

# Network Connection

Information for Presbyterian  
Healthcare Professionals,  
Providers and Staff



SEPTEMBER 2018

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**BACK COVER**

Let Us Know Your Thoughts

## Presbyterian Updates Its Fluoride Dental Varnish Project

Presbyterian recently updated its Fluoride Dental Varnish project, which allows primary care providers (PCPs) and pediatricians to administer fluoride varnish to children.

When this project originally began, it was only available to pediatric Centennial Care members from birth to three years old. Presbyterian’s Fluoride Dental Varnish project is now available to all pediatric Centennial Care members from birth to six years old. In addition, a new procedure code was created for this service. Please use code 99188. Presbyterian reimburses \$15 per application. Non-dental providers can bill up to six applications for eligible members.

Non-dental PCPs and pediatricians should consider including fluoride varnish as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program well-child visit for Centennial Care members who meet the specific age guidelines. Fluoride treatment can help ensure good oral health and prevent early tooth decay and disease.



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

## Nursing and Assisted Living Facilities Need an Evacuation Plan for Emergencies and Natural Disasters

Due to the recent fires in northern New Mexico, Presbyterian is reaching out to nursing and assisted living facilities to ensure they have evacuation plans in place for emergency situations. The New Mexico Human Services Department (HSD) requires Centennial Care nursing and assisted living facilities to have an evacuation plan in place should an emergency or natural disaster occur.

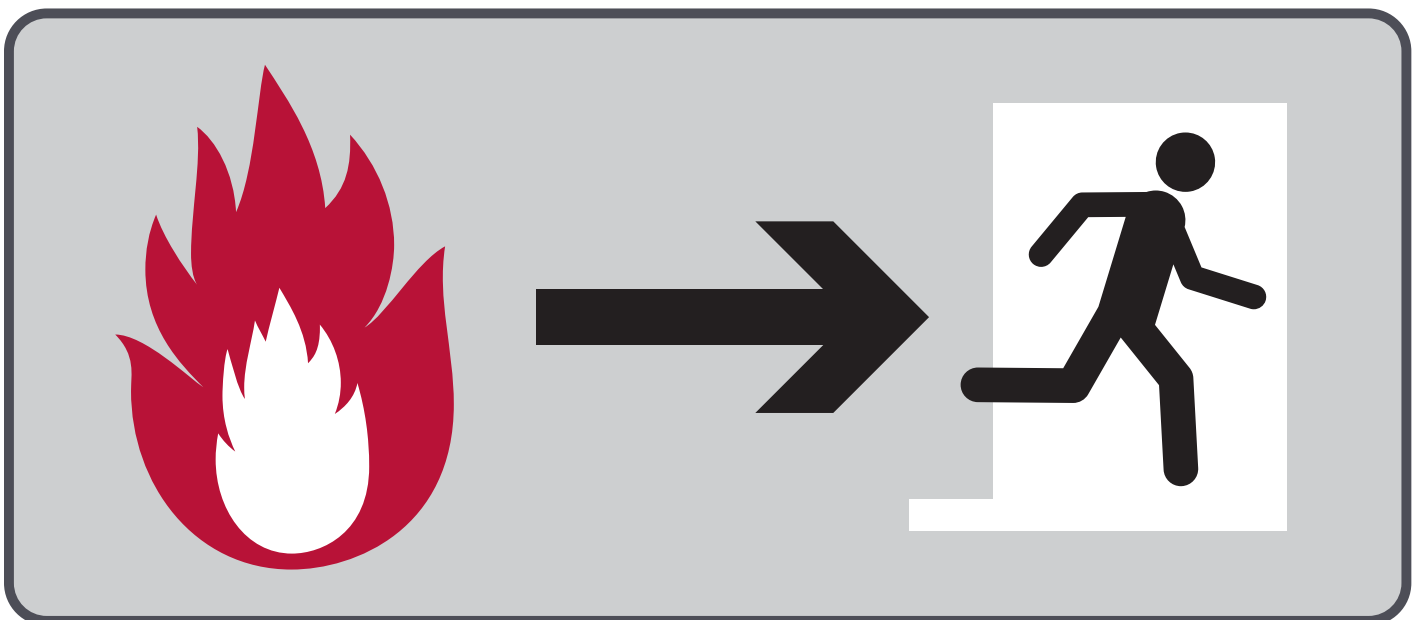
An evacuation plan ensures that our members are transported to a safe place where they can continue to receive the care and services they need. To ensure payment is processed appropriately, providers must have a single case agreement (i.e., contract) with the facility/facilities to which they plan to transfer members. Likewise, providers must inform Presbyterian to which facility/facilities they plan to transport members if such an event occurs.

