

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers, and Staff

MAY 2017



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

Shaping the Member Experience through the Provider Directory

The online provider directory is one of the most important tools available to members to navigate Presbyterian's network of providers. Many times, the directory is used by prospective members to research the health plan. Enrolled members use the directory to look for a provider with whom to make an appointment or to ask for a referral from their primary care provider (PCP). It is also a tool for providers to refer members to another in-network provider for specialty care or follow-up appointments.

We need your help to ensure that provider profiles and records are as accurate as possible. Together we can reduce frustration, confusion, and uncertainty experienced by patients and members because of incorrect provider directory information.

The easiest way for you to verify and make any needed updates is to log on to the myPRES provider portal at www.phs.org/mypres and use the real-time updates platform. Your access to the platform will be based on your provider type,

meaning whether you are registered as an individual provider, a provider group, or a facility. If you are unsure of your status, please send an email to providerdemo@phs.org for verification.

Providers who are listed as groups or facilities must delegate a staff member to make updates on their behalf. Individual providers have automatic access to the real-time updates platform. Providers who actively use the real-time platform to update their information will receive fewer calls from Presbyterian's Provider Network Management department to verify their demographic information. For directions on how to use the new platform or how to select a delegate, please refer to the frequently asked questions at www.phs.org/DirectoryUpdate.

With your help, we will improve the patient and member experience by improving the accuracy of the online provider directory.

Providers Can Now Submit Corrected Claims Electronically

There's no doubt that the development of technology and automation of manual processes have drastically changed the way we conduct business today, eliminating many tedious administrative burdens. Presbyterian is committed to finding ways to use the latest technology to not only help improve provider satisfaction, but also to improve the health and well-being of the members we serve.

With this in mind, we are pleased to announce that electronic resubmission of CMS-1500 claims is now available for providers. Corrected claims are resubmitted when information on a previously submitted claim needs to be adjusted.

Providers who electronically submit corrections to previously submitted CMS-1500 claims must include all the previously submitted claim information

as well as the corrected information. For example: If a claim was submitted with six lines and a correction is needed for one of the six lines, then the corrected claim must still contain the other five correct lines in addition to the corrected line.

Please note: A corrected electronic claim is identified only when Field 22 on the claim has a "Resubmission Code" of seven or eight and the "Original Ref No" field contains the claim number of the original claim submission.

20. OUTSIDE LAB?		\$ CHARGES	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
22. RESUBMISSION CODE		ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER			

Additional information on submitting electronic claims can be found in the provider manual at www.phs.org/ProviderManual.

Save the Date! Provider Education Conferences and Webinar Series

Presbyterian Health Plan's 2017 annual Provider Education Conference and Webinar Series will be held in Albuquerque and Las Cruces, and will include live webinars for those who are unable to attend or those who prefer to participate via webinar.

Live sessions and webinars include:

- Albuquerque – Thursday, Aug. 24. Time TBD.
- Las Cruces – Thursday, Oct. 5 from 9 a.m. to 11 a.m.
- Las Cruces – Thursday, Oct. 5 from 1 p.m. to 3 p.m.
- Webinar – Tuesday, Dec. 5, from 9 a.m. to 11 a.m.
- Webinar – Thursday, Dec. 7, from 1 p.m. to 3 p.m.

Register:

<http://phs.swoogo.com/PHP17>

As a reminder, these education events are for all contracted healthcare professionals, providers and staff, including physical health, behavioral health and long-term care providers.

If you have any questions about the upcoming conferences, please email providercomm@phs.org, or contact your Provider Network Management relationship executive.

