

# NETWORK **Connection**



## INSIDE

### Provider Network Operations: A Resource for You

At Presbyterian, we see firsthand the importance of collaboration and open communication between a health plan and providers. This relationship leads to more positive outcomes at all levels of the healthcare system.

To facilitate this essential partnership, Presbyterian’s Provider Network Operations (PNO) team is here to support you. Through structured relationship executive and relations service associate teams, our staff is available to provide their expertise and service through relationship management, training and education.

We encourage all providers to familiarize themselves with the PNO team by utilizing our updated Provider Services Contact Guide, available at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide). There you will find contact information for your assigned relationship executive and relations service associate, who serve as your primary contacts with Presbyterian. The guide also contains other important points of contact at Presbyterian, such as administrative personnel, provider email boxes, help lines and more.

Together, we can provide the best experience for members and improve patient health across our network. ▀

#### UP FRONT

- Screening for Depression . . . . . 2
- Avoid Denials for Patients with Multiple Health Plans. . . . . 2

#### TAKE NOTE

- Sign Up to Receive Presbyterian Emails . . . . . 2
- Tobacco Cessation Resources . . . . . 2
- 2023 Provider Education Events . . . 3

#### FEATURE

- The Baby Bonuses Incentive Program . . . . . 4

#### PROVIDER SATISFACTION CORNER

- Sharing Critical Incident Reporting Reminders. . . . . 5
- Your Top Pharmacy Questions Answered . . . . . 6

#### REGULATORY REMINDERS

- 2023 Evaluation and Management Guideline Changes . . . . . 7
- Verify Provider Directory Information Every 90 Days . . . . . 7

## Screening for Depression

Regular depression screenings are crucial to facilitating the health and well-being of our members. Many primary care patients with depression are not identified and treated due to low depression screening rates. Depression screening should be performed by primary care providers, emergency departments and all physical healthcare facilities to promote the detection of depressive symptoms.

When screening for depression, it is especially important to target those patients who are most at risk. Individuals who have cardiovascular disease and/or diabetes have a higher rate of depression than the general public. When these people have

depression, their ability to manage their conditions is affected, and they tend to have poorer outcomes. For these individuals, identification and treatment of depression are even more vital to their overall health.

Members may be screened for depression using any approved and reliable screening tool. The two-question Patient Health Questionnaire-2 (PHQ-2) is recommended by the American Psychiatric Association as a valid and reliable screening tool. A score of 3 or higher on the PHQ-2 indicates that further screening and interviewing are indicated. Following each depression screening, physical health providers must submit the appropriate G0444,

G8431 and/or G8501 codes for reimbursement.

If antidepressants are prescribed for a member with a new diagnosis of a depressive disorder, then it is important that the member continue to take the medication for at least six months. This period allows for the medication to take effect and it allows the provider and member to determine whether the medication and dosage are correct.

Through regular depression screenings and careful attention to our most vulnerable members, we can work toward the best possible physical and behavioral health outcomes. ■

### Avoid Denials for Patients with Multiple Health Plans

Submitting claims for patients with multiple health plans? Here's a tip: Always confirm which plan is the primary insurance provider to avoid unnecessary claim denials.

Claims for primary insurance plans should always be submitted before claims for secondary coverage. Secondary claims sent to Presbyterian without proper documentation of primary insurance submission will result in denials and payment delays.

Please refer to our provider manual at [www.phs.org/providermanual](http://www.phs.org/providermanual) for additional information about the submission of secondary claims. ■

## TAKE NOTE

### 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. When you sign up, you will receive important notifications and helpful resources relevant to your practice directly in your inbox.

Staying up to date has never been so easy! Don't wait. Simply complete the registration form at [www.phs.org/providers/contact-us/news-and-communications/Pages/ews-registration.aspx](http://www.phs.org/providers/contact-us/news-and-communications/Pages/ews-registration.aspx) to 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.


# Provider Education 2023



**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.

For more information about training opportunities, please visit Presbyterian's provider training page at [www.phs.org/providertraining](http://www.phs.org/providertraining).

