# NETWORK CONNECTION
SEPTEMBER 2026

## PRESBYTERIAN'S VIRTUAL CARE OFFERINGS

Presbyterian continues to expand virtual care options that help patients access timely, convenient care while supporting providers in addressing growing demand for specialty services.

Through VirtualPRES, providers can connect patients to a range of virtual services, including primary care, urgent care, and specialty offerings designed to reduce barriers to care and improve access statewide.

### Benefits for Patients

**Access**

- Virtual appointments are typically available within two weeks
- Available statewide
- For patients ages 18 and older

**Cost***

- $0 cost for Presbyterian Medicare and Medicaid members
- No copay for most Presbyterian Commercial plans

**Convenience**

- Provider referral or self-scheduling through MyChart
- Visits available by computer, tablet or smartphone
- Receive care from home, reducing transportation barriers

*Members enrolled in high-deductible health plans will not qualify until applicable out-of-pocket requirements have been met. Some employer-sponsored commercial plans may not be included.

Two specialty services available through VirtualPRES are **Virtual Medication Management** and **Virtual Dermatology**.

*(continued on page 2)*

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

PRESBYTERIAN

# UPFRONT

## PRESBYTERIAN'S VIRTUAL CARE OFFERINGS *(continued)*

### Virtual Medication Management

Connects adult patients with board-certified behavioral health providers for evaluations, diagnosis and medication management of behavioral health and psychiatric conditions. As demand for behavioral health services grows, Virtual Medication Management helps patients access care more quickly and conveniently.

Consider referring adult patients with:

- Anxiety disorders
- Emotional and mood disorders
- Stress-related mental health conditions
- Adult personality and behavior disorders
- Nonpsychotic mental disorders
- Other psychiatric conditions

**Note:** Patients requiring controlled substance medications will be referred to in-person care when appropriate.

Appointments can be self-scheduled at phs.org/virtualcare by selecting **Virtual Medication Management**. Providers may also refer eligible patients to the service as part of their care plan.

### Virtual Dermatology

Provides evaluation and treatment for most hair, skin and nail conditions, offering faster access to specialty care.

Common conditions include:

- Suspicious spots
- Acne
- Eczema
- Rosacea
- Psoriasis
- Rashes
- Hair loss
- And more
- See full list

Patients can meet with a dermatology provider by video and receive a treatment plan. If a biopsy or procedure is needed, an appointment will be scheduled with a Presbyterian Medical Group specialist. Available for patients of all ages.

Appointments can be self-scheduled at phs.org/virtualcare by selecting **Virtual Dermatology**.

# TAKE NOTE

## 2026 PROVIDER EDUCATION EVENTS

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 Lunch and Learn Sessions
- 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

## PATH FOR WELLNESS HEALTHY WEIGHT PROGRAM

Helping patients achieve and maintain a healthy weight can be challenging, particularly when chronic conditions or social barriers affect care. Presbyterian's Path for Wellness Healthy Weight Program through NationsNutrition offers Medicaid members a no-cost, evidence-based approach focused on building sustainable healthy habits.

Rather than emphasizing restrictive diets or short-term weight loss, the program teaches practical strategies for nutrition, physical activity and overall wellness, such as:

- Making healthier food choices and planning balanced meals
- Building sustainable daily habits
- Losing or managing weight
- Increasing physical activity
- Reducing the risk of Type 2 diabetes

Through support from and regular check-ins with registered dietitians and lifestyle coaches, participants have demonstrated strong results. In 2025, 77% of enrolled members actively participated, and 53% achieved an average weight loss of 5.5% of their body weight, a level associated with improved health outcomes.

### REFER YOUR PATIENTS TODAY

Patients can **sign up online** or call 1-855-249-8587. Refer patients directly **here**. Scan the QR code for more information.

## 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. 30.** There are **no exemptions** from this federal requirement.

Beginning **Oct. 1, 2026**, providers who have not completed a directory attestation within the required 90-day time frame **may be removed from public provider directories (online and printed) until attestation is completed**. Providers who demonstrate continued non-compliance **may be subject to contractual compliance review** and applicable remedies consistent with participation agreements.

