

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers, and Staff

SEPTEMBER 2016



NEWS FOR YOU

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*Presbyterian exists to improve the
health of the patients, members,
and communities we serve.*

Real-time Provider Directory Updates Now Available

While we have taken steps to ensure we meet the Centers for Medicare & Medicaid Services (CMS) provider directory accuracy requirements, we are also asking for your help to ensure that provider profiles are as accurate as possible. Together we can reduce frustration, confusion, and uncertainty experienced by patients and members because of incorrect provider directory information.

We are asking you to verify and update your provider/group profile information using our new platform, now available through the myPRES provider portal at www.phs.org/mypres. You can use the online tool to update demographic information (address and phone number), panel status, panel size, and hours of operation. When updating your information, please be sure that the practice name used for the directory listing is consistent with exterior signage and the scripting that is used to answer

calls. Members tend to search the provider directory using the practice name they most commonly see or hear. With your help, we will improve the patient and member experience by improving the accuracy of the online provider directory.

Please note that provider offices must delegate office staff responsible for making updates through the myPRES provider portal. Delegates must have a current myPRES account to make updates. Please be aware that if you or your delegates have not accessed your myPRES accounts in the past year, you may need to register for a new one at <https://mypres.phs.org/Pages/provider-registration>.

For directions on how to use the new platform and select a delegate, please refer to the frequently asked questions at www.phs.org/DirectoryUpdate.

Let's Work Together to Prevent Childhood Obesity

Did you know that one in three children in the United States is overweight or obese? That's triple the rate from just one generation ago, and now childhood obesity is putting kids at greater risk for health problems that were once only seen in adults, like Type 2 diabetes, high blood pressure, and heart disease. The good news is that childhood obesity can be prevented. In recognition of National Childhood Obesity Awareness Month, Presbyterian is working together with providers to encourage our community to make healthy choices.

Because obesity is such a complex issue, there needs to be a multifaceted approach to prevention. Schools, community organizations, healthcare professionals, and families need to come together to transform the conditions and systems that have led to this epidemic. According to the American Academy of Family Physicians (AAFP), "Family physicians should participate in local, state and national efforts to improve general nutrition and improve physical activity for both children and adults."

Though obesity takes time to develop, even the youngest children are at risk. Thankfully, children as young as six years old can be screened for obesity. Every wellness visit is not only an opportunity to monitor a child's weight, but it's also a chance to identify at-risk children and youth whose parents can benefit from guidance. Monitoring children's weight and teaching parents how to incorporate healthy habits at home could help prevent obesity.

There's no doubt that providers are an influential part of the solution to preventing childhood obesity. Patients and their families trust providers as a source of information and guidance,



which is why it's important to talk to parents about how to prevent childhood obesity and lead a healthy lifestyle. Here are a few ideas you can give parents that can help them prevent childhood obesity:

- Lead by example.
 - Parents are the most influential people in their children's lives and their actions impact how their children relate to diet and exercise. Encourage them to add a physical activity to their daily routine and ask their children to join them.
- Get active.
 - Walk around the neighborhood, go on a bike ride, or play basketball at the park.
 - Help kids understand the benefits of being active. Increased activity can strengthen bones, decrease blood pressure, reduce stress and anxiety, increase self-esteem, and help with weight management.
- Limit screen time.
 - Whether it's spending time on the computer, watching TV, playing video games, or using a mobile device, it is recommended to limit

screen time to two hours or less a day.

- Make healthy meals.
 - Buy and serve more vegetables, fruits, and whole-grain foods.
 - Serve reasonable sized portions.
 - Drink lots of water and limit sugary drinks, sodium, and saturated fat.

