

Fall 2016

# Your Story

for Presbyterian Senior Care (HMO) and  
Presbyterian MediCare PPO members

## Healthy Solutions helped me reach my goals

Miguel Romero is a home repair guru and loves helping friends and family with home improvement projects. He's an esteemed Vietnam combat veteran who is an avid exerciser and card player.

Late last year, Miguel received a call from Healthy Solutions Coach Consuelo Montano, MPH. At the time, he weighed 220 pounds and his A1C levels and his blood glucose levels were both high. His habits included eating cookies with coffee first thing in the morning, and he remembers telling Consuelo that his medications were "in his truck" as he was not regularly taking them.

"He felt like he was healthy, but once we started looking at things more closely I think Miguel realized that he could change some things to become healthier," Consuelo said.

He agreed to enroll in the Healthy Solutions Program, a coaching service offered by Presbyterian for members with chronic health conditions. With the encouragement of his health coach, Miguel began to take his diabetes much more seriously.

Miguel is a voracious learner. In addition to completing regular calls with his

health coach, he has also completed recommended Kitchen Creations classes offered by Bernalillo County. He reports it has been interesting, and he has learned the effect of diabetes on the body.

"I just started with some small changes," Miguel said. "The healthier I felt the more changes I wanted to make."

He went from cycling outside to exercising at the gym every day at 5 a.m. During the last several months Miguel has been regularly exercising and has done extensive weight lifting. He has slowly built up to 12 miles on bicycle and is still improving.

Miguel is now much more mindful of the amount of carbohydrates in foods, though he does enjoy occasional treats as part of a balanced lifestyle.

"I used to want a lot of junk food and unhealthy drinks, but my health coach really encouraged me to change," Miguel said. "Now that I feel better, I like to share what I have learned with others."

He has reached an initial goal of 205 pounds down from 220, and his A1C levels have also improved. Miguel can now boast of excellent cholesterol readings, decreased medication use, and overall improvement in labs.



Photo credit: Antonio Villa

Miguel wants to lose a bit more weight and further reduce medication use. He continues regular calls with his health coach as he works toward that goal.

*Story contributed by: Consuelo Montano, MPH*



**3**  
COPD can be  
managed—find out  
how



**5**  
Feeling blue?  
Try these  
cheer-up tips

# Presbyterian Customer Service Center is here to help you

The Presbyterian Customer Service Center has representatives available to assist you Monday through Sunday from 8 a.m. to 8 p.m. Please call **1-505-923-6060** or toll-free at **1-800-797-5343** (TTY **711**). You may also contact us by email at **info@phs.org**.

The Presbyterian Customer Service Center uses a voice response system to assist you outside of normal business hours. Our voice response system can help you:

**1.** Get assistance filling prescriptions at the pharmacy.

**2.** Inquire about Medicare Advantage plans offered by Presbyterian.

**3.** Get questions answered about behavioral health services.

**4.** Leave a message for customer service. A response is provided within one business day.

**5.** File a formal complaint.

**6.** Speak to a supervisor on call.

The Presbyterian Customer Service Center has services to help members who do not speak English as their first language, who are hard of hearing, or who have vision problems.

Members who have trouble with their eyesight can call customer service to ask for oral interpretation of member materials. This includes things like an explanation of benefits (EOB), a letter, or your Evidence of Coverage (EOC).

We also offer Spanish- and Navajo-speaking representatives to help you.

Presbyterian hires a diverse staff. We also try to contract with providers who represent our membership. Presbyterian staff receives ongoing training in cultural awareness and diversity.

## On-the-go access to your health record

MyChart is a tool that allows Presbyterian Medical Group patients\* access to parts of their electronic health record. From your computer, tablet, or smartphone, you can log in to your MyChart account from the **www.phs.org** homepage to:

- Receive test and lab results
- View medication and allergy information
- Request an appointment
- View summaries of past visits
- Send messages to your care team
- Request renewals of prescriptions

You may also use MyChart to view the electronic health records of your eligible dependents. To learn more and to sign up, visit **www.phs.org** and select "Access MyChart."

\*MyChart is available only to patients with Presbyterian Medical Group providers. Patients who have been treated at one of our hospitals but do not have a Presbyterian Medical Group provider may still sign up for MyChart to view parts of their records.

 **MyChart**  
PRESBYTERIAN



## Stay connected to Presbyterian with Relay New Mexico!

Presbyterian is committed to improving connectivity for individuals who are deaf or hard of hearing by asking you to use the Relay New Mexico services. To access these

services, simply dial 711 from wherever you are.

Relay New Mexico will connect you to any number you give them and will stay

on the line to process your call. There is no charge to use these services, and Relay New Mexico is available 24 hours a day, 7 days a week.

