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Launching Turquoise Care, A New Name for Medicaid

JULY 2024

Presbyterian is proud to have served New Mexico Medicaid members since the inception of Medicaid managed care more than 20 years ago. We are honored to continue this legacy with the introduction of Turquoise Care, the new name for the New Mexico Medicaid Managed Care program, launching on July 1.

Presbyterian Medicaid members who chose to remain with Presbyterian have been automatically enrolled in Turquoise Care and do not need to take additional steps to stay in the program. Their member ID numbers will not change, but they will be receiving new ID cards and other materials in the mail. The same benefits and coverage from Centennial Care will continue with Turquoise Care, while some new covered services, like chiropractic, will be added.

To ensure a smooth transition for Centennial Care members who chose to enroll in a different managed care organization (MCO) for Turquoise Care, Presbyterian and the other MCOs are required to share authorizations and other information for those members.

As part of this new chapter for Medicaid, the New Mexico Human Services Department (HSD) has been replaced by the New Mexico Health Care Authority (HCA). HCA encompasses a merger of HSD with other government entities, including the Division of Health Improvement.

If you'd like more information about Turquoise Care, please visit www.hsd. state.nm.us/turquoise-care or www.phs.org/health-plans/turquoise-care-medicaid.

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

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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.

Provider Education Conference (In-Person Events)

Tuesday, July 23, 8:30 a.m. - Noon Sycamore Park Community Center 1051 Sycamore Street Farmington, NM 87401

🛗 Friday, July 26, 8:30 a.m. - Noon

Good Samaritan Society – Las Cruces Village 3011 Buena Vida Circle Las Cruces, NM 88011

All contracted behavioral health, 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

Monday, Aug. 19, 1 - 2 p.m.

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

Indian Health Services and Tribal Conversations

Thursday, July 25, 2 - 3 p.m.

Join Online: phs.swoogo.com/IHS2024

Join Online: phs.swoogo.com/bhcir24

Register: phs.swoogo.com/2024PEC

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, Aug. 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

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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: 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**.

Provider Education 2024 ariety of trainings ng training events below.

TAKE NOTE 🗲

"Got Shots?" Vaccination Campaign

The "Got Shots" backto-school vaccination campaign is taking place from July 6 to Aug. 17. At participating clinics, children can receive the vaccinations they need for school free of charge, regardless of whether they are insured.

Run by the New Mexico Immunization Coalition (NMIC), this annual event encourages providers throughout the state to host a clinic on one or more days during the campaign window. To

view participating providers and other program information, please go to https://hsc.unm.edu/about/ administrative-departments/ community-health/programs/nmic/ got-shots.html.



If you are a provider and missed the June 7 registration deadline, Presbyterian encourages you to participate in next year's event.

Healthy Weight and Diabetes Prevention: Small Changes, Big Results

Presbyterian is here to help members make small changes to build healthy habits for the long term and focus on losing weight in a nutrition-focused, sustainable way.

Our Medicaid members have access to the following Path for Wellness Programs:

- Healthy Weight: One-on-one health coaching by phone and app messaging, webinars and other online content. Provides flexibility and personalized support.
- **Diabetes Prevention:** Led by CDC-trained health coaches. A structured schedule over a 12-month period. Best for patients who like online and group interaction.

How to refer your patients

- Patients can sign up directly at www.phs.org/ PreventionProgram, or by calling 1-855-249-8587.
- Providers and office staff can also submit patient referrals at goodmeasures.com/physicians.

Did You Know? Presbyterian Has a Subrogation Team

Subrogation is the recovery of benefits, when another party is at fault, from any resource available to the affected member. Presbyterian can recover money paid on behalf of a member for incidents including motor vehicle accidents, falls, dog bites and workers' compensation.

Providers should be aware that a claim billed to the patient's health insurance that is identified as resulting from an incident, such as a car accident, will not be denied. Instead, once a medical claim payment is made, the subrogation team will pursue recovery from the at-fault party.

To expedite payment and avoid timely filing issues, providers should submit claims to Presbyterian with the appropriate injury diagnosis code(s) before submitting to the first-party auto insurance or third-party insurance.

