

NETWORK Connection



Continuum: A New Value-Based Program

Medicare Advantage providers, you're invited to enroll in our newest Value-Based Program (VBP), Continuum. This incentive program rewards providers who help improve health outcomes for Presbyterian Dual Plus members by ensuring they receive an annual Medicare wellness visit.

Participating providers can earn up to \$715 in incentives for successfully completing annual wellness visits with Presbyterian Dual Plus members. For more details, view this flyer: https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000020246.

To learn more about enrollment, documentation requirements and care management participation, please contact Sean Preston, Presbyterian VBP director, at spreston6@phs.org.

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Path for Wellness: Healthy Lifestyle Change Programs

Presbyterian continues to partner with Good Measures to offer adult Centennial Care members access to two evidence-based Path for Wellness programs. Both programs are offered by phone or online at no additional cost to eligible members:

- **Healthy Weight:** One-on-one health coaching, webinars and other online content. This program is best for patients who need flexibility and more personalized support.
- **Diabetes Prevention Program:** Recognized by the Centers for Disease Control and Prevention (CDC) and led by CDC-trained health coaches, this program is best for patients who like online and group interaction and a structured schedule.

The Path for Wellness programs help members:

- Lose weight and maintain health goals
- Increase physical activity and exercise
- Improve nutrition and eating habits
- Manage stress and improve sleep

Both programs include access to the Good Measures app and website. These digital tools provide access to coach messaging, personalized meal suggestions, goal-tracking, articles and videos. ▀

How to refer your patients

- Call Good Measures at 1-855-249-8587
- Visit www.goodmeasures.com/physicians to submit an online referral or download a referral form and fax it to (617) 507-8576
- Ask your patients to sign up directly at www.phs.org/preventionprogram



Provider Education 2023



2023 Provider Education Events

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
- The Wilson Cardiology Lectureship

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

LUNCH & LEARN

Presbyterian is offering providers Lunch-and-Learn sessions on Health Effectiveness Data and Information Set (HEDIS) topics and interventions to improve member care. These sessions are offered remotely during lunch hours to provide convenient opportunities for attendance.

During these sessions, Presbyterian encourages providers to share best practices for improving health outcomes and addressing health disparities for members in relation to HEDIS measures. These sessions are also an opportunity for Presbyterian and providers to learn from each other and form collaborative work plans.

If you would like to attend future Lunch-and-Learn sessions, please contact Liliana Venzor-Trejo at lvenzortr@phs.org.

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 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, then HSD will include a renewal form for members to complete



HSD is also 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.

For more information on what providers can do to assist members and how this change affects claims, view this recent Presbyterian communication: <https://mailchi.mp/phs.org/medicaid-benefits-renewal-for-centennial-care-members>. You may also visit <https://renew.hsd.nm.gov/partners-toolkit> or www.Medicaid.gov/unwinding for additional information. 

The 988 National Crisis Line

While the National Alliance on Mental Illness (NAMI), the Annenberg Public Policy Center and University of Pennsylvania researchers have concluded that it's a myth that suicides increase during the holidays, suicide remains a very serious concern year-round for all Americans.

To make it easier for individuals to receive crisis care around the clock, the United States transitioned the 10-digit National Suicide Prevention Lifeline to a three-digit number: 988. This easy-to-remember number launched in July 2022 and received more than 21,000 calls and texts and saved more than 4,700 New Mexican lives during its first year of operation, according to HSD.

During an interview with the Santa Fe New Mexican newspaper, Nick Boukas, director of the Behavioral Health Services Division of HSD, said that it's encouraging to see so many people seeking help and "not trying to hide it because of a stigma."

The 988 crisis support line also recently implemented resources to better serve LGBTQIA+ people. Callers now have the option of being connected with a specially trained, LGBTQIA-competent behavioral health peer to provide a safe space and offer compassionate support.

