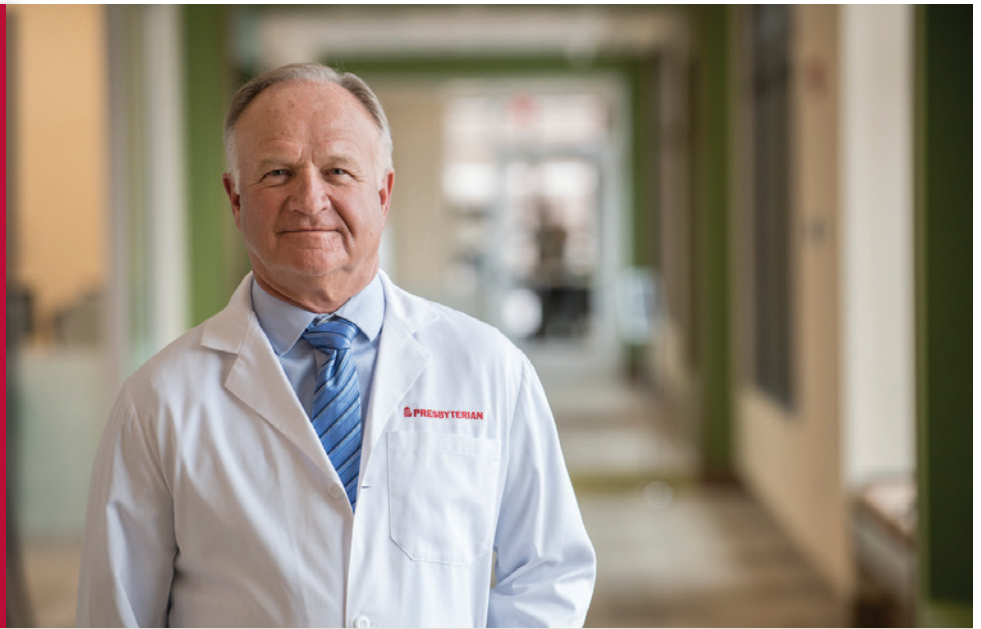


Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers and Staff



JULY 2021

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

Fecal Immunochemical Testing Is a Great Option

Colorectal cancer (CRC) is the third most common cancer in men and women and the second leading cause of cancer death in men and women combined in the United States. Yet, about one in three adults aged 50 to 75 is not getting tested as recommended, according to the American Cancer Society. The screening gap is more pronounced among those living in rural areas and specific ethnicities. This is especially unfortunate as nearly all colorectal cancers are preventable with routine screening. Precancerous polyps can be removed when detected early.

It is important to remember that the best screening program for CRC is the one that meets the needs of the individual. Many patients are hesitant to undergo colonoscopy (“the gold standard”) because of the necessary preparation regimen and its invasive nature, even when there is no out-of-pocket cost. One of the most convenient and affordable methods of CRC screening is the highly sensitive annual fecal

immunochemical test (FIT). There is no prep necessary, no scheduling or wait times, and the test is performed in the privacy of the patient’s home.

The FIT can be conveniently supplied in the provider’s office. Depending on the member’s specific health plan coverage, they may be eligible to have FITs mailed directly to their home to ensure the completion of this important element of routine healthcare maintenance.

CRC Guidelines and Resources

**Presbyterian Preventive
Healthcare Guidelines:**
[www.phs.org/tools-resources/
patient/Pages/preventive-care-
guidelines.aspx](http://www.phs.org/tools-resources/patient/Pages/preventive-care-guidelines.aspx)

American Cancer Society:
[www.fightcancer.org/policy-
resources/colorectal-cancer-
and-importance-screening-0](http://www.fightcancer.org/policy-resources/colorectal-cancer-and-importance-screening-0)

2021 Annual Provider Training Events Overview

Presbyterian offers a variety of informative and useful trainings to ensure members receive the most appropriate care in the most cost-effective setting. 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 Dates	Training Times	Training format and/or location	Registration Link
Thursday, Sept. 16	9 - 11 a.m.	Webinar	https://phs.swoogo.com/2021PEC
Friday, Sept. 17	12 - 2 p.m.	Webinar	
Wednesday, Dec. 15	9 - 11 a.m.	Webinar	
Thursday, Dec. 16	12 - 2 p.m.	Webinar	

