

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers and Staff



NOVEMBER 2022

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4 Easy Steps to Coordinate Interpreter Services

At Presbyterian, we recognize the need for our members to have access to culturally appropriate services. To coordinate interpreter services, please follow these steps:

STEP 1:

Log into the myPRES Provider Portal at www.phs.org/myPRES to obtain Presbyterian's customer code with Certified Language International (CLI). The code is currently available on the bulletin board of the home page and a guide will soon be available under the Resources tab. Alternatively, you can also contact your Provider Network Operations relationship executive to obtain the code.

STEP 2:

Contact CLI by calling 1-800-225-5254 (toll-free), available 24 hours a day, seven days a week.

STEP 3:

When the operator answers, give them the following information:

- Presbyterian's customer code
- Name of the provider requesting services
- Your 10-digit National Provider Identifier (NPI) number
- Member number for the patient requiring services

STEP 4:

The operator will connect you to an interpreter promptly.

Recommendations for Using a Telephone Interpreter

- If you need to reach a limited English proficient (LEP) individual at home or need a third-party dial-out, please first inform the CLI operator before the interpreter is connected.
- Once the interpreter is connected, provide the LEP's name and brief the interpreter on anything that you feel they should know before the LEP individual is connected.
- At this time, you can also tell the interpreter how to proceed if the call goes to voicemail and what message to leave, if desired.
- Once you are ready for the system to dial out, press the # key.
- If there is a disconnection on the interpreter side, press "9" and your call will be sent back to the CLI Call Center. Your call will be prioritized in the queue and all the information you provided previously will automatically fill into the order.

If you have any questions or need assistance, then please contact your Provider Network Operations relationship executive. Their contact information can be found in the Provider Services Contact Guide available at www.phs.org/ContactGuide.

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

Proper Medical Record Documentation Is Essential

Presbyterian would like to remind providers to ensure that members' medical records meet documentation standards. Consistent, current and complete medical record documentation is an essential component of quality care and helps demonstrate whether members are receiving the care they need, when they need it.

To ensure compliance with medical record documentation standards, Presbyterian conducts regular reviews of members' medical records. Records are scored on many components, such as response timeliness, patient information documentation, allergy identification, adherence to Presbyterian's recommended clinical practice guidelines and the inclusion of advanced directive documentation.

A passing score for a medical record review is 85%. Results are shared with providers and various quality

improvement teams to address any issues that may be identified. Presbyterian also develops and submits compliance reports to the National Committee for Quality Assurance, the Centers for Medicare & Medicaid Services, and the New Mexico Human Services Department.


To ensure your practice is compliant with the minimum medical record documentation standards required by state and federal regulatory agencies, national accrediting organizations, and your service agreement with Presbyterian, please review the medical record documentation standards and guidelines published in the Practitioner and Provider Manual. To access the provider manual, please visit www.phs.org/ContactGuide.

For questions about medical record documentation standards, please call Presbyterian's Quality team at (505) 923-5501.

Presbyterian requires all members age 18 and older to have advance directive documentation included in their medical records. To comply with this requirement, there must be documentation in a prominent location within the member's medical record that indicates the date of service information about advance directives was offered to the member.

Completed advance directive documentation must be signed and dated by the member and maintained in the member's medical record. An advance directive form is available on Presbyterian's website at www.phs.org/Pages/patient-rights.aspx.

Advance Healthcare Directive - Part I
SELECTING MY HEALTHCARE DECISION MAKER



At some point in your lifetime, you may become unable to make all of your own decisions about your medical treatment and care.

Choosing someone ahead of time who you would like to make decisions for you means:

1. You can select a person who understands your values and knows what you would want, and
2. Your medical care team will know who you prefer to make decisions about your health.

