

Welcome!

Presbyterian Health Plan and
Presbyterian Insurance Company, Inc.
2011 Provider Education Conference

Materials

- Provider Network Management Guide
- 2011 Recent Communications
- Clearinghouse Contact Information
- Enterprise Wide Complaint Management Information (Appeals and Grievances)
- Notice of Medicare Non-Coverage Form
- Culturally Competent Care
- Diabetes Educators List
- Requesting and Obtaining A Second Opinion

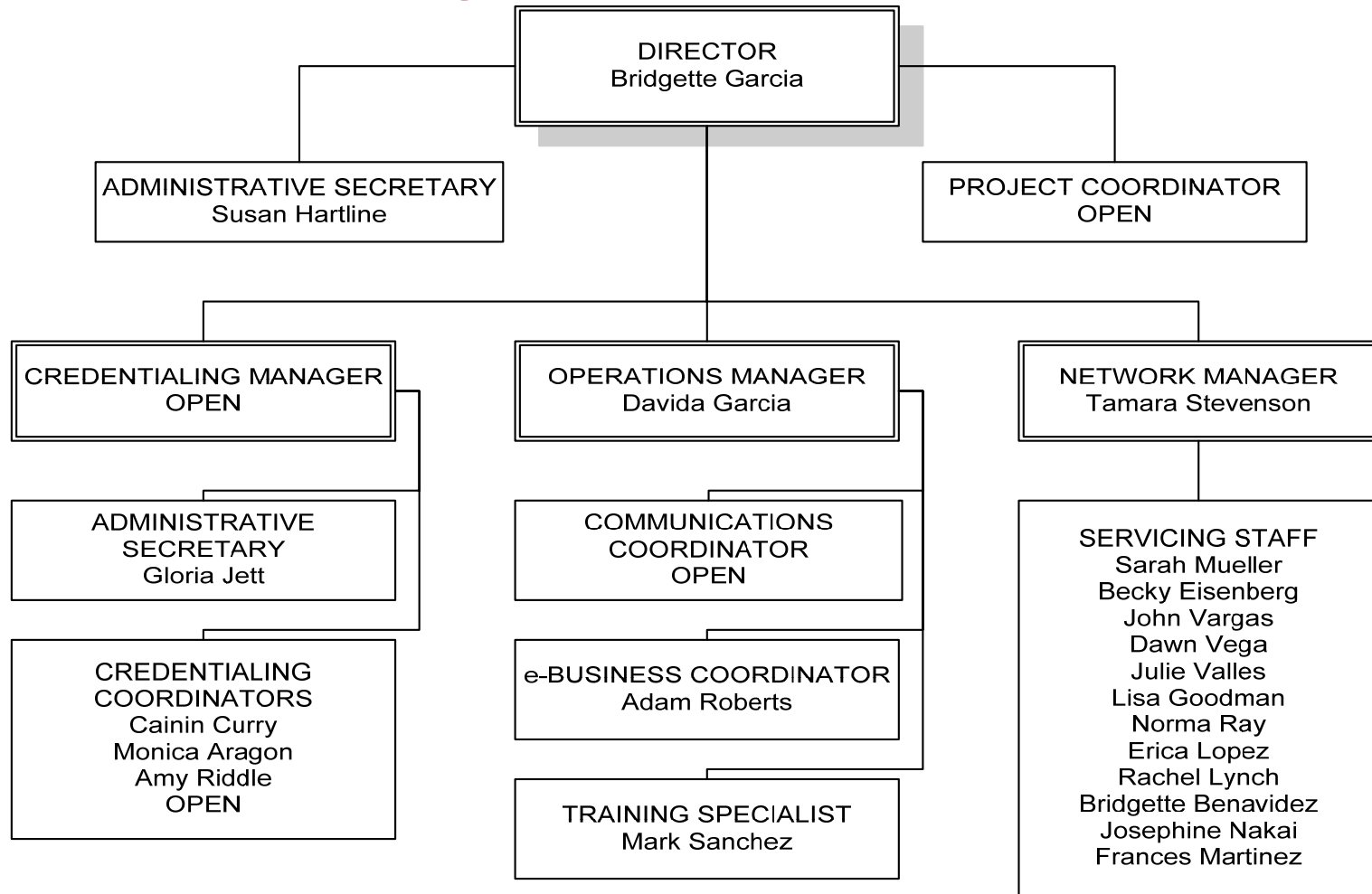
Materials

- Recovery of Claim(s) Overpayment Through the Explanation of Payment Manual
- New Mexico Health Information Technology Regional Extension Center Brochure

Provider Services is now Provider Network Management

- Provider Network Management Guide (departmental listing)
- Organizational Chart

Provider Network Management Organizational Chart



Provider Network Management Guide

- This guide is a comprehensive listing of the Provider Network Management department.
- It is also a part of the electronic materials sent along with the Webinar information.
- It can be found on www.phs.org at the following location:

<http://www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmdev1001499.pdf>

Online Provider Resources

- Pres Online: www.phs.org
- Provider Manual:
www.phs.org/PHS/healthplans/info/providermanual/index.htm
- Provider Communications:
www.phs.org/PHS/healthplans/info/communications/index.htm
- Pres Online Registration:
www.phs.org/PHS/healthplans/content/ProviderAccessstoPresOnline/index.htm
- Benefit Certification:
www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmdev1001400.pdf

Dedicated Provider Line

Presbyterian Health Plan, Inc. and Presbyterian Insurance
Company, Inc. Provider Line

1-888-923-5757 or 1-505-923-5757

IVR Menu Options

Option 1 Member Eligibility, Co-Payments,
Deductibles and Primary Care Practitioner
Verification

Option 2 Claims Mailing Address: (New claims, claim
re-submissions and corrected claims)

Presbyterian Health Plan
PO Box 27489
Albuquerque, NM 87125-7489

Dedicated Provider Line

Option 3 Pharmacy Services: Pharmacy Exceptions
Requests, Benefits

Option 4 Health Services: Prior Authorization
Requests, Utilization Review, Case
Management

Option 5 Behavioral Health: Prior Authorization
Requests, Utilization Review, Case Management

Option 6 Provider CARE Unit: Claims Research/Adjustments,
Benefit Information

Option * Repeat Options

What's New at Presbyterian?

- Presbyterian Rust Medical Center (PRMC)
- Emergency Department Navigator (update)
- 5010 Implementation
- ICD-10
- National Drug Code (NDC) Information

Presbyterian Rust Medical Center (PRMC)

- Opening: October 24, 2011
- Full-service hospital that will service the Rio Rancho and Westside communities.
- Inpatient Services:
 - Women’s Services and Mother-Baby Care
 - Neonatal Intensive Care (NICU)
 - Adult Critical Care
 - Orthopedic Joint Replacement and Sports Medicine
 - Traditional and Minimally Invasive Surgery
 - General Medical Care

Presbyterian Rust Medical Center

- Outpatient Services
 - Comprehensive Emergency Care
 - Advanced Imaging Services
 - Surgical Services
 - Endovascular and Catheterization Lab

Presbyterian Rust Medical Center

- State of the Art design with “green” features
- Physician Office Building with room for 60 Presbyterian Medical Group physicians. Five specialty clinics:
 - OB-GYN
 - General Surgery
 - Orthopedics/Podiatry
 - Cardiology
 - Pulmonary
- Creating jobs for New Mexicans: once complete, PRMC will have 400 permanent employees

Emergency Department Navigator Project

- This project was designed to navigate non-emergent patients from our Emergency Department to a more appropriate venue of care.
- Patient Navigator Roles and Responsibilities:
 - Interview & Conduct Needs Assessment
 - Primary Care Practitioner Assignment
 - Primary Care Scheduling
 - Patient & Member Education
 - Assist with Referrals to Case Management & Community Resources
 - Coordinate Transportation

Emergency Department Navigator Project

- Patient Navigator: Recognized Benefits
 - Improve patient access to Primary Care
 - Better education of what constitutes emergent/urgent medical conditions
 - Reduce costly episodic care for affordable continuity of care
 - Improve true emergency access when needed
 - Become a model for healthcare reform throughout the country*
 - *Mayo, Cleveland, Geisinger, Intermountain, Kaiser and **Presbyterian**

Emergency Department Navigator Project

The number of patients that have been successfully
“nagivated” through our program:

13,390!

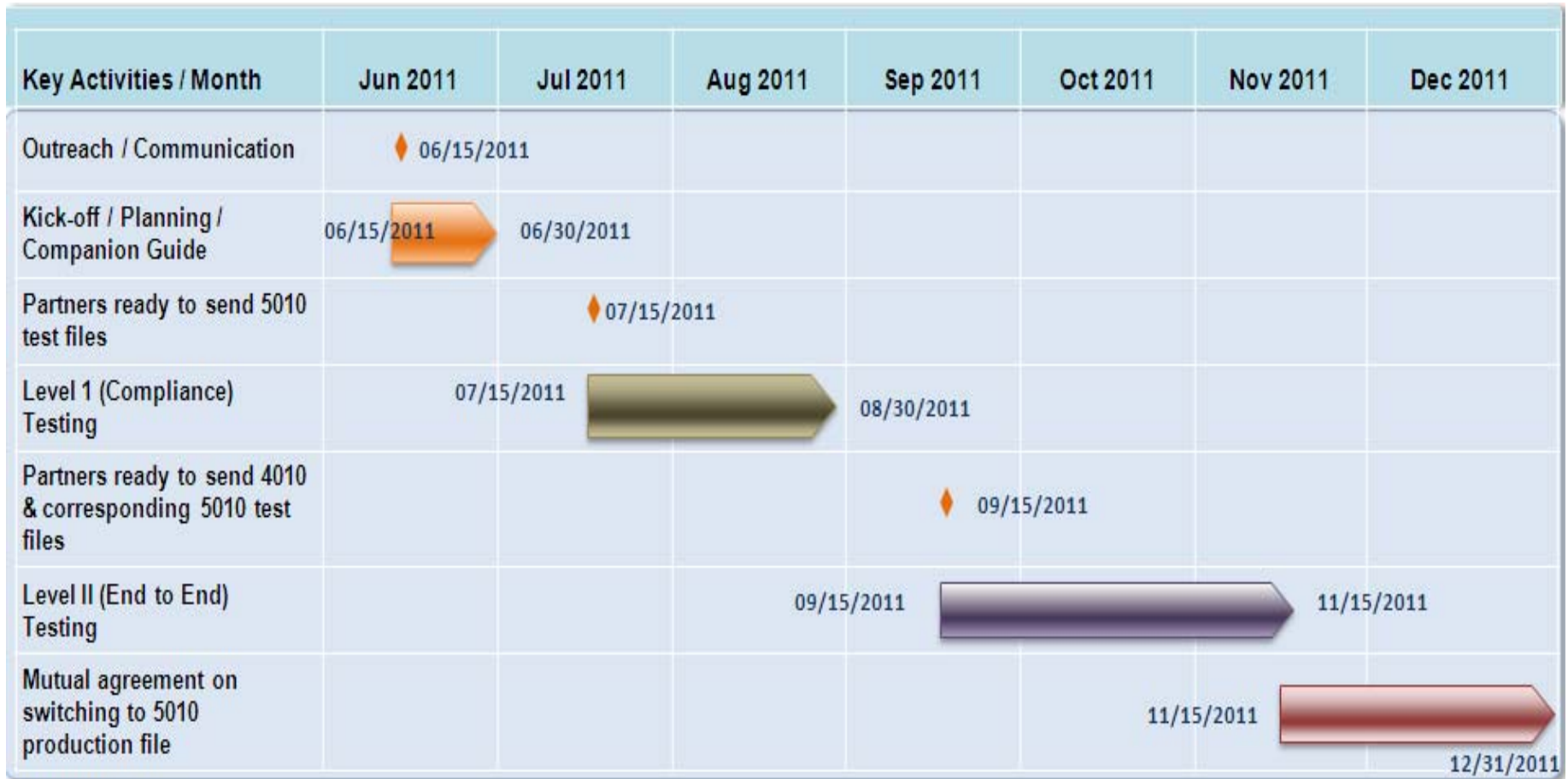
5010 Update

- For the healthcare industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical. Implementation is 1/1/12.

