

NETWORK Connection



Enhancing Health Equity: A Commitment to Our Members

Central to Presbyterian’s mission is our commitment to health equity – providing care that respects and responds to the diverse needs, preferences and circumstances of our members. This is not only an ethical imperative but also a regulatory requirement that drives improved health outcomes and member satisfaction.

Why Health Equity Matters

New Mexico is a state rich in racial, ethnic, linguistic and cultural diversity. Interacting with members in a manner that respects their backgrounds and viewpoints establishes trust. When this happens, members are more likely to get the care they need when they need it and follow their prescribed treatment plan.

Health equity means ensuring everyone has a fair and just opportunity to achieve optimal health. This involves removing barriers like socioeconomic disparities or language differences that may hinder access to care. Addressing these issues leads to better health outcomes, reduced disparities and a stronger, more inclusive healthcare system.

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

(cont.) Enhancing Health Equity: A Commitment to Our Members

For providers, practicing health equity involves understanding and addressing the unique needs of your patients. This might mean offering care in multiple languages, accommodating cultural practices or considering social determinants of health such as housing and transportation.

Regulatory Requirements and Health Equity

Presbyterian, in compliance with national standards, strives to maintain a provider network that meets members' diverse needs. As part of this effort, Presbyterian is publishing provider demographics in the online provider directory and is requesting that providers supply and update their demographic data. This enables members to find providers who align with their cultural and linguistic needs, fulfilling requirements outlined in the Consolidated Appropriations Act and improving access to care.

How Providers Can Support Health Equity

Providers play a key role in advancing health equity. Here are ways to help:

1. Build Cultural Competence:

Participate in training to communicate effectively with diverse patients. Think Cultural Health offers online courses at <https://thinkculturalhealth.hhs.gov/>. Submit your certificate of completion to providerdemo@phs.org to update your profile.

2. Update Your Directory

Information: Ensure your information is current, including race, ethnicity, languages spoken and training. This can be done by:

- Accessing the **Update Demographic Information** tool in the PROVIDERConnect Portal to update demographic and directory information
- Completing the **Presbyterian Practitioner & Provider Information Survey** at https://pfs.qualtrics.com/jfe/form/SV_2i1N5vyo68SvlvY
- Informing your Provider Relationship team of updates

3. Provide Language Access:

Offer interpreter services or multilingual staff to ensure patients fully understand their care plans.

4. Screen for Social Determinants of Health:

Integrate questions about housing, food security and transportation into your intake process to identify and address barriers to care.

Our Shared Commitment

Meeting regulatory requirements goes beyond compliance — it's about improving lives and health outcomes. Together, we can build a healthcare system that reduces health disparities, increases patient engagement and satisfaction, and best delivers care to the diverse populations we serve. ■



Provider Education 2025



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.

In-Person Provider Education Conference

-  **March 14 (Albuquerque)**
- March 21 (Las Cruces)**
- March 28 (Roswell)**
- April 4 (Farmington)**

 **Register:** phs.swoogo.com/2025PEC

All contracted physical health, behavioral 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, March 13, 1 to 2:30 p.m.**

 **Register:** phs.swoogo.com/bhcir25

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

Behavioral Health Town Halls

 **Monday, May 19, 1 to 3 p.m.**

 **Join Online:** phs.swoogo.com/bhtownhalls25

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.

Children in State Custody (CISC) Extended Provider Network Training

 **Available year-round on demand**

 **Register:** www.phs.org/providertraining

Presbyterian is working to build a robust enhanced provider network to treat CISC members. To join this network, providers are required to complete a series of CISC trainings and attest to their completion.

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.

Partner With Us: Help Shape the Future of Care Delivery

At Presbyterian, we are dedicated to working alongside our network of providers to improve care quality, reduce costs and enhance the healthcare experience for patients and providers alike. As part of this effort, we are constantly exploring new initiatives and pilot programs that align with these goals, and your insights are crucial to shaping our direction.

We invite you to participate in a short survey designed to gauge your interest in current and upcoming opportunities, such as:

- Remote patient monitoring and digital health initiatives
- Incentive programs for improving care and outcomes
- Value-based care offerings and provider training opportunities

This survey will also give you the opportunity to share your thoughts on additional pilot programs or projects that could benefit our patient population, and to express any interest in participating in future activities. Your feedback helps ensure our initiatives meet the needs of your practice and patients.

The survey should take less than 10 minutes to complete. Please access the survey and share your valuable input here: https://phs.qualtrics.com/jfe/form/SV_7QH4J5RL6WyHP0y.

