

# Network Connection

Information for Presbyterian  
Healthcare Professionals,  
Providers and Staff

SEPTEMBER 2021



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

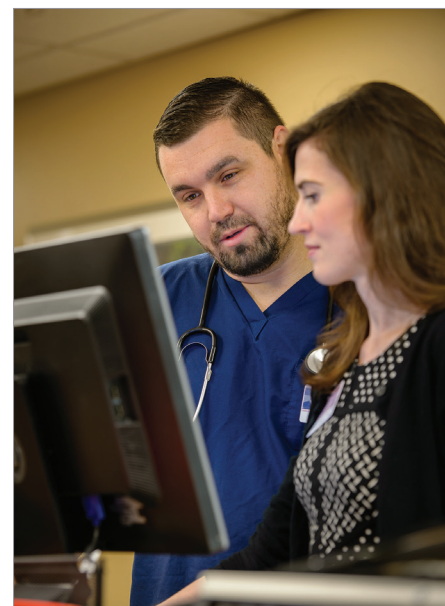
## Electronic Prior Authorization Tools Available on myPRES

At Presbyterian, we are continuously developing and improving tools and resources to help reduce administrative burden on providers and ensure members receive the care they need, when they need it. Over the last year, we have been working hard to enhance the myPRES Provider Portal and streamline the prior authorization process.

In November 2020, Presbyterian added new prior authorization (PA) tools to the myPRES Provider Portal that enabled providers to submit medical PAs electronically. In July 2021, we further enhanced the PA tools on the portal to allow Centennial Care providers to submit behavioral health PAs electronically to Presbyterian.

To access the electronic PA tools, providers must log in to their myPRES account at [www.phs.org/mypres](http://www.phs.org/mypres). For assistance navigating the new PA tools, providers can view Presbyterian's myPRES Prior Authorization User Manual, which is available at [www.phs.org/providermanual](http://www.phs.org/providermanual).

While Presbyterian will continue to accept PAs submitted by fax, we strongly encourage providers to submit medical and Centennial Care behavioral health requests using the new tools on the myPRES Provider Portal. Submitting PAs electronically is the quickest and most effective way to ensure that a PA request was received and that Presbyterian members can obtain the timely care they need.



## 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
Wednesday, Sept. 15	9 - 11 a.m.	Webinar	<a href="https://phs.swoogo.com/2021PEC">phs.swoogo.com/2021PEC</a>
Thursday, Sept. 16	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	Registration Link
Available 24 hours a day, seven days a week throughout the year.	Online, self-guided training module	Providers can access the training at <a href="http://www.phscampus.com/eLearning/DSNP_2021/index.html">www.phscampus.com/eLearning/DSNP_2021/index.html</a>

### 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	<a href="https://phs.swoogo.com/IHS2021">phs.swoogo.com/IHS2021</a>
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	<a href="https://phs.swoogo.com/2021criticalincidenttraining">phs.swoogo.com/2021criticalincidenttraining</a>
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. Registration is not required for this training. To access the training, visit the training access link below.

Training Dates	Training Times	Training format and/or location	Training Access Link
Wednesday, Nov. 10	1 - 2:30 p.m.	Webinar	<a href="https://magellanhealth.zoom.us/j/2475010370">https://magellanhealth.zoom.us/j/2475010370</a>

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](http://www.phs.org/ContactGuide).

## How to Keep Air Ambulance Costs Low for Members

Presbyterian members save money when providers refer them to preferred ambulance providers. The use of non-preferred air ambulance providers may result in high out-of-pocket costs for your Presbyterian patients.

To help reduce out-of-pocket costs, providers are encouraged to use fixed-wing transportation with a preferred ambulance provider whenever air transport is required. The table at the end of this article indicates which ambulance providers are preferred and non-preferred.

For your convenience, Presbyterian developed an Air Ambulance 2021 Reference Guide flyer for providers to print and keep in a place that is easily accessible. To download and print the flyer, visit the following link: [http://docs.phs.org/idc/groups/public/documents/communication/pel\\_00956132.pdf](http://docs.phs.org/idc/groups/public/documents/communication/pel_00956132.pdf).

For the most up-to-date list of preferred providers, visit Presbyterian's online provider directory at [www.phs.org/directory](http://www.phs.org/directory).