5010 Update

- The 5010 standard introduces more than 1,000 changes to the existing 4010 standard. These changes include:
 - Front matter changes
 - Technical improvements
 - Addition and deletion of data elements
 - Modification of existing elements (different lengths or data types)
 - Data Content

5010 Update



5010 Changes to keep in mind.....

- All U.S. addresses will require the full 9-digit zip code format
 - Example: 450 W. Country Club Rd., Roswell, NM 88201-5209
- The billing provider may be an individual only when the health care provider performing the services is an independent, un-incorporated entity. In these cases, the billing provider is the individual whose social security number is used for 1099 purposes
- The billing provider address must be a street address. Post office or lock box addresses are to be sent in the “Pay-to-Address” Loop (Loop ID-2010AB), if necessary.

ICD-10 Update

ICD-10 implementation on **October 1, 2013**

ICD-10-CM: Diagnosis coding

Used for inpatient **and** outpatient claims

- ICD-9-CM ≈13,000
- ICD-10-CM ≈68,000

ICD-10-PCS: Procedure coding

Used for inpatient claims only

CPT[®] codes will continue to be used for outpatient procedure coding

- ICD-9-CM ≈3,800
- ICD-10-PCS ≈72,000

ICD-10 Comparison to ICD-9

ICD-9-CM Diagnoses

1st char alphanumeric (only E and V codes)

3 to 5 characters

ICD-10-CM Diagnoses

1st char alphanumeric (all letters except U)

3 to 7 characters

ICD-9-CM Procedures

Numeric

Codes 3 to 4 characters

ICD-10-PCS Procedures

Alphanumeric

All codes 7 characters

ICD-9 General

Space is limited for new codes

Lacks significant detail

ICD-10 General

Easily expandable for new codes

More specific. For example, identifies:

- *Laterality*
- *Trimester*

ICD-10 Benefits

ICD-10 codes are **more specific**, which means there is **potential** for...

- More accurate payment for procedures
- Fewer rejected claims
- Better coding compliance
- Better understanding of outcomes and quality data
- Enhanced disease management
- Facilitation of computer-assisted coding systems
- Improved documentation
- Better interoperability for Electronic Health Records
- Greater flexibility for expansion of new codes

National Drug Code (NDC) Information

National Drug Code Requirements

Presbyterian's Policy

Training Manual

NDC Resources on www.phs.org

National Drug Code (NDC) Requirements

- Federal Deficit Reduction Act of 2005 (signed in 2006) requires Medicaid providers to report the 11-digit National Drug Code (NDC) on the CMS1500 and UB04 claim forms as well as on the 837 electronic transactions when billing for injections and other drug items administered in outpatient offices, hospitals, and other clinical settings. Providers were first notified of this requirement in November 2007, in the supplement information available on the New Mexico Human Services Department, Medical Assistance Division (NM HSD MAD) website at:
www.hsd.state.nm.us/mad/pdf_files/Supplements/MAD_REG_S_07-09.pdf
- In September 2010, NM HSD MAD began requiring all Medicaid practitioners and providers to supply the 11-digit NDC when billing for injections and other drug items on the CMS1500 and UB04 claim forms as well as on the 837 electronic transactions.
www.hsd.state.nm.us/mad/pdf_files/Registers/Registers2010/10%2003%20pharmacy.pdf

Presbyterian's NDC Claim Reject Policy

Presbyterian may reject claims when select Healthcare Common Procedure Coding System (HCPCS) codes, Current Procedural Terminology (CPT) codes, and revenue codes listed on slide #25 are billed and DO NOT include the following:

- 2-digit qualifier “N4”, immediately followed by the valid 11-digit NDC
- unit of measure qualifier and quantity including a decimal point for correct reporting
- correct reporting of units for the HCPCS, CPT, or revenue code
- and a valid HCPCS, CPT, or revenue code

Billing Codes Requiring an NDC

Presbyterian requires that all drug codes are reported with an NDC number.

On a CMS 1500 Claim Form:

- An NDC is required whenever the provider bills one of the HCPCS or CPT codes listed on the handout provided in your packet. The HCPCS or CPT code is also required on the claim form.

Billing Codes Requiring an NDC

On a UB04 Claim Form:

- HCPCS or CPT codes are required on the claim form whenever the provider bills one of the revenue codes listed below and the claim is an outpatient hospital, emergency room facility, dialysis facility, or other outpatient facility which uses the UB04 claim form.

An NDC must also be reported for the revenue codes listed below:

- Pharmacy revenue codes 0250, 0251, 0252, and 0254.
- Pharmacy revenue codes 0631, 0632, 0633, 0634, 0635, and 0636

NDC Resources on www.phs.org

The following resources are available at www.phs.org/PHS/healthplans/providers/index.htm

Salud NDC Supplement 11-03 (*State of NM Medical Assistance Div. Document*)

- National Drug Code Procedure Manual
- Salud NDC Letter to Providers (01/13/2011)
- Salud NDC Letter to Providers (10/29/2010)
- Salud NDC Letter to Providers (08/06/2010)
- Salud NDC Supplement 10-03 (*State of NM Medical Assistance Div. Document*)

Enterprise-Wide Complaint Management

Provider Grievances

Providers have the right to file a grievance if he/she:

- Is dissatisfied with a PHP/PIC decision to terminate
- Is dissatisfied with a PHP/PIC decision to suspend
- Disagrees with PHP's or PIC's general operations

Provider Grievances

Formal grievances:

- Should be submitted by e-mail at www.phs.org or in writing
- Challenging a decision or policy other than a claim denial will be completed within 30 days from the date of receipt
- Challenging a claim denial, claim adjudication, claim submission or claim resubmission not acted upon need to be submitted within 12 months from the date of service

Provider Appeals

Providers may appeal:

- The denial of a Benefit Certification or a concurrent review decision by submitting further documentation to support medical necessity. ***For all Benefit Certification appeals - Provider must obtain the Member's consent (exception-expedited appeal requests).***
- Correct Coding denials by submitting further documentation to support the coding
- Denials you feel may be inappropriate

Provider Appeals

- Appeals challenging a claim denial will be completed within 30 days from date of receipt.
 - Providers have 1 year from the date of service to appeal a claim or the denial will be upheld as past the filing limit. For overpayments identified by PHP, an appeal may be filed within 12 months of the date of service or 60 days of the notification, whichever is the later date.
- *Note: Corrected claims, proof of timely filing, new claims or adjustment requests need to be submitted to the Provider CARE Unit.

Member Appeals and Grievances

- All members have the right to make a complaint if they have concerns or problems related to their coverage or care.
- Two types of complaints a member can make are:
 - Appeal
 - Grievance

Member Appeals

- **Appeal:** The type of complaint Members make when they want us to reconsider and change a decision we have made about what services are covered for them or what we will pay for.
- **Medical Director Appeal:** Filed when Member is not satisfied with a Presbyterian Medical Director decision that either denied or limited a medical service.
- **Initial Appeal Review:** filed when Member is not satisfied with any other Presbyterian decision that was not made by a Medical Director, and did not deny or limit a medical service. Example: How Presbyterian paid a claim.

Member Appeals (cont'd.)

- **Fast Appeal:** Requested only when it is an emergency medical issue. This type of appeal is for those cases in which a longer time to reach a decision may increase the medical risk to the Member and not apply to issues such as the request to change a decision regarding how a claim was paid.
- With a Member's written consent, practitioners may also file an appeal on the Member's behalf.

Member Appeals (cont'd.)

To file an Initial Appeal or Fast Appeal, Members may:

- Call our Presbyterian Customer Service Center:
 - (505) 923-5678 or toll-free 1-800-356-2219
 - TTY users should call 1-877-298-7407
 - Monday through Friday, 7:00 a.m. to 6:00 p.m.
- Fax appeals to (505) 923-5124
- Send a written appeal request letter to:

Grievance and Appeals Coordinator
PO Box 27489
Albuquerque, NM 87125-7489

Member Appeals (cont'd.)

- Presbyterian must receive the Member's appeal request within 60 days of the action or decision that is being appealed.
- The appeal request should clearly explain the nature of the Appeal. Members should include any of the following that they feel may help their appeal:
 - Medical records
 - Medical literature
 - Medical bills
 - Expense records
 - Written statements or letters from the Member or a healthcare Provider

Salud Member Appeals

- **Salud Member Appeals:** A request for review by Presbyterian Salud of a Presbyterian Salud action.
- Action defined as:
 - A physical healthcare service the member or member's provider requests is limited or denied.
 - A physical healthcare service that a member has already been authorized to receive is limited or denied.
 - Presbyterian Salud decides not to pay for all or part of a physical healthcare service.

Salud Member Appeals (cont'd.)

- Presbyterian Salud does not give a member good service or does not respond to their complaints
- Presbyterian Salud does not complete a benefit certification/prior authorization for routine care within 14 days, or for urgent care within 72 hours

Salud Member Appeals (cont'd.)

- Salud Members have the right to file an appeal.
- The legal guardian of the Member for minors or incapacitated adults, a representative of the Member as designated in writing to Presbyterian Salud, or a Provider acting on behalf of the Member with the Member's written consent, has the right to file an appeal of an action on behalf of the Member.
- Filed within 90 calendar days of the date the member received notice of the decision.

Salud Member Appeals (cont'd.)

- Can be filed verbally by calling the Presbyterian Customer Service Center
 - (505) 923-5200 or toll-free 1-888-977-2333
 - TTY users should call 1-888-872-7568
 - Monday through Friday, 7:00 a.m. to 6:00 p.m.
- Fax appeals to (505) 923-5124
- Send a written appeal request letter to:
 - Presbyterian Salud
 - Grievance and Appeals Coordinator
 - PO Box 27489
 - Albuquerque, NM 87125-4789

Salud Member Fair Hearing Process

- Salud Members may ask for a fair hearing through NM HSD before, during, or after filing and resolving an appeal with Presbyterian Salud.
- A member may also request a Fair Hearing in lieu of filing a grievance or an appeal. If a Salud Member decides to ask for a fair hearing, they must do so within 90 calendar days of receiving notice of the decision with which they disagree.

Salud Member Fair Hearing Process (cont'd.)

To request a fair hearing, Salud Members can write to:

Fair Hearings Bureau
37 Plaza La Prensa
PO Box 2348
Santa Fe, NM 87507

Or call:

(505) 476-6213

Toll-Free 1-800-432-6217, and then press 6

Fax (505) 476-6215

Salud Member Fair Hearing Process (cont'd.)

- Salud Members may request a fair hearing for up to 90 calendar days after Presbyterian Salud's decision to deny or limit a physical healthcare service.
- Salud Members may request an extension of the benefit. Requests should be made within 13 calendar days of the decision by Presbyterian Salud. Presbyterian Salud will continue the service and wait for the outcome of the fair hearing.
- Salud Members may have to pay for services received if the fair hearing is resolved in favor of Presbyterian Salud.

Salud Member Fair Hearing Process (cont'd.)

- To request an extension of the benefit while waiting for the Fair Hearing outcome, Salud Members may:
 - Call the Presbyterian Customer Service Center at (505) 923-5200 or toll-free at 1-888-977-2333; TTY users should call 1-888-977-2333
 - Customer service is available Monday through Friday, 7:00 a.m. to 6:00 p.m.
- Send a request letter to:
 - Presbyterian Salud
 - Grievance and Appeals Coordinator
 - PO Box 27489
 - Albuquerque, NM 87125-4789

Salud Member Fair Hearing Process (cont'd.)

