

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers and Staff



MARCH 2018

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Presbyterian Will Issue New ID Cards to Centennial Care Members



The Centers
for Medicare &
Medicaid Services
(CMS) is taking

steps to reduce Medicare beneficiary vulnerability to identity theft, including the establishment of the Social Security Number Removal Initiative (SSNRI). In compliance with regulations from the Medicare and CHIP Reauthorization Act (MACRA) of 2015, CMS will remove the Social Security number-based Health Insurance Claim Number (HICN) from Medicare cards and issue new, redesigned cards to all beneficiaries, living and deceased. CMS will replace the HICN with a new unique Medicare number called a Medicare Beneficiary Identifier (MBI). The beneficiaries' sex and signature lines will also be removed from the new Medicare cards.

CMS will mail new Medicare cards between April 2018 and April 2019. Medicare beneficiaries may use their new cards as soon as they receive them. Please note: providers should continue to use the member's Presbyterian member identification (ID) number on all claims for the most timely and efficient processing. The Presbyterian member ID number is a unique identifier and does not contain any part of a member's Social Security number. When it is not available, providers will then use the member's new MBI.

Note: CMS will have a transition period from April 2018 to Dec. 31, 2019, in which it will accept the HICN or MBI. After the transition period, the HICN will only be accepted in limited circumstances.

For the latest information on the new Medicare card and MBI, providers can visit the CMS website using the following links:

- <https://www.cms.gov/Medicare/New-Medicare-Card/index.html>
- <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html>

NIA Magellan Healthcare's Revised Clinical Guidelines

National Imaging Associates Inc. (NIA), an affiliate of Magellan Health, completed its annual clinical guideline review, which involves an extensive clinical evaluation by a team of physician reviewers, physician specialists and medical directors. Though all guidelines were reviewed, we are only providing those that were revised. These guideline changes were supported by literature reviews and practice experience. They were approved by NIA's chief medical officer, chief executive officer and Clinical Guidelines Taskforce.

The following list highlights the guideline changes that took effect in January 2018:

- **Global change to applicable guidelines:** A follow-up study may be needed to help evaluate a patient's progress after treatment, procedure, intervention or surgery. Documentation must clearly indicate the medical reason(s) additional imaging is needed for the type and area(s) requested. This was moved from the "Additional Information" section and will be included as an approvable indication.
- **Positron emission tomography (PET) scan guideline:** Clinical indications were added to cover an oncological Gallium 68 Dotatate PET/CT scan.
- **Cardiac guidelines [Cardiac computerized tomography (CT) scan, cardiac magnetic resonance imaging (MRI) procedure, echocardiography stress test, transthoracic echocardiogram (TTE) exam, transesophageal echo (TEE) test]:** Clinical indications were added to



several cardiac guidelines to address valvular heart disease, supported by JU Doherty et al, ACC/AATS/AHA/ASE/ASNC/HRS/SCAI/SCCT/SCMR/STS 2017 Appropriate Use Criteria for Multimodality Imaging in Valvular Heart Disease, JACC, 2017.

Providers can view the complete set of 2018 advanced imaging clinical guidelines on the RadMD website. Providers can access the document by:

- Visiting the home page, www.RadMD.com.

- Clicking on the "Solutions" tab from the main menu bar.
- Selecting "Advanced Imaging" from the drop-down list.
- Clicking on the link for "Advanced Imaging Guidelines" listed under the "Documents" section.

Please note that providers do not need to sign in to RadMD to access additional resources.

The Importance of Adolescent Wellness Visits

Presbyterian is dedicated to collaborating with providers and members/parents to improve the health of children and adolescents. A key way to accomplish this is through regular wellness visits. According to the American Medical Association (AMA) Guidelines for Adolescent Preventive Services (GAPS) and the American Academy of Pediatrics (AAP) Bright Futures Guidelines, an annual confidential wellness exam is vital to improve adolescent health.

