

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers and Staff



JANUARY 2021

NEWS FOR YOU

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

2021 Practitioner and Provider Manuals Are Available

Presbyterian's provider manuals are great resources for providers to access essential information about our policies and procedures. Presbyterian's Universal Practitioner and Provider Manual covers Presbyterian's programs, 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.

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

- Submitting medical and behavioral health prior authorization requests
- Submitting 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
- 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

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

- Prior authorization criteria
- Medical policies

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. Contact information can be found at www.phs.org/ContactGuide.

2021 Annual Provider Training Events Overview

Presbyterian offers a variety of informative and useful provider trainings. Below is an overview of the 2021 training events Presbyterian is offering providers. Please note that some trainings are required, as identified in the following overview.

Provider Education Conference & Webinar Series

All contracted physical health, behavioral health and long-term care providers and staff are invited.

****Providers are only required to attend one of these trainings each year.**

Training Date	Training Times	Training format and/or location	Registration Link
Wednesday, March 17	9 - 11 a.m.	Webinar	phs.swoogo.com/2021PEC
Thursday, March 18	12 - 2 p.m.	Webinar	phs.swoogo.com/2021PEC
Wednesday, June 16	9 - 11 a.m.	Webinar	phs.swoogo.com/2021PEC
Thursday, June 17	12 - 2 p.m.	Webinar	phs.swoogo.com/2021PEC
Thursday, Sept. 16	9 a.m. – 12 p.m.	TBD	phs.swoogo.com/2021PEC
Wednesday, Dec. 15	9 - 11 a.m.	Webinar	phs.swoogo.com/2021PEC
Thursday, Dec. 16	12 - 2 p.m.	Webinar	phs.swoogo.com/2021PEC

Presbyterian Dual Plus Training

All contracted providers who render services to Presbyterian Dual Plus members are required to complete this training.

****Office staff cannot complete the training on behalf of the provider.**

Training Dates and Times	Training format and/or location	Registration Link
Available 24 hours a day, seven days a week throughout the year.	Online, self-guided training module.	phppn.org

Indian Health Services and Tribal Conversations

All contracted physical health, behavioral health and long-term care providers and staff are invited.

Training Date	Training Times	Training format and/or location	Registration Link
TBD	TBD	TBD	TBD

If providers have questions about the upcoming trainings, they are encouraged to contact their Provider Network Operations relationship executive. Contact information can be found at phs.org/ContactGuide.

Presbyterian Updates Preventive Healthcare Guidelines Webpage

Presbyterian's Preventive Healthcare Guidelines help primary care providers and members decide together whether a preventive service is appropriate based on the member's needs. These guidelines are evidence-based and designed to give providers and members age- and gender-based recommendations about services they should routinely incorporate into primary medical care.

To help providers review and understand all of Presbyterian's Preventive Healthcare Guidelines, Presbyterian updated its preventive healthcare guidelines on www.phs.org

and made it easier to navigate and locate the following:

- U.S. Preventive Services Task Force
- The Centers for Disease Control and Prevention
- The Affordable Care Act
- Early and Periodic Screening, Diagnostic, and Treatment program
- Advisory Committee on Immunization Practices

Providers can review Presbyterian's Preventive Health Guidelines at: www.phs.org/providers/resources/reference-guides/Pages/medical-pharmacy-behavioral.aspx.

As a friendly reminder, please refer to a member's individual services and plan when considering individual member needs.

We will continue to make improvements to our website that will improve the provider experience. Providers may request a hard copy of preventive healthcare guidelines by contacting their Provider Network Operations relationship executive. Contact information can be found at the following link: www.phs.org/ContactGuide.

Good Measures Diabetes Prevention Program

The start of a new year is a great time for providers to help members make a commitment that will improve their health. Presbyterian offers many healthcare resources providers can refer to members. The Good Measures Diabetes Prevention Program is a great program available to Centennial Care members.

Presbyterian has partnered with Good Measures, a year-long wellness program that delivers diabetes prevention services at no additional cost to eligible Centennial Care members with a prediabetes diagnosis. The program is available online and by phone.

The Good Measures program features a state-of-the-art digital platform that helps people make positive changes in their eating habits and exercise behavior. It combines food and activity tracking capabilities with group support and personalized one-on-one coaching facilitated by trained lifestyle coaches. This approach helps keep members engaged and accountable as they learn to incorporate healthier habits into their lives.

Good Measures program participants have benefited from key positive results, including:

- Participants lost 6.8% of their body weight on average
- Approximately 74% of participants achieved or exceeded their physical activity goal of 150 minutes per week
- Some participants saw an improvement in biomarkers for blood pressure, blood glucose and cholesterol

To be eligible for this program, patients must be Presbyterian Centennial Care members, 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), and have a history of gestational diabetes (may be self-reported) or have a blood test in the prediabetes range that includes one of the following results:

- Hemoglobin A1c between 5.7% and 6.4%
- Fasting plasma glucose 100 to 125mg/dL

- Two-hour plasma glucose after a 75mg glucose load 140 to 199mg/dL

Providers can refer members, and members can self-refer to the Good Measures program. Please note that members who have already been diagnosed with diabetes do not qualify for this program.