- Members may speak for themselves at the hearing, or have a friend, relative, spokesperson, or attorney speak for them.
- Members may also ask the Hearing Bureau to show the Member their file.
- Presbyterian Salud will not tell anyone about the Member's appeal or fair hearing without their permission or unless we are required by law. We will still give Salud Members the physical health care that they need, even if they disagree, file an appeal or ask for a fair hearing. Salud Members are not punished for disagreeing with Presbyterian Salud, for filing an appeal or for requesting a fair hearing.

Member Grievances

- **Grievance:** The type of complaint made if a member has a problem with Presbyterian Health Plan, Presbyterian Insurance Company, Inc., Presbyterian Senior Care or one of our plan practitioners or providers, such as:
 - The quality of care a member receives
 - Waiting times for appointments or in the waiting room
 - The way a member's practitioner/provider or others behave
 - Being able to reach someone by phone or get the information a member needs
 - The cleanliness or condition of the practitioner/provider's office

Member Grievances (cont'd.)

- A practitioner/provider may represent a member in a Grievance with written consent from the member.
- To file a Grievance, members are encouraged to call the Presbyterian Customer Service Center with any questions.
 - (505) 923-5678 or toll-free at 1-800-356-2219, TTY users should call 1-877-298-7407.
 - Customer service is available Monday through Friday from 7:00 a.m. to 6:00 p.m.
- We will try to resolve any complaint the member may have over the phone.

Member Grievances (cont'd.)

- Members may submit a written complaint (Grievance request letter) to:
 - Appeals and Grievance Coordinator
 - PO Box 27489
 - Albuquerque, NM 87125-4789
- Or fax to:
 - (505) 923-5124

Member Grievances (cont'd.)

- A formal grievance process exists to review Member complaints.
- Once the member grievance is received, Presbyterian notifies the member in writing within fifteen (15) working days after the grievance is received regarding how we have addressed their concern.
- In some instances, we may need additional time to address the concern. If additional time is needed, Presbyterian will keep the member informed of how their grievance is being handled.

Salud Member Grievances

- Salud Member Grievance: A Salud member's expression of dissatisfaction about any matter or aspect of Presbyterian Salud or its operation other than a Presbyterian Salud action.

Salud Member Grievances (cont'd.)

- To file a Salud Member Grievance, Salud members may call the Presbyterian Customer Service Center at:
 - (505) 923-5200 or toll-free at 1-888-977-2333, TTY users should call 1-888-872-7568. Customer service is available Monday through Friday from 7:00 a.m. to 6:00 p.m.
 - Salud members may also submit grievances to:
 - NMHSD by calling or faxing: (505) 476-6800 or toll-free at 1-888-957-2583. Fax number: (505) 476-6825.

Salud Member Grievances (cont'd.)

- If needed, the Presbyterian Customer Service Center will:
- Provide assistance to Salud members with filing the grievance
- Translating the grievance into English
- To answer any questions the Salud member may have. We will try to resolve any member complaint over the phone.

Salud Member Grievances (cont'd.)

- Submit a written complaint (grievance request letter) to:
 - Appeals and Grievance Coordinator
PO Box 27489
Albuquerque, NM 87125-4789
- Fax to:
 - (505) 923-5124
- Grievances must be filed within in 90 calendar days of the date that the Salud member had the problem with their health care.

Salud Member Grievances

- A formal grievance process exists to review member complaints.
- Presbyterian Salud will send the member an acknowledgement letter within five (5) business days and will resolve the member grievance within 30 days.
- If needed, Presbyterian Salud may request a 14 (calendar) day extension.
- Salud members may also request a 14 (calendar) day extension.
- NMHSD must approve any 14 day extensions.

Salud Member Grievances (cont'd.)

- Upon resolution of the grievance, Presbyterian Salud will send the Salud member a letter explaining:
 - What information was used to resolve the grievance.
 - How we resolved the grievance.
 - That we have finished working on the grievance.

Salud Member Grievances (cont'd.)

- Unless they are involved in the Salud member's grievance, Presbyterian Salud staff will not tell anyone about the member's grievance without the member's permission or unless we are required to by law.
- Any physical health care that is needed will still be provided, even if a grievance is filed.
- Salud members are not punished for filing a grievance with Presbyterian Salud.
- Presbyterian Salud will keep copies of all filed grievances. Members may ask to see copies of their grievances any time by using the contact information previously provided.

Salud Behavioral Health Member Grievances

- If a Salud member has a complaint or grievance about their Behavioral Health provider or the statewide entity, OptumHealth New Mexico, they should call Customer Support Services.
- Any staff member can help get the grievance process started. If member prefer, a Peer or Family Support Specialist can help with the filing.

Salud Behavioral Health Member Grievances (cont'd.)

- Members can also send their complaint or grievance in writing to:
 - OptumHealth New Mexico
 - Compliance Manager
 - 8801 Horizon Boulevard NE
 - Albuquerque, NM 87113
- Or call anytime for confidential help:
 - Phone: 1-866-600-7185
 - TTY Users: 1-800-855-2881

Salud Behavioral Health Member Grievances (cont'd.)

- The Medical Assistance Division also has a special phone number and address:

Behavioral Health Ombudsman

1-877-247-2583

Monday through Friday from 8:00 a.m. to 5:00 p.m.

- Or write to:

Behavioral Health Ombudsman

Medical Assistance Division

2025 South Pacheco St

Santa Fe, NM 87505

Appeals and Grievances Timelines

- Presbyterian must render a written decision to the member and/or appropriate provider within **strict timelines** set by various regulatory agencies.
- In an effort to meet these timelines, we ask that you respond to our requests for additional information within **2 business days**.

Appeals and Grievances Contacts

Lisa Gallegos: (505) 923-6031

MaryGale Holmes: (505) 923-5616

Fax: (505) 923-5124

Practitioner and Provider Manual

Purpose of the Practitioner and Provider Manual

- Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) is required by various regulatory agencies, such as New Mexico Human Services Department (NMHSD) to educate practitioners and providers about information that is important to you and our members.
- One method of educating our network is through the Practitioner and Provider Manual, which is located at: www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmprod1030289.pdf

2010-2011 Practitioner and Provider Manual

- The manual is an extension of your contract with Presbyterian. It is designed to assist you and your staff in delivering quality care to your patients, our members.
- Here is some of the valuable information that can be found in the manual:
 - Overview for Practitioners (pg. 25)
 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program (pg.74)
 - Claims/Encounter Data Submission Guidelines (pg. 77)
 - Recovery of Claims Overpayments (pg. 91)

2010-2011 Practitioner and Provider Manual (cont'd.)

- Credentialing and Recredentialing (pg. 102)
- Fraud, Waste and Abuse (pg. 111)
- Legal (pg. 158)
- Advance Directives (pp. 75, 195, 204)
- Quality Initiatives (pg. 214)
- Member's Rights and Responsibilities (pg. 193)

Overview for Practitioners

- Roles and Responsibilities of Primary Care Practitioners
- Roles and Responsibilities of Specialty Care Provider
- Coverage Requirements & After Hours Care
- Requirement to Utilize Contracted Providers
- Lab & DME Services

Early and Periodic Screening Diagnostic Treatment (EPSDT) Program

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program is Medicaid's comprehensive and preventive child health program for individuals under the age of 21.
- The EPSDT Provider Training manual can be found at the following location:

www.phs.org/idc/groups/public/documents/phscontent/wcmdev1001063.pdf

Claims/Encounter Data Submission Guidelines

- Some of the key points in the Provider Manual under the Claims section include the following:
 - Reimbursement Tools
 - Electronic Claims Transmissions (ECT)
 - Paper Claims submissions
 - National Provider Identifier (NPI)
 - National Drug Code (NDC) Information
 - Late Charges and Unlisted Codes
 - Timely Submission Guidelines
 - Corrected Claims Guidelines
 - Correct Coding Standards
 - Interest Payments
 - Contact Information/CARE Unit
 - Claims Mailing Address
 - Coding Information and Resources

Direct Claim Entry Portal

- We are excited to announce that Providers will soon be able to submit claims directly to PHP on our website through a direct claim entry portal!
- PHP's new "*Fast Claim*" will be free and easy to use
- Save time and money
- Launching 1st quarter 2012

More information coming soon!

Recovery of Claims Overpayments

- There are three types of recovery:
 - Claims Overpayments
 - Member Retro-Termination Activity
 - Confirmed Fraud & Abuse Activity
- Specific information related to line of business and applicable timelines can be found on pages 92-93 of the provider manual.

Credentialing: Initial

PHP/PIC Credentialing notifies Hospital Service Corporation (HSC) to send you a request to go online and complete an application.

- .The application is completed by you online and can be accessed at www.nmhsc.com
- .HSC Contact Information:

Hospital Service Corporation
PO Box 92200
Albuquerque, NM 87199-2200
Phone: (505) 343-0070
Fax: (505) 346-0288

- .HSC performs primary source verification and forwards the application to PHP when complete

Credentialing

- Credentialing decisions are made by the PHP/PIC Credentialing/Peer Review Committee (C/PRC).
- Applications with no credentials concerns or issues are submitted weekly to be approved .
- Applications with credential concerns or issues are submitted monthly to be reviewed by our Credentialing/Peer Review Committee (C/PRC).
- PHP/PIC Credentialing will notify you by mail of the credentialing decision within 30 days of our decision.
- You are not a contracted provider **and may not see PHP members** until the contracting process is completed.

Credentialing: Site Visits & Application Review

Site Visits

- All Primary Care Physicians, OB/GYN's and High Volume Behavioral Health practitioners will require a site visit.
- PHP/PIC will contact you to schedule a site visit, if required.

Application Review

- PHP/PIC Credentialing reviews your application and confirms all necessary documentation is received.
- If additional information is required, PHP/PIC Credentialing will contact you directly.

Recredentialing

- Recredentialing is performed at a minimum of every three (3) years as required by regulations established by the Department of Insurance (DOI) and the National Committee of Quality Assurance (NCQA).
- HSC will send you a letter instructing you to go to their website at www.nmhsc.com to complete an online application prior to your expiration date.
- HSC performs primary source verification and forwards the application to PHP/PIC Credentialing for processing.

Credentialing: Contact Information

PHP Credentialing Staff

Cainin Curry
Credentialing Coordinator, North
(505) 923-7514, fax (505) 923-5450
ccurry@phs.org

Amy Riddle
Credentialing Coordinator, South
(505) 923-6093, fax (505) 923-5450
ariddle@phs.org

Monica Aragon
Credentialing Coordinator, Central
(505) 923-5761, fax (505) 923-5450
maragon@phs.org

Gloria Jett
Administrative Secretary
(505) 923-8276, fax (505) 923-5450
gjett@phs.org

Fraud, Waste and Abuse (FWA)

- The Presbyterian Health Plan, Inc. and Presbyterian Insurance Company Inc's. Special Investigative Unit (SIU) is responsible for the detection, investigation and reporting of potential fraud and abuse activity. We are required to cooperate with regulatory and law enforcement agencies in reporting any activity that appears to be suspicious in nature. According to the law, any information that we have concerning such matters must be turned over to the appropriate governmental agencies.

Fraud, Waste and Abuse

- **Fraud** is defined as intentional deception or misrepresentation made by an entity or person, including but not limited to a subcontractor, vendor, provider, member or other customer with the knowledge that the deception could result in some unauthorized benefit to a person or an entity.
- **Waste** is defined as an act involving payment or the attempt to obtain payment for items or services where there was not intent to deceive or misrepresent, but that the outcome of poor or inefficient methods resulted in unnecessary costs to the plan.
- **Abuse** is defined as incidents or practices that are inconsistent with accepted, sound business, fiscal or medical administrative practices. Abuse may, directly or indirectly, result in unnecessary costs to the health plan, improper payment, or payment for services that fail to meet professional standards of care that is medically unnecessary.

