

NETWORK Connection



Home Health Tests for Colorectal Cancer and Diabetes

As part of our commitment to member health, Presbyterian will be offering home-testing opportunities for preventive screenings throughout the year.

At-home test kits will be available to members who have not completed screenings within the recommended period based on age and medical claims data. By increasing the convenience of these tests and removing barriers, we provide more ways for members to get the care they need, when they need it. Below are current 2025 home-testing kit opportunities:

For adult patients who have been diagnosed with diabetes, members may be offered the HbA1c test kit. If the member does not have a record of a complete kidney evaluation, their test kit may include eGFR, uACR and creatinine.

For patients 45 years of age or older who have not had a colonoscopy, Cologuard may be offered.

When members complete the tests and return the kits to the lab for analysis, both the provider and the patient will receive the lab results. The letter to the patient will include a note telling them to contact their provider to discuss the test results, so please be on the lookout for those communications. ▀

INSIDE

UP FRONT

Transitioning Members
From a Pediatrician to
a Primary Care Physician. 2

TAKE NOTE

2025 Provider Education Events . . 2
Trualta Caregiver Resources 2
2024 Medical Record Review . . . 3
Presbyterian Wellness Programs
and Tools. 4

FEATURE

Presbyterian Offers Virtual
Dermatology Visits 5

PROVIDER SATISFACTION CORNER

2024 Provider Satisfaction
Survey Highlights. 6
Processing Times for Drug
Coverage Determinations 6
Behavioral Health
HEDIS Measures 7
Provider Education Letters 7

REGULATORY REMINDERS

Turquoise Care
Appointment Standards 8
Update Provider Directory 9

LET'S CONNECT 10

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

Transitioning Members From a Pediatrician to a Primary Care Physician



Pediatricians often will not see patients after they turn 18, which can leave young adults lacking important healthcare resources during the transition to adulthood. To ensure young adults on Medicaid have their age-appropriate healthcare needs met, please inform them about the following Presbyterian resources:

- For assistance with choosing a primary care physician or scheduling an appointment, members can call the Presbyterian Customer Service Center at the number on the back of their Medicaid card
- By utilizing myPRES (mypres.phs.org), patients can:
 - Find a doctor
 - View and track health claims
 - Easily access their digital ID card
 - Use MyChart to stay on top of their health, like checking lab results
- Transportation services can be arranged for Turquoise Care members to non-emergent medical and behavioral health services. Members can call (505) 923-6300 to schedule rides at least 48 hours in advance of medical appointments
- Patients ages 3-21 can earn 200 reward points (\$20 value) by completing their annual well-care visits. They can spend their rewards points on health, wellness and fitness items in the Turquoise Rewards Catalog found at turquoiserewards.com. ■

TAKE NOTE

Provider Education 2025



2025 Provider Education Events

Providers and office staff are invited to attend a variety of trainings throughout the year, including:

- 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 the dates and times of these training opportunities, please visit www.phs.org/providertraining. ■

Trualta Caregiver Resources

To empower and support caregivers of Presbyterian members, whether they are spouses or paid staff, we are happy to share **Trualta**. This free resource is available online to help prevent and manage caregiver fatigue by providing strategies, tips and trainings for maintaining well-being while managing caregiver responsibilities.

Please send those needing support on the caregiver journey to presbyterian.trualta.com.

2024 Medical Record Review

Presbyterian's Quality Management Department conducts an annual review of medical records to ensure that performance standards are met. Last year, 390 records were audited between Presbyterian Medical Group and other contracted providers. Providers scored 94.2% across the entirety of the audit.

While progress was seen in certain domains, there were areas for improvement, including:

Advance Directives (Combined Provider Score: 26.5%)

- ▶ Documentation advising of the status of a member's advance directive (for patients aged 18+). Sufficient documentation includes education, declination, receipt or acknowledgment of the document itself

Immunizations (Other Network Provider Score: 74.6%)

- ▶ Documentation showing immunizations that the member has received or acknowledgment of the member's immunization status

Asthma (Combined Provider Score: 30%)


- ▶ Documentation of asthma triggers

Hypertension and Coronary Artery Disease (Combined Provider Score: 76.4%)

- ▶ Documentation of a completed risk assessment (cardiovascular risk/psychosocial stressors assessed and provided with appropriate counseling)

Diabetes (Combined Provider Score: 77.8%)

- ▶ Documentation of an annual eye exam, neuropathy screening, documentation of lipid testing (completed or ordered) and discussion of self-monitoring for members with a diabetes diagnosis

Providers are encouraged to work with us to improve these documentation areas. For more information, view the Presbyterian Provider Manuals at www.phs.org/providermanuals. 



