

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers and Staff



SEPTEMBER 2022

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Treating Depression in a Primary Care Setting

As depression continues to become increasingly common, the U.S. Preventive Services Task Force recommends screening for depression in the general adult population to ensure our communities receive accurate diagnoses, effective treatment and the appropriate follow-up care. Due to the shortage of behavioral health providers in the country, primary care providers (PCPs) play a bigger role in recognizing and treating depression.

According to a research article published in the *Yale Journal of Biology and Medicine* called "Collaborative Care for Depression in Primary Care: How Psychiatry Could 'Troubleshoot' Current Treatments and Practices," by Andres Barkil-Otero, it's estimated that PCPs provide 60% of behavioral healthcare and prescribe 80% of antidepressants. This data emphasizes how important it is for primary care practices to implement screening tools and become familiar with prescribing antidepressants.

Commonly used depression screening tools include the following:

- Patient Health Questionnaires (PHQ) in various forms, including the PHQ-9 and the PHQ-2
- Hospital Anxiety and Depression Scales

- Geriatric Depression Scale
- Edinburgh Postnatal Depression Scale

In some cases, depressive symptoms may be a result of prescribed medications, substance use or another medical condition. Therefore, when a person screens positive for depression, it is important to confirm the diagnosis, evaluate the severity and assess whether medical comorbidities are also present. If a member presents with suicidal ideation or psychotic symptoms, then an immediate referral to a behavioral health provider or inpatient facility may be required.

When developing a treatment plan for depression, psychotherapy should always be considered as psychotherapy alone may be sufficient to treat mild and moderate depression. When depression is moderate to severe, antidepressant medication is often necessary.

To support PCPs in treating our members with depression, Presbyterian, in collaboration with Magellan Healthcare, developed a resource flyer called "Treating depression in the primary care setting." To access this flyer, visit the following link: https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_00000007627

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

Best Practices and Coding Tips for Audio Telehealth Services

Providers who offer telehealth services help make it easier and more convenient for Presbyterian members to receive the care they need. While telehealth services often include video telecommunications, the Centers for Medicare & Medicaid Services (CMS) has temporarily decided to identify audio-only (telephone) visits as telehealth services.

To help ensure providers are appropriately reimbursed for providing telephonic health services, please see the following table that shares billing guidance, Current Procedural Terminology (CPT) tips and documentation best practices.

CPT Tips and Documentation Best Practices

1. All services should be billed under the rendering provider.
2. Telephone services are based on the amount of time spent in discussion with the member (i.e., time-based services).
 - Telephone encounters that consist of less than five minutes are not reported.
 - Telephone encounters that consist of five to 10 minutes of medical discussion are reported using CPT code 9941.
 - Telephone encounters that consist of 11 to 20 minutes of medical discussion are reported using CPT code 9942.
 - Telephone encounters that consist of 21 to 30 minutes of medical discussion are reported using CPT code 9943.
3. If the telephone call ends with a decision to see the member within 24 hours or at the next available urgent visit appointment, then the code is not reported because the encounter is considered part of the preservice work of the subsequent evaluation and management (E/M) service, procedure and visit.
4. If the telephone call is in reference to an E/M service that was performed and reported by that individual within the previous seven days, or within the postoperative period of a previously completed procedure, then the service(s) is considered part of the previous E/M service or procedure.
5. For telephone services provided by a qualified nonphysician who may not report E/M services (e.g., speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians), review CPT codes 98966-98968.
6. Work closely with administrative staff to understand documentation and coding requirements.
7. Complete documentation at the time of service.
8. Document the amount of time spent providing the service (i.e., indicate a range of time or use a “greater than” statement).
9. Document and code the place of service, which would be the same as what it would have been if the service was provided in person.
10. Verify that your documentation supports the codes that are being used.

Don't Forget to Verify Your Provider Directory Information Every 90 Days

Presbyterian would like 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 **Sept. 28, 2022**. There are no exemptions.

Need Help?

For instructions on updating your provider directory information, please log into the myPRES Provider Portal and view the bulletin board. Presbyterian also 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.phs.org/DirectoryUpdate.

