

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers and Staff



MARCH 2019

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Presbyterian Will No Longer Accept Prior Authorization Requests Via Email

Presbyterian promotes the safe transfer and sharing of patient health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). It has come to our attention that prior authorization requests submitted via email are at risk for a HIPAA violation. To ensure that we remain in compliance with HIPAA regulations and protect our members' and patients' health information, we will no longer accept prior authorization requests via email.

Providers have the option to submit prior authorization requests by fax or through the myPRES Provider Portal. To ensure providers are submitting prior authorization requests to the appropriate area, please reference the numbers below:

- For University of New Mexico prior authorization requests, fax to (505) 843-3108.
- For home healthcare prior authorization requests, fax to (505) 559-1150.

Providers can also submit prior authorization requests by logging into the myPRES provider portal and clicking the Authorization link. Providers who are first-time users of the myPRES Provider Portal must create an account before submitting a prior authorization request.

As always, thank you for partnering with us to improve the health of the patients, members and communities we serve. If you have any questions or concerns, please contact your Provider Network Management relationship executive. You can find his or her contact information at www.phs.org/ContactGuide.

- For outpatient prior authorization requests, fax to (505) 843-3047.

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

Presbyterian Implements New Claims Editing and Payment Systems

Presbyterian implemented a new claims editing and payment system beginning Jan. 1, 2019. This new system focuses on reducing administrative burden and improving the provider experience. The claims editing and payment system will streamline the processing of claims and ensure that providers are paid in a timely manner.

Claims Payment System

Our new claims payment system is a next-generation core administration system that builds on our best-practice approach to claims processing. We expect to fully transition to this new

system over the next two years. Please be aware that until we fully implement our new claims payment system, providers may have their claims processed in both the old and new system depending on the product line.

Claims Editing System

Our new claims editing system will help ensure accurate and appropriate reimbursement by identifying potentially incorrect coding relationships on submitted claims. This system utilizes national coding edits, edits based on current procedural terminology (CPT) guidelines, specialty edits and clinically

derived edits. In addition to these core edits, we will use this new claims editing system to conduct claim edit reviews and administer Presbyterian payment and medical policies. Claims with dates of service prior to Jan. 1, 2019, will not be affected by the new claims editing system.

We will notify providers of future changes as we continue to invest in new technologies that improve process and reduce administrative burden. We encourage providers to contact their Provider Network Management relationship executive with questions.

Centennial Care Baby Benefits Program

Prenatal and postpartum care helps ensure that our members are healthy throughout pre-pregnancy, pregnancy, labor and delivery and the weeks that follow birth. Presbyterian engages with pregnant members through the Centennial Care prenatal incentive program, Baby Benefits.

The program promotes early and regular prenatal care, identifies member needs and obstacles members may face with receiving the care they need, and provides a three-tiered incentive approach for completing recommended visits and screenings.

When an expectant mother receives recommended prenatal care, she is eligible to receive up to three different gift cards through tiered rewards when she completes required visits. Presbyterian provides gift cards to help expectant mothers with expenses related to pregnancy, postpartum care and baby-related supplies. Members must complete the visits as outlined below to receive each gift card.

- The first prenatal visit during the first trimester – \$25 gift card

- At least 10 regular prenatal visits or at least 80 percent of recommended visits – \$75 gift card
- A postpartum visit within three to six weeks after delivery - \$50 gift card

Providers are encouraged to recommend this program to Centennial Care members. Members can enroll in one of the following ways:

- Online: www.phs.org/CentennialCare/BabyBenefits
- Email: Performancelmp@phs.org
- Phone: (505) 923-5017 or toll-free 1-866-634-2617

We want to thank providers for helping Centennial Care members maintain good health throughout pregnancy and postpartum care.



2019 Presbyterian Dual Plus Training Is Available

Presbyterian's Dual Plus (HMO-SNP) provider training is a required annual training for all medical, behavioral health and long-term care providers who render services to Presbyterian Dual Plus members. We offer the Presbyterian Dual Plus training as a computer-based training module for providers' convenience.