Fraud, Waste and Abuse

- You may contact SIU 24 hours a day by leaving a telephone message on the confidential fraud hotline. We will treat any information that you provide with strict confidentiality. When reporting suspected health insurance fraud, you may remain anonymous.
- Hotline in Albuquerque: (505) 923-5959
- Toll-free Hotline within the state of New Mexico 1-800-239-3147
- Email: PHPFrau@phs.org
- File a FWA report online at:
www.phs.org/PHS/healthplans/info/fraudabuse/Report/index.htm

Legal

- The healthcare environment is both dynamic and heavily regulated. As a result, it is often necessary for Presbyterian to: (i) obtain assurances from its contracted practitioners/providers that they are in compliance with certain requirements or (ii) to be able to demonstrate that it has required its practitioners/providers to meet certain requirements.
- **New for 2011:** Medicare Requirements (pg. 162)
- Information will be added to this section as regulatory requirements and business needs require.

Advance Directives

- Members have the right to make health care decisions and to execute advance directives. They also have the right to accept or refuse treatment. An Advance Directive is a formal document, completed by the member in advance of an incapacitating illness or injury, which indicates the member's preferences regarding healthcare treatment. Once an Advance Directive is created, both the member and the practitioner/provider should have a copy.

Advance Directives

- Types of directives include:
 - Living will: this lets members detail which treatments they want and don't want if they can't speak for themselves.
 - Durable power of attorney for health care: this lets members appoint a friend or relative to make medical decisions for them if they can't do it themselves.
 - Do-not-resuscitate order: this lets caregivers know they don't want to receive CPR if their heart stops beating.
- Additional information along with a form that can be used is located at the following location:
www.phs.org/phs/patients/info/advdirective/index.htm

Presbyterian Healthy Solutions

- Presbyterian Healthy Solutions Disease Management Program helps Presbyterian members improve their health by better understanding their chronic medical conditions.
- One of our goals is to partner with Presbyterian practitioners and providers to complement the comprehensive care they provide.

Presbyterian Healthy Solutions: Quality Initiatives

Breast Cancer Screening:

- Although the guidelines have changed for breast cancer screening, PHP encourages providers to utilize a risk assessment tool to evaluate the risk for patients in the 40 to 50 age group and to encourage high risk members to have a mammogram.
- To assist you in identifying patients in need of screening, two provider profile mailings, which include patient reminder cards, are sent to you in the spring and fall. The next mailing will also include a Risk Assessment Tool to assist you in identifying patients in the 40 to 50 age group that are at high risk for breast cancer.
- Direct mailings continue to Salud members in need of screening and offer a gift card to members when their screening has been completed

Presbyterian Healthy Solutions: Quality Initiatives

Comprehensive Diabetes:

- Benefit enhancements have been completed for the utilization of CDE Phone Sessions. The list of Certified Diabetes Educators approved to provide this service is available on www.phs.org
- Direct mailings continue to Salud members in need of an A1C screening and offer a gift card to members when their screening has been completed.
- Eye exams related to medical conditions, such as diabetes, are a covered benefit. Members with diabetes should have a retinal or dilated eye exam every year by a contracted medical eye care provider. Contracted providers are listed in the Provider Directory under Optometry and Ophthalmology.

Presbyterian Healthy Solutions: Quality Initiatives

Asthma:

- PHP has contracted with Asthma Allies, certified asthma educators, to provide Asthma education to members with asthma. You can refer your patients to Asthma Allies to utilize these educational services.
- Dr. Don Porter, a PMG Pulmonologist, Asthma Allies, and a PMG Pharmacologist offer quarterly Adult Asthma Education Workshops. The workshops are open to all Presbyterian Health Plan members 18 years and older who are interested in learning more about their asthma and how to manage it.

Presbyterian Healthy Solutions: Quality Initiatives

Cholesterol Management:

- PHP continues to monitor adherence to cholesterol screening recommendations for members with cardiovascular conditions.
- Focused educational calls will be made to members to share the importance of cholesterol screening.

Controlling Blood Pressure:

- Focused educational calls will be made to members regarding the importance of blood pressure monitoring and adherence to treatment.

Presbyterian Healthy Solutions Contact Information

- If you have Presbyterian patients you believe would benefit from the Healthy Solutions Program, please contact us.

Phone: 1-800-841-9705 (leave a message)

Monday through Friday, 8:00 a.m. - 5:00 p.m.

- Referral Form available on Presbyterian's website:
www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmprod1030472.pdf

Fax to: (505) 213-0063

E-mail to: phpreferral@phs.org

New Mexico Medicaid Electronic Medical Records Incentive Payment Program

- The State of New Mexico has introduced a new program for Medicaid eligible professionals. For complete information, please access the program description at the following location:
www.phs.org/PHS/healthplans/providers/index.htm

Online Provider Resources

- Preventive Healthcare Guidelines:
www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmdev1001475.pdf
- Synagis Program:
www.phs.org/PHS/programs/pharmacy/Synagis/index.htm
- Home Healthcare Services:
www.phs.org/PHS/programs/homecarehospice/index.htm

Member Rights and Responsibilities

- Presbyterian is committed to treating our members in a manner that respects their individual rights.
- Member Rights and Responsibilities can be found at the following locations:
 - www.phs.org/PHS/healthplans/formembers/MemberRightsResponsibilities/index.htm
 - www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmprod1030289.pdf

Member Rights and Responsibilities

Member Rights

Each Presbyterian Member and/or legal guardian has the right:

1. To receive information needed to make informed decisions about the managed care organization, including, but not limited to: its health care services, how to access them, detailed benefit information, prescription medications, policies and procedures, its practitioners and providers and Members' rights and responsibilities.
2. To be treated equitably and with respect and recognition of their dignity and right to privacy.
3. To participate with practitioners in decision making regarding all aspects of the member's health care, treatment plan development, and including refusal of treatment as well as the following:

Member Rights and Responsibilities

- a) Knowing the names and professional status of individuals participating in the Member's treatment, having timely access to the practitioner primarily responsible for care, and referrals to specialists when medically necessary.
- b) Obtaining information about diagnoses, treatments, and expected outcomes to make informed decisions, unless the practitioner or provider determines that the information could be detrimental to the Member. (In this case, the information will be given to a person designated by the Member or a person legally authorized to receive such information.) In emergency cases, this information shall include a description of the procedure or treatment description, the medically significant risks involved, any alternate course of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.

Member Rights and Responsibilities

- c) Giving informed consent based on information sufficient to permit a reasonably prudent person to make an informed decision about the proposed treatment, the inherent and potential hazards of the proposed treatment and hereby result if the condition remains untreated.

- d) Obtaining a second opinion for surgery or clarification of the treatment plan, utilizing practitioners and providers within the HMO network or arrange for the member to obtain one outside the network if there is not another qualified provider in the network, at no cost to the member. Presbyterian Insurance Company (PIC) Preferred Provider Organization (PPO) members who request a second opinion will be subject to the office visit deductible, copayment and co-insurance according to their plan. PIC PPO Members may see any provider.

Member Rights and Responsibilities

- e) Refusing treatment, medications, the services of a specific practitioner or provider, or leave a medical facility, even against the advice of the practitioner(s), and accepting responsibility and consequences of the decision.
- f) Reasonable continuity of care and to know in advance the time and location of an appointment as well as the practitioner providing care.
- g) Being advised if a practitioner proposes to engage in experimentation affecting care or treatment and having the right to refuse to participate in such research projects.
- h) Being advised of continuing health care requirements following discharge from inpatient or outpatient facilities.
- i) Obtaining prompt notification of termination, decreases or changes in benefit(s) or the practitioner/provider network that directly impact the member's care.

Member Rights and Responsibilities

- j) Be advised of their financial responsibility when seeking care from a Non-Participating Practitioner or Provider or in the event services are obtained without required benefit certifications that may be required under their plan.

- 4. Members have a right to clear, private, and candid discussion(s) or explanation(s) of appropriate or medically necessary treatment options for their conditions or health decisions regardless of cost or benefit coverage and including payment structure or billing explanation for non-covered services. Or, have the explanation provided to next of kin, guardian, agent or surrogate if available, when the Member is unable to understand. Have all explanations recorded in the member's medical record, including where appropriate, a signed medical release authorizing release of medical information by the Member.

Member Rights and Responsibilities

5. To voice complaints or appeals about Presbyterian or the care provided. Each Member is entitled to use the avenues outlined in the PHP/PIC Member Handbooks, Group/Subscriber Agreements (G/SA), or Certificates of Insurance, Annual Notice of Change (ANOC), Evidences of Coverage (EOC), or Summary Plan Descriptions, for presenting questions and concerns about his or her health care, including use of the grievance process. Commercial members may request the assistance of the Superintendent of the New Mexico Department of Insurance as applicable. Medicaid members have the right to file a concurrent grievance with the New Mexico Human Services Department (NMHSD). Medicare Advantage Members may also file an appeal to the Quality Improvement Organization (QIO) to request immediate QIO review if PHP/PIC determines that inpatient hospital care is no longer necessary and the member disagrees. Medicare Advantage members may also file quality of care grievances with the QIO.

Member Rights and Responsibilities

6. To make recommendations regarding Presbyterian's Members' Rights and Responsibilities Policy.
7. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other federal regulations on the use of restraints and seclusion.

Member Rights and Responsibilities

8. To receive health care services in a non-discriminatory fashion. No Member may be denied the benefits of, or participation in, covered services on the basis of gender, age, race, color, sexual orientation, physical or mental disability, cultural or educational background, religion or national origin, ancestry, marital status, economic or health status, genetic information, history of the frequency of the use of health care services, source of payment for care, or if a Member has filed a grievance or utilization management appeal. Members who have a disability shall have the right to receive any information in an alternative format in compliance with the Americans with Disabilities Act.

Member Rights and Responsibilities

9. To be free from harassment by Presbyterian or its network providers in regard to contractual disputes between Presbyterian and providers.
10. To choose from the available practitioners and providers within the limits of the Presbyterian network for their plan and its referral and benefit certification requirements and have adequate access to qualified health professionals near where they live or work within the Service Area. (Indemnity plan members are not required to be treated by network providers. Medicaid Members have a right to choose any provider for family planning services.)
11. To select a Managed Care Organization (MCO) and exercise switch enrollment rights without threats or harassment (applies to Presbyterian Salud and SCI).

Member Rights and Responsibilities

12. To formulate advance directives consistent with federal and state laws and regulations, living will or other directive to give to the contracted practitioner or provider, including the right to withhold resuscitative service or to forgo or withdraw life-sustaining treatment, and/or to choose a surrogate decision-maker to be involved as appropriate, to assist with care decisions.
13. To access his or her medical and financial records according to applicable federal and state laws and regulations. Members are entitled to confidentiality of medical and financial records. Records will be released only with the written consent of the Member or legal guardian or as otherwise allowed by law.
14. To use emergency services when the Member believes and or their authorized representative believes they (the Member) have a medical condition that could seriously jeopardize health, cause serious impairment to bodily functions, or create a serious dysfunction of any bodily organ or part.

Member Rights and Responsibilities

15. To have access to translation services for members who do not use English as their first language, and translation services for hearing-impaired members for communication with Presbyterian.
16. To refuse care, treatment, or medications after the Provider or Practitioner has explained the care, treatment or provided other advice in a language that they understand.
17. To receive information from their Provider or Practitioner, in a language that they understand, including an explanation of their complete medical condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives appropriate to the member's condition irrespective of Presbyterian's position on treatment options.

