

# Network Connection

Information for Presbyterian  
Healthcare Professionals,  
Providers and Staff



MAY 2019

## NEWS FOR YOU

### UP FRONT

A New Continuing Education  
Opportunity for Providers . . . . . 2

Mandatory Reporting of  
Critical Incidents . . . . . 3

Smoking Cessation Apps Can  
be a Useful Resource. . . . . 3

### TAKE NOTE

Osteoporosis Awareness  
and Prevention . . . . . 4

Introducing A New Centennial  
Care Prediabetes Resource . . . . . 5

Save the Date! Provider  
Education Conference and  
Webinar Series . . . . . 5

### FEATURE

Children's HEDIS Measures  
for 2019 . . . . . 6

### REGULATORY REMINDERS

EPSDT Program, Well-child  
Visits and Lead Testing . . . . . 8

Shaping the Member Experience  
through the Provider Directory . . . 9

### BACK COVER

Let Us Know Your Thoughts

## Real-Time Updates Platform for Providers

Presbyterian does its best to keep provider data as accurate as possible. This includes a provider's address, contact information and hours of operation. Although Presbyterian works hard to ensure this information is up to date for every provider, we need providers help to ensure the information is updated in a timely manner.

Our Real-Time Updates platform is the fastest and most convenient way for providers to verify and update their contact information. Providers can access the Real-Time Updates platform through the myPRES Provider Portal. When providers log in to their myPRES account, they can find the "Update Provider Demographic Link" under our menu of services by clicking the "View More" tab. After clicking the link, providers can update any of the following items:

- Group physical address
- Group directory address and office hours
- Group mailing and remittance address
- Provider's directory address
- Provider's panel status and spoken languages

Providers can also manage delegates on their account and give their staff the ability to make updates. Once providers update their information, it is reflected immediately in our system. In addition, all addresses are verified by the U.S. Postal Service to ensure accuracy.

Presbyterian greatly appreciates providers' assistance to ensure their provider information is up to date. This helps create a positive experience for members and helps ease the way to their best health.

If providers have any questions about using the Real-Time Updates platform, they can contact their Provider Network Operations relationship executive. Providers can find their information at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide).

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

## A New Continuing Education Opportunity for Providers



Presbyterian has collaborated with Project ECHO, a learning and guided practice model that revolutionizes medical education, to offer providers online, web-based training to help improve health outcomes for people within our community. Through Project ECHO, Presbyterian will offer Managed Care Organization (MCO) Depression TeleECHO sessions intended to train and support MCO-contracted primary care teams and MCO case managers in best practices for depression care.

In the United States, more than 20% of women and eight percent of men will experience an incidence of depression in their lifetime, according to the *Journal of the American Medical Association*. Psychotherapy and medication are the primary treatments for depressive disorders. Despite the availability of effective treatment, only 40% of patients with a depressive disorder receive minimally adequate treatment.

The MCO Depression TeleECHO is an eight-week program. Weekly TeleECHO sessions are held on Fridays from noon to 2 p.m. Each session includes the following:

Complete periodic surveys

Brief lectures

Real patient cases

Guided practice on behavioral health-related issues

The Continuing Medical Education (CME) office designates two Category 1 CME credits at no cost to participants for each session they attend. After each session, Project ECHO sends each participant a survey. Participants must complete each survey to receive CME credits.

Providers can register for the MCO Depression TeleECHO by emailing their name, credentials, health center name, city and state to [mcodepressionecho@salud.unm.edu](mailto:mcodepressionecho@salud.unm.edu). For more information about Project ECHO, providers can visit the following website: <https://echo.unm.edu/>.



Our Behavioral Health team offers a designated Primary Care Provider Toolkit packed with behavioral health resources. The Primary Care Provider Toolkit includes resources that help us coordinate services to meet a member's behavioral health needs, including the following mental illnesses:

- Attention-deficit/hyperactivity disorder (ADHD)
- Anxiety
- Depression
- Eating disorders
- Schizophrenia
- Substance use disorder
- Suicidal thoughts

In addition to diagnostic screening and evaluation tools, providers can access clinical practice guidelines, informational handouts and information about quality metrics at <http://www.MagellanPCToolkit.com>.

## Mandatory Reporting of Critical Incidents

New Mexico adults and children deserve a life that is free of abuse, neglect and exploitation (ANE). The Human Services Department (HSD) requires all providers and their staff to document and report critical incidents that involve Centennial Care members who receive the following services:

- Behavioral health services
- Long-term care services
- Certain Medicaid-funded home and community-based services (HCBS)

This reporting requirement helps ensure that concerns for health and safety are addressed in a timely and efficient manner. HCBS includes personal care and self-directed benefit services, in addition to other services.