The self-guided, online training module is available on the Presbyterian website at www.phs.org/ProviderTraining. The training takes about 30 minutes to complete and requires the provider to attest to completing the module. **Please note:** Providers who render services are required to complete the training and attestation, not the provider's office staff.

For any questions or assistance, please contact your assigned Provider Network Management relationship executive. Providers can find his or her contact information at www.phs.org/ContactGuide.



2019 Medicare Part D Opioid Policies

The Centers for Medicare & Medicaid Services (CMS) and Presbyterian are taking steps to help prevent the unsafe use of opioid medications. At the beginning of the year, CMS finalized new opioid policies for Medicare drug plans in an effort to promote safer prescribing practices. The new policies include improved safety alerts when opioid prescriptions are dispensed at a pharmacy.

The goal is to manage and identify potential opioid overutilization in the Medicare Part D population. CMS identified that providers are in the best position to manage potential opioid overutilization in this population. Medicare Part D plans will implement the following new opioid safety alerts at the pharmacy:

- A seven-day supply limit for opioid patients who have not taken opioid medications in the past 108 days.
- An opioid care coordination alert at the 90 morphine milligram equivalent (MME).
- Concurrent opioid and benzodiazepine use or duplicative long-acting opioid therapy.

Presbyterian encourages its prescribers to respond to pharmacists in a timely manner and give the appropriate training to on-call prescribers when necessary to resolve opioid safety alerts.

In addition to the new opioid policies, Presbyterian changed



its policy for opioid and benzodiazepine prescriptions. Presbyterian network pharmacies will no longer dispense opioid and/or benzodiazepine prescriptions for more than a 30-day supply at one time. This is an effort to help reduce the risks associated with taking opioid and benzodiazepine medications concurrently.

Patients and members can refill prescriptions in accordance with current laws regarding refills of controlled substance prescriptions.

For a complete guide on the new Medicare Part D opioid policies, please visit <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18016.pdf>. If you have any questions or concerns, please contact Pharmacy Services at (505) 923-5500.

Enhanced Quality Incentive Program for Primary Care Providers

Presbyterian has long used its Provider Quality Incentive Program (PQIP) to reward primary care providers (PCPs) who provide timely, efficient and quality healthcare to members. This year, Presbyterian enhanced its program to include greater quarterly bonuses and an increased number of quality measures.

The PQIP program provides incentives to PCPs who close gaps in care for members based on the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (NCQA HEDIS®). Performance incentives are based on the percentage of gaps in care that a provider closes. A gap in care is identified when patients miss screenings that are considered necessary by NCQA HEDIS.

To help providers meet measures from NCQA HEDIS, Presbyterian identifies and provides a list of gaps in care

specific to each provider's members. The list includes members who have at least one of the following statuses:

- May not be up to date or missing recommended or preventive screenings
- May need recommended interventions
- May require medications for chronic conditions

Providers can find the Gap in Cares List by clicking on the Reports tab in the Presbyterian myPRES Provider Portal.

Providers do not need to sign a contract to participate in PQIP. For more information about PQIP, providers can contact Presbyterian's Quality department at (505) 923-5255.

HEDIS (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA), <http://www.ncqa.org>.

There Is Still Time to Participate in the 2019 Behavioral Health Quality Incentive Program

There is still time to opt in and participate in the 2019 Behavioral Health Quality Incentive Program. Providers can earn additional incentives, up to \$55, for scheduling appointments within seven days of a member's inpatient stay. In addition, providers can earn extra money for scheduling appointments for members who have two or more additional services with a diagnosis of a substance use disorder.



For a complete description of the Behavioral Health Quality Incentive Program, please contact Nicole Castillo, network development manager, at (505) 923-8838 or ncastillo@phs.org.



New Criteria for Submitting Manual Entry Claims through AuthentiCare

Electronic visit verification (AuthentiCare) is a solution that is intended to help streamline the claims submission and approval process for providers. Recently, it has come to our attention that manual entry claim submissions lack pertinent information for appropriate processing. This can lead to a delay in processing and/or a claim denial.

To ensure providers receive timely claim payments, Presbyterian developed criteria for manual entry claim

submissions through AuthentiCare.