FEATURE

CAHPS: An Annual Survey of Patient Experience

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey consisting of 11 measures designed to gather feedback from patients about their healthcare experience.

CAHPS provides valuable insight into patients' perceptions of care — from ease of scheduling appointments and filling prescriptions to receiving coordinated care and yearly vaccinations.

The survey results, which are publicly reported, are valuable for two main reasons:

- They give providers, facilities and healthcare organizations feedback about what is working and what needs attention
- 2. They provide consumers with data to compare healthcare options and inform their future enrollment decisions

Although the CAHPS survey window (March through May) has closed, Presbyterian believes it is important to strive to improve on a continual basis. Delivering high-quality care to our members can bolster their overall health and increase satisfaction with our services, a win-win.

In addition, the CAHPS survey has a major impact on the star ratings assigned by the Centers for Medicare & Medicaid Services (CMS). Star ratings affect a healthcare organization's reputation and carry significant financial rewards or penalties for Medicare Advantage plans. Given that nearly one-quarter of health plans' star ratings will stem from CAHPS, Presbyterian is dedicated to enhancing our performance on CAHPS measures. As ever, Presbyterian remains steadfast in our commitment to delivering care that is coordinated, respectful, timely, cost-effective and appreciated by our members. To view the 2024 Medicare survey tool, visit https://ma-pdpcahps.org/globalassets/ ma-pdp/current-data-collection-materials/2024/ english/2024-english-ma-pd-mail-survey.pdf. For any questions about CAHPS, please reach out to feedback@phs.org.



PROVIDER SATISFACTION CORNER

2023 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 results from the 2023 QI program evaluation.

Quality Improvement Program Accomplishments from 2023

- Completed an Antidepressant Medication Management (AMM) pilot project aimed at increasing the AMM continuation rate. Three counties with low rates on the HEDIS measures for AMM — Chaves, Eddy and McKinley — were targeted for outreach calls and a gift card incentive program
- Implemented a closed-loop referral system to screen for health-related social needs (HRSN) and provide referrals based on identified needs

- Updated Health and Wellness resources on public and authenticated websites to support members' HSRN, such as community resources for accessibility, housing, food and financial assistance
- Built a member self-referral form, called the Assistance Request Form, to request help addressing HRSN

Quality Program Opportunities for 2024

Every year, Presbyterian refines its practices to improve member care and health outcomes — and the provider experience — through recognized opportunities for improvement. In 2024, we plan to showcase our Quality Improvement work through the lens of population health and the members we serve. Additionally, we will monitor the implementation of the Turquoise Care and Children in State Custody (CISC) contracts, which began on July 1.

Would you like to learn more or take an active role in the Presbyterian Quality Improvement program? Please contact the Quality Department at PHPQuality@phs.org. ■





Primary Care Payment Reform: A Patient-Focused Approach

Turquoise Care Primary Care Payment Reform represents a shift away from the fee-for-service model to a vision where quality care, provider well-being and patient outcomes converge. Here's what providers need to know:

Reporting Requirements

The quality measurement structure includes nationally validated clinical processes and outcome measures. Reporting requirements encompass access to care standards, person-centered measures and health equity metrics relevant to New Mexico.

Implementation Readiness

Providers must attend "Third Next Available Appointment" (3NAA) learning sessions hosted each quarter. The 3NAA measure will capture the average time in calendar days between the day a patient requests an appointment with a primary care team member and the third available appointment for a new patient physical, routine exam or a return visit exam.

To implement this in your practice, select a team member responsible for recording data. Ensure this data is collected on the same day and at the same time for ease of quarterly reporting. Utilize a standard template with set fields like provider name, NPI, 3NAA date and the number of days to the 3NAA. This process will allow ease of upload to the NetHealth reporting portal.

Change in Measures

New Patient Experience of Care measures will help providers address capacity, systems and processes through implementation. Each measure will need to be met quarterly.

For the first quarter (July 1 to Sept. 30, 2024), practices are required to participate in at least one patient experience planning meeting and complete any post-session surveys on current processes. For the second quarter (Oct. 1 to Dec. 31, 2024), practices must participate in at least one patient experience planning

meeting and submit answers about their practice's operational readiness.