## Did you know...

If you speak Spanish or Navajo, Presbyterian has Spanish- and Navajo-speaking representatives who can help you. We also offer translation and interpretation services to translate and interpret healthcare information in more than 160 languages. When you call customer service, ask to be helped in the language that you need.



## You can now schedule your urgent care visit for a time that works best for you

Presbyterian Medical Group's urgent care clinics now offer same-day, scheduled appointments for many minor illnesses and injuries. To schedule, call the urgent care clinic of your choice. Visit **www.phs.org/urgentcare** to find a location.



## COPD

# Take steps to manage it

Living with chronic obstructive pulmonary disease (COPD) can be a challenge, but there are things you can do to make your life easier.

The list-topper, of course, involves tobacco. If you smoke, ending your habit is the single most important step you can take to slow down the progress of COPD, according to the National Heart, Lung, and Blood Institute. It's also crucial to stay away from people who are smoking.

But that's not all. Among other COPD management strategies:

- Avoid air pollution—both indoors and out. Stay away from lung irritants such as chemical fumes and dust. If there's a lot of pollution outside, keep windows closed and stay inside.
- See your doctor. Regular visits are recommended, even if you're feeling OK.
- Eat well for your health. Make sure you eat a good source

of protein at least twice a day, and limit foods that are high in salt and sugar.

- Keep up with your medications. Refill prescriptions as needed so you don't run out. Take all medicines according to your doctor's instructions.
- Ask your doctor about getting a pneumonia shot and an annual flu shot. Both conditions can cause serious problems for people with COPD.
- Exercise according to your doctor's specifications. Breathing exercises are often important, as are walking and other activities that can help keep your body strong.

If you have severe COPD, you may need to ask family and friends to help out in the kitchen or with other household tasks. Take it slow when doing chores yourself, or do them while sitting down.

Talk with your doctor about these and other COPD management steps that can help you improve your overall health and better enjoy time with your friends and family.



## Problems with alcohol or drug use? We can help

Substance abuse and addiction problems can affect anyone. It can be hard to admit that you might have a problem and need help. Presbyterian is here to help you live the life you want. The Presbyterian Recovery Program offers many options for education and recovery. Our services include individual

substance use disorders, counseling for adults and adolescents (age 13 and up), and an Intensive Outpatient Program (IOP) for adults.

Through individual and group therapy, including peer-support group meetings such as 12-step programs, we can help you:

- Understand the disease of addiction
- Manage anxiety and depression

- Improve your coping and communication skills
- Find healthy responses to cravings

The first step is to call the Presbyterian Recovery Program at **1-505-291-2504**. We are available Monday through Friday. You can find out more about our services and make an appointment. We are located in the Presbyterian Medical Group Child/Adolescent Behavioral Health clinic at 8312 Kaseman Ct. in Albuquerque.



## HIGH BLOOD PRESSURE

# Spotting a problem

Usually when you have a health problem, your body sends signals so you know something is not right. High blood pressure often has no symptoms.

The best way to know if your blood pressure is high is to have it checked by a medical professional. The American Academy of Family Physicians recommends a blood pressure check at least once every two years. Your doctor may suggest checks that are more often if you have had high blood pressure in the past or if your family has it.

Blood pressure normally goes up and down during the day. If it stays high for too long, it can cause problems. Also called hypertension, high blood pressure can increase your risk for heart disease, heart failure, stroke, and kidney disease.

## WHAT YOU CAN DO

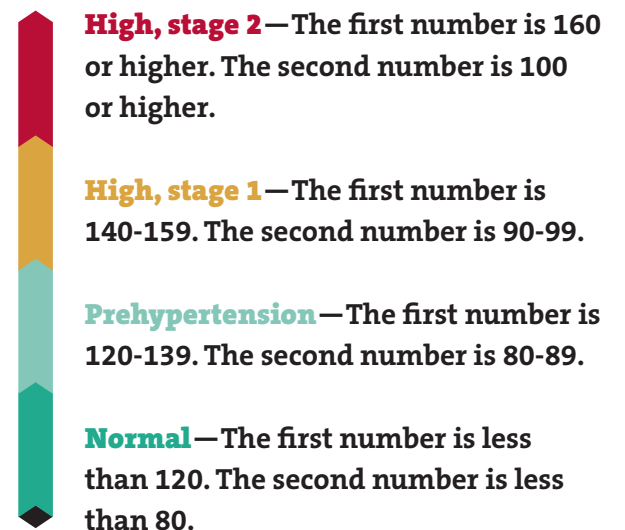
If you have high blood pressure or prehypertension, you may be able to get it under control by making changes in your lifestyle, such as:

- Not smoking
- Losing weight if you're overweight
- Exercising regularly
- Eating a healthy, low-fat diet that includes lots of fruits and vegetables
- Limiting your intake of sodium and caffeine
- Avoiding alcohol
- Learning to relax

If lifestyle changes alone do not bring down your blood pressure, medication may be needed. And remember: Call your doctor's office to get your blood pressure checked at least once every two years.

