

# Network Connection

Information for Presbyterian  
Healthcare Professionals,  
Providers and Staff



JULY 2019

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## Presbyterian’s Drug Management Program

Presbyterian is diligent in its work to address the current opioid crisis. On Jan. 1, 2019, we adopted a drug management program (DMP) to monitor opioid and benzodiazepine use among our Presbyterian Senior Care (PSC) members. The DMP includes prevention methods that will help reduce overuse and/or misuse of prescription opioids and benzodiazepines.

The DMP provides a framework from the Centers for Medicare & Medicaid Services (CMS) for retrospective Part D Opioid Drug Utilization Review (DUR). Presbyterian identifies members for the DMP. We include members who use opioids with an average daily morphine milligram equivalent (MME) that is equal to or exceeds 90 milligrams for any duration in the most recent six months. In addition, the member must also meet one of the following conditions:

**Use of three or more opioid prescribers and three or more pharmacies.**

**Use of five or more opioid prescribers and any number of pharmacies.**

Presbyterian also monitors members who have an opioid claim history in the most recent six months and who use seven or more opioid prescribers or pharmacies, regardless of their average daily MME.

When Presbyterian recognizes a potentially unsafe prescription pattern, we may initiate the following interventions:

**Inform the prescriber of potential misuse or abuse by the member and discuss alternative therapies.**

**Consider a “lock-in” with a pharmacy and provider.**

**Refer the case to our Program Integrity Department to investigate potential fraud, waste and abuse activities.**

We want to thank providers for their cooperation in this effort to reduce prescription opioid and benzodiazepine overuse and/or misuse. Together, we can ensure PSC members benefit from appropriate opioid and benzodiazepine practices that will help reduce their risk of addiction and overdose.

## Healthwise Education Is a Great Resource for Providers and Members

One of the best ways to help members understand and manage their health conditions is to provide reliable and accurate information and resources. It can be difficult for members to find health information that is current, accurate and produced by a trustworthy source. To ensure members have access to the best health information, Presbyterian partnered with Healthwise, an industry leader in the development of healthcare content and patient education, to provide education tools and resources to members and providers.

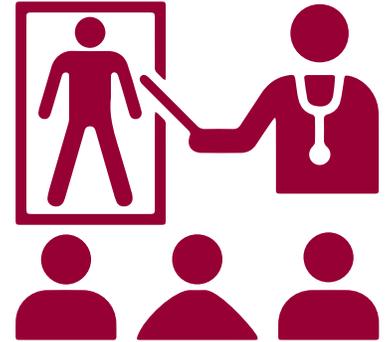
These tools and resources help ensure members receive the information they need to make an informed decision based on their health condition. The health education tools allow members to do the following:

**Search for health information.**

**Access information about certain health conditions, wellness and prevention topics.**

**View health-related videos.**

**Use personal interactive calculators to learn more about their health.**



To access these resources, members will log in to their myPRES account and click on the “Access Health Education” link. If a member does not have a myPRES account, he or she can sign up at [mypres.phs.org/Pages/registration.aspx](http://mypres.phs.org/Pages/registration.aspx).

## A Guide to Completing Presbyterian’s Prior Authorization Form

Presbyterian’s prior authorization process is designed to ensure members receive the appropriate amount of medically necessary care in the right setting. To begin the prior authorization process, providers are required to submit a Prior Authorization Request Form for certain specialized services and prescription drugs. We use the information on the Prior Authorization Request Form and all supporting clinical documentation to assess medical need and coordinate care.

Requests are processed faster when all pertinent information is initially provided with the Prior Authorization Request Form. Most notably, providers should list the following information:

- Primary contact person’s name and information.

- Servicing provider’s name and the following information:
  - Provider’s address.
  - Phone number.
  - Taxpayer identification number (TIN).
  - National Provider Identifier (NPI) number.

It is important to submit current clinical information along with the completed Prior Authorization Form. Presbyterian uses this information to address questions and concerns, review benefits and clinical criteria, make a determination and ensure accurate payment when a service is approved. When information is missing, the review process takes more time and the member’s care may be delayed.

Providers can find a list of all prior

authorization resources, including which medications and services require prior authorization, on Presbyterian’s Authorizations page at [www.phs.org/providers/authorizations](http://www.phs.org/providers/authorizations). Providers can also find information about prior authorization requests in Presbyterian’s Practitioner and Provider Manual, which is available at [www.phs.org/providermanual](http://www.phs.org/providermanual).

In addition, we would like to remind providers that we no longer accept prior authorization requests by email. Providers can submit prior authorization requests for medical services and prescription drugs by fax. Requests for medical services may also be submitted through the myPRES Provider Portal. Please note that providers must create a myPRES Provider Portal account if they are a first-time user.

