PRESBYTERIAN

Network Connection

Information for Presbyterian Healthcare Professionals, Providers and Staff

SEPTEMBER 2019

NEWS FOR YOU

UP FRONT

Presbyterian's Centennial Care Prediabetes Resource for Members 2

Healthy Solutions: Health Coaching Is Available for Members with Chronic Conditions 2

TAKE NOTE

Motivational Interviewing Is an Effective Communication Strategy. 3

REGULATORY UPDATES

Advising Patients on Risk of Opioid Overdose. 4

Compliance with On-call Support and After-hours Messaging 4

Member Rights and Responsibilities 4

"Incident To" Services. 5

Affirmative Statements about Incentives 5

Medical Record Documentation Standards. 6

Appeals and Grievances Information 7

BACK COVER

Presbyterian Word Search

Save the Date! Provider Education Conference and Webinar Series

To help keep providers informed of updates and changes to Presbyterian programs, policies and initiatives, Presbyterian offers a variety of training opportunities throughout the year. Presbyterian's 2019 annual Provider Education Conference and Webinar Series includes in-person conferences and live webinars that feature an interactive platform where providers can ask questions and receive feedback. There are four upcoming training opportunities for 2019. If you haven't already completed your training, please register for one of the following training sessions.

In-person Conferences	Live Webinars
Las Cruces Morning Session Staybridge Suites Wednesday, Oct. 16, 9 – 11 a.m.	Wednesday, Dec. 11, 9 – 11 a.m.
Las Cruces Afternoon Session Staybridge Suites Wednesday, Oct. 16, 2 – 4 p.m.	Thursday, Dec. 12, 1 – 3 p.m.
Providers online: https://phs.swoogo.com/2019PEC	

As a reminder, these education events are for all physical health, behavioral health and long-term care providers and staff. Providers only need to attend one training event annually.

If you have any questions about the scheduled training events, please contact you Provider Network Operations relationship executive. You can find his or her information at www.phs.org/ContactGuide.

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

Presbyterian's Centennial Care Prediabetes Resource for Members

According to the Centers for Disease Control and Prevention (CDC), approximately 84 million Americans have prediabetes. It is important that members and patients with a prediabetes diagnosis learn to manage their condition before it develops into Type 2 diabetes.

Presbyterian has a resource for members with a prediabetes diagnosis. We partnered with Good Measues, a state-of-the-art digital platform that helps people make positive changes with eating and exercise behavior. The resource allows for the delivery of diabetes prevention services at no additional cost to eligible Centennial Care members. Facilitated by trained lifestyle coaches, the program is available online and by phone.

Please note that members who have already been diagnosed with diabetes do not qualify for this program. To be eligible, members must be 18 years old or older, have a body mass index (BMI) greater than 25 kg/m2 (greater than or equal to 23 kg/m2 if a person is Asian), have a history of gestational diabetes (may be self-reported) or a blood test in the prediabetes range that includes one of the results listed in the following table:

Test	Score
Hemoglobin A1c	Between 5.7% and 6.4%
Fasting plasma glucose	100 to 125 mg/dL
Two-hour plasma glucose after a 75 mg glucose load	140 to 199 mg/dL

Providers can refer members and members can self-refer to Good Measures. For inquiries and referrals, please contact Good Measures by calling 1-855-249-8587, faxing (617) 507-8576 or emailing phpdpp@goodmeasures.com.

Healthy Solutions: Health Coaching Is Available for Members with Chronic Conditions

The Presbyterian Healthy Solutions health coaching program is available to help Presbyterian members with chronic conditions manage their conditions. As part of this program, a licensed nurse works with the member to help them better understand their condition, establish self-management goals and provide coaching for lifestyle modifications.

The 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. The Healthy Solutions health coach contacts members who meet the program criteria and invites them to participate in the program.

Members who join the Healthy Solutions health coaching program will receive training and instruction for the following:

- Adopting healthy behaviors including healthy eating and exercise.
- Monitoring their health condition.