## What the numbers mean

Blood pressure is measured by two numbers. The first number—systolic pressure—is measured when the heart beats. The second number—diastolic pressure—is measured when the heart rests. The American Heart Association places blood pressure levels in these categories:



## Transition from pediatric to adult care

When an adolescent member turns 18 (21 for Medicaid members) or is pregnant, he or she may need care that is different from what they have been receiving. Presbyterian can help you to move from pediatric care (care for children) to adult primary care. This includes helping pregnant members find an obstetrician. If you are 18 years old or turning 18 or if you are pregnant, contact customer service to help get the providers and care that you need.

## Your rights and responsibilities and privacy notice

As a Presbyterian member, you have certain rights and responsibilities. Our partnership with you is best when we ensure your rights and you meet your responsibilities. We follow the Americans with Disabilities Act (ADA). We also follow federal and state laws as required. You can find member rights and responsibilities on [www.phs.org](http://www.phs.org) at [www.phs.org/Pages/member-rights.aspx](http://www.phs.org/Pages/member-rights.aspx).

### NOTICE OF PRIVACY PRACTICES

The notice of privacy practices describes how Presbyterian safeguards your Protected Health Information and your rights with regard to that information.

You can find the "Joint Notice of Privacy Practices" on [www.phs.org](http://www.phs.org) at <http://docs.phs.org/idc/groups/public/@phs/@marketing/documents/phscontent/wcmprod1029971.pdf>.



## Celebrate women's health

October is Breast Cancer Awareness Month. We want to encourage you to take time for yourself. This includes getting a mammogram and other preventive screenings that can help keep you healthy.

Recommended screenings include:

- Women ages 21 to 65 should have a Pap smear every three years.
- Women ages 50 and older should have a breast cancer screening every two years.
- Women 65 years or older should have a provider visit to check bone health in hips and spine.

Here are some of the ways you can get more information on these screenings and how to complete them.

- **Speak with your Primary Care Practitioner** about the screenings.
- **Refer to your member materials or call the Presbyterian Customer Service Center** for information on covered services and providers you can see.
- **Go to [www.phs.org/events](http://www.phs.org/events)** to see a list of community events and providers who can help you complete your screenings.
- **Go to [www.womenshealth.gov](http://www.womenshealth.gov) or [www.cdc.gov/features/nwhw](http://www.cdc.gov/features/nwhw)** for more information.

It's important to take charge of your health. By taking time for screenings you can help yourself stay healthy and find health problems early.



# 10 ways to add more joy to your life

Henry Wadsworth Longfellow once wrote, "Into each life some rain must fall."

If you sometimes feel like your life is one downpour after another, it's time to find some joy. And it's easier than you might think.

Being joyful has the power to help you bounce back from stressful events, solve problems, think flexibly, and even fend off diseases.

So without further ado, here are 10 simple ways to make your days brighter:

**1. Do something you loved as a kid.** Sing silly songs, splash in puddles, or see how high you can swing.

**2. Laugh at life's hassles.** No day is perfect. But there's often something at least a bit amusing in challenging situations if you look for it.

**3. Collect sayings or photos that make you smile.** Then stick them where they're visible—on your refrigerator or at your desk, for instance—to look at when you need a pick-me-up.

**4. Play a song you love.** Imaging tests of brains show that music can release feel-good hormones.

**5. Go for it.** Stop putting experiences you want to try on hold. Bake a pie from scratch, learn to crochet, or sign up for an indoor climbing class—explore what intrigues you.

**6. Take a nature break.** Look up at the sky, and see how blue it really is. Go on an early-morning walk, and delight in the dew on the grass. Let nature's beauty soothe you.

**7. Take a mental break.** Close your eyes and imagine a place you love. Use all your senses. Are you drawn to the beach? Smell the salt water, feel the sun on your back, and hear the crashing waves.

**8. Spread happiness.** When you get good news, don't keep it to yourself—tell a friend. You'll relive the moment and have the extra pleasure of your friend's reaction.

**9. Seek out happy people.** Good moods are contagious.

**10. Develop your playful side.** Joke with strangers in line, arrange nights out with friends, or have a regular game night with your family.

Sources: HelpGuide; Mental Health America

# 2016 Medicare preventive services

## A guide for members

This educational tool provides information on Medicare preventive services.