Member Rights and Responsibilities

18. To continue an ongoing course of treatment for a period of at least 30 days if the Member's Provider or Practitioner leaves the Presbyterian provider network or if a new Member's provider is not in the Presbyterian Practitioner or Provider network (does not apply to indemnity plan or PPO members - HMO benefit only).
19. To know upon request of any financial arrangements or provisions between the health care insurer and its providers who may restrict referral or treatment options or limit the services offered to members.
20. To affordable health care, with limits on out-of-pocket expenses, including the right to seek care from a non-participating practitioner/provider and an explanation of a member's financial responsibility when services are provided by a non-participating practitioner/provider or provided without required benefit certification.

Member Rights and Responsibilities

21. To detailed information about coverage, maximum benefits, and exclusions of specific conditions, ailments or disorders, including restricted prescription benefits, and all requirements that a member must follow for benefit certification and utilization review.
22. To obtain prescription drug coverage within a reasonable period of time and information about their drug coverage and costs.
23. To receive a Certificate of Creditable coverage when a Member's enrollment in Presbyterian terminates.

Member Rights and Responsibilities

Members have certain responsibilities regarding their healthcare, including the following:

1. To pay all required co-payments at the time services are rendered if applicable, and show the ID card prior to receiving medical services or be billed for rendered services. If a plan premium is applicable, each member is responsible to pay such required plan premiums (does not apply to Presbyterian Salud Members).
2. To provide, to the extent possible, complete information about matters relating to the Member's health and information that treating practitioners and providers need in order to care for them.

Member Rights and Responsibilities

3. To follow Presbyterian's policies and procedures for obtaining services and follow plans and instructions for care medications, diet, and exercise that have been agreed upon with their practitioners. A Member may, for personal reasons, refuse to accept treatment recommended by treating Practitioners or Providers. Practitioners/Providers may regard such refusal as incompatible with the continuance of the practitioner-patient relationship and as obstructing the provision of proper medical care.
4. To understanding their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.

Member Rights and Responsibilities

5. To inform the practitioner if he/she does not understand the practitioner's explanation concerning the Member's medical care and raise questions to the treating Practitioner, Presbyterian, or Member Services for suggestions, concerns, or payment issues.
6. To schedule and cancel appointments including transportation (Presbyterian Salud). If the Member cannot keep a scheduled appointment, he/she must call the provider if possible 24 hours in advance to reschedule or cancel the appointment. Members should not fail to keep an appointment without notifying the practitioner or provider ahead of time.
7. To treat providers, practitioners and other health care employees with respect and courtesy.
8. To refuse to allow any other person to use his/her Presbyterian Identification Card.

Member Rights and Responsibilities

9. To notify Presbyterian immediately of any loss or theft of his/her Presbyterian Identification Card.
10. To ensure that information given in application for enrollment, questionnaires, forms or correspondence is true and complete.
11. To be informed of the potential consequences of providing incorrect or incomplete information to Presbyterian.
12. To notify Presbyterian of any changes in names, address, phone number, marital status, newborns that affect eligibility. Salud Members must notify Human Services Department. Commercial Members must notify the Health Plan of changes within

Member Rights and Responsibilities

13. To advise treating Practitioners/Providers of coverage with Presbyterian at the time of service. Members may be required to pay for services if they do not inform their treating Practitioner or Provider of their Presbyterian coverage.
14. To behave in a manner that supports the care provided to other patients—and the general functioning of the facility.
15. To safeguard the confidentiality of their own care and that of other patients.
16. To accept the financial responsibility, as applicable, associated with services received while under the care of a provider or practitioner. Be responsible for the payment of all services obtained prior to the effective date of the Agreement and subsequent to its termination or cancellation.

Member Rights and Responsibilities

17. To review information regarding covered services, policies and procedures as stated in their applicable combined Evidence of Coverage, member handbook, G/SA's, and to contact the Member Services Department for clarification of benefits, benefit limitations, and exclusions outlined in these documents. Medicare Advantage members will also receive and be required to review their Annual Notice of Change (ANOC).
18. To request and obtain information about any financial arrangements between Presbyterian and its Providers or Practitioners which might restrict referral or treatment options or limit services offered to Members.
19. To change Primary Care Practitioners by following the rules described in their member handbook, G/SA, SPD, or EOC.

Note: Member rights and responsibilities are also available on our website at www.phs.org or a member may call Customer Service to request a printed copy.

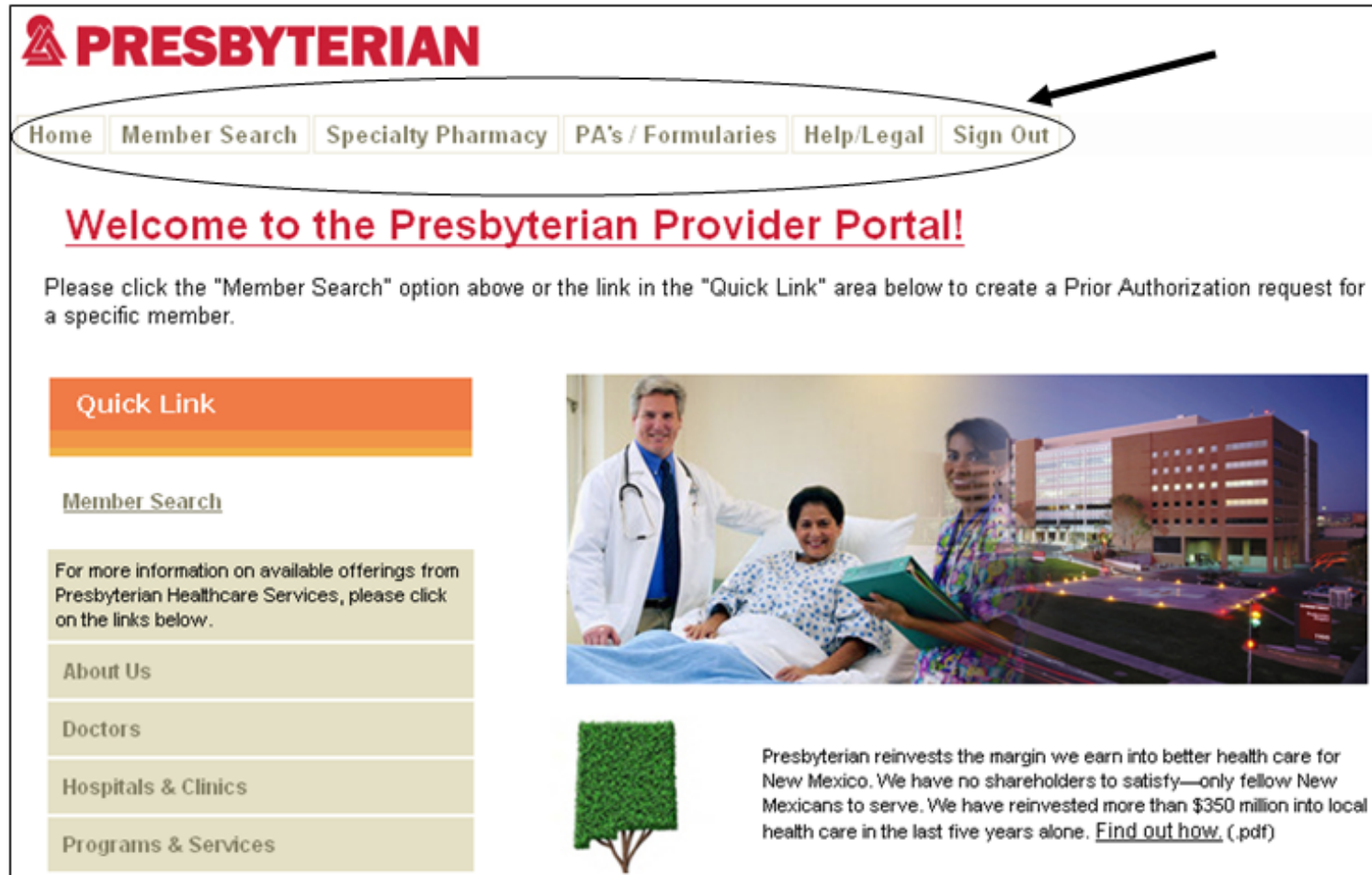
Pharmacy Exceptions

SXC (Rx) Physician Portal

What Can You Access?

- Home page
- Member Search – starts Pharmacy Exception process
- Specialty Pharmacy
 - Specialty Forms
 - Specialty Pharmaceutical Lists
- PA's / Formularies
 - Criteria Links
 - Formularies (Commercial Group & Individual, Medicare, Salud & SCI)
- Help / Legal
 - Contact Us
 - Terms & Conditions
 - Privacy Policy
 - Profile Update
- Sign Out
- Quick Links

What Can You Access? – Web Screen



PRESBYTERIAN

Home | Member Search | Specialty Pharmacy | PA's / Formularies | Help/Legal | Sign Out

Welcome to the Presbyterian Provider Portal!



Please click the "Member Search" option above or the link in the "Quick Link" area below to create a Prior Authorization request for a specific member.

Quick Link

Member Search

For more information on available offerings from Presbyterian Healthcare Services, please click on the links below.

- About Us
- Doctors
- Hospitals & Clinics
- Programs & Services



Presbyterian reinvests the margin we earn into better health care for New Mexico. We have no shareholders to satisfy—only fellow New Mexicans to serve. We have reinvested more than \$350 million into local health care in the last five years alone. [Find out how.](#) (.pdf)

Member Search Begins Pharmacy Exception Request

Search for a member by ID (Presbyterian Member ID or Social Security Number), Last Name, and Date of Birth.

Home Member Search Specialty Pharmacy PA's / Formularies Help/Legal Sign Out

MEMBER SEARCH

Click the ID link to select the patient for the Pharmacy Exception request.

In order to successfully search for a member, you must enter the members' cardholder ID, last name and date of birth. The first name field is optional.

If no results are returned please check your data and try again.

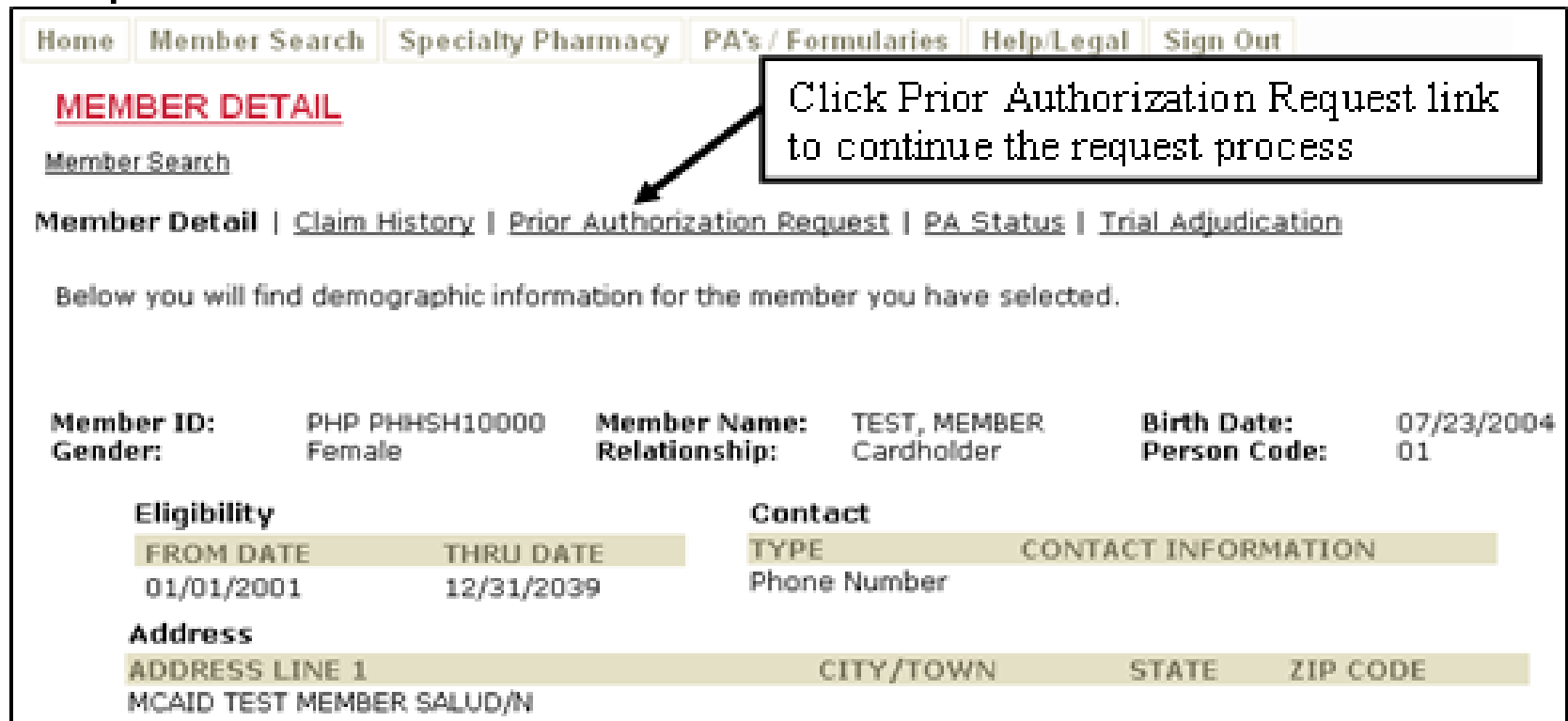
Search Type Member ID **ID** PHP PHHSH10000 **Name** TEST **Date of Birth** 07/23/2004

