

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers and Staff



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Let Us Know Your Thoughts

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

Brain Health Resource Toolkit Is Available

Presbyterian is dedicated to improving the health and well-being of the patients and members we serve. As adults age, physical exercise, social interaction, a proper diet and medication management help preserve and increase proper brain function. The National Institute on Aging at the National Institutes of Health (NIH) offers a free Brain Health Resource presentation toolkit that contains evidence-based information and resources to help caregivers and older adults identify risks related to brain health.

The presentation is designed for use at senior centers and in other community settings. All materials were designed and reviewed by scientists and educators

from the Administration for Community Living (ACL), the Centers for Disease Control and Prevention (CDC) and NIH. The presentation covers topics such as normal aging of the brain and brain health.

The Brain Health Resource toolkit includes a PowerPoint presentation, an Educator Brochure, a supplementary resource list and resources on medicine, age and the brain. To download the Brain Health Resource toolkit, visit the National Institute on Aging website at the link below.

www.nia.nih.gov/health/brain-health-resource?utm_source=20180423_BHR&utm_medium=email&utm_campaign=ealert

PROTECTING BRAIN HEALTH

GOOD OVERALL HEALTH MAY HELP TO
MAINTAIN GOOD BRAIN HEALTH.



2017 Quality Improvement Program Summary

Presbyterian is committed to ongoing improvement of care and services through its Quality Improvement (QI) program, which is designed to improve health outcomes for our members and satisfaction for both members and providers. The QI program provides information about quality processes, initiatives, activities, goals and outcomes related to quality member care as well as services and safety of clinical care.

At the end of each year, we evaluate the QI program to measure our performance. Through this evaluation, Presbyterian identifies opportunities for improvement and makes recommendations for changes to the QI program. Below are some of the results of our 2017 QI program.

Provider Satisfaction

The annual survey conducted by Symphony Performance Health Analytics (SPH Analytics) indicated that approximately 91 percent of our provider network would recommend Presbyterian to members and other providers. In addition, the survey results indicated that the health plan continues to exceed provider

satisfaction by outperforming all other plans in New Mexico in overall satisfaction. Through the survey, we identified primary areas of importance to providers and use their feedback to improve processes and overall provider satisfaction.

Member Experience/Satisfaction

In 2017, we conducted quarterly member surveys. Member feedback indicated that high cost of healthcare and access to care continue to impact their overall rating of the health plan. In addition, the feedback we received highlighted the following opportunities that exist for continued improvement in satisfaction:

- Benefit education
- Member information
- Member communication
- Provider access and availability

Furthermore, we used the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)¹ survey to perform an in-depth quantitative and qualitative analysis. This identified similar themes of opportunities.

Performance Measure Results

Our accomplishments in 2017 include performance measure results. A sample of 2017 performance results indicates that we met or exceeded our goals for the following measures:

Performance Measure	Result
2018 Medicare Star HMO (PHP)	Scored four out of five stars
Met targets for Commercial Healthcare Effectiveness Data and Information Set (HEDIS®) ²	Scored 44.95, which is about four points over goal
Quality of Care Review Turn Around Time Physical Health	Scored 100 percent, which is five percentage points over goal
Member Experience	Scored 63, which is five points over goal
Medicaid Member Experience	Scored 95, which is 20 points over goal

Accessibility of Regular and Routine Care

Presbyterian measures access to regular and routine care services through the CAHPS survey. Accessibility is measured by the member's ability make appointments for regular and routine care.

According to the CAHPS data, Presbyterian improved in nearly all product lines. Although we met our goal for regular and routine care appointments needed for Medicaid, we identified additional improvement opportunities. Likewise, there is more to do to improve performance for the Presbyterian Insurance Company, Inc., Commercial Preferred Provider Organization (PPO) product line. Additional analysis suggested that the primary reason for member dissatisfaction is the lack of availability of appointments with their primary care providers (PCPs).

