# NETWORK CONNECTION

JULY 2026

## MAKE SUMMER VISITS COUNT FOR KIDS' HEALTH

School's out for summer, and with it comes an ideal time to address important Healthcare Effectiveness Data and Information Set (HEDIS) measures for children and adolescents. As families adjust schedules and prepare for the new school year, Presbyterian encourages providers to prioritize preventive care.

### Oral Evaluation, Dental Services (OED)

The OED measure applies to **members ages 1-21** and tracks whether they received **at least one dental exam during the year**. Routine exams support early detection of issues and help prevent more serious oral health problems.

**Provider Tips:**

- Confirm annual dental exams for all children (starting at age 1 or first tooth)
- Ask about dental visits during well-child checks
- Refer patients without a dental provider to establish a dental home
- Remind families of available dental benefits
- Ensure services are documented

Strong OED performance supports compliance with state and New Mexico Medicaid requirements.

### Immunizations for Adolescents (IMA)

IMA measures whether adolescents turning 13 received:

- One meningococcal vaccine
- One Tdap vaccine
- Two+ HPV doses

**Best Practices for Supporting IMA**

- Review immunization status early using Electronic Health Records (EHRs) or state registries
- Strongly recommend and administer vaccines during the visit when possible
- Schedule follow-ups for remaining doses
- Document accurately

IMA reflects effective preventive care, improving long-term health outcomes and reducing future healthcare costs.

### Make the Most of Summer Visits

Summer appointments may be the only visit many children have all year. Reviewing immunizations and dental care during these visits helps prevent missed opportunities and supports long-term health.

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

PRESBYTERIAN

# UPFRONT

## HELPING CAREGIVERS NAVIGATE SUBSTANCE USE DISORDER

When a family member, partner or close friend provides care for someone living with a substance use disorder (SUD), they face a distinct set of challenges. Navigating treatment decisions, managing cycles of relapse and recovery, setting boundaries without shame, and carrying a significant emotional burden are all faced by caregivers, often with little support or preparation.

**Trualta**, a free, online caregiver resource, has released new structured, evidence-based content designed specifically for caregivers supporting someone with a substance use disorder. Grounded in harm reduction, trauma-informed principles and person-centered care, the content addresses the full caregiving journey across five areas:

- **SUD Basics:** Plain-language explanations of addiction, brain science, stigma and common myths
- **Treatment and Management:** Guidance on treatment options, the caregiver's role, relapse and recovery planning
- **Caregiver Emotions and Well-Being:** Tools for managing guilt, grief, burnout and emotional strain
- **Care Recipient Emotions and Needs:** Communication strategies, boundary-setting and dual diagnosis guidance
- **Caring for Children and Teens with SUD:** Age-specific for families navigating youth substance use disorder

**REFER CAREGIVERS HERE**
Caregivers can register here or scan the QR code.

# 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
- Critical Incident Reporting Training
- Behavioral Health Town Halls
- Indian Health Services and Tribal Conversations
- Value-Based Care 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.

# TAKE NOTE

## BILLING GUIDANCE: CPT 90785 (INTERACTIVE COMPLEXITY)

Current Procedural Terminology (CPT) code 90785 (interactive complexity) reflects increased complexity in communication during certain psychiatric services and may only be billed when specific criteria and requirements are met.

CPT 90785 may be billed only as an add-on code and must accompany an eligible primary psychiatric service. It should be used when communication difficulties complicate delivery of care and require additional provider effort beyond typical services.

