

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers and Staff



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2019 Practitioner and Provider Manuals Are Available Online

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 programs and requirements.

The manuals are an extension of a provider’s contract with Presbyterian, and they are updated quarterly and as needed. A key update made to the 2019 manual includes information regarding Centennial Care 2.0.

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, 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:

- Prior authorization criteria
- 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 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 Management relationship executive. Providers can find his or her contact information at www.phs.org/ContactGuide.

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

Introducing Our New Credentialing System

Presbyterian is dedicated to meeting the highest standards in healthcare. We are pleased to announce our new credentialing platform, EchoCredentialing. This system offers a new, user-friendly interface that will help streamline administrative processes.

Effective Nov. 12, Presbyterian uses EchoCredentialing for all professional services that require credentialing/initial appointment, recredentialing/reappointment and application-

processing. We will maximize EchoCredentialing's suite of services to meet the unique needs and business processes of the health plan. This includes the following solutions:

- Comprehensive master provider database profile, including electronic image storage
- Automated credential verification processing
- Automated workflow features
- Audit trail-tracking features

This system will help ensure accurate provider data, reduce errors and accelerate the application process. The transition to EchoCredentialing's services is a seamless process. Presbyterian will continue to optimize EchoCredentialing's services to reduce administrative burden, increase functionality and improve the provider experience.



New Training for Behavioral Health Providers

Each year, the Behavioral Health Services Division (BHSD) is required by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services to conduct a survey of patients' and/or members' perceptions of the mental healthcare they received from Medicaid-funded providers. The data collection project is the Mental Health Statistics Improvement Program (MHSIP) survey for adults and family/caregivers.

The MHSIP consumer survey measures concerns that are important to consumers in the following areas:

- Access
- Quality/appropriateness
- Outcomes
- Improved functioning
- Social connectedness
- Overall satisfaction
- Participation in treatment planning

Each year, Presbyterian works collaboratively with other Centennial Care managed care organizations to improve New Mexico's overall scores.

The areas of most concern are aggregate scores lower than 80 percent. New Mexico scored 72.32 percent in outcomes and 71.48 percent in improved functioning. In addition to the data from the MHSIP survey, internal tracking of outpatient records indicates that behavioral health providers struggle to meet the standards for documenting consumer-identified goals and objectives.

In an effort to improve these areas, Presbyterian is offering a new provider training that includes a review of the patient's bill of rights, informed consents, release of information, member risks and best practices for documenting therapeutic interventions. The 90-minute training is available in person and online. Behavioral health providers can take the training at no cost, and Presbyterian will offer 1.5 clinical Continuing Education Units (CEUs) for this training.

If providers or their agency representative are interested in scheduling a training session, please contact Jeanette Tapia, senior quality clinical reviewer, at (505) 923-5521.

New Behavioral Health Incentive Program Begins Jan. 1, 2019

Presbyterian launched a new behavioral health incentive program. This program is available to outpatient providers who schedule appointments for members discharged from an inpatient setting and members newly diagnosed with a substance abuse disorder.

To be eligible for incentives, providers must be contracted with Presbyterian for behavioral health and meet all Presbyterian Behavioral Health Quality Incentive Program requirements.

For more information, please contact Presbyterian's Behavioral Health department at (505) 923-8838.

The Importance of Medications for Schizophrenia

Schizophrenia is a behavioral condition that causes symptoms of disordered thinking, hallucinations and delusions that can lead to serious health consequences if it is not managed appropriately.

According to the World Health Organization (WHO), schizophrenia affects more than 21 million people worldwide. It is treatable with medicines and social support; however, it is important to find the medications that work best for the patient.

Antipsychotic medications help many people with this illness control their symptoms and live productive and fulfilling lives. It is important for people suffering from this illness to take their

medication regularly. If people fail to take their medication, their symptoms can return and this can lead to harm or hospitalization. These symptoms also affect family, school, work and a person's ability to remain independent. In extreme situations, this can lead to loss of a job, homelessness and possible law enforcement interaction.

One of the best ways for people to manage their symptoms and ensure they are taking the appropriate medication is to visit their prescriber regularly. People can react differently to various medications. Regular visits can help ensure that patients take their medication and receive regular refills. In addition,

regular visits encourage patients to discuss their side effects.

There are many treatment options available for schizophrenia. Antipsychotic drugs can be taken orally or by injection. The injection can last for several weeks and may be a better option for patients who struggle to take their medication regularly.

People who suffer from schizophrenia may need lifelong treatment. Please discuss the importance of medication management with your patients and their family and find the best medication option for the patient. This can help the patient maintain his or her independence and effectively manage their condition.

Screening for Depression

Depression is a medical illness that involves persistently and significantly depressed mood and/or loss of interest or pleasure in normal activities. Depression is accompanied by symptoms such as sleep disturbances, loss of appetite, low energy levels, feeling worthless and thoughts of death or suicide.