Service	Who is covered	Frequency
Initial Preventive Physical Examination (IPPE). Also known as the “Welcome to Medicare Preventive Visit”	All new Medicare beneficiaries who are within the first 12 months of their Medicare Part B coverage period. Important—The screening EKG is an optional service that may be performed as a result of a referral from an IPPE.	<ul style="list-style-type: none"><li>Once in a lifetime</li><li>Must furnish no later than 12 months after the effective date of the first Medicare Part B coverage</li></ul>
Annual Wellness Visit (AWV)	All Medicare beneficiaries who are no longer within 12 months after the effective date of their first Medicare Part B coverage period and who have not received an IPPE or AWV within the past 12 months.	<ul style="list-style-type: none"><li>An initial visit, once in a lifetime</li><li>Subsequent visits, annually</li></ul>
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	Medicare beneficiaries with certain risk factors for AAA and who receive a referral from their physician, physician assistant, nurse practitioner, or clinical nurse specialist.	Once in a lifetime.
Cardiovascular Screening Blood Tests	All Medicare beneficiaries without apparent signs or symptoms of cardiovascular disease.	Every 5 years.
Diabetes Screening Tests	Medicare beneficiaries with certain risk factors for diabetes or diagnosed with pre-diabetes. Beneficiaries previously diagnosed with diabetes are not eligible for this benefit.	<ul style="list-style-type: none"><li>Two screening tests per year for beneficiaries diagnosed with pre-diabetes</li><li>One screening per year if previously tested, but not diagnosed with pre-diabetes, or if never tested</li></ul>
Diabetes Self-Management Training (DSMT)	Medicare beneficiaries diagnosed with diabetes. Physician or qualified non-physician practitioner treating the beneficiary’s diabetes must order DSMT.	<ul style="list-style-type: none"><li>Up to 10 hours of initial training within a continuous 12-month period.</li><li>Subsequent years: Up to 2 hours of follow-up training each year after the initial year</li></ul>
Medical Nutrition Therapy (MNT)	Certain Medicare beneficiaries diagnosed with diabetes or renal disease, or who have received a kidney transplant within the last 3 years. A registered dietitian or nutrition professional must provide the services.	<ul style="list-style-type: none"><li>First year: 3 hours of one-on-one counseling</li><li>Subsequent years: 2 hours</li></ul>
Screening Pap Tests	All female Medicare beneficiaries.	<ul style="list-style-type: none"><li>Annually if at high risk for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past 3 years</li><li>Every 24 months for all other women</li></ul>
Screening Pelvic Examinations	All female Medicare beneficiaries.	<ul style="list-style-type: none"><li>Annually if at high risk for developing cervical or vaginal cancer, or childbearing age with abnormal Pap test within past 3 years</li><li>Every 24 months for all other women</li></ul>
Screening Mammography	All female Medicare beneficiaries aged 35 and older.	<ul style="list-style-type: none"><li>Aged 35 through 39: One baseline</li><li>Aged 40 and older: Annually</li></ul>
Bone Mass Measurements	Certain Medicare beneficiaries that fall into at least one of the following categories: <ul style="list-style-type: none"><li>Women determined by their physician or qualified non-physician practitioner to be estrogen deficient and at clinical risk for osteoporosis;</li><li>Individuals with vertebral abnormalities;</li><li>Individuals receiving (or expecting to receive) glucocorticoid therapy for more than 3 months;</li><li>Individuals with primary hyperparathyroidism; or</li><li>Individuals being monitored to assess response to FDA-approved osteoporosis drug therapy</li></ul>	<ul style="list-style-type: none"><li>Every 24 months</li><li>More frequently if medically necessary</li></ul>



