

# myPRES Provider Portal User Guide

 **PRESBYTERIAN**



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# myPRES Provider Portal Welcome Page

The myPRES Provider Portal home page contains a menu bar and quick links to reach other areas of the portal. We will review each area in the user guide.

**PRESBYTERIAN**  
Presbyterian Health Plan, Inc.  
Presbyterian Insurance Company, Inc.

Select Language  
Powered by Google Translate  
MESSAGES  
LOGOUT

HOME NETWORK DIRECTORY AUTHORIZATIONS BEHAVIORAL HEALTH RESOURCE LINKS

Welcome, LESLIE

### Welcome to the Provider Portal

**We are pleased to announce new prior authorization tools on the myPRES Provider Portal**

Starting Dec. 2, 2020, providers will see new tools when they click on the "Authorizations" tab on their myPRES Provider Portal account. From the "Authorizations" tab, providers will see information on how to submit prior authorization (PA) requests. Under "All other medical authorization requests," providers will click the "Submit an Electronic Authorization Request" button to access the new PA tools. The new PA tools are easy to use and will allow providers to quickly and easily determine if a prior authorization is required. The new tools will also allow providers to do the following:

- Upload clinical documents.
- Verify the status of PA requests.
- Track PA requests.
- View a history of all PA requests.

Please note that while we will continue to accept PA requests by fax at (505) 843-3047, we encourage providers to submit all PA requests using the new tools. Presbyterian also developed the myPRES Prior Authorization User Manual to help providers navigate the new tools. Providers can view the user manual under "Resource Links."

**Complete Your 2021 Presbyterian Dual Plus Training**

Contracted providers who render services to Presbyterian Dual Plus members are required to complete Dual Plus training annually. The training for 2021 is available now. The self-guided, online training module is available on the Presbyterian website at the following link: [phppn.org](http://phppn.org). The training takes about 30 minutes to complete and requires providers to attest to completing the module.

Please note that office staff cannot complete the training on behalf of the provider.

Gaps in Care  
Verify Eligibility  
Verify Claims  
Inquiries  
Payment Tracking  
Member Roster  
Fast Claim

## Provider Tools

The toolbar along the right side of the screen contains quick link buttons that link to services where providers can look up a member's eligibility information, check the status of a claim, request a claim adjustment, find the payment status of a claim and bring up a member roster that is applicable to the provider's patient base.

# Verify Eligibility

The Verify Eligibility quick link provides access to member eligibility information. The search requires entry of the member ID found on the member's ID card or entry of the patient's/member's last name and date of birth. If a provider only has a patient's/member's last name or date of birth, a search can also be performed by using that information with a Group number. Providers may search for multiple member ID's at the same time by entering a member ID, clicking the "Enter" button after each entry, then clicking on the "Search" button to activate the search.

**HOME** NETWORK DIRECTORY AUTHORIZATIONS BEHAVIORAL HEALTH RESOURCE LINKS ▾

To search for a patient, enter the patient's Member ID, SSN, Medicaid ID or the patient's last name and DOB.

If entering multiple ID Numbers, press the "Enter" key after each number.

**Eligibility** [Claims](#)

First Name:  **Member ID** ▾ Date of Birth:

Last Name:   Group:

**Search**

After the search results screen appears, click on the member's name to see the eligibility details. The data on the results screen can be sorted by clicking on the column headings.

**Eligibility** [Claims](#)

[View Member Handbook](#)

[View Summary of Benefits](#)

[Show/Hide Search](#)

First Name:  **Member ID** ▾ Date of Birth:

Last Name:   Group:

**Search**

Information for [Back to Search Results](#) | [Print View](#)

**Member Information**

Group ID:  Original Effective Date:

Group Name:  Relationship:

Member Name:  Home Address:

Member ID:

Medicaid ID:

Gender:  Phone:

DOB:  Email:

**Primary Care Providers (PCPs)**

Name	Phone	Effective Date

Please contact your Employer HR Department for information on PCP changes.

**Plan Benefits**

To display Medical Plan Benefit information, click on the underlined Plan Description below.

Plan	Plan Description	Product Type	Product ID	Category of Eligibility	Class ID	Effective Date	Termination Date
	Albuquerque MPAC	Regional MPAC					

Product Type:  Albuquerque MPAC Regional MPAC Claim Billing Address/Phone/Fax Tricare

Fax:

**CARE Unit Information** Local Toll Free

Eligibility Detail contains access to the Network Directory where a provider search can be performed. The link for this service is located under the Provider Care Providers (PCPs) section. This same service can be accessed from the menu bar by choosing “Network Directory” service.

Within the “Eligible For” section, there is a link from the medical Plan Description where a provider can access summary information concerning the co-pays, coinsurance, out-of-pocket and plan limits of benefit plan under which an individual is covered. A Print View option is available if a copy of the summary must be kept on file.

