

Network Connection

Information for
Presbyterian Healthcare
Professionals, Providers,
and Staff



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Changing the Way We Look at Data and Use Technology

At Presbyterian, we truly believe in a member-centric model to keep our members healthy and ensure access to care when they need it most. As our industry continues to move from volume-based to value-based care, it is critical that we enhance the way we manage risk and deliver services. I am excited about plans in 2017 to expand how we use technology to work with providers and invest in data and analytics to better understand the needs of our members.

I've always felt that health insurance companies should serve as a gateway to necessary healthcare services, but they can sometimes be perceived as a barrier. This is why we are working very hard to improve the experience of our members by changing how we look at patient data. This will help us produce better outcomes and more affordable services.

Part of this effort is looking at how to make it easier for members to access a primary care provider, educating them about the difference between urgent and emergent care, and helping them find alternative methods of care, such as seeing an advanced practice clinician.

By analyzing data from appointments, we can also help navigate the members' next steps and coordinate their care in a more effective way.

We want to be able to look at a member's medical record and connect a diagnosis to a possible unfilled prescription or a negative lab test. That way, we can identify any of the barriers a member may be facing with scheduling appointments and continuing his or her necessary follow-up care. We want to shift healthcare from being reactive to being proactive.

We believe that the discoveries we make will lead to improvements that continually enhance the way we work together to better understand the needs of our patients and members. I am excited about our plans and look forward to continuing the work we do with our providers to improve the health of the members, patients, and communities we serve.

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

In August 2016, Brandon Fryar accepted the position of President of Presbyterian Health Plan. He joined Presbyterian as Vice President and Chief Financial Officer (CFO) of the health plan in February 2014.



Presbyterian Has a New Chief Medical Officer



Meet Dr. Tom Rothfeld, Presbyterian's new chief medical officer.

After working in private practice as a pediatrician, Rothfeld began his career with Presbyterian

Healthcare Services in 1996 as the medical director for the Children's Program at Presbyterian Hospital. Since then, he has held several roles at Presbyterian Hospital, including vice president of Medical Staff Affairs. In 2015, he joined Presbyterian Health Plan and accepted the medical director of Health Services Operations position because of his desire to better understand and improve the partnership between practicing clinicians and the health plan.

"As a clinician, I felt the health plan was working against me," Rothfeld said. "Since coming to the health plan

as a medical director, I found that Presbyterian really does work hard with providers to help members."

Committed to working more collaboratively with providers to solve problems, Rothfeld accepted the chief medical officer position with Presbyterian in November 2016.

"In the role of chief medical officer, I want the health plan to be seen as an ally to members and providers, and a facilitator of patient care," he said.

Rothfeld has a few exciting ideas on how the health plan can be a better partner and resource to providers.

"My plan is to start by evaluating the current prior authorization process," Rothfeld said. "I anticipate that we will remove a fair number of procedures from the guide."

In addition to removing some items that currently require a prior authorization, Rothfeld hopes to create a more

collaborative process that improves provider satisfaction while reducing appeals and administrative burdens on providers and their staff.

"For procedures that may be denied due to lack of medical necessity, I anticipate that we will reach out to the ordering provider prior to issuing a denial to have a peer-to-peer conversation," Rothfeld said. "I believe this will reduce the number of denials."

Furthermore, Rothfeld plans to contact providers throughout the state to improve processes and build a better relationship between providers and the health plan.

"I want to reach out to providers both in urban and rural settings to understand their needs and unique challenges," Rothfeld said. "Our main goal is to improve the health of the communities we serve by ensuring our members receive the care they need, when they need it, in the most cost-effective way."

Understanding Section 1557 of the Affordable Care Act

Last year, the Office for Civil Rights of the U.S. Department of Health and Human Services adopted final federal regulations concerning the anti-discrimination mandate of Section 1557 of the Patient Protection and Affordable Care Act (ACA). As of October 2016, Presbyterian became fully compliant with this act by implementing multiple anti-discrimination provisions in our health plan and facility settings.

