

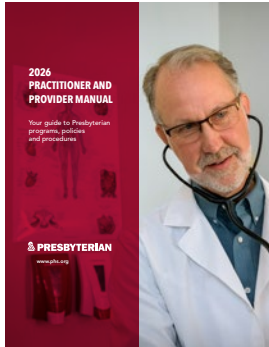
NETWORK CONNECTION

JANUARY 2026



2026 PRACTITIONER AND PROVIDER MANUALS ARE NOW AVAILABLE

Presbyterian's updated 2026 provider manuals are now accessible online. These comprehensive resources support providers by outlining key policies, procedures and program-specific guidelines:



Universal Practitioner and Provider Manual: Covers all Presbyterian programs, policies, and guidelines.



Turquoise Care Provider Manual: Focuses on Presbyterian's Turquoise Care programs and requirements.

Both manuals are updated throughout the year as needed and serve as extensions of your contract with Presbyterian.

In these manuals, you'll find guidance on:

- Submitting medical, behavioral, and pharmaceutical prior authorization and exception requests based on medical necessity
- Contacting Presbyterian Health Plan staff regarding prior authorization and utilization management
- Accessing utilization management criteria

Additional information includes:

- Prior authorization criteria
- Medical policies
- Presbyterian formularies and updates, including restrictions and preferences
- Clinical practice guidelines
- Affirmative statement concerning utilization management decision-making and incentives
- Member rights and responsibilities

The provider manuals may be accessed on the [Presbyterian provider website](#). To request a free printed copy, contact your [Provider Network Operations relationship team](#).



INSIDE

COVER

2026 Practitioner and Provider Manuals are Now Available 1

UPFRONT

Well Care Visits Within 30 Days for Children Entering State Custody 2

TAKE NOTE

2026 Provider Education Events 3
Presbyterian Wellness Programs and Tools 4
CVS Pharmacies Leaving the Presbyterian Network 4

FEATURE

Virtual Memory Care with Synapticure 5

PROVIDER SATISFACTION CORNER

Meeting HEDIS Goals for Kids and Teens 6
New Mexico Tobacco Quitline 6

REGULATORY REMINDERS

Improving HOS Outcomes: Provider and Patient Engagement Strategies 7
Helping Providers Avoid "Impossible Days" Billing Issues 8
Reminder: Verify Provider Directory Information Every 90 Days 8

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

 **PRESBYTERIAN**



WELL-CARE VISITS WITHIN 30 DAYS FOR CHILDREN ENTERING STATE CUSTODY


All children entering state custody (CISC) are covered by Presbyterian Turquoise Care and are required to complete a comprehensive well-child checkup or well-care visit (WCV) within **30 days** of entering state custody. Appointments may be scheduled by the resource/foster family, caregiver, or a New Mexico Children, Youth and Families Department (CYFD) permanency planning worker.

If a visit cannot be scheduled within 30 days of the child entering custody, providers should contact Presbyterian Member Advocacy at (505) 923-5200 or via [email](#).

Essential Requirements:

- A new well-child visit is required within 30 days, regardless of prior visits
- Include diagnosis code **Z62.21 (Child in Welfare Custody)** with standard well-child procedure and diagnosis codes
- Code the first visit as **initial** and later visits as **periodic screenings**
- Presbyterian will reimburse for visits outside the standard visit schedule

American Academy of Pediatrics (AAP) guidelines recommend more frequent visits for CISC due to their unique needs.

INITIAL	FOLLOW-UP	BIRTH - 6 MONTHS	6 - 24 MONTHS	2 - 24 YEARS
Health Screening within 72 hours	Within 60 - 90 days of placement	Monthly	Every 3 months	Every 6 months
Comprehensive WCV within 30 days of entry	Infants from birth to 6 months should be seen next within 30 days. Do not wait the 60 - 90 days.			
For all children regardless of age or timing of prior WCV				

Clinical Considerations:

CISC members often need more thorough evaluations and additional assessments than standard well-child visits. Up to 80% have chronic conditions, while 25% have three or more. Emotional or behavioral issues warranting behavioral health services affect 50-66% of children entering foster care.

