NETWORK CONNECTION
MARCH 2026

TURQUOISE CLAIMS COMING SOON

The New Mexico Health Care Authority (HCA) is launching **Turquoise Claims, a single-point-of-entry process for Medicaid claims**. This system is designed to streamline claims submission and affects all provider types.

What's Changing:

- **March 23, 2026:** HCA will go live with Turquoise Claims
- **March 13, 2026:** Presbyterian will stop creating secondary claims for dual coverage members. Providers will need to submit both primary and secondary claims
- Presbyterian has built a direct connection through the PROVIDERConnect Provider Portal via Fast Claim

How to Ensure Accurate Claim Payment

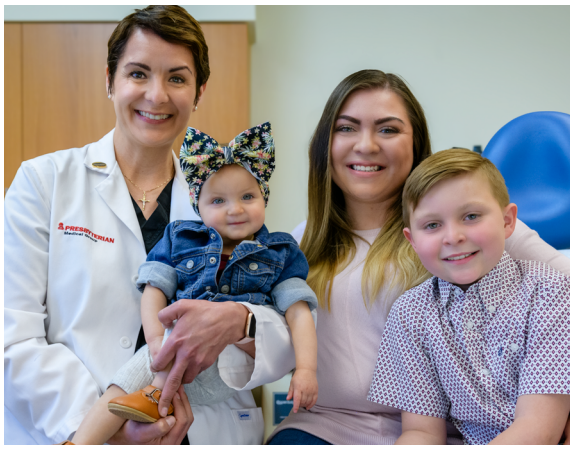
Include the following on all Medicaid claims:

- **Presbyterian Payor ID (Segment GS03):** 77048 (for PROVIDERConnect or approved clearinghouses)
- **Loop 2010BB (Segment NM109):** NMPHP (for approved clearinghouses)
- **Member Information:** Verify that last name/date of birth match the HCA member portal

A full list of approved clearinghouses and potential claim denial codes may be found here.

Questions?

For updates, FAQs, past communications and more, visit the HCA Turquoise Claims webpage or the Presbyterian Provider News & Communications page.



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PROVIDER SATISFACTION SURVEY HIGHLIGHTS

Presbyterian, in partnership with Press Ganey, conducts an annual provider satisfaction survey to better understand how we can strengthen our partnership with providers and improve processes. This year's survey was distributed July 18–Aug. 8 by mail, telephone and online.

Overall, **86.1%** of respondents said they were satisfied with Presbyterian. Survey results also showed that **85.3%** of providers would recommend Presbyterian to other providers, and **88.4%** would recommend Presbyterian to their patients.

Responding providers rated Presbyterian as the highest-performing Managed Care Organization in New Mexico when compared with other health plans. Our strongest scoring areas included the effectiveness of our care coordination and care management programs.

The survey also identified areas of opportunity. Providers shared that they want to reach a live person more reliably when calling, access higher-quality tools and resources on the Presbyterian website, and see quicker adjustments in claims appeals processing and faster resolution of claims without requiring multiple inquiries.

Feedback from the 2025 survey is important to us, and we have already begun taking steps to address these areas. We celebrate positive results while developing action plans to improve our processes and increase administrative efficiency. We remain committed to enhancing your experience with the health plan and will share our progress with you in the months ahead.

Thank you for participating in this and future provider satisfaction surveys. We appreciate your partnership and dedication to helping Presbyterian improve and better serve our patients, members and community.

Impacts and Implications of Provider Satisfaction

Provider satisfaction is closely linked to care quality, patient experience and treatment adherence. Research shows that satisfied physicians are more effective, while dissatisfaction can contribute to lower patient compliance and outcomes.

Provider satisfaction supports several key areas:

- Well-being: Protecting providers' physical and mental health strengthens the care environment
- Better outcomes: Engaged physicians deliver more effective care
- Patient retention and compliance: Long-term provider relationships improve adherence and reduce complications and costs
- Attracting patients: Physician engagement can influence patient choice

Presbyterian's network compliance and quality analysis team reviews survey trends and continues to identify opportunities to improve satisfaction. More detailed findings and responses to the 2026 survey will be shared soon.

TAKE NOTE

2026 PROVIDER EDUCATION EVENTS

Upcoming Trainings

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

- The Provider Education Conference and Webinar Series
- Value-Based Care Town Halls
- Indian Health Services and Tribal Conversations
- Behavioral Health Town Halls
- Presbyterian Dual Plus (HMO D-SNP)
- Turquoise Care, including Children in State Custody
- Cultural Sensitivity

For more information about these and other training opportunities, please visit the **Presbyterian Provider Training page**.

