

# NETWORK **Connection**



## New Mexico Early Childhood Home Visiting Programs

What a child experiences in their first years of life makes a big difference in how their brain will develop and how they will interact with the world as they grow. The New Mexico Early Childhood Education & Care Department offers numerous Home Visiting programs and services that support new and expecting parents in achieving their child’s best health.

Programs and services are offered free of charge to parents and families in all 32 New Mexico counties and include:

- Breastfeeding and lactation classes
- Car seat safety
- First aid/CPR
- Sleep baby kits
- Birthing classes
- Infant massage
- Support groups

Presbyterian encourages providers to share these critical Home Visiting programs with your patients who are new parents or expecting a child. To learn more and access educational materials, please visit [www.nmeccd.org/home-visiting](http://www.nmeccd.org/home-visiting).

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## Weight Management Resources for your Patients

Presbyterian is proud to offer providers resources to help their patients achieve sustainable weight loss. These Path for Wellness programs are available to Presbyterian Centennial Care members at no additional cost and focus on creating behavioral change as well as overcoming barriers to healthy eating and activity.

The Path for Wellness programs are:

- **Healthy Weight:** One-on-one health coaching by phone and app messaging, webinars and other online content. This program is best for patients who need flexibility and more personalized support.

- **Diabetes Prevention:** 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.

Both programs focus on helping members:

- Lose weight in an enjoyable and sustainable way
- Navigate eating well away from home
- Ensure healthy eating fits into their schedule and budget
- Overcome obstacles to being physically active and eating well
- Manage stress and improve quality of sleep



### How to refer your patients

- Call Good Measures at 1-855-249-8587
- Go to [www.goodmeasures.com/physicians](http://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](http://www.phs.org/PreventionProgram)



# 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](https://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](https://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.*

## Behavioral Health Critical Incident Reporting

 **Tuesday, May 14, 9 - 10 a.m.**

 **Join Online:** [phs.swoogo.com/bhcir24](https://phs.swoogo.com/bhcir24)

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

## Indian Health Services and Tribal Conversations

 **Thursday, April 25, 2 - 3 p.m.**

 **Join Online:** [phs.swoogo.com/IHS2024](https://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, May 20, 1 - 3 p.m.**

 **Join Online:** [phs.swoogo.com/bhtownhalls24](https://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](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:** <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](http://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. 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, then their coverage will be discontinued, and they will lose their benefits.

For more on what providers can do to assist members and how this change affects claims, see <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](http://www.Medicaid.gov/unwinding) for additional information. ■

## Presbyterian's Hospice Value-Based Insurance Design Program is Ending

Effective Jan. 1, 2024, Presbyterian is no longer participating in the Hospice Value-Based Insurance Design (VBID) program. As a reminder, three Presbyterian Medicare Advantage plans participated in the Hospice VBID:

- Presbyterian Senior Care Plan 1 (HMO)
- Presbyterian Senior Care Plan 2 with Rx (HMO)
- Presbyterian Senior Care Plan 3 with Rx (HMO)

Hospice providers and their patients on these plans can expect the following changes:

1. If a patient elected Hospice VBID on or prior to Dec. 31, 2023, and is still on hospice, Presbyterian will continue to process their claims, including hospice claims.
2. If a patient elected Hospice VBID on or after Jan. 1, 2024, providers should submit hospice claims to Original Medicare as they would for patients on other Medicare Advantage plans today.

If you have any questions, please contact your Provider Network Operations relationship executive. Their contact information is available at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide). ■

## Provider Network Operations:

### A Resource for You

The Presbyterian Provider Network Operations (PNO) department is here to support you in providing the best care possible for our members and assist in improving patient health across our network.

We see first-hand the importance of open communication and intentional collaboration between providers and a health plan in ensuring positive patient outcomes. Our structured relationship teams stand at the ready to provide their expertise and service through relationship management, training and education.

Providers are encouraged to familiarize themselves with the PNO team by reaching out to your dedicated representatives. Contact information for your relationship team is available at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide). The contact guide also contains other essential points of contact at Presbyterian, such as administrative personnel, provider email boxes, help lines and more.