Thank you for your time in completing this survey and for your continued commitment to delivering exceptional care to all our members across New Mexico. ■

Wellness Resources for Your Patients

True patient health considers the totality of the person, from weight loss to nutrition to mental health. Presbyterian recognizes these diverse and far-reaching patient needs that you encounter daily and offers several programs to assist your patients in achieving their best health.

Presbyterian Wellness Programs

Presbyterian members can learn about evidence-based strategies for losing weight and sustaining weight loss with the:

- **Healthy Weight Program:** One-on-one health coaching via phone, app, webinars and other online content. Best for members who need flexibility and more personalized support
- **Diabetes Prevention Program:** Online or phone group sessions at set days and times, led by CDC-trained lifestyle coaches. Best for members who like online group interaction and who can stick to a schedule over a 12-month period

These programs are available to Presbyterian Medicaid members at no additional cost. Patients can sign up directly at pfs.org/PreventionProgram, or by calling 1-855-249-8587. Providers and office staff can also submit patient referrals directly at goodmeasures.com/physicians.

Presbyterian Neuroflow Program

Neuroflow is a population health engagement tool that can help your patients improve their health and wellness. It is available online and gives your patients 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 and resources, and more
- Daily tools, activity trackers and in-app validated assessments

Patients can sign up directly at <https://neuroflow.app.link/PHP123>. For assistance with Neuroflow, email support@neuroflow.com, or call 1-855-296-7711. To request printed materials for your office, email WHE@pfs.org.

Improving on the CAHPS Measure of Getting Needed Prescriptions


Beginning in March, a random sample of our Medicare Advantage members will be asked to complete the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. One component of CAHPS, which measures the overall member healthcare experience, focuses on how members rate the care they receive in filling and monitoring prescription medicines.

Members may be asked to answer questions about how often they talked to their provider about the prescription medications they were taking, how easy it was to get the medicines their provider prescribed, whether they were contacted to make sure they filled or refilled a prescription, and if anyone checked that they were taking their medications as directed.

Excellent member care requires concerted and coordinated effort from all areas of the Presbyterian network. We are asking providers to partner with us to help Medicare Advantage members get and use the prescriptions they need. Ways you can help include:

- Asking patients to list or bring in their medications – including prescriptions, over-the-counter medicines and supplements – so that you can review them at the next visit
- Facilitating open conversations around prescription needs. Are the medicines affordable to the member? If not, are there alternatives? Is the member experiencing side effects? Is the medication working as desired?
- Checking the patient's prescription coverage and ordering prescriptions accordingly

- Recommending mail-order pharmacy service, which offers convenience, automatic refills and savings on a 90-day supply
- Sharing the good news that the maximum out-of-pocket cost for prescriptions in 2025 is \$2,000, which is \$6,000 lower than last year
- Discussing expectations and realistic timelines around prior authorization and medication availability
- Framing situations positively and focusing on solutions to prescription challenges, which builds patient confidence in the handling of their care

Medicare Advantage prescription drug coverage for members may be found at www.phs.org/medicare/prescription-drugs. To view prescription drug coverage information for providers, please visit www.phs.org/providers/formularies. For questions about formulary coverage, email ASKRX@phs.org or call the Pharmacy Services Help Desk at (505) 923-5500 or toll-free at 1-888-923-5757. If you have questions about CAHPS, please reach out to feedback@phs.org. 



Value-Based Care: Supporting Providers and Patients

As part of our efforts to advance health outcomes, Presbyterian has placed a special focus on value-based care, a delivery model that utilizes a team-based approach to improve the healthcare experience, serve complex needs, and deliver better coordination, easier access and lower costs. To learn more, view this flyer or download it here: https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_00000037150.

Value-Based Care: Supporting Providers and Patients

Presbyterian's focus on quality and access to care has spurred a system-wide shift to value-based care, a healthcare delivery model in which providers and payors utilize a team-based approach to improve health outcomes. Value-based care aims to improve the provider experience and serve complex patient needs to deliver better coordination, easier access and lower costs.

What is Value-Based Care?

Health Outcome-Focused: Ensures that providers and payors can work together to improve health outcomes. The costs and benefits of tests and treatments are considered to guarantee that the best value is delivered to patients.

Data-Driven: Accurate data collection, analysis and reporting are essential to value-based care, helping providers, payors and others work together to achieve the best health outcomes.

Shared Success: Value-based care is aligned with Presbyterian's focus on quality, experience and access to care. It also is advantageous financially, as patients, providers, medical groups and health plans all benefit from improved patient outcomes.