IMPORTANT INFORMATION ABOUT MY HEALTHCARE DECISION MAKER

To choosing your healthcare decision maker, it is important to know:

- Your Healthcare Decision Maker **WILL NOT** be able to make decisions for you unless you are determined to lack capacity to make your own decisions by your medical care team.
- If you **REGAIN YOUR CAPACITY**, then you will make your own healthcare decisions again.
- You may **CHANGE or REMOVE** your Healthcare Decision Maker at anytime while you have capacity.
- If you choose, you can select someone to make your healthcare decisions for you now, even though you are still capable.

Designation of Healthcare Decision Maker (Agent)

With this form I am choosing the person, and if that are unavailable, any alternate persons I would like to make my healthcare decisions for me. I understand that I may not choose an owner, operator or employee of a healthcare institution (such as my doctor or nurse) where I am receiving care **UNLESS** that person is related to me by blood or marriage.

I appoint the following person as my Healthcare Decision Maker to make healthcare decisions for me:

<small>(name)</small> _____	<small>(address)</small> _____
<small>(phone)</small> _____	<small>(alternate phone)</small> _____



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.

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

Behavioral Health Provider Education Webinars



Wednesday, Dec. 14, noon - 2 p.m.
Thursday, Dec. 15, 5 - 7 p.m.



Register: phs.swoogo.com/2022PEW

All contracted behavioral health providers and staff are required to attend at least one Provider Education Webinar training each year.

Physical Health Provider Education Webinars



Wednesday, Dec. 14, 9 - 11 a.m.
Thursday, Dec. 15, noon - 2 p.m.



Register: phs.swoogo.com/2022PEW

All contracted physical health, long-term care, and Indian Health Services and Tribal 638 providers and staff are required to attend at least one Provider Education Webinar training each year.

Indian Health Services and Tribal Conversations



Thursday, Dec. 15, 1 - 2:30 p.m.



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



Join Online: phs.swoogo.com/bhcir22

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

Presbyterian Dual Plus Provider Training



Available year-round on demand



Access Training: 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.

Health Equity Trainings



Various sessions available throughout the year



Join Online: <https://phs.swoogo.com/HealthEquity>

All providers, office staff and community partners are encouraged to attend.

New Mexico Sex and Gender Minority Health Summit



Saturday, Nov. 12, 8:30 a.m. - 3 p.m.



Register: www.eventbrite.com/e/2022-new-mexico-sex-and-gender-minority-health-summit-tickets-410170820967

Presents current information on policy, research and programs affecting LGBTQ+ people in New Mexico.

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).



Introducing Presbyterian UltraFlex (HMO-POS)

Presbyterian is thrilled to inform providers of a new Medicare plan that will be available to members in 2023. It's called Presbyterian UltraFlex (HMO-POS) and it increases convenience and choice for our members by offering comprehensive care they can receive virtually and in-person from in-network and out-of-network providers.

Presbyterian UltraFlex plan members will also receive the following benefits:

- A pre-paid flex card that allows members to spend \$215 per quarter on approved over-the-counter and out-of-pocket expenses
- Basic dental coverage and the option to upgrade to comprehensive dental coverage for a monthly premium of \$9 per month
- Hearing and vision services
- Prescription services with a mail order option
- The SilverSneakers® fitness program

If you have any questions about this new plan or its benefits, please do not hesitate to contact your dedicated Provider Network Operations relationship executive. Their contact information can be found in the Provider Services Contact Guide at www.phs.org/ContactGuide.

Metabolic Screenings for Members on Antipsychotic Medications

Regular metabolic screenings are important for members who have been diagnosed with schizophrenia or bipolar disorder and prescribed antipsychotic medications. According to a research study by Richard I. G. Holt published in the National Institute of Health's PubMed Library in 2019, members who take antipsychotic medications are at risk of developing Type 2 diabetes.

According to the "Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)" performance measure that was established by the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®), patients ages 18 to 64 years old should receive annual metabolic screenings. Regular metabolic screenings give providers an opportunity to prevent, detect and treat adverse metabolic effects that may lead to Type 2 diabetes. They also help ensure that members who develop Type 2 diabetes are diagnosed in a timely manner and managed effectively.