- Adhering to medication and treatment.
- Reducing their risk of an adverse event.

Presbyterian notifies providers whose members agree to participate in the program. To enroll a Presbyterian member, please contact the Healthy Solutions team at (505) 923-5487, toll-free at 1-800-841-9705, or by email at healthysolutions@phs.org.

Motivational Interviewing Is an Effective Communication Strategy

Presbyterian is dedicated to creating a positive healthcare experience for all members and patients. An important aspect of the member and patient experience is effective communication. Providers who implement an effective communication strategy can better understand a member's or patient's condition, establish rapport, gain trust and identify barriers to successful treatment.

William Richard Miller, a professor at the University of New Mexico, developed Motivational Interviewing (MI), an evidence-based clinical approach to communication that encourages healthy changes in behavior by strengthening a patient's motivation and commitment to change. MI is well known in the treatment of substance use disorders, but it is also applied in multiple treatment settings to address physical health conditions like heart disease and diabetes.

MI is centered on the patient's experience. It can help motivate him or her to make healthy lifestyle changes, which may include quitting smoking, eating healthier and increasing exercise. It can also help the patient adhere to a medication regimen.

MI incorporates the following principles to appropriately assess a patient's readiness to change:

- **Expressing empathy**
  Showing empathy when discussing the patient's circumstances.
- **Developing discrepancy**
  Discussing the differences between the patient's current situation and their goals.
- **Avoiding arguments**
  Avoiding confrontation and finding effective paths to communication.
- **Rolling with resistance**
  Altering the approach to discuss difficult topics based on the patient's resistance.
- **Supporting self-efficacy**
  Helping the patient realize that change is possible.

To further assist in the evaluation, MI promotes the use of open-ended questions, affirmations, reflective listening and summarizing (OARS) communication style. OARS helps create a comfortable environment where a patient feels free to express their ambivalent feelings to change.

Presbyterian offers MI training at no cost to providers. If providers are interested in learning about MI and OARS, they can register for the Motivational Interviewing: Basic, Intermediate and Advanced course on Presbyterian's Medical Education website at the following link: http://cme.phs.org/.

If you have questions about MI training, contact an education coordinator at Info_BHIntegration@phs.org or (505) 559-6725 for more information.

Advising Patients on Risks of Opioid Overdose

Presbyterian ensures the appropriate use of prescription medications by monitoring potential abuse or inappropriate utilization of medications and implementing interventions that ensure safer prescribing practices for chronic pain management, early screening and detection of opioid misuse, and early intervention and treatment of substance use disorders.

In addition, in accordance with Senate Bill 221, Presbyterian requires providers to do the following:

- Advise patients on the risks of opioid overdose and availability of an opioid antagonist when they first prescribe, distribute or dispense an opioid analgesic and on the first occasion each calendar year thereafter.
- Co-prescribe an opioid antagonist when the amount of opioid analgesic prescribed is at least a five-day supply.
- Include the following information in the prescription for the opioid antagonist:
  - Written information about the temporary effects of the opioid antagonist.
  - Techniques for administering the opioid antagonist.
  - A warning that instructs the person who administers the opioid antagonist to call 911 immediately after administering the opioid antagonist.

Providers can view Senate Bill 221 in its entirety at https://legiscan.com/NM/bill/SB221/2019.

Compliance with On-call Support 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 (PCPs) 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 practitioners and providers offer to Medicaid members must be no less than those offered to Commercial members.

Presbyterian requests that all PCPs ensure that 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 in the online provider directory by logging on to the myPRES Provider Portal at www.phs.org/providers. For additional assistance, contact your Provider Network Operations relationship executive. You can find his or her information at 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 Presbyterian members or their legal guardians have rights and responsibilities, and Presbyterian expects its network of practitioners and providers to respect and support these rights and responsibilities.

To view all member rights and responsibilities, go to www.phs.org/Pages/member-rights.aspx. Please note that this list comprises the rights and responsibilities as dictated by the New Mexico Human Services Department and the National Committee for Quality Assurance. The list also includes information specific to different product lines.