Service	Who is covered	Frequency
<b>Colorectal Cancer Screening</b>	<p>All Medicare beneficiaries aged 50 and older who are:</p> <ul style="list-style-type: none"><li>■ At normal risk of developing colorectal cancer; or</li><li>■ At high risk of developing colorectal cancer</li></ul> <p>For colorectal cancer screening using Cologuard™—a Multitarget Stool DNA (sDNA) Test. Only used in people who have no signs or symptoms of CRC and who have no risk factors associated with development of the disease.</p> <p>All Medicare beneficiaries:</p> <ul style="list-style-type: none"><li>■ Aged 50 to 85 years;</li><li>■ Asymptomatic; and</li><li>■ At average risk of developing colorectal cancer</li></ul>	<ul style="list-style-type: none"><li>■ Fecal occult blood test every year</li><li>■ Flexible sigmoidoscopy once every 4 years, or 120 months after a previous Screening Colonoscopy for people not at high risk</li><li>■ Screening colonoscopy every 10 years (every 24 months for high risk), or 48 months after a previous Flexible Sigmoidoscopy</li><li>■ Barium enema (as an alternative to a covered Flexible Sigmoidoscopy) every 48 months, and every 24 months for high risk</li><li>■ Cologuard™ Multitarget Stool DNA (sDNA) Test: once every 3 years</li></ul>
<b>Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography</b>	<p>Certain adult Medicare beneficiaries who meet all of the following criteria:</p> <ul style="list-style-type: none"><li>■ Aged 55 to 77 years and are either current smokers or have quit smoking within the last 15 years</li><li>■ Have a tobacco smoking history of at least 30 “pack years” (an average of one pack a day for 30 years)</li><li>■ Receive a written order from a physician or qualified non-physician practitioner that meets certain requirements</li></ul>	Once per year.
<b>Prostate Cancer Screening</b>	All male Medicare beneficiaries aged 50 and older (coverage begins the day after 50th birthday).	Annually for covered beneficiaries.
<b>Glaucoma Screening</b>	Medicare beneficiaries with diabetes mellitus, family history of glaucoma, African-Americans aged 50 and older, or Hispanic-Americans aged 65 and older.	Annually for covered beneficiaries.
<b>Seasonal Influenza Virus Vaccine and Administration</b>	All Medicare beneficiaries.	Once per influenza season. Medicare may provide additional flu shots if medically necessary.
<b>Pneumococcal Vaccine and Administration</b>	All Medicare beneficiaries.	<ul style="list-style-type: none"><li>■ An initial pneumococcal vaccine to Medicare beneficiaries who never received the vaccine under Medicare Part B; and</li><li>■ A different, second pneumococcal vaccine 1 year after the first vaccine was administered</li></ul>
<b>Hepatitis B (HBV) Vaccine and Administration</b>	<p>Certain Medicare beneficiaries at intermediate or high risk for contracting hepatitis B.</p> <p>Medicare beneficiaries that are currently positive for antibodies for hepatitis B are not eligible for this benefit.</p>	Scheduled dosages required.
<b>Hepatitis C Virus (HCV) Screening</b>	<p>Certain adult Medicare beneficiaries who:</p> <ul style="list-style-type: none"><li>■ Are at high risk for HCV infection; or</li><li>■ Were born between 1945 and 1965</li></ul>	<ul style="list-style-type: none"><li>■ Annually only for high risk beneficiaries with continued illicit injection drug use since the prior negative screening test; or</li><li>■ Once in a lifetime for beneficiaries born between 1945 and 1965 who are not considered high risk</li></ul>
<b>Counseling to Prevent Tobacco Use for Asymptomatic Beneficiaries</b>	<p>Outpatient and hospitalized beneficiaries</p> <ul style="list-style-type: none"><li>■ Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease;</li><li>■ Who are competent and alert at the time that counseling is provided; and</li><li>■ Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner</li></ul>	Two cessation attempts per year. Each attempt includes a maximum of four intermediate or intensive sessions, up to eight sessions in a 12-month period.
<b>Human Immunodeficiency Virus (HIV) Screening</b>	Beneficiaries who are at increased risk for HIV infection, including anyone who asks for the test, or pregnant women.	<p>Annually for beneficiaries at increased risk</p> <p>Three times per pregnancy for beneficiaries who are pregnant:</p> <ul style="list-style-type: none"><li>■ First, when a woman is diagnosed with pregnancy;</li><li>■ Second, during the third trimester; and</li><li>■ Third, at labor, if ordered by the woman’s clinician</li></ul>

# There are angels among us

Congratulations to Leslie Price, RN, Kaseman Day Surgery Charge Nurse, who was recognized as a Guardian Angel by donor Mary Ann Weems for the extraordinary care she provided for her daughter Elizabeth. Mary Ann is grateful for the incredible team at Kaseman Day Surgery but in particular,

wanted to recognize Leslie who had an “extremely there” attitude. Mary Ann was impressed with her attentiveness, her patience in answering their “endless questions,” and the way Leslie continued to check on



Elizabeth to make sure she was okay.

Mary Ann recognized Leslie with a donation through Presbyterian Healthcare Foundation’s Guardian Angel Program. Her gift will continue to support the work of the Foundation by providing

resources like patient support, education, and equipment so that Presbyterian can be there when families need us most.

Do you have a Guardian Angel that you’d like to recognize? Visit [www.phs.org/GuardianAngel](http://www.phs.org/GuardianAngel) or call **505-724-6580**.