**Search**

Information for: [Back to Search Results](#) | [Print View](#)

**Member Information**

Group ID:	Original Effective Date:
Group Name:	Relationship:
Member Name:	Home Address:
Member ID:	
Medicaid ID	
Gender:	Phone:
DOB:	Email:

**Primary Care Providers (PCPs)**

---

[Send To Printer](#) [Close Window](#)

**Member Information**

Group ID:	Original Effective Date:
Group Name:	Relationship:
Member Name:	Home Address:
Member ID:	
Medicaid ID	
Gender:	Phone:
DOB:	Email:

**Primary Care Providers (PCPs)**

Name	Phone	Effective Date
Please contact your Employer HR Department for information on PCP changes.		

**Plan Benefits**

To display Medical Plan Benefit information, click on the underlined Plan Description below.

Plan	Plan Description	Product Type	Product ID	Category of Eligibility	Class
	<a href="#">Centennial Care</a>				
	<a href="#">Print</a>				X

**Medical Plan Benefits**

Service Type:	Co-Pay	Coinsurance
Video Visit - In		
Office Behavioral - In		

# Verify Claims

This quick link provides access to search for member claim information. The search requires entry of a member ID or a claim number. Providers can search for multiple claims at the same time by entering a claim number, then a comma before entering the next one. Click on the “Search” button to activate the search.

The screenshot shows a navigation bar with 'HOME' selected, followed by 'NETWORK DIRECTORY', 'AUTHORIZATIONS', 'BEHAVIORAL HEALTH', and 'RESOURCE LINKS'. Below the navigation bar, there is a search instruction: 'To search for a patient's claims, enter the Member ID, SSN, Medicaid ID or the claim number.' and a note: 'If entering multiple claim numbers, please separate each number with a comma.' The search form includes tabs for 'Eligibility' and 'Claims'. The 'Claims' tab is active. The form fields are: 'Claim Number(s):' (text input), 'Member ID' (dropdown menu), 'Begin Date:' (text input), 'End Date:' (text input), and 'Date of Birth:' (text input). A red circle highlights the 'Claim Number(s):' field, another red circle highlights the 'Member ID' dropdown, and a third red circle highlights the 'Search' button.

When the search results screen appears, click on the claim number to view details. The data on the results screen can also be sorted in this service by clicking on the column headings.

The screenshot shows the details of a claim. At the top, it says 'Presbyterian Health Plan, Inc. Presbyterian Insurance Company, Inc.'. Below that, it says 'Claim ID: for'. The 'Claim Summary' section includes fields for: Group ID, Group Name, Subscriber Name, Patient Name, Member ID, Medicaid ID, Patient Acct Number, Servicing Provider, Dates of Service, Date Claim was Received, and Status. The 'Payment Details' section includes fields for: Check #, Total, Date Claim was Paid On, and Claims Payment Made To. The 'Claim Items' section shows 'This claim has item(s)' and a table with columns: Item, Procedure Code, Diagnosis Code, EOP Code, Units, Charges, Allowed, Deductible, Coinsurance, Plan Paid, Network, and Cap/No Cap. The 'Descriptions' section shows three rows, each with a '1' in the first column.

A print view option is available on the claim detail screen, if a copy of the claim must be kept on file (image below).

---

[Send To Printer](#) [Close Window](#)



Presbyterian Health Plan, Inc.  
Presbyterian Insurance Company, Inc.

**Claim ID:**                      **for**

---

**Claim Summary**

Group ID: \_\_\_\_\_

Group Name: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

Medicaid ID \_\_\_\_\_

Patient Acct Number: \_\_\_\_\_

Servicing Provider: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Date Claim was Received: \_\_\_\_\_

Status: \_\_\_\_\_

**Payment Details**

Check #: \_\_\_\_\_

Total: \_\_\_\_\_

Date Claim was Paid On: \_\_\_\_\_

Claims Payment Made To: \_\_\_\_\_

**Claim Items**

This claim has  item(s)

Item	Procedure Code	Diagnosis Code	EOP Code	Units	Charges	Allowed	Deductible	Coinsurance	Plan Paid	Network	Cap/No Cap
1											
2											

# Claim Inquiry

This quick link provides access to request a claim adjustment form from the Provider Network Operations department, if the matter cannot be resolved through the myPRES Provider Portal, IVR, Healthcare Extranet or the Provider CARE Unit. An attachment option is available to use if the “Reason for Inquiry” or “Adjustment Request” on the form is more than 300 characters. If additional space is needed, it may be placed in a separate document and attached to the request before submission. This feature can also be used to submit any documentation applicable to the request.

When the request form opens, providers should complete the required fields and click on “Submit” at the bottom of the screen.