### Preferred Providers

Mercy Air Service Inc.
Med Flight Air Ambulance
UNMH Lifeguard Air Transport
Air Care 1 International
Rocky Mountain Holdings LLC
Apolo Medflight LLC
SJPMC Air Transport
PHI Air Medical
CSI Aviation Inc.
Lifenet Inc.

### Non-preferred Providers

Guardian Flight LLC
Seven Bar Critical Care New Mexico
Trans Aero Medevac Artesia
Classic Air Care LLC
Med Trans Corp Aerocare





## Path for Wellness – A Diabetes Prevention Program

Building healthy habits can have a powerful impact on improving health and preventing disease. That's why Presbyterian offers the Path for Wellness Diabetes Prevention Program (DPP) at no additional cost to eligible Presbyterian Centennial Care members.

### Backed by Behavior Change Research

The DPP uses behavior change science to support participants through healthy nutrition habits, physical activity, self-care and stress management. Participants sustain healthy changes and express increased self-efficacy to continue making strides toward better overall health.

The 12-month program is accessible from home, online or by phone. Registered dietitians and lifestyle coaches certified by Centers for Disease Control and Prevention will work one-on-one with participants to identify personalized and achievable goals, overcome barriers, and turn healthy activities into habits.

### Whole-person Health Support

The DPP is focused on the whole person and goes beyond preventing diabetes. Participants have reported many positive benefits from the program, including the following:

- Lower A1c levels, blood pressure and cholesterol levels
- Fewer medications
- Better sleep
- More energy
- Weight loss
- Feeling happier overall



### What's Included in the DDP

- Convenient online classes: Choice of group video sessions or self-paced classes.
- Personalized support: Registered dietitian lifestyle coaches facilitate group sessions and provide one-on-one support and problem-solving. Frequent check-ins help participants stay on track.
- Easy-to-use tools: A powerful app, website and digital scale help participants make better food choices, work toward goals and track progress.

### How to Refer Your Presbyterian Patients

- Providers can complete the online referral form at [www.goodmeasures.com/physicians](http://www.goodmeasures.com/physicians), or download the form from the website and fax it to (617) 507-8576.
- Providers can also call the Good Measures referral line at 1-855-249-8587 or email [phpdpp@goodmeasures.com](mailto:phpdpp@goodmeasures.com) to help patients start the program.
- Members can sign up directly at [www.phs.org/PreventionProgram](http://www.phs.org/PreventionProgram).

## Presbyterian's Provider Quality Incentive Program: Enroll in the Value-Based Program That's Right for You

Presbyterian's Provider Quality Incentive Program (PQIP) rewards primary care providers who ensure Presbyterian members receive the recommended screenings and services based on the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a widely used set of performance measures in managed care that are developed and maintained by the National Committee for Quality Care (NCQA).

### Value-Based Programs

Presbyterian's PQIP is comprised of the following six Value-Based Programs (VBPs):

- **The Classic program** for providers who deliver care to all generations
- **The Distinction program** for providers who exceed quality benchmarks
- **The Foundations program**

for providers who build the foundation of health for children

- **The Women's program** for providers who render comprehensive care to women
- **The Platinum program** for providers who deliver care to populations with dual special needs
- **The Wellness program** for providers who offer behavioral healthcare

Providers enroll in the VBP that best represents the main population their practice serves. Providers may also enroll in the Platinum and Wellness programs concurrently with any of the other VBPs.

### How it Works

When patients do not receive the necessary screenings, interventions or medications for chronic

conditions as recommended by HEDIS measures, they are considered to have a gap in care. Once providers are enrolled in PQIP, Presbyterian will provide a Gaps in Care List on the myPRES Provider Portal that identifies members with a gap in care. Providers who close gaps in care for those members are awarded a pay-for-performance incentive from Presbyterian based on the percentage of care gaps closed on the Gaps in Care list.