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Service	Who is covered	Frequency
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease	All Medicare beneficiaries: <ul style="list-style-type: none"><li>Who are competent and alert at the time counseling is provided; and whose counseling is furnished by a qualified primary care physician or other primary care practitioner and in a primary care setting</li></ul>	Annually for covered beneficiaries.
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	All Medicare beneficiaries are eligible for alcohol screening. Medicare beneficiaries who misuse alcohol, but whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence, are eligible for counseling if they are competent and alert at the time that counseling is provided and counseling is furnished by qualified primary care physicians or other primary care practitioners in a primary care setting.	<ul style="list-style-type: none"><li>Annually for individuals who have annual alcohol misuse screening</li><li>Brief face-to-face behavioral counseling for alcohol misuse four times per year.</li></ul>
Sexually Transmitted Infections (STIs) Screening and High Intensity Behavioral Counseling (HIBC) to Prevent STIs	Certain Medicare beneficiaries who are: <ul style="list-style-type: none"><li>Sexually active adolescents and adults at increased risk for STIs: and</li><li>Referred for this service by a primary care practitioner and provided by a Medicare eligible primary care practitioner in a primary care setting</li></ul>	<ul style="list-style-type: none"><li>One annual occurrence of screening for chlamydia, gonorrhea, and syphilis in women at increased risk who are not pregnant</li><li>One annual occurrence of screening for syphilis in men at increased risk</li><li>Up to two occurrences per pregnancy of screening for chlamydia and gonorrhea in pregnant women who are at increased risk for STIs and continued increased risk for the second screening</li><li>One occurrence per pregnancy of screening for syphilis in pregnant women; up to two additional occurrences per pregnancy if at continued increased risk for STIs</li><li>One occurrence per pregnancy of screening for hepatitis B in pregnant women; one additional occurrence per pregnancy if at continued increased risk for STIs</li><li>Up to two HIBC counseling sessions annually</li></ul>
Intensive Behavioral Therapy (IBT) for Obesity	Medicare beneficiaries with obesity (BMI ≥ 30 kg/m2) who are competent and alert at the time that counseling is provided and whose counseling is furnished by a qualified primary care physician or other primary care practitioner in a primary care setting.	<ul style="list-style-type: none"><li>One visit every week for the first month;</li><li>One visit every other week for months 2–6; and</li><li>One visit every month for months 7–12</li></ul> <p>At the 6-month visit, a reassessment of obesity and a determination of the amount of weight loss must be performed.</p> <p>To be eligible for additional face-to-face visits occurring once a month for an additional 6 months, beneficiaries must have lost at least 3kg.</p> <p>For beneficiaries who do not achieve a weight loss of at least 3kg during the first 6 months, a reassessment of their readiness to change and BMI is appropriate after an additional 6-month period.</p>



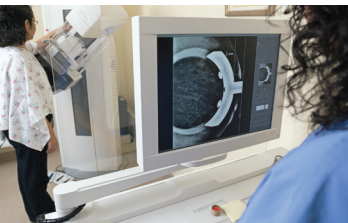
**New procedures, drugs, and devices—are they right for you?**

You may often hear about new medical treatments and procedures. Presbyterian Health Plan’s New Technology Assessment Committee looks at new treatments, drugs, and devices to see if your health plan will cover them.

The group looks at many things to make choices about new treatments, drugs, or devices. Some of the questions they ask are:

- Is it safe? Does it work well? Is it better than what is used now?
- How much will it cost?
- Are people trained to use it?

The New Technology Assessment Committee includes doctors from the health plan and the local area. It also includes other clinical staff. These healthcare experts help to make sure that the new treatments and procedures have been tested and well-researched before they are covered as health plan benefits.



If you feel that you have been a victim of medical fraud or abuse, please contact Presbyterian Health Plan at our confidential voicemail **1-505-923-5959** or **1-800-239-3147**. Or email us at **PHPFraud@phs.org**.

**Did you know that flyers are being mailed to you trying to trick you?**

People all over the United States are being lied to by con artists who use Social Security or Medicare to tempt you. These crooks mail out offers for Social Security services. At a small fee, they say that they can help you with getting:

- A corrected Social Security card with a bride’s new married name on it
- A replacement of a lost or stolen Social Security card
- A Social Security number for a child

(All of these services and more are offered for free at your

local Social Security office.)

These people go as far as to say that the Social Security needs money so bad that unless you send in money such as a membership fee or donation to their address, you could lose your benefits. Some of these companies are even offering updates to your Social Security benefits if you give them your information. They then sell your private information to criminals that use your information for many different things like identity theft.

If you get one of these ads in the mail do not throw it away! The only way we are going to stop them is to get the information to the authorities.

Send the complete mailing, including the envelope, to:

- Office of the Inspector General Fraud Hotline Social Security Administration P.O. Box 17768 Baltimore, MD 21235
- New Mexico Attorney General Attn.: Fraud Department P.O. Box 1508 Santa Fe, NM 87504-1508

**Presbyterian Health Plan Online Provider Directory**

Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) have a Web-based provider directory on **www.phs.org**. Choose “Find a Doctor” in the red box on the right of the screen. Both members and non-members can search for providers using this online tool. In the directory, you can search the following information:

- Name

- Gender (male/female)
- Specialty
- Hospitals where they practice
- Board certification
- If they are accepting new patients
- Languages they speak in the office
- Office locations and phone numbers

You can search using one or more of the items listed

above. To get all of the information you want, fill in as many blanks as you want on the search page. The search page also has instructions for both Smartphone users and personal computer users.

The online provider directory is refreshed (updated) each day to make sure that information is current. You can also get provider information on paper or by phone by calling the Presbyterian Customer Service Center.

# What level of care do you need?

If you have a serious medical problem, go to the emergency department (ED). The ED has the doctors, nurses, and tools needed to treat you. Emergency care may save your life.