"Incident to Care" Services

The Centers for Medicare & Medicaid Services (CMS) defines "incident to care" services as services 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 care," services must be part of a patient's normal course of treatment during which a physician, within the billing service location, personally performed an initial service and remains actively involved in the course of treatment. Physicians do not need to be physically present in the patient's treatment room while these services are provided, but they must do the following:

- Perform the initial visit.
- Provide direct supervision.
- Be present in the office suite or facility when services are rendered to provide supervision and assistance.

Providers should also document the essential requirements for "incident to" service in the patient's record. More specifically, these services must meet all of the following criteria:

- Be an integral part of the patient's treatment course.
- Be commonly rendered without charge (included in your physician's bills).
- Be a type commonly furnished in a physician's office or clinic (not in an institutional setting).
- Be an expense to the physician or physician's office.

Services provided by a non-physician, but supervised by a physician, must follow CMS guidelines to qualify for "incident to" care services.

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 performs random claims validation audits on claims submissions to verify that services billed were rendered and accurate. More information on these requirements, covered medical services and other health services can be found on the CMS website at the following links:

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

Affirmative Statements 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 members receive appropriate care. Presbyterian's Utilization Management (UM) department manages prior authorizations and makes decisions based on the appropriateness of care and service, as well as the existence of coverage.

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

For more information about Presbyterian's prior authorization process, refer to the Care Coordination chapter of the 2019 Presbyterian Practitioner and Provider Manual at www.phs.org/ProviderManual.

Medical Record Documentation Standards

A medical record tells an important story about a member's health and well-being. As part of our regulatory requirements, Presbyterian must ensure that our members' medical records are complete and consistent with standard documentation practices.

Presbyterian reports compliance with medical record and documentation standards to several agencies, including the National Committee for Quality Assurance, the Centers for Medicare & Medicaid Services, and the New Mexico Human Services Department. These agencies require that specific information be documented in every member's chart, including a 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 to practices 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. We request that providers submit all medical record requests in a timely manner. A passing score for a medical record review is 85%.

Recent audits identified opportunities to improve documentation of pediatrician and primary care provider charts in record request turnaround time and advance directive documentation.

Record Request Turnaround Time

The primary care Services Agreement states that the provider will release records to Presbyterian in a secure manner within 15 days of the request. The score in the 2018 audit was 72.4%, which indicates that the auditor had to contact some providers offices more than once to obtain the member's medical record. Providers who were non-compliant were contacted to ensure a timely response for future record requests.

Advance Directive Documentation

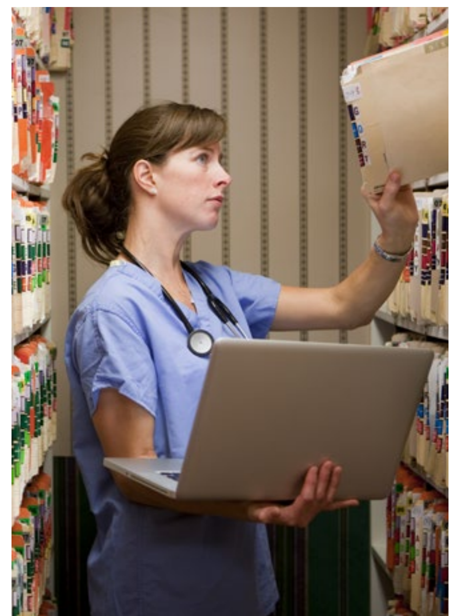
The Federal Patient Self-Determination Act (PSDA) encompasses end-of-life care, also known as advance directives. When an advanced directive is included in a member's medical record, it informs providers and family members of a member's healthcare decision(s) at crucial times. The PSDA requires managed care organizations (MCOs) to provide information on advance directives to members upon enrollment. MCOs must also provide the information to health facilities, including hospitals, skilled nursing facilities, home health services and when members are admitted to inpatient settings. Presbyterian also encourages providers to discuss advance directives with members in outpatient settings.