Key provisions of ACA Section 1557 include the following:

- Extending protections against sex discrimination to health coverage and care including gender identity discrimination.
- Codifying long-standing guidance regarding meaningful access for individuals with limited English proficiency, including the provision of

free, accurate, and timely language assistance services.

- Incorporating existing law that requires reasonable modifications, effective communication, and readily accessible buildings and information technology to avoid disability-based discrimination.
- Prohibiting discriminatory health insurance benefit designs and including specific coverage protections for transgender individuals.

What this means for providers

Discrimination within the areas listed above can contribute to poor health outcomes and increased health disparities among underserved communities, and can negatively impact the distribution of healthcare resources.

Through your contract with Presbyterian, you should already be complying with

non-discrimination guidelines. However, this act enforces them in more specific ways and affects the way you submit certain claims.

With guidance from the Centers for Medicare & Medicaid Services (CMS) regarding claims with dates of service on or after Oct. 15, 2016, Presbyterian requires that professional claims are billed with modifier "KX" and inpatient and outpatient facility claims are billed with condition code "45" for any services related to transgender, ambiguous genitalia, and hermaphrodite services.

Presbyterian will deny claims without the "KX" modifier when the ICD-10 code and the procedure code do not match the gender billed.

For more information about these changes, please contact your Provider Network Management relationship executive.

Centennial Care Clinical Operations Overview

The Presbyterian Centennial Care Clinical Operations department is available to help members improve their health and to make it easier for providers to connect with a member's care team. Our Clinical Operations staff includes doctors, nurses, social workers, and other health professionals. They are trained to support the member, the member's primary care provider (PCP), and other providers to make sure our members stay healthy and as functional as possible in the community.

Please see the categories below for more detailed descriptions about how the Clinical Operations department works.

Care Coordination

Care coordination is how Presbyterian

Centennial Care manages the member's medical, behavioral, and long-term care needs, whether in the hospital, facility, or at home.

Our Care Coordination team is comprised of nurses, licensed social workers, and other health experts. Our care coordinators conduct both home and telephone visits with members to complete a comprehensive needs assessment (CNA). A member-centric, comprehensive care plan is then developed together with the member, caregiver, and providers to ensure the identified needs are met. Members who are appropriate for Care Coordination are those who have complex needs, functional concerns, physical or behavioral needs.

To refer a member to Care Coordination, please call our intake line at (505) 923-8858 or toll free 1-866-672-1242.

Utilization Management

Presbyterian follows utilization management guidelines to ensure that our members receive the right care, in the right place, at the right time. Utilization management decision-making is based on appropriateness of care and services as well as the benefits covered under the member's plan. This process includes the following:

- Prior authorization.
- Concurrent review.
- Retrospective review.

Prior Authorization

Some healthcare services require prior authorization from Presbyterian Centennial Care. This means that Presbyterian Centennial Care nurses check to make sure that the service is a benefit and medically necessary. A list of services requiring prior authorization can be found at www.phs.org/providers or can be obtained by contacting the Provider CARE Unit at (505) 923-5757 or 1-888-923-5757.

Concurrent Review

Through concurrent review, nurses work with discharge planners at hospitals or other facilities. They ensure the member is at the appropriate level of care for his or her needs.

Retrospective Review

During retrospective review, nurses review insurance claims to make sure that the most appropriate healthcare was received by the member. Presbyterian does not reward practitioners for issuing denials of coverage. Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization.



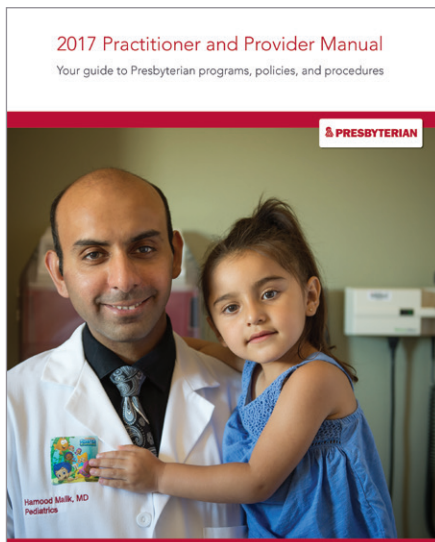
2017 Provider Manuals Now Available

Presbyterian recently updated its Universal Practitioner and Provider Manual and Centennial Care Practitioner and Provider Manual for 2017.