Providers can refer members in one of the following ways:

- Complete and submit an online form at <https://www.goodmeasures.com/physicians>
- Send an email to Good Measures at phpdpp@goodmeasures.com
- Call Good Measures at 1-855-249-8587

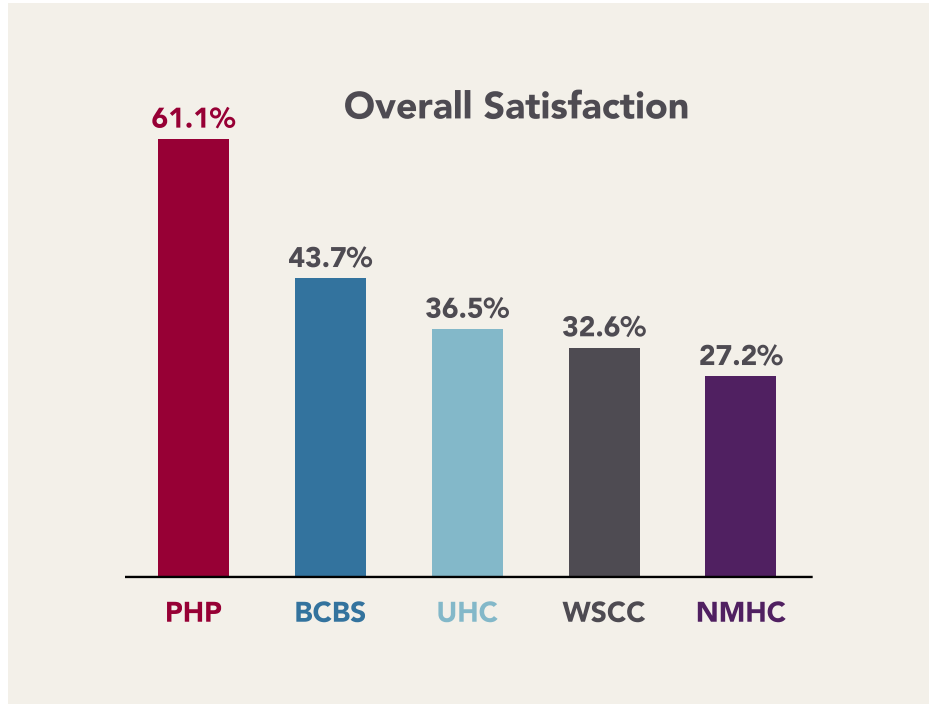
When contacting the Good Measures team, please provide the member's first and last name, date of birth, Centennial Care ID number, phone number and list "Diabetes Prevention" as the reason for referral.

Provider Satisfaction Survey Highlights

Since 2001, Presbyterian has partnered with Symphony Performance Health Analytics (SPH Analytics) to conduct an annual practitioner and provider satisfaction survey to gain insight into how we can better partner with our statewide network of providers. We use this feedback to improve processes and overall provider satisfaction.

We are pleased that of those providers who responded, when asked to rate their overall satisfaction with Presbyterian, 61.1% responded that they are satisfied. Also, 62.8% responded that they would recommend Presbyterian Health Plan (Presbyterian) to other providers, and 64.4% indicated they would recommend Presbyterian to their patients.

Presbyterian was also the highest performing managed care organization among other health plans in New Mexico [e.g., Blue Cross Blue Shield (BCBS), United Healthcare (UHC), Western Sky Community Care (WSCC), and New Mexico Health Connections (NMHC)].



Some of our other highest scoring elements were related to the quality of Presbyterian’s contracted primary care practitioners and specialists, and the accuracy and timeliness of claims processing.

The responses from the annual survey are very important to us. We measure the results against our goals to create an exceptional provider experience. We use the results to focus on process improvements that

reduce administrative obstacles for providers so they have more time to focus on patient care. We recognize that we have areas for improvement and are diligently working to improve the provider experience.

We want to thank providers for participating in the provider satisfaction surveys, and for their partnership and dedication to improving the health of the patients, members and communities we serve.



Presbyterian Adds New Prior Authorization Tools to myPRES Provider Portal

Presbyterian is dedicated to improving the provider experience. We are pleased to announce new prior authorization (PA) tools on the myPRES Provider Portal that will help streamline the PA process and serve as a one-stop shop for all PA needs.

