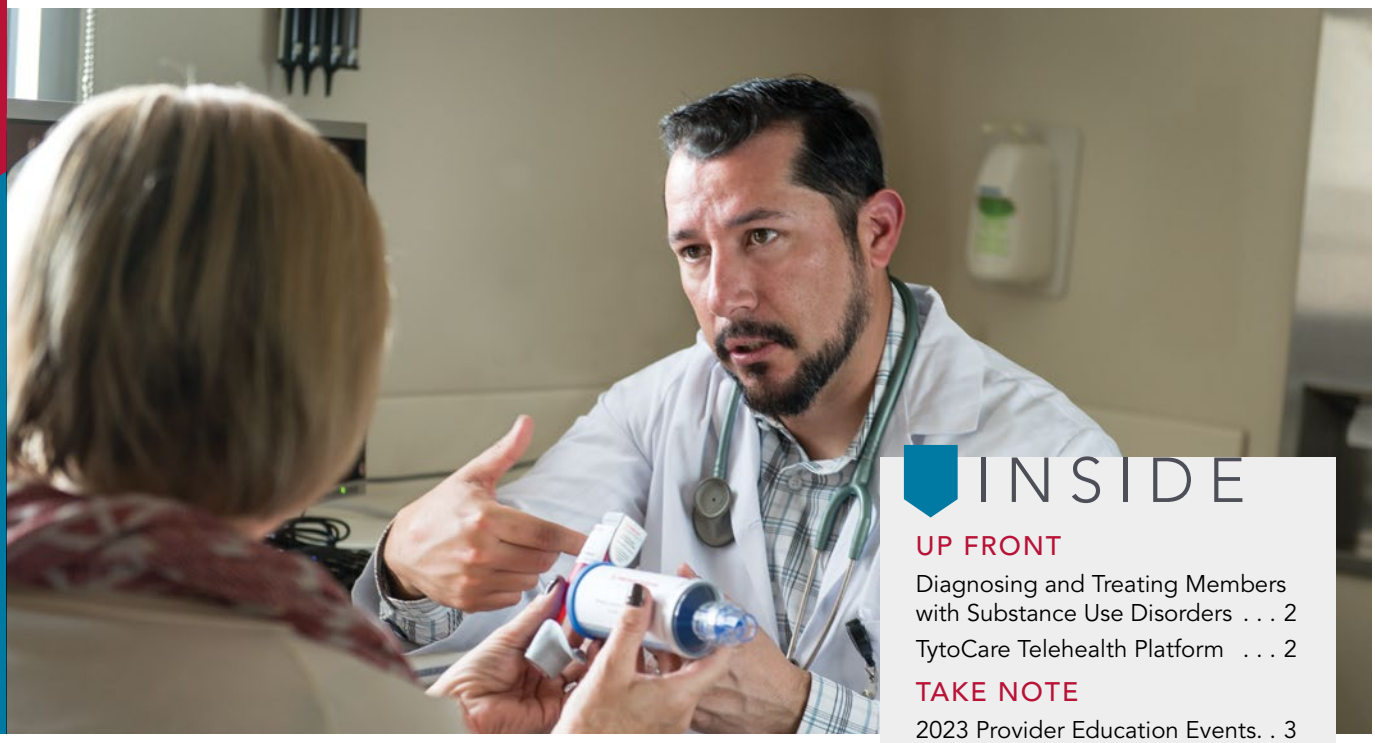
SEPTEMBER 2023

NETWORK Connection

PRESBYTERIAN



Healthy Solutions Disease Management Program

The Healthy Solutions Disease Management (DM) coaching program is designed to provide education and disease management support to Presbyterian members in collaboration with their primary care provider and/or specialist. The program is available at no additional cost to members aged 18 and older with a diagnosis of asthma, coronary artery disease, diabetes and/or hypertension. Tobacco cessation coaching is also available for Centennial Care members aged 14 and older.

As part of the program, a licensed nurse serves as a personal health coach to increase the member's understanding of their condition, assists with establishing self-management goals and provides support for lifestyle modifications.

