

NETWORK PRESBYTERIAN Connection



End of COVID-19 Public Health Emergency

Presbyterian would like to remind providers that on May 11, 2023, the Department of Health and Human Services (HHS) allowed the COVID-19 public health emergency to expire. As a result, member benefits that were allowed during the public health emergency have changed.

To view information on members' cost-sharing for COVID testing, vaccines, treatment, diagnostic screening, antibody testing and telehealth, please visit Presbyterian's COVID-19 Resource Center at <https://www.phs.org/covid19/Pages/end-of-public-health-emergency.aspx>.

For the latest prior authorization guidance, please review the Presbyterian Prior Authorization Guide at https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=PEL_00179220. ▀

INSIDE

UP FRONT

Presbyterian Will No Longer Waive Prior Authorization Requirements for Facility Transfer Admissions . . . 2

TAKE NOTE

Medicaid Benefits Renewal 2
2023 Provider Education Events. . . 3
Metabolic Monitoring Can Save Lives 4
Presbyterian's Value-Based Programs 4

FEATURE

2022 Quality Improvement Program Summary 5

PROVIDER SATISFACTION CORNER

Massage Therapy Benefit for State of New Mexico Employees 6
Tobacco Cessation Resources 6

REGULATORY REMINDERS

Working Together to Develop a Member's Care Plan 6
Clinical Practice Guidelines and Preventive Healthcare Guidelines Q&A 7
Verify Provider Directory Information Every 90 Days 7

Presbyterian Will No Longer Waive Prior Authorization Requirements for **Facility Transfer Admissions**

During the peak of the COVID-19 pandemic, Presbyterian temporarily waived prior authorization requirements when members were transferred to long-term acute care hospitals (LTACHs), skilled nursing facilities (SNFs) and acute rehabilitation facilities (ARFs).

As of June 1, 2023, Presbyterian is no longer waiving these

authorizations for members with Medicare Advantage and commercial plans. Presbyterian will revert to reviewing medical necessity for facility transfer admissions. In addition, Presbyterian will continue to waive the three-midnight/three-day rule for admission to SNFs, which is our standard course of business.

To submit a request for facility transfer admissions, please fax (505) 843-3107 or use the electronic prior authorization tool available within the myPRES Provider Portal. You can access the provider portal at <https://mypres.phs.org>.

Note: The temporary prior authorization waiver will remain in place for Medicaid plans. ■

TAKE NOTE

Medicaid Benefits Renewal



It's Time to Renew NM!

During the COVID-19 public health emergency, certain Medicaid and Children's Health Insurance Program (CHIP) requirements and conditions were temporarily waived. In addition, Medicaid and Supplemental Nutrition Assistance Program (SNAP) benefits were automatically renewed. These combined measures helped prevent people with these benefits from losing their health coverage during the pandemic. Due to the end of the public health emergency, this is changing.

The New Mexico Human Services Department (HSD) is issuing a renewal letter to Centennial Care members to inform them that they will need to actively renew their Medicaid and/or SNAP benefits. If they do not renew their Medicaid and/or SNAP benefits, then their coverage will be discontinued and they will lose their benefits.

HSD is also issuing a Medicaid CHIP renewal letter that will inform members of one of three things:

- Their Medicaid CHIP coverage will be renewed
- Their Medicaid CHIP coverage will end
- Additional information is required to determine if they still qualify for Medicaid CHIP coverage
 - If additional information is needed, HSD will include a renewal form for members to complete

What can providers do?

The U.S. Office of Personnel Management (OPM) and HSD are asking health insurers, providers and communities to remind their members, patients, friends and family enrolled in Medicaid to be on the lookout for the Medicaid renewal letter in the turquoise envelope and complete the renewal application from HSD. To ensure they receive this critical piece of mail, members should visit www.Medicaid.gov/renewals to ensure their contact information is up to date with HSD.

If members did not receive the renewal letter or misplaced their renewal application packet for Medicaid and/or SNAP benefits, they can go to yes.state.nm.us and click "Renew My Benefits." Please note that patients who are no longer eligible for Medicaid benefits may still have low- or no-cost health coverage options. Learn more at www.bewellnm.com.

For additional information and educational materials that can be distributed to your Centennial Care patients, please visit <https://renew.hsd.nm.gov/partners-toolkit> or www.Medicaid.gov/unwinding.

How can this change affect claims?

Centennial Care members transitioning off Medicaid to an Exchange plan due to recertification will be issued a new health plan member identification number. To avoid claim payment delays or denials, providers should ensure that the proper member ID is submitted on claims based on the coverage effective date. ■

Provider Education 2023



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.