We look forward to fostering continued partnerships that improve the health and wellness of the patients, members and communities we serve. ■



## Care Management Services

Care management services are support services provided by clinical staff under the direction of a physician or other qualified healthcare professional (QHP). These services may also be rendered by a physician or other QHP to a patient residing at home or in a domiciliary, rest home or assisted living facility.

Care management improves care coordination, reduces avoidable hospital services, improves patient engagement and decreases care fragmentation. Services include:


- Establishing, implementing, revising or monitoring the care plan
- Coordinating the care of other professionals and agencies
- Educating the patient or caregiver about the patient's condition, care plan and prognosis

One of the three general categories of care management services is **chronic care management**, which includes the following Current Procedural Terminology (CPT) codes:

- **99490** - Chronic care management services with:
  - Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
  - Chronic conditions that place the patient at significant risk of death, acute exacerbation/ decompensation or functional decline
  - Comprehensive care plan established, implemented, revised or monitored
  - First **20** minutes of clinical staff time directed by a physician or other QHP, per calendar month

- **+99439** - Each additional 20 minutes
- **99491** - Chronic care management services with these required elements:
  - Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
  - Chronic conditions that place the patient at significant risk of death, acute exacerbation/ decompensation or functional decline
  - Comprehensive care plan established, implemented, revised or monitored
  - First **30** minutes provided personally by a physician or other QHP, per calendar month
- **+99437** - Each additional 30 minutes

The Presbyterian Program Integrity Department performs random claims validation audits on claims submissions to verify that the services billed were rendered and accurate. As outlined in the services agreement with Presbyterian, all providers must be credentialed with Presbyterian before seeing any Presbyterian members.

Please refer to the Presbyterian Practitioner and Provider Manuals for more information at [www.phs.org/providermanuals](http://www.phs.org/providermanuals). 



## Detecting Depression and Preventing Suicide

Providers play an essential role in detecting, diagnosing and treating depression, which are all critical steps in preventing suicide. Estimates indicate that up to 85% of primary care patients with depression are not identified and treated due to low depression screening rates. Presbyterian is striving to work even closer with primary care providers (PCPs), Emergency Departments and all physical healthcare facilities to encourage performing depression screenings regularly.

While members may be screened for depression using any approved and reliable depression screening tool, the American Psychiatric Association-approved **Patient Health Questionnaire-2 (PHQ-2)** is recommended. A score of 3 or higher on the PHQ-2 indicates that further screening and interviewing is needed. Following each depression screening, reimbursement codes should be used.

Physical illness should not be discounted, as it can contribute to depression and suicidality. Individuals with chronic conditions, including diabetes, cardiovascular disease and chronic pain, show higher rates of depression than the general public. When this population has depression, their ability to manage their condition is affected, and they often have poorer outcomes. For patients that fit these criteria, identification and treatment of depression is even more important to their overall health.

Coordinating care with other professionals treating members with depression improves both physical and mental health outcomes for patients and can help decrease suicide rates. PCPs can use the provider directory available at [www.phs.org/directory](http://www.phs.org/directory) or call the Presbyterian Customer Service Center for assistance in coordinating care with in-network behavioral health providers. ▀

## Biosimilars and Interchangeability

Biosimilars are biological products shown to be highly similar to approved biological products known as reference products. Biosimilars are approved through an abbreviated pathway that relies on existing safety and efficacy data of the reference product. These products are approved only if they have the same dosage form, route of administration, strength, mechanism of action and indications for use. Manufacturers must demonstrate that there are no clinically meaningful differences from the reference product regarding safety, efficacy, potency and purity.

Interchangeable biosimilars are biosimilars that meet additional requirements for interchangeability. While federal regulations allow interchangeable biosimilar products to be substituted for the original product without consulting the prescriber, state pharmacy board regulations may differ. **In New Mexico, pharmacists may substitute interchangeable biosimilars for the originator biologics without prescriber approval unless the prescriber prohibits biological product selection by indicating “no substitution” or “no sub” on a prescription.** Pharmacists must communicate substitution to the patient at the point of sale and to the provider within five business days of dispensing. The patient, or the patient’s representative, has the right to refuse the substitution.