Partnering With Ouma Health to Improve Maternity Care

Presbyterian has partnered with Ouma Health, a clinician-led maternity telehealth program, to improve access to maternity care. Ouma can support your patients throughout the pregnancy journey by providing preconception care, interprofessional consults, behavioral health visits, early prenatal care and postpartum visits. After delivery, Ouma can support patients with offerings like lactation services and postpartum depression treatment.

For patients from rural areas, telehealth can help limit no-shows due to transportation challenges. For your pregnant or postpartum patients with substance use disorder, Ouma's addiction medicine providers can prescribe and manage buprenorphine along with offering easily accessible behavioral health visits.

Presbyterian and Ouma have partnered with Marani Health for remote patient monitoring (RPM) specialized for the perinatal population. When clinically relevant, Ouma providers will deploy RPM devices via Marani to track weight, blood pressure and glucose control. Marani's devices are optimal for New Mexico communities, needing only 3G cellular to automatically transfer readings to Ouma.

How Ouma works:

- Refer new obstetrics (OB) patients to Ouma for the requested service (see top right of page)
- Ouma schedules virtual OB visits within 24 hours
- Your patient receives care and recommendations from an Ouma provider
- You receive a note sent back to you within 24 hours of the visit
- Your patient can contact Ouma after traditional work hours for support

REFER YOUR PATIENTS TO OUMA:

- Schedule a first visit directly with Ouma at ouma.me/phs (select "New Pregnancy Visit" or "New Postpartum Visit")
- For more information, contact Janelle Wolfe, RN, Quality Program Manager, at jwolfe3@phs.org



Presbyterian Wellness Programs and Tools

Presbyterian supports you and your patients by offering programs to help members develop healthy habits.

Path to Wellness Programs

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

Available to Turquoise Care members at no cost. Participating members have reported benefits such as lowering A1C and blood pressure levels, needing fewer medications, sleeping better and improved well-being.

Patients can sign up at www.phs.org/PreventionProgram, or by calling 1-855-249-8587. Patient referrals may be submitted at goodmeasures.com/physicians.

NeuroFlow: A Digital Wellness Tool

NeuroFlow is available to eligible Turquoise Care patients ages 18-49. Among myriad wellness tools, Neuroflow also offers guidance on women's health topics that help them to:

- Learn more about Pap tests, cancer screenings and STDs
- Discover healthy habits for pregnancy and get trimester-specific education
- Recognize the symptoms of postpartum health concerns
- Take screenings for depression, substance abuse, sleep and more
- Access rewards programs and resources for smoking cessation, stress, parenting and more

Patients can sign up directly at neuroflow.app.link/PHP123. For assistance, email NeuroFlow at support@neuroflow.com or call 1-855-296-7711.

Presbyterian Offers Virtual Dermatology Visits

With the goal of providing convenient, affordable and accessible care, Presbyterian is promoting awareness of our virtual dermatology visits. Conducted by Presbyterian Medical Group (PMG) dermatologists who have strong virtual care experience, these visits offer a great screening option for certain dermatology conditions through:

Access

- Virtual appointments typically available within 2 weeks
- Follow-up dermatology procedures conducted in person by PMG proceduralists and surgeons

Cost*

- \$0 or no charge for Medicaid and Medicare patients
- No copay for most Commercial plans

**Members on a High Deductible health plan do not qualify for this benefit until they have reached their out-of-pocket maximum. Some Commercial employer plans are not included in this benefit.*

Convenience

- Providers can refer, or patients can self-schedule via MyChart
- Patients can access care via a computer, tablet or smartphone, using MyChart to upload three pictures of their skin concern
- Patients throughout New Mexico can have a virtual visit, no transportation needed

Who can meet with a virtual dermatologist?

Available for all ages. Patients under 18 years of age must have a parent or legal guardian present for the video visit.

What dermatology conditions cannot be seen virtually?

- Patients in need of full body exams
- Treatment of severe rashes that have been resistant to typical treatment
- Patients diagnosed with Stevens-Johnson syndrome, erythema multiforme, toxic epidermal necrolysis or notalgia paresthetica

How can patients make an appointment?