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	Training Access Link
Available 24 hours a day, seven days a week throughout the year.	Online, self-guided training module	www.phscampus.com/eLearning/DSNP_2021/index.html

Indian Health Services and Tribal Conversations

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

Training Dates	Training Times	Training format and/or location	Registration Link
Thursday, Sept. 23	2 - 3:30 p.m.	Webinar	https://phs.swoogo.com/IHS2021
Thursday, Dec. 16	2 - 3:30 p.m.	Webinar	

Critical Incident Training

All Centennial Care 2.0 personal care service providers are required to attend one Critical Incident training per year.

Training Dates	Training Times	Training format and/or location	Registration Link
Tuesday, Sept. 21	9 - 11 a.m.	Webinar	https://phs.swoogo.com/2021criticalincidenttraining
Thursday, Sept. 23	2 - 4 p.m.	Webinar	

Behavioral Health Critical Incident Reporting

All behavioral health providers are required to participate in annual Critical Incident Reporting training as part of the provider contract. This training is also mandated by the Human Services Department.

Training Dates	Training Times	Training format and/or location	Training Access Link
Thursday, Aug. 19	1 - 2:30 p.m.	Webinar	https://magellanhealth.zoom.us/j/2475010370
Wednesday, Nov. 10	1 - 2:30 p.m.	Webinar	

If you have questions about the upcoming trainings, please contact your Provider Network Operations relationship executive. Contact information can be found at www.phs.org/ContactGuide.

Reimbursement for Uninsured COVID-19 Claims

Presbyterian is dedicated to partnering with providers to ensure patients and members can receive the COVID-19 vaccine throughout our communities. To ensure as many people as possible can receive the vaccine, Presbyterian wants to make providers aware that they may be eligible to receive reimbursement for COVID-19 testing or treatment, or for the administration of a vaccine to an uninsured patient.



As part of the Families First Coronavirus Response Act and the CARES Act, Health and Human Services will provide reimbursement for claims to healthcare providers, generally at Medicare rates. Claims must have a COVID-19 primary diagnosis on or after Feb. 4, 2020, to be eligible for reimbursement. More details about the program can be found at www.hrsa.gov/coviduninsuredclaim.

To submit electronic claims, please visit coviduninsuredclaim.linkhealth.com and follow the instructions.

Presbyterian Coverage of Biosimilars

Many biosimilars have become available in the United States and multiple biologic products have biosimilars in development. An approved biosimilar is a biological product that has been shown to be highly similar to the biological product (i.e., reference product) approved by the Food and Drug Administration (FDA).

Minor differences in clinically inactive compounds (e.g., different stabilizer or buffer) between the biosimilar and reference product are allowed but there cannot be clinically meaningful differences between the biosimilar and the reference product in regard to safety, purity or potency. As costs for biological drugs continue to rise, the increased availability of biosimilars will benefit both providers and members by expanding treatment options and access to these medications at lower costs.

Presbyterian prefers the use of biosimilars prior to the reference product when clinically appropriate. See below for a listing of preferred biosimilars. Please reference Presbyterian formularies and criteria for plan-specific coverage requirements for the agents listed above. This information is available at www.phs.org/providers/formularies.

Preferred Biosimilar Products

Reference Product	Preferred Biosimilar(s)
Avastin	Zirabev
Herceptin	Ogivri, Trazimera
Neulasta injection	Fulphila, Ziextenzo, Udenyca
Neupogen	Zarxio
Remicade	Renflexis, Avsola
Rituxan	Ruxience, Truxima (rheumatoid arthritis only)

Presbyterian will continue to provide guidance for approved biosimilars. For more information, please visit the FDA information on biosimilars at: www.fda.gov/drugs/biosimilars/biosimilar-and-interchangeable-products#biological



2020 Quality Improvement Program Summary

Presbyterian is committed to the improvement of care and services through its Quality Improvement (QI) program, which is designed to improve member health outcomes, support the provider-member relationship, and improve satisfaction for members and providers. The QI program provides information about quality processes, initiatives, activities, goals and outcomes related to member care, including services and safety of clinical care.