### Appropriate Use of CPT 90785

- Involvement of individuals legally responsible for the member's care
- Participation of family members, caregivers or interpreters at the member's request
- Coordination with external entities such as schools, social services or legal authorities
- Communication barriers requiring specialized methods to engage the member

### Improper or Non-Qualifying Uses of 90785

- Translation or interpretation services alone
- Working with a child or using play therapy without a specific complicating factor
- Routine parent involvement or parent attending the therapy session
- Routine or expected services (increased time alone **does not** support usage)

### Documentation Requirements

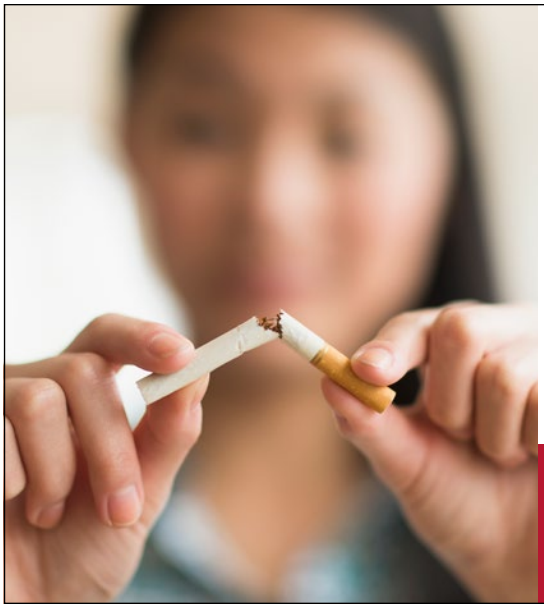
Medical records must clearly support the use of CPT 90785 by describing:

- Specific communication challenges
- Challenges affecting clinical interaction
- Interactive methods used to address the complexity
- Statements on why standard communication approaches were insufficient

Claims submitted without adequate documentation may be subject to audit or review, and payment may be adjusted if billing requirements are not met.

### 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



## NEW MEXICO TOBACCO QUITLINE

New Mexico Quitline is a comprehensive tobacco cessation program offering personalized coaching, digital tools and ongoing support for patients taking the step to quit smoking for good.

The program includes online and mobile resources, such as daily tips, progress tracking, and lessons on living tobacco free. Interactive tools help patients set a quit date, handle cravings, and understand how medications can support quitting. One-on-one support and personalized Quit Plans keep patients on track for lasting behavior change.

### HOW TO REFER PATIENTS

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

# TAKE NOTE

## NAIL PATHOGEN PANELS

As molecular diagnostic technology expands and labs seek to maximize the use of high-capacity testing platforms, overutilization is a growing concern. Providers may order these panels more often than clinically necessary, including as first-line testing rather than reserving them for complex or treatment-resistant cases.

**Nail pathogen panels** test nail samples for bacterial and fungal organisms linked to infections such as onychomycosis. Compared with traditional methods, these panels offer higher sensitivity, faster turnaround times and the ability to detect multiple pathogens at once. While beneficial in select cases, usage has driven increased billing for nail pathogen testing codes, particularly among podiatry providers. Overutilization can complicate claims adjudication and raise the risk of denials or audits, especially when non-specific molecular codes or multiple units are billed.

To support accurate billing, documentation should include:

- Clear clinical indication and medical necessity
- Prior testing and treatment history
- Valid, signed provider order specifying test type
- Impact on clinical management
- Relevant patient history
- Accurate diagnosis coding
- Test methodology details
- Frequency and utilization rationale
- Complete, legible records

The Presbyterian Program Integrity Department performs random claims validation audits to verify that billed services were rendered and accurate. Please refer to the Presbyterian Practitioner and Provider Manuals for more information.

## nations nutrition HEALTHY WEIGHT PROGRAM

Maintaining a healthy weight is a complex challenge for many patients, particularly those managing chronic conditions or social barriers to care. The **NationsNutrition healthy weight program** offers a structured, evidence-based resource to support patients in achieving long-term health outcomes.

Grounded in behavioral change science that promotes realistic and incremental lifestyle changes rather than short-term solutions, Healthy Weight is available at no additional cost to Presbyterian Medicaid members. The program encourages members to:

- Make more nutritious food selections
- Understand balanced meal planning
- Develop sustainable daily healthy habits
- Lose or manage weight
- Be more active
- Reduce the risk of type 2 diabetes

Program outcomes demonstrate strong engagement and meaningful clinical impact, with 77% active participation and 53% of participants losing an average of 5.5% of their body weight.

### REFER YOUR PATIENTS TODAY

Patients can **sign up online** or call 1-855-249-8587. Refer patients directly **here**.