Annual wellness visits address the changing needs of adolescents. More importantly, they help providers develop a trusting relationship with their patients that can help foster discussions of sensitive issues. During wellness visits, not only do providers have the opportunity to discuss risky behaviors, but this time also allows them to provide brief counseling for topics such as substance abuse, pregnancy prevention, sexually transmitted infections, depression, eating disorders, self-harm behaviors and violence.

Providers may use the following recommended current procedural terminology (CPT) codes to submit claims for annual adolescent wellness visits.

For new patients:

- 99384 (age 12 to 17 years old)
- 99385 (18 years old and older)

For established patients:

- 99394 (age 12 to 17 years old)
- 99395 (18 years old and older)

One way that Presbyterian partners with providers to improve the health of our members is through the measures included in our Provider Quality Incentive Program (PQIP). The PQIP is designed to reward providers for ensuring our members receive the

recommended screenings and services pertinent to their health, according to the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (NCQA HEDIS®). To ensure our adolescent members receive the care they need, the adolescent wellness exam is included as a measure in PQIP. Other tests and screenings are also included in the PQIP.

The PQIP is calculated each quarter. Presbyterian verifies the percentage of patient care gaps closed through claims review and provides an incentive. A care gap is when a patient is missing a visit, test or screening that is considered necessary per NCQA HEDIS evidence-based guidelines.

For information about PQIP eligibility and participation, please contact Ryan Helton at (505) 923-5255 or by email at rhelton@phs.org.



Working Together to Develop a Member's Care Plan

Presbyterian Care Coordination is committed to including all participants in 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 identified in the comprehensive needs assessment (CNA). This customized plan allows members to understand which services are available to them and promotes discussions between them and their caregivers, care coordinator and providers about their health.

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 implemented properly. As an important part of the care plan development process, we ask for input from everyone involved in the member's care team.

We appreciate providers taking the time to share information they believe is beneficial in the care of our patients and members. Provider input is invaluable to care plan development, as it ensures we are meeting the goal of 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.

Encourage Exercise to Prevent Falls



Falls are the leading cause of injury in older adults. Each year, more than one out of four U.S. adults age 65 and older experience a fall. In one out of five of those cases, the falls cause injuries such as broken bones or head injuries. Many people who fall, even if they're not injured, become afraid of falling and cut down on their everyday activities. This leads to weakness and a greater risk of falling.¹

Poor eyesight, dizziness caused by medication and tripping hazards in the

home are common reasons for falls. Many times, however, falls are simply a result of poor balance or muscle weakness. Regular physical activity makes bones stronger so they're less likely to break in the event of a fall and heal faster if they do break. Exercise can help reduce the risk of falling by:

- Improving balance and strength
- Decreasing the need for medication that affects balance
- Increasing the confidence needed to live an active lifestyle, which helps reduce the risk of falling

Convincing patients to adopt an exercise program can be challenging. Consider recommending the SilverSneakers® fitness program to your Presbyterian patients. This comprehensive program provides encouragement, focus and support through every step of the program. Available to Presbyterian members at no additional cost, SilverSneakers includes access to 14,000+ fitness locations nationwide. Members can use equipment and other amenities, and take group fitness classes, taught by certified instructors, tailored to the individual participants' fitness levels and abilities.

Encourage your patients to contact Presbyterian for more information on their SilverSneakers eligibility. To learn more, visit www.silversneakers.com.

1. cdc.gov/homeandrecreationsafety/falls/adultfalls.html

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Provider Network Management Is a Resource for You!



As a health plan, we understand that the strength and success of our partnership with our providers can have a positive impact on our members. Presbyterian's Provider Network Management (PNM) team is here to support you. Through structured relationship executive and relations service associate teams, our staff is here to provide their expertise and service through relationship management, training and education.

Your assigned relationship executive and relations service associate serve as your primary contacts with Presbyterian.



Stay Connected

Would you like to receive our network newsletter and other communications via email? If so, then please complete our opt-in form to receive electronic communications from Presbyterian.