The evacuation plan must be tailored to its geographic location and the types of patients it serves, and it must ensure that the member's pharmacy needs, such as medication refills, are met. In addition, nursing and assisted living facility providers must review the evacuation plan, train new employees in emergency procedures, ensure member residents are informed of the evacuation plan, perform evacuation drills and conduct periodic reviews with staff. Furthermore, providers must ensure there is enough staff to carry out the evacuation plan.

**Nursing and assisted living facilities may want to include these additional considerations in their evacuation plan:**

- How will member residents be transported to another facility?
- How will member residents be identified during an evacuation?
- How will electronic medical records be protected and recovered?
- Will there be a backup system in place that provides off-site access to medical records?
- How and when will the staff notify family members about the evacuation plans and any implementation of them?
- How can family members help in an emergency situation?
- Is there a backup phone number family members can call to receive more information during an emergency?
- How will the plan change based on the type of emergency or natural disaster?

Please be sure to provide your Presbyterian care coordinator a copy of your emergency evacuation plan. You can reach him or her at 505-923-8858 or 1-866-672-1242.



## Pain Management and Addiction Treatment Training Is Available

In response to provider feedback, Presbyterian is pleased to offer pain management and addiction treatment training that qualifies for Continuing Medical Education (CME) credits. The following trainings are Maintenance of Certification (MOC) accredited opportunities that deliver critical knowledge and training.

### DATA 2000 Waiver: Suboxone Certification

Providers will gain practical knowledge and skills relevant for the treatment and care of patients who present with acute and/or chronic substance use disorders, including opioid use disorder and/or withdrawal. For more information and to register, please visit: <https://phs.swoogo.com/DATA2018>.

### Safer Opioid Prescribing and Non-opioid Alternatives for Pain Management: Current Evidence and Guidelines

Providers will develop a better understanding of how to initiate and manage treatment options for patients with chronic pain conditions. In addition, providers will gain tools to identify probable substance use disorders and assess and initiate evidence-based treatments. For more information and to register, please visit: <https://phs.swoogo.com/Opioid2018>.

Presbyterian offers addiction and pain-management trainings quarterly. To learn more about these trainings and future training opportunities, please contact Sabrina Quraishi at [squraishi@phs.org](mailto:squraishi@phs.org).

# 2018 PRESBYTERIAN Provider Education Conference & Webinar Series

## Reminder: Last Chance to Register for Provider Education Conference Training

There are five training sessions remaining for the 2018 Provider Education Conference and Webinar Series. Don't miss your chance to receive valuable information regarding recent changes in current policies and procedures, the health plan, Centennial Care 2.0 program updates, as well as 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 in-person conferences in Albuquerque and Las Cruces in October, and live webinars in December for those who are not able to attend the in-person conferences. Please see below to identify a training date that best fits your schedule.

In-person Conferences	Live Webinars
Thursday, Oct. 11 9 – 11 a.m. Rev. Hugh Cooper Center Albuquerque, NM 87113	
Wednesday, Oct. 24 9:30 – 11:30 a.m. Memorial Medical Center Las Cruces, NM	Tuesday, Dec. 11, 1 – 3 p.m.
Thursday, Oct. 25 1:30 – 3:30 p.m. Memorial Medical Center Las Cruces, NM	Thursday, Dec. 13, 9 – 11 a.m.