But sometimes you may have a minor illness or an injury that’s not an emergency. Maybe it’s after office hours. Or you can’t see your regular provider right away. That’s when you should go to an urgent care center.

Of course, it’s not always easy to know what kind of care you need. If you’re not sure, remember to use the 1-2-3 tips.

**1-2-3 TIPS**

- 1.** Call PresRN at **1-888-730-2300 (TTY 711)**, 24 hours a day, 7 days a week. A registered nurse can help you decide where to get the right treatment.
- 2.** For other problems, call your primary care practitioner (PCP). The PCP may have you come to the office or send you to an urgent care center for treatment. If you call your PCP after hours, the PCP will leave a number for you to call.
- 3.** If you need emergency care, call 911 right away.

Sources: American College of Emergency Physicians; National Association for Ambulatory Care

 **Here’s a clip-out guide to put on your refrigerator.**

**GO TO THE EMERGENCY DEPARTMENT FOR:**

▪ Chest pain	▪ Coughing up or throwing up blood
▪ Any sudden or severe pain	▪ Major broken bones, such as a leg
▪ Difficulty breathing	▪ Severe diarrhea or throwing up that doesn’t stop
▪ A head injury	▪ Severe bleeding or bleeding that doesn’t stop
▪ Fainting or passing out	
▪ Sudden changes in vision	
▪ Difficulty speaking	
▪ Sudden confusion or dizziness	
▪ Suicidal feelings	

**CALL YOUR PCP’S OFFICE OR GO TO AN URGENT CARE CENTER FOR:**

▪ Sprains and strains	▪ Allergy flare-ups	finger
▪ Sore throats,	▪ Mild asthma	▪ Skin rashes
coughs, colds, or	▪ Animal bites	▪ Minor cuts that may
the flu	▪ Insect bites	need stitches
▪ Ear infections	▪ Minor broken	▪ Nausea
▪ Sinus infections	bones, such as a	



# Healthy Solutions health coaching

Presbyterian Healthy Solutions is a chronic condition coaching program for eligible Presbyterian members. This disease management program is for members over the age of 18 who have been diagnosed with diabetes, heart disease, heart failure, asthma, or chronic obstructive pulmonary disease and have also been hospitalized or seen in the emergency department related to those conditions in the last three to six months.

Members with diabetes may also be eligible with an HbA1c (A1c) test result greater than 9%, or an LDL or bad cholesterol result greater than 160 in the last three to six months. Members with heart disease may also be eligible with an elevated LDL or bad cholesterol over 160 in the last three to six months.

The coaching program can help members improve their health. We offer this program at no extra cost to our members. This program is designed to help and encourage you. We will schedule time for you to talk with your own personal health coach.

During the program, your health coach will help you create a plan to live a healthy lifestyle.

- You will discuss:
- What has worked for you in the past
  - What is holding you back
  - What habits you can change
  - How to create a plan and take small steps toward a healthier lifestyle

Healthy Solutions health coaching is available by telephone or email. If you’d like to get started, please contact us at **1-800-841-9705** (leave a message) or by email at **HealthySolutions@phs.org**.

Participation in Presbyterian Healthy Solutions coaching program is voluntary. If at any time a participant wishes to discontinue the program, they need only to contact Presbyterian.



# Our care coordination services

Presbyterian has a care coordination program for members. The program focuses on members who need help with their special healthcare needs or who have complex health problems. We have teams to help you get the care you need. Care coordinators work with you to create a plan of care to meet your needs.

Care coordination can:

- Help you get healthcare services you need
- Help you with long-term illnesses and injuries
- Make sure you have what you need when you go home from the hospital
- Help with communications between you and your healthcare team
- Help you and your caregiver(s) understand medications, diets, and other care needs
- Help members who have special needs such as transplants, high-risk pregnancies, premature babies, and children who need special services or equipment
- Work with members who have mental or emotional needs, or drug or alcohol problems
- Help members with diabetes, chronic obstructive pulmonary disease (COPD), heart disease, and heart failure to manage their health

For more details or for help with these services, please call the Presbyterian Customer Service Center at the number on the back of your ID card.



## Pumpkin stew

Makes 4 servings.