## Clinical Practice and Preventive Healthcare Guidelines

Presbyterian's evidence-based Clinical Practice Guidelines and Preventive Healthcare Guidelines were developed to help patients and members make informed decisions about their health. Healthcare guidelines assist providers in the treatment of common illnesses experienced by members in every age group.

Presbyterian's physical health and behavioral health Clinical Practice Guidelines are designed to help providers make decisions about certain healthcare services needed for specific clinical circumstances. All guidelines are adopted in whole or in part from nationally recognized organizations that use scientific literature.

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

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

### Preventive Healthcare Guidelines

Since 1984, the U.S. Preventive Services Task Force (USPSTF), an independent panel of national experts in prevention and evidence-based medicine, has provided recommendations for clinical and preventive health services. Presbyterian's Preventive Healthcare Guidelines are based on USPSTF guidelines, which help primary care providers and members decide together whether a preventive service is appropriate based on the member's needs.

Furthermore, the guidelines include mandates from the New Mexico Health and Human Services Department's Medical Assistance

Division (HSD/MAD) for managed care organizations. This information is found in the New Mexico Administrative Code (NMAC). Presbyterian's guidelines also align with the child, adolescent and adult immunization schedule published by the Centers for Disease Control and Prevention, which is available at <http://www.cdc.gov/vaccines/schedules/index.html>.

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

Providers may request a hard copy of the clinical practice and preventive healthcare guidelines by contacting their Provider Network Operations relationship executive. Providers can find his or her information at the following link: [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide).

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, July 10, 9 - 11 a.m.
Las Cruces Morning Session Staybridge Suites 2641 East Northrise Dr. Wednesday, Oct. 16, 8 - 11 a.m.	Thursday, July 11, 1 - 3 p.m.
Las Cruces Afternoon Session Staybridge Suites 2641 East Northrise Dr. Wednesday, Oct. 16, 1 - 4 p.m.	Wednesday, Dec. 11, 1 - 3 p.m.
	Thursday, Dec. 12, 9 - 11 a.m.

Register online: <https://phs.swoogo.com/2019PEC>

## Reminder: Register for the Provider Education Conference and Webinar Series



As a reminder, these education events are for all contracted physical health, behavioral health and long-term care healthcare professionals, providers and staff. 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 information at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide).

**2019**  **PRESBYTERIAN**  
Provider Education Conference  
& Webinar Series

## Be Prepared for Provider Office Information Audits

Presbyterian does its best to ensure provider demographic information is up to date, which helps reduce confusion, frustration and uncertainty when members use Presbyterian's online provider directory. Accurate provider demographic information also ensures that providers meet necessary requirements when the New Mexico Human Services Department (HSD) and/or the Centers for Medicare & Medicaid Services (CMS) perform provider audits.

CMS and HSD regulators conduct ongoing audits of provider office information. Regulators may call provider offices and ask questions related to provider panel status, plan participation and provider demographic information. When regulators encounter outdated or incorrect information, they view it as detrimental to member care.

Presbyterian encourages providers to inform their office staff about the importance of provider and office information. Please use the following guidelines to prepare for HSD and CMS provider office information audits.

### **The Name on the Building or in the Provider Directory**

Providers must ensure that their address, phone number and office hours are correct for each provider listed in Presbyterian's online provider directory. The name on the office building needs to match that listed in the provider directory and must be the same name that providers and office staff use when they answer the phone.

### **Provider Status**

We understand that provider status can change quickly. It is important that providers update this information as it changes or at least once a month. When our online provider directory lists a provider as accepting new members but he or she is not, the member's healthcare experience is negatively impacted. Likewise, if providers only see members on certain days of the week or are not frequently in the office, they should ensure that office staff who answer the phone know their availability.

### **Plan Participation**

Providers and office staff also need to know which Presbyterian insurance plans they accept. This is vital information that will help guide