Contact Us

For additional assistance, physical health providers should contact their Provider Network Operations relationship executive.

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

Provider Education 2022



TAKE NOTE

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.

Behavioral Health Provider Education Webinars



Wednesday, Sept. 21, 5 - 7 p.m.
Thursday, Sept. 22, 9 - 11 a.m.



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

All contracted behavioral health providers and staff are invited to attend Presbyterian's quarterly Provider Education Webinars. Please note that providers are only required to attend one of these trainings each year.

Physical Health Provider Education Webinars



Wednesday, Sept. 21, 9 - 11 a.m.
Thursday, Sept. 22, noon - 2 p.m.



Register: pht.swoogo.com/2022PEW

All contracted physical health, long-term care, Indian Health Services and Tribal 638 providers and staff are invited to attend Presbyterian's quarterly Provider Education Webinars. Please note that providers are only required to attend one of these trainings each year.

Indian Health Services and Tribal Conversations



Thursday, Sept. 29, 1 - 2:30 p.m.



Join Online: pht.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, Nov. 2, 1:30 - 2:30 p.m.



Register: pht.swoogo.com/bhcir22

Behavioral health providers are required to participate in annual Critical Incident Reporting training. For questions, contact Amy Baldrige at abaldrig@pht.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.pht.org/providertraining.

TAKE NOTE

Provider Well-being and Burnout ECHO

FALL 2022



Join us for presentations, discussions and community building.

Connect through Zoom: 747-792-3246



Who should attend?

- All providers in New Mexico (MDs, DOs, PAs, clinical pharmacists, psychologists, NPs) are welcome to attend

Benefits

- Earn up to 1 AMA PRA Category 1 Credit™ per session
- Create a sustainable career and reduce burnout
- Experience your own joy in medicine
- Limit the effects of burnout in people in your healthcare ecosystem
- Help make your workplace more rewarding
- Free activity

Learning Objectives

- Learn practices to support your well-being
- Identify system-level drivers of burnout
- Learn about your burnout and ways to mitigate its effects
- Take action to make changes and create a more well-being-centered work environment

Symposiums

- | | |
|----------|-----------------------|
| 07/27/22 | 7 a.m. - 8 a.m. |
| | 12 p.m. - 1 p.m. |
| | 5:30 p.m. - 6:30 p.m. |

Morning Sessions: Monthly, 7 a.m. - 8 a.m., second Wednesday

- | | |
|----------|------------------------------------------------------------|
| 08/10/22 | Provider Well-being and Burnout – It Matters, You Matter |
| 09/14/22 | Envisioning Your Ideal Practice – Give Yourself Permission |
| 10/12/22 | Developing Emotional Intelligence |
| 11/09/22 | Maintain the Flame |

Noon Sessions: Twice monthly, 12 p.m. - 1 p.m., first and third Wednesday

- | | |
|----------|-------------------------------------------------------------|
| 08/03/22 | Provider Well-being and Burnout – It Matters, You Matter |
| 08/17/22 | Well-being: Practicing Introspection and Setting Intentions |
| 09/07/22 | Aligning Personal and Organizational Resilience |
| 09/21/22 | Humanism, Creativity and Joy in Medicine |
| 10/05/22 | Microaggressions in Medicine – Our Experience as Providers |
| 10/19/22 | Self Compassion |
| 11/02/22 | Strength Embodied – Our Physical Selves and Burnout |
| 11/16/22 | Maintain the Flame |

Evening Sessions: Monthly, 5:30 p.m. - 6:30 p.m., fourth Wednesday

- | | |
|----------|----------------------------------------------------------|
| 08/24/22 | Provider Well-being and Burnout – It Matters, You Matter |
| 09/28/22 | Moral Injury and Burnout |
| 10/26/22 | Mentorship in Medicine |
| 11/23/22 | Maintain the Flame |



Scan or visit <https://qrco.de/bbna20> to join a clinic or learn more about Project ECHO.

Contact the clinic coordinator at PWB_ECHO@pws.org for more information.

