

Network Connection

Information for Presbyterian
Healthcare Professionals,
Providers, and Staff



JULY 2017

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

Register with Medicaid and Prevent Claims from Being Denied

We understand that nothing is more frustrating than claims issues. To ensure Medicaid claims are paid correctly and in a timely manner, providers must be enrolled with New Mexico Medicaid and meet the requirements for their specific provider type (taxonomy). If providers do not meet the requirements for their specific taxonomy, they will receive a notification that the managed care organization (MCO) cannot pay their claim. If this happens to your office, please take the following steps:

1. Centennial Care providers need to check the Medicaid web portal to determine how New Mexico classified their enrollment. Providers may need to enroll for an additional provider type (taxonomy).
2. When Centennial Care providers are not enrolled, then they need

to complete the enrollment process on the Medicaid web portal.

3. If Centennial Care providers are unsure of their overall status after looking on the web portal, then they need to contact Presbyterian for guidance.

If providers are experiencing difficulty with claims or are receiving claim denials due to the taxonomy code requirement, they should contact their Provider Network Management relationship executive. The taxonomy codes allowed by Presbyterian on claims are driven by the provider's enrollment with New Mexico Medicaid.

For more information, visit the New Mexico Medicaid Portal at <https://nmmedicaid.acs-inc.com/static/index.htm>.

Annual Summary of Presbyterian's Quality Improvement Program

Presbyterian's Quality Improvement (QI) Program is committed to continual improvement of care and services. The program's improvement activities are designed to achieve improved health outcomes for our members and improved satisfaction for both members and providers.

At the end of each year, we evaluate the QI Program to measure our performance. Through this evaluation, we identify opportunities for improvement and make recommendations for changes to next year's program. The QI Program's 2016 summary includes information about the program's processes, activities, goals and outcomes related to member care and services. The following are some of the 2016 activities and results.

Practitioner/Provider Satisfaction

The annual survey conducted by Symphony Performance Health Analytics (SPH) indicated that approximately 91 percent of our provider network would recommend Presbyterian to members and other physicians. In addition, the survey results indicated that the health plan exceeds practitioner/provider satisfaction in comparison with other health plans in New Mexico. We use these results to focus on improvements that will ensure more time for patient care by reducing administrative obstacles.

Member Experience/Satisfaction

In 2016, overall member satisfaction improved for three groups: Commercial HMO members, Medicaid adult members and Medicare PPO members. Member feedback indicated that changes in cost, coverage and benefits continue to impact their overall rating of the health plan. Our quarterly member survey indicated that opportunities for continued improvement in satisfaction exist relative to education of benefits, member information and communication, and practitioner/provider access and availability. A separate, in-depth quantitative and qualitative analysis identified opportunities for improvement.

Accessibility of Services

One of the ways Presbyterian measures access is through the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®)¹ member survey that evaluates accessibility of services. Accessibility is measured by the member's ability to make regular and routine care appointments, and by the member's access to urgent and after-hours care.

Accessibility of services remains a challenge and continues to present opportunities for improvement. Although we did not meet the goal for routine primary care, results improved from 2015 to 2016 for all products except for Medicare HMO and Medicaid's subset for children.

We acknowledge that accessibility remains a challenge statewide for specialty care due to lack of specialists in specific specialty care categories and geographic areas, and we will continue to work to close these gaps.

NCQA Accreditation

Presbyterian's accreditation status through the National Committee for Quality Assurance (NCQA) remained "Accredited" for all products with the exception of Medicare HMO, which maintained a "Commendable" status.

Opportunities

Opportunities for 2017 include:

- Improving practitioner/provider satisfaction.
- Simplifying the claims resolution process.
- Evaluating the utilization management process.
- Engaging and educating practitioners/providers about formularies.
- Evaluating the Medicare Advantage PPO Member Rewards pilot and Centennial Care Member Rewards Program.
- Evaluating and expanding the Provider Quality Incentive Program to additional contracted network practitioners/providers.
- Developing an automated approach to the management of member rewards and Provider Incentive Program.

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Accomplishments

Our accomplishments in 2016 include:

- Increased Centennial Care participation in the Baby Benefits Program.
- Launched a cross-functional, enterprise-wide development of the High Risk Maternity Program.
- For the second consecutive year, the Presbyterian Commercial HMO/PPO/POS product was rated the top private plan in New Mexico by the NCQA.
- Completed the implementation plan for a Jan. 1, 2017, go-live date of Presbyterian Dual Plus (HMO SNP).
- Met targets for three of the four Healthcare Effectiveness Data and Information Set (HEDIS®)² measures for comprehensive diabetes care for Medicaid.
- Met HEDIS targets for the HEDIS medication adherence measure “Follow-up Care for Children Prescribed ADHD Medication” for the Commercial HMO/POS/PPO and Medicaid product lines.
- Developed and implemented a comprehensive plan to drive improvement in the Medicare Advantage Health Outcomes Survey (HOS) and CAHPS survey.

