



NMHC Provider Connection

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- Tips for more efficient pharmacy prior authorization requests
- Promote your patient portal, improve care coordination
- Help patients control their medication costs

Please forward this newsletter to all healthcare providers and administrative staff in your office.

Shining a light on behavioral health issues: A message from F. Kiko Torres, MD, Chief Medical Officer

When we launched New Mexico Health Connections in 2013, our mission was to change healthcare and health insurance by prioritizing well-care over sick-care. As you know, the traditional health insurance model is to pay claims and raise premiums – transactional and reactive. As a health plan led by experienced physicians, we didn't want that, so we designed a plan that was relational and proactive.

[Continue reading](#)

Please forward this newsletter to all office staff

We at NMHC work to make this newsletter useful to providers and their front- and back-office staff. Please take a moment to forward this email to anyone in your office who would benefit from reading it.

Sign your staff up to receive the newsletter directly

To sign yourself or your staff up to receive this quarterly newsletter directly in your in-box, please send an email to provider.newsletter@mynmhc.org and give us the name, title, and email address of the person(s) who should receive the newsletter.

Find the newsletter on our website

After we email every newsletter, we post it on the [Provider Forms & Other Resources page](#) (scroll down to the *Provider Newsletter* section). You can find current and back issues there.

Reminder: Our claims address has changed

By now you should be using the new address for all NMHC claims: **P.O. Box 211468, Eagan, MN 55121**. The United States Postal Service stopped forwarding mail from the old Corpus Christi address on **March 1, 2019**.

Pharmacy prior authorization requests: Help us help you

Please remember that when submitting requests for pharmacy prior authorizations, it's always helpful to include chart notes and medication histories. In many cases, new members of NMHC do *not* have any prescription claims history that can be readily retrieved or reviewed using internal systems. Including chart notes and medication histories will expedite review and reduce the need

How to help your patients control their medication costs

Spending on prescriptions drugs has risen quickly over the past decade, often driven by innovative specialty pharmacy therapies. Plan members are often insulated from awareness of drug costs because of the pharmacy copay structure. Providers may be unable to readily determine specific member prescription costs.

One simple way to guide drug cost discussions with members: Direct members to their smartphones! NMHC members have the option to register for the **pharmacy benefit manager's member portal** and can also download a **mobile app**. The member portal and mobile app provide a multitude of member tools, including drug searches and pricing.

Additionally, the member's insurance ID card details medication cost-share amounts. The **five-tier cost share structure/hierarchy** for NMHC members is listed below:

- Generics
- Preferred brands
- Non-preferred brands
- Preferred specialty
- Non-preferred specialty

NMHC also offers a **zero-dollar generic copay benefit** for select medications used to treat nine common chronic conditions. Lists of drugs covered under the zero-dollar generic copay can be found on the formularies and/or posted on the [NMHC pharmacy page](#).

In most (but not all) cases, **generic products** continue to provide the best value for members. Use of higher-cost branded products can eventually translate into higher member premiums. Please help us control costs and consider use of generic products whenever appropriate.

Cultural diversity and inclusion resources for you

Health disparities are differences in health status between segments of the population due to greater social and or economic barriers to health. Health disparities are prevalent and, as the U.S. population becomes increasingly diverse, they are likely to increase if not adequately addressed. One way to address them is through cultural competency and humility.

Cultural diversity and inclusion in healthcare describes the ability to provide care to patients with diverse values, beliefs, and behaviors, including tailoring healthcare delivery to meet patients' social, cultural, and linguistic needs. While doing this is challenging with all patients, for diverse patient populations it can be even more difficult due to language barriers, health literacy gaps, and cultural differences in communication styles. Providers and health systems that strive to implement a cultural awareness of the people they serve often see improved health outcomes, increased respect, and mutual understanding from patients. Visit mynmhc.org/provider-resources.aspx (scroll down to the bottom) for a collection of cultural diversity resources that could be valuable to your practice.

Increase patient satisfaction and care coordination via your patient portal

In recent member satisfaction surveys, our members have rated coordination of care by their providers as less than optimal. One simple reason might be that they never see all the information about their care that is located within their provider's EMR patient portal.

Portals improve efficiency and satisfaction with communication and can help our members understand their care and how it is coordinated. The best patients to engage in using your portal are those who:

- are being treated for chronic conditions;
- are receiving significant testing and/or concurrent care from other specialists;
- are involved with self-monitoring and reporting of health status;
- have a spouse, children, or caretaker helping with their care management;
- are undergoing complicated ongoing treatment such as chemotherapy; or
- are in the recovery process associated with significant trauma or extensive treatment.

To increase the use of your patient portal, include outreach about the portal in every encounter your practice has with a patient. Every employee who discusses the portal with patients should share a consistent message. Developing a script of important points for employees that cover the benefits of using the portal can help.

HealthIT.gov offers a frequently asked questions flier that you can [download](#). This website also provides [many other patient-portal resources](#) for providers and patients.

Do we have your most current practice information?

Keeping your practice information up-to-date is an important responsibility. Whenever you terminate a provider, add a new provider to your practice, or change your address or phone number, please tell your Provider Network Relations Representative.

We have developed a reporting method using an Excel spreadsheet that you can update and send to us via email when changes occur within your practice. Completing the roster spreadsheet takes very little time and ensures that members seeking your services have the most current information about your practice.

Not sure what to report? Contact your [Provider Network Relations Representative](#).

- Find our most recent fax blasts, back issues of our provider newsletter, and useful writable PDF forms on our [Provider Forms & Other Resources page](#).
- Do you have an idea for a newsletter article? [Email the newsletter editor](#).

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