



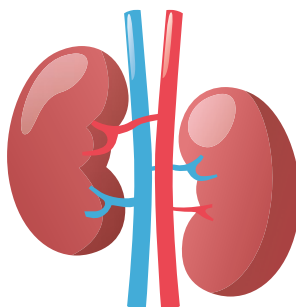
### KIDNEY HEALTH EVALUATIONS: COMMITTING TO CARE FOR PATIENTS WITH DIABETES

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.

#### Components of the KED Measure

##### Estimated Glomerular Filtration Rate (eGFR) Test

- Measures kidney filtration; values below 60 mL/min/1.73 m<sup>2</sup> may indicate impairment. This test is well-established and routinely performed.



##### Urine Albumin-Creatinine Ratio (uACR) Test

- Detects urine protein and identifies kidney damage not always evident through eGFR. This requires a quantitative urine albumin test and a creatinine test within four or fewer days, or a urine albumin-creatinine ratio test. **uACR tests remain underused**, creating a screening gap.

#### Best Practices and Barriers

To improve adherence:

- Use electronic health records (EHRs) to identify patients due for testing
- Order and document **both eGFR and uACR tests annually**, coordinating with teams to ensure completion
- Use full quantitative urine tests, not dipsticks or instant cups
- Educate patients about kidney monitoring and the importance of uACR. Follow up promptly on abnormal results

#### Importance of eGFR and uACR Testing

Consistent completion and reporting of both eGFR and uACR tests supports early chronic kidney disease detection, guides medication and lifestyle decisions, and improves outcomes. Closing the uACR gap helps organizations meet quality goals recognized by NCQA and CMS. View the [Provider Guide](#) for more information.



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## 2025 MEDICAL RECORD REVIEW

The 2025 medical record review has concluded, with a total of **365 records** audited across both Presbyterian Medical Group (PMG) and other contracted providers. Providers achieved a **97.8% score** for the overall audit, **an improvement over last year**.

Although there have been improvements in areas like clinical practice guideline documentation, several aspects continue to not meet standards in repeated audits.



### Advance Directives (Overall Combined Provider Score: 27.2%)

Providers should document whether the patient has been educated about advance directives, declined to provide one or submitted a signed copy. Be sure to include the date and method of education or receipt in the medical record. Sufficient documentation includes patient education, declination, receipt or acknowledgment of the document for all patients 18 years of age and older.



### Immunizations (Overall Other Network Provider Score: 82.1%)

Providers should list all immunizations received with corresponding dates or note if the member is up-to-date or has declined further immunizations. Documentation should show the immunizations the member has received or acknowledgment of the member's current immunization status.

## 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 June 30.**

**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](mailto: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](mailto: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.





## 2026 PROVIDER EDUCATION EVENTS

### Upcoming Trainings

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

#### Behavioral Health Provider Education Webinars

 **Wednesday, June 10, 10 a.m. to Noon**  
**Thursday, June 11, 5 to 7 p.m.**

 [Register Here](#)

All contracted behavioral health providers and staff are invited to attend. Providers are required to attend one Provider Education Conference & Webinar Series training each year.

#### Physical Health Provider Education Webinars

 **Wednesday, June 10, 9 to 11 a.m.**  
**Thursday, June 11, Noon to 2 p.m.**

 [Register Here](#)

All contracted physical health, long-term care, and Indian Health Services and Tribal 638 providers are required to attend one Provider Education Conference & Webinar Series training each year.

#### Behavioral Health Town Halls

 **Monday, June 15, 1 to 3 p.m.**

 [Register Here](#)

Behavioral health providers are invited to attend quarterly town halls designed to present information to all areas of a practice, including administrative, billing, quality and clinical.

#### Value-Based Care Lunch and Learns

 **Tuesday, June 30, 10 to 11 a.m.**

 [Register Here](#)

**Session Topic:** *Cardiometabolic Measures (Glycemic Status Assessment for Patients with Diabetes [GSD] and Controlling High Blood Pressure [CBP])*

#### Presbyterian Dual Plus Provider Training

 **Available year-round on demand**

 [Access Training Here](#)

All contracted providers who render services to Presbyterian Dual Plus (HMO D-SNP) members are required to complete this training. Office staff cannot complete the training on behalf of the provider.

#### Children in State Custody (CISC) Extended Provider Network Training

 **Available year-round on demand**

 [Register Here](#)

Presbyterian is working to build a robust enhanced provider network to treat CISC members. To join this network, providers are required to complete a series of CISC trainings and attest to their completion.

#### Cultural Sensitivity Training

 **Available year-round on demand**

 [Register Here](#)

Contracted providers and staff are encouraged to participate in Cultural Sensitivity training and may earn up to nine hours of free Continuing Education Units (CEUs).

For more information about training opportunities, please visit the [Presbyterian provider training page](#).



## PRESBYTERIAN WELLNESS RESOURCES

Help your patients on the path to better health by utilizing these Presbyterian wellness resources:

### Path for Wellness Programs

The Presbyterian Path to Wellness program helps members build sustainable habits that support long-term health.