Contact Us

For more information about the QI Program, please contact the Quality department at (505) 923-5516.

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

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

Save Presbyterian Members Money and Refer Them to In-Network Lab Providers

Presbyterian exists to improve the health of the patients, members and communities we serve. One way we do this is by ensuring our members have access to affordable healthcare, so they can receive the care they need, when they need it. That is why our network of contracted providers is designed to have the member pay less when they receive services from in-network lab providers.

For this reason, we want to remind providers that they are contractually obligated to refer Presbyterian members to in-network providers only. The use of out-of-network providers, including laboratory providers, can cause members to pay more out of pocket.

Please note that TriCore Reference Laboratories (TriCore) is Presbyterian’s exclusive lab in New Mexico. Providers are required to refer all laboratory services, including genetic and genomic testing, to TriCore. The only exception to this requirement is for laboratory tests performed in the physician’s office covered under the in-office laboratory list. Laboratory procedures performed in office must be performed according to the

provider’s Clinical Laboratory Improvement Amendments (CLIA) certification level.

It’s important for providers to order tests for Presbyterian members from in-network labs not just because members receive greater benefits when they do, but also due to a growing trend attributed to out-of-network labs that perform costly, medically unnecessary and excessive testing. The Centers for Medicare & Medicaid Services (CMS) is closely monitoring waste in this area, especially due to the increased costs associated with unnecessary or excessive lab tests when only one test is needed.

Presbyterian is also closely monitoring orders to out-of-network lab providers and will seek compliance with contractual provisions that require referrals to in-network lab providers. The continued use of out-of-network providers will result in corrective action, up to and including termination of your practice from the network.

To find a TriCore location near your office, visit <http://www.tricore.org/locations>.

Behavioral Health Bridge Appointments – Helping Members Return Home

Proper transition from inpatient behavioral health facilities back into the community is essential for lasting rehabilitation and relapse prevention. Presbyterian recently implemented bridge appointments for members in inpatient behavioral health facilities with a psychiatric unit. This new program helps transition members back into the community following their stay to reduce the risk of readmission and increase the likelihood that members will keep needed follow-up appointments.

All members discharged from an inpatient level of care with a primary mental health or substance abuse diagnosis are eligible for a bridge appointment. The appointment should occur after the member is officially discharged from the inpatient behavioral health unit, but before leaving the facility. The bridge appointment is conducted by a licensed behavioral health clinician from the staff associated with the facility, staff affiliated with an outpatient group that serves the facility or the member's post-discharge provider.

When treating and discharging children, family involvement is critical. The bridge appointment should be completed with the parent/legal guardian present whenever possible. As a reminder, minors who are 14 years old and older in New Mexico are able to consent to a bridge appointment without a parent or legal guardian.



Focus of a Bridge Appointment

Bridge appointments take approximately 20 to 30 minutes, and the focus of the appointment includes:

- A review of the discharge plan and instructions with the member.
- Education on the importance of follow-up appointments with the member's provider and how engagement in after-care treatment can reduce the possibility of readmission.
- A review of the member's prescribed medications.
- Education on the importance of taking medication as prescribed.
- A discussion of potential barriers for keeping follow-up

appointments and identification of interventions. Please note interventions are not necessarily covered services.

Authorizations and Claim Submissions

A prior authorization is not required for bridge appointments, and inpatient providers can bill for a bridge appointment on the day of discharge.

For more information about bridge appointments, contact Presbyterian Behavioral Health at 1-800-424-6035, or contact your assigned provider liaison using the contact guide located at www.phs.org/ContactGuide.

Diagnosing Autism Spectrum Disorder (ASD) Early Can Improve Quality of Life

Autism Spectrum Disorder (ASD) can be a life-altering diagnosis. This disorder is characterized by problems with social communication, unusual behaviors such as fixed interests, inflexibility, repetitive behaviors and/or abnormal responses to sensations.

In recent years, it has become clear that individuals with ASD, despite sharing some behavioral challenges, can be quite different from one another. One thing that remains true and constant, however, is that early identification and treatment affords

greater opportunities for successful interventions that support healthy development and improved function and quality of life. According to the Centers for Disease Control and Prevention (CDC), the median age of first diagnosis is three years old. Research shows that a diagnosis of autism at the age of two can be reliable, valid and stable; however, most children are not diagnosed with ASD until after the age of four.