Credit Designation: Presbyterian Healthcare Services designates this live activity for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Accreditation: Presbyterian Healthcare Services is accredited by the New Mexico Medical Society (NMMS) to provide continuing medical education for physicians.

Behavioral Health Value-Based Programs FAQs

Providers who participate in Presbyterian's Value-Based Programs (VBPs) earn incentives when they meet specific Healthcare Effectiveness Data and Information Set (HEDIS) quality performance measures. Below are six frequently asked questions about the VBPs available to behavioral health providers.

1. What VBPs are available to behavioral health providers?

Presbyterian has two VBPs for behavioral health providers:

- ▶ The Model Facility Incentive Program (MFIP), which is for inpatient psychiatric facilities
- ▶ The Behavioral Health Quality Incentive Program (BQIP), which is for outpatient behavioral health providers

2. How does the MFIP program work?

Inpatient psychiatric facilities that participate in Presbyterian's MFIP:

- ▶ Have quarterly meetings with Presbyterian to achieve incentive-earning performance levels.
- ▶ May earn incentives when they meet any of the following HEDIS measures at the identified qualifying performance rates/scores:
 - Follow-Up After Hospitalization for Mental Illness (FUH) rate above 42%
 - 30-Day Re-Admit rate of less than 12%
 - A combined overall score of 3.60 for the following MFIP components:
 - Cost ratio
 - Re-Admit ratio
 - Electronic data interchange ratio
 - Seven-Day FUH
 - 30-Day FUH
- ▶ May receive financial incentives, utilization management package agreements and Treatment Record Review exemptions.

3. How does the BQIP program work?

Outpatient behavioral health providers who participate in Presbyterian's BQIP can earn financial incentives when they meet the following HEDIS quality measures:

- ▶ Seven-Day FUH
- ▶ Initiation and Engagement for Substance Use Disorder Treatment (IET)
- ▶ Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
- ▶ Seven-Day Follow-Up After Emergency Department Visit for Alcohol and Other Drug Use (FUA)
- ▶ Seven-Day Follow-Up After Emergency Department Visit for Mental Illness (FUM)

4. Where can I learn more about HEDIS Quality Measures?

Providers can learn more about HEDIS measures at www.ncqa.org/hedis/measures.

5. How much can I earn for meeting HEDIS quality measures for BQIP?

Providers can earn an extra \$30 to \$70 per qualified claim every quarter, depending on the quality measure providers meet.

6. How do I request more information or enroll in MFIP or BQIP?

Please contact Jeanette Tapia at jtapia9@phs.org or Lorissa Marshall at Lmarshall5@phs.org.

Your Feedback in Action

In 2021, Presbyterian partnered with SPH Analytics to administer a Provider Satisfaction Survey. During that survey, providers indicated that our contact guide was difficult to navigate and they were unsure of who to contact for assistance.

As a result of this feedback, we are pleased to announce that we have a new, completely redesigned Provider Services Contact Guide. Not only did we streamline contact information and provide guidance on how to find the relationship management team dedicated to your provider office, but we also included the following helpful contact information:

- Credentialing department
- Contracting department
- Pharmacy Services
- Presbyterian ePayment Center
- Provider e-Help Desk
- Value-Based Programs

In addition, our provider relationship management teams have been contacting providers in their designated territories to quickly introduce themselves as their main point of contact at Presbyterian. We understand that providers and staff have patients to attend to at their office, so these calls are designed to be brief and introductory in nature. If you haven't heard from us yet, rest assured we will call you soon.

Have questions or need support now? Then check out our new Provider Services Contact Guide, available on our website at www.phs.org/ContactGuide.

Diagnosing and Treating Members with Substance Use Disorders

Presbyterian is committed to working with providers to ensure members with alcohol and other drug (AOD) use disorders receive the care they need. Members can be diagnosed with an AOD use disorder by a primary care provider (PCP), a behavioral health provider or during an Emergency Department (ED) visit.