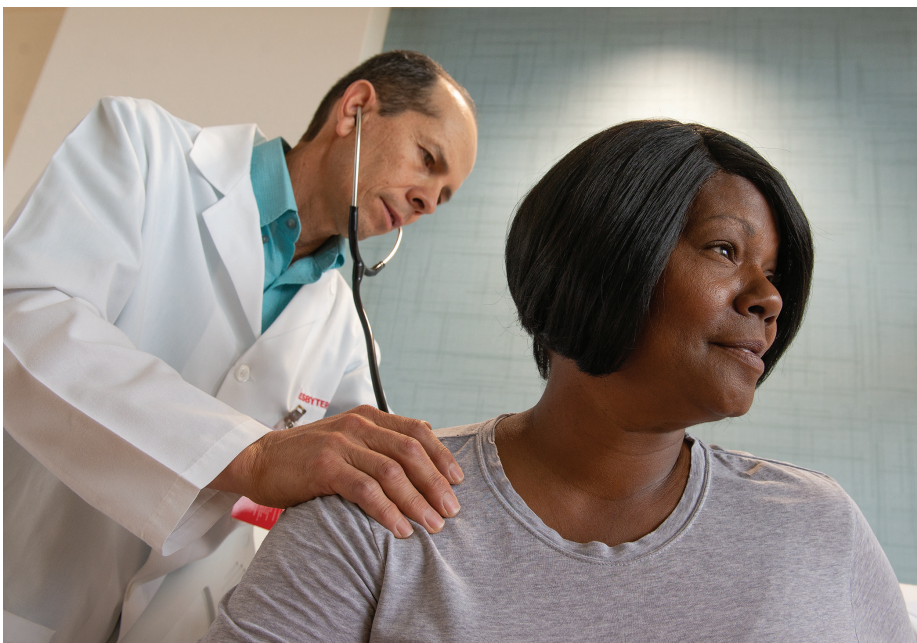
### Enrolling in PQIP/VBP

To request more information about PQIP, or to enroll in a VBP, please contact Presbyterian's Performance Improvement department at (505) 923-5017 or [performanceimp@phs.org](mailto:performanceimp@phs.org).

### Provider Feedback

Presbyterian values provider feedback, and we are committed to ensuring our PQIP/VBPs bring value to our provider network and our communities. If you already participate in Presbyterian's PQIP/VBP, we would like to hear your feedback. Please complete the survey at the following link to help us continue to improve our programs and ensure their effectiveness: [https://phs.qualtrics.com/jfe/form/SV\\_2aB4w5b82idOYrc](https://phs.qualtrics.com/jfe/form/SV_2aB4w5b82idOYrc).

Responses to this survey will only be used to improve the provider experience and enhance member care. All survey responses are kept confidential.





## Medical Record Standards and Documentation

Presbyterian partners with providers to ensure members' medical records are secure, complete, accurate 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, including medical history and advance directive information, is documented in every member's chart.

All providers are held to the minimum standards as identified by Presbyterian, state and federal regulatory agencies, national accrediting organizations and provider service agreements. Presbyterian provides these standards to practices, which address the following:

- Confidentiality of medical records
- Documentation and accuracy of information automatically captured by electronic health record systems
- Organization of record-keeping systems
- Standards for availability of records
- Participation in quality improvement activities

Presbyterian regularly assesses compliance with these standards and requests providers submit all medical records selected for review in a timely manner. Records are scored on many components, such as response timeliness, patient information documentation, allergy identification, adherence to Presbyterian's recommended clinical practice guidelines and advanced directives. A passing score for a medical record review is 85%. Results are shared with providers and various quality

improvement teams to address any issues that may be identified.

### Advance Directive Documentation

Presbyterian requires providers to indicate whether a patient has completed an advance directive. This can be accomplished by noting "Yes" or "No" in a prominent location within the member's electronic medical record or hard copy chart for that date of service. Presbyterian strongly encourages providers to discuss advance directives with members and answer questions in outpatient settings to ensure members understand all decisions. In addition, if a member presents an advance directive to a provider, then the provider should add a copy of the document to the member's medical record.

We evaluate provider compliance with advance directive requirements when we perform a medical record standards review. The score for 2020 was 18.42%. While the conversation about advance directives may be occurring, the information is either not documented or the record request is not precise enough. We have changed our request form to emphasize the request for advance directive information.

Providers may access advance directive forms at the following link: [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 providers' commitment to quality standards. For questions about medical record documentation standards, please call Presbyterian's Quality team at (505) 923-5501 or visit pages 6-26 in the online Practitioner and Provider Manual available at [www.phs.org/providermanual](http://www.phs.org/providermanual).

