NETWORK CONNECTION
NOVEMBER 2025

IMPROVING BLOOD PRESSURE MEASURE COMPLIANCE

Controlling Blood Pressure (CBP) remains a key quality measure for patients with hypertension who are between the ages of 18 and 85. To meet Healthcare Effectiveness Data and Information Set (HEDIS) requirements, patients need just **one blood pressure reading under 140/90 mm Hg** documented by a healthcare professional during the measurement year.

Important Reminders:

- Readings must be taken by a clinician using proper equipment
- Self-reported or home blood pressure readings do not count unless done in person by a provider
- Remote blood pressure readings may count if submitted electronically and interpreted by a provider
- If multiple readings are taken on the same day, use the lowest systolic and diastolic values

Looking Ahead:

The National Committee for Quality Assurance (NCQA) is piloting a new measure, "Blood Pressure Control for Patients with Hypertension (BPC-E)," using electronic clinical data. Key differences from the current CBP measure include:

- Reliance on electronic records only (no manual chart review)
- Addition of pharmacy data to the denominator
- Tracking of two control goals: less than 140/90 mm Hg and less than 130/80 mm Hg

What You Can Do:

Please prioritize **documenting a compliant blood pressure reading during every visit** for patients with hypertension. Consider using remote monitoring programs or in-office blood pressure checks to close care gaps and support better outcomes.

Together we can help patients reach their blood pressure goals and improve quality scores this year!

INSIDE

TAKE NOTE

2025 PROVIDER EDUCATION EVENTS

Upcoming Trainings

Providers and office staff are invited to attend a variety of trainings throughout the year.

Behavioral Health Provider Education Webinars

Thursday, Dec. 11, 5 to 7 p.m.
Friday, Dec. 12, 10 a.m. to Noon

Register: phs.swoogo.com/2025PEC

All contracted behavioral health providers and staff are invited to attend. Providers are required to attend one Provider Education Conference & Webinar Series training each year.

Physical Health Provider Education Webinars

Thursday, Dec. 11, 9 to 11 a.m.
Friday, Dec. 12, Noon to 2 p.m.

Register: phs.swoogo.com/2025PEC

All contracted physical health, long-term care, and Indian Health Services and Tribal 638 providers are required to attend one Provider Education Conference & Webinar Series training each year.

Behavioral Health Town Halls

Monday, Nov. 17, 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: 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 **phs.org/providertraining**.

TAKE NOTE

PRESBYTERIAN WELLNESS PROGRAMS & TOOLS

As the year comes to a close, Presbyterian would like to highlight healthy habits and wellness support offerings for you to share with your patients.

Path for Wellness Programs

Help your patients avoid holiday weight gain with Presbyterian's Path for Wellness programs. Utilizing evidence-based behavior-change science, these programs allow Turquoise Care members to make lifestyle modifications to improve their overall health. Programs offered in partnership with Good Measures include:

- **Healthy Weight:** One-on-one health coaching via phone/app messaging, webinars and other online content
- **Diabetes Prevention:** A CDC-recognized, 12-month program offering online/phone group sessions led by trained lifestyle coaches

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

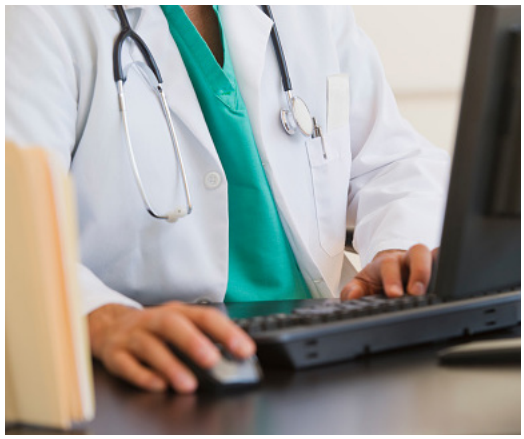
Onward by NeuroFlow: A Digital Wellness Tool

Onward by NeuroFlow, a digital health tool available online and via app, can assist your patients in managing their health and overall well-being. Onward offers members access to:

- Health information supporting physical/mental health, maternal/perinatal health, smoking cessation and more
- Personalized wellness journeys including recommended screenings, support resources and more
- Daily tools, activity trackers and in-app validated assessments

Patients can sign up directly at neuroflow.app.link/PHP123 or via the QR code below:

For assistance, email NeuroFlow at support@neuroflow.com or call 1-855-296-7711.



