecting breast cancer. When conducted frequently and correctly, 85% to 90% of cancers are detectable.</p>	<p>Prediabetes and Type 2 Diabetes Screening for Asymptomatic Adults: Screen for prediabetes and Type 2 diabetes in adults ages 35 to 70 years old who are overweight or obese. Providers should offer or refer members with prediabetes to effective preventive interventions.</p> <p>Depression Screening: Screen for depression in the general adult population. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up care.</p> <p>Tobacco Smoking Cessation in Adults: Providers should ask all adults about tobacco use, advise them to stop using tobacco and provide behavioral interventions and pharmacotherapy as approved by the US Food and Drug Administration.</p> <p>Colorectal Cancer Screening: Screen for colorectal cancer in adults aged 45 to 85 years old. Providers are encouraged to use the Fecal Immunochemical Test (FIT) to screen for colorectal cancer as there is no prep work necessary and it can be completed in the privacy of the member’s home.</p>

Important: Please be mindful of patients who identify as transgender or non-binary. The Standards of Care published by the World Professional Association for Transgender Health gives providers a comprehensive approach to transgender healthcare, including changes in gender role and gender medical procedures.

When it comes to primary and preventive care, it is crucial to remember that transgender patients may still have the reproductive organs they were born with and will need the appropriate care to ensure those organs stay healthy. Therefore, transgender men may still need breast exams and pap smears, and transgender women may still need prostate exams to screen for cancer.

Please also be aware that some transgender individuals may be uncomfortable with their bodies and find some elements of a physical exam traumatic. For this reason, unless there is an immediate medical need, sensitive elements of the exam, such as breast, pelvic and prostate exams, should be delayed until providers develop a strong rapport with their patients.

For more information on preventive screenings, please contact the Presbyterian Performance Improvement team at (505) 923-5017 or performanceimp@phs.org.

Provider Education 2022



TAKE NOTE

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

Provider Education Webinars



Wednesday, June 22, 9 - 11 a.m. and Noon - 2 p.m.
Thursday, June 23, 9 - 11 a.m. and 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, June 23, 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

Behavioral health providers are required to participate in Critical Incident Reporting training annually. For questions, contact Amy Baldrige at abaldrigd@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).



For more information about training opportunities, please visit Presbyterian's provider training page at www.phs.org/providertraining.

Caring for Domestic Violence Survivors

Domestic violence is a national public health issue that is estimated to affect 10 million people in the United States. It can take the form of economic, physical, sexual, emotional and psychological abuse. Virtually all healthcare professionals – physicians, nurses, care coordinators, community health workers and peer support specialists – encounter victims of domestic violence.

According to a national intimate partner and sexual violence survey conducted by the Centers for Disease Control and Prevention in 2021, 37.6% of New Mexican women and 33.3% of New Mexican men were victim to intimate partner physical violence, intimate partner sexual violence and/or intimate partner stalking in their lifetime. For Native American

communities, more than four in five American Indian and Alaska Native adults (83%) are victims of domestic violence and, in most cases, the violence is perpetrated by non-Native Americans.

Providers play an important role in identifying and addressing domestic violence. While providers may be concerned about offending their patients, women exposed to domestic violence report that they welcome questions from providers when the questioning is done in a nonjudgmental, nondirective manner that is tailored to the individual, with an appreciation for the complexity of partner violence, according to a research paper called “Women Exposed to Intimate Partner Violence: Expectation and Experiences When They Encounter Health Care Professionals: A Meta-

Analysis of Qualitative Studies,” which was published in PubMed’s Archives of Internal Medicine.

If providers encounter a Presbyterian member who is experiencing domestic violence and wants support, then please contact Presbyterian’s Community Health Worker team at (505) 923-8567 or toll-free at 1-866-597-7839. This team has specialized domestic violence training and can connect survivors with the appropriate resources they need.

For additional domestic violence information and resources, please visit the National Domestic Violence Hotline at www.thehotline.org.