In recognition of National Diabetes Awareness Month, Presbyterian would like to remind prescribing providers to follow up with any Presbyterian members for whom they



may have prescribed antipsychotic medications and provide a metabolic screening before the end of the calendar year. Providers who meet this quality measure may also be eligible to receive incentive payments through Presbyterian's Behavioral Health Value-Based Programs.

For more information, please contact Jeanette Tapia at jtapia9@phs.org or Lorissa Marshall at lmarshall5@phs.org.

Providing Follow-Up Care After In-Patient Discharge

Follow-up care is extremely important, especially for patients who were recently discharged from an acute behavioral health facility. According to the "Follow-Up after Hospitalization for Mental Illness (FUH)" performance measure outlined in the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data

and Information Set (HEDIS®), patients should have a follow-up appointment with a behavioral health provider within seven and 30 days after they have been discharged from the facility to ensure they receive the care they need and avoid rehospitalizations and emergency department visits.

This type of follow-up care can save lives and providers who meet this quality measure may be eligible to receive incentive payments through Presbyterian's Behavioral Health Value-Based Programs. For more information, please contact Jeanette Tapia at jtapia9@phs.org or Lorissa Marshall at lmarshall5@phs.org.

To support our provider network in the care of our members, here are some additional things you can do to ensure they continue to receive the follow-up care they need, as recommended by the FUH HEDIS measure:

- Address patients' barriers to attending follow-up appointments.

- Contact Presbyterian's Care Coordination team for help with transportation challenges
- When possible:
 - Set follow-up appointments with providers who patients already know
 - Set appointments for telemedicine
 - Introduce patients to their new providers with a warm hand-off

- If providing patient care at an inpatient behavioral health facility, get to know the behavioral health providers in your area who can accommodate follow-up appointments within seven and 30 days of inpatient discharge.
- If providing patient care in an outpatient setting, contact and inform local inpatient behavioral health facilities that you can accommodate follow-up appointments within seven and 30 days of inpatient discharge.



Share Your Discharge Plans with Presbyterian

Discharge is a critical juncture for transitioning patients to post-facility care. When done properly and thoroughly, the discharge process not only provides patients with adequate information and necessary resources to improve or maintain their health, but it may also prevent adverse events and unnecessary rehospitalization.

Facility providers are responsible for ensuring Presbyterian members receive the necessary supports and services as identified in their discharge planning and treatment plans, and all facilities must have a safe and appropriate discharge plan in place prior to discharging Presbyterian members from their care.

At a minimum, the discharge plan must include the following:

- Member's discharge date
- Copy of discharge instructions

- Member's plan of care, which must include the following:
 - The care and services our member may need after discharge, such as long-term care, nursing services, and physical, occupational and/or speech therapy
 - The scheduled date and time of necessary medical and/or behavioral health provider appointments, including the agency or provider assigned to perform follow-up care for our member
 - Any equipment needed by our member such as: durable medical equipment, oxygen, and incontinence supplies
 - Information necessary to transfer the member to another healthcare setting, such as a skilled nursing facility, rehabilitation hospital, assisted living facility or to the member's home

- Transportation plan for transferring the member to their home or another healthcare setting
- Any other necessary services and supports

The discharge plan, including a copy of the discharge instructions, should be communicated to Presbyterian within one business day of the member's discharge. It is also important that the discharge plan is fully communicated to our member's care coordinator or utilization reviewer. This vital information helps ensure Presbyterian members are supported throughout transition of care.

Verify Your Provider Directory Information by Dec. 27

Presbyterian would like to remind individual practitioners, medical groups and facility providers to verify their provider directory information with Presbyterian by Dec. 27, 2022.

According to the Consolidated Appropriations Act (CAA) of 2021, all providers are required to verify their provider directory information every 90 days, beginning Jan. 1, 2022. There are no exemptions to this federal requirement.

For instructions on how to update your provider directory information, please log into the myPRES Provider Portal and view the bulletin board. To access the myPRES Provider Portal, visit www.phs.org/myPRES. For additional assistance, physical health providers should contact their Provider Network Operations relationship executive.