Effective March 1, 2019, please use the following guidelines for manual entry claim submissions:

- Include date spans with the date the issue began and when it was resolved.
- Provide detailed information on issues and how they were resolved.
- Include a list of descriptions of issues along with the ticket number, if one was given.

- Add substitute caregivers to the system if they will be in place longer than two days.
- Do not use uncommon abbreviations.
- Spell out all acronyms on first use.

Failure to follow the above guidelines will result in a claim denial. If a manual entry claim is denied, do not submit another claim. Please send additional information to phpevinquiry@phs.org and a relationship executive will assist you.

REGULATORY REMINDERS

Working Together to Develop a Member's Care Plan

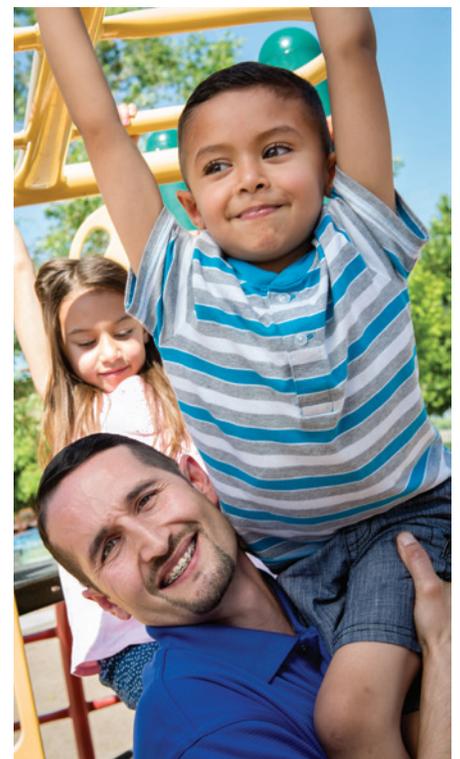
Presbyterian Care Coordination is committed to including all parts of a member's care team in the development and execution of his or her care plan. When a member is referred to our Care Coordination team, we begin the development of an individualized, member-driven care plan that addresses issues and needs identified in the Comprehensive Needs Assessment (CNA).

This customized plan allows members to understand which services are available to them and creates a foundation for discussions about their health with them, their caregivers, care coordinator and providers. The assigned care coordinator will work with the member and his or her designated family members, caregivers, authorized representatives,

primary care provider (PCP) and specialists to ensure the care plan is executed properly.

As an important part of the care plan development process, we ask for input from anyone involved in the member's care team. We appreciate providers taking the time to share information they believe improves the care of our patients and members. Provider input is invaluable to the care plan development process, as it ensures we are meeting the goal of a holistic approach to a member's health and well-being.

If you would like to connect with a member's care coordinator, please contact the Presbyterian Care Coordination department at 1-866-672-1242 or (505) 923-8858.



REGULATORY REMINDERS

Presbyterian's Technology Assessment Committee

Presbyterian uses medical technology to help improve patient care and streamline administrative processes for providers. To ensure that we stay up to date with new technologies and processes, we formed the Technology Assessment Committee (TAC).

Presbyterian's TAC is comprised of medical and behavioral health professionals who participate in an advisory role. The committee facilitates discussions on new technologies, continually monitors new technology developments and examines new applications of current technologies.

If the TAC reviews a drug, device, medical treatment or procedure that is experimental or investigational in

nature and is potentially beneficial to Presbyterian members, the TAC will present the technology to the Clinical Quality/Utilization Management Committee (CQUMC) and provide recommendations for consideration. The CQUMC assesses whether new technologies are appropriate as covered benefits for Presbyterian 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
- Trends in denials/appeals
- Coverage decisions

The TAC decisions are communicated to all providers as medical policies on the Presbyterian website and through our publication of the *Network Connection* provider newsletter, which is produced every other month. Providers can find all medical policies online at www.phs.org/providers/resources/medical-policy-manual/Pages/default.aspx.

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.

TALK TO US

Send your questions or comments to our Provider Network Management team at:



EMAIL:
providercomm@phs.org



PHONE:
(505) 923-5141



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

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>