Additionally, about 90% have experienced trauma, compared to 25-61% nationally. Trauma can impact physical, mental, and social health, including self-esteem, coping skills, school performance, self-regulation, critical thinking, and building healthy relationships. A trauma-informed care approach helps build trust and stability.

Provider Support:

- [Complete CISC required trainings to join the extended provider network](#)
- [Contact your assigned Provider Network Operations relationship team](#)
- [Email Care Coordination for help with referrals or scheduling for CISC members](#)





2026 PROVIDER EDUCATION EVENTS

Upcoming Trainings

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

In-Person Provider Education Webinars

 **March 20 (Albuquerque), March 26 (Las Cruces),
April 2 (Santa Fe), April 9 (Farmington)**  [Register Here](#)

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 Town Halls

 **Thursday, March 26, 1 to 2 p.m.**  [Register Here](#)

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.

Value-Based Care Lunch and Learns

 **Tuesday, March 24, 10 to 11 a.m.**  [Register Here](#)

Session Topic: Overview of HEDIS measures and Value-Based Programs arrangements as they relate to improving health outcomes and addressing health disparities for members.

Presbyterian Dual Plus Provider Training

 **Available year-round on demand**  [Access Training Here](#)

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 Here](#)

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 Here](#)

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 the [Presbyterian provider training page](#).



PRESBYTERIAN WELLNESS PROGRAMS AND TOOLS

Help your patients start the new year right and commit to better health in 2026 with Presbyterian wellness support offerings.

Path for Wellness Programs

Presbyterian's Path for Wellness programs help Turquoise Care members lay a foundation for better health in 2026. Each program uses behavior-change science to assist participants in managing weight and sustaining weight loss:

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

Patients can [sign up online](#) or by calling 1-855-249-8587.

Onward by NeuroFlow: A Digital Wellness Tool

Onward by NeuroFlow is a digital health tool that assists patients in managing their health and overall well-being. Onward offers eligible members access to:

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

Patients can [sign up directly](#) or via this QR code:



For assistance, [email NeuroFlow](#) or call 1-855-296-7711. Printed materials for your office may be requested [here](#).



CVS PHARMACIES LEAVING THE PRESBYTERIAN NETWORK

Effective Jan. 1, 2026, all CVS Pharmacy locations will no longer be part of Presbyterian's pharmacy network. After this date, Presbyterian Medicare members will no longer have coverage for prescriptions filled at CVS locations.

On Nov. 6, Presbyterian mailed notices to Medicare members who had filled prescriptions at CVS within the last four months to explain this change. **Most prescriptions with remaining refills can be transferred** to a new pharmacy, except for controlled substances or other restricted medications. The notice included instructions for transferring prescriptions to an in-network pharmacy.

What you need to do:

If a prescription cannot be transferred, you may need to send a new prescription to the patient's chosen pharmacy. In most cases, no additional action is required.

To help patients avoid medication interruptions, consider recommending Presbyterian's mail-order option through **Costco Mail Order Pharmacy**. Mail order offers cost savings and convenience by delivering medication directly to the home. Patients can call Costco at **1-800-607-6861** for assistance.

If a member experiences delays or issues with prescription transfer, contact Capital Rx's dedicated Presbyterian Help Desk at 1-866-528-5829 or email askpharmacy@phs.org.

VIRTUAL MEMORY CARE WITH SYNAPTICURE

Presbyterian has partnered with **Synapticure** to offer a Virtual Memory Care Program at no additional cost for Medicare Advantage members. This program provides timely access to dementia specialists and support services to help members stay comfortably in their homes.

Synapticure's wraparound dementia care complements the excellent care you already provide; your relationship with your patients will not change.