In addition, we acknowledge that accessibility remains a statewide challenge for certain specialty care types due to a limited number of specialists in rural and frontier areas of the state. Presbyterian continues to work to close these gaps, ensuring our members have access to the care they need to achieve their best health.



Additional Accomplishments in 2017

In addition to meeting the performance measurement targets mentioned on the previous page, Presbyterian also accomplished the following in 2017:

- Increased enrollment in the Baby Benefits program by 11.5 percent
- Created a prior authorization committee to monitor the effectiveness of the addition and deletion of codes that require prior authorization
- Acquired the Partner in Quality designation from NCQA, which allows Presbyterian to share program discounts with providers who choose to participate in NCQA's Patient-Centered Medical Home (PCMH) Recognition Program

Opportunities in 2018

Presbyterian plans to improve in the following areas in 2018:

- Expand provider data file to capture medical record information
- Expand the Provider Quality Incentive Program (PQIP) to include additional performance measures
- Conduct systemwide education on documentation standards, best practices, and treatment record review trends specific to behavioral health diagnoses and treatments
- Connect PCPs with new members who use the emergency department as a primary care clinic

If you would like more information about the QI program, please contact the Quality department at (505) 923-5537.

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Clinical Practice and Preventive Healthcare Guidelines

Presbyterian is committed to supporting evidence-based care for the members we serve. Our clinical and preventive healthcare guidelines were developed to support the decision-making processes in patient and member care. Healthcare guidelines assist providers in the treatment of common illnesses experienced by members in every age group.

Clinical Practice Guidelines

Presbyterian's Physical Health and Behavioral Health Clinical Practice Guidelines are designed to help providers make decisions about healthcare services needed for a specific clinical circumstance. All guidelines are evidence-based statements that are adopted in whole, or in part, from nationally recognized organizations that utilize scientific literature.

Providers can review Presbyterian's physical and behavioral health clinical practice guidelines at the links below.

Physical health guidelines:

www.phs.org/providers/resources/reference-guides/Pages/clinical-practice-guidelines.aspx

Behavioral health guidelines:

www.phs.org/providers/resources/reference-guides/Pages/medical-pharmacy-behavioral.aspx

Preventive Healthcare Guidelines

Presbyterian's Preventive Healthcare Guidelines are based on the U.S. Preventive Services Task Force (USPSTF), which is an independent, volunteer panel of national experts in prevention and evidence-based medicine. These experts make recommendations to help primary care providers discuss appropriate preventive services with their patients.

In addition, the guidelines include directions from the New Mexico Human Services Department's Medical Assistance Division (HSD/MAD) for

managed care organizations. This information is found in the New Mexico Administrative Code (NMAC). Presbyterian's guidelines also align with the child, adolescent and adult immunization schedule published by the Centers for Disease Control and Prevention, which is available at www.cdc.gov/vaccines/schedules/index.html.

Providers can review Presbyterian's Preventive Healthcare Guidelines at the following link: <http://docs.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmdev1001475.pdf>.

Providers may also request a hard copy of the Clinical Practice Guidelines and the Preventive Healthcare Guidelines from their Provider Network Management relationship executive. You may find his or her contact information at the following link: <https://www.phs.org/providers/contact-us/Pages/default.aspx>.



Reminder: Register for the Provider Education Conference and Webinar Series

Presbyterian's 2018 annual Provider Education Conference and Webinar Series is almost here. Don't miss your chance to receive valuable information regarding recent changes in the health plan, current policies and procedures, Centennial Care 2.0 program updates, and requirements from the New Mexico Human Services Department, Centers for Medicare & Medicaid Services and the National Committee for Quality Assurance.

To accommodate provider and office staff schedules, we will host an in-person conference in Albuquerque and Las Cruces. In addition, we will hold live webinars in December for those unable to make it to the in-person conferences.

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 scheduled training events, please contact your Provider Network Management relationship executive.