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

Behavioral Health Provider Education Webinars

 **Thursday, Sept. 14, 5 - 7 p.m.**
Friday, Sept. 15, 9 - 11 a.m.

 **Register:** phs.swoogo.com/2023PEC

All contracted behavioral health providers and staff are invited to attend upcoming Provider Education Webinar training events. Please note that providers are only required to attend one of these trainings each year.

Physical Health Provider Education Webinars

 **Thursday, Sept. 14, 9 - 11 a.m.**
Friday, Sept. 15, Noon - 2 p.m.

 **Register:** phs.swoogo.com/2023PEC

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 Conference & Webinar Series training event each year.

Indian Health Services and Tribal Conversations

 **Thursday, Sept. 28, 1 - 2:30 p.m.**

 **Join Online:** 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, Aug. 14, 1 - 2 p.m.**

 **Join Online:** phs.swoogo.com/bhcir23

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

Behavioral Health Town Halls

 **Monday, Aug. 28, 1 - 3 p.m.**

 **Join Online:** 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

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:** <http://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

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

TAKE NOTE

Metabolic Monitoring Can Save Lives

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

Note: The provider who prescribes the antipsychotic medication is 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 value-based programs (VBPs) that provide incentive payments to providers who meet SSD and other quality performance measures.

For more information about Presbyterian VBPs, please contact Sean Preston at spreston6@phs.org.



Presbyterian's Value-Based Programs

Providers who participate in Presbyterian's VBPs earn incentives when they meet specific Healthcare Effectiveness Data and Information Set (HEDIS) quality performance measures. Often, providers are already meeting or close to meeting these quality performance target measures. This makes it easy to earn incentive payments.

Eligible behavioral health providers can enroll in Behavioral Health Quality Incentive Programs (BQIP), while eligible physical health providers can enroll in Primary Care VBPs.

For more information and to enroll, visit Presbyterian's online enrollment form available at https://phs.qualtrics.com/jfe/form/SV_cwvwtlplkJKzZCUJg.

- ☑ Behavioral Health Provider Incentive Program (BQIP)
- ☑ Classic VBP
- ☑ Foundations VBP
- ☑ Model Facility Incentive Program (MFIP)
- ☑ Wellness VBP

2022 Quality Improvement Program Summary

The Presbyterian Quality Improvement (QI) program is designed to improve member health outcomes, support the provider-member relationship, and improve satisfaction for members and providers. Every year, Presbyterian evaluates the QI program to measure its performance and identify opportunities for improvement. Below are some of the results of our 2022 QI program evaluation.

QI Program Accomplishments from 2022

- Ranked No. 1 in provider satisfaction among health plans in New Mexico
- Redesigned our Population Health and Quality departments to enhance focus on community partnerships and health and social equity
- Aligned VBPs to focus on performance improvement, quality management and total cost-of-care under a population health framework
- Implemented population health initiatives to address health disparities for Native American members, support victims of domestic violence and assist members with diabetes
- Expanded at-home colorectal fecal immunochemical test (FIT) kits to Centennial Care members and delivered 4,527 FIT kits
- Engaged 1,858 pregnant members in the Baby Benefits program
- Engaged 965 members in the Baby Bonuses program to increase member participation in well-child visits




QI Program Showcase: Value-Based Programs

Our VBP programs are designed to incentivize providers to implement or enhance population health management strategies, improve quality care, increase efficiency and reduce unnecessary or duplicative healthcare costs. Here are some accomplishments from our VBP programs in 2022:

- Utilized telehealth resource guides for primary care providers and Patient-Centered Medical Home (PCMH) groups to utilize as a tool to improve performance
- Retired the Women’s VBP program and migrated these measures to the Classic VBP program to support cultural sensitivity for LGBTQIA+ patients. In addition, significantly increased gender-neutral language in QI materials
- Developed a provider toolkit that includes information about member incentives and benefits to educate providers and improve quality of care for patients
- Launched a health equity training website for contracted providers
- Expanded electronic medical record (EMR) access and set up clinical data integration (CDI) feeds with various provider groups participating in VBPs
- Enhanced scorecards for VBP providers to demonstrate return on investment on EMR and CDI

QI Program Opportunities for 2023

Presbyterian is committed to identifying opportunities to refine its QI program to improve the provider experience, enhance member care and increase positive health outcomes. Therefore, in 2023, we will continue to partner with our provider network and other leaders in the healthcare industry to address social determinants of health and improve health equity for our members. 

PROVIDER SATISFACTION CORNER

Massage Therapy Benefit for State of New Mexico Employees

Presbyterian would like to remind providers that effective Jan. 1, 2023, the State of New Mexico (SoNM) expanded coverage for SoNM and Local Public Body (LBP) employees to include a massage therapy benefit. The copay is \$55 regardless of provider tier. If a behavioral health diagnosis is submitted with the claim, then the member will not have a copay.

