

# Network Connection

Information for Presbyterian  
Healthcare Professionals,  
Providers and Staff



NOVEMBER 2017

## NEWS FOR YOU

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## Presbyterian Will Issue New ID Cards to Centennial Care Members

At Presbyterian, we are committed to informing providers of changes in policies that affect their practice. Beginning Dec. 1, 2017, the Medical Assistance Division of the Human Services Department (HSD) will no longer issue blue Medicaid ID cards to Medicaid members who are enrolled with a Centennial Care managed care organization (MCO). Presbyterian Centennial Care ID cards will contain all appropriate information for services, which will help reduce administrative burden for providers.

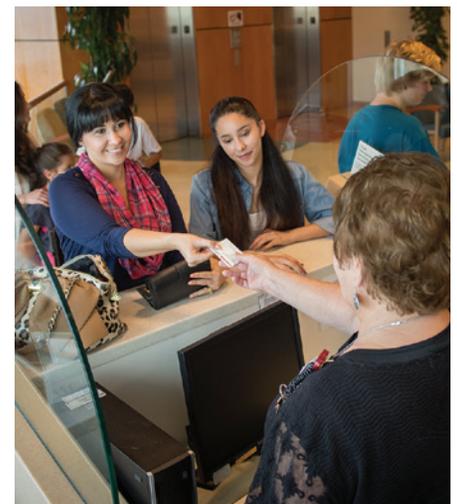
Providers will continue to see the following information on member ID cards:

- Member's name
- ID number
- Date of birth
- Effective date
- Group number
- Product
- Plan
- Name of the member's primary care provider (PCP)

Presbyterian will notify all Centennial Care members that they will no longer receive blue Medicaid ID cards.

We will mail the new ID cards no later than January 2018. Providers should check the myPRES Provider Portal to verify eligibility for Centennial Care members who may not have their new ID card at the time of their visit. Please note that members who are not enrolled with Centennial Care will continue to receive blue Medicaid ID cards.

If you have any questions about the new revised card policy, please contact your Presbyterian Provider Network relationship executive using our contact guide at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide).



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

## Use the myPRES Provider Portal to Verify Eligibility and Claims Status

As the healthcare industry continues to evolve, Presbyterian is dedicated to reducing healthcare costs without compromising customer service. One of the ways we accomplish this is by directing providers to use more cost-efficient resources.

The Provider Claims Activity Review and Evaluation (CARE) Unit is an expensive resource for providers to use to verify member eligibility or claims status. For this reason, effective Oct. 1, 2017, the Provider CARE Unit no longer provides information regarding eligibility or claims status.

The myPRES Provider Portal is one of the most convenient and economically efficient resources available to providers. By using myPRES, providers can instantly access information regarding member eligibility or claims status. To obtain this information, providers should log in to the myPRES Provider Portal. Billing agencies acting on behalf of a contracted Presbyterian provider should coordinate with the provider to get assistance with access to the myPRES Provider Portal.

Information available through myPRES includes but is not limited to:

- Member eligibility
- Member benefits



- Copayments, coinsurance, deductibles and out-of-pocket expenses
- Claims adjustment, inquiry, status or verification

Providers may also use the interactive voice response (IVR) system to verify eligibility as well as additional information. To access the IVR system, call (505) 923-5757 or 1-888-923-5757 and select option one. In addition, providers and any third-party billing agencies acting on behalf of a provider may opt to access HealthXnet, a resource that provides a variety of information and functions online, including eligibility verification and claims status.

Thank you for partnering with us to reduce the overall cost of healthcare. We appreciate your commitment to improving the health of the patients, members and communities we serve.

## Supporting Patients with Antidepressant Medications for Major Depression

Antidepressant medication adherence (AMA) for patients diagnosed with major depression can improve patients' daily lives and reduce the risk of suicide. One way Presbyterian assesses medication management and adherence is through the Healthcare Effectiveness Data and Information Set (HEDIS), a widely used set of quality measures from the National Committee for Quality Assurance (NCQA). HEDIS includes a measure to assess adherence to best practice protocols regarding follow-up care for adults who receive medication for major depression. Medication adherence is documented through claims submitted by pharmacies.