You can find his or her contact information at <https://www.phs.org/providers/contact-us/Pages/default.aspx>.

Providers can register online at <https://phs.swoogo.com/PHP2018>. Please note: Providers only need to attend one training event annually.

Please see below to identify a training date that best fits your schedule.

In-person Conferences	Live Webinars
Albuquerque, Rev. Hugh Cooper Center Thursday, Oct. 11, 9 - 11 a.m.	Tuesday, Dec. 11, 1 - 3 p.m.
Las Cruces, Memorial Medical Center Wednesday, Oct. 24, 9:30 - 11:30 a.m.	
Las Cruces, Memorial Medical Center Thursday, Oct. 25, 1:30 - 3:30 p.m.	
	Thursday, Dec. 13, 9 - 11 a.m.

Register online: <https://phs.swoogo.com/PHP2018>.

Summer Grilling Tips for Healthy Eating

Encouraging your patients to incorporate fresh fruits and vegetables can be a challenge, especially when they aren't familiar with how to prepare them. Now that summer is officially here, it's the perfect time to put meat on the back burner and grill fresh, locally grown vegetables. Local farmers markets have an abundance of corn, carrots, garlic, onions, potatoes, peppers, tomatoes and summer squash this time of year. While some raw vegetables are delicious, a grill can enhance the flavor of produce. Below are some tips and an easy-to-follow recipe to share with your patients to help them prepare and add vegetables to the menu this barbecue season.

Preparation

Larger vegetables are perfect for the grill. You can quarter and halve vegetables, like squash and carrots, and lay them directly on the grill. Please keep in mind that vegetables are delicate and should not be placed directly over the flames.

Smaller vegetables are best grilled whole. Tomatoes, garlic and other small vegetables lose some of their nutrients and flavor when they are sliced. A couple of great ways to keep vegetables whole and packed full of nutrients is to use foil packets, skewers or a grill basket. This also helps cook them quicker and more evenly.

Lightly Season

Vegetables don't require marinades or extra seasoning. The heat and smoke from the grill will caramelize the vegetables and give them a nice smoky-barbecue flavor. Lightly brush the vegetables with olive oil to prevent them from sticking to the grill, and then season them with salt and pepper.

Make It a Salad

Not all salads require a bed of lettuce. Add your favorite dressing to grilled vegetables and top with raw nuts and cheese for a warm salad, which may be a nice change from the usual salad texture and temperature. Try the following recipe for a refreshing spin on a traditional salad.

Grilled Vegetable Salad

INGREDIENTS

2 tablespoons sherry vinegar
1 tablespoon olive oil
1 teaspoon salt
1 tablespoon honey
1 teaspoon Dijon mustard
1 teaspoon herbs, spices, pepper
1 cup asparagus
1 cup portabella mushroom
3 cups your choice of cheese
1 medium summer squash
1 medium zucchini
1 medium onion
1 medium pepper
2 tablespoons fresh basil
1 tablespoon fresh chives
1 tablespoon fresh parsley
Cooking spray

INSTRUCTIONS

- Prepare vinaigrette by combining sherry vinegar, olive oil, salt, honey, Dijon mustard, and herbs and spices into a large mixing bowl. Stir until ingredients are uniformly mixed.
- Clean grill and put on medium-high heat.
- Cut mushrooms, zucchini, onion and squash lengthwise about ¼ inch. Cut the bell pepper in half. Chop basil, chives and parsley.
- Coat mushrooms, zucchini, onion and squash with oil/cooking spray, season with salt and pepper, and place on the grill. Grill for about four minutes on each side.
- Remove vegetables from grill and let cool for about three minutes.
- Cut grilled vegetables into one-inch pieces.
- Mix vegetables, basil, chives, parsley and vinaigrette.
- Sprinkle with cheese.
- Enjoy!