### INGREDIENTS

- 1 tablespoon olive oil
- 1 medium green bell pepper, chopped
- 1 medium red bell pepper, chopped
- 1 medium onion, chopped
- 4 cloves garlic, minced
- ½ teaspoon ground cumin (curry powder may be substituted)
- 1 (15-ounce) can pureed pumpkin (2 cups fresh may be substituted)
- 1 (15-ounce) can black beans, no salt added, drained
- 1 (15-ounce) can yellow corn kernels, no salt added, drained (1 to 1½ cups fresh or frozen may be substituted)
- 1 (14-ounce) can diced tomatoes, no salt added
- 2 cups reduced-sodium chicken broth (vegetable may be substituted)
- ¼ cup fresh cilantro, finely chopped, divided
- Salt and freshly ground black pepper to taste
- ¼ cup plain, low-fat yogurt, optional

### DIRECTIONS

- In large saucepan, warm oil over medium heat.
- Stir in peppers, onion, and garlic, and sauté 6 minutes, until peppers and onion soften.
- Stir in cumin, and continue to cook 1 to 2 minutes.
- Pour in pumpkin, beans, corn, tomatoes, and broth. Add 1 teaspoon cilantro, and season with salt and pepper to taste.
- Bring to boil; then reduce heat. Cover, and simmer 25 minutes.
- Divide stew among 4 bowls and garnish with cilantro and yogurt, if desired.

### NUTRITION INFORMATION

Serving size: 2 cups. Amount per serving: 301 calories, 5g total fat (1g saturated fat), 57g carbohydrates, 14g protein, 14g dietary fiber, 307mg sodium.

Source: American Institute for Cancer Research

## The right care at the right time

**Presbyterian Health Plan, Inc., and Presbyterian Insurance Company, Inc., (Presbyterian) want our members to get the best care, in the best place, at the right time. One of the ways we do this is by using a prior authorization process. Prior authorization is part of our Utilization Management Program. This program helps make sure that the services our members receive are medically**

**necessary. This means that the care you receive is needed to diagnose, treat, or prevent medical conditions. It also helps make sure that medical facilities, such as hospitals, are being used in the right way. Presbyterian does not reward or pay healthcare providers for not providing services. Presbyterian also does not reward or pay healthcare providers for not referring you for care. Your**

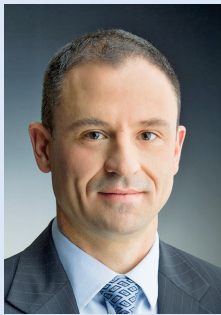
**providers and Presbyterian staff members consider these factors when making decisions about your care:**

- Is the service or care covered by your health plan?
- Is the service or care appropriate for your healthcare needs?

**For more information about the UM Program or to check the status of your prior authorizations, call the customer service number on your member ID card.**



# Greetings from our new president



**Brandon Fryar,**  
**President,**  
**Presbyterian**  
**Health Plan**

There is a lot to love about New Mexico, especially this time of year: the smell of roasting chile, cooler morning air, leaves changing colors. What I love best about New Mexico, any time of year, is the people who live here. I grew up in New Mexico—in the tiny community of Reserve, which is in the Gila National Forest in the southwestern part of the state. I'm lucky to have been able to go to college in New Mexico—at New Mexico State University in Las Cruces—and to have found meaningful work in the state.

As the new president of Presbyterian Health Plan, I spend my time thinking about how best to serve you and the rest of our members. I know some of you as friends, others as former college classmates, and still others as family. Whether I know you or not, you and Presbyterian Health Plan's other members are my priority. I and the great people I work with want you to feel confident in your choice for insurance. We also want you to understand your plan and how best to use your plan benefits. Most important, we

want to support you as you work to improve your health. If you feel we aren't reaching these goals, we want to hear from you.

In small towns like the one I grew up in, people look out for each other. It's called community. At Presbyterian Health Plan, you are our community. Thank you for placing your trust in us. You can reach us by email at [info@phs.org](mailto:info@phs.org) and by telephone at **1-505-923-5678** or **1-800-356-2219**; TTY: **1-877-298-7407**.



## Your Story

**YOUR STORY** is published as a community service for the friends and patrons of: **PRESBYTERIAN HEALTH PLAN** and **PRESBYTERIAN INSURANCE CO., INC.**

Managing editor: [oahmed@phs.org](mailto:oahmed@phs.org)

A publication of Presbyterian Medicare Advantage Plans. Information in **YOUR STORY** comes from a wide range of medical experts. Models may be used in photos and illustrations. If you have any concerns or questions about specific content that may affect your health, please contact your healthcare provider.

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Presbyterian Senior Care (HMO) and Presbyterian MediCare PPO are Medicare Advantage plans with a Medicare contract. Enrollment in Presbyterian Senior Care (HMO) or Presbyterian MediCare PPO depends on contract renewal.

You can get this information for free in other

languages. Call our Presbyterian Customer Service Center at **1-505-923-6060** or **1-800-797-5343**. TTY users call **711**. You can reach us Monday through Sunday from 8 a.m. to 8 p.m.

Esta información está disponible sin costo en otros idiomas. Llame al Centro de Servicio al Cliente de Presbyterian al **1-505-923-6060** o **1-800-797-5343**. Las personas que usan la línea de teléfono TTY deben llamar al **711**. Puede llamarnos de lunes a domingo, de 8 a.m. a 8 p.m.



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