On Dec. 2, 2020, we added new PA tools providers can access by clicking on the “Authorizations” tab on their myPRES Provider Portal account. From the “Authorizations” tab, providers can view information on how to submit PA requests for the following:

- Advanced imaging, cardiac imaging and spine surgery
- Behavioral health
- Pharmacy
- All other medical authorization requests

Under “All other medical authorization requests,” providers can access the new PA tools by clicking the “Submit Electronic Authorization Request” button. The new PA tools are easy to use and allow providers to quickly determine if

a prior authorization is required. The new tools also allow providers to:

- Upload clinical documents
- Verify the status of PA requests
- Track PA requests
- View a history of all PA requests

Presbyterian developed the myPRES Prior Authorization User Manual to help providers navigate these new tools. Providers can view the user manual at www.phs.org/providermanual. Please note that these tools only pertain to physical health PAs and requests. The PA request process for pharmacy and behavioral health remains unchanged.

Presbyterian monitors and updates the PA tools regularly to ensure providers have access to the most current information. Although we will continue to accept PA requests by fax, we encourage providers to submit all PA requests using these new tools. This is the quickest and most effective way to ensure that a PA request was received.

Presbyterian Updates Fax Number on Notice of Medicare Non-coverage Forms

Presbyterian regularly reviews and updates forms to ensure they contain current and accurate information. We would like to inform providers that we updated the fax number for Keystone Peer Review Organization (KEPRO) appeal requests on all Notice of Medicare Non-coverage (NOMNC) forms.

To request a KEPRO appeal by fax, providers will now use fax number 1-844-878-7921. Please **do not** use fax number 1-833-868-4060 to submit KEPRO appeal requests. Providers can also download the most up-to-date versions of the NOMNC forms on Presbyterian’s website at www.phs.org/providers/authorizations/Pages/default.aspx. Please discard any previous versions of the NOMNC forms.

Centennial Care Clinical Operations Overview

The Presbyterian Centennial Care Clinical Operations department is available to help members improve their health and 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 make sure our members stay healthy and as functional as possible in the community.

The Clinical Operations department includes five key functional areas: care coordination, utilization management, prior authorization, concurrent review and retrospective review. Please see below for a detailed description of each area.

Care Coordination

Care coordination is how Presbyterian Centennial Care manages the member's medical, behavioral, and long-term care needs, whether in a 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). Using the CNA, a member-centric, comprehensive care plan is developed collaboratively with the member, caregiver, and providers to ensure the identified needs are addressed. Members who are appropriate for care coordination are those who have complex needs, functional concerns, physical or behavioral needs. To refer a member to our Care Coordination team, please call our intake line at (505) 923-8858 or 1-866-672-1242.

Utilization Management

Presbyterian follows utilization management guidelines to ensure members receive the right care, in the right place, at the right time. Utilization management decision-making is based on appropriateness of care and services as well as the benefits covered under the member's plan. This process includes prior authorization, concurrent review and retrospective review.

- **Prior Authorization** - Some healthcare services require 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. A list of services that require prior authorization can be found at www.phs.org/providers or by contacting the Provider Care Unit at (505) 923-5757 or 1-888-923-5757.

- **Concurrent Review** - Nurses work with discharge planners at hospitals or other facilities to ensure the member receives the appropriate level of care for his or her needs.
- **Retrospective Review** - Nurses review insurance claims to make sure that the member received the most appropriate healthcare. 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.



Presbyterian Forms Technology Assessment Committee

To keep up with today's continuously evolving medical technologies, Presbyterian has formed the Technology Assessment Committee. Comprised of medical professionals from throughout the organization and the community, the Technology Assessment Committee plays an advisory role for Presbyterian. The committee facilitates discussions on new technologies, continually monitors new technology developments and examines new applications of current technologies.

If the Technology Assessment Committee reviews a device, medical treatment or procedure that is experimental or investigational in nature and may be beneficial to Presbyterian members, then it

presents the technology and its recommendations to the Clinical Quality/Utilization Management Committee. The Clinical Quality/Utilization Management Committee assesses whether new technologies are appropriate as covered benefits for health plan members.

A variety of situations can trigger Technology Assessment Committee reviews, including but not limited to:

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

Technology Assessment Committee decisions are communicated to all providers through the Network Connection publication and as medical policies in the Presbyterian Medical Policy Manual at www.phs.org/providers/resources/medical-policy-manual. Hard copies of medical policies are also available by contacting Provider Network Operations at (505) 923-5141.

Get Involved

Presbyterian invites all providers to participate in the Technology Assessment Committee 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.



PRESBYTERIAN WORD SEARCH

R B E J Y O X S I N X N A N L D Z Q H A
C E N T E N N I A L O U S O A Q G B C J
I J N P O R T A L I T U S I C R P D E U
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**Committee
Utilization
Authorization
Portal
Satisfaction**

**Survey
Practitioner
Manuals
Centennial
Technology**

**Medicare
Application
Assessment
Operations
Clinical**

TALK TO US

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



CONTACT GUIDE:
www.phs.org/ContactGuide



PHONE:
(505) 923-5757 or (505) 923-5141



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 any topics you would like to read about in future issues.

www.surveymonkey.com/r/PHPnewsletter