At the end of each year, Presbyterian evaluates the QI program to measure our performance. Through this evaluation, Presbyterian identifies opportunities for improvement and makes recommendations for changes to the QI program. The original QI program for 2020 did not account for the COVID-19 pandemic. As a result, the accomplishments for 2020 were simultaneously extraordinary and different than originally planned. The following are some of the results of our 2020 QI program.



Community Health Worker Team

Presbyterian uses community health workers (CHWs) to address physical, behavioral, long-term care, and social healthcare needs of members. The goal is to target high-risk members and members who may become high risk who are unreachable or difficult to engage. In 2020, the CHW team provided successful outreach to 582 members who tested positive for COVID-19 and were identified as experiencing potential food insecurity.

Provider Satisfaction

In 2020, Presbyterian improved the prior authorization (PA) process through data analysis, reformatting of medical policies for ease of use, and implementation of multiple formulary changes through the Presbyterian Pharmacy and Therapeutics Committee. Presbyterian also enhanced the provider PA tools to improve functionality and provide greater visibility of PA submission status and tracking for medical PA requests.

Presbyterian's Response to COVID-19

Presbyterian eased prior authorization requirements, providing greater flexibility and relief. This included:

- Eliminating PA for all acute hospitalizations
- Extending existing PAs by 90 days for the duration of the public health emergency

- Expanding flexibility for providers in submission of clinical documentation to support medical necessity
- Extending PAs for children's services (residential treatment) for 90 days for the duration of the public health emergency

Presbyterian also created a telehealth guide to keep providers informed on new developments and provided paid telemedicine and telephonic services for on-site and in-person visits.

Opportunities in 2021

Every year, Presbyterian refines its practices to improve member care and health outcomes and identifies opportunities for improvement. The following opportunities were identified for 2021:

- Incorporate new knowledge and best practices learned in 2020
- Resume member incentives for in-person chronic condition testing, screening and visits, as appropriate
- Resume provider and facility quality incentive programs, as appropriate
- Deploy a statewide, state-of-the-art pediatric immunization campaign

For more information about the QI program, please contact the Quality department at (505) 923-5537.

Formulary Tools and Resources

Presbyterian would like to share updates with our valued providers about tools that can decrease the burden when prescribing to our members. These tools will help providers make decisions about which formulary medications are appropriate for their patients. Provider tools that promote appropriate usage and point-of-service information enable providers and members to engage in an informed, shared decision-making process that is proven to provide cost-saving abilities, greater medication adherence rates, and maximize time for both parties.

PreCheck My Script

PreCheck My Script, an e-prescribing application, enhances information available to providers at the point of prescribing to support prescription decision-making. With this solution, providers can use their handheld device or desktop computer to route prescriptions to a selected pharmacy and access members' medication history, pharmacy benefits and formulary.

Providers must create an account to access this tool. Once an account has been created, the tool can be accessed through their electronic medical record system. For more information, or to create your account, visit the following link: <https://provider.linkhealth.com/#/>.



Presbyterian's Website

All of Presbyterian's formularies are available on Presbyterian's website at www.phs.org/providers/formularies. At this site, providers can find the following information:

- Online and print formularies
- Formulary updates
- Pharmacy & Therapeutics (P&T) Committee updates
- Formulary Navigator tool

Formulary Navigator

Presbyterian also maintains detailed drug status information on its Formulary Navigator tool. This is a comprehensive list of all drugs and their formulary status. With this tool, providers can find the following information by line of business:

- Formulary status
- Tier
- Quantity limits
- Prior authorization requirements
- Specialty pharmacy requirements
- Step therapy requirements

Medical Drug (J-Code) List

Providers can find the status for all medical drugs, including the following details:

- Healthcare Common Procedure Coding System (HCPCS) codes
- Prior authorization requirements
- Specialty mandates
- Medicare Part B Step Therapy

The Medical drug list can be found at the following link:

http://docs.phs.org/idc/groups/public/%40phs/%40php/documents/phscontent/pel_00052739.pdf

Presbyterian will continue to develop new processes to limit the steps and requirements needed to meet formulary requirements. Please direct questions, comments or feedback regarding Presbyterian's formularies or formulary tools to Presbyterian's Pharmacy Services department at (505) 923-5757, 1-888-923-5757, TTY: 711, or info@phs.org.

