

# NETWORK PRESBYTERIAN

# Connection



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### CAHPS: Putting Patient Care First

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) annual survey returns in March. CAHPS gathers feedback from patients about their healthcare experience and has significant impacts on star ratings and public perception.

To give our members the best healthcare possible, Presbyterian would like to prepare providers for the types of questions their patients, if selected for the survey, could be asked.

**Getting needed care** is addressed through CAHPS questions like, “In the last six months, when you needed care right away, how often did you get care as soon as you needed?” Although challenging, providers can take action to succeed on this important measure by allowing patients to schedule appointments online and offering telehealth visits or walk-in time slots. Scheduling follow-up appointments at the end of a visit provides patients with peace of mind that their health is being prioritized.

CAHPS also asks if patients had difficulty seeing a specialist. Presbyterian recommends verifying that a specialist is accepting new patients and submitting prior authorization requests as quickly as possible. It is also helpful to explain to the patient how the referral process works, what the specialist’s role will be and what care the specialist will provide.

Thank you for giving patients the care they need when they need it — a goal we all continually strive for at Presbyterian.

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



### UPCOMING TRAININGS

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

- 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)
- Turquoise Care, including Children in State Custody
- Cultural Sensitivity

For more information about training opportunities, please visit Presbyterian's provider training page at [www.phs.org/providertraining](http://www.phs.org/providertraining).

## Path for Wellness Programs: Healthy Weight and Diabetes Prevention

### Need Diet or Nutrition Support for Your Patients? Path for Wellness Programs Can Help

Low-carb or low-fat? Mediterranean diet, ketogenic or intermittent fasting? Patients interested in popular diets and weight loss can be directed to Presbyterian's Path for Wellness programs.

Accessible to Presbyterian Medicaid members, these programs utilize behavior change science to support participants in managing weight and sustaining weight loss. Each program is led by registered dietitians and lifestyle coaches who provide interactive support, regular check-ins and guidance for realistic goal setting.

Presbyterian Medicaid members have access to these 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 group interaction.

### Path for Wellness is accepting new participants — refer your patients today!

- Patients can sign up directly at [www.phs.org/PreventionProgram](http://www.phs.org/PreventionProgram), or by calling 1-855-249-8587
- Providers and office staff can also submit patient referrals at <https://code.goodmeasures.com/cms/www-old/physicians/>

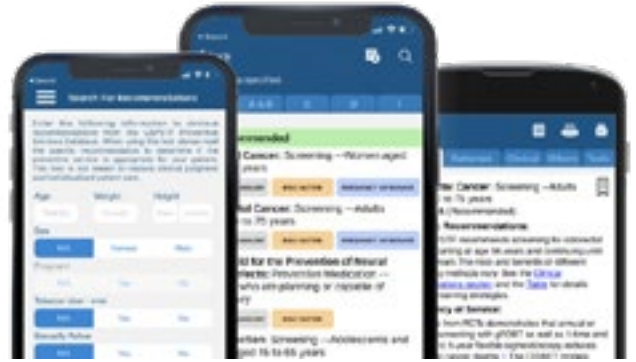


## Prevention TaskForce App

Did you know that the U.S. Preventive Services Task Force (USPSTF) has a free app called Prevention TaskForce? This app can help healthcare professionals identify which screenings, counseling interventions and preventive medications are right for their patients. It includes all current USPSTF recommendations and can be searched by patient characteristics, such as age, gender and behavioral risk factors.

Download the app on mobile or desktop to find preventive services that can help keep your patients healthy.

For more information and to download the app, visit the USPSTF website at [uspreventiveservicestaskforce.org/apps](https://uspreventiveservicestaskforce.org/apps). 



## Cyber Risk Alert: Scammers Posing as Regulatory Officials

Scams targeting providers continue to present cybersecurity threats and challenges. The Presbyterian Office of the Chief Security Officer has identified potential phishing attempts and scams involving criminals posing as regulatory officials. Your safety and that of our members is paramount, so please be aware of the warning signs of potential scams.