Some members may volunteer information about their substance use, while others may not provide this information unless directly asked. In some cases, a member may have already received an AOD diagnosis; however, the diagnosis will still be considered “new” if the member has not had any claims or encounters with a diagnosis of AOD abuse or dependence for a period of 60 days.

A new AOD use disorder is a triggering event for two Healthcare Effectiveness Data and Information Set (HEDIS) measures:

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
- Initiation and Engagement of Alcohol and Other Drug Abuse Treatment (IET)

To meet HEDIS specifications for the FUA measure, any member who is 13 years old or older and



diagnosed with AOD use or dependence during an ED visit must attend a follow-up appointment within seven or 30 days of the diagnosis. According to the National Committee for Quality Assurance (NCQA), people who receive timely follow-up care after an ED visit tend to have reduced substance use, ED use and hospitalizations.

To meet HEDIS specifications for the IET measure, the member must initiate AOD treatment within 14 days of a “new” diagnosis of AOD use/dependence. The member must also complete a second AOD treatment appointment within 34 days of the “new” AOD diagnosis. The IET measure includes all new AOD diagnoses and not just those noted during an ED visit. According to NCQA, engagement in AOD

treatment reduces morbidity and mortality due to substance use and improves health, productivity and social outcomes.

To encourage providers to meet these measures, Presbyterian’s Value-Based Programs reward outpatient behavioral health and physical health providers who can accommodate AOD appointments. PCPs may also be eligible to enroll in a VBP designed to meet the IET measure in a PCP setting. PCPs who are interested in participating in a VBP can contact Sean Preston, manager of VBP programs, at spreston6@phs.org. For more information on behavioral health VBPs, please contact VBP programming specialist Lorissa Marshall at LMarshall5@phs.org.



Tobacco Cessation Resources

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, 8 a.m. to 5 p.m.

REGULATORY REMINDERS

Provider Manual Highlights

Presbyterian is highlighting the following list of topics and citations from the Practitioner and Provider Manual to ensure providers can quickly access the information they need to care for our members. Please review this information to ensure you are aware of helpful resources and important requirements.

Please note that the Practitioner and Provider Manual is an extension of the provider's contract with Presbyterian and can be accessed at www.phs.org/providermanual.

Topics	Citations in the Practitioner and Provider Manual and Other Sources
Advance Directives	Pages 6-26; 19-13 to 19-14
Appeals and Grievances for Members and Providers	Pages 20-1 to 20-3
Clinical Operations and Continuity of Care Overview	Page 6-17
Clinical Practice Guidelines	Pages 5-2 to 5-3 Note: Access Presbyterian's Clinical Practice Guidelines at the following link: www.phs.org/providers/resources/reference-guides/Pages/clinical-practice-guidelines.aspx
Coverage Requirements and After-Hours Care	Page 3-4
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program Information and Tools (e.g., Electronic Visit Verification)	Pages 10-12; 11-3 to 11-5; 11-9 to 11-10; 12-10; E-7 to E-8
Healthy Solutions Disease Management Program	Page 6-11
Medical Policies	Page 6-16 Note: Access Presbyterian's Medical Policy Manual at the following link: www.phs.org/providers/resources/medical-policy-manual/Pages/manual.aspx . View a list of updated policies at following link: onbaseext.phs.org/PEL/DisplayDocument?ContentID=PEL_00957317 .
Minimum Medical Record Standards	Page 6-24
National Committee for Quality Assurance (NCQA) Affirmative Statement About Incentives	Page 6-2
Preventive Healthcare Guidelines	Page 5-1 Note: Access Presbyterian's Preventive Healthcare Guidelines at the following links: <ul style="list-style-type: none"> • www.phs.org/providers/resources/reference-guides/Pages/medical-pharmacy-behavioral.aspx • www.phs.org/tools-resources/member/health-wellness-information/Pages/default.aspx
Required Discharge Plan	Pages 10-11 to 10-12
Rights and Responsibilities for Members	Pages 19-6 to 19-11
Rights and Responsibilities for Providers	Pages 3-2 to 3-3; 4-1 to 4-2; 14-3; 16-3 to 16-8
Updating the Provider Directory	Page 2-2; 17-5

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



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