Virtual Memory Care Program Goals

- Improve quality of life and symptom management
- Increase patient and caregiver education and support
- Reduce emergency visits and skilled nursing stays

What Synapticure Offers

- Virtual neurology care specializing in dementia, including diagnostic testing
- Timely access to geriatric psychiatry, speech/occupational/physical therapy services, and care coordination
- 24/7 clinician support line for patients and caregivers
- Broad appointment availability, usually within 3-4 weeks
- Medication management, amyloid-targeting therapy guidance and longitudinal care
- Behavioral health support, including geriatric psychiatrist access

To learn more, please visit the [Synapticure website](#), view [this press release](#) or refer to this [educational flyer for members](#).



REFERRALS

Presbyterian sent an [introductory letter and email](#) to members with known or suspected dementia and will call members to share more information.

To refer patients with known or suspected cognitive impairment, you may:

- **Submit electronic referrals** via the [Synapticure website](#)
- **Fax referrals to 1-888-517-8619** (Attn: Synapticure Care Team, Memory Care Program Referral)

Synapticure will e-fax notes to referring providers after each patient appointment.



MEETING HEDIS GOALS FOR KIDS AND TEENS

Preventive care is essential for healthy growth and development. National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures help ensure children and teens receive timely screenings, vaccinations, and follow-up care.

Follow-Up Care for ADHD Medication (ADD)

When a child starts ADHD medication, the first 30 days are critical. A follow-up visit (virtual or in-person) checks how the medication is affecting focus, mood, and routines, and allows providers to adjust treatment if needed. These visits also strengthen family-provider communication and support school readiness and emotional growth.

Meeting the HEDIS ADD Measure:

- One follow-up visit within 30 days of the first prescription (Initiation Phase)
- Two additional visits within nine months (Continuation Phase)

Telehealth makes compliance easier by reducing travel and scheduling barriers. Encourage families to ask about virtual options.

Immunizations for Adolescents (IMA)

Vaccinations for adolescents aged 11–13 are a critical component of preventive healthcare leading to early adulthood. These immunizations protect teenagers from serious illnesses and certain cancers. At every visit, confirm immunization status and educate parents about required vaccines:

- Meningococcal
- Tdap (tetanus, diphtheria and pertussis)
- HPV series (completed before age 13)

Tips to boost acceptance:

- Use sick visits to catch up on vaccines
- Review missing doses with parents
- Address misconceptions and provide reassurance

Lead Screening in Children (LSC)

There is no safe level of lead in the blood. Even low exposure can cause lasting neurological damage, making early detection vital.

Requirements:

- New Mexico Medicaid: Screen at 12 and 24 months
- Bright Futures/American Academy of Pediatrics: Per [periodicity schedule](#), assess risks from 6 months to 6 years
- HEDIS: Screen before age 2

Testing is simple during well-child visits using a heel or finger. Submit claims with CPT code 83655 and report results to the New Mexico Department of Health (NMDOH) via fax at (505) 827-0013, secure email at DOH-CLPPP@doh.nm.gov or electronic lab reporting.

Together, we can meet HEDIS goals and ensure every child receives the right care at the right time. Thank you for your commitment to improving pediatric health.

NEW MEXICO TOBACCO QUITLINE

Presbyterian members can access the New Mexico Quitline at no extra cost. This self-paced program offers tools and support to quit tobacco and nicotine. A Quit Coach helps patients who smoke, vape, dip or chew create a plan that fits their daily routine.

With the Quitline, your patients can:

- Get one-on-one coaching to build a personalized quit plan
- Join group sessions to troubleshoot challenges and celebrate milestones
- Access videos and articles to set goals and track progress

How to Refer Patients

Members can sign up at quitnow.net, call 1-800-QUIT-NOW (TTY 711) or scan this QR code.





IMPROVING HEALTH OUTCOMES: PROVIDER AND PATIENT ENGAGEMENT STRATEGIES

The Health Outcomes Survey (HOS) measures how well Medicare Advantage members feel supported in their care. Each year, the Centers for Medicare & Medicaid Services (CMS) randomly surveys members on topics such as mental and physical health, fall risk, incontinence, and physical activity.

