

NETWORK **Connection**



INSIDE

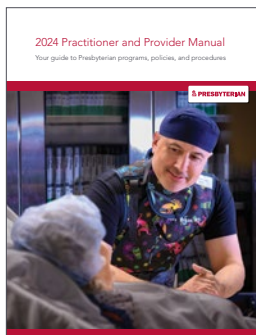
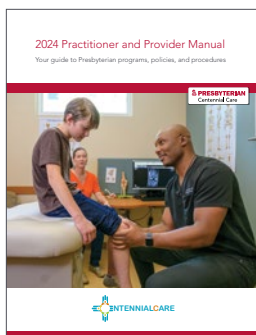
2024 Practitioner and Provider Manuals Are Available

The Presbyterian Universal Practitioner and Provider Manual and Presbyterian Centennial Care Provider Manual have been updated for 2024 and are now available online. The Universal provider manual covers all of Presbyterian's programs, policies and guidelines. The Centennial Care provider manual provides detailed information specific to Presbyterian's Centennial Care 2.0 programs and requirements. The manuals are updated frequently as necessary.

These manuals are an excellent resource as well as an extension of the provider's contract with Presbyterian. In the manuals, you can find instructions for:

- Submitting medical, behavioral and pharmaceutical prior authorization requests and exception requests based on medical necessity
- Contacting Presbyterian Health Services staff to discuss prior authorization requests and utilization management issues
- Obtaining or requesting utilization management criteria

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

Unite Us Partnership

Presbyterian has partnered with Unite Us, the nation's leading software company enabling cross-sector collaboration to create the first statewide closed-loop referral system in New Mexico. Partners in this network can connect through a shared technology platform that allows them to send and receive electronic referrals. This system helps organizations connect members to local resources efficiently and securely.

Unite Us software assists in identifying gaps and proactively addressing barriers for members while tracking outcomes and services delivered to those in need. Presbyterian and Unite Us have begun building a network of providers, community organizations and other groups to improve the social needs of New Mexicans.

The Unite Us platform can be utilized for all patients, even if they are not Presbyterian members and do not receive care from Presbyterian-employed providers. Presbyterian-contracted provider groups and non-profit community-based organizations can join this closed-loop network at no additional cost. To learn more about the Unite Us platform, please contact Sean Preston at spreston6@phs.org. ■



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2024 Practitioner and Provider Manuals Are Available

The provider manuals also include information regarding:

- Prior authorization criteria
- Medical policies
- Presbyterian formularies and updates, including restrictions and preferences
- Clinical practice guidelines
- Affirmative statement concerning utilization management decision-making and incentives
- Member rights and responsibilities

The provider manuals may be viewed at www.phs.org/providermanuals. Providers may

also request a printed copy at no cost by contacting their Provider Network Operations relationship executive. Their contact information can be found at www.phs.org/ContactGuide. ■

Provider Education 2024



UPCOMING TRAININGS Providers and office staff are invited to attend a variety of trainings throughout the year. Please see the list of upcoming training events below.

Behavioral Health Provider Education Webinars

 **Thursday, March 21, 5 - 7 p.m.**
Friday, March 22, 10 a.m. - Noon  **Register:** phs.swoogo.com/2024PEC

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, March 21, 9 - 11 a.m.**
Friday, March 22, Noon - 2 p.m.  **Register:** phs.swoogo.com/2024PEC

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, January 25, 2 - 3 p.m.**  **Join Online:** phs.swoogo.com/IHS2024

All Indian Health Services and Tribal 638 providers and staff are encouraged to attend the Indian Health Services and Tribal Conversations trainings.

Behavioral Health Town Halls

 **Monday, February 19, 1 - 3 p.m.**  **Join Online:** phs.swoogo.com/bhtownhalls24

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).