SUBMITTING CLAIMS: TIPS FOR TIMELY REIMBURSEMENT

Presbyterian is committed to helping providers get paid in a timely manner for the services you render. To support accurate claims submission and efficient processing, we recommend you do the following:

- **Utilize electronic claims submission**. It is preferred over paper claims for faster, more secure processing
- **When a previously submitted claim has been denied, do not create a new claim.** Instead, correct and resubmit the existing claim using the right frequency code and/or indicator to show there is now new claim data
- **Refer to the claims-related guides that Presbyterian produces.** The claims page (phs.org/providers/claims) has many useful resources, including the Administrative Claims Edits Guide, which details upcoming and past claims changes and policies
- **Be sure to sign up to receive our emails (phs.org/enews) to stay informed about claims developments.** For example, we send a monthly roundup of claims information to prepare your practice for the changes ahead

By submitting accurate electronic claims, you can help Presbyterian reduce processing times and ensure timely payments to you.

UNDERSTANDING MEDICARE STAR MEASURES

What Is the CMS Star Rating Program?

The Centers for Medicare and Medicaid Services (CMS) uses the 5-Star Quality Rating Program to evaluate the quality of healthcare and drug services that Medicare Advantage and Part D prescription drug plan members receive. The rating system uses a scale of 1-5 stars, where 5 is excellent and 1 is poor. CMS publishes Star Ratings annually to help members compare the quality of Medicare health and drug plan options so that members can make informed healthcare decisions.

Part D Measures

Prescription Drug Event measures focus on medication management at health plans with a Part D program. The measures give special attention to medication adherence for select health conditions, like diabetes and elevated cholesterol. The data submitted to CMS is standardized and only covers paid claims.

Medication Adherence Measures for Diabetes, Hypertension and Statins

- Assesses the percentage of patients with a prescription for the above conditions who fill their prescription 80% or more of the time that they are supposed to be taking the medication

Statin Use in Persons With Diabetes (SUPD)

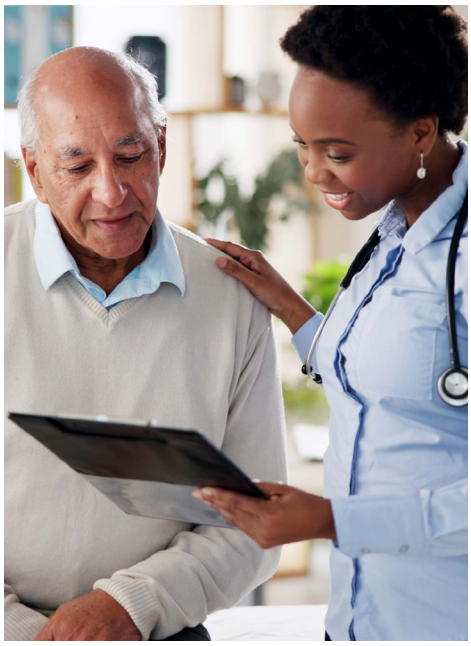
- Measures the percentage of patients, ages 40 to 75, who were dispensed at least two diabetes medication fills on unique dates of service and received a statin medication fill during the measurement period (current year)

Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)

- Assesses the percentage of patients, ages 65 and older, with concurrent use of two or more unique anticholinergic medications during the measurement period. For this measure, the fewer patients the better. The purpose of this measure is to assess appropriate prescribing due to the serious safety concerns related to these medications

Concurrent Use of Opioids and Benzodiazepines (COB)

- Measures the percentage of patients, ages 18 and older, with concurrent use of prescription opioids and benzodiazepines during the measurement period. For this measure, the fewer patients the better. The purpose of this measure is to assess appropriate prescribing due to the serious safety concerns related to these medications



How Do You Improve These Measures?