**Understanding the AMA Measure**  
Acute and continuation adherences

are two parts to the AMA measure that providers must ensure their patients meet.

In order for providers to satisfy the **acute** part of the measure, members must:

- Be 18 years old or older
- Be diagnosed with major depression
- Start antidepressant medication for the first time
- Stay on antidepressant medication for 12 weeks (i.e., three months)

In order for providers to satisfy the **continuation** part of the measure, members must:

- Be 18 years old or older
- Be diagnosed with major depression
- Start an antidepressant medication
- Stay on antidepressant medication for 180 days (i.e., six months)

### Current AMA Rates

Regionally, antidepressant medication rates are 54.58 percent for the acute phase and 39.58 percent for the continuation phase. Presbyterian's goal is to meet or exceed the regional rate. Providers who meet these established measures will have a positive effect on patient outcomes. If providers would like to discuss their group's rates with a Presbyterian medical director, please contact the Presbyterian Quality/Performance Improvement department at (505) 923-5017.

To review a helpful provider tip sheet, please go to <http://www.magellanpcptoolkit.com/primary-care-physician-toolkit.aspx>.

## Treating Depression in Adolescent Patients

Because teenagers today are experiencing higher levels of stress, severe depression is increasing at an alarming rate for this age group. Severe depression affects up to one in five teens, and girls are twice as likely as boys to be affected. Symptoms include the following:

- Loss of interest in friends, activities and school
- Withdrawn, aggressive or reckless behavior
- Drug or alcohol abuse
- Suicidal behavior

In February 2016, the U.S. Preventative Services Task Force (USPSTF) recommended that adequate systems should be in place to ensure accurate diagnoses, effective treatment and appropriate follow-up care. The two reports most often studied are the Patient Health Questionnaire for Adolescents (PHQ-A) and the primary care version of the Beck Depression Inventory. The USPSTF also recommended that adolescents ages 12 to 18 should be routinely screened for major depressive disorder.

Because these are only screenings, a clinical interview should follow a positive screen, and then treatment should be arranged. Treatment options include the following:

- Pharmacotherapy
- Psychotherapy
- Collaborative care
- Psychosocial support interventions
- Complementary and alternative approaches

Once in treatment, the use of scales (including the ones used for screening) can provide a more objective means to monitor treatment progress. Increasingly in behavioral healthcare, the use of similar measures is recommended and shown to improve outcomes.

Presbyterian Centennial Care's Disease Management Program is reaching out to adolescent members who scored high on the depression symptom scale (i.e., PHQ-9) to ensure they receive effective treatment. The Disease Management Program offers members and their families education on the treatment of depression, medication benefits and side effects. They also work with the member's care coordinator to assist in finding the member appropriate care.

We greatly appreciate the opportunity to partner with providers to reduce adolescent depression.



## Meeting the Healthcare Needs of Transgender People

Presbyterian embraces the rich diversity of the people we serve. We believe in providing high-quality care and are committed to ensuring that all members are treated in a respectful manner that recognizes an individual's spoken language, gender identity and the role culture plays in a person's health and well-being.

According to the 2015 U.S. Transgender Survey (USTS), which was released in December 2016 and completed by nearly 28,000 transgender individuals, transgender people encounter disturbing patterns of mistreatment and discrimination.

Over the last few years, there was an increase in public awareness of transgender issues.

It's critical to understand that transgender identities can be expressed in many ways. For instance, not every transgender person goes through hormone replacement therapy or has gender-affirming surgery. This makes it especially important for providers to talk to their transgender patients about their transition and reproductive goals.

The Standards of Care, published by the World Professional Association for Transgender Health, gives providers a comprehensive approach to transgender healthcare, including changes in gender role and gender medical procedures. When it comes to primary and preventive care, it's crucial to remember that transgender patients may still have the reproductive organs they were born with and will need the appropriate care to ensure those organs stay healthy. Therefore, transgender men may still need breast exams and pap smears, and transgender women may still need prostate exams to screen for cancer.