The universal manual covers all of Presbyterian's programs, policies, and guidelines. The Centennial Care manual provides detailed information specific to Presbyterian's Centennial Care programs and requirements.

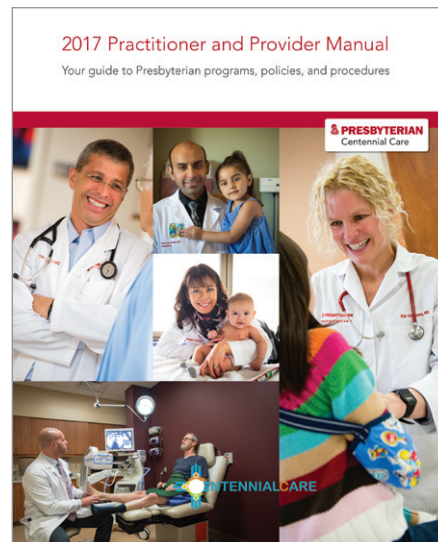
These manuals provide comprehensive information about Presbyterian's programs and are an extension of a provider's contract with Presbyterian. The manuals are updated quarterly and as needed. Some key updates made to the 2017 manuals include information about:

- The new prior authorization program, Medical Specialty Solutions through NIA/Magellan (Care Coordination and Utilization Management chapters).
- Section 1557 of the Patient Protection and Affordable Care Act (Legal chapter).

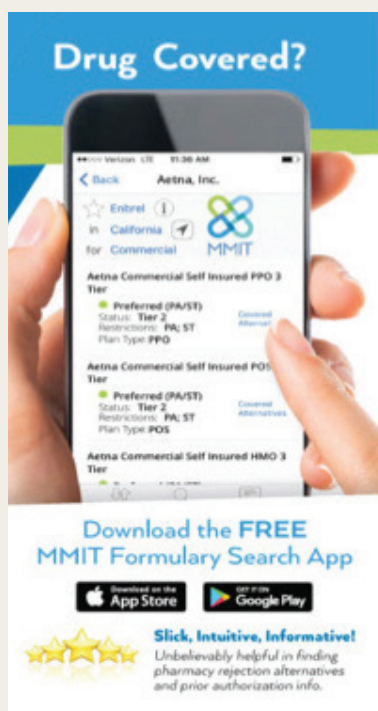


- Presbyterian Dual Plus (HMO SNP), Presbyterian's new Medicare Advantage plan for dual-eligible members (Presbyterian Healthcare Services chapter).

The manuals are available online only at <http://www.phs.org/ProviderManual>.



A print copy of the Centennial Care Practitioner and Provider Manual is available at no cost from Presbyterian by contacting your Provider Network Management relationship executive at www.phs.org/ContactGuide.



New Smartphone App to Access and Search Formulary

Presbyterian recently expanded its relationship with Managed Markets Insight & Technology, LLC, a formulary solutions company, to deliver comprehensive drug coverage information directly to providers.

In addition to Presbyterian's internal support resources, the new app, Formulary Search, is designed to be intuitive, simple, and always available. Through the app, you can identify coverage, restriction criteria, and alternative medications by brand, region, and benefit plan.

Providers can search online by going to www.FormularyLookup.com or downloading the free app for their smartphones from the Apple App Store (iPhone) or Google Play (Android). A username and password are not required to use Formulary Search.

For more information or questions about Formulary Search, please contact the Presbyterian Pharmacy Help Desk at (505) 923-5500.

Appreciate the Present Moment: Try These Five Tips

What's on your mind? Most likely, a lot of things. With all that's going on, it's easy to overlook the wonders of the present moment. Fully appreciating what's happening right here, right now, takes a special type of attention. It's called mindfulness, and according to researchers, mindfulness not only makes you feel good – it's also good for your health.

What is mindfulness?