Adherence:

- Emphasize how adherence can prevent complications, improve outcomes and enhance quality of life
- Address potential barriers and offer support

Polypharmacy:

- Before prescribing, carefully evaluate the need for anticholinergic medications and consider safer alternatives or non-pharmacological measures
- If prescribing is deemed necessary, use the lowest effective dose for the shortest possible duration
- Monitor patients closely for adverse effects, including cognitive changes and falls
- Educate patients and their families about the risks and benefits of anticholinergic medications
- Consider deprescribing anticholinergic medications when appropriate, by discontinuing or reducing doses

COB:

- Before prescribing, carefully evaluate the need for each medication and consider safer alternatives or non-pharmacological measures
- If prescribing is deemed necessary, use the lowest effective dose for the shortest possible duration

PROVIDER SATISFACTION CORNER

HEALTH EQUITY TRAINING OPPORTUNITIES

You're invited!

Presbyterian offers year-round, free Health Equity Training Courses to employees and community partners.

Through a consultative training model, the Health Equity Training Program collaborates with Presbyterian teams and partnering organizations to provide health equity education that addresses identified challenges.

We explore topics including how to identify health inequities, the importance of cultural sensitivity, effective cross-cultural communication, eliminating racism and other forms of oppression, and trauma-informed care.

Continuing medical education (CME) and continuing education units (CEUs) are available! All 2025 sessions are being held virtually. To access course descriptions and the course schedule, visit phs.swoogo.com/HealthEquity. Registration is required.

Groups can request a training or receive assistance by contacting the Health Equity Training team at healthequitytraining@phs.org.

REGULATORY REMINDERS

BILLING GUIDANCE ON 'INCIDENT TO' CLAIMS

Per Novitas, New Mexico's Medicare Administrative Contractor, physicians may bill evaluation and management (E/M) services when furnished by a nonphysician practitioner "incident to" their professional service.

While "incident to" claims allow nonphysicians to bill for services as if they were rendered by a physician, there are restrictions. Services are covered when they meet all the requirements and are medically necessary. To be covered as "incident to" the physician's services, Novitas indicates the service must be:

- An integral, although incidental, part of the physician's professional service
- Conducted as part of the patient's normal course of treatment, during which the physician performed an initial service and remains actively involved throughout treatment
- Commonly rendered without charge or included in the physician's bill
- Commonly furnished in physicians' offices or clinics
- Furnished by the physician or by auxiliary personnel under the physician's direct supervision
- Performed and billed in the physician's office using place of service 11

  Note:

  - "Incident to" billing **does not** apply to a new patient or a new problem for an established patient. Per the American Medical Association's Current Procedural Terminology Manual, an established patient is one who has received professional services from the practice within the past three years
  - All practitioners, whether supervising and billing or performing the services, **must** be actively employed by the same entity
  - "Incident to" services furnished by staff of a substitute physician or regular physician are covered if furnished under the supervision of each

Per CMS, "Direct supervision in the office setting does not mean that the physician must be present in the same room with his or her aide. However, the physician must be present in the office suite and immediately available to provide assistance and direction throughout the time the aide is performing services."

The Presbyterian Program Integrity Department performs random claims validation audits on claims submissions to verify that the services billed were rendered and accurate. More information on "incident to" guidelines can be found at: novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00150920

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:
Log in to the provider portal at mypres.phs.org to make updates. Physical health providers can also request delegate access at phs.org/directoryupdate. For questions, contact providerdemo@phs.org.

Behavioral Health Providers:
Log in to the behavioral health portal at magellanprovider.com. For questions or assistance, contact PHPTCBH@magellanhealth.com.

Please note that all currently rostered physical health medical groups and behavioral health organizations should continue to follow the current roster process.

PRESBYTERIAN

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(505) 923-5757

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

SIGN UP FOR PRESBYTERIAN EMAILS:
phs.org/enews

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