TALK TO US

Send your questions or comments to our *Network Connection* editor at:

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Provider Network Management

NIA's Medical Specialty Solutions Program is Replacing Health Help

To streamline the authorization process and improve patient outcomes, Presbyterian has entered an agreement with National Imaging Associates, Inc. (NIA), an affiliate of Magellan Healthcare, Inc., to implement NIA's Medical Specialty Solutions (MSS) program. This program will replace HealthHelp® for prior authorizations of both non-emergent advanced diagnostic imaging procedures and cardiac-related imaging procedures performed in an outpatient setting.

Effective October 1, 2016, the following procedures will require a prior authorization:

- Computed tomography (CT)/
Computed tomography angiography (CTA).
- Magnetic resonance imaging (MRI)/
Magnetic resonance angiography (MRA).
- Positron emission tomography (PET) scan.
- Coronary computed tomography angiography (CCTA).
- Myocardial perfusion imaging (MPI).
- Muga scan.
- Stress echocardiography.
- Echocardiography.

Services performed in the following settings do not require authorization through the MSS program:

- Inpatient.
- Observation.
- Emergency room.
- Urgent care.



While inpatient and observation services do not require prior authorization through the MSS program, some may require prior authorization from Presbyterian. In addition, musculoskeletal procedures and elective spine surgery performed in inpatient and outpatient settings do require prior authorization through the NIA Spine Management program (effective Jan. 1, 2015). Emergency room and urgent care facility procedures do not require prior authorization from the MSS program or Presbyterian. Please refer to Presbyterian's authorization guide for more information.

The ordering physician is responsible for obtaining prior authorization for any of the services listed above. It is the responsibility of the rendering provider to ensure that an authorization was obtained, before services are provided. Providers can obtain authorizations online at www.RadMD.com or by calling 866-236-8717. Failure to do so may result in a claim rejection.

If you have any questions about this notice, please contact your Provider Network Management relationship executive.

Inpatient Notifications for Expectant Mothers

Here at Presbyterian, we understand that our members rely on us for some of life's most meaningful moments, like helping parents welcome a new baby into the family. That's why we're committed to meeting the highest standards in healthcare.

In compliance with the Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act), Presbyterian does not require a prior authorization to admit expectant mothers for labor and delivery services. To ensure seamless care and the best experience possible, however, an inpatient notification is required within 24 hours of admission. If Presbyterian isn't notified, not only is there a chance that the claim will be denied, but the member may not have the opportunity to receive coordinated postpartum care that could improve the overall quality of health for her and her child.

Submitting an inpatient notification is easy. Simply go to www.phs.org/providers and click the "Authorizations" tab at the top of the web page. You'll find the form listed on that page.

Our top priority is our members and because of your continued partnership, we are able to ensure they receive the best healthcare possible. Thank you for helping us support the health and wellness of the members we serve.

Centennial Care Rate Reductions

With guidance from the New Mexico Human Services Department (HSD), Presbyterian has implemented required reductions to the Centennial Care fee schedule. As you may be aware, New Mexico is facing a significant budget shortfall, requiring HSD to reduce expenditures in an attempt to close the budget gap.

The shortfall is a result of several factors, including the dramatic increase in Medicaid enrollment, the rising cost of prescription drugs, a decrease in the federal matching rate for the expansion population, and, most significantly, the impact of the decline in revenue from oil and gas.

Reductions for Centennial Care claims with dates of service on or after July 1, 2016, and August 1, 2016, are listed in the table below. For more details on the new rates and to verify rates for codes, please view the updated fee schedule online at <http://www.hsd.state.nm.us/providers/fee-for-service.aspx>.

Dates of Service: July 1, 2016

Inpatient services

All hospital inpatient services were reduced by five percent. Inpatient rates for psychiatric units were not impacted.

Outpatient services

All hospital outpatient services were reduced by three percent.

Safety net care pool (SNCP) facilities

SNCP facilities received a reduction to the SNCP additional payments for inpatient claims. The new rate was set at 49.5 percent; UNM was set at 45 percent.