The screenshot shows a web form titled "Provider Network Operations" with a sub-header "Attachments (0)" circled in red. The form contains the following fields and sections:

- Provider Name:** Text input field.
- Presbyterian Provider # or Tax ID #:** Text input field.
- National Provider Identifier Number (NPI):** Text input field with a red asterisk and "(Mandatory field as of January 1, 2007)".
- Provider Taxonomy Code:** Text input field with a red asterisk and "(Mandatory field as of January 1, 2007)".
- Contact Name:** Text input field.
- Contact Phone:** Text input field.
- E-mail:** Text input field.
- Member Name:** Text input field.
- Presbyterian Member # or SS #:** Text input field.
- Presbyterian Claim # or Date of Service:** Text input field.
- Billed Amount:** Text input field.
- Is this a 2nd Request?** Dropdown menu with "select one" and a downward arrow.
- Date of 1st Request:** Text input field.
- Reason for Inquiry or Adjustment Request:** Large text area.
- Attach Supporting Documentation.** Text label.
- Please note that there is a 300 character limit. If you need additional space you may utilize the attachment feature by typing your question in a Word document and uploading it.** Text label.
- Submit** button circled in red at the bottom.

A response to the request will be sent as soon as the matter has been researched. A notice will be sent to the provider user account of the individual making the request. The reply message can be accessed from the “Messages” link at the top of the website.



Presbyterian Health Plan, Inc.  
Presbyterian Insurance Company, Inc.

Select Language  
Powered by  
Google Translate



LOGOUT

- HOME
- NETWORK DIRECTORY
- AUTHORIZATIONS
- BEHAVIORAL HEALTH
- RESOURCE LINKS

A confirmation message with a tracking number will appear online for the provider’s records.

## Payment Tracking

This quick link provides access to research claims payment details by claim number or check number. The search can be set to look for claims or check numbers applicable to all providers in the same practice or facility as well as those applicable to a specific provider of service within a practice or facility. To change the search from “All Providers” to a specific provider, use the “Select Provider” dropdown box to choose the provider ID number associated with that provider. If you are performing the search by claim number, then multiple claim numbers may be entered for the same search as long as the claim numbers are separated by a comma. Providers may also search by patient ID, date of birth or date range. Click on the “Search” button to activate the search.

The screenshot shows a search form for payment tracking. At the top left, there is a dropdown menu labeled "Select Provider:" which is circled in red. Below this is a button labeled "Payment Tracking". The main search area contains several input fields: "Claim Number(s):" (circled in red), "Patient ID:", "Begin Date:", "Check Number:" (circled in red), "Date of Birth:", and "End Date:". At the bottom left, there is a red "Search" button (circled in red) and a blue link labeled "View All Claims".

The results of the search may be sorted by clicking on the column heading a user may wish to sort by. To view the claim detail, select the claim number in the results grid.

Select Provider:

Payment Tracking

[Show/Hide Search](#)

Claim Number(s):

Patient ID:

Begin Date:

Check Number:

Date of Birth:

End Date:

Search

[View All Claims](#)

Claim Number

Check Paid To

Check Number

Paid

## Member Roster

This quick link provides access to pull together a list of all members where the provider is assigned as the PCP or where one of the providers within a practice or facility is assigned as the member's PCP. After selecting the provider, click on the "View All Patients" link. The other fields and the "Search" button can be used to do an eligibility search on a specific member, if desired. All data in the results of the member roster search is sortable. The results of the search may be sorted by clicking on the column heading a use may wish to sort by.

To search for individual patients, enter the patient's Member ID, SSN, Medicaid ID *or* the patient's last name and DOB.

If entering multiple ID Numbers, press the "Enter" key after each number.

Select Provider:

Patient Roster

First Name:

Member ID

Date of Birth:

Last Name:

Group:

Search

[View All Patients](#)

Rosters can be exported into Microsoft Excel by clicking on the “Downlod Results” link (image below). To view details on a specific member’s eligibility, click on the member’s name.

The screenshot shows a web interface for a patient roster. At the top left, there is a red "Search" button and a blue "View All Patients" link. Below this is a table with the following column headers: Name, Member ID, Medicaid ID, Date of Birth, Gender, Effective Date, Group Name, Product ID, Group ID, PCP ID, and PCP Name. The table itself is mostly blank, with some faint text visible in the rows. Below the table, there are several "Print View" links and a "View All Patients" link.

The eligibility detail can be printed by clicking on the “Print View” link. To return to the member roster, click the “View All Patients” link next to the “Search” button.

## Fast Claim

This quick link takes providers to a service where they can either enroll to participate in the online claims submission service or to log in to submit a claim online.