**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.

## NEW MEXICO TOBACCO QUITLINE

**New Mexico Tobacco Quitline** is a free tobacco cessation program that helps individuals quit and stay tobacco-free. Support is available by phone, text and online chat.

With New Mexico Tobacco Quitline, your patients can:

- Work one-on-one with a Quit Coach to build a personalized Quit Plan
- Participate in group coaching sessions for support, troubleshooting and milestone celebrations
- Access online tools, videos and articles to track progress and reach goals
- Connect with their Quit Coach whenever they need additional support

### REFER YOUR PATIENTS TODAY

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

# UPCOMING MEDICAID-MEDICARE INTEGRATION CHANGES

Presbyterian is preparing for upcoming changes in New Mexico that will further integrate Medicare and Medicaid coverage for dual-eligible members enrolled in a Dual Special Needs Plan (SNP). The goal is to improve care coordination and create a more seamless experience for members, caregivers and providers.

**No action is needed at this time.** Medicaid-only members can continue their Presbyterian Medicaid coverage, and most members with both Medicare and Medicaid will remain covered through Presbyterian next year.

## LOOKING AHEAD TO 2027

In 2027, Presbyterian Dual Plus (HMO D-SNP) is expected to transition to a Fully Integrated Dual Eligible Special Needs Plan (FIDE D-SNP), bringing Medicare and Medicaid benefits together under a single, coordinated model.

## WHAT THIS MEANS FOR PROVIDERS

Benefits of the fully integrated model include:

- Better coordination of benefits, care management and provider support
- A more connected experience for members with Medicare and Medicaid coverage
- Simplified support for members, families, caregivers and providers
- Future integrated member ID cards that include both Presbyterian D-SNP and Turquoise Care ID numbers

## PROVIDER REMINDERS AND CONSIDERATIONS

Continue to:

- Follow current Presbyterian processes for eligibility verification, appeals, grievances and member support
- Verify eligibility and benefits before rendering services
- Use information on a member's ID card and continue standard verification procedures
- Direct members to official Presbyterian communications for coverage questions found at phs.org/Medicare

Health Risk Assessments (HRAs) will continue to support care coordination, and practices may be asked to assist with HRA completion or share relevant care information as integration efforts advance. **Note:** Medicaid-only members will not need to change plans.

## MEMBER QUESTIONS?

If members ask whether they need to change plans, direct them to the customer service number on the back of their Presbyterian member ID card. Most dual-eligible members do not need to take action at this time.

# PROVIDER SATISFACTION CORNER

## PHARMACOTHERAPY FOR OPIOID USE DISORDER

Pharmacotherapy for Opioid Use Disorder (POD) measures the percentage of new opioid use disorder (OUD) pharmacotherapy events for members ages 16 and older that continue for at least 180 continuous days. The measure focuses on timely treatment, continuous medication access and sustained engagement in evidence-based care.

**Reminder:** Members should refill medications every 30 days, when applicable, and avoid gaps longer than 37 days to meet the POD measure.

### Why POD Matters

Providers play a central role in helping members start treatment promptly, stay engaged in care and avoid medication interruptions.

OUD medication treatment is associated with lower overdose risk and mortality. Sustained pharmacotherapy supports recovery by reducing relapse risk and encouraging ongoing engagement in care.

### Medications Included in the POD Measure

| | |
|---|---|
| **Buprenorphine** | Sublingual tablets, injections and implants |
| **Buprenorphine/ Naloxone** | Sublingual tablets, buccal films and sublingual films |
| **Naltrexone** | Oral tablets and injectable formulations (e.g., Vivitrol) |

**Methadone is generally excluded** because it is typically administered through federally certified Opioid Treatment Programs (OTPs) and billed through medical rather than pharmacy claims.