The Columbia University School of Nursing published an article called "Caring for Transgender Patients, Body and Mind" that offers the following insight to improve the transgender patient experience:

- Intake forms should ask patients to fill in the sex on their birth certificate and how they describe their current gender identity.
- On the intake form, include checkboxes for male, female, transgender woman, transgender man, gender queer or other. Note: Not all transgender people identify as either male or female. Some identify as neither and prefer the non-gender pronoun "they."
- Train receptionists to use gender-neutral pronouns.
- Ask patients what name they go by and which pronouns (i.e., he, she, they) they prefer.

Please be aware that some transgender individuals may be uncomfortable with their bodies and find some elements of a physical exam traumatic. For this reason, unless there is an immediate medical need, sensitive elements of the exam, such as breast, pelvic and prostate exams, should be delayed until providers develop a strong rapport with their patients.

While it's important to pay attention to a transgender patient's physical care, it's also necessary to pay close attention to their mental well-being. During the

transition process, many transgender patients experience changes in their relationships, and the social stigma many encounter can take a toll on a person's mental and emotional well-being. According to the USTS, 40 percent of respondents attempted suicide in their lifetime — that's nearly nine times the general attempted suicide rate in the U.S. population. Thus, taking time to build a trusting patient-provider relationship is critical and can be lifesaving. A primary care provider (PCP) is an important point of contact for transgender patients to receive the behavioral health services they need.

Building a strong provider-patient relationship is crucial to meeting the healthcare needs of transgender people. According to Project AFFIRM, a study that aims to learn more about the identity development and health of transgender people, when patients had positive experiences with their healthcare providers, many credited these relationships to saving their lives.



## There's More Than One Way to Screen 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 this test simpler to prepare for 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:

- Has your patient had a colonoscopy within the past 10 years or a flexible sigmoidoscopy within the past five years?
- Has your patient had the FIT/iFOBT within the past year?
- Does your patient have 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, then 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 test include:

- 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., 15 days at room temperature or 30 days refrigerated)
- Can be performed 24 hours a day, seven days a week
- Receive results usually 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	
Test Name	Occult Blood, Fecal - Screen
Mnemonic	OCLT-SCRN
CPT Code	82274 (G0328-Medicare)
DIAGNOSTIC TEST	
Test Name	Occult Blood, Fecal - Diagnostic
Mnemonic	OCLT-DIAG
CPT Code	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>.

# TAKE NOTE

## Alternatives to BioTE for Hormone Replacement Therapy

While hormone replacement therapy is often a treatment for menopause, it can also be used for a variety of reasons, including the treatment of osteoporosis and hypogonadism as well as the reinforcement of a person's gender identity. Presbyterian covers many hormone replacement therapies that are safe, effective and approved by the U.S. Food and Drug Administration (FDA).

We would like to remind providers that BioTE is not covered, even if a member signs a waiver, because it is

not approved by the FDA, and its safety or effectiveness cannot be confirmed. According to the FDA, there is no scientific evidence that BioTE is safe and more effective than FDA-approved hormone therapy).

Presbyterian covers the following hormone replacement therapies that are approved by the FDA:

- Alora
- Estrasorb
- Femring
- Divigel
- Estrogel
- Premarin
- Estrace
- Estropipate
- TESTOPEL
- Estradiol
- Evamist
- Yuva fem

A prior authorization may be required for these hormone replacement therapies and medications. For clarification on which therapies and medications require a prior authorization, please refer to Presbyterian's Prior Authorization Guide at [www.phs.org/providers/authorizations](http://www.phs.org/providers/authorizations).

# REGULATORY REMINDER

## How to Access Presbyterian's Medical Policies

Presbyterian maintains medical policies, sometimes referred to as clinical criteria and utilization management criteria, which are regularly reviewed and approved through the appropriate internal quality committees. Medical policies include the following information:

- Services covered, including clinical indications for the service
- Prior authorization requirements  
**Note:** Even when prior authorization is not required, the clinical indications for the service still apply. All claims are subject to retrospective review.
- Exclusions to coverage
- Coding that should be used as a reference only  
**Note:** Covered and non-covered codes are included in the coding list.

