PRESBYTERIAN

Network Connection

Information for Presbyterian Healthcare Professionals, Providers and Staff

JANUARY 2020

NEWS FOR YOU

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

2020 Practitioner and Provider Manuals Are Available

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) provider manuals are great resources for providers to access essential information about our programs. Presbyterian's Universal Practitioner and Provider Manual covers Presbyterian plans, policies and guidelines for Commercial, Medicare and Medicaid products. Presbyterian also publishes a Centennial Care Practitioner and Provider Manual that provides detailed information specific to Presbyterian's Centennial Care 2.0 programs and requirements.

The manuals are an extension of a provider's contract with Presbyterian, and they are updated quarterly and as needed. In the manuals, providers can find instructions for the following:

- Submitting medical, behavioral health, and drug prior authorization and exception requests based on medical necessity.
- Contacting utilization management staff, pharmacy, medical and behavioral health to discuss prior authorization requests and utilization management issues.
- Obtaining or requesting utilization management criteria.

Providers may also use the manuals for guidance on how to access important information, including the following:

- Medical policies.
- Presbyterian formularies and updates, including restrictions and preferences (e.g., quantity limits, step therapy and prior authorization criteria).
- Clinical practice guidelines.
- Affirmative statement concerning utilization management decision-making and incentives.
- Member rights and responsibilities.

The manuals are readily available online at www.phs.org/ProviderManual. Providers may also request a printed copy of both manuals at no cost by contacting their Provider Network Operations relationship executive. You can find his or her contact information at www.phs.org/ContactGuide.

2020 Dual Plus Training is Available

Contracted providers who render services to Presbyterian Dual Plus members are required to complete Dual Plus training annually. The training for 2020 is now available to providers. The self-guided, online training module is available on the Presbyterian website at the following link: phppn.org.

Presbyterian Dual Plus is an HMO Special Needs Plan (D-SNP) for individuals who are eligible for both Medicare and full and partial Medicaid benefits. It is designed to meet the medical, behavioral and long-term care needs of eligible members.

The training takes about 30 minutes to complete and requires providers to attest to completing the module. Please note that office staff cannot complete the training on behalf of the provider. We are asking providers to complete Presbyterian Dual Plus training as soon as possible.

We want to thank providers for their commitment to improve the health of the patients, members and communities we serve.

Prior Authorization and Utilization Management for All Members

Presbyterian does its best to ensure all members receive the care they need, when they need it. One of the ways we ensure members receive excellent care is through our Utilization Management (UM) program.

Presbyterian's UM program evaluates the appropriateness, medical need and the efficiency of healthcare services, procedures and facilities. UM processes are comprised of a comprehensive set of integrated components, including the following:

- Prior authorization.
- Concurrent review.
- Continued-stay review.
- Retrospective review.
- Discharge planning.
- Transition of care.

Our team of nurses, pharmacists, behavioral health specialists, therapists and medical directors are available 24 hours a day, seven days a week, to assist providers with authorizations or verification of benefits.

A list of services that require prior authorization can be found on our website at www.phs.org/providers. If providers have questions about prior authorizations or UM, they can call our Presbyterian Customer Service Center at (505) 923-5757 or 1-888-923-5757, Monday through Friday from 8 a.m. to 5 p.m.

New Contact Information for Utilization Management

The Utilization Management (UM) department that facilitates Early and Periodic Screening Diagnostic and Treatment (EPSDT) and Medically Fragile Waiver services recently updated its contact information.

Providers who request a prior authorization for Medically Fragile Waiver services or have authorization inquiries for EPSDT services will need to use the following contact information:

Phone:
(505) 923-8145

Fax email:
PHPClinOpsAuths@phs.org

Fax number:
(505) 355-7635

New Standard Prior Authorization Form

Presbyterian requires providers to submit a prior authorization (PA) request for specialized services and/or prescription drugs before rendering services to patients and members. PAs help ensure that patients and members receive the appropriate medical plan benefits for medically necessary care.

In an effort to reduce provider frustration and administrative burden, the New Mexico Legislature passed the Health Insurance Prior Authorization Act, which requires the implementation of a new standardized PA form.

Starting Jan. 1, 2020, Presbyterian will require providers to use the new standardized PA form for commercial, self-funded and Medicaid lines of business.