TALK TO US

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



EMAIL:
providercomm@phs.org



PHONE:
(505) 923-6860



MAIL:
PO Box 27489
Albuquerque, NM 87125-7489
Attn: Provider Network Management

May Is National Osteoporosis Awareness and Prevention Month

Providers play a crucial role in helping patients and members maintain strong, healthy bones throughout their lives, specifically with prevention and early detection. National Osteoporosis Awareness and Prevention Month is an excellent opportunity for healthcare professionals to help increase awareness, knowledge, and understanding of prevention, early detection and treatment of osteoporosis, as well as strategies for managing the disease. We would like to remind providers that Medicare provides coverage of bone mass measurements (i.e., bone density tests) for eligible beneficiaries who are at risk for osteoporosis.

One out of every two women and one in four men over the age of 50 will have an osteoporosis-related fracture in their

lifetime, according to the Centers for Medicare & Medicaid Services (CMS). The good news is that osteoporosis is preventable and treatable. Medicare's Bone Mass Measurements (BMM) benefit can aid in the early detection of osteoporosis before fractures occur, provide a precursor to future fractures, and determine rate of bone loss. As a reminder, Medicare will cover a BMM screening once every two years (if at least 23 months have passed since the month the last covered BMM was performed), or more frequently if deemed medically necessary.

Providers can help by:

- Staying knowledgeable about clinical guidelines for prevention, diagnosis and treatment.

- Becoming familiar with Medicare's coverage of BMM.
- Talking with patients about their risk factors for osteoporosis, prevention measures they can take to reduce their risk factors, and the importance of utilizing the BMM benefit.
- Encouraging eligible Medicare patients to take advantage of Medicare's BMM benefit, if applicable.

More information about the BMM benefit can be found at <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Health-Observance-Messages-New-Items/2015-05-07-Osteoporosis.html>.

REGULATORY REMINDER

New Mexico Early and Periodic Screening, Diagnostic and Treatment Program Overview

Children experience numerous health and developmental milestones that should be assessed in a timely manner.



Early detection and treatment can avoid or minimize the effects of many childhood conditions. Presbyterian supports providers in coordinating these services through the New Mexico Early Period Screening, Diagnostic and Treatment (EPSDT) Program.

This Medicaid program promotes comprehensive and preventive health services for children under the age of 21. The purpose of the EPSDT program is to ensure that children in the Medicaid program receive age-appropriate screening, preventive services, and treatment services that are medically necessary to correct identified conditions.

The EPSDT Program includes periodic physical and behavioral health screenings, vision, dental, and hearing services. EPSDT Program services are also referred to as Tot-to-Teen Health Checks and Well-Child Checkups/Visits.

A complete guide to the EPSDT Program, including screening intervals and appropriate visit codes, is available on Presbyterian's website at http://docs.phs.org/idc/groups/public/documents/communication/pel_00205711.pdf.

Additional EPSDT Program information is available at the Medicaid website: <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>.

TAKE NOTE

Working Together to Develop Member Care Plans

Presbyterian Care Coordination is committed to including all representatives of a member's care team in the development and execution of his or her care plan.

When a member is referred to our Care Coordination team, we begin the development of an individualized care plan that is member-driven and addresses issues and needs identified in the comprehensive needs assessment (CNA). This customized plan allows members to understand which services are available to them and creates a foundation for discussions about their health that includes their caregivers, care coordinator(s), and providers.

The assigned care coordinator will work with the member and his or her designated family members, caregivers, authorized representatives, primary care provider (PCP), and specialists to ensure the care plan is executed properly. As an important part of care plan development, we ask for input from anyone involved in the member's care team.

We appreciate providers taking the time to share information they believe would be beneficial in the care of our patients and members. Providers' input is invaluable to care plan development, as it anchors a holistic approach to a member's health and well-being.

If you would like to connect with a member's care coordinator, please contact the Presbyterian Care Coordination department at 1-866-672-1242 or (505) 923-8858.



Ransomware – A New Threat to Patient Safety

Ransomware is a type of malware installed onto an electronic device that prevents a user from using their system normally. It will require the user do something before they can resume normal access, including paying money or releasing encrypted information. Hackers using malware can target any device, including a home computer, smartphone, an enterprise network, or servers used by a government agency or healthcare provider. This also includes medical devices, such as insulin pumps and wireless heart monitors.