Preventing Diabetes with Good Measures

According to the Centers for Disease Control and Prevention (CDC), more than one in three Americans have prediabetes and an estimated 84% of them don't know it. This large population is at increased risk of developing Type 2 diabetes, heart disease, and experiencing a stroke.

Diabetes prevention programs can help patients and members lower their risk of developing Type 2 diabetes by as much as 58%, 71% for individuals over the age of 60, according to the CDC. To help Presbyterian Centennial Care members diagnosed with prediabetes delay or prevent the onset of Type 2 diabetes, Presbyterian has partnered with the Good Measures diabetes prevention program.

Good Measures Diabetes Prevention Program

The Good Measures program is easy to use and available to eligible Presbyterian Centennial Care members at no additional cost. The goal of Good Measures is to support participants by building healthy lifestyle habits, supporting weight loss, and increasing physical activity. Participants will receive one-on-one support from a CDC-trained lifestyle coach and from peers in the program. Members can participate from home, online or by phone.



Good Measures sessions start weekly and last for 12 months. The program covers topics such as physical activity, healthy eating, smart food choices, stress management, weight loss strategies, self-care, and maintaining a healthy lifestyle.

Who's Eligible

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

How to Refer Members to the Program

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

- Submit an online form at 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.



Diabetes and Antipsychotic Medications

The National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (NCQA HEDIS) is one of healthcare's best and most widely used performance improvement tools. NCQA HEDIS includes measures that address diabetes and antipsychotic medications. Please note the following measures:

- **Diabetes Monitoring for People with Diabetes and Schizophrenia (SSD):** Measures the percentage of members 18 to 64 years old with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
- **Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD):** Assesses adults 18 to 64 years old with schizophrenia and diabetes who had both a low-density lipoprotein cholesterol (LCL-C) test and a hemoglobin A1c (HbA1c) test during the measurement year.

People with serious mental illness who use antipsychotics are at increased risk of diabetes. Lack of appropriate care for people with diabetes and schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream.

Eligibility

The following members are eligible for this measure:

- Members who are diagnosed with bipolar disorder, schizophrenia, or schizoaffective disorder, who are prescribed antipsychotic medications, and who complete an annual diabetes screening test (either a blood glucose or HbA1c test)
- Members who are diagnosed with both diabetes and schizophrenia and who complete an LDL-C test and a HbA1c test at least once per year during treatment

How Providers Can Help

Providers can educate members about the symptoms of diabetes, the increased risk of diabetes with antipsychotic medications, and the importance of annual screenings. They can also ensure that members

in this population are screened annually for diabetes and that the results of these screenings are documented.

Members who attend necessary appointments and receive necessary screenings and monitoring benefit from better health outcomes. Please help members attend appointments and screenings. If members miss an appointment or screening, reach out to them to reschedule and discuss effective strategies that will help the member better adhere to scheduled appointments. Providers can also contact Presbyterian's Care Coordination Unit at 1-866-672-1242 or (505) 923-8858 for additional assistance.

For inquiries or questions about NCQA HEDIS measures, please contact the Quality Performance Improvement department at (505) 923-5017 or by email at Performancelmp@phs.org.



Medicare Notices

Issuing the Notice of Medicare Non-Coverage in a Skilled Nursing Facility, Home Health Agency or Comprehensive Outpatient Rehabilitation Facility Setting

An enrollee has the right to request an immediate review by the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) when a skilled nursing facility, home health agency, or comprehensive outpatient rehabilitation facility decides to terminate previously approved coverage. This also applies when a Medicare Advantage (MA) plan or contracted provider directs a member to seek care from a non-contract provider/facility. All members who receive covered services in these settings must

receive a Notice of Medicare Non-Coverage (NOMNC), delivered by the facility or provider, before their services end.

Detailed instructions for the NOMNC can be found in §260 of Chapter 30 of the Medicare Claims Processing Manual. For additional guidance, including a copy of the NOMNC, see the Beneficiary Notices Initiative webpage at www.cms.gov/Medicare/Medicare-General-Information/BNI.