The new PA form meets guidelines set by legislation under the Health Insurance Prior Authorization Act. It is intended to streamline the PA process for non-emergency medical care and pharmaceutical or related benefits. The new PA form will also include the appropriate fax numbers for a variety of services (e.g., pharmacy, behavioral health, physical health, etc.).

Physical health, medical pharmacy and behavioral health providers can find the new PA form using the following link: https://www.phs.org/providers/authorizations/Pages/default.aspx

For questions or assistance, providers can contact their Provider Network Operations relationship executive. Providers can find his or her contact information at www.phs.org/ContactGuide.

Presbyterian Rolls Out Phase 2 of New Claims System

In January 2019, Presbyterian implemented a new claims payment system, which initially only included Presbyterian's employee-sponsored group. Effective Jan. 1, 2020, the new claims system will be rolled out to individual Commercial health plan members and large Commercial employer group plans. Because many claims were processed using the new system for the past year, we expect this transition to be seamless for providers and their practices.

Billing Codes Reminder

To ensure that claims are accurately processed, please be sure to bill the correct taxonomy code and use the appropriate Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) codes and modifiers when submitting a claim, especially when billing Type of Bill (TOB) 131 on a Universal Billing Form (UB-04). Claims that do not include this code will be denied.

Presbyterian's new claims payment system builds on our best practice approach to claims processing, ensuring accurate and appropriate reimbursement. We will continue to invest in innovative new technologies that improve processes and reduce administrative burden.

Providers may contact their Provider Network Operations relationship executive with any questions or concerns. You can find his/her information at www.phs.org/ContactGuide.

Presbyterian's Technology Assessment Committee Update

To keep up with today's continuously evolving medical technologies, Presbyterian formed the Technology Assessment Committee (TAC). Comprised of medical and behavioral health professionals from across the organization, the TAC acts in an advisory role to Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian).

The committee facilitates discussions on new technologies, continually monitors new technological developments and examines new applications of current technologies. The TAC presents technology and recommendations to the Clinical Quality/Utilization Management Committee (CQUMC) when a drug, device, medical treatment or procedure is experimental or investigational in nature and is beneficial to members. The CQUMC assesses whether new technologies are appropriate as covered benefits for health plan members.

A variety of situations can trigger TAC reviews, including but not limited to the following:

- Medicare/Medicaid coverage updates.
- Medical literature reviews.
- Changes to current research or recommendations.
- Practitioner/member requests.
- Denials/appeals trending.
- Coverage decisions.

TAC decisions are communicated to all providers through the bi-monthly publication of the Network Connection provider newsletter and as Medical Policies at www.phs.org. Hard copies of Medical Policies are also available to providers by contacting Provider Network Operations at (505) 923-5141.

Get Involved

Presbyterian invites all providers to participate in the TAC as part of their commitment to quality improvement. Those who wish to volunteer may contact the Medical Benefits/Tech Coordinator at (505) 923-8501 to begin the application process.

Well-Child Care Checkups and Oral Health

Early childhood care is important for the developmental health and wellness of our youngest members. Well-child checkups are intended to assess a child's physical and mental development from infancy through adolescence. It is important that children receive regular and recommended health checkups.

As part of a child's comprehensive well-child checkup, we encourage all providers to emphasize the importance of oral health to the child's parents or legal guardians. This year, our Quality department will take additional steps to ensure physical health checkups are completed and confirm that our young members receive annual oral health checkups with their assigned dentist. If the member does not have a dentist, we ask that providers help him or her locate one or make a referral.

With the help of providers, we can achieve excellent comprehensive health standards and care for every member. If you have any questions, please contact Presbyterian's Quality Performance Improvement Department at (505) 923-5017 or by email at performanceImp@phs.org.

Anitdepression Medication Adherence

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company Inc. (Presbyterian) are dedicated to addressing the insufficient treatment of major depression for our members and patients. Presbyterian supports evidence-based care for patients and members with a major depression diagnosis. That care includes antidepressant medication management and adherence.

One of the ways we assess antidepressant medication management and adherence is through the Healthcare Effectiveness Data and Information Set (HEDIS), a widely used set of quality measures from the National Committee for Quality Assurance (NCQA). HEDIS includes a measure that assesses adherence to best practice protocols regarding follow-up care for adults who receive medication for major depression. Medication adherence is documented through claims submitted by pharmacies.