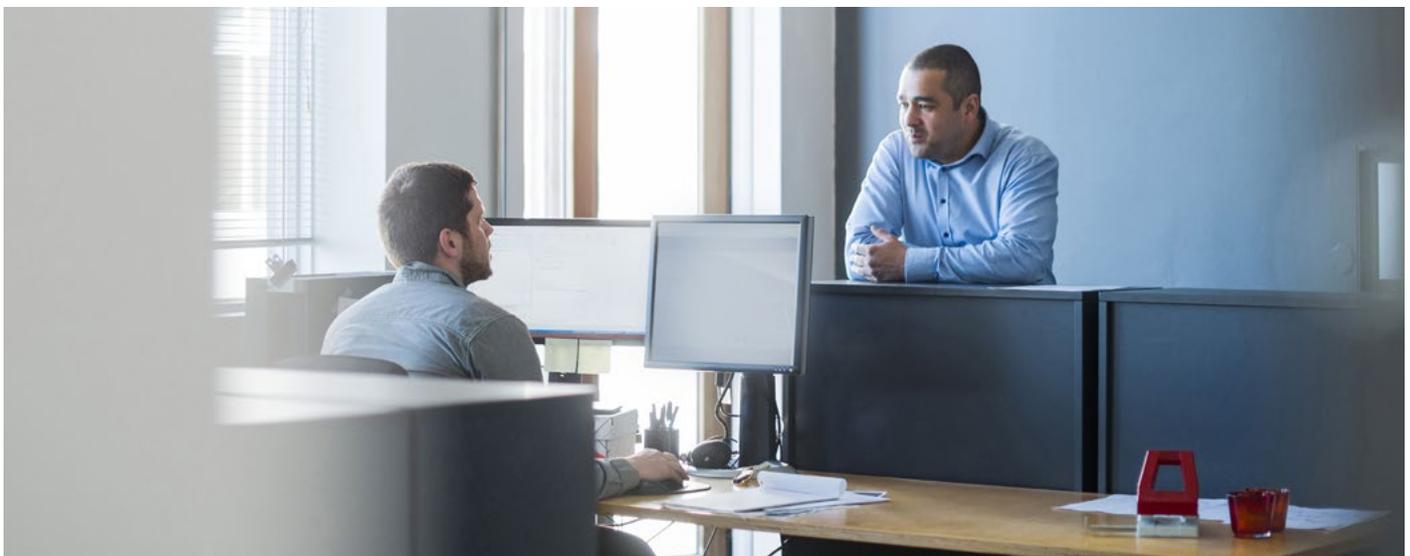
the member to their best healthcare experience. Please ensure that all office staff who answer the phone are aware of which Presbyterian insurance plans are accepted.

If providers have questions about which plans their practice accepts, they can contact their Provider Network Operations relationship executive. Providers can find his or her information at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide).

### **Real-Time Updates**

Providers can use our Real-Time Updates platform to verify and update their contact and demographic information. The platform can be accessed through the myPRES Provider Portal. When providers log in to their myPRES Provider Portal account, they can click the "View More" tab to find the "Update Provider Demographic" link under the service menu.

For directions about how to use the Real-Time Updates platform, please refer to the frequently asked questions at [www.phs.org/DirectoryUpdate](http://www.phs.org/DirectoryUpdate), or watch the how-to video at <https://bcove.video/2r29jVW>.



## 2018 Quality Improvement Program Summary

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

At the end of each year, Presbyterian evaluates the QI program to measure our performance, identify opportunities for improvement and recommend changes to the QI program. Below are some of the results of our 2018 QI program.

### Provider Satisfaction

Presbyterian partners with Symphony Performance Health Analytics (SPH Analytics) to conduct the annual provider satisfaction survey. We use this feedback to improve processes and overall provider satisfaction. Survey results from 2018 indicated that Presbyterian is New Mexico's top-rated health plan among providers.

### Member Experience/Satisfaction

In 2018, Presbyterian conducted quarterly member satisfaction surveys. Member feedback scores showed that member experience improved throughout the year with improved results in the last quarter of the year for Commercial and Medicare populations. Presbyterian identified the following areas where we made significant improvement:

- Access to care and prescription medications.
- Plan design, online experience and member communications.
- Financial experience that includes payment of premiums.

In addition to quarterly surveys, Presbyterian administers the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®1</sup>) survey to perform an in-depth quantitative and qualitative analysis. While CAHPS targets for 2018 were not what we expected, there was significant improvement. Furthermore, the number of appeals and grievances filed by members decreased notably from prior years.

### Accessibility of Regular and Routine Care

Presbyterian measures access to regular and routine care services through the CAHPS survey. Accessibility is measured by the member's ability to make appointments for regular and routine care. Although targets for CAHPS in areas of Access and Availability are below target, a review from

Presbyterian's call documentation system indicated that there weren't any complaints in the "Dissatisfaction with PCP Availability in Area." In addition, there weren't any appeals and grievances filed for access issues in 2018.

In a network comparison of New Mexico's largest managed care organizations (MCOs), Presbyterian matched the largest competitors' networks at 95% for access and 97% for availability, respectively. Accessibility remains a statewide challenge, and this is especially true for certain specialty care types due to the limited number of specialists in rural and frontier areas of the state. Presbyterian will continue to identify solutions that will help close these gaps and ensure members have access to the care they need to achieve their best health.