You may already have an existing relationship with a member of the PNM team; however, the department recently revised its territory and provider assignments. Please view the online Provider Network Management Contact Guide to determine your current relationship team. You can find the contact guide online at www.phs.org/ContactGuide.



Is Your Information Up to Date?

The online provider directory is an important resource for both providers and members. Please verify your information is correct by using the directory at www.phs.org to search for your practice. If you find any discrepancies or need to make updates, fill out the form at www.phs.org/DirectoryUpdate, or email your updates to your PNM relationship executive. You can find his/her contact information at www.phs.org/ContactGuide.

FEATURE

The 5 Easy Ways to Provide an Exceptional Experience

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

Your patients may receive the Medicare Health Outcomes Survey (HOS) and/or the Consumer Assessment of Healthcare Providers and Systems (CAHPS). These surveys are used to measure quality of care and service. They will cover many areas of care provided to a patient. The results from these surveys reflect your patients' perception of the quality of care and service you provide, and they also reflect on Presbyterian as an organization.

The Centers for Medicare & Medicaid Services (CMS) publishes the results of the HOS and CAHPS surveys on their website. This data will help determine whether providers are meeting Presbyterian's quality of care standards.

To help providers meet these standards, here are five tips 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 appropriate.
3. Assess falls, 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 any test results, X-rays or screenings.

For additional support in managing members' healthcare needs, please work with their care coordinator or refer them to Presbyterian Care Coordination services at (505) 923-8858.

REGULATORY REMINDERS

Providers Are Required to Enroll in New Mexico Medicaid

As of Feb. 1, 2018, the Centers for Medicare & Medicaid Services (CMS) requires attending, ordering, referring, rendering and prescribing providers to enroll in New Mexico Medicaid. This requirement is designed to ensure that all services for Medicaid beneficiaries originate from properly licensed providers who have not been excluded from Medicare or Medicaid.

A provider who is enrolled as only a managed care provider or a fee-for-service (FFS) provider, or who is enrolled as both a managed care and FFS provider, must enroll with Medicaid. Most services and items will only be paid by the Medicaid program if the individual servicing provider is enrolled in the Medicaid program. Otherwise, the claim will be denied in accordance with federal requirements.

As a reminder, Presbyterian rejects and denies claims when:

- The individual provider and the group are not enrolled with the New Mexico Human Services Department (HSD).
- Providers are not enrolled with the appropriate provider type.
- Providers bill codes outside of their enrolled provider type.

Furthermore, Presbyterian is recouping payments when providers have not enrolled or if they enrolled with an inaccurate provider type and billed codes that they are not enrolled for within the past year.

The Medical Assistance Division (MAD) of the New Mexico Human Services Department (HSD) requires providers to include information on claims related to the rendering, ordering and referring

providers. Rendering providers must be reported for professional services, including on laboratory, radiology, injections, supplies, items and virtually all other services reported on a CMS-1500 claim form.

Providers may find all information regarding Medicaid provider enrollment and the requirements for reporting rendering, ordering and referring providers on claims on Presbyterian's provider website at www.phs.org/providers/claims/Pages/Medicaid-Enrollment-Guidelines.aspx. Furthermore, we publish additional helpful resources online, such as information regarding the Affordable Care Act (ACA) and the Code of Federal Regulations, billing state guidelines, the Medicaid Provider Enrollment Compendium (MPEC) and the supplements to MAD's New Mexico Administrative Code (NMAC) Program Rules.

Presbyterian uses the MAD approval date on the Medicaid file to determine timely filing. For more information regarding timely filing, please view HSD's Letter of Direction #39 (LOD #39) at http://www.hsd.state.nm.us/Centennial_Care_RFP.aspx.