Understanding the Antidepressant Medication Adherence Measure

Patients and members are placed in an acute or continuation adherence category based on the following criteria:

- **Acute adherence:** Members who are 18 years old or older with a major depression diagnosis and who started antidepressant medication for the first time and remained on the medication for at least 12 weeks.
- **Continuation adherence:** Members who are 18 years old and older with a major depression diagnosis and started and remained on an antidepressant drug/medication for 180 days.

Providers must ensure that a patient or member is placed in the appropriate category in order to meet targets for this measure.

Antidepressant Medication Adherence Rates

Presbyterian's goal is to meet or exceed the regional benchmarks for this measure. Providers who meet these established measures have a positive effect on patient and member outcomes.

If you would like to discuss group rates with a Presbyterian medical director, please contact Presbyterian's Quality Performance Improvement department at (505) 923-5017 or email at performanceimp@phs.org.

Centennial Care Clinical Operations Overview

The Presbyterian Centennial Care Clinical Operations department is available to help members improve their health and to make it easier for providers to connect with a member's care team. Our Clinical Operations staff includes doctors, nurses, social workers and other health professionals. They are trained to support the member, the member's primary care provider (PCP) and other providers to ensure our members remain healthy and as functional as possible in the community.

Please see the categories below for more detailed descriptions about how the Clinical Operations department works to ensure members receive the best care.

Care Coordination

Care Coordination is how Presbyterian Centennial Care manages the member's medical, behavioral and long-term care needs, whether in the hospital, facility or at home. Our Care Coordination team is comprised of nurses, licensed social workers and other health experts.

Our care coordinators conduct home and telephonic visits with members to complete a comprehensive needs assessment (CNA). A member-centric, comprehensive care plan is then developed with the member, caregiver and provider(s) to ensure that identified needs are addressed. Members who are appropriate for Care have complex needs, functional concerns and physical or behavioral needs. To refer a member to Care Coordination, please call our intake line at (505) 923-8858 or 1-866-672-1242.

Utilization Management

Presbyterian follows utilization management (UM) guidelines to ensure that our members receive the right care, in the right place, at the right time. UM decision-making is based on appropriateness of care and services as well as the benefits covered under the member's plan. This process includes the following:

- Prior authorization.
- Concurrent review.
- Retrospective review.

Prior Authorization

Some healthcare services require a prior authorization from Presbyterian Centennial Care. This means that Presbyterian Centennial Care nurses and physicians check to make sure that the service is a benefit and medically necessary. For a list of services requiring prior authorization, go to www.phs.org/providers or contact the Provider CARE Unit at (505) 923-5757 or 1-888-923-5757.

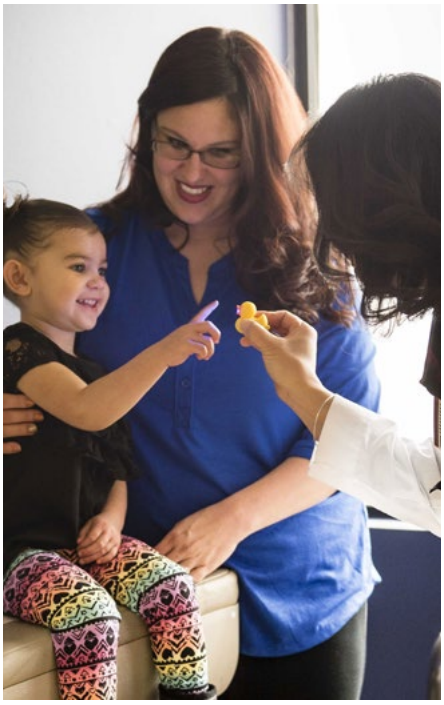
Concurrent Review

Through concurrent review, nurses work with discharge planners at hospitals or other facilities. They ensure the member is at the appropriate level of care for his or her needs.

Retrospective Review

During retrospective review, nurses review insurance claims to make sure that the most appropriate healthcare was received by the member. Presbyterian does not reward practitioners for issuing denials of coverage. Financial incentives for utilization management decision-makers do not encourage decisions that result in underutilization.

We strive to improve the health of the patients, members and communities we serve and we thank providers for helping us achieve this goal.



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Adherence
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Review
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Utilization

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TALK TO US

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

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(505) 923-5757

MAIL:
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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