PRESBYTERIAN WELLNESS PROGRAMS AND TOOLS

Are you receiving questions from your patients about ways to lose weight or improve overall health? Presbyterian wellness resources are available to assist providers and members alike.

Path for Wellness Programs

Presbyterian's Path for Wellness programs are available to assist Turquoise Care members in managing weight and sustaining weight loss. These programs use evidence-based strategies to help participants in meeting their health goals:

- **Healthy Weight:** One-on-one health coaching with registered dieticians and lifestyle coaches via phone/app messaging, webinars and digital 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. Refer patients directly here.

Onward by NeuroFlow: A Digital Wellness Tool

Onward by NeuroFlow is a digital health tool that connects patients to varied health support services. Onward offers eligible members access to:

- Tailored 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.

TAKE NOTE

NEW MEXICO TOBACCO QUITLINE

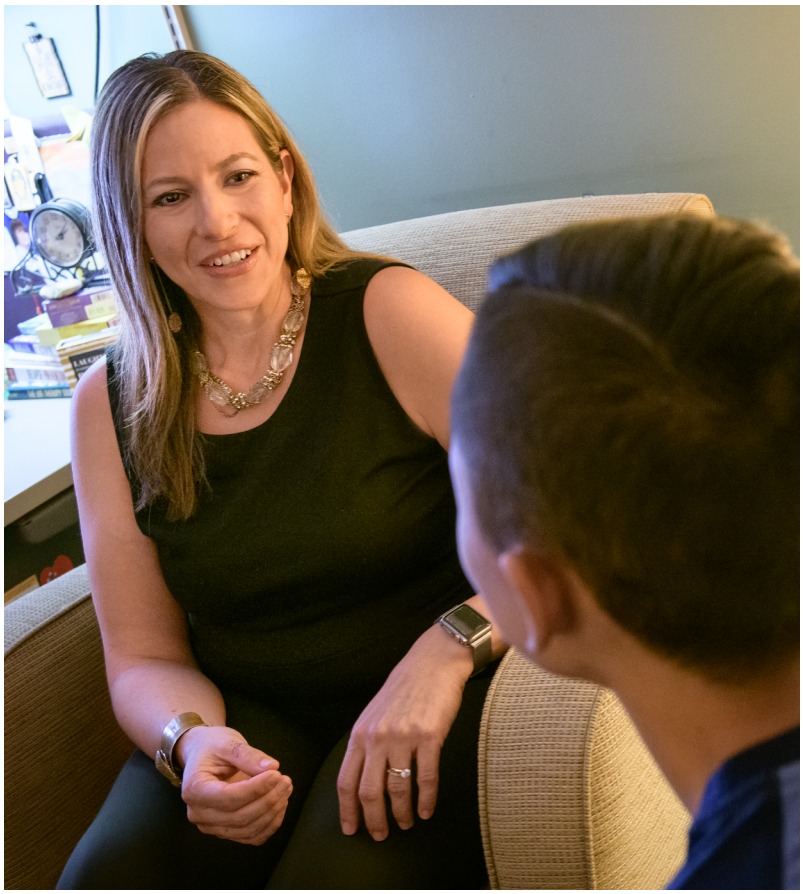
Presbyterian members can access the New Mexico Quitline at no extra cost. This self-paced program offers tools and support to quit tobacco and nicotine. A Quit Coach helps patients who use tobacco products create a plan that fits their routine.

With Quitline, your patients can:

- Get one-on-one coaching to build a personalized 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.



BEHAVIORAL HEALTH REMINDER: SUBMITTING ROSTERS

Presbyterian Behavioral Health would like to remind our contracted providers to use the Behavioral Health Provider Portal to submit rosters. To learn more, watch this how-to video.

A reminder that credentialing must be completed and approved before providing services for Presbyterian members.
If you need access to the Presbyterian Behavioral Health portal, please contact your assigned provider liaison.