Hackers using ransomware have become increasingly aggressive with their tactics. In March 2016, six hospitals nationwide were hacked using ransomware that held patient data for ransom. Fortunately, the physical safety of patients was not at risk, but their private data was.

Protecting providers and medical devices is extremely important, and according to the Department of Homeland Security's Industrial Control System's Cyber Emergency Response Team, it is only a matter of time before another significant event that involves patient safety occurs again.

Ways to protect your practice from ransomware include:

- Avoid suspicious emails, specifically, emails with attachments.

- Install and use an up-to-date antivirus application.
- Keep your software up to date.
- Check internet links to ensure they are secure. Usually an "s" in "https://" indicates the website is secure.
- Activate the pop-up blocker option in all web browsers.
- Regularly back up important files.

If providers suspect they are the target of a ransomware attack, they can contact the 24-hour Presbyterian fraud and abuse hotline using one of the methods listed below:

- Local: (505) 923-5959
- Toll-Free: 1-800-239-3147
- Email: PHPFrau@phs.org
- You can also mail your concerns to us at:
Presbyterian Health Plan, Inc.
Program Integrity Department (PID)
P.O. Box 27489
Albuquerque, NM 87125-7489
- Online: <https://www.phs.org/healthplans/understanding-health-insurance/fraudand-abuse/Pages/form.aspx>

You can also contact the New Mexico Office of the Superintendent of Insurance's Insurance Fraud Bureau at:

- Toll-free: 1-877-807-4010
- Email: stopfraud@state.nm.us

FAQ:**Transitioning Members from Behavioral Health Inpatient to Outpatient**

Continuity of care for behavioral health conditions during the transition from an inpatient to an outpatient setting is critical to long-term success in the community. Without ensuring proper transition activities, gaps in care may result in a setback that impacts a member's recovery and rehabilitation. Below are some frequently asked questions about the importance of a coordinated transition between inpatient and outpatient settings.

Why is the transition important?

Approximately one in four adults in the United States suffer from mental illness, and nearly half of U.S. adults will develop at least one mental illness in their lifetime.¹ There are more than 2 million hospitalizations each year for mental illness in the U.S.¹ With numbers this large, patients hospitalized for mental health issues are vulnerable

when discharged, and follow-up care by trained mental health clinicians is critical for their continued recovery and ongoing health and well-being.

How does a community-based after-care appointment help with improving patient well-being?

Inpatient hospitalizations are relatively brief and serve a stabilization function so patients can return safely to the community. Successful transitions require an interdisciplinary team approach to discharge planning that includes the patient, family/other natural support, inpatient team, outpatient provider, and other individuals that are providing care for the patient². A collaborative approach to discharge planning improves the likelihood that a patient will have a safe transition between inpatient and outpatient care.

What can inpatient and outpatient providers do to improve this process?

Collaboration between inpatient and outpatient providers is important to improving this process and increasing the likelihood that the patient will have a successful transition and remain in the community. Discharge plans should include a follow-up, community-based appointment within seven days of discharge from an inpatient unit.

How can Presbyterian Health Plan assist providers?

Behavioral health care coordination is available to assist with the transition between inpatient and outpatient settings. A bridge appointment provides an additional appointment with a mental health community provider, after the member is officially discharged from an inpatient behavioral health unit and before he or she leaves the facility.

Who do I call for additional information on the same-day bridge appointment program?

Please contact the Presbyterian Behavioral Health Network team at 1-800-424-6035 or your assigned provider liaison using the Contact Guide located at www.phs.org/ContactGuide.

Who do I call for additional information on Care Coordination?

Please contact the Presbyterian Provider CARE Unit at (505) 923-5757 or 1-888-923-5757, Monday through Friday, from 8 a.m. to 5 p.m. and ask for the Behavioral Health Care Coordination team.