### Documentation and Care Gap Tips

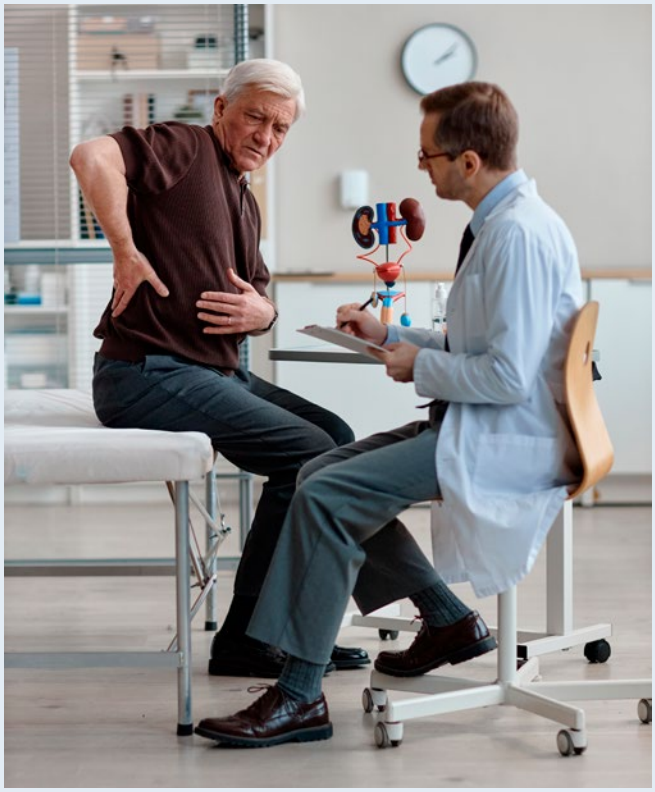
- Clearly document the OUD diagnosis when clinically appropriate
- Ensure medication administration or dispensing is captured through pharmacy or medical claims
- Confirm that the treatment start date and follow-up plan support a full 180-day treatment period
- Review medication history to identify new treatment and outreach opportunities
- Use care coordination to connect members with behavioral health, case management, peer support or OTP services as needed
- Consider more frequent check-ins for members at risk of disengagement, especially during the first weeks of treatment

## KIDNEY HEALTH EVALUATIONS FOR PATIENTS WITH DIABETES

The Kidney Health Evaluation for Patients with Diabetes (KED) Healthcare Effectiveness Data and Information Set (HEDIS) measure supports early detection and management of kidney disease.

**For patients with diabetes, complete and document both tests annually:**

- **eGFR:** Measures kidney filtration and is a well-established test that is routinely performed
- **uACR:** Detects kidney damage that may not be identified through eGFR alone. Despite its importance, uACR remains underused, creating a gap in kidney disease screening



To improve compliance, use electronic health record (EHR) reminders, ensure quantitative urine testing is ordered, educate patients on the importance of kidney screening and follow up on abnormal results.

Consistent completion of both eGFR and uACR testing supports earlier diagnosis, better treatment decisions and improved outcomes while helping organizations meet quality requirements. View the Provider Guide for additional information.

# PROVIDER SATISFACTION CORNER

## WELL-CARE VISIT TIMING AND SCHEDULING

Presbyterian encourages providers to support timely completion of well-care visits for children and adolescents. Scheduling practices play an important role in helping members receive recommended preventive care.

A common misconception is that well-care visits must be scheduled at least 365 days after the previous visit. In many cases, this is not required. Delaying, denying or canceling appointments based on a 365-day rule can create unnecessary gaps in care and missed preventive services.

Please review Presbyterian's visit-limit guidelines and ensure scheduling staff follow age-specific requirements rather than a standard annual interval.

| Current Visit Limits by Age Group | |
|---|---|
| **Age Group** | **Visits Allowed** |
| 0 - 1 year | 8 visits during the first year of life |
| 1 - 4 years | 7 visits during the four-year period |
| 5 - 11 years | No limit |
| 12 - 17 years | No limit |
| 18 - 39 years | No limit |

# REGULATORY REMINDERS

## ACCURATE BILLING OF PSYCHOTHERAPY ADD-ON CODES

Proper use of psychotherapy add-on codes with Evaluation and Management (E/M) services is important to ensure compliance and prevent denials or recoupments. Documentation must clearly support both services.

### Psychotherapy Add-on Codes

- +90833: 16-37 minutes of psychotherapy with an E/M service
- +90836: 38-52 minutes of psychotherapy with an E/M service
- +90838: 53+ minutes of psychotherapy with an E/M service

These codes may only be billed in addition to an E/M service when both are clinically appropriate and medically necessary. They must represent psychotherapy time separate from E/M activities.