## Member Rights and Responsibilities

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

To view all member rights and responsibilities, go to [www.phs.org/Pages/member-rights.aspx](http://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.

## Affirmative Statements about Incentives

For more than 100 years, Presbyterian has maintained high-level services to ensure members receive the most appropriate care at the right time and in the best setting. One of the utilization management (UM) processes we use to help our members receive appropriate care is known as prior authorization (PA), also referred to as benefit certification, concurrent review, or post-service review.

UM decision-making is based solely on the appropriateness of care and service and the existence of coverage. Presbyterian does not specifically reward providers 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 PA processes, refer to the Care Coordination chapter of the Presbyterian Practitioner and Provider Manual at [www.phs.org/ProviderManual](http://www.phs.org/ProviderManual).

## Appeals and Grievances Information

Presbyterian is committed to providing excellent service to its providers and members. In collaboration with our regulatory agencies, we have implemented comprehensive processes to ensure members and providers have grievance and appeal rights. We welcome all feedback.

### Member Appeals and Grievances Information

Members have the right to voice grievances or appeals with Presbyterian or with its regulatory bodies about Presbyterian or the care and benefits it covers.

If prior authorization for services for any Presbyterian member is requested by a provider and denied by Presbyterian, and the provider feels that the member's health and/or welfare is in immediate jeopardy, then a provider may act on the member's behalf and file a request for an expedited appeal. Presbyterian will then determine if the request meets expedited

criteria. If it is deemed expedited, Presbyterian will process the 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 with the services or care rendered through Presbyterian's provider network. 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
<b>Presbyterian Centennial Care</b> (New Mexico Medicaid Managed Care)	Within <b>60 days</b> from the date of receiving the denial	At <b>any time</b> after the date of occurrence
<b>Presbyterian Senior Care and Presbyterian Medicare PPO</b> (Medicare Advantage)	Within <b>60 days</b> from the date of denial	Within <b>60 days</b> after the event
<b>All Other Plans</b>	Within <b>180 days</b> from the date of denial	Within <b>180 days</b> after receiving the administrative decision

### Provider Appeals and Grievances Information

Providers have the right to file a formal appeal or grievance with Presbyterian for any reason.

An appeal may also be filed when a prior authorization decision was denied by a Presbyterian medical director. At the time of the decision resulting in a denial, a provider or member may request that Presbyterian reconsider the denial by submitting further documentation to support medical necessity. Such requests are immediately referred to a medical director who was not previously involved in the case for resolution. These requests are handled according to the member appeal guidelines.

Contracted network 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.

Appeals and grievances may be submitted electronically to Presbyterian's Appeals and Grievances department at [www.phs.org/providers/resources/appeals-grievances](http://www.phs.org/providers/resources/appeals-grievances).

# REGULATORY REMINDERS

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

Presbyterian appreciates its partnership with providers and their commitment to ensure 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 offer members after-hours messaging about how to access care after hours. Furthermore, Presbyterian requires that the hours of operation providers offer to Medicaid members be no less than those offered to commercial members.

Presbyterian requests that all PCPs ensure their contact information and after-hours messaging is up to date and gives members the information they need to seek appropriate care outside of regular office hours.

Providers can update their information by logging in to the myPRES Provider Portal at <https://mypres.phs.org/>. For additional assistance, providers may contact their assigned Provider Network Operations relationship executive. Contact information can be found at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide).

## "Incident To" Services

The Centers for Medicare & Medicaid Services (CMS) defines "incident to" services as services that are furnished incidents to physician professional services in the physician's office, whether located in a separate office suite, within an institution, or in a member's home.

To qualify as "incident to" services, it must be part of a member's normal course of treatment during which a physician, within the legal entity receiving payment, personally performed an initial service and remains actively involved during treatment. Providers do not need to be physically present in the member's treatment room while these services are provided, but they must provide direct supervision. The physician must be present in the office suite to provide assistance. Providers should also document the essential requirements for "incident to" services in the member's record. More specifically, these services must all be:

- An integral part of the member's treatment course
- Commonly rendered without charge (included in the 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 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 before seeing any Presbyterian 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 the services billed were rendered and accurate. More information on these requirements can be found on the CMS website at the following links:

- [www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0441.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0441.pdf)
- [www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf)

## Medical Policy Information

Presbyterian maintains medical policies that assist in administering plan benefits. All medical policies are regularly reviewed and approved through appropriate quality committees. Medical policies include the following information:

- Services covered, including clinical indications for the service
- Prior authorization requirements. Please note that even when prior

authorization is not required, the clinical indications for the service still apply. All claims are subject to retrospective review

- Exclusions to coverage
- Coding, which is to be used as reference only. Covered and non-covered codes are included in the coding list.