A Bright Future Ahead

As New Mexico embraces Turquoise Care, providers can look forward to a more sustainable, patient-focused healthcare system. Presbyterian is committed to partnering with providers to demystify the metrics and offer guidance during this transition.

For more details, visit the New Mexico Primary Care Council site at www.hsd.state. nm.us/primary-care-council. ■



REGULATORY **REMINDERS**

Clinical and Preventive Healthcare Guidelines

Clinical Practice Guidelines

Presbyterian's clinical practice guidelines (CPGs) are based on a population health assessment that identifies the most prevalent health conditions among our members. CPGs are designed to help providers make decisions about healthcare services needed for specific clinical circumstances. All guidelines are adopted from nationally recognized organizations and approved annually by the Population Health and Clinical Quality Committee.

Providers can review Presbyterian's current physical and behavioral health CPGs at the links below:

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



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Preventive Healthcare Guidelines

In alignment with the Affordable Care Act, Presbyterian's preventive healthcare guidelines are based on U.S. Preventive Services Task Force guidelines, grades A and B, which help primary care providers and members decide together whether a preventive service is appropriate based on the member's healthcare needs.

Presbyterian also aligns its guidelines for specialty populations and services with multiple governing agencies, as listed below:

Vaccine schedules for adults and children:

- CDC
 www.cdc.gov/vaccines
- Advisory Committee on Immunization Practices (ACIP) https://www.cdc.gov/vaccines/schedules/index.html

Well-child visits, screenings and guidelines:

• American Academy of Pediatrics (AAP) and Bright Futures (BF) https://www.aap.org/en/practice-management/bright-futures

Women's health guidelines:

• Health Resources and Services Administration (HRSA) https://www.hrsa.gov/womens-guidelines-2019



Providers can review Presbyterian's preventive health guidelines at the following link: www.phs.org/providers/ resources/reference-guides/Pages/medical-pharmacy-behavioral.aspx. Alternatively, providers may request a printed copy of the clinical practice and preventive healthcare guidelines by contacting their Provider Network Operations relationship executive.

Code Guidance for Remote Physiologic Monitoring

The Presbyterian Program Integrity Department performs random claims validation audits on claims submissions to verify that the services billed were rendered and accurate.

To help with claim compliance, below you'll find guidance on codes to use when ordering an FDA-defined remote patient monitoring (RPM) device for the purposes of collecting, monitoring and reporting health-related data to the provider. These codes adhere to the American Medical Association Current Procedural Terminology (CPT) codebook.

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CPT code descriptors:

- 99453 Used to report RPM during a 30-day period. Measures physiologic parameters, such as weight, blood pressure, pulse oximetry and respiratory flow rate. Covers set-up and patient education on use of equipment
- **99454** Used to report RPM during a 30-day period. Remote monitoring of physiologic parameters, such as weight, blood pressure, pulse oximetry and respiratory flow rate. Device supplies daily recordings or programmed alerts transmission



- **99091** Should be reported no more than once in a 30-day period. Includes the provider time involved with data accession, review and interpretation, modification of the care plan (including communication to the patient and/or caregiver), and associated documentation. **Important notes regarding code 99091:**
 - Covers collection and interpretation of physiologic data digitally stored and/or transmitted by the patient or caregiver to the provider
 - Qualified by education, training and licensure/regulation (when applicable) requiring a minimum of 30 minutes each 30 days
 - If the services described are provided on the same day the patient presents for an evaluation and management (E/M) service to the same provider, these services should be considered as part of the E/M service and should not be reported separately

For more information, please refer to the Presbyterian Practitioner and Provider Manuals found here: www.phs.org/providermanuals.

Verify Provider Directory Information Every 90 Days



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

Physical health providers must log in to the provider portal to make updates. They can also request delegate access 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.



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





CONTACT GUIDE: www.phs.org/ContactGuide



PHONE: (505) 923-5757



SHARE YOUR FEEDBACK: www.phs.qualtrics.com/jfe/form/SV_3JI9H4yZ81DZtA2



SIGN UP FOR PRESBYTERIAN EMAILS: www.phs.org/enews