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

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, 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, 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. ▀



Verify Provider Directory Information Every 90 Days

In accordance with the No Surprises Act (NSA), effective Jan. 1, 2022, all providers are required to verify their directory information with Presbyterian every 90 days. The next deadline that providers must verify their information by is April 1. There are no exemptions to this federal requirement.

Physical health providers must log in to the provider portal 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 Belinda Wiggins at bwiggins2@phs.org.

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



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.

Optum Care Network of New Mexico Partnership Expansion



Presbyterian is committed to partnering with other leaders in the healthcare industry to improve the health and well-being of our members. In that spirit, we are announcing that we have expanded our contractual relationship with Optum Care Network of New Mexico, LLC (Optum). This expanded partnership will allow Presbyterian Medicare Advantage members to obtain covered services from providers who are both employed by Optum effective, Jan. 1, 2024.

As a result of this agreement, Optum will administer all authorization requests and hospital admission notifications for Presbyterian Medicare Advantage members who are assigned to an Optum-employed primary care provider (PCP) or whose PCP is participating with Optum’s Independent Provider Association (IPA) network. Presbyterian Medicare

Advantage members who are not assigned to an Optum-employed/IPA PCP will have no change to the current authorization and inpatient notification process. Providers can find additional guidance on the existing processes in Presbyterian’s Prior Authorization Guide, available at: www.phs.org/providers/authorizations.


Please use the following methods to submit authorization requests and hospital admission notifications to Optum:

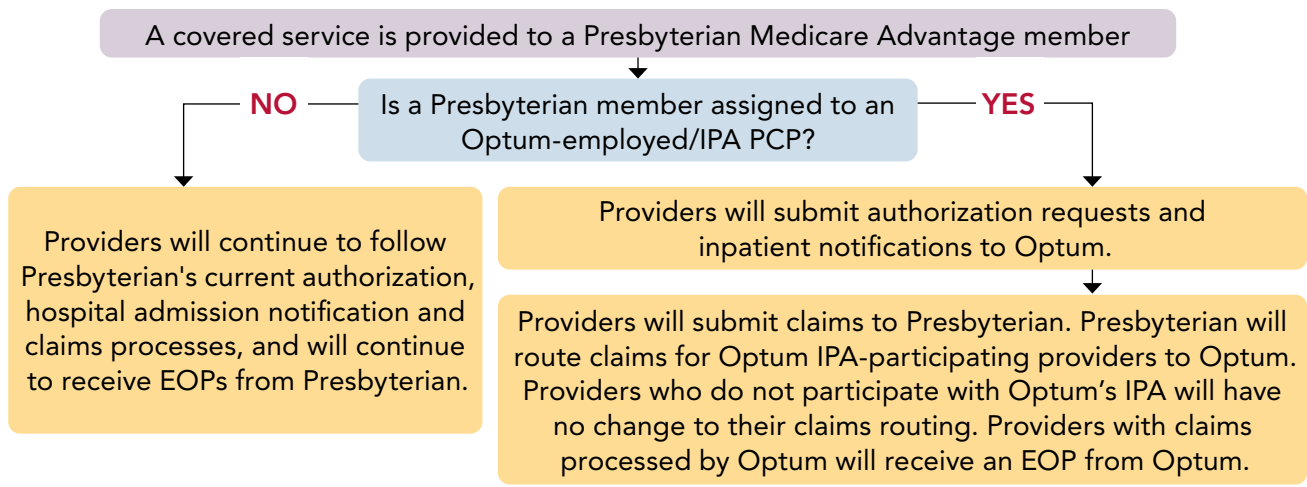
- **Optum prior authorization requests**
 - Log in to the Optum provider portal at www.optumproportal.com
 - Call Optum at 1-800-620-6768
- **Optum hospital admission notifications**
 - Call 1-800-620-6768 no later than one business day after admission

Please note that claims for all Presbyterian Medicare Advantage members must be submitted to Presbyterian. Providers who are not contracted with Optum will see no change to their current claims process.