The screenshot shows the "Fast Claim" service interface. At the top center is the "PRESBYTERIAN" logo. Below it is a form titled "Fast Claim - Enrollment" with a purple header. The form contains several input fields: Provider/Facility Name, Address 1, Address 2, City, State, Zip, NPI, and Tax ID (with a dropdown menu). Below these are fields for "Your Name", "Your Phone", and "Your Email", followed by an "Enroll" button. To the right of the enrollment form is a text box with a welcome message: "Welcome to Presbyterian Health Plan's new direct claim entry system called **Fast Claim!**" and a paragraph describing the service. Below this is an "Existing User Login" section with an orange header, containing "User ID:" and "Password:" input fields and a "Login" button.

## Menu Bar

Items on the menu bar provide access to additional services a provider might need.

The screenshot shows the footer of the website. On the left is the "PRESBYTERIAN" logo and the text "Presbyterian Health Plan, Inc. Presbyterian Insurance Company, Inc.". On the right, there is a "Select Language" dropdown menu, a "Powered by Google Translate" logo, and icons for "MESSAGES" and "LOGOUT". Below this is a red-bordered menu bar with the following items: HOME, NETWORK DIRECTORY, AUTHORIZATIONS, BEHAVIORAL HEALTH, and RESOURCE LINKS (with a dropdown arrow).

# Network Directory

Selecting Network Directory from the menu bar will take the provider to a provider network search service. Providers can choose to search by a provider or by a facility by completing the fields on this page.

## Searching by Provider

HOME NETWORK DIRECTORY AUTHORIZATIONS BEHAVIORAL HEALTH RESOURCE LINKS

Provider Facility

**Provider Search**

Location Located

No preference

Within 30 Miles

Only inside

- of -

Zip Code

Use current location

**Provider Detail**

Provider Gender

Male

Female

Any Gender

Accepting new patients

**Coverage and Care Requirements**

**Plan/Network (required)**

Any Plan/Network

**Specialty**

Any Specialty

More Search Options

Start Over Find A Provider

## Searching by Facility

HOME NETWORK DIRECTORY AUTHORIZATIONS BEHAVIORAL HEALTH RESOURCE LINKS

Provider Facility

**Facility Search**

Location Located

No preference

Within 30 Miles

Only inside

- of -

Zip Code

Use current location

**Coverage and Care Requirements**

**Plan/Network (required)**

Any Plan/Network

**Facility Type**

Any Type

**Service**

Any Service

More Search Options

Start Over Find A Facility

# Authorization/Notification

When providers select “Authorizations” from the menu bar, it will open a new tab with information about requesting an authorization.

The screenshot shows the top navigation bar with the following items: HOME, NETWORK DIRECTORY, AUTHORIZATIONS (highlighted with a red rounded rectangle), BEHAVIORAL HEALTH, and RESOURCE LINKS with a dropdown arrow. Below the navigation bar is the heading "Request Authorization". The main content area is divided into three columns. The left column contains two boxes: "Advanced Imaging, Cardiac Imaging, Spine Surgery" with contact info for National Imaging Associates (NIA) and "Behavioral Health" with contact info for Centennial Care Medicaid and Medicare, Commercial, ASO. The middle column is titled "REQUEST ALL OTHER MEDICAL AUTHORIZATIONS" and features a prominent teal button "Submit an Electronic Authorization Request" (also highlighted with a red rounded rectangle in the original image). Below the button is a paragraph describing the enhanced PA tool and a bulleted list of features. The right column is titled "Pharmacy" and provides a link to [www.phs.org/providers/authorizations](http://www.phs.org/providers/authorizations) and contact information.

Use the information this page to submit a request. For advanced imaging, cardiac imaging, spine surgery, behavioral health and pharmacy prior authorization requests, use the information provided on this page to submit a request.

For all other medical authorization requests, click on the “Submit and Electronic Authorization Request.”

This block shows a detailed view of the "REQUEST ALL OTHER MEDICAL AUTHORIZATIONS" section. It features the same teal button "Submit an Electronic Authorization Request" highlighted with a red rounded rectangle. Below the button is a paragraph: "The enhanced PA tool is streamlined and intuitive to make quick work of the request." followed by a bulleted list of features: "Check if a PA is needed", "4 easy steps to submit the request", "Automatically fills requester and patient information", "Upload documents to support the request", "Follow the status of the request in PHP's review process", "Homepage shows PA status and history", and "Homepage search, sort and content hover to access information quickly".

For all other medical authorization requests, click on the “Submit and Electronic Authorization Request.” This will open page where providers can determine if an authorization is required, submit a new request and check the status of previous requests.