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

Please note: Providers only need to attend one training event annually.

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>.

## Care Coordination Is a Priority for Integrated Healthcare

Presbyterian is committed to ensuring all aspects of a member's health are addressed, including their physical, mental and emotional well-being. As the movement toward integration of behavioral and physical care continues to develop, many major organizations are strongly advocating for a holistic approach that treats both mind and body under one organized health system. To help ease your patients' way to their best health, it's important for providers to work together to coordinate care to meet patients' complex and diverse needs.

While physical and behavioral health conditions have high rates of co-occurrence, often one of the conditions goes untreated or is not treated in a timely manner. Care coordination plays a vital role in the member's well-being. Proper care coordination ensures that many of the significant details regarding the member's

condition are readily available to each provider on the member's care team. Access to this important information may lead to improved health outcomes.

When providers complete the intake of a Presbyterian member (whether the individual is self-referred or referred from primary care), he or she should obtain the name and contact information of the member's primary care provider (PCP) and other providers engaged in the member's care. In addition, it's important to ask the member or their legal guardian for written consent to communicate with the other provider(s), which promotes a timely and confidential exchange of treatment information. We encourage providers to communicate by phone or in writing during the following steps in the treatment process:

- After providers complete the member's initial evaluation
- If the member reports experiencing health challenges, such as chronic pain
- At times of significant change in clinical status
- After medications are initiated, discontinued or significantly altered
- After significant changes in the diagnosis or treatment plan
- At the time of treatment termination or discharge

Through collaboration and sharing data, providers can better serve patients and members who experience adverse behavioral and physical health conditions. For assistance in care coordination, please contact Presbyterian Care Coordination at 1-866-672-1242 or (505) 923-8858.

## Presbyterian Updates Its Prior Authorization Form

Presbyterian recently updated its home healthcare prior authorization form. It's now easier to read and contains all the information needed to ensure the request is processed accurately and in a timely manner. The prior authorization form will help ensure our members receive the right care at the right time.

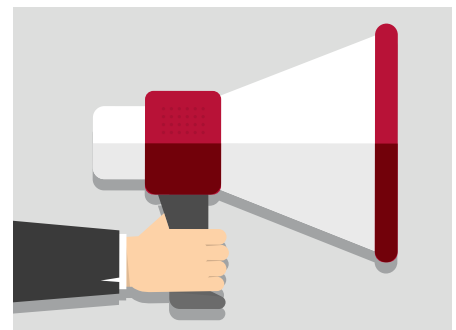
To prevent delays in the review process, providers must complete the form in its entirety and verify that the exact services, units and dates of services (certification period) are correct. When submitting an initial request, providers should attach a current physician/ advanced practice clinician (APC) order and relevant clinical documentation. For concurrent requests, the agency should attach the 485 form and relevant current clinical documentation.

Once the required documentation is received, Presbyterian will conduct a clinical review to determine medical necessity. Requests are processed according to set regulatory standards. In addition, requests may be marked urgent and expedited if they meet one of the following criteria with a provider's/ APC's signature:

- The life, health or safety of a covered person would be seriously jeopardized in the opinion of a provider with knowledge of the member's medical or behavioral health condition, or the member would be subjected to adverse health consequences without the care or treatment requested.
- The covered person's ability to regain maximum function would be jeopardized.

- The medical exigencies of the case require an expedited decision.

If the request does not meet the urgent and expedited criteria listed above and/or is not signed by a provider/APC, then it will be processed as a routine prior authorization request. For more information on prior authorizations, please visit our website: <https://www.phs.org/providers/authorizations/Pages/default.aspx>.