¹ <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/follow-up#sthash.imGLaxxG.dpuf>

² www.ahrq.org



Approaching Tobacco Use as a Disease

One of the most important things a healthcare professional can do is encourage smokers to quit smoking. For most people, getting help is essential to quitting because tobacco dependency is an addiction, and trying to cure an addiction alone rarely works. According to the American College of Chest Physicians (the national group of lung specialists), tobacco dependence is a condition that may improve or get worse for people over the course of time. This condition is just as important as other types, and members should have their providers actively engaged in helping them quit.

Treating tobacco use as a chronic condition recognizes the altered brain chemistry in tobacco-dependent patients that leads to addiction. One way to help is to suggest tobacco-dependence therapy, which can help normalize brain function so that the patient has very minor or no symptoms of nicotine withdrawal. Therapy is important because most smokers attempt to quit multiple times before they are successful and withdrawal symptoms can decrease the likelihood of success.

Common nicotine withdrawal symptoms can include:

- Dysphoric or depressed mood.
- Insomnia.
- Irritability, frustration, or anger.
- Anxiety.
- Difficulty concentrating.
- Restlessness.
- Decreased heart rate.
- Increased appetite or weight gain.

The goal of tobacco-dependence therapy is to control and minimize nicotine withdrawal symptoms through individualized treatment. The intensity of

May 31 is World No Tobacco Day!

This yearly celebration informs the public of the dangers of tobacco use. If you or someone in your life is a tobacco user, make a commitment to refrain from tobacco all day on May 31. You never know, it could lead to you or a loved one quitting! For more information on World No Tobacco Day, visit www.who.int/tobacco/wntd/en/.

treatment should match the severity of nicotine dependence.

Tobacco users have more tools than ever to help them quit: support groups, help hotlines, counseling services, and even mobile apps. Providers can refer members to Presbyterian's dedicated Tobacco Quit Line at 1-888-840-5445, or they can request information to help members quit smoking from your Presbyterian Provider Network Management relationship executive at www.phs.org/ContactGuide.

Providers can also visit the following websites for more information about the effects of tobacco on the body, tips for quitting, and a variety of tools and resources that can help patients and members stop using tobacco for good.

- **How to Help Someone Quit**
<https://smokefree.gov/understanding-smoking/help-others-quit>
- **Smokeyfree Smartphone Applications**
<https://smokefree.gov/tools-tips/apps>
- **Smoking and Tobacco Use**
<https://www.cdc.gov/tobacco/quit-smoking/>
- **Smoking Cessation (WebMD)**
<http://www.webmd.com/smoking-cessation/default.htm>

Changes to Diaper Prescriptions for Centennial Care Members

According to the National Association for Incontinence, more than 25 million people in the United States suffer from some kind of urinary incontinence. Many count on healthcare professionals for a prescription for incontinence products, such as diapers and underpads. Prescriptions often include diapers for children, too. Presbyterian wants healthcare professionals who prescribe these products to know about a change that may impact these prescriptions.

In partnership with HME Specialists LLC, which supplies incontinence products for health plan members, Presbyterian will no longer cover brand-name products like "Huggies" or "Depends." Instead, members will get HME's preferred brands as of February 2017. HME's preferred brands were designed by urologists and are medically suited for long-term incontinence because of their high quality and absorbency.

If you have any questions about these changes, please contact your Presbyterian Provider Network Management relationship executive.

The Benefits of a Mediterranean Diet

Many nutrition experts consider the Mediterranean diet to be one of the most heart-healthy ways to eat – and with good reason, too. According to the Mayo Clinic, a meta-analysis of more than 1.5 million healthy adults demonstrated that following a Mediterranean diet was associated with a reduced risk of cardiovascular mortality. Furthermore, research showed that this diet is also associated with a lower level



of “bad” cholesterol that builds up in the arteries.