QA/UAT

PRESBYTERIAN MULTIPLE GROUPS

PHP Prior Authorization

Is Authorization Required? New Authorization Request

Search by Ref. Number or Patient Filter by Provider 10/10/2020 → 11/10/2020 Fetch

Your Authorization Requests from October 10, 2020 - November 10, 2020

Auth. Request No.	Status	Patient	Service	Auth. Type	Created
000000000	Submitted	John Doe	Radiology Services	Outpatient	11/10/2020
000000000	-	Jane Doe	Inpatient Hospitalization	Inpatient Admitted	11/9/2020
000000000	Pending	John Doe	Bariatric Surgery (Weightloss Surgery)	Inpatient Admitted	11/9/2020
000000000	Pending	Jane Doe	Durable Medical Equipment	Outpatient	11/9/2020

Count: 100 < 1 2 3 4 5 ... 10 > 10 / page

For a complete walkthrough of these new tools, please see the myPRES Prior Authorization User Manual at [http://docs.phs.org/idc/groups/public/documents/communication/pel\\_00953009.pdf](http://docs.phs.org/idc/groups/public/documents/communication/pel_00953009.pdf).

## Resource Links

The “Resource Links” form the menu bar will bring up the final list of services available to providers.

HOME NETWORK DIRECTORY AUTHORIZATIONS BEHAVIORAL HEALTH

RESOURCE LINKS

- PROVIDER MANUAL
- PNM CONTACT GUIDE
- FORMULARIES
- PROVIDER COMMUNICATIONS
- PRIOR AUTHORIZATIONS
- MYPRES PRIOR AUTHORIZATION USER MANUAL
- FDA DRUG NEWS
- QUESTIONS
- PROVIDER PORTAL USER GUIDE
- 2018 CPT AND ICD-10 CODES
- CENTENNIAL CARE TRAINING

Welcome, LESLIE

# Provider Manual

The Provider Manual service contains essential information for providers and is an extension of the provider contract. It provides access to Presbyterian programs, policies and procedures for HMO, PPO, ASO, Indemnity, Presbyterian Senior Care, Presbyterian Dual Plus (HMO SNP), Medical PPO, and Presbyterian Centennial Care plans. Click the PDF icon link to open the manual.

## TOOLS & RESOURCES

Providers | Tools & Resources | Training & Education | **Provider Manuals, Training & Outreach**

- ▶ PROVIDER PORTALS
- ▶ MEDICAL POLICY MANUAL
- ▶ APP-AI 5 & GRIP-VANCIS
- ▶ REFERENCE & GUIDES
- ▼ TRAINING & EDUCATION
  - ▶ **Provider Manuals, Training & Outreach**
  - ▶ Presbyterian PCOIO
- ▶ HOSPITAL RESOURCES

### Provider Manuals, Training & Outreach

Presbyterian is dedicated to building strong relationships with its contracted healthcare providers and practitioners. We offer training programs and information to keep up-to-date with current policies and procedures. Here you will find helpful tools designed to help with day-to-day interactions with members.

If you have any questions, contact your Provider Network Management Relationship Executive.

#### Manuals for Physicians, Practice Managers, and Staff

- 📄 Practitioner and Provider Manual ▶
- 📄 Centennial Care Practitioner and Provider Manual ▶
- 📄 myPRES Prior Authorization User Manual ▶
- 📄 EPSDT Provider Manual ▶
- 📄 Presbyterian Code of Conduct ▶
- 📄 Enhanced myPRES User Manual for Providers ▶
- 📄 2013 General Medicare Compliance Training for First-tier, Downstream and Related Entities (FDRs) ▶

#### Upcoming Online Provider Education Conferences

Presbyterian hosts annual conferences throughout New Mexico for all contracted physical

Chaplaincy Services

# Contact Guide

The Provider Network Operations Contact Guide link opens a PDF document that contains contact information so providers can contact their Provider Network Operations relationship executive. The guide categorizes the various provider type service areas, and lists names, direct phone numbers, and email addresses for PNO staff.

## Presbyterian's Provider Network Contact Guide

Your Guide to Presbyterian's Provider Network Operations Department

- Leadership
- Long-term Care
- Indian Health Services
- Network Contracting
- Behavioral Health
- Physical Health

SINCERITY  
RELIABILITY  
VALUE SYSTEM  
RELATIONSHIP  
COMMITMENT  
COMPETENCE  
CONSISTENCY

**PRESBYTERIAN**

# Formularies

The Formularies service displays the following screen where the provider can access pharmacy benefit information.

**FORMULARIES**

Providers | Formularies

## Chaplaincy Services

We provide ministry and emotional support for patients and their families and support for healthcare workers in times of crisis. Let us help. [Learn More](#)

## Presbyterian Health Plan News & Updates

Find out about the newest staff and the latest technology, and all the other happenings at Presbyterian. [Learn More](#)

## Formularies

The Presbyterian pharmacy benefit is an essential element in providing patients and members the medication they need while appropriately managing costs. Formularies include both brand name and generic medications that are commonly prescribed. Refer to our provider formularies to see if the drug you are prescribing is covered by the member's plan.