Community benefit providers and agencies

All community benefit providers and agencies were reduced by one percent. This reduction applies to the following codes only: 99509, G9006, S5100, S5110, S9122, T1002, T1003, and T1019. Electronic Visit Verification (EVV) codes G9006-U1 and G9006-U2 will not be impacted.

Dental services

Dental services were reduced by two percent, including preventative services.

Affordable Care Act (ACA) enhanced primary care provider payments

All enhanced primary care provider (PCP) payments that were issued on a quarterly basis were discontinued.

Dates of Service: August 1, 2016

Current professional fee schedule allowables less than 90 percent of current Medicare

Services where the current Medicaid allowable is less than 90 percent of the current Medicare allowable were reduced by two percent. This impacted all services excluding preventative and obstetrical services.

Current professional fee schedule allowables between 90 and 100 percent of current Medicare

Services where the current Medicaid allowable was between 90 and 100 percent of the current Medicare allowable were reduced by four percent. This impacted all services excluding preventative and obstetrical services.

Current professional fee schedule allowables greater than 100 percent of current Medicare

Services where the current Medicaid allowable was greater than 100 percent of the current Medicare allowable were reduced by six percent. After the reduction, if the Medicaid allowable was above 94 percent of the Medicare allowable, then the code allowable was reduced to 94 percent of Medicare. This impacted all services excluding preventative and obstetrical services.

Increase to certain preventative service codes

Certain preventative service codes were increased by five percent. The increase applies to the following preventative service codes:

- New patient codes 99381, 99382, 99383, 99384, and 99385.
- Established patient codes 99391, 99392, 99393, 99394, and 99395.



Enhanced Benefits Making a Difference in the Lives of Members:

Small Steps to a Fitness Revolution

Though Tasha Townsend was never overweight, she was self-admittedly out of shape. As a longtime Presbyterian Health Plan member, she was thrilled when Presbyterian started offering eligible members a free gym membership in 2014. It was a bonus that the program included Defined Fitness, a gym she used for years.

"I was doing a lot of weight training and cardio, but my friend Kathryn Lucero convinced me to sign up for a contest the gym was having called 'Fitness Revolution,'" Tasha said. "It was a 12-week contest, and I set a goal to lose 14 pounds."

As a 44-year old dental hygienist, Tasha suffered through pain in her back, knees, and elbows. Tasha committed herself to her goal, and she noticed that the more she went to the gym, the better she felt.

"I noticed I didn't have all the aches and pains I had when I wasn't working

out," Tasha said. "Then I started paying attention to what I was eating, and before I knew it, I hit my goal."

She continued to work out and eat right and was invited to an award ceremony at the end of the "Fitness Revolution" contest. She didn't know it then, but she was about to get a big surprise.

"I'm sitting there and all of the sudden they start showing the before and after photos of all the winners," Tasha said. "Before I knew it, I saw my before and after photo on the screen, and I found out I had won the weight loss challenge for the Rio Rancho gym. It wasn't until I saw those photos that I realized how much I had improved."

Her prize was eight personal training sessions with Defined Fitness Trainer Chris Santoscoy. Tasha says she learned a lot during her training sessions, and her success motivated her family, friends, and co-workers to start making healthier choices too.

"Tasha has truly been an inspiration to myself and the rest of the members here at Defined Fitness," Chris said. "She has made such a great transformation with dedicated hard work, and now I can see she has much more confidence in herself."

Tasha regularly visits the gym four to six times a week and admits that it can sound a bit overwhelming to someone just starting out, but reminds people that she started with small steps. Now she's looking to the future and continuing to set small goals to stay motivated.

"I'm in the best shape I've been in since I was 20-something years old," Tasha said. "I can't stop from getting older, but I can be in the best shape to face it."

For more information about the gym membership program, please visit us online at www.phs.org.