## Provider Education Conference (In-Person Event)

 **Friday, March 31, 8 a.m. - Noon**  
9521 San Mateo Blvd. NE  
Albuquerque, NM 87113

 **Register:** [phs.swoogo.com/2023PEC](https://phs.swoogo.com/2023PEC)

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

## Indian Health Services and Tribal Conversations

 **Thursday, March 23, 1 - 2:30 p.m.**

 **Join Online:** [phs.swoogo.com/IHS2023](https://phs.swoogo.com/IHS2023)

*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

 **Tuesday, May 16, 1 - 2 p.m.**

 **Join Online:** [phs.swoogo.com/bhcir23](https://phs.swoogo.com/bhcir23)

*Behavioral health providers are required to participate in annual Critical Incident Reporting training. For questions, please contact [criticalincident@phs.org](mailto:criticalincident@phs.org).*

## Behavioral Health Town Halls

 **Monday, May 15, 1 - 3 p.m.**

 **Join Online:** [phs.swoogo.com/bhtownhalls23](https://phs.swoogo.com/bhtownhalls23)

*Behavioral health providers are invited to attend quarterly town halls designed to present information to all areas of a practice, including administrative, billing, quality and clinical.*

## Presbyterian Dual Plus Provider Training

 **Available year-round on demand**

 **Access Training:** [phppn.org](https://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](https://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).*

## Health Equity Trainings

 **Various sessions available throughout the year**

 **Register:** [phs.swoogo.com/HealthEquity](https://phs.swoogo.com/HealthEquity)

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

# The Baby Bonuses Incentive Program

Presbyterian would like to remind providers about its Baby Bonuses incentive program, available to eligible Centennial Care members at no extra cost.

## Baby Bonuses

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. Please see the following table for an overview of this program.

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

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. ♥

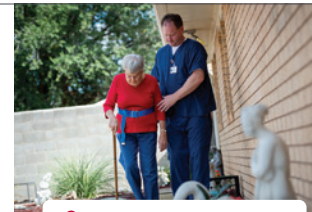




## Sharing Critical Incident Reporting Reminders

Personal care services (PCS) providers play an essential role in ensuring Presbyterian Centennial Care members receive the care they need when they need it. To support providers in caring for our members, we are sharing this flyer regarding Critical Incident Reporting Reminders.

### Critical Incident Reporting Reminders



**PRESBYTERIAN**  
Centennial Care

- 1 Personal care services (PCS) and support broker agencies are required to submit critical incident reports for the following types of incidents:
  - Abuse
  - Death
  - Emergency Services
  - Environmental Hazards
  - Exploitation
  - Law Enforcement
  - Missing Person / Elopement
  - Neglect
- 2 PCS and support broker agencies are required to submit critical incident reports for all Centennial Care members within the Categories of Eligibility (COE) identified in the following table:

Category	Description
001	Supplemental Security Income (SSI) or Medicaid Extension (aged)
003	SSI or Medicaid Extension (blind)
004	SSI or Medicaid Extension (disabled)
081	Institutional Care (aged)
083	Institutional Care (blind)
084	Institutional Care (disabled)
090	HIV/AIDS
091	Disabled and Elderly (aged) - Home and Community Based Services (HCBS) Waiver
092	Brain Injury HCBS Waiver
093	Disabled and Elderly (blind)
094	Disabled and Elderly (disabled)
100	With Nursing Facility Level of Care (NFLOC)
200	With NFLOC

- 3 PCS agencies are responsible for advocating and submitting critical incidents for members who choose the Consumer-Delegated and Consumer-Directed models of care.
- 4 Support brokers are responsible advocating and submitting critical incidents for members who choose to receive the Self-Directed Community Benefit (SDCB).
- 5 Contact [criticalincident@phs.org](mailto:criticalincident@phs.org) for questions about reporting critical incidents. PPC092208

To download and print this flyer, visit [https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB\\_000000011081](https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000011081).

Please note that reporting critical incidents is required by the following:

- The [New Mexico Administrative Code](#) (8.308.21.15 NMAC)
- The [New Mexico Managed Care Policy Manual](#) (Section 18.3)
- Providers' Service Agreement with Presbyterian
- The [Presbyterian Centennial Care Practitioner and Provider Manual](#), which is an extension of the provider's Service Agreement with Presbyterian

In addition, PCS providers are required to attend Critical Incident Reporting Training on an annual basis. To view upcoming training opportunities, please visit [www.phs.org/providertraining](http://www.phs.org/providertraining). For questions about reporting critical incidents, contact [criticalincident@phs.org](mailto:criticalincident@phs.org).

## Your **Top Pharmacy Questions** Answered

At Presbyterian, we understand how essential it is to have easy and timely access to pharmacy resources. In an effort to increase awareness, we have published an informational document answering common questions about our formulary processes, tools and resources.

### Presbyterian Pharmacy Formulary FAQs



**1 Where can providers find the formulary?**

Providers can access the formulary at [www.phs.org/providers/formularies](http://www.phs.org/providers/formularies).

**2 How does Presbyterian ensure the formulary meets the needs of providers?**

Presbyterian's Pharmacy and Therapeutics (P&T) Committee meets to discuss formulary recommendations. The P&T Committee is composed of a majority 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. Changes are communicated via the P&T newsletter.