# PERINATAL BENEFITS AND VALUE-BASED PROGRAMS

Providers can earn payment incentives for the care they already deliver when they participate in Value-Based Programs (VBPs). Presbyterian's Provider Quality Improvement Programs (PQIPs) reward providers for meeting measures tied to prenatal, postpartum and well-child care.

## PRESBYTERIAN BENEFITS GUIDE

### Pregnancy Passport

Supports timely prenatal and postpartum care to improve outcomes and reduce complications.

- Members earn $150 for attending a prenatal visit in the first trimester or within 42 days of enrollment
- Members earn $100 for attending a postpartum visit 7-84 days after delivery

### Food is Medicine

Helps patients manage diabetes through diet, exercise and medication when needed.

- Home-delivered meals or grocery boxes during pregnancy and up to eight weeks postpartum
- Available to all pregnant Turquoise Care members with diabetes
- Refer members via the program form

### Ouma Health

Virtual maternity services that complement in-person care and improve access statewide. Providers receive credit for timely visits. Services include:

- First trimester care: labs, ultrasounds, prenatal vitamins and care coordination
- Postpartum care (7-84 days): depression screening, birth control counseling and more
- Behavioral health: perinatal mood disorder treatment through one year postpartum
- Substance use care: medication-assisted treatment for opioid use disorder
- Lactation support: board-certified consultants available up to one year postpartum
- Refer members via the program form

### Well Baby Bonuses

Encourages routine screenings, vaccinations and healthy development. Members earn:

- $50 for six visits from birth to 15 months
- $25 for the seventh and eighth visits from 16-30 months

Members can enroll by calling the Maternal Child Resource Line at (505) 923-2008 or visiting the Presbyterian website.

### PROVIDER RESOURCES

- NCQA HEDIS Quality Measures and Technical Resources
- Presbyterian Value-Based Care Hub
- VBP Opt-In Form
- Questions: Value-Based Care Team at valuebasedprograms@phs.org.

# PROVIDER SATISFACTION CORNER

## 2025 QUALITY IMPROVEMENT PROGRAM SUMMARY

The Presbyterian Quality Improvement (QI) program drives our commitment to better health outcomes, stronger provider-member relationships and higher satisfaction. Each year, we evaluate performance to assess processes, initiatives, activities, goals and outcomes related to care quality, services and safety.

### Quality Program Accomplishments From 2025

- **Diabetes Prevention and Healthy Weight programs** showed meaningful improvements, including better glycemic control and sustained weight-loss progress
- **Ouma Health virtual maternity care** launched, expanding prenatal, postpartum and behavioral health access, especially in rural areas
- **Outreach & Engagement** expanded to support families, preventive care and care gap closure, resulting in more visits and improved outcomes
- **Provider satisfaction surveys** ranked Presbyterian No. 1 among New Mexico health plans
- **NCQA Health Outcomes Accreditation** achieved, highlighting focus on health equity, language access and culturally responsive care
- **Presbyterian Dual Plus (HMO D-SNP)** enhancements included a strengthened Model of Care and launch of the Center of Excellence (COE) for 2026 to support chronic condition management

### 2026 Quality Program Opportunities

Presbyterian will continue integrating population health and quality using innovative, evidence-based approaches. While 2025 results showed progress in governance, access and health equity, opportunities remain.

Priorities include reducing variation in preventive, maternal, behavioral health and chronic care measures; improving early identification and timely intervention; and sustaining engagement for members needing long-term support.

Additional focus areas include expanding data integration and real-time reporting to enable more proactive outreach, and strengthening provider alignment through value-based, shared quality goals to drive measurable equity outcomes.

Interested in learning more or getting involved in the Presbyterian QI Program? Contact the Quality Department at PHPQuality@phs.org.