The Department of Psychiatry at Washington's School of Medicine, a top-ranked school in research and in primary care, published insightful data regarding the treatment of depression. Their research indicated that 80 percent of all people with clinical depression who received treatment significantly improved their lives.

The United States Preventative Services Task Force (USPSTF) recommends screening for depression in the general adult population, including pregnant and postpartum women. In a primary

care setting, the two most applied screening methods include administering self-questionnaires to patients or questioning patients from a standardized questionnaire or scale.

The USPSTF has found little evidence that shows an advantage of using one screening tool over another, which gives doctors the autonomy to choose the screening tool they find most useful. Many screening tools for depression exist, but the Patient Health Questionnaire (PHQ-2), which is adapted from the Prime-MD diagnostic instrument for common mental disorders, has proven to be an effective initial screening tool. The PHQ-2 is free of charge and readily available in numerous languages.

Depression screenings should be implemented with an adequate screening tool in place to ensure an accurate diagnosis, effective treatment and appropriate follow-up. Research has

shown that a majority of Americans who seek help for depression, or symptoms of depression, will initiate care with their primary care provider (PCP) rather than a mental health professional.

Effective collaboration of care between PCPs and behavioral health providers is a key element in the successful treatment of depression. In most situations, the PCP's best decision may be to refer the patient to a psychiatrist for specialized psychopharmacologic treatment and/or psychotherapy. PCPs can also refer patients to a behavioral health practitioner or facility.

For more information on the treatment of major depression, see the Assessment and Treatment of Patients with Major Depressive Disorder available at www.MagellanProvider.com under Clinical Practice Guidelines.

Screening for Colorectal Cancer

Regular colorectal cancer screenings are effective procedures for preventing colorectal cancer. The U.S. Preventative Services Task Force (USPSTF) recommends screening patients who are 50 to 75 years old for colorectal cancer. Depending on risk factors, there are several colorectal cancer screening options available.

Although the gold standard for screening is a colonoscopy, access to colonoscopy and other invasive tests may be limited. Some patients may choose a less invasive test such as the fecal immunochemical test (FIT), which is sometimes called an immunochemical fecal occult blood test (iFOBT).

About FIT/iFOBT

The FIT/iFOBT screens for occult (i.e., hidden) blood in the stool and reacts to part of the human hemoglobin protein. Patients may find it simpler to prepare for this test because collecting the sample is easier and there aren't any medications or dietary restrictions.

When considering the FIT/iFOBT as an option for your patient, please review the following exclusion criteria:

- Patient had a colonoscopy within the past 10 years or a flexible sigmoidoscopy within the past five years
- Patient had the FIT/iFOBT within the past year
- Patient has any of the following symptoms, which place him or her at a higher risk for colorectal cancer:
 - Rectal bleeding or blood in the stool within the past six months
 - Change in bowel movements for two weeks (e.g., diarrhea or constipation that was not clinically evaluated; stools that are narrower than usual; sense of incomplete evacuation)
 - Symptoms of bowel obstruction (e.g., abdominal distension, nausea, vomiting or severe constipation)
 - Significant unexplained weight loss (i.e., more than 10 percent of starting weight)
 - Persistent, unexplained abdominal discomfort (e.g., gas pains, bloating, fullness or cramps)

If the FIT/iFOBT is appropriate for your patient, the test must be performed annually. If the results are positive for occult blood, a colonoscopy or other procedure is necessary.

Benefits of the FIT/iFOBT include the following:

- Requires only one sample
- Has an easy-to-use collection device
- Improves patient compliance
- Improves sensitivity and specificity (i.e., fewer false negative and false positive results)
- Extends specimen shelf-life (i.e., eight days at room temperature or 14 days refrigerated)
- Can be performed 24 hours a day, seven days a week
- Includes a postage-paid and pre-addressed mailing envelope to return the sample to the lab
- Results are usually available within four to eight hours after the laboratory receives the sample

Ordering Information

This test may be ordered as an annual screening test or as a diagnostic test.

	SCREENING TEST	DIAGNOSTIC TEST
Test Name	Occult Blood, Fecal - Screen	Occult Blood, Fecal - Diagnostic
Mnemonic	OCLT-SCRN	OCLT-DIAG
CPT Code	82274 (G0328-Medicare)	82274

While the colonoscopy is a great tool to screen for colorectal cancer, it's not the only tool available to providers. Providers can help improve the member experience by discussing various screening options with their patients. For more information, please visit <https://www.cancer.gov/types/colorectal/screening-fact-sheet>.

2019 Presbyterian Dual Plus Training Is Available

Presbyterian Dual Plus is an HMO Special Needs Plan (SNP) for individuals who are eligible for both Medicare and full Medicaid benefits. It is designed to meet the medical, behavioral and long-term care needs of eligible members. Contracted providers who render services to Presbyterian Dual Plus members are required to complete this training for 2019.

The self-guided, online training module is available on the Presbyterian website at the following link: www.phs.org/ProviderTraining.

The training takes about 30 minutes to complete and requires providers to attest to completing the module.