Presbyterian requires providers to indicate whether a member has completed an advance directive. This can be accomplished by noting "Yes" or "No" in a prominent location within the member's hardcopy or electronic medical record. In addition, if a member presents his or her provider with an advance directive, the provider should add a copy of the document to the member's medical record.

Presbyterian evaluates mandatory provider compliance with this standard when we perform our medical record standards audits. The score for 2018 was 43.8%. We determined that the life-planning conversation occurs, but the information is either not recorded electronically or the documentation is not specific enough to draw attention to the information.

Advance directive forms are available at http://docs.phs.org/idc/groups/public/@phs/@marketing/documents/phscontent/pel_00133737.pdf.

Presbyterian appreciates your commitment to comply with these standards. For questions about medical record documentation standards, please call Presbyterian's Hospital Medical Records Department at (505) 841-1944.



Appeals and Grievances Information

Presbyterian is committed to providing excellent service to its providers and members. We welcome all feedback, and in conjunction with our regulatory agencies, we have implemented comprehensive processes to ensure that our members and providers have grievances and appeals rights.

Member Appeals and Grievance Information

Members have the right to voice grievances or appeals with Presbyterian or its regulatory bodies about Presbyterian or the care it provides. If prior authorization for services for any Presbyterian member is requested by a provider and denied by Presbyterian, a provider may act on the member's behalf and file a request for an expedited appeal if the provider feels that the member's health and/or welfare is in immediate jeopardy. Presbyterian will then determine if the request meets expedited criteria. If it is deemed expedited, Presbyterian will process the expedited appeal within 72 hours of receipt. Time extensions may apply with written consent from the member.

All members also have the right to file a grievance if they are 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 that is considered unsatisfactory.

Members should submit their appeal and/or grievance to Presbyterian's appeals coordinator within the time frames indicated in the following table.

Lines of Business	Appeal Time Frame	Grievance Time Frame
Presbyterian Centennial Care (New Mexico Medicaid Managed Care)	Within 60 days from the date of denial.	At any time from the date of occurrence.
Presbyterian Senior Care 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.

Provider Appeals and Grievance 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 has been 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 are referred immediately to a medical director not previously involved in the case for resolution and are handled according to the member appeal guidelines.

Contracted providers have one year from the date of service to file an appeal regarding a claim denial. When filing a provider appeal, the provider needs to document the reasons for the reconsideration request and attach all supporting documentation for review. If the issue involves coding, 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's Appeals and Grievance department at https://www.phs.org/providers/resources/appeals-grievances/Pages/form.aspx.

PRESBYTERIAN

Presbyterian Health Plan, Inc.
Provider Network Operations
P.O. Box 27489
Albuquerque, NM 87125-7489
www.phs.org

PRESRT STD
U.S. Postage
PAID
Albuquerque, NM
Permit No. 1971

PRESBYTERIAN WORD SEARCH

```
P E R M T W M Y R K W C Z D L
R V O E F S H A R S O N I Y A
E I E M D G I O N O T R B C B
S T X B K I W L R U E N E A O
B N L E K T V D A C A R G M R
Y E R R E Q I O T I U L B R A
T V L N D N D O R R C J X A T
E E H E A O R M Y P R E S H O
R R N T C Y Z R U T Y H P P R
I P I E R A C H T L A E H S Y
A O G U I D E L I N E S T O J
N M C H N Y C A R U C C A P L
J C K H X J L B J B M D Y W J
Q B D H A U Q W D C V W N Z F
Z Y W U Y Z F J T J S E M X I
```

ACCURACY	COORDINATION	DIRECTORY
GUIDELINES	HEALTHCARE	LABORATORY
MANUAL	MEMBER	MYPRES
NETWORK	PHARMACY	PRESBYTERIAN
PREVENTIVE	PROVIDER	SPECIALIST

TALK TO US

Send your questions or comments to Presbyterian's Provider Network Operations department:

EMAIL:
providercomm@phs.org

PHONE:
(505) 923-5757

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

Let Us Know Your Thoughts

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