### Commercial Small and Large Group Plan Formularies

Information about prescription drug plans and a list of medications available to members in our small and large employer group plans who have prescription drug coverage provided by Presbyterian Health Plan.

[Online Commercial Small Group and Large Group Plans \(Non-Metal Plans\) Formulary](#)

- [Commercial Small Group and Large Group Plans \(Non-Metal Plans\) – by Therapeutic Class](#)
- [Commercial Small Group and Large Group Plans \(Non-Metal Plans\) – Formulary Changes](#)

### Health Insurance Exchange Metal Level Plan Formularies

Information about prescription drug plans and a list of medications available to members on our individual and family plans or on a small employer group (1-50 employees) plans. (Applies to both on and off exchange plans.)

[Online Individual and Family Metal Plans/Employer Group Metal Plans Formulary](#)

- [Individual and Family Metal Plans/Employer Group Metal Plans](#)
- [Individual and Family Metal Plan/Employer Group Metal Plans - Formulary Changes](#)

### Medicare Advantage Formularies and Formulary Updates

List of drugs approved by the Centers for Medicare and Medicaid Services (CMS) — that are covered by Presbyterian's Medicare Advantage prescription drug plans.

[Presbyterian Senior Care HMO/MediCare PPO](#)

### Centennial Care Formularies

Information about prescription drug plans and a list of medications available to members on our Centennial Care plan.

[Online Centennial Care Formulary](#)

- [Centennial Care Formulary – Drugs by Therapeutic Class](#)
- [Centennial Care – Formulary Changes](#)
- [Drugs Requiring Prior Authorization for Centennial Care Plans](#)

### Supplement Formulary Information

- [A list of drugs that have specific edits/requirements for coverage](#)
- [Specialty Pharmaceuticals/Medical Drugs List](#)
- [Formulary Addition Request Form](#)
- [Contraceptives Covered with No Co-Pay](#)

[U.S. Food and Drug Administration \(FDA\) Safety Alerts](#)

[U.S. Food and Drug Administration \(FDA\) Drug Recalls](#)

# Provider Communications

The Provider Communications service allows access to the Presbyterian Communications archive.



[Providers](#) | [Contact Us](#) | [News & Communications](#)



## NEWS & COMMUNICATIONS

[cNews Registration for Providers](#)

[UPDATE PROVIDER DIRECTORY](#)



### Chaplaincy Services

We provide ministry and emotional support for patients and their families and support for healthcare workers in times of crisis. If it is help

[Learn More](#)



### Presbyterian Health Plan News & Updates

Find out about the newest staff and the latest technology, and all the other happenings at Presbyterian.

[Learn More](#)

## News & Communications

### Network Connection Newsletter

Network Connection is our newsletter for contracted network providers and staff. It covers important information such as educational programs, policy changes and news about services.

[Download latest issue](#)

## STAY CONNECTED

Would you like to receive network newsletters and email from Presbyterian? Please complete our opt-in form to register.  
[Sign Up Now](#)



### PAST ISSUES AND COMMUNICATIONS

This archive below hosts Presbyterian's provider network communications, organized by month of distribution. If you have any questions about a communication, or need to locate an older communication, please contact your Provider Network Management relationship executive.

#### December 2020

- [Clarifying Billing Practices for Acupuncture and Chiropractic Providers](#)
- [Presbyterian Updates its Prior Authorization Guide](#)
- [Presbyterian Updates Fax Number on Notice of Medicare Non-coverage Forms](#)

#### November 2020

- [Presbyterian Adds New Prior Authorization Tools to the myPRES Provider Portal](#)

#### October 2020

- [2021 Dual Plus Training is Available](#)

#### September 2020

- [2020 September Network Connection](#)

#### August 2020

- [PEC Invitation Letter](#)
- [PEC Invitation](#)

# Prior Authorizations

The Prior Authorization item on the service menu dropdown provides access to the Presbyterian Medical Policy Manual, Prior Authorization guide, printable Prior Authorization Request form, and instructions on how to fax authorizations to Presbyterian, general provider communications, preventive healthcare and clinical guidelines, specific disease material and miscellaneous forms.



Providers | Authorizations



**Is Prior Authorization Required?**

You can check to see if medical prior authorization is required.

[Get started](#)



**Chaplaincy Services**

support for patients and their families and support for healthcare workers in times of crisis. Let us help.

[Learn More](#)



**Presbyterian Health Plan News & Updates**

Find out about the newest staff and the latest technology, and all the other happenings at Presbyterian.