Mindfulness is being totally aware of the present moment without judging it. Research shows that this type of focused awareness is a key element of happiness. Mindfulness may also help you:

- Manage stress.
- Cope better with serious illness.
- Let go of past regrets and future worries.
- Sleep better.
- Connect more deeply with others.
- Appreciate life's pleasures, big and small.

Making it a habit

Becoming more mindful isn't difficult – it just takes practice. One easy way to get started is to take a few minutes to breathe with intention by following these steps:

- Inhale through your nose while counting to four.
- Hold for one second.
- Exhale through your mouth while counting to five.
- Repeat several times and focus on your breathing.

Five healthy habits for happiness

You can also cultivate mindfulness by tuning in to your senses one by one with these five easy tips.

1. **Hear**
Before getting out of bed, lie still and hear the sounds around you. Listen to the house creaking, the birds singing, the wind or rain. Just listen.
2. **See**
Stand outside and focus on the silhouette of the trees, the colors of the sky, the texture of the grass.
3. **Smell**
Pour your morning coffee slowly and savor the aroma. Breathe deep and enjoy the scent of a loved one when you embrace. Step outside after the rain and smell the freshness in the air.
4. **Taste**
Eat slowly. Consider each flavor. Is it salty, savory, bitter, or sweet?
5. **Touch**
Smooth your hand along clean sheets. Feel the texture. Scratch your pet's belly and enjoy the soft warmth.

As it becomes a habit, mindfulness can bring more joy and awareness to your life. And you can start right here, right now.

Sources: helpguide.org; National Institutes of Health



REMINDER

Centennial Care Reimbursement for Long-Acting Reversible Contraceptives

With guidance from New Mexico Human Services Department (HSD) Supplement Number 16-09, Presbyterian began separately reimbursing Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Hospital-Based Rural Health Clinics (HB-RHCs) for the insertion of long-acting reversible contraceptives (LARC) for Centennial Care members, including those eligible for pregnancy-related services only.

As of Sept. 1, 2016, Presbyterian is separately reimbursing FQHCs, RHCs, and HB-RHCs for a LARC insertion procedure in addition to the reimbursement for the visit. This will help assure that providers are reasonably reimbursed for these services.

LARCs are reimbursed separately when billed with revenue code 0636 and the applicable HCPCS code on the UB-04 claim form, which must include the

National Drug Code (NDC) as described below. Prior authorization for the LARC procedure is not required.

The following is a listing of applicable LARC HCPCS codes that will be reimbursed as described here.



HCPC Code	Name	Current Payment Amount	National Drug Code
J7297	Levonorgestrel - Releasing Intrauterine Contraceptive System, 52mg, 3yr	\$625.00	NDC 52544003554 Liletta 52mg system (Actavis U.S.)
J7298	Levonorgestrel - Releasing Intrauterine Contraceptive System, 52mg, 5yr	\$858.33	NDC 50419042101 Mirena (Bayer) (20mcg/24hr) NDC 50419042301 Mirena (Bayer) (20mcg/24hr)
J7300	Intrauterine Copper Contraceptive IUD	\$739.00	NDC 5128502401 Paragard T 380-A (Teva Women's Health) NCD 5128502402 Paragard T 380-A (Teva Women's Health)
J7301	Levonorgestel - Releasing Intrauterine Contraceptive System, 13.5mg	\$714.70	NDC 50419042201 Skylar (Bayer)
J7306	Levonorgestrel Implant System (including implants and supplies)	Manually Priced	

Five Easy Ways to Provide an Exceptional Experience

At Presbyterian, we want all members to have an exceptional care experience, and you play a huge role in accomplishing that.

In the next few months, your patients may receive the Medicare Health Outcomes Survey (HOS) and/or the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. These surveys will cover many areas of care and are used to measure quality of care and service. The results from these surveys reflect your patients' perception of the quality of care and service you provide, and they will also reflect on Presbyterian as a Medicare Advantage Managed Care Organization (MCO).