6 Common Care Coordination Questions Answered

Below are answers to six of the most common questions providers ask about care coordination.

1 What is care coordination?

Care coordination facilitates the integration of physical health, behavioral health and long-term care services into a seamless and coordinated system of care. It also assists providers with the coordination of care and services for their patients with acute and chronic health conditions.

2 How does care coordination benefit my patients?

Care coordination helps members manage their health in the least restrictive and most cost-effective setting to promote safe and healthy lifestyles.

3 How are providers involved in the member's care coordination?

Providers are an integrated part of the member's Interdisciplinary Care Planning Team (ICPT). Care coordinators collaborate with providers to meet the diverse and holistic needs of members across domains of healthcare.

4 Can care coordination assist with medical transportation?

Yes, care coordination can assist with coordinating in-state and approved out-of-state medical transportation.

- In-state medical transportation can be arranged through Secure

Medical Transportation or Mileage Reimbursement to and from medical appointments, as available

- Out-of-state medical transportation can be arranged through the Presbyterian Transportation team for approved medical appointments

5 Who may be a good candidate for care coordination?

Members who meet one of the following criteria may be good candidates for care coordination:

- Have complex and chronic health conditions
- Require more education and support in managing their illness
- Experience social factors impeding their health outcomes
- Need help coordinating covered medically necessary services on their plan
- Require assistance with their Activities of Daily Living (ADL)

6 How do I refer my patient to care coordination?

To refer your patient to care coordination, please complete the Care Coordination Referral form and send it to Presbyterian using one of the following methods:

- Fax: (505) 843-3150
- Phone: 1-866-672-1242 or (505) 923-8858
- Email: PHPreferral@phs.org

For additional care coordination FAQs and other resources, such as the care coordination referral form, please see the Care Coordination section of our website at the following link: www.phs.org/providers/resources/reference-guides/Pages/medical-pharmacy-behavioral.aspx.

Sign Up to Receive Emails from Presbyterian

Would you like 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/eneews-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.



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

Prevent Pharmacy Claim Denials

Presbyterian would like to remind all prescribing providers that effective Nov. 12, 2022, all New Mexico managed care organizations (MCOs) will deny pharmacy claims for drugs and other items when the prescribing provider is not enrolled in New Mexico Medicaid, in accordance with requirements issued by the New Mexico Human Services Department's Medical Assistance Division (HSD/MAD). Failure to enroll by Nov. 12 will not only result in a claim denial but may also result in a claim rejection or recoupment of payment for prescriptions written for Centennial Care members.

Note: MCOs may also deny, reject or recoup claims when providers are

not enrolled with the appropriate provider type.

- To enroll in New Mexico Medicaid, visit the following link: <https://nmmedicaid.portal.conduent.com/webportal/enrollOnline>
- To verify enrollment status, visit the following link: <https://nmmedicaid.portal.conduent.com/static/index.htm>

For questions or assistance with the enrollment application process, please contact your Provider Network Operations relationship executive. You can find their contact information in the Provider Services Contact Guide available at www.phs.org/ContactGuide.

New Mexico Medicaid Provider Training and Resources

- For training on New Mexico Medicaid enrollment, please register for our upcoming Provider Education Conference at the following link: <https://phs.swoogo.com/2022pew>
- Providers can also review the Provider Education Conference training presentation at the following link: <https://phs.swoogo.com/2022pew/1636886>
- For previous communications on this requirement, please visit Presbyterian's Provider Communications page at www.phs.org/providercommunications

New Mexico Medicaid Provider Enrollment

The Centers for Medicare & Medicaid Services (CMS) requires the following providers to also enroll with NM Medicaid:



ATTENDING



ORDERING



PRESCRIBING



REFERRING



RENDERING

Let's Connect



CONTACT GUIDE:
www.phs.org/ContactGuide



PHONE:
(505) 923-5757



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



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