Providers may use the resources below to help navigate their enrollment process:

- Enroll with New Mexico Medicaid: <https://nmmedicaid.acs-inc.com/webportal/enrollOnline>
- Verify enrollment: <https://nmmedicaid.acs-inc.com/webportal/providerSearch>
- Review enrolled provider type or enroll in additional provider types: <https://nmmedicaid.acs-inc.com/static/providerlogin.htm>

Urgent Reminder for Behavioral Health Centennial Care Providers:

An alert was sent to all behavioral health providers dated Aug. 4, 2017, about the required New Mexico Medical enrollment and registration process that could affect the processing and payment of Centennial Care claims due to an inactive National Practitioner Identifier (NPI). In the Presbyterian Behavioral Health claim system, an inactive or pending registration status results in an IE denial code.

It is very important that all providers check their New Mexico Medicaid enrollment status often and that all information for provider enrollment is up to date in order to prevent claims denials and avoid payment delays.

Providers can check the provider type(s) for which they are enrolled, enroll for additional provider types or check their current status by visiting the New Mexico provider web portal at <https://nmmedicaid.acs-inc.com/static/providerlogin.htm>. Or, you may call (800) 299-7304, option 4: Provider Enrollment.

REGULATORY REMINDERS

Medical Policy Information and Updates

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

- 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
- Covered and non-covered codes that are included in the coding list as a reference

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 include but are not limited to the 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 were reviewed, updated or are new:

- Balloon Sinuplasty (references updated)
- Electrical Bioimpedance for the Assessment of Lymphedema (updates)
- Fecal Microbiota Transplantation (FMT)
- Intervertebral Differential Dynamics Therapy (IDD® Therapy)
- Laser Ablation Treatment of Prostate Cancer
- Lumbar Discectomy or Microdiscectomy, Foraminotomy, Laminotomy
- Non-Invasive Prenatal Testing (NIPT)
- Thermal Intradiscal Procedures (Includes Intradiscal Electrothermal Therapy and Nucleoplasty)

Medical policy reviews

Medical policies receive either an annual or two-year review. The following is a list of medical policies that were reviewed and did not have changes:

- Ambulance Services
- Diapers for Centennial Care Members
- Electrical Bioimpedance for Cardiac Output
- Extracorporeal Shock Wave Therapy (ESWT)
- Exhaled Nitric Oxide Testing for the Diagnosis and Management of Asthma
- Extracorporeal Photophoresis
- Implantable Cardioverter Defibrillators (ICD)
- Intracoronary (or Intravascular) Brachytherapy
- Intrafallopian Tube Birth Control Device (ESSURE®)

- Medicaid Home Health Services
- Minimally Invasive Lumbar Decompression (*mild*®)
- Minimally Invasive Total Hip Arthroplasty
- Obstetric Ultrasound, 3D and 4D
- Osteogenic Bone Growth Stimulators (Electrical and Ultrasonic)
- Paravertebral Facet Joint Denervation
- Percutaneous Neuromodulation Therapy
- Photodynamic Therapy for Ocular Conditions
- Photodynamic Therapy for Skin and Cancer Conditions
- Plasma Exchange for Multiple Sclerosis, Devic's Syndrome, Transverse Myelitis and other conditions
- Platelet-Rich Plasma and Platelet-Derived Growth Factor
- Products (Autologous) for the Treatment of Wounds and Other Injuries
- Prophylactic Mastectomy and Oophorectomy, with or without Hysterectomy, for the Prevention of Cancer
- Rehabilitation Services for Individuals with Special Healthcare Needs: Physical, Occupational and Speech Therapy
- Total Hip Replacement
- Whole Breast Ultrasound, Semi-Automatic or Automatic

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.



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TAKE NOTE

TALK TO US

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



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Attn: Provider Network Management

READERSHIP SURVEY

We appreciate receiving your feedback. Please use the link below to let us know how you think we can improve our newsletter and what you would like to read about in future issues. Each person who fills out our short survey at the link below will be entered into a drawing to win a prize.

<https://www.surveymonkey.com/r/PHPnewsletter>