### General information about medical policy coverage determinations

Presbyterian uses recommendations from Hayes Inc., an independent



technology assessment firm, and current medical literature, including clinical trials, to support decisions. We also consider the decisions of the Centers for Medicare & Medicaid Services (CMS) to provide guidance related to medical policies and procedures. Presbyterian may also use the following to determine if an item is investigational or experimental:

- U.S. Food and Drug Administration reviews
- Evidence obtained from reports and articles in peer-reviewed medical and scientific literature
- Formalized position statements of professional organizations

Criteria used for authorization determination include but are not limited to Milliman Care Guidelines (MCG) and National Imaging Associates Inc. (NIA) guidelines.

The medical policies are available on Presbyterian's website in the Medical Policy Manual at <https://www.phs.org/providers/resources/medical-policy-manual/Pages/default.aspx>. Providers may also request a hard copy or a faxed copy of any medical policy by calling us at (505) 923-5757, option 4, or 1-888-923-5757, Monday to Friday, 8 a.m. to 5 p.m.

## Thoughts from Porfirio “Pilo” Bueno, the Director of Recovery

When drugs and alcohol ruin lives, abstinence from dangerous substances is noteworthy and cause for celebration. As the director of recovery, I hear people talk about their recovery. The word “recovery” implies that something was lost and now is found, or a temporarily declined state of wellness.

When we speak with people who have overcome behavioral health challenges, we find that there are factors that contribute to their success. We learn that reaching out to other people, engaging in activities that bring joy and satisfaction, contributing to society and placing focus on gratitude all foster recovery. But for so many, recovery is just the beginning.

We are fortunate to have many people who have overcome similar experiences on our team at Presbyterian. Some of these people serve the organization as peer support specialists, who learned to navigate systems and challenging conditions to overcome obstacles. Peers are people who help us understand that recovery is a journey, lifestyle, and bedrock of hope and possibility.

Our Behavioral Health team can assist providers with screening patients for substance abuse by contacting our behavioral health case management team at 1-800-741-5044.

## The Benefits of Mindfulness Exercises over the Holidays

It’s the most wonderful time of the year. But holiday obligations, like social events, family gatherings, traveling, cooking and shopping, can leave providers, office staff and patients feeling overwhelmed. The large crowds, long lines and mad rush leading up to major holidays are unavoidable. It is important to manage the additional stress of the holiday season before it affects thoughts, feelings and behaviors. Mindfulness exercises are a great way to cope with stress and revitalize the mind and body during the holiday season.

Mindfulness is living in the moment rather than focusing on the past and future. It is being fully aware and present of the environment. According to the Mayo Clinic, practicing mindfulness exercises can help reduce stress, anxiety and depression, improve mood and promote positive thinking. Mindfulness exercises are as simple as breathing. Breath exercises are a great way to release negative energy, reduce tension in stressful situations, and they are a helpful reminder to stay present. Other common exercises include physical exercise and meditation. It is easy to forego physical exercise during the holidays, but the benefits are too gratifying to pass up. According to the Mayo Clinic, 25 minutes of exercise a day can reduce stress, improve mood, boost energy and promote healthier sleep.

Practicing mindfulness balances day-to-day stresses and demands by satisfying personal needs and making time for self-care. Holiday obligations are important, but carving out time for relaxation,

physical exercise, fun activities and sleep recharge the mind and body. In addition, self-care increases the ability to connect with people, improves responses to stressful situations and increases the overall happiness people experience. While it is easy to be weighed down by the pressures of holiday expectations, focusing on self-care is the perfect gift for the mind and body. For those interested in trying a mindfulness exercise, or sharing it with others, here is a simple breathing exercise from Presbyterian that helps reduce stress.

### The Relaxing Breath Exercise

You can do this exercise in any position.

1. Place the tip of your tongue against the ridge of tissue just behind our upper front teeth and keep it there throughout the exercise.
2. Close your mouth and inhale quietly through your nose to a mental count of four.
3. Hold your breath for a count of seven.
4. Exhale completely through your mouth, making a “whoosh” sound and counting to eight.
5. Repeat the cycle as needed.



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## TAKE NOTE

### TALK TO US

Send your questions or comments to our *Network Connection* editor at:



EMAIL:  
providercomm@phs.org



PHONE:  
(505) 923-8787



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>