Providers must report all allegations of ANE. Critical incident reports must be accurate and complete to ensure that the most appropriate action can be taken on behalf of the member.

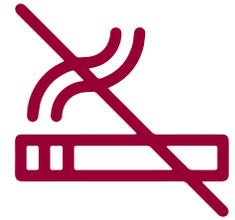
In addition to ANE, a community agency that provides HCBS is required to report critical incidents that involve a managed care organization (MCO) member who meets the following criteria:

- Utilizes emergency services
- Encounters law enforcement
- Suffers exposure to environmental hazard
- Is missing and/or has died

According to HSD, effective March 15, 2019, a diagnosis must be recorded in the "Diagnosis" field of the report. Presbyterian recommends providers enter one to three diagnoses as they apply to the member for whom they are submitting the report. The diagnosis must be entered in the ICD 9, ICD 10 or in the form of a description.

If providers would like more information regarding this directive from HSD, they can contact Presbyterian's Population Health Management department at (505) 923-5673.

## Smoking Cessation Apps Can be a Useful Resource



Providers play an important role in helping members find tools and techniques to stop smoking. Smoking is the leading cause of preventable deaths worldwide and is responsible for more than 480,000 deaths per year in the United States, according to the Centers for Disease Control and Prevention (CDC).

There are several smoking cessation methods that are available for everyone. Providers can help members develop a plan to quit smoking using the following resources:

- Support groups
- Help hotlines
- Counseling services
- Nicotine replacement therapy
- Mobile apps and services

Tobacco users have more options than ever to help them quit smoking, and they may benefit from using a variety of techniques. Smoking cessation mobile apps offer an additional resource to help motivate people to quit smoking.

Smoking cessation apps are helping make treatment more accessible, cost-effective and personalized through easy-to-use and goal-oriented features. Smoking cessation apps can help those who smoke quit

in phases that are most appropriate for their condition. Furthermore, many of these apps are free to download and use. The following apps are free and have been identified as the best smoking cessation apps by Healthline, a leader in health information:

**LIVESTRONG MyQuit Coach**

**Quit Smoking: Cessation Nation**

**QuitNow!**

**Smoke Free**

**Kwit**

These apps offer a variety of helpful tools, including chat functions for social support, tracking features and reports that display health improvements and how much money users save by not buying cigarettes or cigars.

Presbyterian also offers resources to help members quit smoking. Presbyterian's Behavioral Health team collaborates with Clickotine, another smoking cessation app that providers can recommend to members. Providers can also refer members to Presbyterian's dedicated Tobacco Quit Line at 1-888-840-5445.

May 31 is World No Tobacco Day, a yearly celebration that informs the public of the negative impact of smoking on overall health. If you or someone you know is a tobacco user, make a commitment to refrain from tobacco use for 24 hours on May 31. This small step can lead to a lifetime free of tobacco use and improved health. For more information on World No Tobacco Day, please visit the following website: <https://www.who.int/tobacco/wntd/en/>.

## Osteoporosis Awareness and Prevention

May is National Osteoporosis Awareness Month and an excellent opportunity for providers to remind members close to or over 50 years old about the importance of screening for osteoporosis.

Providers play an important role in helping members maintain healthy bones throughout their lives. As people age, they are at higher risk for osteoporosis-related fractures. Early detection, proper diagnosis and treatment can help reduce the risk of fracture for people with osteoporosis.

**According to the International Osteoporosis Foundation, one in three women and one in five men over age 50 will experience an osteoporosis-related fracture.**

As a reminder, Medicare Part B covers bone mass measurements (BMMs) if a beneficiary meets one or more of the following conditions:

- Female who is estrogen deficient and at risk for osteoporosis, as determined by a doctor, based on medical history and other findings
- Has x-rays that show possible osteoporosis, osteopenia or vertebral fractures
- Is taking or planning to take prednisone or steroid-type drugs
- Is diagnosed with primary hyperthyroidism
- Is monitored to see if osteoporosis drug therapy is working effectively

A BMM is covered every 24 months or more often if medically necessary for

eligible members. Providers can help members manage their bone health by practicing the following:

- Staying up to date on clinical guidelines for prevention, diagnosis and treatment
- Educating members and patients about risk factors and prevention methods that can reduce the risk of an osteoporosis-related fracture
- Using Medicare's BMM benefit to assess beneficiaries
- Encouraging Medicare members to take advantage of the BMM benefit, if applicable

Providers can find more information about the BMM benefit at <https://www.medicare.gov/coverage/bone-mass-measurements>.



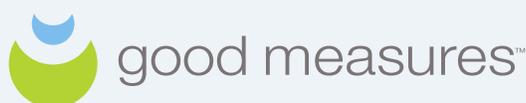
## Introducing A New Centennial Care Prediabetes Resource

Presbyterian has a new resource for members and patients with a prediabetes diagnosis.