**Need 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.

The Importance of Follow-Up Appointments

After a patient has an Emergency Department (ED) visit or has been hospitalized for mental health or substance use issues, a follow-up appointment can be crucial for them to get the care they need and avoid future hospitalizations or ED visits.

According to the National Center for Quality Assurance (NCQA), follow-up care for people with mental illness and/or substance use disorder is linked to decreased ED use, decreased substance use and decreased likelihood of hospitalization or rehospitalization.

Follow-Up Care Tips

Here are a few tips to help providers ensure members receive the follow-up care they need:

- Discuss the importance of follow-up appointments with patients and address any barriers that may be preventing them from attending their follow-up appointments.
- Providers who work at an ED or inpatient behavioral health facility are encouraged to become familiar with the behavioral health providers in their area who can provide follow-up appointments within seven days.
- Outpatient providers are encouraged to contact their local EDs and inpatient facilities to let them know that they are available to perform follow-up appointments.



To track how often members attend follow-up appointments within seven to 30 days of an ED visit or hospitalization for mental health and/or substance use disorders, NCQA has developed the following Healthcare Effectiveness and Data Information Set (HEDIS®) measures:

- Follow-up after an ED Visit for Alcohol and Drug Abuse or Dependence (FUA), which can be completed by a primary care or behavioral health provider
- Follow-up after Hospitalization for Mental Illness (FUH), which should be completed by a behavioral health provider
- Follow-up after an ED Visit for Mental Illness (FUM), which can be

completed by a primary care or behavioral health provider

To help ensure Presbyterian members receive the follow-up care they need, Presbyterian offers value-based programs (VBPs) that provide incentive payments to behavioral health providers who meet FUA, FUH and FUM performance measures. For instance, behavioral health outpatient providers can earn up to \$70 for each follow-up appointment performed within seven days of the member's ED visit or discharge from an inpatient facility.

To learn more about Presbyterian's VBPs, please contact Jeanette Tapia at jtapia9@phs.org or Lorissa Marshall at Lmarshall5@phs.org.

TAKE NOTE

Metabolic Monitoring Can Save Lives

Did you know that people with serious mental illnesses who use antipsychotics are at an increased risk of developing cardiovascular diseases and diabetes? According to the National Committee for Quality Assurance (NCQA), the lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medication can lead to worsening health and death.

To ensure people with schizophrenia or bipolar disorder who use antipsychotic medication receive the care they need, NCQA developed the following Healthcare Effectiveness and Data Information Set (HEDIS®) measures:

- **Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD):** Assesses adults 18-64 years of age with schizophrenia or bipolar disorder who were dispensed an

antipsychotic medication and had a diabetes screening test during the measurement year

- **Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD):** Assesses adults 18-64 years of age with schizophrenia and diabetes who had both a low-density lipoprotein-cholesterol (LDL-C) test and a hemoglobin A1C (HbA1c) test during the measurement year
- **Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC):** Assesses adults 18-64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year

Please note that the provider who prescribes the antipsychotic medication is generally responsible for ordering the required lab work for metabolic monitoring at least once per year.

To help ensure Presbyterian members receive annual metabolic monitoring, Presbyterian offers two value-based programs (VBPs) that provide incentive payments to providers who meet SSD performance measures:

- The Provider Quality Incentive Program (PQIP) is for physical health providers.
- The Behavioral Health Quality Incentive Program (BQIP) is for prescribing behavioral health providers.

For more information about PQIP, please contact Sean Preston at spreston6@phs.org. For more information about BQIP, please contact Jeanette Tapia at jtapia9@phs.org.

We look forward to continuing to partner with providers to help improve the long-term outcomes for members with schizophrenia or bipolar disorder who are using antipsychotic medications.

LET'S CONNECT



CONTACT GUIDE:
www.phs.org/ContactGuide



SHARE YOUR FEEDBACK:
https://phs.qualtrics.com/jfe/form/SV_3JI9H4yZ81DZtA2



PHONE:
(505) 923-5757



SIGN UP FOR PRESBYTERIAN EMAILS:
www.phs.org/providers/contact-us/news-and-communications/Pages/enews-registration.aspx