The following diagram provides a visual overview of the administrative process updates as a result of this expanded partnership with Optum.

If providers have questions regarding Optum’s processes and requirements, they are encouraged to call Optum at 1-800-620-6768.

For all other questions, providers may contact their Provider Network Operations relationship executive. Their contact information may be found in the Provider Services Contact Guide at www.phs.org/ContactGuide. 



Path for Wellness: A Healthy New Year

The new year offers an opportunity to set resolutions around weight loss and improved health. Presbyterian Centennial Care members have access to Path for Wellness programs that can help with healthy eating and building positive habits. These programs are led by registered dietitians and lifestyle coaches who provide caring support, regular check-ins and guidance for setting goals.

The Path for Wellness programs include:

- **Healthy Weight Program:** 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 interactions and a structured schedule.

These programs focus on helping members:

- Lose weight in an enjoyable and sustainable way
- Navigate eating well when away from home
- Ensure healthy eating within their schedule and budget
- Overcome obstacles to being physically active and eating well
- Manage stress and improve sleep. 🍷

How to refer your patients

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


Non-Insulin Pharmacologic Therapies for Adults with Type 2 Diabetes Mellitus


The American Diabetes Association (ADA) recommends that treatment of Type 2 diabetes mellitus (T2DM) begin when a patient is diagnosed unless contraindicated. Often recommended as initial therapy, metformin is effective, safe and inexpensive, and may reduce the risk of cardiovascular events.

Patients unable to take metformin or who require combination therapy have options. Therapy is individualized based on many factors. The ADA recommends considering early introduction of insulin with evidenced ongoing weight loss, symptoms of hyperglycemia, or high A1C (greater than 10%) or high blood glucose levels (greater than or equal to 300 mg/dL).

To assist providers in the treatment of T2DM, Presbyterian is providing an informational flyer that compares selected non-insulin pharmacological therapies. It may be viewed here: https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000023824. 🍷

Comparison of Non-Insulin Medications for Adults with Type 2 Diabetes Mellitus





Presbyterian Health Plan, Inc.
 Presbyterian Insurance Company, Inc.

Recommended by the American Diabetes Association (ADA) for the treatment of Type 2 diabetes mellitus (T2DM), metformin is effective, safe, and inexpensive, and may reduce the risk of cardiovascular events. Patients unable to take metformin or who require combination therapy have options. The following table may be used to assist in comparing non-insulin pharmacological therapies.

Medication	Efficacy/Expected Decrease in A1C%	Cost/30 Days*	Advantages	Disadvantages
Metformin	High efficacy 1% decrease	Low cost less than \$10 to \$20	Low risk of hypoglycemia as monotherapy. May reduce CV events and mortality. Weight neutral to modest weight loss.	GI side effects (e.g., diarrhea, nausea, abdominal discomfort). Slow titration of an extended-release formulation taken with food can manage GI side effects. Contraindicated with renal insufficiency (eGFR less than 30 mL/min/1.73 m ²).
Thiazolidinedione (TZD) e.g., pioglitazone	High efficacy 0.7% to 0.9% decrease	Low cost approx. \$10	Improved lipid profile.	Fluid retention, heart failure, weight gain, bone fractures and bladder cancer.
Sulfonylureas (2nd generation) e.g., glimepiride, glipizide, glyburide	High efficacy 0.6% to 1.2% decrease	Low cost approximately less than \$10 to \$25	Rapidly effective.	Weight gain and hypoglycemia.
GLP-1 RAs e.g., dulaglutide (Trulicity), liraglutide (Victoza), semaglutide (Ozempic)	High efficacy 0.5% to 2.3% decrease	High cost \$803.35 to \$1117	Weight loss, reduction in major adverse CV events in patients with established CVD and potentially for those at high risk for CVD.	Most products require injection, frequent GI side effects and expensive.
Dual GLP-1 and GIP RA tirzepatide (Mounjaro)	High efficacy 2.5% decrease	High cost \$1,023.04	Weight loss.	Requires injection, frequent GI side effects and expensive.
SGLT2 Inhibitors e.g., dapagliflozin (Farxiga), ertugliflozin (Steglatro)	Intermediate efficacy 0.5% to 0.7% decrease	High cost \$340.80 to \$598.56	Weight loss and reduced cardiovascular mortality in patients with established CVD.	Vulvovaginal candidiasis, urinary tract infections, bone fractures lower limb amputations and DKA risk.
DPP-4 e.g., alogliptin (Nesina), saxagliptin (Onglyza), sitagliptin (Januvia)	Intermediate efficacy 0.5% to 0.7% decrease	High cost \$195 to \$525.08	Weight neutral.	Possible increased risk of heart failure (saxagliptin alogliptin) and expensive.