## Meeting the HEDIS Nephropathy Measure for Patients with Diabetes

Presbyterian employs many strategies that utilize evidence-based practices to support various health initiatives. One of the ways Presbyterian works to support evidence-based diabetes care for our patients and members is by meeting the specific clinical quality measures set by the National Committee for Quality Assurance (NCQA) in the Health Effectiveness Data and Information Set (HEDIS®<sup>1</sup>). One of the HEDIS measures we would like to address is nephropathy.

Any of the following meet criteria for a nephropathy screening or monitoring test or evidence of nephropathy.

- A urine test for albumin or protein. At a minimum, documentation must include a note indicating the date when a urine test was performed and the result or finding. Any of the following meet the criteria:
  - 24-hour urine for albumin or protein
  - Timed urine for albumin or protein
  - Spot urine (e.g., urine dipstick or test strip) for albumin or protein
  - Urine for albumin/creatinine ratio
  - 24-hour urine for total protein
  - Random urine for protein/creatinine ratio
- Documentation of a visit to a nephrologist
- Documentation of a renal transplant
- Documentation of medical attention for any of the following (no restriction on provider type):
  - Diabetic nephropathy
  - End-stage renal disease (ESRD)
  - Chronic renal failure (CRF)
  - Chronic kidney disease (CKD)
  - Renal insufficiency
  - Proteinuria

- Albuminuria
- Renal dysfunction
- Acute renal failure (ARF)
- Dialysis, hemodialysis or peritoneal dialysis
- Evidence of angiotensin converting enzyme (ACE) inhibitor/angiotensin receptor blockers (ARB) therapy. Documentation in the medical record must include evidence that the member received ACE inhibitor/ARB therapy during the measurement year. Any of the following meet criteria:
  - Documentation that a prescription for an ACE inhibitor/ARB was written during the measurement year.

- Documentation that a prescription for an ACE inhibitor/ARB was filled during the measurement year.
- Documentation that the member took an ACE inhibitor/ARB during the measurement year.

Addressing this measure helps us ensure that Presbyterian members receive the recommended screening and services based on HEDIS standards. We appreciate your commitment to ensuring Presbyterian members receive the care they need. Thank you for partnering with us to improve the health of the patients, members and communities we serve.

<sup>1</sup> HEDIS® (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA). <http://www.ncqa.org>.

### New Pre-Diabetes Patient Resource is Available

The National Diabetes Prevention Program (NDPP) offers a lifestyle change program that can help members prevent or delay Type 2 Diabetes. The Solutions Group, a division of Presbyterian Healthcare Services, is now offering the NDPP in Albuquerque. There is no additional cost for eligible members. Trained lifestyle coaches facilitate the classes, which are conducted in a group setting. Providers can refer their patient members and members may self-refer.

Member eligibility is based on the following criteria:

- Must be 18 years old or older
- Has a body mass index (BMI) greater than 25 kg/m<sup>2</sup> (greater than 23 kg/m<sup>2</sup> if the member is Asian)
- Has a blood test in the pre-diabetes range of one of any of the following:
  - A hemoglobin A1c reading from 5.7 to 6.4 percent
  - A fasting plasma glucose reading from 100 to 125 mg/dL
  - A two-hour plasma glucose, after a 75 mg glucose load, reading of 140 to 199 mg/dL or a history of gestational diabetes (may be self-reported)

Please note that members previously diagnosed with diabetes do not qualify for the program.

For any inquires or referrals, please contact Presbyterian's Health and Wellness department using the following information:

**Phone:** (505) 923-5454 **Fax:** (505) 355-7588 **Email:** [wellness@pchs.org](mailto:wellness@pchs.org)

## Tips for Coping with Chronic Conditions and Stress

Stress is a normal part of life, but it's important for people to manage their stress before it becomes chronic and affects their job, family and health. Common sources of stress include money, work and concerns about the future, but disease management can also be a major cause of stress for members and their families.