Why It Matters

HOS results reflect patient-reported outcomes and help CMS evaluate health plan performance. These scores affect Star ratings, impacting both providers and patients. Strong results mean better ratings and improved care quality.

How Providers Make a Difference

Providers play a key role in improving HOS outcomes through clear communication and patient engagement. Here's how you can help:

Provider Actions

- Stay informed: Review CMS updates and share with your care team
- Educate staff: Offer training and tools like discussion guides to help staff address topics with patients
- Support completion: Help patients understand and complete surveys
- Collaborate: Contact your [Provider Network Operations relationship team](#) for questions or resources

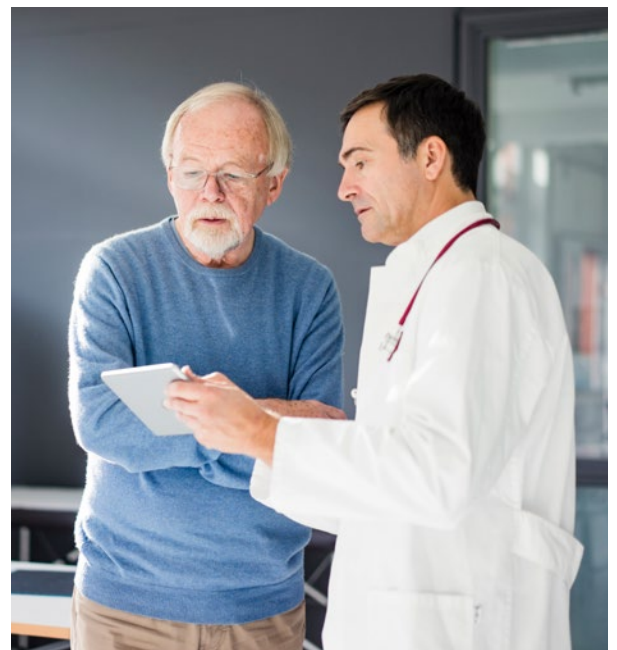
Patient Engagement

- Encourage open conversations about health and preventive care
- Share education on managing ongoing health needs
- Reinforce goals during follow-up visits

During Every Visit

- Create a welcoming environment for honest dialogue
- Offer private questionnaires for discreet survey completion
- Remind patients that their feedback improves care for everyone

Through an intentional and collaborative partnership, we can strengthen patient-provider relationships, improve outcomes, and make every survey count.





HELPING PROVIDERS AVOID "IMPOSSIBLE DAYS" BILLING ISSUES

The Presbyterian Program Integrity Department (PID) is prioritizing the issue of **"Impossible Days,"** which occurs when providers bill for more work in a single day than is physically or logistically possible; for example, claiming services that exceed 24 hours in total per day or submitting claims from multiple geographically distant locations on the same date.

The PID Special Investigative Unit (SIU) identifies patterns that may indicate fraudulent billing practices, services not received and/or overutilization. These reviews help prevent health care fraud, waste, and abuse, as required by state and federal regulations. SIU audits also ensure members receive necessary care and that billed services match the services provided.

SIU audits verify that billed services were delivered and supported by medical records. Medical records and documentation must substantiate the service, level of care and actual time spent with each patient. Counseling and behavioral health services must include face-to-face time as required by coding guidelines.

Presbyterian encourages providers to review their practices for inconsistencies with current laws, policies or coding standards. If an overpayment is identified, providers must contact SIU and resolve it within 60 calendar days of discovery, as required by the Affordable Care Act.

As outlined in your service agreement, all providers must be credentialed with Presbyterian before treating members and services should be billed under the rendering provider.

For more details, see the [Presbyterian Practitioner and Provider Manuals](#).

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 April 1. There are no exemptions from this federal requirement.

Physical Health Providers: Log in to the [provider portal](#) to make updates. Physical health providers can also [request delegate access](#). For questions, contact providerdemo@phs.org.

Behavioral Health Providers: Log in to the [behavioral health portal](#). 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.



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[CONTACT GUIDE](#)



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