Providers are encouraged to talk to their patients about depression, self-harm and suicide. Providers can also visit 988nm.org/resources to download a media kit that includes informational flyers and other materials they can post and have available at their office. ▀

Reasons to Call 988

- ▶ Worried about your safety or the safety of someone you know
- ▶ Having a hard time managing strong emotions
- ▶ Feeling hopeless, confused, angry or lonely
- ▶ Worried about alcohol or substance use
- ▶ Need information or referrals for local community services
- ▶ Have something on your mind that you want to talk over with someone outside of current situation
- ▶ Service member or veteran and their families in need
- ▶ Experiencing abuse or neglect
- ▶ Dating issues or domestic violence
- ▶ Struggling with eating disorders
- ▶ Dealing with discrimination
- ▶ Worried about parent discord or bullying
- ▶ Stressed about work and having high anxiety





Metabolic Testing for **Minors Prescribed Antipsychotic Medications**

Presbyterian is committed to partnering with providers to ensure children and adolescent members receive quality care. One of the ways we do this is by working closely with providers to ensure children and adolescents who are prescribed antipsychotic medications meet the Children and Adolescents on Antipsychotics (APM) HEDIS measure.

The APM measure assesses members ages 1 to 17 years old who received two or more antipsychotic medications within a year. Because these medications can elevate the risk for metabolic and cardiometabolic problems in children and adolescents, it is essential to perform metabolic monitoring shortly after the initial prescription of antipsychotic medication and at least annually while the individual is using the antipsychotic medication.

To help ensure these members receive regular metabolic testing, Presbyterian monitors the care provided to its membership and routinely conducts treatment record reviews of randomly selected providers who prescribe antipsychotic medications to children and adolescents. To evaluate compliance with the APM measure, Presbyterian reports the following rates:

- The percentage of children and adolescents on antipsychotic medications who received blood glucose testing
- The percentage of children and adolescents on antipsychotic medications who received cholesterol testing
- The percentage of children and adolescents on antipsychotic medications who received both blood glucose and cholesterol testing

When Presbyterian identifies a specific member between the ages of 1 and 17 who was prescribed an antipsychotic medication but hasn't received a metabolic screening, they will work with the prescribing provider to close the gap in care.

To help providers optimize care for their children and adolescent patients, Presbyterian developed the following resources:

- Monitoring Guidelines: https://onbaseext.phs.org/PEL/DisplayDocument?-ContentID=OB_000000020388
- Prescribing Guidelines: https://onbaseext.phs.org/PEL/DisplayDocument?-ContentID=PEL_00956735

For questions regarding behavioral health HEDIS measures, please contact your dedicated Presbyterian Behavioral Health provider relations liaison. ■



Osteoporosis Care for Medicare Advantage Members

Bone density screenings are essential to determine if bone fractures are caused by osteoporosis, a bone disease that can lead to complications such as pain and loss of mobility. When a member with osteoporosis receives an early diagnosis, they are much more likely to continue leading healthy and active lives.

Under Medicare, a member is eligible to receive a bone mass measurement test to check for osteoporosis risk factors once every 24 months. Members can also receive important information regarding medication that can decrease the risk of broken bones. If the member does not know where they can receive Osteoporosis care, then please assist them in locating a screening facility or provide a referral.

Thank you for your commitment to improving the health and well-being of our members. ■

PROVIDER SATISFACTION CORNER

Quality Programs: Covering Prenatal to Adolescent Care

At Presbyterian, we want to ensure that our youngest members receive the best care. To support this effort, we would like to share several prenatal, postpartum and child and adolescent care reminders and programs available to members.

Prenatal Care

As part of comprehensive prenatal care, we encourage all providers to share with members the importance of regular prenatal care visits for a healthy pregnancy.

At least one prenatal visit is needed in the first trimester or first 14 weeks of pregnancy. **At least 10 additional visits** are recommended during the second and third trimesters of pregnancy.

If a patient does not have a provider or midwife, then please assist them in locating one or providing a referral.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program

EPSDT is a comprehensive and preventive child health program for Centennial Care members up to the age of 21. The goal of this program is to identify health issues and developmental delays in children as soon as possible and provide the appropriate routine treatment to prevent or minimize the effects of many childhood conditions.

Presbyterian follows the New Mexico Medical Assistance Division's health check schedule and the federal EPSDT screening schedule. The EPSDT Tot-to-Teen Well-Child health check schedule allows up to 25 total screenings that are encouraged at the following intervals.

| Babies | Children | Youth |
|-----------|-----------|----------|
| Birth | 15 months | 13 years |
| 1 month | 18 months | 14 years |
| 2 months | 24 months | 15 years |
| 4 months | 3 years | 16 years |
| 6 months | 4 years | 17 years |
| 9 months | 5 years | 18 years |
| 12 months | 6 years | 19 years |
| | 8 years | 20 years |
| | 10 years | |
| | 12 years | |



Child and Adolescent Vaccinations

Vaccines help protect children of all ages from serious diseases, such as whooping cough and measles. The CDC recommends children get many of these recommended shots by age 2. If a parent or caregiver has fallen behind with their child's shots, then please remind them to schedule a vaccination visit.