People affected by diabetes, asthma and other diseases can experience increased stress and disruption in their lives, and they may have a difficult time finding the appropriate care and support. The following recommendations may help members with chronic conditions manage their stress:

- **Refer patients to a trusted provider**  
Based on the member's health condition, providers can recommend another provider or specialist to ensure their holistic health needs are met. Members who have a positive experience with a provider are usually more honest and open about their feelings. When members trust their provider, they report that they enjoy seeing their provider more often.
- **Prevent loneliness**  
For members who experience loneliness, anxiety and depression, providers can recommend support groups based on their needs. As part of a member's health insurance plan, Presbyterian will pay for counseling sessions. Members can also call the number on their member ID card to find a counselor.
- **Suggest Presbyterian's nurse advice line, PresRN**  
Healthcare professionals are available 24 hours a day on Presbyterian's nurse



advice line to speak with members about their health concerns and suggest coping mechanisms for stress, anxiety and depression.

- **Encourage physical activity**  
Recommend exercises that are appropriate for the member's condition. Physical activity can improve mental stress and increase positivity. For certain conditions, consider recommending the member to a physical therapist. The member does not need a referral but must have seen a primary care provider (PCP) within the past year. Members can call the number on their ID card for more information.
- **Recommend mindfulness techniques**  
Mindfulness, or the act of living in the present moment with kindness and no judgment, is a technique that aids meditation and relaxation. Studies show mindfulness promotes improvements in pain management and mental stress.

By providing effective ways to manage stress, members can improve their overall health and live their fullest and happiest lives. We appreciate all the support and guidance providers offer to help members manage chronic conditions and stress.

If a member is in crisis, which may include thoughts of suicide or harming themselves or others, refer them to a lifeline or crisis center. These services are available 24 hours a day, seven days a week. The following toll-free numbers will connect them with a professional:

- National Suicide Prevention Lifeline: 1-800-273-8255
- NM Crisis and Access Line 1-855-NMCRISIS (662-7474)
- Call 911 during any health (mental or physical) emergency

## Introducing Our New Partner for Obstetrical Ultrasound Prior Authorizations

We are pleased to announce our partnership with eviCore Healthcare Inc., an innovative solutions company that will provide obstetrical (OB) ultrasound prior authorization services for Presbyterian's Commercial and Medicaid members. EviCore's prior authorization program is consistent with industry-wide efforts to manage the increasing use of OB ultrasounds throughout pregnancy.

This program uses evidence-based criteria and national guidelines developed by the Society of Maternal and Fetal Medicine (SMFM) and the American College of Obstetricians and Gynecologists (ACOG) to help ensure our members receive the highest and most appropriate quality of care at the lowest possible cost. To view criteria and national guidelines, please visit [https://www.evicore.com/referenceguidelines/10\\_2018-ob%20ultrasound.pdf](https://www.evicore.com/referenceguidelines/10_2018-ob%20ultrasound.pdf).



Effective Oct. 1, 2018, a prior authorization will be required for all OB ultrasound services. Beginning Sept. 24, providers may submit prior authorization requests to eviCore for services performed on or after Oct. 1. Services performed without an authorization will be denied and providers may not seek reimbursement from members. Services performed in conjunction with an inpatient stay, 23-hour observation or emergency room visit are not subject to authorization requirements.

Please note that the first two prior authorization requests are approved automatically and serve as a notification of pregnancy. Additional requests will require a clinical review to ensure they are appropriate and medically necessary.

We recommend that ordering providers secure authorizations and share the authorization numbers with the rendering provider when the service is scheduled. Authorizations will contain authorization numbers and one or more CPT codes specific to the services authorized. If the service performed is different from the service authorized through eviCore, the rendering provider must contact eviCore for review and authorization prior to claim submission.

For additional information regarding OB ultrasound prior authorization, including current procedural terminology (CPT) codes, please visit: <https://www.evicore.com/healthplan/presbyterianhealth>.