Scammers make contact by telephone, email or physical mail claiming to be from a state or federal regulatory agency like the Board of Medicine, Board of Nursing, Department of Justice or the Drug Enforcement Administration. The caller will advise the provider that their medical license has been suspended or they are under investigation for prescribing issues, and then the caller will demand payment as bond to ensure cooperation with the investigation or to resolve it.



Scammers use many techniques to gain the confidence of their victims, such as:

- Using spoofed phone numbers, emails or badge numbers to give the appearance of legitimacy
- Deploying well-prepared details about the victim such as their full name, license number and National Provider Identification (NPI) number — and using that information to gain trust
- Conveying a sense of urgency to convince providers not to independently verify the caller's identity or the situation with the agency; they will also suggest that the provider refrain from discussing the investigation with others

To safeguard yourself, remember and practice the following:

- Legitimate regulatory agencies will never ask for money, require an urgent response, advise against speaking to a lawyer or ask you to confirm personal details like a social security number, date of birth or financial information
- If you are contacted by a state or federal regulatory agency, independently contact those agencies to verify the authenticity of the communication you receive and the identity of the purported official 

## Pharmacotherapy for Opioid Use Disorder

Presbyterian is committed to partnering with providers to ensure members with opioid use disorder (OUD) receive the ongoing and effective care they need to live their best lives.

OUD continues to be a significant public health challenge. The Healthcare Effectiveness Data and Information Set (HEDIS) measure for Pharmacotherapy for Opioid Use Disorder (POD) aims to improve the quality of care for individuals undergoing treatment.

The National Committee for Quality Assurance (NCQA) states: "Pharmacotherapy has been identified as a critical part of treatment for individuals with OUD. A gap in treatment currently exists: estimates suggest that less than 40% of U.S. residents over 12 with an OUD diagnosis receive pharmacotherapy. Encouraging pharmacotherapy is critical because individuals with OUD who engage in treatment with pharmacotherapy are less likely to exhibit withdrawal or craving symptoms and use illicit opioids and are more likely to remain in treatment and engage in mental health therapy."

The POD HEDIS measure assesses the percentage of pharmacotherapy events for OUD that last at least 180 days among members aged 16 and older with a new OUD pharmacotherapy event. This measure ensures that patients receive continuous and effective treatment for OUD, reducing the risk of relapse and improving long-term outcomes.

The intake period for patients with an OUD diagnosis is July 1 of the year prior to the measurement year through June 30 of the measurement year. Treatment should take place over 180 calendar days, beginning with the treatment period start date (defined as the date of the OUD dispensing event or OUD medication administration event with a negative medication history).

**Note:** Members can have multiple treatment period start dates and treatment periods during the measurement year. Treatment periods can overlap.

Providers can impact adherence through proactive screening and diagnosis, enhanced patient engagement, comprehensive patient education, use of technology for adherence monitoring and addressing social determinants of health.

### Quick Tips to Improve Member Care

- **Establish a Follow-Up Routine:** Schedule follow-ups every 30 days to ensure patients are adhering to their treatment
- **Utilize Telehealth:** Offer telehealth appointments for patients who have difficulty attending in-person visits
- **Leverage Support Networks:** Encourage patients to join support groups and connect with community resources or peer supports
- **Customize Care Plans:** Develop individualized care plans that address each patient's unique needs and barriers to adherence
- **Interdisciplinary Collaboration:** Promote continuity of care between primary care physicians, behavioral health prescribers, Presbyterian's peer supports and care coordination ▀



## Help Your Patients Take Control of Their Overall Health and Well-Being With NeuroFlow

NeuroFlow is a population health engagement tool that connects your patients to health information, self-guided exercises, tailored resources and support services offered through Presbyterian Health Plan. NeuroFlow is easy to use and available online or by mobile phone app to eligible Presbyterian members.

With NeuroFlow, your patients will gain access to:

- Customized health information to support physical and mental health, maternal and perinatal health, and smoking cessation
- Personalized wellness journeys that include health and wellness topics, recommended screenings, information about support services, resources and more
- Daily tools, activity trackers and in-app validated assessments



Members can sign up directly by visiting <https://neuroflow.app.link/PHP123> or use the QR code to download the app:

For assistance, NeuroFlow may be reached at [support@neuroflow.com](mailto:support@neuroflow.com) or 1-855-296-7711. To request printed NeuroFlow materials, please email [WHE@phs.org](mailto:WHE@phs.org).