Please note: Providers who are rendering services are required to complete the training and

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

If providers have questions regarding the training, they can contact their Provider Network Management relationship executive. Providers can find his or her contact information at www.phs.org/ContactGuide.

FEATURE

MyPatient Link Is a Powerful Resource for Providers

Presbyterian is pleased to inform providers that they no longer need to call, submit a request or wait for a fax to coordinate patient care. This information is now available online through our MyPatient Link web portal. This secure portal connects providers to information stored in the Presbyterian electronic medical record (EMR) system for patients who are referred and admitted to a Presbyterian facility.

Providers are able to access chart information for new patients who were previously seen in a Presbyterian facility or clinic. The portal is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

and is available at no additional charge to providers.

The MyPatient Link portal gives providers access to important information about their patients, which includes but is not limited to the following:

- Lab, imaging and test results
- Hospital admissions
- Discharge summaries
- Provider notes
- Appointments
- Allergies
- Medications

Each location will designate a link administrator to manage its account(s). Each end user is assigned

a unique user ID and password. Site clinicians, front office staff and insurance specialists may also access the MyPatient Link portal.

Presbyterian offers user trainings for the MyPatient Link portal. We provide in-person trainings within Bernalillo county and live webinar trainings for provider convenience. We have a 24-hour helpline to assist with technical questions, and we publish a bi-monthly newsletter with information about changes to the portal and updates with access workflows.

If you would like more information or a sign-up form for your clinic, please contact our Clinical Technology department at (505) 923-6409.

Social Determinants of Health Impact Overall Well-Being

The idea that many external factors play a predictive role in health outcomes was solidified in 2005 when the World Health Organization (WHO) established the Commission on Social Determinants of Health (SDoH). SDoH broadens the context for understanding and predicting health outcomes beyond purely biological factors. They incorporate the impacts of our social, political and economic environment on our physical, mental and spiritual health. WHO identified the following specific social determinants of health:

- Living conditions and location
- The cleanliness of water, food and air
- Exposure to violence and chaos
- Access to quality education
- Access to money and other resources

The Kaiser Family Foundation (KFF), a non-profit organization that focuses on major healthcare issues, recently published information on its website regarding SDoH that promotes health and health equity.

How do SDoH impact our members and patients?

Each SDoH is linked to all the others, and any individual SDoH can trigger a chain reaction. We know, for example, that poverty limits access to healthy foods and safe neighborhoods. We also know

that education is a predictor of better health and employment opportunities. Epidemiological studies illustrate how a lack of stable housing and poor access to healthy foods leads to higher rates of drug and alcohol dependence, heart disease, diabetes, violence and accidents.

According to the Bureau of Business and Economic Research at the University of New Mexico, the percentage of New Mexico’s population living in rural and frontier areas is consistently higher than the national average. Many of these areas are considered “food deserts,” where access to affordable and nutritious food is limited. Transportation options may be limited as well, which in turn affects access to employment, healthcare, productive social connections and other types of support systems.

When we accept that SDoH are among the reliable predictors for health, we broaden our view of the life and health challenges faced by patients and members. For more information on the role of SDoH, please visit the following link: <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

Let us help

Presbyterian’s certified peer support specialists and community health workers are trained to analyze and identify SDoH that might be contributing to a persistent problem. If providers would like to learn more about SDoH and about how Presbyterian can help, they should contact our recovery team at (505) 923-7569.

The following table illustrates how the KFF identifies SDoH:

Figure 1
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Stress
Medical bills	Playgrounds	Higher education		Quality of care	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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 make sure our members stay healthy.

The following categories explain how the Clinical Operations department works to improve our members' experience.

Care Coordination

Care coordination is core to Presbyterian's Centennial Care management of our members' 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 both home and telephonic visits with members to complete a comprehensive needs assessment (CNA).

A member-centric, comprehensive care plan is then developed with 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 (505) 923-8858 or toll-free 1-866-672-1242.

Utilization Management

Presbyterian follows utilization management guidelines to ensure that our members receive the right care in the right place at the right time. Utilization management decision-making is based on covered benefits and the appropriateness of care and services. This process includes the following:

- Prior authorization
- Concurrent review
- Retrospective review

Prior Authorization

Some healthcare services require prior authorization from Presbyterian Centennial Care. Presbyterian Centennial Care nurses and physicians should 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 and can be obtained by contacting (505) 923-5757 or 1-888-923-5757 and selecting option 3.

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 member care was appropriate. 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.





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TALK TO US

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



EMAIL:
providercomm@phs.org



PHONE:
(505) 923-5757



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

Let Us Know Your Thoughts

We are committed to ensuring that this newsletter remains a meaningful resource for providers and office staff. We want to hear your thoughts and suggestions about how we can improve our newsletter. Please use the link below to fill out a short survey and let us know what you would like to read about in future issues. Each person who fills out our short survey will be entered into a drawing to win a prize.

<https://www.surveymonkey.com/r/PHPnewsletter>