- Providers can send a referral to PMG Virtual Dermatology
- Patients can visit www.phs.org/virtualcare
 - Select “Virtual Dermatology” and log in to MyChart to schedule an appointment

What dermatology conditions can be seen virtually?

PMG Virtual Dermatology offers assessment and treatment for most skin, hair and nail conditions, including:

- | | |
|----------------------------|-------------------------|
| • Acne | • Pemphigus Diagnosing |
| • Actinic Keratosis | • Psoriasis |
| • Athlete's Foot | • Rosacea |
| • Contact Dermatitis | • Scars |
| • Eczema | • Seborrheic Dermatitis |
| • Hidradenitis Suppurativa | • Seborrheic Keratoses |
| • Ichthyosis Vulgaris | • Skin Cancer |
| • Lichen Planus | • Tinea Versicolor |
| • Melanoma Skin Cancer | • Vitiligo |
| • Moles | • Warts |
| • Onychomycosis | |



PROVIDER SATISFACTION CORNER

2024 Provider Satisfaction Survey Highlights

Since 2001, Presbyterian has been conducting annual provider satisfaction surveys to gain insight into how we can better partner with providers to improve our processes and deliver increased provider satisfaction.

We are pleased to report that **89.4%** of 2024 respondents indicated overall satisfaction with Presbyterian. In addition, **87.5%** of providers would recommend Presbyterian to other providers, while **87.8%** would recommend Presbyterian to patients.

Survey participants rated Presbyterian as **the highest-performing managed care organization** in New Mexico. Other survey standouts were the effectiveness of our care coordination and care management programs.

Providers also informed us that we have areas of opportunity, such as processing claims appeals and adjustments in a timelier manner and adding more specialists to our provider network. A quicker response to pharmacy prior authorization requests and better coordination of home health and durable medical equipment services were also recommended.

Responses from the 2024 annual survey are very important to us. We have celebrated the positive results and developed action plans to improve our processes and increase administrative efficiency. We will work diligently to reduce obstacles for you and your organizations. Presbyterian is committed to improving your experience with the health plan and will share our progress with you in upcoming newsletters. ■



- 89.4%** OVERALL SATISFACTION WITH PRESBYTERIAN
- 87.5%** WOULD RECOMMEND PRESBYTERIAN TO OTHER PROVIDERS
- 87.8%** WOULD RECOMMEND PRESBYTERIAN TO PATIENTS

Processing Times for Drug Coverage Determinations

When Presbyterian Pharmacy Services receives a drug coverage request, a clinical pharmacy review specialist determines whether a standard or urgent review is required. Presbyterian follows strict guidelines that stipulate how long we can take to approve or deny a request.



PRODUCT LINE	STANDARD REQUEST	EXPEDITED REQUEST
Medicaid	24 hours	24 hours
Commercial/Exchange	72 hours	24 hours
Medicare	72 hours	24 hours

Standard requests are processed as expeditiously as the member’s health requires. In most cases, **72 hours** is an appropriate turnaround time and allows for Pharmacy Services to reach out for missing paperwork.

Urgent or expedited requests should be submitted when a member or their provider believes that waiting for a decision under the standard time frame could place the member’s life, health or ability to regain maximum function in jeopardy. These requests are processed within **24 hours**.

Note: Not submitting necessary documentation at the time that the request is made may cause delays.

To view prescription drug coverage information for providers, please visit www.phs.org/providers/formularies. ■

Behavioral Health HEDIS Measures

In the spirit of our shared commitment to improving health outcomes, we are highlighting two critical behavioral health HEDIS measures that directly impact quality of care:

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

This measure focuses on ensuring that children prescribed ADHD medication receive timely follow-up to improve medication effectiveness, address side effects and ensure adherence.

Initiation Phase Requirement: One follow-up visit with a prescribing practitioner within 30 days of starting ADHD medication.

What You Can Do:

- Schedule the first follow-up visit before the patient leaves your office; aim for within 2-3 weeks of starting the medication
- Use telehealth/phone consultations when in-person visits are not possible


Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

This measure ensures that children and adolescents prescribed antipsychotic medications receive psychosocial care, which is shown to reduce the need for antipsychotic medications while improving long-term outcomes.