Presbyterian has partnered with Good Measures, a state-of-the-art digital platform that helps people make positive changes in eating and exercise behavior, to deliver diabetes prevention services at no additional cost to eligible Centennial Care members. Facilitated by trained lifestyle coaches, the program is available online and by phone. Providers can refer members and members can self-refer.

Please note that members who have already been diagnosed with diabetes do not qualify for this program. To be eligible, members must be 18 years old or older, have a body mass index (BMI) greater than 25 kg/m<sup>2</sup> (greater than or equal to 23 kg/m<sup>2</sup> 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:

Test	Score
Hemoglobin A1c	Between 5.7% and 6.4%
Fasting plasma glucose	100 to 125 mg/dL
Two-hour plasma glucose after a 75 mg glucose load	140 to 199 mg/dL



For inquiries and referrals, please contact Good Measures at 1-855-249-8587. Good Measures can also be reached by fax at (617) 507-8576 or by email at [phpdpp@goodmeasures.com](mailto:phpdpp@goodmeasures.com).



## Save the Date: Provider Education Conference and Webinar Series

Presbyterian's 2019 annual Provider Education Conference and Webinar Series includes in-person conferences and live webinars that feature an interactive platform providers can use to ask questions and receive feedback. Please join us for one of the training events in the table below.

In-person Conferences	Live Webinars
Albuquerque, Rev. Hugh Cooper Center Sept. 5, 9 a.m. - 12:30 p.m.	Wednesday, June 12, 9 - 11 a.m.
Las Cruces (morning) TBD	Thursday, June 13, 1 - 3 p.m.
Las Cruces (afternoon) TBD	Wednesday, Dec. 11, 1 - 3 p.m.
	Thursday, Dec. 12, 9 - 11 a.m.

Register online: <https://phs.swoogo.com/PHP2019>

As a reminder, these education events are for all contracted healthcare professionals, providers and staff, including physical health, behavioral health and long-term care providers. Providers only need to attend one training event annually.

If you have any questions about the scheduled training events, please contact your Provider Network Operations relationship executive. You can find his or her contact information at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide).



## Children’s HEDIS Measures for 2019

Presbyterian is dedicated to strengthening the quality of care for and health outcomes of our members. One of the best ways we do this is through healthcare effectiveness data and information set (HEDIS®) measures. The National Committee for Quality Assurance (NCQA) continues to develop and expand the size and scope of HEDIS measures. This year, NCQA added seven new children’s HEDIS measures for review and monitoring.

The new measures fall under the Effectiveness of Care, Access/Availability of Care and Utilization of Care categories. Please see the following tables for information about the new measures.



### Effectiveness of Care

Measure	Guidelines
 <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>	Assesses children and adolescents 3 to 17 years old who had an outpatient visit with a primary care provider (PCP) or OB/GYN during the measurement year and showed evidence of any of the following: <ul style="list-style-type: none"> <li>• Body mass index (BMI) percentile documentation</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>
 <b>Immunizations for Adolescents (IMA)</b>	Assesses adolescents 13 years old who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series by their 13th birthday.
 <b>Medication Management for People with Asthma and Asthma Medication Ratio (MMA)</b>	Assesses children and adults 5 to 85 years old who were identified as having persistent asthma and were dispensed appropriate asthma-controlled medications that they remained on for at least 75% of their treatment period.  Asthma medication ratio: Assesses children and adults 5 to 85 years old who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
 <b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)</b>	Assesses the percentage of children and adolescents who were on two or more concurrent antipsychotic medications for an extended period during the year.

## Access/Availability of Care

Measure	Guidelines
 <b>Child and Adolescent Access to Primary Care Practitioners (PCP)</b>	<p>Assesses children and young adults 12 months to 19 years old who had a visit with a PCP. The measure reports on the following four separate percentages:</p> <ul style="list-style-type: none"> <li>• Children 12 to 24 months of age who had a visit with a PCP during the measurement year.</li> <li>• Children 25 months to 6 years old who had a visit with a PCP during the measurement year.</li> <li>• Children 7 to 11 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.</li> <li>• Adolescents 12 to 19 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year.</li> </ul>
 <b>Annual Dental Visit (ADV)</b>	<p>Assesses Medicaid members 2 to 20 years old who have dental benefits and had at least one dental visit during the year.</p>

## Utilization of Care

Measure	Guidelines
 <b>Child and Adolescent Well-Care Visits (W15)</b>	<p><b>Child Well-Care Visits:</b> Assesses children who turned 15 months old during the measurement year and had up to six well-child visits with a PCP during their first 15 months of life.</p>
	<p><b>Well-Child Visits in the Third, Fourth, Fifth and Sixth years of Life:</b> Assesses children 3 to 6 years old who received one or more well-child visits with a PCP during the measurement year.</p>
	<p><b>Adolescent Well-Care Visits:</b> Assesses adolescents and young adults 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>

The new children's HEDIS measures are intended to help ensure children and adolescents receive the care they need. We appreciate providers' commitment to ensure that Presbyterian members receive timely and efficient care. For more information on the 2019 children's HEDIS measures and technical resources, please visit <https://www.ncqa.org/hedis/measures/>.