When one of our members is diagnosed with ASD, they may be assigned a care coordinator who

specializes in autism resources and who will help ensure that the member gains access to the most appropriate and effective services.

Diagnostic providers, with the exception of UNM CDD, all specialize in applied behavior analysis (ABA). ABA is recognized as an effective treatment for autism, and an ABA provider can most often identify, address and reduce challenging behaviors, as well as teach many skills and routines.

While Presbyterian's Behavioral Health department strives to ensure that our members have access to autism resources and providers, our Clinical department ensures that our members are connected to the appropriate providers. Through effective coordination of care across all departments, our members with autism have a chance at developing to their full potential.

If you know a Presbyterian Centennial Care member who would like to access care coordination to help them connect to the appropriate ABA provider, you can direct them to call the Centennial Care Behavioral Healthcare Coordination team at (505) 923-1242 or 1-866-672-1242.



Save the Date: Our Provider Education Conferences and Webinar Series Are Coming Soon

Join us at our annual Provider Education Conferences and Webinar Series and stay up to date on the current changes in the health plan. We will cover our policies and procedures, the Centennial Care program, and many requirements by the New Mexico Human Services Department. We will host:

- A half-day conference in Albuquerque on Thursday, Aug. 24, which will include guest speakers and breakout sessions.
- A morning in Las Cruces on Wednesday, Sept. 20. **Please note:** The date and time of the Las Cruces conference published in the May issue of the provider newsletter has changed to the date listed above.

2017 PRESBYTERIAN Provider Education Conference & Webinar Series

- A webinar training session in December.

Providers or their staff only need to attend one of these training events. To learn more and register, visit <https://phs.swoogo.com/PHP17>. Contact your Provider Network Management relationship executive if you have any questions about upcoming training events.

Clinical and Preventive Healthcare Guidelines

Clinical Practice Guidelines

Clinical Practice Guidelines are systematically developed statements designed to help providers make decisions about certain healthcare services needed for a specific clinical circumstance. All guidelines are evidence-based and adopted in whole or in part from nationally recognized organizations utilizing scientific literature, such as the Centers for Disease Control and Prevention (CDC).

Presbyterian's clinical practice guidelines for physical health are available on the provider webpage at <https://www.phs.org/providers/resources/reference-guides/Pages/clinical-practice-guidelines.aspx>.

Presbyterian's clinical practice guidelines for behavioral health are available on the provider webpage at <https://www.phs.org/providers/resources/reference-guides/Pages/medical-pharmacy-behavioral.aspx>.

Preventive Healthcare Guidelines

The U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in prevention and evidence-based medicine, who make recommendations to help primary care clinicians and patients decide together whether a preventive service is right for the patient's needs. Presbyterian's Preventive Healthcare Guidelines are based on the USPSTF recommendations and are available for providers online at <http://docs.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmdev1001475.pdf>.

Presbyterian aligns with the CDC's child and adolescent immunization schedule, which is available at <http://www.cdc.gov/vaccines/schedules/index.html>.

The guidelines also include mandates from the New Mexico Health and Human Services department (HSD) for managed care organizations found in the New Mexico Administrative Code (NMAC).

EPSDT Program, Well-Child Visits and Lead Testing

Children have the opportunity to utilize preventive, dental, mental health, and developmental and specialty services through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

The EPSDT Program is Medicaid’s comprehensive and preventive child health program for individuals 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. The EPSDT Program emphasizes the need for comprehensive care and the early discovery of health or developmental concerns.

EPSDT Screening Schedule and Tot to Teen Health Checks (Well-Child Checkups)

Presbyterian follows the New Mexico Medical Assistance Division’s health check periodicity schedule as well as the federal EPSDT Program screening schedule. Both New Mexico Medicaid and the Centers for Medicare & Medicaid Services (CMS) certification requirements will be met if the medical record documentation demonstrates that EPSDT Program screenings were conducted based upon the periodicity schedule noted below.

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	

Additional EPSDT Program information is available on the CMS website at:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>



Lead Level Screening

CMS updated its Medicaid lead screening policy for children eligible for EPSDT Program services. Both federal and state Medicaid regulations require that all children who are enrolled in Medicaid are tested at 12 months old and again at 24 months old. Children between the ages of 36 months and 72 months must receive a blood lead test if they were not previously screened for lead poisoning.

For more information, see <https://www.medicaid.gov/medicaid/benefits/epsdt/lead-screening/index.html>.

CMS recognizes that lead poisoning continues to be a problem for a small percentage of low-income children. Additional information on blood lead levels can be found on the New Mexico Department of Health’s website at <https://nmhealth.org/about/erd/eheb/clppp/>.



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TAKE NOTE

TALK TO US

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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 quarterly drawing to win a prize.

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