A growing list of biosimilars are available and cost about 15% less on average than the reference product. As availability increases, costs are expected to decrease. Because biological products are approved only after meeting rigorous U.S. Food and Drug Administration (FDA) standards, providers and patients can trust the safety and efficacy of biosimilars.

Brand Name	Generic Name	Biosimilars
Lantus	Insulin glargine	Semglee, Rezvoglar
Neupogen	Filgrastim	Zarxio, Nivestym, Releuko
Remicade	Infliximab	Inflectra, Renflexis, Avsola, Infliximab
Humira	Adalimumab	Amjevita, Cyltezo, Hyrimoz, Hadlima, Hulio, Idacio, Yusimry, Yuflyma
Avastin	Bevacizumab	Mvasi, Zirabev, Alymsys
Herceptin	Trastuzumab	Ogivri, Herzuma, Ontruzant, Trazimera, Kanjinti
Epogen	Epoetin alfa	Retacrit
Neulasta	Pegfilgrastim	Fulphila, Udenyca, Ziextenzo, Nyvepria, Fylnetra
Rituxan	Rituximab	Truxima, Ruxience, Riabni
Lucentis	Ranibizumab	Byooviz

Presbyterian’s formularies may be found at [www.phs.org/providers/formularies](http://www.phs.org/providers/formularies).

## 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. **The Critical Incident Reporting Reminders** flyer is designed to assist providers in caring for our members.

To download and print this flyer, visit the Critical Incident Reporting section found at [www.phs.org/providertraining](http://www.phs.org/providertraining). Upcoming Critical Incident Reporting training opportunities may also be found here. A reminder that annual attendance at one training is required.

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

For questions about reporting critical incidents, contact [criticalincident@phs.org](mailto:criticalincident@phs.org).

## Critical Incident Reporting Reminders



**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.

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## Let's Connect



CONTACT GUIDE:  
[www.phs.org/ContactGuide](http://www.phs.org/ContactGuide)



SHARE YOUR FEEDBACK:  
[https://phs.qualtrics.com/jfe/form/SV\\_3JI9H4yZ81DZtA2](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/eneews-registration.aspx](http://www.phs.org/providers/contact-us/news-and-communications/Pages/eneews-registration.aspx)


## REGULATORY **REMINDERS**

### **Emergency Order: Protecting Access to Behavioral Health Resources**

Presbyterian recently notified members of a statewide change that affects their healthcare benefits. On Sept. 19, 2023, the New Mexico Office of the Superintendent of Insurance (OSI) issued Emergency Order 2023-132, protecting access to behavioral health resources. To view the full order, please visit: [https://mcusercontent.com/d98ec44ba027cab5af21f55b4/files/227eb2ad-d2e0-8b93-5084-9f021bb5767e/EMERGENCY\\_ORDER.pdf](https://mcusercontent.com/d98ec44ba027cab5af21f55b4/files/227eb2ad-d2e0-8b93-5084-9f021bb5767e/EMERGENCY_ORDER.pdf).

Two letters were sent to Presbyterian members with more information about this emergency order and how it affects benefits and claims:

- Letter sent to Presbyterian PPO members: [https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB\\_000000022347](https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000022347)
- Letter sent to Presbyterian HMO members: [https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB\\_000000022735](https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000022735)

We encourage providers to help increase awareness by reminding their patients of these changes and how they may affect their benefits and claims. 

### **Reminder: 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 that providers must verify their information by is April 1. There are no exemptions from 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](http://www.phs.org/directoryupdate).

Behavioral health providers must log in to the behavioral health portal at [www.magellanprovider.com](http://www.magellanprovider.com). For questions or assistance, contact Belinda Wiggins at [bwiggins2@phs.org](mailto: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. 