Fee-for-Service vs. Value-Based Care

Value-based care incentivizes providing levels of care that achieve the best outcomes for the highest value. This differs from traditional fee-for-service models that provide compensation for providing services. Key differences include:

- Emphasis on wellness and preventative care rather than treating acute events
- Focus on quality of services provided rather than quantity
- Prioritize efficient patient care rather than patient volume

Want to Learn More?



Contact the Value-Based Programs team at valuebasedprogram@phs.org. Presbyterian also offers monthly Lunch and Learn sessions covering value-based care measures. Scan the QR code to learn more.



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Changes to Hepatitis C Medications for Medicaid Members

We are pleased to announce important changes to improve access to hepatitis C treatment for Turquoise Care members. These updates are designed to streamline the treatment process, remove hurdles and ultimately reduce the burden of hepatitis C in our state. The following changes have been implemented at Presbyterian:

1. Removal of Prior Authorization for Mavyret and Sofosbuvir/Velpatasvir

Prior authorization requirements for both Mavyret and sofosbuvir/velpatasvir have been removed. This means patients who are prescribed these medications within FDA-approved dosing guidelines will no longer encounter delays due to prior authorization. This change is intended to ensure timely access to treatment, improving outcomes and reducing administrative burden for providers.


2. Expanded Access to Mavyret and Sofosbuvir/Velpatasvir at Any In-Network Pharmacy

In addition to the removal of prior authorization, members will

now have the option to fill their prescriptions for Mavyret and sofosbuvir/velpatasvir at any in-network pharmacy that is able to stock them. This eliminates the requirement to use a specialty pharmacy, offering greater convenience and improved access, particularly for patients in rural or underserved areas.

What This Means for Providers:

- You can now prescribe Mavyret and sofosbuvir/velpatasvir without the need for prior authorization
- Patients will have greater flexibility in where they fill their prescriptions, reducing logistical barriers
- This streamlined approach will help you focus more on patient care rather than administrative tasks

We encourage you to take advantage of these changes to ensure that your Medicaid patients with hepatitis C receive the treatment they need in a timely and efficient manner. 

Well-Child Visits: Helping New Mexico's Children

The National Committee for Quality Assurance (NCQA) recommends an annual comprehensive well-care check for patients 3-21 years of age. As part of the efforts to improve the well-being of children in New Mexico, the well-child visit Healthcare Effectiveness Data and Information Set (HEDIS) measure is a priority of Turquoise Care.

Annual comprehensive well-child checks include a variety of age-appropriate topics such as nutritional counseling, physical activity, mental health and well-being, substance use, and dental and vision care. Well-child visits can identify if patients are food insecure, encountering transportation issues or if other barriers exist that stand in the way of proper healthcare.

To assist patients in their care, Presbyterian offers transportation services for Turquoise Care members to non-emergent medical and behavioral health services. Members can call (505) 923-6300 to schedule rides to medical appointments at least 48 hours in advance.

Members experiencing food or housing insecurity can call Presbyterian Community Health Workers for assistance at (505) 923-7314 or call the customer service phone number on the back of their Presbyterian ID card.

Let's Connect



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

REGULATORY REMINDERS

Critical Care Services

The Evaluation and Management (E/M) Services section of the American Medical Association (AMA) Current Procedural Terminology (CPT) code book indicates critical care is the direct delivery by a physician or other qualified healthcare professional of medical care for critically ill or critically injured patients. Furthermore, the AMA specifies that critical care involves high-complexity decision-making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life-threatening deterioration of the patient's condition.

The AMA CPT states that the time spent with the individual patient should be recorded in the patient's medical record. The time that can be reported as critical care is the time spent engaged in work directly related to the individual patient's care, whether that time was spent at the immediate bedside or elsewhere on the floor or unit.

Total Duration of Critical Care	CPT Codes
Less than 30 minutes	Appropriate E/M code(s)
30-74 minutes	99291 X 1
75-104 minutes	99291 X 1 AND 99292 X 1
105-134 minutes	99291 X 1 AND 99292 X 2
135-164 minutes	99291 X 1 AND 99292 X 3
165-194 minutes	99291 X 1 AND 99292 X 4
195 minutes or longer	99291 and 99292 as appropriate

For further information and guidance on reporting critical care 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.

Additionally, as outlined in the services agreement with Presbyterian, all providers must be credentialed with Presbyterian before seeing any Presbyterian members. All services should be billed under the rendering provider. ▀



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 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 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.