[Learn More](#)

## Authorizations

Certain specialized services and prescription drugs require a prior authorization or inpatient notification before being rendered to patients and members. Prior authorizations and inpatient notifications ensure that patients are receiving the right amount of medically necessary care in the right setting for the insurance plan for which they're enrolled.

### Medical

- [Prior Authorization Guide](#)
- [Intel Connected Care Prior Authorization Grid](#)
- [Prior Authorization Request Form](#)
- [Referral Form: Care Coordination/Case Management/Disease Management](#)
- [Criteria for Total Hip Replacement \(Checklist\)](#)
- [Criteria for Total Knee Replacement \(Checklist\)](#)
- [Notice of Medicare Non-coverage Form](#)
- [Notice of Medicare Non-coverage Form \(Spanish\)](#)
- [Notice of Medicare Non-coverage Presbyterian Dual Plus Form](#)

Fax completed Prior Authorization form to Presbyterian at:

- Prior Authorization (505) 843-3047
- Inpatient Utilization Management (505) 843-3107
- UNM Prior Authorization (505) 843-3108

- OR -

[Complete and submit Prior Authorization online](#)

### Pharmacy

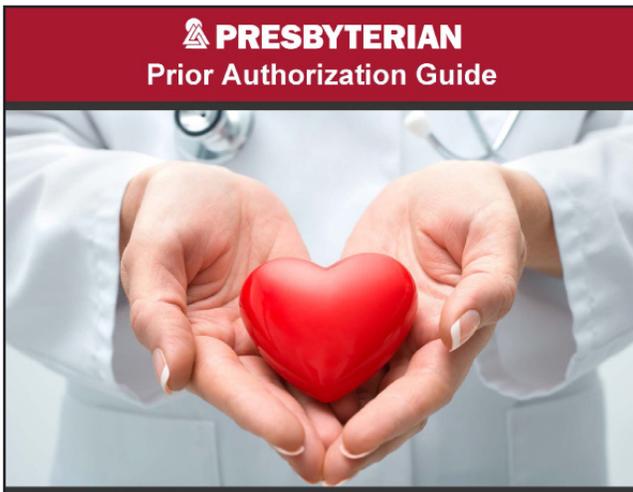
- [A list of drugs that have specific edits/requirements for coverage](#)
- [Specialty Pharmaceuticals/Medical Drugs List](#)
- [Pharmacy Prior Authorization Form](#)
- [How to Submit a Prior Authorization Online](#)
- [Synagis Prior Authorization Form](#)
- [Systemic Estrogen Prior Authorization Form for Medicare](#)
- [Suboxone/Subutex Prior Authorization Form for Commercial and Medicare Plans](#)

Fax completed Prior Authorization forms to Presbyterian Pharmacy Services at (505) 843-3019 or at 1-888-656-4967.

- OR -

[Complete and submit Prior Authorization online](#)

When the Prior Authorization Guide service is selected, a PDF document that contains specific guidelines on different types of services is presented. Only a portion of the document is displayed below.



**Do You Need a Prior Authorization**

All of the following services require a PA:

- Inpatient admission
- Hospice care except for inpatient hospice care at Presbyterian Kaseman Hospital
- Skilled nursing facility admission
- Home health care

A PA is not required for emergent and urgent services, medically necessary ambulance services, ITUs, and family planning services for out-of-network services. All other out-of-network services require a PA. Service requests are reviewed against medical necessity criteria to determine approval.

**How to Submit New Requests**

Providers have the option to submit PA requests online, by phone or fax. Please see the following information for Presbyterian's Health Services Prior Authorization, Pharmacy and Behavioral Health departments.

Department	Online	Telephone	Fax
Health Services Prior Authorization	<a href="https://ids.phs.org/preslogin/index.jsp">https://ids.phs.org/preslogin/index.jsp</a>	(505) 923-5757, option 4	<ul style="list-style-type: none"> <li>Inpatient Services: (505) 843-3107</li> <li>Outpatient Services: (505) 843-3047</li> <li>Long-term Care: (505) 843-3195</li> <li>University of New Mexico: (505) 843-3108</li> <li>Home Health Care: (505) 559-1150</li> </ul>
Pharmacy	<a href="https://ids.phs.org/preslogin/index.jsp">https://ids.phs.org/preslogin/index.jsp</a>	(505) 923-5757, option 3 or toll-free at 1-888-923-5757, option 3	<ul style="list-style-type: none"> <li>(505) 923-5540 or 1-800-724-6953</li> </ul>
Behavioral Health		(Centennial Care Requests): (505) 923-5757, option 5 or toll-free at 1-888-923-5757, option 5	<ul style="list-style-type: none"> <li>(505) 213-0169</li> </ul>
NIA Magellan Advanced Imaging Ordering Program	<a href="http://www.RadMD.com">www.RadMD.com</a>	1-866-236-8717	<ul style="list-style-type: none"> <li>1-800-784-8864</li> </ul>