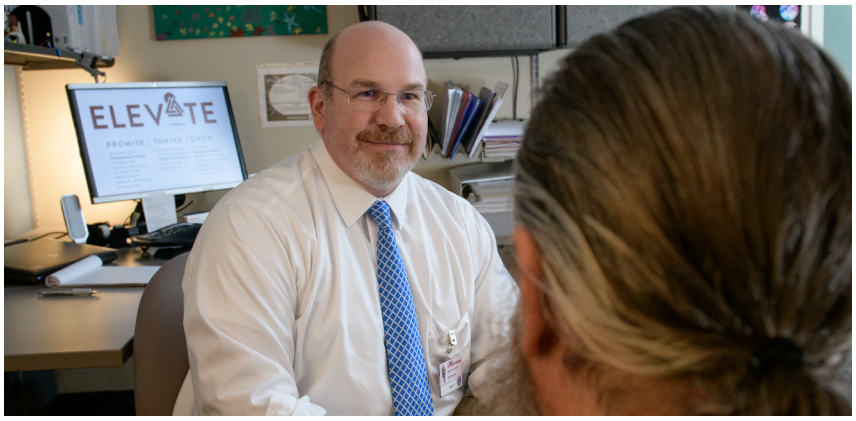
PRESBYTERIAN VALUE-BASED PROGRAMS

The Centers for Medicare and Medicaid Services (CMS) Innovation Center has set an ambitious target: by 2030, all Medicare and Medicaid beneficiaries should be in value-based care (VBC) arrangements.

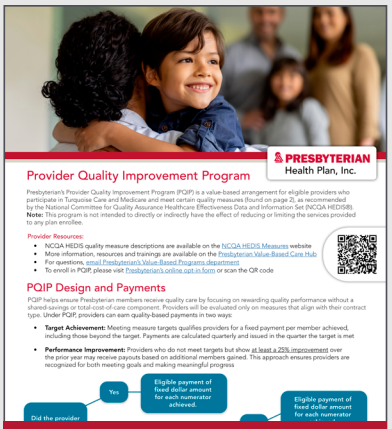
Presbyterian is committed to supporting this transformation through our Value-Based Programs (VBP), which reward high-quality, patient-centered care and improved health outcomes. Unlike fee-for-service, which reimburses providers for the number of services delivered, VBC focuses on quality, outcomes and whole-person care, aligning incentives around what benefits patients most.

Presbyterian offers four VBP programs:

- **Provider Quality Improvement Program (PQIP)**
  For outpatient providers in Turquoise Care or Medicare, PQIP offers incentive payments based on meeting or improving performance on key quality measures.
- **Model Facility Incentive Program (MFIP)**
  MFIP supports behavioral health inpatient facilities by rewarding timely follow-up and strong care transitions that help stabilize patients and reduce readmissions.
- **Behavioral Health Quality Improvement Program (BQIP)**
  For outpatient behavioral health providers, BQIP incentivizes adherence to Healthcare Effectiveness Data and Information Set (HEDIS)-aligned measures that strengthen continuity and access to mental health care.
- **Patient Centered Medical Home Program (PCMH)**
  For primary care practices that participate in Medicare and/or Medicaid, PCMH tracks recommended quality HEDIS measures. For more information on PCMH, contact the Presbyterian VBC team.



LEARN MORE by clicking on the program flyer images:



Provider Quality Improvement Program

Model Facility Incentive Program

Behavioral Health Quality Improvement Programs

PROVIDER SATISFACTION CORNER

ONCOLOGY PRIOR AUTHORIZATION

Presbyterian has partnered with Evolent (formerly New Century Health), a comprehensive oncology quality management company, to implement a new prior authorization program. This program is intended to help providers deliver high-quality patient care and promote evidence-based practices by using clinical criteria aligned with nationally recognized guidelines.

Evolent offers providers the ability to:

- Obtain real-time approvals when selecting evidence-based treatments
- Upload supporting clinical documentation directly to prior authorization requests
- Real-time status of authorization requests
- Eligibility verification
- Specialty-matched peer-to-peer reviews when discussing treatment options
- Dedicated Evolent provider engagement managers to address any issues or questions

Effective March 3, 2026, oncology-related chemotherapeutic drugs, supportive agents, symptom management medications and radiation oncology services will require prior authorization from Evolent before being administered in provider offices, ambulatory centers, outpatient hospitals and inpatient hospital settings* (*Chimeric Antigen Receptor [CAR] T-cell therapy only).

These prior authorization requirements will apply to Presbyterian members of all ages for the following primary diagnosis codes:

Diagnosis Range: C00 - D49.9, E34.0, E34.01, E34.09

Providers may begin contacting Evolent on March 3 to secure prior authorization for services scheduled on or after that date. These prior authorization requests may be submitted via:

- The Evolent Provider Portal (select CarePro)
- Telephone (Monday – Friday, 6 a.m. to 6 p.m.):
  - 1-888-999-7713, option 2 (medical oncology)
  - 1-888-999-7713, option 3 (radiation oncology)

Presbyterian approvals issued before March 3 are effective until the authorization end date. Oncology or radiation oncology services that did not require an authorization prior to this date may require an authorization from Evolent for service/treatment dates on/after this date.