### Documentation Requirements

The medical record must support:

**E/M Service:**

- The level of medical decision-making (MDM) or time (when billed alone)
- Separately identifiable evaluation

**Add-on Psychotherapy Service:**

- Documented time (start/stop time or total duration)
- Description of therapeutic interventions
- Distinct time spent on psychotherapy versus E/M activities

### Coding Reminders

- Psychotherapy add-on codes cannot be billed alone
- When billing E/M alone, code level may be selected based on MDM or total time
- When an E/M service is billed with a psychotherapy add-on code, the E/M level must be selected based on MDM only, not time
- Psychotherapy time cannot be counted toward the E/M service

### Common Documentation Errors

- Insufficient support for the E/M level billed
- Missing psychotherapy time or intervention details
- Double-counting time for both services
- Lack of documentation supporting medical necessity

### Audit Risk

Providers may be selected for audit to verify compliance with billing and documentation requirements. Unsupported claims may result in repayment or corrective action.

### More Information

Review Chapter 16 of the Presbyterian Practitioner and Provider Manuals and the Behavioral Health Professional Services section of the Behavioral Health Policy and Billing Manual. For compliance concerns, call 1-888-435-4361 or email PHPFraud@phs.org.

# REGULATORY REMINDERS

## PROVIDER MANUAL HIGHLIGHTS

Presbyterian is highlighting the following topics and citations from the Practitioner and Provider Manual to ensure providers can quickly access the information they need. This manual is an extension of the provider's contract with Presbyterian.

| Topics | Citations in the Universal Practitioner and Provider Manual and Other Sources |
|---|---|
| Advance Directives | Pages 13-16; 20-13 to 20-14 |
| Appeals and Grievances for Members and Providers | Pages 21-1 to 21-7 |
| Clinical Operations and Continuity of Care Overview | Pages 7-14 to 7-15 |
| Clinical Practice Guidelines | Page 5-3<br>Presbyterian's Clinical Practice Guidelines |
| Coverage Requirements and After-Hours Care | Page 3-4 |
| Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program | Pages 12-3 to 12-4; 13-10; 19-7 to 19-8 |
| Electronic Visit Verification | Pages 11-13 to 11-14 |
| Medical Policies | Pages 7-13 to 7-14; 18-8<br>Presbyterian's Medical Policy Manual<br>Summary of Updates |
| Medical Record Documentation Standards | Pages 13-13 to 13-18 |
| Preventive Health Guidelines | Pages 5-1 to 5-2<br>Presbyterian's Preventive Health Guidelines<br>Member Wellness and Health Information |
| Required Discharge Plan | Pages 11-11 to 11-12 |
| Rights and Responsibilities for Members | Pages 20-5 to 20-10 |
| Rights and Responsibilities for Providers | Pages 3-1 to 3-3; 4-1 to 4-2; 15-3; 17-3 to 17-4 |
| Updating the Provider Directory | Pages 2-2; 22-1 to 22-13 |

## LET'S CONNECT

CONTACT GUIDE

PHONE: (505) 923-5757

SHARE YOUR FEEDBACK

SIGN UP FOR PRESBYTERIAN EMAILS

## MEMBER RIGHTS AND RESPONSIBILITIES

All Presbyterian members or their legal guardians have rights and responsibilities, and Presbyterian expects its network of providers to respect and support these rights and responsibilities. Presbyterian has written policies and procedures regarding members' rights and responsibilities and implementation of such rights.

For more information, visit the Member Rights & Responsibilities page. Please note that this list comprises the rights and responsibilities as dictated by the New Mexico Health Care Authority and the National Committee for Quality Assurance. The list also includes information specific to different product lines.

## NCQA AFFIRMATIVE STATEMENT ABOUT INCENTIVES

For more than 100 years, Presbyterian has maintained high-level services to ensure members receive the most appropriate care at the right time and in the best setting. One of the utilization management (UM) processes used to help members receive appropriate care is known as prior authorization, also referred to as benefit certification, concurrent review or post-service review.

UM decision-making is based solely on the appropriateness of care and service and the existence of coverage. Presbyterian does not specifically reward providers or other individuals for issuing denials of coverage. Furthermore, financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

For more information about Presbyterian's prior authorization processes, you may refer to the Presbyterian Provider Authorization page.