REGULATORY REMINDERS

Compliance with After-hours Messaging

Presbyterian requires primary care providers have or arrange on-call and after-hours care to support members who are experiencing emergencies. Such coverage must be available 24 hours a day, seven days a week. Providers must inform members about hours of operation and give instructions for accessing care after hours. When unavailable to provide on-call support, providers must provide members with after-hours messaging about how to access after-hours care. In addition,

Presbyterian requires that the hours of operation that practitioners and providers offer to Medicaid be no less than those offered to Commercial members.

Presbyterian is requesting that all primary care providers ensure that their contact information and after-hours messaging are up to date and provides members with the information they need to seek appropriate care outside of regular office hours.

Member Appeals and Grievances Information

Providers have the right to file a formal appeal and grievance with Presbyterian for any reason. An appeal may be filed when an authorization or concurrent review decision was denied by the medical director. At the time of the decision, a provider or member may request that Presbyterian reconsider the denial by submitting further documentation to support medical necessity. Such requests will be referred immediately to a medical director not previously involved in the case for resolution and will be handled according to the member appeal guidelines.

If prior authorization for services for any Presbyterian member is requested by a provider and denied by Presbyterian, a provider may act on the member's behalf and may file a request for an expedited appeal, if the provider feels that the member's health and/or welfare is in

immediate jeopardy. Presbyterian will then determine if it meets expedited criteria. If the case is deemed expedited, then Presbyterian will process the expedited appeal within 72 hours of receipt. Time extensions may apply with written consent from the member.

Any member also has the right to file a grievance if he or she is dissatisfied with the services rendered through Presbyterian. Member grievances may include but are not limited to dissatisfaction with services rendered, availability of services, delivery of services, reduction and/or termination of services, disenrollment, or any other performance that is considered unsatisfactory.

The member should submit his or her appeal or grievance to Presbyterian's appeals and grievance coordinator within the following time frames:

Lines of Business	Time Frame
Presbyterian Centennial Care (New Mexico Medicaid Managed Care)	Within 90 days from the date of denial
Presbyterian Senior Care (Medicare Advantage) and Presbyterian Medicare PPO (Medicare Advantage)	Within 60 days from the date of denial
All Other Plans	Within 180 days from the date of denial

Affirmative Statement About Incentives

Presbyterian wants members to get the right care, in the right place, at the right time. One of the processes we use to help our members get appropriate care is prior authorization, also known as benefit certification. Presbyterian's accreditation body, the National Committee for Quality Assurance (NCQA), considers prior authorization to be part of our utilization management (UM) program.

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

For more information about Presbyterian's prior authorization or benefit certification processes, refer to the "Care Coordination" chapter of the 2016 Presbyterian Provider Manual at www.phs.org/ProviderManual.

Medical Record Standards and Documentation

A medical record tells an important story about a patient's health and well-being. It can also inform providers and family members of a patient's healthcare decisions at crucial times, specifically when an advanced directive is included in his or her record. As part of our regulatory requirements, Presbyterian must ensure that our members' medical records are complete and consistent with standard documentation practices. Presbyterian reports information to several agencies, including the National Committee for Quality Assurance (NCQA), the Centers for Medicare and Medicaid Services (CMS), and the State of New Mexico Human Services Department (HSD). These agencies require that specific information is documented in every member's chart, including history and advance directive information.

All practitioners are held to the minimum standards as identified by Presbyterian, state and federal regulatory agencies, national accrediting organizations, and service agreements. Presbyterian provides these standards to practices that address the confidentiality of medical records, documentation standards, organized record-keeping systems, standards for availability of records, and performance goals to assess the quality of documentation. Presbyterian regularly assesses compliance with these standards. A passing score for a medical record review is 85 percent.

Recent audits identified opportunities to improve documentation of pediatric and primary care provider charts in the following areas:

History Documentation

History of smoking, alcohol use, and substance abuse should be documented for any member 12 years old and older.