To learn more, we invite you to register and attend upcoming Evolent training sessions. If you have questions, please email providertraining@evolent.com or view this informational FAQ.

Presbyterian is confident that this collaboration will have a positive impact on quality of care for your patients.

SPLIT OR SHARED VISITS

Split or shared visits are common in hospital and facility settings, where care is provided by a team rather than a single clinician. Under American Medical Association (AMA) and CMS guidance, a split or shared visit occurs when a physician and a nonphysician practitioner, such as a nurse practitioner or physician assistant, each perform part of the same Evaluation and Management (E/M) service for the same patient on the same day.

These visits support team-based care while ensuring accurate billing. The service is billed once, under the clinician who performed the substantive portion of the visit. The substantive portion is defined as more than half of the total time spent or the majority of the medical decision-making.

Both clinicians must clearly document their individual contributions, including history, exam, medical decision-making or time spent. Because rules continue to evolve, accurate reporting is essential to avoid denials and compliance issues. Providers should remain updated on standards and rules to ensure that billing practices align with current regulations.

The Presbyterian Program Integrity Department conducts random audits to confirm that billed services were provided and documented appropriately. For more information on split or shared E/M guidelines, visit the Novitas Solutions website. Additional guidance is available in the Presbyterian Practitioner and Provider Manuals.

As outlined in Presbyterian's services agreement, all providers must be credentialed with Presbyterian before seeing Presbyterian members.

REGULATORY REMINDERS

TURQUOISE CARE APPOINTMENT STANDARDS

Presbyterian is committed to meeting appointment access standards established by our regulators. To assess the ease and accessibility of scheduling different types of appointments with network providers, Presbyterian conducts mystery shopper surveys. The table below defines the type of appointment and the time frame in which providers are required to see patients for these different types of appointments.

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	Initial assessment for non-urgent appointments	No more than 7 calendar days*
	Appointment following an initial assessment	No more than 7 calendar days*
	Non-urgent follow-up appointment	No more than 30 calendar days of request
	Outpatient appointments for urgent conditions	Within 24 hours
	Face-to-face crisis services	Within 90 minutes
Specialty Care	Symptomatic outpatient referral and consultation	No more than 14 calendar days*
	Asymptomatic outpatient referral and consultation	No more than 45 calendar days*
	Outpatient appointments for urgent medical conditions	Within 24 hours
Maternity Care	Outpatient appointments for urgent medical conditions	Within 24 hours
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*
	Walk-in instead of an appointment system	Member wait time shall be consistent with the severity of the clinical need
	Urgent outpatient appointments	Consistent with clinical urgency, but no longer than 48 hours
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	In-person fill time	No longer than 40 minutes
	Practitioner phone-in fill time	No longer than 90 minutes

*Unless the member requests a later time

REGULATORY REMINDERS

ACCURATE BILLING OF PROCEDURE CODE Q3014

Accurate billing of procedure code Q3014 is essential for telehealth services. Incorrect use can result in denials or recoupments. The Special Investigations Unit (SIU) has identified two frequent billing errors:

1. Q3014 billed by the distant site provider when the member is at home
2. The same entity billing both the originating site fee and the professional service

What Q3014 Represents

Q3014 is the telehealth originating site facility fee. Only the eligible facility where the member is physically located during the telehealth encounter may bill it. Distant site providers should bill only the appropriate professional service code. **A single provider or entity cannot be reimbursed as both the originating and distant site provider for the same visit.**

Example: For a telehealth visit between a member at home and their provider, only the professional service (using the correct telehealth modifier or place of service) should be billed. Q3014 should not be billed.

Originating Site Requirements

The originating site is the member's location during the telehealth visit and must be an authorized facility, such as:

- Behavioral health clinics or practitioner offices
- Hospitals or Critical Access Hospitals
- Rural Health Clinics
- Federally Qualified Health Centers
- Skilled Nursing Facilities
- Community Mental Health Centers

Example: When a member presents at an eligible facility and consults with an outside telehealth provider, the facility bills Q3014 and the distant site provider bills the professional service.

Q3014 may not be billed when the member is at home or at a site that does not meet geographic requirements, including being within a Metropolitan Statistical Area or outside a qualifying Rural Health Professional Shortage Area.

Documentation Requirements

The originating site must document that the member was physically present at an eligible facility and that the site supplied space, equipment and support. Documentation must clearly separate originating site services from distant site professional services.