## Nominate a Nurse for the New Mexico Nurse Excellence Awards

The New Mexico Center for Nursing Excellence (NMCNE) exists to champion and honor nurses and their essential work in improving the health of all New Mexicans. It is in this spirit that the annual Nursing Excellence Awards were established.

Celebrated next year on Saturday, April 12, NMCNE states that the Nursing Excellence Awards are “a prestigious opportunity to honor the outstanding contributions of nurses in our community. These awards recognize individuals who have demonstrated exceptional dedication, innovation and compassion in their practice.”

**Nominations are open until Nov. 21, 2024.** Anyone can submit a nomination online, and there are multiple award categories. We encourage providers to nominate exceptional nurses in their practices or communities — and join us in celebrating the achievements and dedication of nursing professionals throughout our state.



For more information including details on the selection process, tips for nominating and to submit a nomination, visit the New Mexico Center for Nursing Excellence website at [www.nmnursingexcellence.org/nursing-excellence-awards](http://www.nmnursingexcellence.org/nursing-excellence-awards).

## Medical Record Review

Presbyterian's Quality Management Department conducts a review of medical records to ensure that performance standards are met for primary care providers, OB/GYN providers, pediatricians and high-volume behavioral health specialists. Elements that are considered while reviewing a member's medical record can be found in the Presbyterian Provider Manuals, which are available on our website.

Presbyterian has adopted the National Committee for Quality Assurance (NCQA) published guidelines for medical documentation. We also require 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 one or any 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 for medical record documentation in the provider newsletter
  - Coordinate with Provider Services for a medical record review follow-up

### Current Areas for Improvement in the Medical Record Review Audit

#### Advance Directive Status

For members 18 years of age and older, providers must document information related to the status of a member's advance directive, whether it be education, declination, receipt or acknowledgment of the document itself. An advance directive form is available on Presbyterian's website at [www.phs.org/patient-rights](http://www.phs.org/patient-rights).

#### Diabetes Care Documentation

For members with diabetes, it is important to document whether neuropathy screenings and retinal eye exams were completed/addressed. Additional information to be documented for members with chronic conditions that align with Presbyterian's clinical practice guidelines can be found at [www.phs.org/providers/resources/reference-guides/clinical-practice-guidelines](http://www.phs.org/providers/resources/reference-guides/clinical-practice-guidelines).

Information regarding medical record documentation and the medical record review can be found in the Presbyterian Provider Manuals at [www.phs.org/providermanuals](http://www.phs.org/providermanuals). ■

## Preventive Medicine Services

The Evaluation and Management (E/M) Services section of the American Medical Association (AMA) Current Procedural Terminology (CPT) code book provides preventive medicine service codes that are used to report the preventive evaluation and management of infants, children, adolescents and adults. Code selection is determined based on whether the patient is new or established, as well as their age. Preventive medicine codes are reported using the new patient initial comprehensive preventive medicine CPT codes 99381-99387 and established patient periodic comprehensive preventive medicine CPT codes 99391-99397.



AMA CPT notes that if an abnormality is encountered or a preexisting problem is addressed in the process of performing the preventive medicine E/M service, and if the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate office/outpatient code (99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214 and 99215) should also be reported. Modifier -25 should be added to the office/outpatient code to indicate that a significant and separately identifiable E/M service was provided on the same day as the preventive medicine service.

The AMA CPT further notes that the “comprehensive” nature of the preventive medicine codes 99381-99397 reflects an age- and gender-appropriate history and exam. For further information and guidance on reporting preventive medicine services, please refer to the E/M guidelines section of the current AMA CPT code book.

The Presbyterian Program Integrity Department performs random claims validation audits on claims submissions to verify that the services billed were rendered and accurate. For more information, please visit the AMA website at [www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf](http://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf).

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

## REMINDER: 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 Dec. 27. 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](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.



Presbyterian Health Plan, Inc.  
Provider Network Operations  
P.O. Box 27489  
Albuquerque, NM 87125-7489  
[www.phs.org](http://www.phs.org)

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**SHARE YOUR FEEDBACK:**  
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**PHONE:**  
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