Results 1 - 1 of 1 Page < 1 >

ID	LAST NAME	FIRST NAME	DATE OF BIRTH	GROUP ID	ACTIVE FLAG
PHP PHHSH10000	TEST	MEMBER	07/23/2004	TEST GROUP	Active

Click Prior Authorization Request

From Member Detail screen, click “Prior Authorization Request link”



The screenshot shows a web interface with a navigation bar at the top containing links for Home, Member Search, Specialty Pharmacy, PA's / Formularies, Help/Legal, and Sign Out. Below the navigation bar is a section titled **MEMBER DETAIL** with a Member Search link. A callout box with a black border and white background contains the text "Click Prior Authorization Request link to continue the request process" with a black arrow pointing to the Prior Authorization Request link in the breadcrumb navigation. Below the breadcrumb navigation, there is a heading "Below you will find demographic information for the member you have selected." followed by a table of member information. The table includes fields for Member ID, Gender, Member Name, Relationship, Birth Date, and Person Code. Below this, there are two sections: "Eligibility" and "Contact". The "Eligibility" section has a table with columns "FROM DATE" and "THRU DATE". The "Contact" section has a table with columns "TYPE" and "CONTACT INFORMATION". Finally, there is an "Address" section with a table with columns "ADDRESS LINE 1", "CITY/TOWN", "STATE", and "ZIP CODE".

[Home](#) | [Member Search](#) | [Specialty Pharmacy](#) | [PA's / Formularies](#) | [Help/Legal](#) | [Sign Out](#)

MEMBER DETAIL
[Member Search](#)

[Member Detail](#) | [Claim History](#) | [Prior Authorization Request](#) | [PA Status](#) | [Trial Adjudication](#)

Below you will find demographic information for the member you have selected.

Member ID:	PHP PHSH10000	Member Name:	TEST, MEMBER	Birth Date:	07/23/2004
Gender:	Female	Relationship:	Cardholder	Person Code:	01

Eligibility		Contact	
FROM DATE	THRU DATE	TYPE	CONTACT INFORMATION
01/01/2001	12/31/2039	Phone Number	

Address			
ADDRESS LINE 1	CITY/TOWN	STATE	ZIP CODE
MCAID TEST MEMBER SALUD/N			

Selection of Drug, Dosage, and Package

The most commonly requested drugs appear. You can also search for a drug by name.

PRIOR AUTHORIZATION REQUEST

[Member Search](#)

[Member Detail](#) | [Claim History](#) | **Prior Authorization Request** | [PA Status](#) | [Trial Adjudication](#)

Here you are able to search for specific product records by entering a Product Name.

Helpful Hints:

- You may also enter a Product ID and/or Product Name, or you can select a drug from the list provided below.
- To search for a generic drug, please make sure to select GPI from the drop down menu.
- If searching by NDC, make sure to enter product ID without any dashes (*i.e. enter 12345678901 instead of 12345-6789-01*).

Member ID: PHP PHSH10000 **Member Name:** TEST, MEMBER **Birth Date:** 07/23/2004
Gender: Female **Relationship:** Cardholder **Person Code:** 01

NDC ID:

Name:

SEARCH

CLEAR

After searching, click on the drug being requested

Then click on the dosage and package for the drug

RxAuth Drug List

[Aciphex](#)

[Advair Diskus](#)

Results 1 - 14 of 27 Page < 1 2 >

PRODUCT ID	PRODUCT NAME	PACKAGE	GPI	GENERIC NAME	MANUFACTURER
54569498000	ACIPHEX TAB 20MG	30EA	49270076100620	RABEPRAZOLE SODIUM EC TAB 20 MG	A-S MEDICATION SOLUTIONS
63620272202	ACIPHEX TAB	90EA	49270076100620	RABEPRAZOLE SODIUM EC TAB 20	BRYANT RANCH PHARMACY

Additional Information

- Enter quantity and days supply
- Enter diagnosis code (search function provided)
- Test claim runs automatically
 - If test claim pays, copayment amount is provided
 - If test claim does not pay, a prompt is provided to continue necessary PA request
- Answer required protocol questions (drug specific)
- Automatic approval or pended status provided
- Fax and letters to provider office and member completed as usual

Presbyterian Specialty Care Pharmacy

Definition

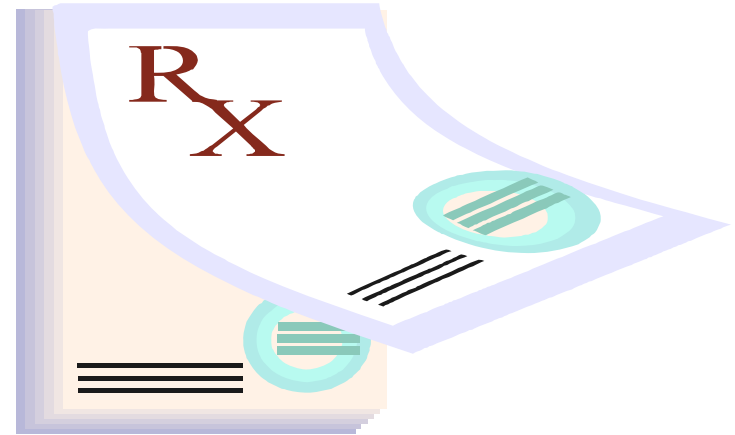
Specialty Medications

Benefits to Members

Hours & Contact Information

Presbyterian's Specialty Care Pharmacy

- Provides the specialty pharmacy medications for members of Presbyterian Health Plan and Presbyterian Insurance Company, Inc.



Specialty Medications

- Are used to treat serious chronic medical conditions
- May require special ordering or formulations
- May require healthcare team supervising patient to ensure medication is used correctly
- Are among the most expensive (often cost more than \$250.00)

Members benefit from:

Convenience

- The right specialty medications from network providers quickly, accurately, shipped free of charge in secure, discreet packaging
- Albuquerque area members may pick up medications at conveniently located facility during business hours.

Personal Service

- Experienced pharmacists trained to support rare and complex medical conditions and offer individualized therapies to help improve the member's health

Members benefit from:

Auto Refill Process

- Phone call or e-mail an auto refill reminder once a month before refills are due

Expert Support

- Call pharmacists and/or support staff 24 hours a day, every day
- They can answer questions, send educational materials, help with refills, assist with insurance claims, provide counseling about meds being taken, also have in-person consultations during regular business hours

Members benefit from:

Online Services:

- Service available to members when they want it on www.phs.org/SpecialtyPharmacy
- Update personal information
- Confirm order status
- Access pharmacy records
- Request refills

Hours / Contact Information / Location

- Hours of Operation:
 - Monday through Friday, 8:00 a.m. to 4:30 p.m.
- Phone: (505) 823-8800
- Toll Free: 1-855-775-7737
- Fax: (505) 823-8833 (available 24 hours a day)
- E-mail: specialtypharm@phs.org
- Web: www.phs.org/SpecialtyPharmacy
- 5901 Harper Drive NE, Albuquerque, NM 87109

Medical Informatics

Pay for Performance (P4P) Incentive

Patient Centered Medical Home (PCMH)

Physician Performance Assessment (PPA)

Medical Informatics Contact Information

Medical Informatics: Pay for Performance (P4P) Incentive

- Salud and State Coverage Insurance (SCI) P4P (December 2011 payout)
- Quality Measures
 - Diabetes HbA1C screening and LDL-C screening
 - Breast cancer screening
 - Well-Child visits during the first 15 months of life
- Criteria for Incentive Payment
 - Baseline period: 9/1/2009 through 8/31/2010
 - Measurement period: 9/1/2010 through 8/31/2011
 - Contracted PCPs must have a minimum of five PHP Salud and SCI assigned members who meet criteria for a measure in both the baseline & measurement periods

Medical Informatics: Patient Centered Medical Home (PCMH)

- **PHP's PCMH Vision Statement:** Presbyterian Health Plan (PHP) supports the transformation of primary care delivery and reimbursement following the Patient Centered Medical Home principles developed by NCQA and other national organizations, to improve quality and cost management, using a team approach and comprehensive care coordination. PHP supports primary care practices promoting a population based view, globally managing healthy and chronically ill patients, leveraging systems to identify and reach out to patients, develop more efficient ways to deliver and coordinate care, while transitioning to utilizing electronic health information in their practice.
- Quality measures
 - Diabetes, Immunizations, Asthma
- Cost and utilization measures
 - Inpatient and ER visits

Medical Informatics: Physician Performance Assessment (PPA)

- Linking up quality measures with recognizing physician performance improvement
- On-line tool for physician access – ETA: November 2011
 - National quality rules and quality comparison to peers
 - Patient lists indicating who may need screenings or tests (ability to export to Excel)
 - Patient risk scores = age/gender + diagnosis (weighted)
 - Cumulative risk scores rolled up into one “patient complexity index” for each PCP’s panel with peer comparison
 - Cost efficiency (informational)
 - Clinical conditions with cost and utilization data and peer group

Sample Family Medicine PPA

Physician ID:

Physician Name:

PRESBYTERIAN

Physician Performance Assessment - Individual Physician Reports

Specialty: Family Medicine - Rural

Physician:

Practice Summary

Practice summary lists patient demographic information as it relates to a physician's practice. Information included are patient counts, average age, and gender mix.

Physician Name:	Average Membership:	90.4	Patients:	132
Patient Average Age:	Patients Percent Male:	44%		

Physician Scorecard

Current Time Period: 2010-01-01 to 2010-12-31

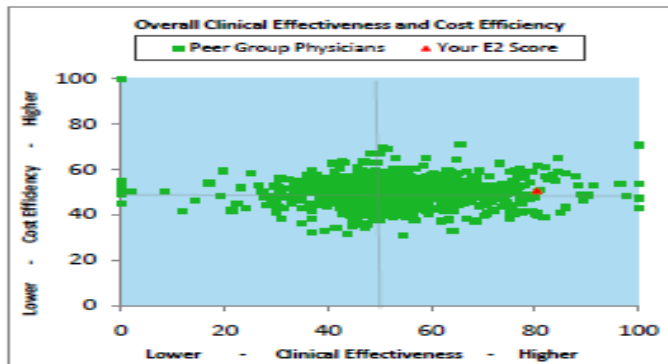
Effectiveness and Efficiency Performance Matrix

Clinical Effectiveness and Cost Efficiency Summary displays the overall performance of each physician across the dimensions of clinical effectiveness (quality) and cost efficiency (cost) and reports the scores achieved across each dimension.