**Commercial/ASO/Medicare/Physical Services**

Services	Important Information	MPM Reference	Codes
All Hospital Inpatient Admissions	Includes the following: 1. Acute care (medical/surgical). 2. Observation stays greater than 24 hours. 3. Rehabilitation admission skilled nursing facilities long-term acute care, at non-Presbyterian facilities. 4. Notification required within 24 hours of admission for all facilities. 5. Notification required for all facilities.		All codes
Autologous Chondrocyte Implantation (Cartice)®		MPM 3.2	27412
Bariatric Surgery (Weight Loss Surgery)	Surgical procedures including Lap-Band adjustment.	MPM 2.81 MPM 2.82	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, *43840, *43843, 43845, 43846, 43947, 43948, 43989, 43997, 43889, 43899, 52083

**Medicaid/Centennial Care Services/Alternative Benefit Plan Services**

Services	Important Information	MPM Reference	Codes
All Hospital Inpatient Admissions	Includes the following: 1. Acute Care (medical/surgical). 2. Observation stays greater than 24 hours. 3. Rehabilitation Admission Skilled Nursing Facilities Long-term Acute Care, at non-Presbyterian facilities. 4. Notification required within 24 hours of admission for all facilities. 5. Notification required for all facilities.		All codes
Autologous Chondrocyte Implantation (Cartice)®		MPM 3.2	27412
Bariatric Surgery (Weight Loss Surgery)	Surgical procedures including Lap-Band adjustment.	MPM 2.81 MPM 2.82	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, *43840, *43843, 43845, 43846, 43947, 43948, 43989, 43997, 43889, 43899, 52083

## Questions

Providers can submit questions and request for informations to Provider Network Operations. Please see the image below.

HOME	NETWORK DIRECTORY	AUTHORIZATIONS	BEHAVIORAL HEALTH	<b>RESOURCE LINKS</b>
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Click [here](#) to submit a Provider Network Management - Request For Information

To open the request form, click on the “here” link shown above. Complete the required fields to submit a request for information to the PNO department if the matter cannot be resolved through myPRES, IVR, Healthcare Extranet or the Provider Care Unit. An attachment option is available to use if the “Reason for Inquiry or Adjustment Request” on the form is more than 300 characters. If additional space is needed, it may be placed in a separate document and attached to the request before submission. This feature can also be used to submit any documentation applicable to the request.

When the request is complete, provider should click on “Submit” at the bottom of the screen to send the request. A confirmation message with a tracking number will appear online for the provider’s records.

A response to the request will be sent as soon as the matter has been researched. A notice will be sent to the provider user account of the individual making the request. The reply message can be accessed from the “Messages” link at the top of the website.



### Provider Network Operations

#### Request For Information

Provider Network Management is here to assist you with inquiries and questions you may have about the myPRES provider portal or claims adjustments.

If you have a claim adjustment question, please provide as much information as possible about the claim, including the claim number.

Please fill out the following form and press the submit button to complete your inquiry. A response will be sent to your “Messages” tab through myPRES.

All fields are required for us to process your request.

Provider Name:

Presbyterian Provider # or Tax ID #:

National Provider Identifier Number (NPI):  
(Mandatory field as of January 1, 2007)\*

Provider Taxonomy Code:

(Mandatory field as of January 1, 2007)\*

Contact Name:

Contact Phone:

E-mail:

Member Name:

Presbyterian Member # or SS #:

Presbyterian Claim # or Date of Service:

Billed Amount:

Is this a 2nd Request?

select one

Date of 1st Request:

Reason for Inquiry or Adjustment Request:

Attach Supporting Documentation.

Please note that there is a 300 character limit. If you need additional space you may utilize the attachment feature by typing your question in a Word document and uploading it.

← These items will prefill for the provider if the information is in the system.

Providers may also add an attachment to the request for information prior to submitting the request.

HOME NETWORK DIRECTORY AUTHORIZATIONS/NOTIFICATIONS BEHAVIORAL HEALTH RESOURCE LINKS

Provider Network Management Attachments (0)

### Add Attachment

File\*

Browse...

(maximum file size: 10 MB)  
Note: Uploading from certain mobile devices is not supported, i.e. iOS < 6 and older Android.

Description

Add

Allows providers to browse their computer's file storage for supporting documentation.

The remainder of the “Resource Links” tab includes this user guide, a link to FDA Drug News, web-based Centennial Care training, and the Provider Quality Incentive Program Gaps in Care reports.

Finally, the links on the provider footer section of each screen open documents which set out information on items such as contacting customer service, Presbyterian news, terms/conditions of website use and privacy.

\*\*\* All member, provider and procedure pricing information used throughout this directory has been created for the purpose of training.