In-network acupuncturists, chiropractors, massage therapists and/or physical therapists can now be reimbursed for massage therapy by using Current Procedural Terminology (CPT) code 97124 when filing a claim. No prior authorizations are required for this benefit.

Visit www.phs.org/sonm for further information regarding the massage therapy benefit. ■



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

Working Together to Develop a Member's Care Plan

Presbyterian Care Coordination is committed to including all participants in the member's care team in the development and execution of the member's care plan. When a member is referred to Care Coordination, we develop an individualized, member-driven care plan that addresses the issues and needs identified in the member's comprehensive needs assessment.

As an important part of the care plan development process, we ask for input from anyone involved in the member's care team. Provider input is especially invaluable to the care plan development process because it helps ensure a holistic approach to a member's health and well-being.

The customized care plan also allows members to understand which services are available and creates a foundation for discussions about their health between them and their caregivers, care coordinator and providers. The assigned care coordinator will work

with the member, designated family members, caregivers, authorized representatives, primary care provider and specialists to ensure the care plan is executed properly.

For information about the care coordination process, including how to refer your patients to care coordination, please view this FAQ: https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_00000009414. ■



Q&A Clinical Practice Guidelines and Preventive Healthcare Guidelines

Clinical practice guidelines (CPGs) and preventive healthcare guidelines are evidence-based statements developed to support the decision-making process in patient and member care. To ensure that providers have an in-depth understanding of these guidelines, Presbyterian is sharing the following Q&A guide:

Q: What is the importance of (CPGs) and preventive healthcare guidelines?

A: These guidelines are developed to assist providers in the treatment and prevention of common health diagnoses. They also help members make informed decisions about their health.

Q: How does Presbyterian choose which CPGs are a priority?

A: Presbyterian uses evidence-based guidelines with guidance from a population assessment that identifies the most prevalent health conditions among Presbyterian members. Once the conditions are selected, the guidelines are adopted from nationally recognized organizations.

Q: How many CPGs are selected?

A: Presbyterian adopts a minimum of two physical and two behavioral health CPGs annually based on a population assessment.

Q: Where can I find Presbyterian's currently approved CPGs?

A: Presbyterian's current approved CPGs can be found below:

- Physical health guidelines:
www.phs.org/clinicalpracticeguidelines
- Behavioral health guidelines:
www.phs.org/providers/resources/reference-guides/Pages/medical-pharmacy-behavioral.aspx


Q: Where does Presbyterian adopt their preventive health guidelines from?

A: Presbyterian's preventive healthcare guidelines align with the Affordable Care Act and the U.S. Preventive Services Task Force (USPSTF) guidelines with an A or B grade. These guidelines assist providers and members in deciding if a preventive service is needed based on healthcare need. The USPSTF provides recommendations and evidence that are high quality, methodologically sound, scientifically defensible, reproducible and unbiased.

Q: Does Presbyterian align preventive health guidelines for specialty populations, such as pediatrics, women's health and vaccine schedules, with other governing agencies?

A: Yes, Presbyterian's guidelines for specialty populations align with guidance from several organizations:

- The Centers for Disease Control and Prevention for immunization schedules:
www.cdc.gov/vaccines
- The American Academy of Pediatrics and Bright Futures for well-child exams and screenings:
<https://brightfutures.aap.org/Pages/default.aspx>
- The Health Resources and Services Administration women's health guidelines:
www.hrsa.gov/womens-guidelines-2019

Providers can review Presbyterian's preventive health guidelines at www.phs.org/providers/resources/reference-guides/Pages/medical-pharmacy-behavioral.aspx. 



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, beginning Jan. 1, 2022. There are no exceptions to this federal requirement. To ensure compliance with the CAA, providers must verify their directory information with Presbyterian by Sept. 28.

Physical health providers must log in to the myPRES platform to make updates. Physical health providers can also request delegate access and find instructional guides, a how-to video and FAQs at www.phs.org/directoryupdate.

Behavioral health providers must log in to the behavioral health portal at www.magellanprovider.com. For questions or assistance, contact Gerald Schiebe at gschiebe@magellanhealth.com.

Please note that all currently rostered physical health medical groups and behavioral health organizations should continue to follow the current roster process.



Presbyterian Health Plan, Inc.
Provider Network Operations
P.O. Box 27489
Albuquerque, NM 87125-7489
www.phs.org

PRESRT STD
U.S. Postage
PAID
Albuquerque, NM
Permit No. 1971

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