Loaded with anti-inflammatory foods, the Mediterranean diet encourages healthy eating that includes plant-based foods, such as fruits and vegetables, whole grains, legumes, and nuts. The diet also advises people to do the following:

- Replace butter with healthy fats like olive oil and canola oil.
- Use herbs and spices instead of salt to add flavor to meals.
- Limit consumption of red meat to a few times a month.
- Eat fish and poultry at least a couple times a week.
- Drink red wine in moderation.
- Enjoy meals with family and friends.
- Exercise.

In addition to improving heart health, research shows the Mediterranean diet also helps people lose weight

and reduces the risk of certain cancers, diabetes, and Parkinson’s and Alzheimer’s diseases. In fact, according to a study published in the International Journal of Cancer on March 5, 2017, researchers found that the Mediterranean diet may reduce the risk of estrogen-receptor-negative breast cancer, a postmenopausal form of breast cancer. The study was conducted in the Netherlands and followed 62,573 women ages 55 to 69 who tracked their diets for more than 20 years. Researchers found that this type of cancer was 40 percent less prevalent in those who followed a Mediterranean-like diet.

There’s no questioning that diet plays a significant role in an individual’s health. For those who are interested in sharing the Mediterranean diet with their patients, here is a simple recipe from the National Heart, Lung, and Blood Institute.

quinoa and black bean salad

Ingredients

- 1/2 cup dry quinoa
- 1 1/2 cups water
- 1 1/2 tablespoons olive oil
- 3 tablespoons lime juice
- 1/4 teaspoon cumin
- 1/4 teaspoon ground coriander (dried cilantro seeds)
- 2 tablespoons cilantro, chopped
- 2 medium scallions, minced
- 1 15-ounce can black beans, rinsed and drained
- 2 cups tomato, chopped
- 1 medium red bell pepper, chopped
- 1 medium green bell pepper, chopped
- 2 fresh green chilis (or to taste), minced
- black pepper (to taste)

quinoa and black bean salad

1. Rinse the quinoa in cold water. Boil water in a saucepan, then add the quinoa. Return to boil, then simmer until the water is absorbed, 10 to 15 minutes. Cool for 15 minutes.
2. When quinoa is cooking, mix olive oil, lime juice, cumin, coriander, chopped cilantro, and scallions in a small bowl, and set aside.
3. Combine chopped vegetables with the black beans in a large bowl, and set aside.
4. Once quinoa has cooled, combine all ingredients and mix well. Cover and refrigerate until ready to serve.

Yield 6 servings, **Serving Size** 1 cup, **Calories** 208, **Total Fat** 5g, **Saturated Fat** 1g, **Cholesterol** 0mg, **Sodium** 284mg, **Total Fiber** 7g, **Protein** 9g, **Carbohydrates** 34g, **Potassium** 619mg



<http://wecan.nhlbi.nih.gov>



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TAKE NOTE

Have You Completed Presbyterian Dual Plus (HMO SNP) Training?

In 2016, we introduced a new Medicare Advantage plan, Presbyterian Dual Plus (HMO SNP). This plan is dedicated to dual-eligible special needs members in Bernalillo, Sandoval, Torrance, and Valencia counties.

Contracted Presbyterian Dual Plus (HMO SNP) providers who render services to Presbyterian Dual Plus members are obligated to participate in an annual training. Completing the training is simple. Please go to www.phs.org/ProviderTraining to access the self-guided, online module. The module should only take about 30 minutes to complete and requires an attestation at the end.

If you have questions about Presbyterian Dual Plus (HMO SNP), please reach out to your Presbyterian Provider Network Management relationship executive at www.phs.org/ContactGuide.

READERSHIP SURVEY

Help us measure our readership by filling out a quick survey about our newsletters at <https://www.surveymonkey.com/r/PHPnewsletter>. All respondents will be entered to win a prize! Prize drawing will be held in December 2017.