## CLINICAL AND PREVENTIVE HEALTHCARE GUIDELINES

Presbyterian's preventive healthcare guidelines align with the Affordable Care Act and U.S. Preventive Services Task Force (USPSTF) A and B recommendations. These guidelines support shared decision-making between providers and members based on individual needs. Guidelines also align with national standards for specialty populations and services:

### Vaccine Schedules for Adults and Children:

- Centers for Disease Control and Prevention
- Advisory Committee on Immunization Practices

### Well-Child Exams, Screening and Guidelines:

- American Academy of Pediatrics and Bright Futures

### Women's Health Guidelines:

- Health Resources and Services Administration

### Clinical Practice Guidelines

Presbyterian's clinical practice guidelines are based on population health data identifying common conditions among members. They support informed clinical decisions and are adopted from nationally recognized organizations. All guidelines are reviewed and approved annually by the Population Health and Clinical Quality Committee.

Providers can review Presbyterian's current physical and behavioral health clinical practice guidelines online:

- Physical health guidelines
- Behavioral health guidelines

Printed copies are available through your Provider Network Operations relationship team.

# PROVIDER SATISFACTION CORNER

## BEST PRACTICES FOR BLOOD PRESSURE MEASUREMENT: IN-OFFICE AND SELF-MONITORING

Standardized measurement protocols reduce errors and improve blood pressure control.

### In-Office Blood Pressure Measurement

- **Optimal Environment:** Measure in a quiet room with seated back support and a firm surface for the patient's arm at heart level. Use calibrated, validated automatic devices
- **Preparation:** Ensure bladder is empty. Have patient sit with feet flat and back supported. Place correctly sized cuff on bare arm. Instruct the patient to remain silent and still
- **Multiple Readings:** If initial blood pressure is high (>140/90 mm Hg), repeat measurement after two to three minutes and document all readings

### Accurate Positioning

Improper positioning can distort blood pressure readings. These evidence-based guidelines help ensure accurate measurements in clinical settings:

| PATIENT CONDITION | POTENTIAL ERROR (mm Hg) | RECOMMENDED ADJUSTMENT |
|---|---|---|
| Crossed legs | 2-8 | Uncross legs |
| Cuff over clothing | 5-50 | Use bare arm |
| Cuff too small | 2-10 | Use properly fitting cuff; use wrist cuff if upper arm size prevents correct fit |
| Full bladder | 10 | Empty bladder prior to measurement |
| Talking or listening actively | 10 | Request silence and stillness during measurement |
| Unsupported arm | 10 | Support arm at heart level |
| Unsupported back/feet | 6 | Support back and place feet flat |

*Source: targetbp.org*

### Self-Monitoring of Blood Pressure

- **Education:** Teach proper posture, placement and timing
- **Validated Devices:** Recommend clinically validated home monitors
- **Routine:** Measure at the same times daily (morning/evening) and log results

### Documentation

Ensure that patients' home blood pressure readings are collected and recorded in the medical record during telehealth visits.

By adhering to best practices, providers can improve data accuracy, patient engagement and clinical outcomes.

# PROVIDER SATISFACTION CORNER

## CMS MEASURE: STATIN USE IN PERSONS WITH DIABETES

CMS utilizes the Statin Use in Persons with Diabetes (SUPD) measure to evaluate the percentage of Medicare Part D beneficiaries, 40-75 years old, who were dispensed **at least two** diabetes medication fills on separate dates **and** received a statin medication fill during the measurement period.

### Alternatives to Statin Therapy That Remove Patients From the Denominator:

| DRUG | STRENGTH | TIER |
|---|---|---|
| Nexletol | 180mg | Tier 4 |
| Repatha | 140mg | Tier 4, Prior Authorization |

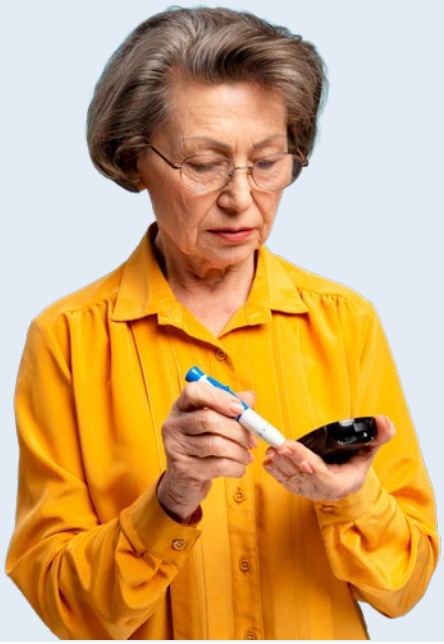
### Exclusions:

- Hospice enrollment
- End-stage renal disease (ESRD) diagnosis or dialysis coverage dates
- Rhabdomyolysis and myopathy
- Pregnancy, lactation and fertility
- Cirrhosis
- Pre-diabetes
- Polycystic ovary syndrome

### Exclusionary Diagnoses:

| CATEGORY | EXCLUSIONARY CONDITION | COMMON ICD-10/HCPCS CODES |
|---|---|---|
| Renal & Liver | ESRD & Dialysis | N18.5, N18.6, N19, Z99.2, I12.0, I13.11, I13.2 |
| Renal & Liver | Cirrhosis & Liver Disease | K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69 |
| Muscle Disorders | Rhabdomyolysis | M62.82 |
| Muscle Disorders | Myopathy & Myositis | G72.0, G72.89, G72.9, M60.80, M60.9 |
| Glucose/Hormonal | Polycystic Ovarian Syndrome (PCOS) | E28.2 |
| Glucose/Hormonal | Prediabetes & Abnormal Glucose | R73.03, R73.09 |
| Reproductive | Pregnancy | O00.101 to O9A.519 series, Z33.1 |

## EMPOWERING MEMBERS WITH AT-HOME HEALTH SCREENING KITS



Presbyterian is making preventive care more accessible by providing eligible members with at-home testing options for important screenings throughout the year. At-home test kits are available to eligible members who have not completed recommended screenings based on age and medical claims data.

Throughout 2026, at-home test kits may be available under the following criteria:

- Adult members diagnosed with diabetes:
  - HbA1c
- Members without a complete kidney evaluation on file:
  - eGFR
  - uACR
  - Creatinine
- Members 45 years of age or older who have not had a colonoscopy:
  - Cologuard

Once the member completes and returns the kit for lab analysis, both the provider and patient will receive the results. The patient is encouraged to contact their provider to discuss next steps.

# REGULATORY REMINDERS

## PROVIDER MEDICARE OPT-OUT RULES: WHAT YOU NEED TO KNOW

Medicare's opt-out provisions allow eligible providers (physicians and certain non-physician practitioners) to privately contract with Medicare beneficiaries instead of submitting claims, including to Medicare Advantage plans like Presbyterian. To opt out, providers must follow federal requirements, including submitting a Medicare Opt-Out Affidavit to the appropriate Medicare Administrative Contractor (MAC) and executing compliant private contracts with each Medicare patient.

Contracts must meet requirements in 42 CFR Part 405, Subpart D, and affidavits must comply with the specifications outlined in 42 CFR § 405.420.

The opt-out period lasts two years and renews automatically unless canceled. It applies nationwide, though providers practicing across multiple MAC jurisdictions must file affidavits accordingly. Only specific provider types (i.e., physicians, dentists and podiatrists) may opt out; facilities are not eligible.

### Why This Matters

Compliance with Medicare opt-out rules helps prevent claim denials, reduce beneficiary confusion and avoid delays. Opted-out providers cannot bill Medicare for non-emergency services, including Medicare Advantage plans. Patients are responsible for the full cost under private contracts and must be informed that Medicare will not reimburse these services.

If a Medicare Advantage plan pays an opted-out provider, it is considered an overpayment and must be refunded within 60 days. Failure to do so may trigger compliance actions.

### Key Reminders

- Track affidavit timelines and renewals
- Verify patient eligibility before opting out
- Maintain accurate, patient-specific contracts

Following opt-out requirements supports compliance, protects patients and ensures smooth operations.

## 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 Sept. 28.** 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 or view this guide.

**Behavioral Health Providers:** Log in to the behavioral health portal. For questions or assistance, contact PHPTCBH@magellanhealth.com or view this guide.

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