Past medical history should be present as follows:

- For members under age 21: ***on the first visit.***
- For members age 21 or older: ***when the member has had three or more visits.***

Medication history must include:

- Medications that have been effective.
- Medications that proved ineffective and why they did not work.
- Legible, consistent documentation of refills, including long-term prescriptions such as asthma inhalers and antibiotics.
- Follow-up on new prescriptions.

Advance Directive Documentation

The Federal Patient Self-Determination Act (PSDA) encompasses end-of-life care, also known as advance directives. The PSDA requires health facilities, including hospitals, skilled nursing facilities, home health services, and managed care organizations, to provide information on advance directives to patients upon admission. Presbyterian also encourages providers to discuss advance directives with their patients in outpatient settings.

Presbyterian requires providers to indicate whether a patient has executed an advance directive. This can be accomplished by noting "Yes" or "No" in a prominent location within the patient's hardcopy or electronic medical record. In addition, if a patient presents his or her provider with an advance directive, a copy of the document should be added to the patient's medical record.

Presbyterian will evaluate mandatory provider compliance with this standard, when we perform our medical record standards audits. Advance directive forms are available at http://docs.phs.org/idc/groups/public/@phs/@marketing/documents/phscontent/pel_00133737.pdf.

Presbyterian appreciates providers' continued commitment to complying with these standards and the actions taken to improve medical record keeping for our members. For questions about medical record documentation standards, please call Teresa Ramos at (505) 923-5729 or email mramos@phs.org.



Medical Policy Information and Updates

Presbyterian maintains medical policies that assist in administering plan benefits. All medical policies are regularly reviewed and approved through appropriate quality committees. Medical policies include the following information:

- Services covered, including clinical indications for the service.
- Prior authorization requirements. Please note that even when prior authorization is not required, the clinical indications for the service still apply. All claims are subject to retrospective review.
- Exclusions to coverage.
- Coding which is to be used as reference only. Covered and non-covered codes are included in the coding list.

General information about medical policy coverage determinations

Presbyterian uses recommendations from Hayes, Inc., an independent technology assessment firm, and current medical literature, including clinical trials to support decisions. Presbyterian also considers the decisions of the Centers for Medicare & Medicaid Services (CMS) to provide guidance related to medical policies and procedures. Other resources Presbyterian may use to determine if an item is investigational or experimental are:

- U.S. Food and Drug Administration reviews.
- Evidence obtained from reports and articles in peer-reviewed medical and scientific literature.
- Formalized position statements of professional organizations.

Criteria used for authorization determination includes but are not limited to Milliman Care Guidelines (MCG), Apollo Guidelines, and HealthHelp® Imaging guidelines.

New, Reviewed, or Updated Medical Policies

The following is a list of medical policies that have recently been reviewed or updated, or are new:

- Cholecystectomy by laparoscopy – Presbyterian now uses its own policy instead of MCG.
- Miscellaneous durable medical equipment (DME) breast pump – Added language regarding hospital-grade breast pumps.
- Gender dysphoria – Added Intel Connected Care benefit language.
- Tonsillectomy – Based on provider feedback, Presbyterian now uses its own policy instead of MCG.
- Transcranial magnetic stimulation for depression – Covered for Medicare members only. Prior authorization required.

Medical Policy Reviews

Medical policies receive an annual or two-year review. The following is a list of medical policies that did not change:

- Ambulance services.
- Artificial disk replacement.
- Autism spectrum disorder.
- Autologous chondrocyte implantation.
- Balloon sinuplasty.
- Bariatric surgery.
- Blepharoplasty.
- Breast implant removal.
- Breast reconstruction following mastectomy.
- Breast reduction mammoplasty.
- Bronchial thermoplasty.
- Cancer clinical trials.
- Clinical trials for Medicare members.
- Coronary computed tomography.
- Cryoablation for prostate cancer.
- Diapers for Centennial Care members.
- Electrical bioimpedance for assessment of lymphedema.
- Electrical bioimpedance for cardiac output monitoring.
- Epidural corticosteroid injections for back pain.
- Extracorporeal shock wave therapy.
- Exhaled nitric oxide for asthma.
- Minimally invasive total hip arthroplasty.
- Noninvasive prenatal testing.
- Osteogenic bone growth stimulator.
- Total joint replacement for hip and knee.