## Affirmative Statement about Incentives

For more than 100 years, Presbyterian has been dedicated to helping members receive the right care, in the right place, at the right time. Our prior authorization process is one of the ways we ensure that members receive appropriate care. Presbyterian's Utilization Management (UM) department manages prior authorizations and makes decisions based on appropriateness of care and service, as well as the existence of coverage.

Please note that Presbyterian does not specifically reward practitioners or other individuals for issuing denials of coverage. Furthermore, financial incentives for UM decision makers do not encourage decisions that result in underutilization.

For more information about Presbyterian's prior authorization process, refer to the Care Coordination chapter of the 2018 Presbyterian Practitioner and Provider Manual at [www.phs.org/ProviderManual](http://www.phs.org/ProviderManual).

## Compliance with After-hours Messaging

Presbyterian appreciates its partnership with providers and their commitment to ensure our members can access the care they need when they need it. In the spirit of collaboration, we would like to remind providers that they must inform members of their hours of operation and give instructions on how to access care after hours.

In addition, Presbyterian requires primary care providers to have or arrange on-call and after-hours care to support members who experience emergencies. Such coverage must be available 24 hours a day, seven days a week. When providers are unavailable to provide on-call support and care, providers must provide members with after-hours messaging about how to access care after hours. Furthermore, Presbyterian requires that the hours

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

Presbyterian requests that all primary care providers ensure their contact information and after-hours messaging is up to date and provides members with the information they need to seek appropriate care outside of regular office hours. Providers can update their information that is stored in the online provider directory by logging on to the myPRES provider portal at [www.phs.org/mypres](http://www.phs.org/mypres). For additional assistance, please contact your assigned Provider Network Management relationship executive. You can find his/her contact information at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide).

## Member Rights and Responsibilities

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

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 indicated by the New Mexico Human Services Department (HSD) and the National Committee for Quality Assurance (NCQA). In addition, the list includes information specific to different product lines.





## Medical Record Standards and Documentation

A medical record tells an important story about a member's health and well-being. Presbyterian requires that our members' medical records are complete and consistent with standard documentation practices. We report this information to several agencies, including the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and the State of New Mexico Human Services Department (HSD). These agencies require that specific information be 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 standards that address the following topics:

- Confidentiality of medical records
- Documentation
- Organized record keeping systems
- Standards for availability of records
- 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 pediatrician and primary care provider charts in history and advance directive documentation.

### 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 their first visit.
- For members age 21 or older; when the member has had three or more visits.

### Medication history must include the following:

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

### Advance Directive Documentation

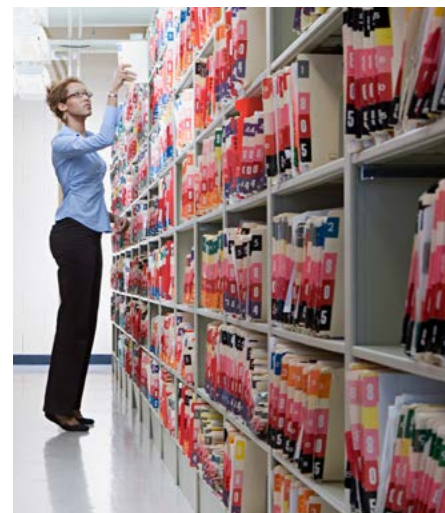
The Federal Patient Self-Determination Act (PSDA) includes advance directives. The PSDA requires managed care organizations (MCOs) to provide information on advance directives to members upon enrollment. In addition, MCOs must provide this information to health facilities, including hospitals, skilled nursing facilities, home health services and when members are admitted. Presbyterian also encourages providers to discuss advance directives with their patients in outpatient settings.

Presbyterian requires providers to indicate whether a patient completed an advance directive. This can be accomplished by noting "Yes" or "No" in a prominent location within the patient's hard copy or electronic medical record. In addition, if a member presents a provider with an advance directive, a copy of the document should be added to the member'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](http://docs.phs.org/idc/groups/public/@phs/@marketing/documents/phscontent/pel_00133737.pdf).