**The NationsNutrition healthy weight program** is available at no extra cost to Medicaid members and uses behavior-change science to help participants improve nutrition, build healthy daily habits, manage weight and reduce the risk of Type 2 diabetes.

In 2025, the program achieved a **77% engagement rate**, with 53% of participants losing an average of **5.5% of their body weight**.

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 population health engagement tool that connects patients to various 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 [support@neuroflow.com](mailto:support@neuroflow.com) or call 1-855-296-7711. Printed materials for your office may be requested [here](#).

## NEW MEXICO TOBACCO QUITLINE

New Mexico Quitline is a self-paced tobacco cessation program available at no cost. A Quit Coach helps patients who use tobacco products create a plan that fits their routine.

With Quitline, 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](http://quitnow.net), call 1-800-QUIT-NOW (TTY 711) or scan this QR code.



## THE NUANCES OF ADOLESCENT CARE: VACCINES AND ORAL HEALTH

Providers play a crucial role in the overall health of adolescents, including administering recommended vaccines and integrating oral health advice during routine check-ups. Not only do these important efforts improve HEDIS adherence, but they also contribute to a healthier adolescent population now and in the future.



### VACCINATION SCHEDULE AND RECOMMENDED AGES

#### for Immunizations for Adolescents (IMA) Combo 2

- One meningococcal vaccine
  - At least one dose between ages 10-13
- One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine
  - One dose between ages 10-13
- Completed human papillomavirus (HPV) vaccine series
  - 2-dose series (given at least 146 days apart) between ages 9-13 **or**
  - 3-dose series with distinct dates of service between ages 9-13

### VACCINATION TIPS for Providers

- **Use well visits and sick visits** for vaccine catch-up
- **Strongly recommend the HPV vaccine series** the same way you recommend Tdap and meningococcal vaccines
- **Review and reconcile vaccine records**, including vaccines administered outside your clinic, if feasible
- **Schedule the second HPV dose** before families leave their visit

### ORAL HEALTH TIPS for Providers

Integrating short oral health advice into routine check-ups can make a significant impact on adolescent members 1 to 21 years of age:

- Encourage families to schedule **annual dental checkups**
- **Visually assess** the mouth by looking for signs of decay, gingivitis or other abnormalities
- **Encourage regular dental visits**, ideally between 6 and 12 months, to ensure early detection and treatment
- **Educate adolescents on hygiene tips**, including brushing twice daily with toothpaste, flossing once a day, and limiting sugary drinks and snacks
- **Inform of oral health implications** of medications for conditions such as asthma or diabetes
- Remind parents that dental visits should begin **by the first tooth or first birthday**
- Help members establish a **dental home**





## POLYPHARMACY AND ANTICHOLINERGIC SAFETY

Minimizing anticholinergic use in adults aged 65 and older can help prevent cognitive decline, adverse physical reactions and other health risks.

### Centers for Medicare & Medicaid Services (CMS) Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH) Measure (2026)

- Tracks Medicare Part D beneficiaries 65 and older taking two or more anticholinergic medications with 30 or more days overlap
- Goal: Reduce exposure to medications associated with cognitive impairment and falls

### Risks of Anticholinergic Medications

- Cognitive: confusion, memory impairment, delirium, dementia
- Physical: dry mouth, constipation, urinary retention, blurred vision, falls
- Functional: reduced mobility and increased dementia risk with long-term use

### Prescribing Best Practices

- Avoid anticholinergics in adults 65 and older when possible
- Use lowest effective dose and shortest duration
- Review all medications, including over-the-counter (OTC), for total burden

### Deprescribing Recommendations

- Deprescribe when no clear benefit exists
- Reassess periodically for ongoing need



## ANTICHOLINERGIC MEDICATIONS SAMPLE TABLE

This table outlines sample anticholinergic medications included in this measure and suggested alternatives. Note that this table is not all-inclusive.

CLASS	ANTICHOLINERGIC MEDICATIONS	ALTERNATIVES Over-the-Counter (OTC) and Prescription (Rx)
Antihistamine	cyproheptadine, diphenhydramine, hydroxyzine, meclizine	OTC: loratadine, fexofenadine, steroid nasal sprays Rx: levocetirizine, azelastine nasal spray, fluticasone or mometasone nasal spray
Antiparkinsonian	benztropine, trihexyphenidyl	Rx: amantadine, carbidopa/levodopa, entacapone, pramipexole, ropinirole
Skeletal Muscle Relaxants	cyclobenzaprine, orphenadrine	Rx: methocarbamol, baclofen, tizanidine
Antidepressants	amitriptyline, clomipramine, desipramine, doxepin (>6 mg/day), imipramine, nortriptyline, paroxetine	Rx: bupropion, citalopram, fluoxetine, sertraline, escitalopram
Antipsychotics	chlorpromazine, clozapine, olanzapine, perphenazine,	Rx: aripiprazole, quetiapine, risperidone, ziprasidone
Antimuscarinics (Urinary Incontinence)	fesoterodine, oxybutynin, solifenacin, tolterodine, trospium	Rx: mirabegron
Antispasmodics	clidinium-chlordiazepoxide, dicyclomine, scopolamine	OTC: peppermint oil Rx: glycopyrrolate
Antiemetics	prochlorperazine, promethazine	Rx: ondansetron



## OUMA VIRTUAL MATERNITY SERVICES

Presbyterian has partnered with Ouma Health, a clinician-led, maternity telehealth program, to help improve access to maternity care.