CV, cardiovascular; CVD, cardiovascular disease; DPP-4, dipeptidyl peptidase; DKA, diabetic ketoacidosis; eGFR, estimated glomerular filtration rate; GI, gastrointestinal; GIP RA, glucose-dependent insulinotropic polypeptide receptor agonist; GLP-1 RA, glucagon-like peptide 1 receptor agonist; SGLT2, sodium-glucose cotransporter 2

* Unless otherwise specified, pricing (for generic when available) is based on wholesale acquisition cost.

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PROVIDER SATISFACTION CORNER

Value-Based Programs

Presbyterian's Value-Based Programs (VBPs) empower providers through incentives for services that they likely already provide their patients. These services include cost-of-care, equity and quality measures as outlined in guidelines established by the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (NCQA HEDIS).

Presbyterian VBPs are designed to improve patient outcomes while

reducing costs and increasing quality of care. These programs also offer providers a monetary incentive for those visits and services that would have a low fee-for-service, such as screening for social determinants of health.

The Centers for Medicare & Medicaid Services (CMS) has set the goal of having most Medicaid and all Medicare members enrolled in these types of programs by the year 2030. To read more about this effort,

visit www.cms.gov/newsroom/press-releases/cms-announces-increase-2023-organizations-and-beneficiaries-benefiting-coordinated-care-accountable.

To enroll in these programs for 2024, please visit https://pqs.qualtrics.com/jfe/form/SV_cvwtpkJKzZCUJg. You may also contact us at dlvaluebasedprogram@pqs.org for more information. ▀

REGULATORY REMINDERS

2023 Consultation Services Changes

To ensure providers have the information they need to submit claims correctly, effective Jan. 1, 2023, the American Medical Association (AMA) and CMS Evaluation and Management (E/M) made significant changes to consultation services within the E/M services section of the Current Procedural Terminology 2023 code set.

These changes include revisions to the consultation services guidelines and the deletion and/or revision of several codes. According to AMA, these changes have been implemented to advance accurate reporting and the consistent use of E/M codes while also simplifying the administrative process.

Consultation services are utilized across numerous care settings, including:

- Offices and other outpatient settings

- Inpatient/observation settings
- Nursing facilities

AMA's reporting considerations that affect E/M consultation services codes are the deletion of the three key components for code selection: history, examination and medical decision-making (MDM). Either total physician or other qualified healthcare professional time on the date of the encounter or the appropriate level of MDM may be used as the criterion for consultation services code selection.

As further specified by AMA, there have also been changes in the time thresholds for consultation services codes. The time thresholds specified in each code descriptor for 2023 provide concrete guidance when the total time is employed as the key selection criterion. In addition, time is calculated based on the total time on the date of the encounter,



as opposed to the typical times that were utilized previously.

Please note that all services should be billed under the rendering provider. To ensure these coding changes are adopted by providers and verify that the services billed were rendered and accurate, the Presbyterian Program Integrity Department performs random claims validation audits on claims submissions. For additional claims submission guidance, please refer to the Presbyterian Practitioner and Provider Manual at www.pqs.org/providermanual. ▀



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