Presbyterian appreciates our providers' continued commitment to comply with these standards. For questions about medical record documentation standards, please call Teresa Ramos at (505) 923-5729 or email [mramos@phs.org](mailto:mramos@phs.org).



## Health Coaching for Presbyterian Health Plan Members with Asthma, Coronary Artery Disease, Diabetes and Hypertension



Presbyterian's innovative disease management program, Healthy Solutions, supports providers in their management of chronic illnesses. This health coaching program is designed to reinforce the primary care provider's treatment plan and is available at no additional cost to Presbyterian members who are 18 years old or older. It uses evidence-based practice guidelines and member empowerment strategies for self-management of chronic diseases. The goal is to maintain the well-being of members through cost effective and tailored health solutions.

Healthy Solutions provides phone and video-based healthcare support. A licensed nurse works with the member to better understand their condition, establish self-management goals and provide health coaching for lifestyle modifications. This methodology ensures we focus our efforts on developing a personalized health improvement plan for members.

The Healthy Solutions health coach contacts members who meet the program criteria and invites them to participate in the disease management program. We work with the member and

healthcare team to increase member satisfaction and improve health outcomes. Members are more willing to participate if their provider discusses the program with them and recommends their participation.

You may refer a Presbyterian member to the Healthy Solutions program by calling (505) 923-5487, toll-free at 1-800-841-9705, or by emailing [healthysolutions@phs.org](mailto:healthysolutions@phs.org).

## "Incident To" Services

The Centers for Medicare & Medicaid Services (CMS) defines "incident to" services as 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," the service(s) must be part of a patient's normal course of treatment during which a physician, within the legal entity receiving payment, personally performed an initial service and remains actively involved in the course of treatment. Providers do not need to be physically present in the patient's treatment room while these services are rendered, but they must provide direct supervision. The physician must be present in the office suite to aid. Providers should also document

the essential requirements for "incident to" service in the patient's record. More specifically, these services must be:

- 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 as defined above must perform the initial visit and be in the office or facility when services are rendered to provide supervision and assistance.

As outlined in the 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 accurate. More information about 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>.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>

## 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 a prior authorization for services is requested by a provider and denied by Presbyterian, a provider may act on the member's behalf and file a request for an appeal. If the provider feels that the member's health and/or welfare is in immediate jeopardy, the appeal may be expedited. If the case is deemed expedited, Presbyterian will process the 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 the following:

- Dissatisfaction with services rendered
- Availability of services
- Delivery of services
- Reduction and/or termination of services
- Disenrollment
- Any other performance considered unsatisfactory

The member should submit his or her appeal or grievance to the appropriate coordinator within the following time frames:



### APPEALS AND GRIEVANCES

#### Provider Claim Denials

Contracted providers have one year from the date of service to file an appeal regarding a claim denial. When filing a provider appeal, please document the reasons for the reconsideration request and attach all supporting documentation. If the issue involves a coding issue, it is helpful to include supporting medical records such as office notes and operative reports, if applicable.

These requests may be electronically submitted to Presbyterian at <https://www.phs.org/providers/resources/appeals-grievances/Pages/form.aspx>. Please fill in the form and press the submit button to send your request to the Appeals and Grievance department for review.

Product Lines	Appeal Time Frame	Grievance Time Frame
Presbyterian Centennial Care (New Mexico Medicaid Managed Care)	Within 60 days from the date of receiving the denial	At any time from the date of occurrence
Presbyterian Senior Care (Medicare Advantage) and Presbyterian Medicare PPO (Medicare Advantage)	Within 60 days from the date of denial	60 days after the event
All Other Plans	Within 180 days from the date of denial	Within 180 days after receiving the administrative decision



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Albuquerque, NM 87125-7489  
www.phs.org

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## TALK TO US

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



EMAIL:  
providercomm@phs.org



PHONE:  
(505) 923-5141



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

## 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 fills out our short survey will be entered into a drawing to win a prize.

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