Refer Patients with an Alcohol and Other Drug Disorder Diagnosis for Substance Use Disorder Treatment

Presbyterian strives to increase the availability and access to substance use disorder (SUD) services for members statewide. The Presbyterian Integrated Substance Use Disorder and Community Collaborative Initiative takes a multi-pronged approach to improve outcomes for patients and families impacted by SUDs. According to the National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA):

- About six and a half percent of individuals over age 12 have an alcohol use disorder.
- Ten percent of the population 12 years old and older reported use in the last month.
- Men reported twice the rate of drug dependence.
- Six percent of Native Americans and Alaska Natives have illicit drug dependence, which is the highest

rate among population segments in New Mexico.

- Only about 14 percent of adults with drug dependence reported that they received treatment in the past year. Men and women receive treatment at about the same rate.

The Behavioral Health Effectiveness Data and Information Set (HEDIS) addresses the percentage of individuals who are 13 years old and older with a new episode of alcohol and other drug (AOD) disorder who received the following:

- Initiation of AOD treatment in an inpatient or outpatient setting within 14 days of the new diagnosis
- Engagement of AOD treatment as evidenced by two or more additional AOD services within 34 days of the initial visit

Please refer patients with an AOD diagnosis to SUD treatment as soon as the problem is identified. For those

individuals with a new AOD diagnosis, Presbyterian encourages immediate referral to ensure that treatment starts within two weeks of the diagnosis.

Due to the high prevalence of SUDs, we encourage providers to screen their patients for behavioral and medical health conditions. A helpful list of screening options is available on the National Institute on Drug Abuse (NIDA) website at www.drugabuse.gov. For assistance with service referrals, call the Presbyterian Provider Line at 1-888-923-5757.

SUD Provider Trainings Available

Presbyterian offers the following trainings, which are free and eligible for four continuing education unit credits (CEUs):

- Safer Opioid Prescribing and Non-Opioid Alternatives for Pain Management
To register, please visit the following link: <https://phs.swoogo.com/Opioid2018>
- DATA 2000 Waiver: Suboxone Certification course for addiction treatment.
Registration is not required. Providers can access training online through the Providers Clinical Support System (PCSS) website at the following link: <https://phs.swoogo.com/DATA2018>

Note: Participants are required to complete additional course work online.



When to Use Personal Care Services Billing Code G9006

Recently, Presbyterian reviewed several personal care service (PCS) audits that indicated providers are incorrectly billing with the code G9006. We would like to take this opportunity to explain when billing for this code is appropriate.

The G9006 code is billed for administration costs that are associated with the management of PCS. This service is for members who choose to have their personal care attendant (PCA) delegated through an agency. Presbyterian does not reimburse for members who opt to self-delegate and choose their own PCA.

The G9006 code is for administrative work associated with time care only. It does not cover the agency that makes house calls to check on the member, nor does it validate when a PCA is on site with a member. It also does not cover administration costs associated to the agency if the member is in an in-patient setting during the month, or if services cease for any reason.

The administration code is billed and reimbursed once a month for each member who has PCS during the same month, based on a calendar month and not the 30-day cycle. If a member receives services at the



end of one month and again at the beginning of another month, then providers can bill for both months. The code requires documentation for administration fees, which can be supported with claims billed within that month.

In addition, Presbyterian utilizes the U1 and U2 modifier for G9006, which are stipend payments. Additional payments cover validated administrative efforts when members do not have a landline. The PCS

agency will allocate time sheets, confirm the hours worked and make sure that they correspond with the time billed.

Presbyterian continues to work with providers for PCS. We hope this information will help clarify correct usage and billing of G9006. If you have any questions regarding billing codes, please contact your Provider Network Management relationship executive by using the following link: www.phs.org/ContactGuide.



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Let Us Know Your Thoughts

We are committed to ensuring that this newsletter remains a meaningful resource for providers and office staff. We want to hear your thoughts and suggestions on how we can improve our newsletter. Please use the link below to fill out a short survey and let us know what you would like to read about in future issues. Each person who completes our short survey will be entered into a drawing to win a prize.

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