Performance Summary

Clinical Effectiveness Score

Physician Scorecard Clinical Effectiveness Assessment evaluates each physician across a set of national quality measures applicable to his or her specialty. In addition, overall performance is measured by the Percentage of Care Criteria Delivered which measures the rate at which patients are receiving appropriate care. Each physician is evaluated for the current and previous measurement periods. A trend indicator is included that allows for comparison of performance over time.



*High performing physicians are displayed in the upper right hand quadrant of the matrix.

Measure	Result	Comparison to Previous Year
Asthma Drug Mgt Rate	100%	▲
Breast Cancer Screen Rate	87%	▲
CAD Evnt Cholesterol Rate	100%	—
CAD Lipid Test Rate	100%	—
Depression Acute Tx Rate	100%	▲
Depression Continu Tx Rate	0%	▼
Diabetes HbA1c Test Rate	100%	—
Diabetes Lipid Test Rate	100%	▲
Diabetes Microalbumin Rate	59%	▼
Influenza Vaccine Rate	64%	▲
Percentage of Care Criteria Delivered Rate	80%	▲

Cost Efficiency Score

Physician Scorecard Cost Efficiency Assessment measures overall cost performance by physician by comparing actual Per Patient costs to expected Per Patient Costs and calculating a performance ratio. Expected costs are risk adjusted. A performance ratio less than or equal to one is cost efficient and a performance ratio greater than one is cost inefficient.

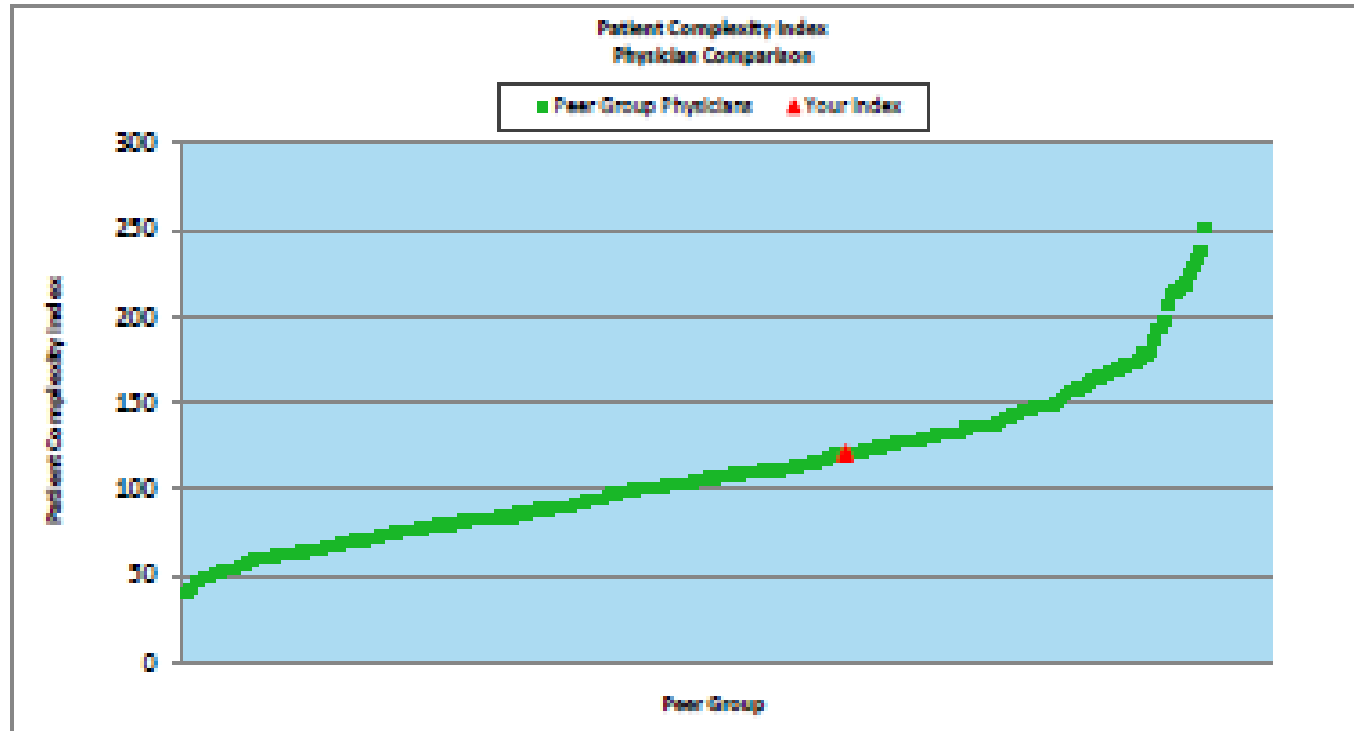
Measure	Result	Comparison to Previous Year
Overall Performance Ratio	1.0	▲

Patient Complexity Index Comparison Chart

Patient Complexity Index Comparison Chart

Physician Patient Complexity Index evaluates the risk of the physician's patient mix as compared to the peer group. An index of 100 is average for the peer group.

Average Specialty Index: 100



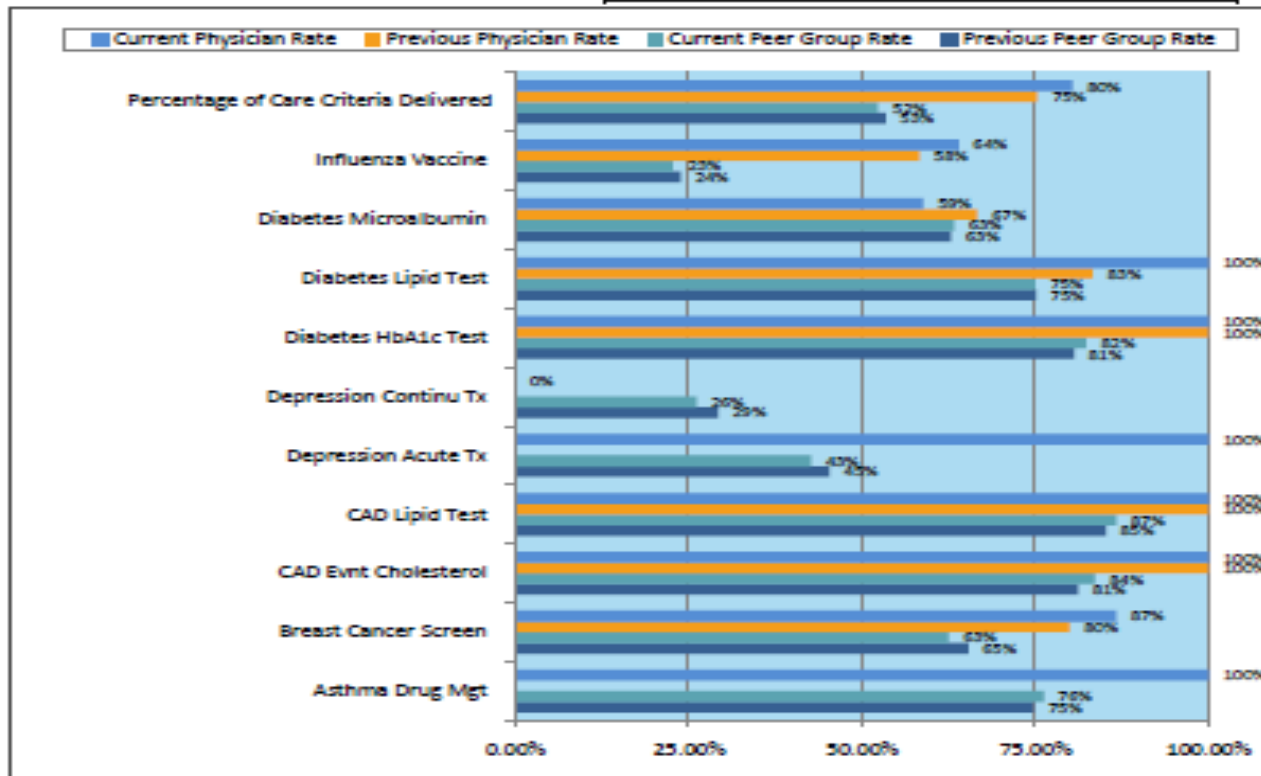
Clinical Effectiveness Assessment

Clinical Effectiveness Assessment

Physician Clinical Effectiveness Details evaluates each physician across a set of national quality measures applicable to his or her specialty. Each physician is evaluated for the current and previous measurement periods. The chart reflects, for each quality measure, the performance for the current year and previous year as well as the peer group rate for the current year.

Current Time Period: 2010-01-01 to 2010-12-31
 Previous Time Period: 2009-01-01 to 2009-12-31

Attention: Effective immediately, the colors and legends for the physician rates have changed from previous reports. The "Current Physician Rate" is now blue and the "Previous Physician Rate" is now orange.



Medical Informatics Contact

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Care Coordination

Prior Authorization/Benefit Certification Guide

Care Coordination

Individuals with Special Health Care Needs

Behavioral Health

Dental Care (Salud)

Online Provider Directory (Accessing Ancillary Providers)

Care Coordination Purpose

Care Coordination supports you and your Presbyterian patients by

- Assisting you with coordination of care and services for your patients with chronic and/or catastrophic illnesses and injuries, and in promoting healthy lifestyles.
- Providing you and your Presbyterian patients with proactive tools and resources to help them improve their health, stay healthy, and live with chronic disease by:
 - Assisting providers and members to prevent or reduce the burden of disease
 - Assisting individual members with accessing medical and behavioral health care
 - Identifying health needs and risks
 - Improving health of member populations with selected health conditions
 - Assisting members to obtain appropriate medications
 - Predicting and managing healthcare costs
 - Facilitating appropriate and cost-effective care
 - Ensuring privacy and confidentiality of medical information

Care Coordination – Prior Authorization

- With Pres Online, you can submit Prior Authorizations (including auto-generated approvals for specific services), check status of Prior Authorization requests, claims, and eligibility information 24 hours a day, 7 days a week. You may also complete a Prior Authorization Request form, and fax or mail it to us: Forms and Prior Authorization Guide available at:
www.phs.org/PHS/healthplans/providers/healthservices/index.htm
 - Fax Inpatient Prior Authorization/Benefit Certification requests to (505) 213-0181 or 1-888-923-5990
 - Fax Outpatient services and Durable Medical Equipment (DME) requests to (505) 213-0246
 - Mail to Health Services:
Presbyterian Prior Authorization/Benefit Certification Team
PO Box 27489
Albuquerque, NM 87125-7489

Prior Authorization (PA)/Benefit Certification (BC) Guide

- The Prior Authorization/Benefit Certification Guide is a listing of services that require PA/BC.
- Link to the Guide:
 - www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmdev1001400.pdf
- Link to the Form:
 - www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmdev1000922.pdf

Care Coordination - Prior Authorization for Radiology / Advanced Imaging

Since May 2007, Presbyterian has partnered with HealthHelp® for the implementation of an advanced imaging ordering program for outpatients who have medical benefits for in-plan radiology facilities (some employer groups may decide not to participate).

The program applies to all Presbyterian Health Plan and Presbyterian Insurance Company, Inc. plans and is designed to improve health care, patient safety, utilization, and cost by applying clinical criteria when ordering:

- Computed Tomography (CT)
- Magnetic Resonance Imaging/Angiography (MRI/MRA)
- Positron Emission Tomography (PET)

Care Coordination Prior Authorization for Radiology / Advanced Imaging (cont'd.)