Presbyterian members who qualify for the Healthy Solutions DM coaching program receive education and training in:

- Monitoring chronic conditions
- Reducing risk
- Healthy eating
- Being active
- Adhering to medication and treatment plan
- Available community resources

To enroll a member in the Healthy Solutions DM coaching program, please call (505) 923-5487 (toll-free 1-800-841-9705), fax (505) 355-7594 or email healthysolutions@phs.org.

Presbyterian exists to ensure all of the patients, members and communities we serve can achieve their best health.

INSIDE

Diagnosing and Treating Members with **Substance Use Disorders**

Presbyterian is working with providers to ensure that 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 60 days.

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

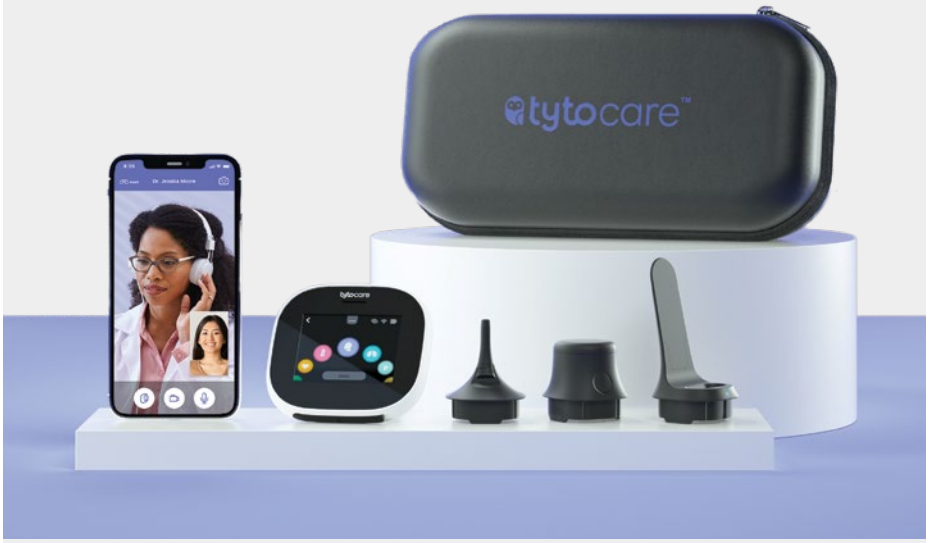
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
- Initiation and Engagement of Alcohol and Other Drug Abuse Treatment (IET)

To meet HEDIS specifications for the FUA measure, any member who is 13 years of age and 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 visits 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 or dependence and complete one more 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.

Presbyterian's Value-Based Programs (VBPs) 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. For more information about participating in VBPs, please contact Sean Preston, VBP director, at spreston6@phs.org.

Introducing the TytoCare Telehealth Platform



Presbyterian is pleased to offer a new, HIPAA-compliant telehealth tool for providers called TytoCare. TytoCare is free and reduces barriers to care by allowing providers to easily connect with their patients.

To ensure that providers have an in-depth understanding of this new tool, we have prepared an FAQ document to answer your questions about the TytoCare platform. You can view it here: https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000019698.

If you have any questions about TytoCare, please contact Lisa Moore at lmoore7@phs.org.

Provider Education 2023

Upcoming Trainings

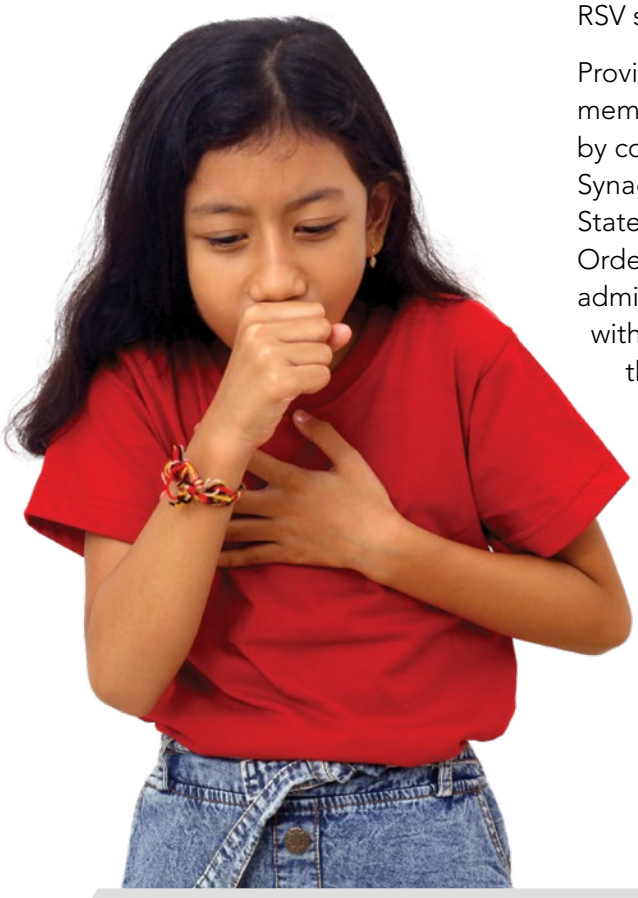
Providers and office staff are invited to attend a variety of trainings throughout the year, including but not limited to:

- Provider Education Conference and Webinar Series
- Indian Health Services and Tribal Conversations
- Critical Incident Reporting
- Behavioral Health Town Halls
- Presbyterian Dual Plus (HMO D-SNP)
- Cultural Sensitivity
- Health Equity

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

Enrolling Members into the Synagis Program for the 2023-2024 RSV Season

The respiratory syncytial virus (RSV) season typically begins in late fall and extends through spring, but the start of the season is determined yearly by the New Mexico Pediatric Society.



To ensure that members can receive the care they need, Presbyterian would like to remind providers of the process for members to join the Synagis program for the 2023-2024 RSV season.

Providers can enroll eligible members in the Synagis program by completing the New Mexico Synagis Prior Authorization/ Statement of Medical Necessity/ Order Form. The criteria for admission are in alignment with current guidance from the American Academy of Pediatrics. This form and the criteria for admission may be found at https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=PEL_00179418.

Presbyterian Specialty Care Pharmacy will be dispensing Synagis to providers and home health agencies for administration. Home health requires a referral from the prescriber. The pharmacy will work with the home health agency or office to schedule delivery once the prescription is ready. The pharmacy will dispense epinephrine with the first fill of Synagis for each patient and can provide refills if requested.

For timely processing, please send the completed form to Presbyterian Specialty Care Pharmacy at the same time the form is sent to Presbyterian Health Plan for authorization. Fax to:

- 1-800-724-6953 (Presbyterian Health Plan Pharmacy Services) to obtain prior authorization; and
- 1-866-248-0801 (Presbyterian Specialty Care Pharmacy) to be used as the prescription order

For prior authorization questions, please call (505) 923-5757 (select option 3 and follow the prompts). For specialty pharmacy questions, call (505) 823-8800.

TAKE NOTE

Medicaid Benefits Renewal

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 tell members 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 www.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.

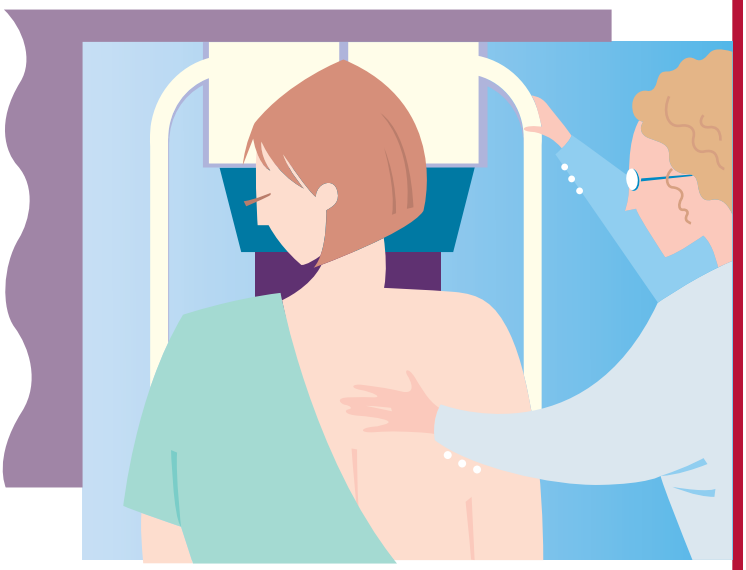
How can this change affect claims?