**3 Who can providers contact to discuss questions or comments?**

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

**4 How does Presbyterian ensure the formulary is serving the needs of members?**

The Presbyterian formulary serves the needs of members by ensuring that P&T Committee appointees represent a wide range of specialties including practicing physicians, pharmacists and other healthcare professionals who are licensed to prescribe drugs. This robust representation 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 their members' needs.

**5 Can providers impact the formulary?**

Yes, providers may impact the formulary. To request any additions to the formulary, email [AskPHPPT@phs.org](mailto: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](http://www.phs.org/providermanual).

**6 What is the best way for providers to request approval for a medication that is not listed on the formulary?**

To receive approval for a medication that is not listed on the formulary, providers should request a medical exception using the prior authorization process. The Formulary Addition Request Form may be found at [www.phs.org/providers/formularies](http://www.phs.org/providers/formularies) under Supplement Formulary Information.

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

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

**8 What is the difference between a medical exception and prior authorization?**

**Medical exception** applies to drugs that are not on the 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 to determine if the requested service is medically necessary, a covered benefit and if it is being delivered in the appropriate healthcare setting.

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To download and print this flyer, please visit [https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB\\_00000004449](https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_00000004449). If you would like more information or have additional questions, please contact [AskPHPPT@phs.org](mailto:AskPHPPT@phs.org) and/or [AskRx@phs.org](mailto:AskRx@phs.org).

## 2023 Evaluation and Management Guideline Changes

The American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS) Evaluation and Management (E/M) guideline changes effective Jan. 1, 2023, include but are not limited to the following:

- Deletion of hospital observation services E/M codes 99217-99220
- Revision of hospital inpatient and observation care services E/M codes 99221-99223, 99231-99239 and guidelines
- Deletion of consultation E/M codes 99241 and 99251
- Revision of consultation E/M codes 99242-99245, 99252-99255 and guidelines
- Revision of emergency department services E/M codes 99281-99285 and guidelines, etc.

According to AMA Current Procedural Terminology (CPT), E/M codes that have levels of services include a medically appropriate history and/or physical examination when performed, but the extent of history and physical examination is not an element in the selection of the level of these E/M service codes. Select the appropriate level of E/M services based on the level of medical decision-making (MDM) as defined for each service or the total time for E/M services performed on the date of the encounter.

As further specified by AMA CPT, MDM includes establishing a diagnosis, assessing the status of a condition and/or selecting a management option. MDM is defined by three elements:

- The number and complexity of the problem(s) that are addressed during the encounter
- The amount and/or complexity of data to be reviewed and analyzed
- The risk of complications and/or morbidity or mortality of patient management

When time is used for reporting E/M services codes, the time defined in the service descriptors is used for selecting the appropriate level of services.

The Presbyterian Program Integrity Department performs random validation audits on claims submissions to verify that the services billed were rendered and accurate. More information on these requirements and upcoming E/M guideline changes can be found on the AMA website: [www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf](http://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf).

**Reminder:** As outlined in the provider service agreement with Presbyterian, all providers must be credentialed with Presbyterian before seeing any Presbyterian members. All services should be billed under the rendering provider. ■



## Verify Provider Directory Information Every 90 Days

In accordance with the No Surprises Act, which is part of the Consolidated Appropriations Act (CAA) of 2021, all providers are required to verify their directory information with Presbyterian **every 90 days**, effective Jan. 1, 2022. There are no exemptions to this federal requirement.

To ensure compliance with the CAA, providers must verify their directory information with Presbyterian by **April 1**.

### Physical Health Providers

Individual providers, provider groups and facilities must sign in to the myPRES platform to make updates. For step-by-step instructions and a quick how-to video, visit [www.phs.org/directoryupdate](http://www.phs.org/directoryupdate).

Please note that physical health groups and facilities are required to identify staff members as authorized delegates to make changes on their behalf. To submit a request to authorize a staff member as a delegate, please visit <https://phs.swoogo.com/delegate-access>. It may take up to 72 hours for access to be granted.

Important: All currently rostered physical health medical groups should continue to follow the current roster process.

### Behavioral Health Providers

Behavioral health providers can update their directory information by logging into the behavioral health portal at [www.magellanprovider.com](http://www.magellanprovider.com). For assistance, contact Gerald Schiebe at [gschiebe@magellanhealth.com](mailto:gschiebe@magellanhealth.com).

**Important:** All behavioral health organizations should continue to follow the current roster process. For assistance, contact Adrienne Duran at [aduran18@phs.org](mailto:aduran18@phs.org).



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



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