Key Compliance Takeaway

Q3014 reimburses authorized originating sites only. Providers must verify eligibility and roles before billing. Coverage for the originating site facility fee varies by plan and contract.

MORE INFORMATION

- Review fraud, waste and abuse examples in Chapter 16 of the Presbyterian Practitioner and Provider Manuals
- Compliance and Fraud, Waste, and Abuse Hotline: 1-888-435-4361 or PHPFraud@phs.org

REGULATORY REMINDERS

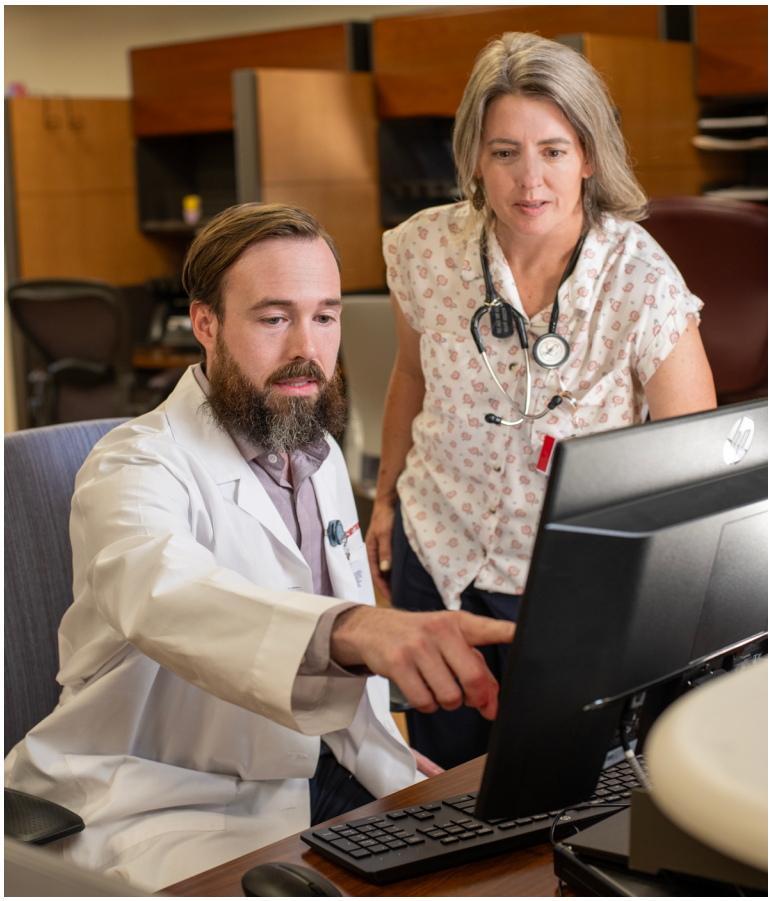
REMINDER: VERIFY PROVIDER DIRECTORY INFORMATION EVERY 90 DAYS

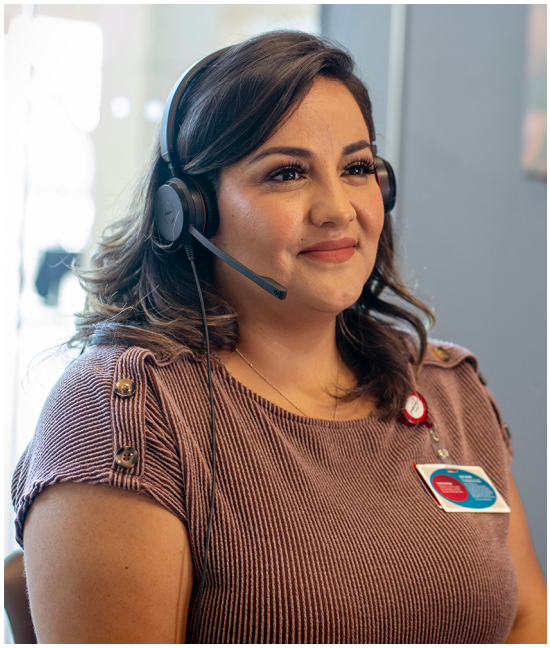
In accordance with the No Surprises Act, as of Jan. 1, 2022, all providers are required to verify their directory information with Presbyterian every 90 days. The next deadline is April 1. There are no exemptions from this federal requirement.

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.





LET'S CONNECT

CONTACT GUIDE

PHONE: (505) 923-5757

SHARE YOUR FEEDBACK

SIGN UP FOR PRESBYTERIAN EMAILS