## EPSDT Program, Well-child Visits and Lead Testing

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program is Medicaid’s comprehensive and preventive child health program for members under the age of 21. Children may experience numerous health issues and developmental delays that should be assessed as part of routine preventive care. Early detection and treatment can prevent or minimize the effects of many childhood conditions. EPSDT emphasizes the need for comprehensive care and the early discovery of health or developmental concerns.

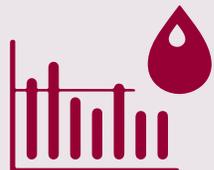
### EPSDT Screening Schedule Tot-to-Teen Well-child Checkups

Presbyterian follows the New Mexico Medical Assistance Division’s periodic health check schedule and the federal EPSDT screening schedule. New Mexico Medicaid and the Centers for Medicare & Medicaid Services (CMS) certification requirements are met when the documentation in provider records indicates that EPSDT screenings were conducted based upon the recommended schedule. The EPSDT periodic health check schedule allows up to 25 total screenings that are encouraged at the following intervals:

Babies	Children	Youth
Birth	15 months	13 years
1 month	18 months	14 years
2 months	24 months	15 years
4 months	3 years	16 years
6 months	4 years	17 years
9 months	5 years	18 years
12 months	6 years	19 years
	8 years	20 years
	10 years	
	12 years	

Screenings may be performed at intervals other than what is described on the schedule or in addition to those on the schedule.

Additional EPSDT program information is available on the CMS website at <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>. For detailed information on the New Mexico Medical Assistance Division supplement schedule and coding requirements, please visit [www.hsd.state.nm.us/uploads/files/Providers/Resources/Supplements](http://www.hsd.state.nm.us/uploads/files/Providers/Resources/Supplements).



## Blood Lead Level Screening

CMS has updated its Medicaid lead screening policy for children eligible for EPSDT services. Federal and state Medicaid regulations require that all children enrolled in Medicaid be tested at 12 months and again at 24 months old. Children between 24 and 72 months old who were not previously screened must receive a blood lead level screening. Completion of a risk assessment questionnaire does not meet the Medicaid requirement and does not count as a lead screening. For more information, please visit <https://www.medicaid.gov/medicaid/benefits/epsdt/lead-screening/index.html>.

CMS recognizes that lead poisoning is a persistent problem for a small share of low-income children. While substantial improvements were made to reduce children’s exposure to lead, New Mexico has low blood lead level screening test rates, even among children covered by Medicaid. Providers can find additional information at <https://nmhealth.org/about/erd/eheb/clppp/>.

## Shaping the Member Experience through the Provider Directory

The online provider directory is one of the most important tools available to members to navigate Presbyterian's network of providers. Prospective members use the directory to research the health plan, and enrolled members use it to look for a provider with whom to make an appointment or to ask for a referral from their primary care provider (PCP). It is also a tool for providers to refer members to another in-network provider for specialty care or follow-up appointments.

We need providers help to ensure that their profiles and records are as accurate as possible. The

easiest way for providers to verify information and make updates is to log on to the myPRES Provider Portal at [www.phs.org/mypres](http://www.phs.org/mypres) and use the Real-Time Updates platform. A provider's access to the platform is based on their provider type. Providers can register as an individual provider, a provider group or a facility. For questions about status, please send an email to [providerdemo@phs.org](mailto:providerdemo@phs.org).

Providers who are listed as groups or facilities must delegate a staff member to make updates on their behalf. Individual providers have automatic access to the Real-

Time Updates platform. Providers who actively use the Real-Time Updates platform to update their information will receive fewer calls from Presbyterian's Provider Network Operations (PNO) department to verify their demographic information.

For directions on how to use the platform, or how to select a delegate, please refer to the frequently asked questions at [www.phs.org/DirectoryUpdate](http://www.phs.org/DirectoryUpdate). With your help, we will guide members and patients to their best health by improving the accuracy of the online provider directory.





Presbyterian Health Plan, Inc.  
Provider Network Operations  
P.O. Box 27489  
Albuquerque, NM 87125-7489  
www.phs.org

PRESRT STD  
U.S. Postage  
PAID  
Albuquerque, NM  
Permit No. 1971

## TALK TO US

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



EMAIL:  
providercomm@phs.org



PHONE:  
(505) 923-5757



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 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>