Presbyterian's Web site provides the following instructions/reference guides at:

www.phs.org/phs/healthplans/providers/ProviderResources/index.htm

- Scope
- Current list of procedure codes that HealthHelp manages
- Process Steps
- Frequently Asked Questions (FAQs), which include routine, expedited, retroactive, and emergent requests
- Clinical Information/Fax Form
- A demonstration of HealthHelp's Web-based process

For questions or concerns about the program, contact your Provider Network Management Coordinator.

Care Coordination: Referrals

Commercial, Presbyterian Senior Care (HMO), Salud, and select ASO plans:

- **“no referral required”** model for most care rendered by contracted specialists
 - includes referrals from one contracted specialist to another contracted specialist
- Refer to specific plans for any special requirements (e.g., Senior Care, MediCare PPO, SCI, and Commercial plans)

ASO plans not participating in the open access model, Presbyterian Salud, SCI:

- members need to continue to see their Primary Care Practitioners (PCP) for specialist referrals. PCPs, however, are not required to get referral authorization/ certification numbers from Presbyterian. The form of communication between the PCP and specialist (prescription, phone call, or note in medical record) is at the discretion of the PCP and the specialist.

Note: For all plans, members may self-refer for emergency care, urgent care, and contracted women’s health care. Presbyterian Salud has additional benefits for self-referral for women’s health care, which are explained in the next slide.

Care Coordination: Family Planning (Presbyterian Salud Only)

- Presbyterian Salud must allow members the freedom of choice, and the methods of accessing family planning services, without requiring a referral from their PCP.
- Clinics and practitioners/providers, including those funded by Title X of the Public Health Service Act, shall be reimbursed by Presbyterian Salud for all family planning services regardless of whether they are participating or non-participating practitioners/providers.
- Unless otherwise negotiated, Presbyterian Salud shall reimburse practitioners/providers for family planning services at the New Mexico Medicaid fee schedule.

Care Coordination: Family Planning (Presbyterian Salud only) (cont'd.)

Family planning services are defined as follows:

- Health education and counseling necessary to make informed choices and understand contraceptive methods
- Limited history and physical examination
- Laboratory tests, if medically indicated, as part of the decision-making process for choice of contraceptive methods
- Diagnosis and treatment of sexually transmitted diseases (STDs), if medically indicated
- Screening, testing and counseling of at-risk individuals for Human Immunodeficiency Virus (HIV) and referral for treatment
- Follow-up care for complications associated with contraceptive methods issued by the family planning practitioner/provider
- Provision of, but not payment for, contraceptive pills (refer to formulary)
- Provision of devices/supplies
- Tubal ligation
- Vasectomies
- Pregnancy testing and counseling

Presbyterian Salud will not and is not obligated under any Human Services Department (HSD) initiated obligation to reimburse non-participating family planning practitioners/providers for non-emergent services outside the scope of these defined services.

Individuals with Special Health Care Needs (ISHCN) – Presbyterian Salud and SCI

ISHCN patients require a broad range of primary specialized medical, behavioral health and related services.

Presbyterian defines Adult ISHCN as follows:

- 21 years and older
- Have ongoing physical, mental, neurobiological, emotional and/or behavioral health conditions
- Require health care and related services that are different from the services required by most individuals
- Have low to severe functional limitations

Individuals with Special Health Care Needs (ISHCN)- Presbyterian Salud and SCI (cont'd.)

Presbyterian defines Child ISHCN as follows:

- 20 years old and younger
- Have or are at an increased risk for an ongoing physical, developmental, neurobiological, mental or behavioral/emotional health condition
- Require health care and related services that are different from the services required by most children
- Children who are eligible for Social Security Insurance (SSI) as disabled under Title XVI
- Children identified in the Department of Health (DOH) Title V Children's Medical Services Program
- Children participating in the Home and Community Based Waivers
- Children receiving foster care or adoption assistance support through Title IV-E
- Other children in foster care or out-of-home placement
- Children who are eligible for services through the Individuals with Disabilities Education Act
- Other children whose clinical assessment shows that they have special health care needs

Individuals with Special Health Care Needs (ISHCN)- Presbyterian Salud and SCI (cont'd.)

- Practitioners serving ISHCN members are encouraged to help educate those members, their families, and their caregivers regarding special considerations and needs for their care, including Care Coordination, special transportation needs, therapy services, durable medical equipment and coordination of emergency inpatient and outpatient ambulatory surgery services with facilities and hospitalists.
- Identified ISHCN members receive an **ISHCN Handbook** describing services available to them. Medically necessary services/supplies may be authorized for up to one year. Review the handbook at:
www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmprod1029091.pdf
- ISHCN members often need to access services from practitioners/providers who may not be familiar with their history. Presbyterian includes a Medical Summary form in the **ISHCN Handbook** to assist members in providing their medical histories. Members are asked to carry this Medical Summary with them at all times, present it when accessing care, and update it as needed.

Behavioral Health (Non-Salud)

- Members (non Salud) may access the Behavioral Health network of contracted practitioners/ providers without a referral or Prior Authorization.
- Members do not need a referral for most outpatient services.
- For assistance in finding behavioral health practitioners/providers, you or your patients may call the numbers listed below:
 - Commercial/Senior Care members:
(505) 923-5221 or 1-(866) 593-7431
- Presbyterian encourages Primary Care Practitioners and Behavioral Health Practitioners to communicate with one another regarding individual cases.

Behavioral Health (Presbyterian Salud Only)

A Presbyterian Salud member may access behavioral health services through:

- A direct contact with OptumHealth New Mexico
- A referral from Presbyterian Salud
- A referral from his or her primary care or other health care practitioner
- By going directly to a behavioral health practitioner/provider

Behavioral Health (Presbyterian Salud Only)

- For your Presbyterian Salud patients, you can make a direct behavioral health referral for any one of the following 18 indicators listed in the New Mexico Administrative Code (NMAC). The NMAC citation is 8.305.9.10F, “Coordination of Physical and Behavioral Health Services Benefits.” This indicators are listed on the next four slides.

New Mexico Administrative Code (NMAC) Behavioral Health Referral Indicators

NMAC Indicators:

- Suicidal homicidal ideation or behavior;
- At risk of hospitalization due to a behavioral health condition;
- Children or adolescents at imminent risk of out-of-home placement in a psychiatric acute care hospital, residential treatment facility, or treatment foster care placement;
- Trauma victims including possible abused or neglected members

New Mexico Administrative Code (NMAC) Behavioral Health Referral Indicators

NMAC Indicators:

- Serious threat of physical or sexual abuse or risk to life or health due to impaired mental status and judgment, mental retardation, or other developmental disabilities;
- Request by member, parent or legal guardian of a minor for behavioral health services;
- Clinical status that suggests the need for behavioral health services
- Identified psychosocial stressors and precipitants;
- Treatment compliance complicated by behavioral characteristics;

New Mexico Administrative Code (NMAC) Behavioral Health Referral Indicators

NMAC Indicators:

- Behavioral, psychiatric or substance abuse factors influencing a medical condition;
- Victims or perpetrators of abuse and neglect;
- Non-medical management of substance abuse;
- Follow-up to medical detoxification
- An initial PCP contact or routine physical examination indicates a substance abuse or mental health problem;
- A prenatal visit indicates a substance abuse or mental health problem
- Positive response to questions indicates substance abuse, observation of clinical indicators or laboratory values that indicate substance abuse;

New Mexico Administrative Code (NMAC) Behavioral Health Referral Indicators

NMAC Indicators:

- A pattern of inappropriate use of medical, surgical, trauma, urgent care or emergency room services that could be related to substance abuse or other behavioral health conditions; and
- The persistence of serious functional impairment.

Link to online information:

www.nmcpr.state.nm.us/nmac/parts/title08/08.305.0009.htm

Salud Behavioral Health - OptumHealth

- Behavioral health services to SALUD! Program participants are administered by OptumHealth, the Statewide Entity for behavioral health services
- OptumHealth is responsible for the provision of all behavioral health services for members enrolled in Medicaid managed care, SALUD!
- The OptumHealth toll-free numbers are as follows:
 - Consumer Services: 1-866-660-7185;
 - Consumer Services (TTY): 1-800-855-2881
 - Provider Relations: 1-866-660-7182
 - Website: www.OptumHealthNewMexico.com

Salud Behavioral Health – OptumHealth (cont'd.)

Available information on www.OptumHealthNewMexico.com

Administrative Resources

- Claims Tips
- EDI/Electronic Claims
- Forms
- NPI Resources
- Online Provider Directory
- HIPAA Resources
- OptumHealth New Mexico Provider Invoice
- Contact Us
- Site Index

Guidelines/Policies

- Clinical Best Practice Guidelines
- OptumHealth New Mexico Level of Care Guidelines
- OptumHealth New Mexico Provider Manual
- Protocol for Authorizations and Clinician to Clinician Reviews
- Provider/Facility Termination Policy

Salud Behavioral Health – OptumHealth (cont'd.)

Available information on www.OptumHealthNewMexico.com

Our Network

- Provider Directory
- Provider Network Intro Letter
- Provider Network FAQ
- Provider Manual: Network Policies

Other Resources

- Consumer Rights Information Posters
- HIPAA Resources
- Pharmacy
- Provider Alerts
- Provider Directory
- Provider Forms
- Provider Trainings
- TeleBehavioral Health
- Utilization Management
- Links

Dental Care (Presbyterian Salud Only)

- Routine dental exams and prophylaxis (cleanings) do not require a referral.
- Members may access in-plan dental practitioners/providers without obtaining a referral or Prior Authorization from Presbyterian Salud.
- Practitioners/providers may contact DentaQuest at 1-800-233-1468.
- Members may call the Presbyterian Customer Service Center for information about in-plan dental practitioners/providers.

Online Provider Directory

- From www.phs.org click “Find A Doctor” (right of the Presbyterian logo in the left corner).



Online Provider Directory

If you search using “Find a Doctor Quick Search,” you are simply searching for doctors based on search criteria you provide, without regard for a particular member’s allowed network of providers.

Find A Doctor

Welcome to Presbyterian's Find a Doctor Quick Search. If you are a Presbyterian Health Plan Member looking for a new doctor, please first visit our [Health Plan Directory](#) to determine which provider's are covered by your plan.

Find Doctors and Other Healthcare Providers

Online Provider Directory

For Health Plan Members, use the “Health Plan Directory” link or button so doctors and providers searched for are in-network for a particular member (based on member’s benefit plan).

Find A Doctor

Welcome to Presbyterian's Find a Doctor Quick Search. If you are a Presbyterian Health Plan Member looking for a new doctor, please first visit our [Health Plan Directory](#) to determine which provider's are covered by your plan.

Find Doctors and Other Healthcare Providers

Presbyterian Health Plan
Member's Provider Directory

Online Provider Directory

From the Health Plan Directory, select the type of provider for which you wish to search.

Start a New Search:

? HELP



FIND A DOCTOR



FIND A HOSPITAL



FIND ANOTHER MEDICAL FACILITY



SEARCH BY MEDICAL CONDITION



FIND A BEHAVIORAL HEALTH PROVIDER

Online Provider Directory

For any search type selected, the next step in your search is choosing a network, ensuring a search for in-network providers for your patients.

FIND A DOCTOR:

SELECT A NETWORK:

Select a Network

- Select a Network
- All Plans
- Employer Group
- Individual Plans
- Medicare
- Presbyterian Employees
- Presbyterian Salud!
- Presbyterian State Coverage Insurance (SCI)
- Select Provider Network (SPN)

IT HERE:

Online Provider Directory

Other search criteria includes:

- Name
- Provider Type and Specialty/Facility Type
- Distance from a ZIP Code
- By Clinic
- By Medical Condition
- Specifics About the Doctor (Gender, Hospital Affiliation, Clinic Affiliation, Language Spoken)

Questions?

Closing

Thank you for your participation. An online survey will be sent to you at the conclusion of this Webinar. We ask for your feedback to assist us in planning next year's conference, as well as other provider training that may be delivered to your office through a variety of Web formats.