For more information on scheduled vaccinations for children and adolescents, visit www.nmhealth.org/about/phd/idb/imp/sreq/ or www.cdc.gov/vaccines/parents/index.html.

Screenings may be performed at intervals other than what is described on the schedule or in addition to those on the schedule.

Additional EPSDT program information is available on the CMS website at www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html.

For detailed information on the New Mexico Medical Assistance Division supplement schedule and coding requirements, please visit www.hsd.state.nm.us/lookingforinformation/keeping-kids-healthy/.

Medication Reconciliation Post-Discharge

The Medication Reconciliation Post-Discharge (MRP) HEDIS measure can reduce the chance of adverse drug events, especially for patients taking multiple medications. MRP assesses Medicare Advantage members aged 18 and older whose medications were reconciled on the date of discharge through 30 days after discharge (a total of 31 days).

During medication reconciliation, a provider reviews the patient's medications ordered upon discharge and compares them with the patient's known medications to:

- Identify contraindications or medication safety issues
- Evaluate and address polypharmacy, combined medications, or generics for patient convenience or cost

- Provide a current list of medications and instructions for when and how to take them
- Identify gaps in knowledge in disease state or medications
- Update allergies and adverse drug reactions

Please note that an outpatient visit isn't required to perform MRP and can be done virtually or by telehealth.

For more information about Transitional Care Management services, visit <https://www.cms.gov/files/document/mln908628-transitional-care-management-services.pdf>.



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.

Let's Connect



CONTACT GUIDE:
www.phs.org/ContactGuide



PHONE:
(505) 923-5757
1-888-923-5757



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



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



Verify Provider Directory Information Every 90 Days

In accordance with the No Surprises Act (NSA), as of Jan. 1, 2022, all providers are required to verify their directory information with Presbyterian every 90 days. The next deadline for providers to verify their information is Dec. 28. There are no exemptions to this federal requirement.

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 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.

REGULATORY REMINDERS

Appointment Standards

Timely access to services is an essential first step in meeting the needs of our members and that would not be possible without our provider network. To help ensure our members continue to receive the care they need when they need it, please review the following table that defines Presbyterian’s appointment standards.

| Healthcare Service | Appointment Characteristics | Standard |
|--|--|--|
| Primary Care | Routine appointments | As soon as is practicable given the medical needs of the covered person and the nature of the health professional’s medical practice |
| | Routine asymptomatic member-initiated outpatient primary care | No more than 30 calendar days unless the member requests a later time |
| | Routine symptomatic member-initiated outpatient primary care | No more than 14 calendar days unless the member requests a later time |
| | Outpatient appointments for urgent medical conditions | Within 24 hours |
| | Routine physical exams | Within four months |
| Behavioral Healthcare | Outpatient appointments for non-urgent conditions | No more than 14 calendar days unless the member requests a later time |
| | Outpatient appointments for urgent conditions | Within 24 hours |
| | Face-to-face crisis services | Within two hours |
| Specialty Care | Outpatient referral and consultation | Consistent with clinical urgency, but no more than 21 calendar days, unless the member requests a later time |
| Diagnostic Laboratory, Diagnostic Imaging and Other Testing | Routine outpatient appointments | Consistent with clinical urgency, but no more than 14 calendar days, unless the member requests a later time |
| | Walk-in instead of an appointment system | Member wait time shall be consistent with the severity of the clinical need |
| | Urgent outpatient appointments | Consistent with clinical urgency, but no longer than 48 hours |
| Dental Care | Routine asymptomatic appointments | No more than 60 calendar days unless the member requests a later time |
| | Routine symptomatic member-initiated outpatient appointments for non-urgent care | No more than 14 calendar days unless the member requests a later time |
| | Urgent outpatient appointments | Within 24 hours |
| Prescription Fill Time | In-person fill time | No longer than 40 minutes |
| | Practitioner phone-in fill time | No longer than 90 minutes |
| Follow-up Visits | Outpatient follow-up visits | Consistent with clinical need |