Issuing the Medicare Outpatient Observation Notice for Observation Services

Hospitals and critical access hospitals are required to provide written and verbal explanation to Original Medicare and Medicare

Advantage members who receive observation services as outpatients for more than 24 hours.

The detailed process for delivery of this standardized notice, CMS-10611 form "Medicare Outpatient Observation Notice (MOON)," can be found in §400 of Chapter 30 of the Medicare Claims Processing Manual. For additional guidance, including a copy of the MOON, see the Beneficiary Notices Initiative at www.cms.gov/Medicare/Medicare-General-Information/BNI.

Issuing the Important Message from Medicare in Hospital Settings

A member has the right to request an immediate review by BFCC-QIO of a decision that inpatient hospital care is no longer necessary. For all MA members, hospitals must deliver valid, written notice of a member's rights as a hospital inpatient, including discharge appeal rights, using the standardized form, CMS R-193 form "An Important Message from Medicare (IM)."

Detailed delivery and form instructions for the standardized IM notice and the Detailed Notice of Discharge can be found in §200 of Chapter 30 of the Medicare Claims Processing Manual. For additional guidance, including a copy of the IM and DND, see the Hospital Discharge Appeal Notices at www.cms.gov/Medicare/Medicare-General-Information/BNI/HospitalDischargeAppealNotices.



Clinical and Preventive Healthcare Guidelines

Presbyterian's evidence-based Clinical Practice Guidelines and Preventive Healthcare Guidelines are developed to assist providers in the prevention and treatment of common health conditions. Healthcare guidelines help providers and patients make informed decisions about their health.

Clinical Practice Guidelines

Presbyterian is committed to supporting evidence-based care for the members we serve. The Clinical Practice Guidelines are based on population health assessments that identify high-prevalence conditions in Presbyterian's membership. They are designed to help providers make decisions about healthcare services needed for specific clinical circumstances. All guidelines are adopted from nationally recognized organizations.

Providers can review Presbyterian's physical and behavioral health Clinical Practice Guidelines at the links below.

- Physical health guidelines: www.phs.org/providers/resources/reference-guides/Pages/clinical-practice-guidelines.aspx
- Behavioral health guidelines: <http://www.phs.org/providers/resources/reference-guides/Pages/medical-pharmacy-behavioral.aspxw>

Preventive Healthcare Guidelines

In alignment with the Affordable Care Act, Presbyterian's Preventive Healthcare Guidelines are based on U.S. Preventive Services Task



Force (USPSTF) guidelines, grades A and B, which help primary care providers and members decide together whether a preventive service is appropriate based on the member's healthcare needs. The USPSTF, an independent panel of national experts in primary care and prevention, provides recommendations and evidence reviews that are of high quality, methodologically sound, scientifically defensible, reproducible, and unbiased.

Presbyterian's guidelines include requirements from the New Mexico Health and Human Services Department's Medical Assistance Division (HSD/MAD) for managed care organizations. This information is found in Title 8 Chapter 308 Part

9 of the New Mexico Administrative Code (NMAC).

Presbyterian's guidelines also align with the child, adolescent and adult immunization schedule published by the Centers for Disease Control and Prevention, which is available at www.cdc.gov/vaccines.

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

Providers may request a print copy of the clinical practice and preventive healthcare guidelines by contacting their Provider Network Operations relationship executive.

PRESBYTERIAN WORD SEARCH

Y P A R E T D X F P U T Y H F H F S I B
P I N O Z L A C I M E H C O N U M M I M
B L Y O G G L U N O S R E I H I S E O P
G X T A Y R C J C B A I N T C N S D H B
B Z I N R Z O E I K I P L O C I I I M I
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|-----------------------|----------------------|---------------------|
| BIOSIMILARS | ANTIPSYCHOTIC | CLINICAL |
| IMMUNOCHEMICAL | SCHIZOPHRENIA | AVAILABILITY |
| INCIDENT | PREVENTION | GUIDELINES |
| HAZARD | BIOLOGICAL | MEDICARE |
| DIABETES | OPPORTUNITY | SCREENING |

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

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www.surveymonkey.com/r/PHPnewsletter