Accessing the Medical Policy Manual

The Medical Policy Manual is available on phs.org.

- Log on to www.phs.org.
- Select "For Providers" from the upper menu.
- Select "Tools and Resources."
- Select "Medical Policy Manual" from menu on the left.

Member Rights and Responsibilities

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

To view a list of these rights and responsibilities, go to <https://www.phs.org/Pages/member-rights.aspx>. Please note that this list comprises the rights and responsibilities as dictated by the New Mexico Human Services Department (HSD) and the National Committee for Quality Assurance (NCQA). In addition, the list also includes information specific to different lines of business.

"Incident to" Services

The Centers for Medicare & Medicaid Services (CMS) defines "incident to" services as those services that are furnished incident to physician professional services in the physician's office, whether located in a separate office suite, within an institution, or in a patient's home.

To qualify as "incident to," services must be part of a patient's normal course of treatment, during which a physician personally performed an initial service and remains actively involved in the course of treatment. Providers do not have to be physically present in the patient's treatment room while these services are provided, but they must provide direct supervision. This can also mean that, if necessary, providers may be present in the office suite to render assistance. The patient record should also document the essential requirements for "incident to" service. More specifically, these services must be all of the following:

- An integral part of the patient's treatment course.
- Commonly rendered without charge (included in your physician's bills).
- Of a type commonly furnished in a

physician's office or clinic (not in an institutional setting).

- An expense to the physician or physician's office.

Services provided by a non-physician but supervised by a physician must follow the CMS guidelines to qualify for "incident to" care. The physician must perform the initial visit and must be in the office or facility when services are rendered to provide supervision and assistance.

Additionally, per your Services Agreement with Presbyterian, all providers must be credentialed with Presbyterian prior to seeing our members. All services should be billed under the rendering provider.

The Presbyterian Program Integrity Department (PID) performs random claims validation audits on claims submissions to verify services billed were rendered and accurately billed. More information on these requirements can be found on the CMS website at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0441.pdf>.



REMINDER

Healthy Solutions: Health Coaching for Presbyterian Members with Diabetes, Coronary Artery Disease, Asthma, COPD, and Heart Failure

The Presbyterian Healthy Solutions health coaching program is available to assist Presbyterian members with chronic conditions to better understand their condition, update them on new information about their condition, and provide them with assistance to help manage their condition. The program is designed to reinforce treatment plans and is available at no additional cost to Presbyterian members who are 18 years old or older. Healthy Solutions contacts members who are having difficulty managing their blood glucose,

cholesterol, or have recently visited the emergency room or hospital, and invites them to participate in coaching. Presbyterian will notify providers whose members agree to participate. To enroll your Presbyterian patients in the Healthy Solutions program, please contact us toll-free at 1 (800) 841-9705 or by email at healthysolutions@phs.org.

Participation in Presbyterian Healthy Solutions coaching program is voluntary. If at any time a participant wishes to discontinue the program, they need only contact Presbyterian.



Mobile Mammography

Presbyterian Health Plan promotes breast health through early detection. It is recommended that women ages 40 years and older receive a mammogram every one to two years. As October is Breast Cancer Awareness month, help make sure the women in your life are screened.

Presbyterian members have the opportunity to receive a free preventive mammogram at one of our mobile mammography events in partnership with Radiology Associates of Albuquerque and Assured Wellness. Please let your Presbyterian patients know about the events listed at www.phs.org/about-us/events.

Help us measure our readership by filling out a quick survey about our newsletters. All respondents will be entered to win a gift card! Drawing will be held in December 2016.
<https://www.surveymonkey.com/r/PHPnewsletter>