### Ouma's virtual offerings include:

- Early prenatal and postpartum care visits
- Prenatal safety-net follow-up visits
- Consultations, prescriptions and diagnostics
- Postpartum follow-ups
- Post-delivery support like lactation services, birth control counseling and postpartum depression treatment
- Substance use support during pregnancy and after delivery
- 3G cellular remote patient monitoring via Marani Health, a tool for rural New Mexico communities that includes a member app

### How Ouma Supports In-Person Care

- Initial obstetrics (OB) intakes
- Intermittent telehealth prenatal visits
- Co-management with a maternal-fetal medicine provider
- After-hours support for patient messaging
- Prescription refills
- Additional support for members living in rural areas

### The Ouma Process

Clinics can refer new patients by utilizing the [Ouma referral form](#). Ouma schedules a virtual visit within 24 hours where the patient will receive evidence-based, up-to-date care and recommendations from a Ouma provider(s). Finally, the provider receives a follow-up message from Ouma within 24 hours after a member visit.



## REFER YOUR PATIENTS TODAY

- Fax the [Ouma Referral Form](#) with all relevant medical records, labs, ultrasounds and demographic information to **1-844-332-3959**
- Schedule first visit directly with Ouma at [ouma.me/refer](https://ouma.me/refer) (select **"New Pregnancy Visit"** or **"New Postpartum Visit"**)
- For more information or to schedule a meet-and-greet with Ouma, contact Janelle Wolfe, RN, Quality Program Manager Lead, at [jwolfe3@phs.org](mailto:jwolfe3@phs.org)





## MEDICARE CMS SUPERVISION REQUIREMENTS

Understanding Medicare supervision and documentation requirements under CMS is critical for compliance, reimbursement and audit protection. Whether you're operating a physician practice, hospital outpatient department, or diagnostic facility, proper supervision and documentation directly impact payment eligibility.

### Overview of CMS Supervision Requirements

CMS establishes supervision rules under the Medicare Physician Fee Schedule (MPFS) and the Hospital Outpatient Prospective Payment System (OPPS). Requirements vary depending on:

- The type of service
- The clinical setting
- The personnel performing the service
- State scope-of-practice laws

The three primary supervision levels defined by CMS are:

#### General Supervision

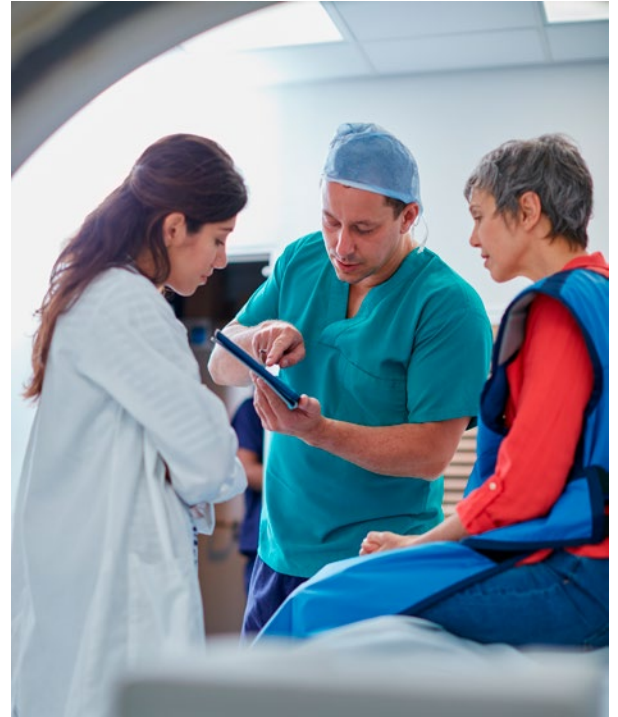
- The service is furnished under the physician's overall direction
- The physician does not need to be physically present
- The physician is responsible for training and maintaining protocols

#### Direct Supervision

- The supervising practitioner must be **immediately available**
- The supervising practitioner does not need to be in the same room but must be able to assist without delay

#### Personal Supervision

- The supervising practitioner must be **physically present in the room** during the procedure.



Documentation maintained by the billing provider must demonstrate that the required physician supervision is furnished.

The Presbyterian Program Integrity Department Special Investigative Unit performs random claims validation audits on claims submissions to verify that the services billed were rendered and accurate, and to ensure documentation meets nationally recognized documentation guidelines.

Please refer to the [Presbyterian Practitioner and Provider Manuals](#) for more information. Additionally, as outlined in the services agreement with Presbyterian, all providers must be credentialed with Presbyterian before seeing any Presbyterian members.

## LET'S CONNECT



[CONTACT GUIDE](#)



PHONE: (505) 923-5757



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