Here are five tips to remember that will help create an exceptional patient experience:

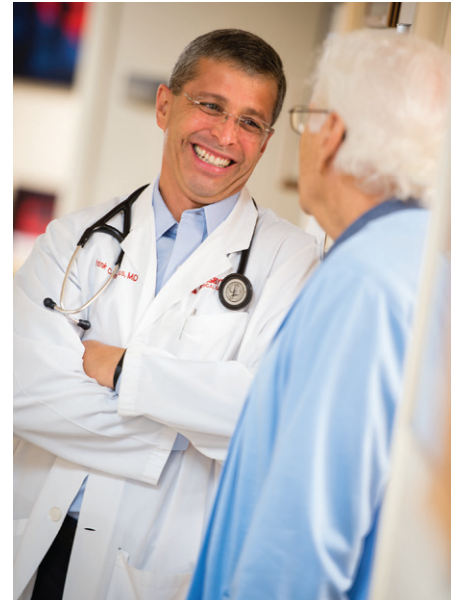
1. Have your patients' medical records on hand at the time of their appointment.

2. Discuss physical activity with patients and advise on increasing the level if needed.
3. Assess fall risks and fall prevention with older patients.
4. Review all current medications and prescriptions with your patients.
5. Follow up with patients within 24 to 48 hours regarding results from any test, x-rays, or screenings.

The Centers for Medicare & Medicaid Services (CMS) will publish the results of these surveys on its website. This data will not only help determine whether providers are meeting Presbyterian's standards when it comes to quality of care and member experience, but it will also allow members to compare Presbyterian providers against providers contracted with other MCOs in New Mexico.

If you don't have access to a patient's medical record or current

medications and prescriptions, work with your patient's care coordinator or refer patients to Presbyterian Care Coordination by calling (505) 923-8858 for additional support in managing their healthcare needs.



Benefit and Eligibility Reminders for the New Year

A new benefit year brings challenges that may affect enrollment and eligibility. Please review the reminders below to avoid payment delays and ensure patients and members are able to receive the care they need.

1. Verify eligibility.

Member eligibility can change from year to year. Member eligibility can be verified by logging into myPRES at www.phs.org/mypres.

2. Check covered benefits.

Before rendering services or referring members for specialized services, confirm through myPRES that the services are a covered benefit under their plan.

3. Review authorization requirements/inpatient notification requirements.

Check the prior authorization

guide at www.phs.org/provider/authorizations to ensure requirements did not change for prior authorizations and inpatient notification information.

4. Know the benefit plans your office accepts.

Make sure that you and your staff are aware of which Presbyterian plans you accept. Presbyterian offers employer-based, individual, Medicare, and Medicaid plans. Information about our plans can be found online at www.phs.org/health-plans or refer to your services agreement with Presbyterian.

5. Remember, individual plans are not on the Health Insurance Marketplace.

As of January 2017, Presbyterian

no longer offers individual plans on the federal Health Insurance Marketplace. We are, however, still offering individual plans through Presbyterian.

6. Update your directory information.

Use our new platform to update your information in real time so members can easily find you and make an appointment. To begin, go to www.phs.org/directoryupdate.

Presbyterian does everything it can to ensure a smooth enrollment process. If you have any questions, please contact your Presbyterian Provider Network Management relationship executive.



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REMINDER

Update to Dual-Eligible Claims Processing

Due to recent system updates, correct coding edits are now processed on a real-time basis. This eliminates the delay between payment of primary and secondary claims when a member has two Presbyterian insurance plans.

Beginning Jan. 1, 2017, Presbyterian will pay the primary and secondary claims for dual-eligible members at the same time,

which will result in a timelier payment of both claims. Please note, due to funding/payment cycles, the secondary payment may be received before the primary payment.

For more information on submitting claims, refer to the Claims and Payments chapter in the Provider Manual at <http://www.phs.org/ProviderManual>.

Communications from Presbyterian Health Plan

Presbyterian Health Plan's Provider Network Management department posts all recent communications at www.phs.org/providers. All you need to do is hover over the "Contact Us" tab at the top of the page to display the drop-down menu, then click on "News and Communications" to view all recent communications that were sent to your office.

To begin receiving communications from us via email, please opt in by clicking "Stay Connected" at the top of the News & Communications page.

If you have any questions or need a copy of any recent communications, please send an email to the Provider Communications team at providercomm@phs.org.

TALK TO US

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