### Performance Measure Results

Presbyterian's 2018 accomplishments highlighted key performance results for the performance measures outlined in the table on the next page. *(continued on p. 6)*

<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

## 2018 Quality Improvement Program Summary (continued)



Performance Measure	Result
Medicare Star Composite (HMO)	Scored target of 4.2 out of 5 stars
Met targets for Commercial Healthcare Effectiveness Data and Information Set (HEDIS®) <sup>2</sup>	Scored 47.67, which exceeded target by 4.67 points
Centennial Care HEDIS	Met target of 84.6%
Medicaid Member Experience	Met target of 85%

### Additional Accomplishments in 2018

In addition to meeting the performance measurement targets, we also accomplished the following in 2018:

- Scored 100% of the points available for National Committee for Quality Assurance (NCQA) standards in our three-year survey.
- Eliminated prior authorization codes for approximately 200 drugs and procedures.
- Promoted a member safety initiative that brought together pharmacists from the delivery system and the health plan that allowed

members who use multiple medications simultaneously (i.e., polypharmacy) to work with pharmacists in both inpatient settings and at home.

- Promoted internal collaboration between patient-centered medical homes (PCMH) and Native American Affairs.
- Onboarded First Nations Community Healthsource as our first small volume PCMH.

### Opportunities in 2019

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

identified for 2019:

- Improve the care management platform to streamline current processes, enhance functionality and provide more training opportunities to end-users.
- Extend incentive/value-based program arrangements to providers in areas where readmissions are high.
- Fortify HEDIS strategies to increase member engagement.
- Enhance provider education opportunities that involve clinical and pharmacy measures.

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

<sup>2</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

## Advising Patients on Risks of Opioid Overdose

Presbyterian ensures the appropriate use of prescription medications by monitoring potential abuse or inappropriate utilization of medications and implementing interventions that ensure safer prescribing practices for chronic pain management, early screening and detection of opioid misuse, and early intervention and treatment of substance use disorders.

In addition, in accordance with Senate Bill 221, Presbyterian requires providers to do the following:

- Advise patients on the risks of opioid overdose and availability of an opioid antagonist when they first prescribe, distribute or dispense an opioid analgesic and on the first occasion each calendar year thereafter.
- Co-prescribe an opioid antagonist when the amount of opioid analgesic prescribed is at least a five-day supply.
- Include the following information in the prescription for the opioid antagonist:
  - Written information about the temporary effects of the opioid antagonist.
  - Techniques for administering the opioid antagonist.
  - A warning that instructs the person who administers the opioid antagonist to call 911 immediately after administering the opioid antagonist.

Providers can view Senate Bill 221 in its entirety at <https://legiscan.com/NM/bill/SB221/2019>.

## The Medical Assistance Division Replaces Supplement 18-10

Presbyterian is committed to keeping providers informed about any changes that may affect their practice and patient satisfaction. Therefore, we would like to share with Centennial Care providers that on April 30, 2019, the New Mexico Human Services Department's Medical Assistance Division (HSD/MAD) indicated that the codes published in the State of New Mexico Medical Assistance Program Manual Supplement 18-10 (dated Dec. 6, 2018) were inaccurate. HSD/MAD replaced Supplement 18-10 with Supplement 19-06.

Supplement 19-06 advises Centennial Care providers to use the **procedure code 99455** with **diagnosis code Z00.00** when billing new or annual physical health examinations for adults who are 21 years old and older and apply for or receive Home and Community-based Services (HCBS) through the Developmental Disabilities (DD), Medically Fragile (MF) or Mi Via waiver programs.

Providers should follow the instructions below when they submit claims for physical health examinations:

- The claim must be submitted to the Medicaid fiscal agent, Conduent.
- Claims must be submitted using **procedure code 99455** with **diagnosis code Z00.00**.
- If the member is not eligible for full Medicaid benefits at the time of the physical health examination, the provider who performed the exam must have the member or the member's representative obtain a Medical Services Authorization ISD-309 form from their local Income Support Division (ISD) office.
  - Once the ISD-309 form is obtained, it must be attached to the claim and sent to Conduent.

As a reminder, Centennial Care providers are responsible for complying with all instructions, directives, billing, reimbursement,

audit, recoupment, and withholdings provisions made available by HSD/MAD and its authorized agents. Providers are also responsible for obtaining, maintaining, and keeping updated program rules and instructions on billing and utilization review, and other pertinent materials made available by HSD/MAD and its authorized agents through mailings as found on HSD's website.

Providers may view the State of New Mexico Medical Assistance Program Manual supplements in detail by visiting the following link: [http://www.hsd.state.nm.us/providers/Registers\\_and\\_Supplements.aspx](http://www.hsd.state.nm.us/providers/Registers_and_Supplements.aspx).

Providers may contact Annabelle Martinez with MAD at (505) 476-7251 with any questions regarding Supplement 19-06. Providers may also contact their Provider Network Operations (PNO) relationship executive, whose contact information can be found on the PNO Contact Guide at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide).



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

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## 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>