*continued on page 9*



# REGULATORY REMINDERS

continued from page 8

## Medical Policy Coverage Determinations Information

Presbyterian uses recommendations from Hayes, Inc., an independent technology assessment firm, and current medical literature, including clinical trials, to support decisions. Presbyterian also considers the decisions of the Centers for Medicare & Medicaid Services to provide guidance related to medical policies and procedures. Below are other resources Presbyterian may use to determine if an item is investigational or experimental:

- U.S. Food and Drug Administration.
- Evidence obtained from reports and articles in peer-reviewed medical and scientific literature.
- Formalized position statements of professional organizations.

Criteria used for authorization determination include but are not limited to Milliman Care Guidelines, Apollo Guidelines, and HealthHelp Imaging guidelines.

## Medical Policy Reviews

Medical policies receive an annual or two-year review. The table on the right identifies new policies, policies that have been updated, and policies that have been retired.

## Accessing the Medical Policy Manual

The Medical Policy Manual is available on Presbyterian's website.

- Visit [www.phs.org](http://www.phs.org)
- Select **For Providers** from the upper menu
- Select **Tools and Resources**
- Select **Medical Policy Manual** from menu on the left
- Select **Presbyterian Health Plan, Inc. Medical Policy Manual**

### New Policies

Allergen Immunotherapy  
Allergy Testing  
Genetic Test: Hypercoagulability/Thrombophilia  
Investigative List (Non-Covered Services) and New Technology Assessment

### Updated Policies

Bariatric Surgery for Pediatric Population  
Breast Surgical Procedures  
Cervical and Lumbar Spinal Procedures  
Durable Medical Equipment (DME): Alternating Electromagnetic Field Therapy for Glioblastoma  
DME: Orthotic and Prosthetics  
DME: Rehabilitation and Mobility Services  
Genetic Testing for Non-Invasive Prenatal Testing  
Hyperbaric Oxygen Therapy  
Investigative List (Non-Covered Services) and New Technology Assessment  
Next Generation Sequencing  
Panniculectomy and Abdominoplasty  
Pharmacogenetic Testing for Warfarin Dosing  
Photodynamic Therapy for Ocular Conditions  
Photodynamic Therapy for Skin and Cancer Conditions  
Surgical Treatment for Benign Prostate Hyperplasia  
Varicose Vein and Venous Stasis Disease of Lower Extremity Procedures

### Retired Policies

Fecal Microbiota Transplantation  
\* Bronchial Thermoplasty for Treatment of Asthma  
\* Bioimpedance Spectroscopy for the Assessment of Lymphedema  
\* Interspinous Process Decompression  
\* Intervertebral Differential Dynamics Therapy  
\* LINX Reflux Management System of GERD  
\* Percutaneous Neuromodulation Therapy  
\* Secca Procedure for Fecal Incontinence  
\* Subtalar Arthroereisis Implant for Pediatric Patients  
\* Thermal Intradiscal Procedures  
\* Whole Breast Ultra Sound, Semi-Automatic

\* Information from these retired policies has been incorporated into the Investigative List (Non-Covered Services) and New Technology Assessment policy.



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## PRESBYTERIAN WORD SEARCH

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

AMBULANCE	HEDIS	POLICY
AUTHORIZATION	INCENTIVE	PROVIDER
CARE	MEDICAL	PORTAL
COMPLIANCE	MYPRES	PRESBYTERIAN
DIABETES	QUALITY	TRAINING

## TALK TO US

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



CONTACT GUIDE:  
[www.phs.org/ContactGuide](http://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.

[https://phs.qualtrics.com/jfe/form/  
SV\\_3Jl9H4yZ81DZtA2](https://phs.qualtrics.com/jfe/form/SV_3Jl9H4yZ81DZtA2)