Centennial Care members transitioning off Medicaid due to re-certification to an Exchange plan 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.

Breast Cancer Screenings: HEDIS Measure Changes

According to the American Cancer Society, breast cancer is one of the most common cancers among women in the United States. Detecting breast cancer early and receiving timely cancer treatments are the most effective strategies to prevent death from breast cancer.

The Breast Cancer Screening (BCS) HEDIS measure assesses women 50-74 years of age who had at least one mammogram to screen for breast cancer in the past two years. The current BCS measure is being replaced by the Electronic Clinical Data Systems (ECDS) BCS-E measure, which will be the only measure reported going forward.



The current BCS measure assesses biennial mammography screenings for a general cohort of health plan members. A BCS-E, or patient-specific measure, assesses high-quality member care by utilizing the various data sources which provide member-specific information needed for appropriate follow-up based on mammography results.

TIPS:

- Assist patients with getting their mammogram scheduled before they leave the office. If needed, provide patients with an order for a screening mammogram.
- Patients who have had bilateral mastectomies are excluded from the breast cancer screening measure. When you submit an office visit claim for patients who are excluded from needing a mammogram, please include the following International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes as appropriate:
  - Z90.13 – Acquired absence of bilateral breasts and nipples
  - Z90.12 – Acquired absence of left breast and nipple
  - Z90.11 – Acquired absence of right breast and nipple
- Presbyterian recommends a screening mammogram every one to two years for women aged 40 and older.

PROVIDER SATISFACTION CORNER

Treating Depression in a Primary Care Setting

The U.S. Preventive Services Task Force recommends screening for depression in the general adult population to ensure patients receive accurate diagnoses, effective treatment and appropriate follow-up care. Due to the shortage of behavioral health providers in the country, PCPs are playing a bigger role in recognizing and treating depression.

Data has shown 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. 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, 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 members with depression, a resource flyer called "Treating depression in the primary care setting" is available. To view this flyer, visit: https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000007627

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.

Diabetes Self-Management Education and Support

Diabetes self-management education and support is a critical component of a member's treatment plan. According to the Centers for Disease Control and Prevention, members aged 18-75 with diabetes (Type 1 and Type 2) should receive a kidney health evaluation. This is defined as an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR).

Providers should review diabetes services at each office visit and order labs prior to the member's appointment. If lab tests are completed in-office, bill for this and ensure that the test results and date are documented in the chart. Treatment should then be adjusted to improve eGFR and uACR.

Make sure to follow up with members to monitor changes.

Members can be referred to the Presbyterian Diabetic Coaching, Community Health, Wellness and Diabetes Disease Management programs. Here are a few tools to help providers talk about diabetes self-management education and support with their patients:

www.niddk.nih.gov/health-information/communication-programs/ndep/health-professionals/practice-transformation-physicians-health-care-teams

www.cdc.gov/diabetes/programs/stateandlocal/resources/dsmes-technical-assistance-guide.html

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

To make updates, physical health providers must log in to the myPRES platform. 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 gscheibe@magellanhealth.com.

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

NCQA Affirmative Statement about Incentives

For more than 100 years, Presbyterian has maintained high-level services to ensure members receive the most appropriate care at the right time and in the best setting. One of the utilization management (UM) processes used to help members receive appropriate care is known as prior authorization, also referred to as benefit certification, concurrent review or post-service review.

UM decision-making is based solely on the appropriateness of care and service and the existence of coverage. Presbyterian does not specifically reward providers or other individuals for issuing denials of coverage. Furthermore, financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

For more information about Presbyterian's prior authorization processes, refer to the Presbyterian Provider Authorization page at: **www.phs.org/providers/authorizations.**

Medical Record Review

Presbyterian's Quality Management department conducts a review of medical records to ensure that performance standards are met for PCPs, OB/GYNs and high-volume behavioral health specialists. There are 21 elements considered while reviewing the member's medical record. Presbyterian has adopted NCQA-published guidelines for medical documentation and also requires specific documentation to be included at each visit, as appropriate, for provider and practice type. The criteria below apply to the medical record review audit:

- A passing score of 85% is required
- If the medical records fail to meet the 85% target, Presbyterian may choose to do any or all of the following:
  - Recognize opportunities and advise providers of any issues that identify compliance concerns
  - Suggest a performance plan and provide an educational form with suggestions for improvement
  - Publish best practices and trends for medical record documentation in the provider newsletter
  - Coordinate with provider relations for medical record review follow-up

Current Area for Improvement in the Medical Record Review Audit

To date, advance directives documentation continues to be the lowest scoring section in the Medical Record Review audit. To receive credit for this section, a provider must document information related to the status of a member's advance directive for anyone aged 18 and older. This may include patient education, declination, receipt or acknowledgment of the document itself. An advance directive form is available at www.phs.org/Pages/member-rights.

Information regarding medical record documentation, the medical record review and advance directives can be found in the Presbyterian Practitioner and Provider Manual at www.phs.org/providermanual.

REGULATORY **REMINDERS**

Medicare **Star Ratings** ★★★★★

The Centers for Medicare & Medicaid Services (CMS) publishes the Medicare Advantage (Medicare Part C) and Medicare Part D Star ratings each year to measure the quality of health and drug services received by consumers enrolled in Medicare Advantage and prescription drug plans. Star ratings assigned to health plans by CMS assist Medicare beneficiaries in choosing the best Medicare health and drug plan for their needs during annual open enrollment.

Star ratings are determined by adherence to these measures:

- Medication Adherence for Diabetes Medications
- Medication Adherence for Hypertension (RAS antagonists)
- Medication Adherence for Cholesterol (Statins)
- Statin Use in Persons with Diabetes (SUPD)

Why is a Higher Star Rating Important?

A higher Star rating impacts members' decision-making to stay with a plan and/or select a plan during the annual open enrollment period. In addition, higher Star ratings have a large financial impact on health plans. Presbyterian invests reward dollars paid by CMS back into the Medicare program, thus keeping costs down for our Medicare members.

What Is the Pharmacy Services Department Doing to Improve These Measures?

Starting in 2022, pharmacy services began calling nonadherent members to discuss their medications with them as well as identifying/addressing barriers. Members are offered a call for a 90-day refill and to set up auto-fill/refill reminders from the dispensing pharmacy. In addition, letters are sent quarterly to providers regarding patients identified as having opportunities for both adherence and SUPD.

The expectation in 2023 is for Presbyterian to meet four Stars for all measures.

How Providers Can Assist

1. Discuss the importance of medication adherence at every visit
2. Ensure the patient is prescribed the most appropriate medication, for the correct dosage, with consideration for patient finances
3. Check refills at every appointment and prescribe a 90-day supply to minimize the patient's trips to the pharmacy
4. Discontinue therapy when applicable and enter appropriate medical diagnosis codes when pertinent

Member Rights and Responsibilities

Presbyterian expects its network of providers to respect and support the rights and responsibilities of all Presbyterian members or their legal guardians. Presbyterian has written policies and procedures regarding members' rights and responsibilities and implementation of such rights.

To view all member rights and responsibilities, go to www.phs.org/Pages/member-rights. Please note that this list comprises the rights and responsibilities as dictated by HSD and NCQA. The list also includes information specific to different product lines.

Provider Manual Highlights

Presbyterian is highlighting the following topics and citations from the Practitioner and Provider Manual to ensure providers can quickly access the information they need. 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; 12-16; 19-13 to 19-14
Appeals and Grievances for Members and Providers	Pages 20-1 to 20-6
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 10-13; 11-3 to 11-5; 12-10; E-7 to E-8
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 here: https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=PEL_00957317.
Minimum Medical Record Standards	Page 6-24
Preventive Health Guidelines	Pages 5-1 to 5-2 **Note:** Access Presbyterian's Preventive at the following links: • 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 3-1 to 3-3; 4-1 to 4-2; 14-3; 16-3 to 16-8
Updating the Provider Directory	Pages 2-2; 17-4 to 17-5

PRESBYTERIAN

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Provider Network Operations
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www.phs.org

Let's **Connect**

CONTACT GUIDE:
www.phs.org/ContactGuide

SHARE YOUR FEEDBACK:
https://phs.qualtrics.com/jfe/form/SV_3Jl9H4yZ81DZtA2

PHONE:
(505) 923-5757

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