Measure Requirement: Children and adolescents prescribed antipsychotics should have documented evidence of receiving psychosocial care before starting medication.

What You Can Do:

- Educate caregivers about the benefits of therapy and behavioral interventions
- Collaborate between primary care providers and behavioral health providers to ensure patients receive therapy sessions before starting medication

Your support is essential in achieving compliance with these measures and improving patient outcomes. By following the guidelines, you ensure your patients receive the highest quality care. 

REGULATORY REMINDERS

Provider Education Letters


As part of Presbyterian's efforts to prevent healthcare fraud, waste and abuse, the Program Integrity Department's Special Investigative Unit (SIU) sends "Provider Education Letters" quarterly to network providers who demonstrate outlier billing relative to their peer group.

The Provider Education Letter is used to assist providers in reviewing their billing behaviors for any potential outlier activity and ensuring the highest quality of service to our members. This process includes performing retrospective reviews of claims data.

For those providers who receive a Provider Education Letter, we ask that you review the issues identified to determine if there are any inconsistencies with current state or federal laws, your provider services contract or accepted coding practices.

Should you identify any issues that have resulted in an overpayment to your practice, we expect you to contact the SIU to resolve this overpayment within 60 calendar days from the date the overpayment became known to you, as required by the Affordable Care Act.

Presbyterian reserves the right to address these concerns in a manner consistent with pertinent laws, applicable contracts and the Presbyterian Practitioner and Provider Manuals. This may include but is not limited to further billing reviews, review of clinical documentation and recovery of identified overpayments.

For more information, please refer to www.phs.org/providermanuals. 

REGULATORY REMINDERS

Turquoise Care Appointment Standards

Presbyterian conducts provider network secret shopper surveys as required by the New Mexico Health Care Authority (HCA). Secret shopper surveys give the health plan the ability to see and address potential issues with appointment availability.

Contracted in-network providers are expected to adhere to Turquoise Care appointment standards. Presbyterian publishes appointment standards in its Provider Manual, which is distributed to the entire network annually.

Healthcare Service	Appointment Characteristics	Standard
Primary Care	Asymptomatic/routine member-initiated outpatient primary care	No more than 30 calendar days*
	Symptomatic member-initiated outpatient primary care	No more than 14 calendar days*
	Outpatient appointments for urgent medical conditions	Within 24 hours
Behavioral Healthcare	Non-urgent follow-up appointment	No more than 30 calendar days of request
	Initial assessment for non-urgent appointments	No more than 7 calendar days*
	Appointment following an initial assessment	No more than 7 calendar days*
	Outpatient appointments for urgent conditions	Within 24 hours
	Face-to-face crisis services	Within 90 minutes
Specialty Care	Asymptomatic outpatient referral and consultation	No more than 45 calendar days*
	Symptomatic outpatient referral and consultation	No more than 14 calendar days*
	Outpatient appointments for urgent medical conditions	Within 24 hours
Maternity Care	Outpatient appointments for urgent medical conditions	Within 24 hours

REGULATORY REMINDERS

Healthcare Service	Appointment Characteristics	Standard
Prenatal Care	Routine outpatient appointment during the first trimester	No more than 14 calendar days
	Routine outpatient appointment during the second trimester	No more than 7 calendar days
	Routine outpatient appointment during the third trimester	No more than 3 business days
Diagnostic Laboratory, Diagnostic Imaging and Other Testing	Routine outpatient appointments	Consistent with clinical urgency, but no more than 14 calendar days*
	Urgent outpatient appointments	Consistent with clinical urgency, but no longer than 48 hours
	Walk-in instead of an appointment system	Member wait time shall be consistent with the severity of the clinical need
Dental Care	Asymptomatic/dental member-initiated appointments	No more than 60 calendar days*
	Symptomatic member-initiated outpatient appointments for non-urgent care	No more than 14 calendar days*
	Urgent outpatient appointments	Within 24 hours
Prescription Fill Time	Practitioner phone-in fill time	No longer than 90 minutes
	In-person fill time	No longer than 40 minutes

*Unless the member requests a later time



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 June 30. 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.



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

Let's **Connect**



CONTACT GUIDE:
www.phs.org/ContactGuide



SHARE YOUR FEEDBACK:
https://phs.qualtrics.com/jfe/form/SV_3Jl9H4yZ81DZtA2



PHONE:
(505) 923-5757



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