

## FLU SEASON IS HERE

In the current COVID-19 health crisis, it's important to make sure that patients don't neglect other important healthcare needs. The threat of a double epidemic of coronavirus and flu cases is something we all need to work together to avoid. We urge you to strongly recommend and offer flu vaccine to your patients. You are your patients' most trusted source of health information and your recommendation makes a significant difference in their decision to get vaccinated. Please remind your patients to wash their hands, cover their cough, and stay home when they're sick.

The flu shot is free for all **MetroPlusHealth** members. **MetroPlusHealth** members may also earn [Reward Points](#) for getting the flu shot.

Thank you!



## TUBERCULOSIS REPORTING



In 2019, there were 566 verified cases of tuberculosis in NYC — and 11 of those were multidrug resistant. 100% of neighborhoods in the city had at least one case, and the city's rate of infection is more than twice the national rate. Detailed information can be found [here](#).

Providers are required to report patients suspected of having TB and any confirmed cases to the New York City Health Department. In addition, children under age 5 with a positive test for TB infection must be reported. As of November 2019, laboratories must also report the results of any blood-based test for TB infection, regardless of the patient's age.

Providers treating patients with TB are required to report the patient's care to the New York City Health Department. The provider must report if the patient completed their treatment, as well as what the outcome was (cured, failed, relapsed, refused, etc.). If the treatment was discontinued for any reason — such as the patient not having TB — that must also be reported. You may be contacted by a case manager requesting updates, and authorized Health Department staff must be provided access to necessary paper and electronic medical records.

The Health Department has resources available for providers treating patients with TB.

- For consultation related to the management and treatment of TB, including MDR-TB, please call the TB HOTLINE at 844.713.0559.
- For more information about medications with limited availability (for the treatment of MDR-TB) or for help obtaining them, please call the TB HOTLINE at 844.713.0559.
- To learn more about the DOT program at the Health Department or to enroll a patient, please call 311.

For more information and resources, visit the **NYC Department of Health's** site [here](#).

# STATIN THERAPY FOR ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ACD) PREVENTION

As part of our ongoing statin initiative, MetroPlusHealth has reached out to members to discuss the importance of taking their statin medication and reporting any side effects to their providers. Members are also reminded about 90-day fills, mail order program and/or PillPack (home delivery) through educational materials.

One of the major barriers to medication adherence for these members is that they are not prescribed the appropriate moderate or high-intensity statin that they need. If your patient is over 21 years old and falls into one of the categories below, consider prescribing them a moderate or high-intensity statin.

| Moderate Intensity*   | High Intensity   |
|---|--|
| If the patient is diagnosed with clinical atherosclerotic cardiovascular disease, 75 years old or younger, and <b>not</b> a candidate for a high-intensity statin   | If the patient is diagnosed with clinical atherosclerotic cardiovascular disease, 75 years old or younger, and a candidate for a high-intensity statin   |
| If the patient is diagnosed with Type 1 or 2 Diabetes, is between ages 40 – 75, and has an estimated 10-year atherosclerotic CVD risk of less than 7.5%   | If the patient is diagnosed with Type 1 or 2 Diabetes, is between ages 40 – 75, and has an estimated 10-year atherosclerotic CVD risk of 7.5% or higher. |
| If the patient is between ages 40 – 75 and has an estimated 10-year atherosclerotic CVD risk higher than 7.5%   | If the patient is between ages 40 – 75 and has an estimated 10-year atherosclerotic CVD risk higher than 7.5%  |
| If the patient is between ages 40 – 75 and has an estimated 10-year atherosclerotic CVD risk between 5 – 7.5% and LDL > 160 mg/dl, family history, has CRP > 2, CAC>300 or 75%, ABI < .9, or high lifetime risk | If the patient has LDL-C ≥ 190 mg/dl   |

Click [here](#) for more information.

## MODERATE AND HIGH INTENSITY STATINS

| Moderate Intensity Statins |                        | High Intensity Statins |                         |
|----------------------------|------------------------|------------------------|-------------------------|
| Atorvastatin 10 – 20 mg    | Pravastatin 40 – 80 mg | Fluvastatin 40 mg bid  | Atorvastatin 40 – 80 mg |
| Rosuvastatin 5 – 10 mg     | Lovastatin 40 mg       | Pitavastatin 2 – 4 mg  | Rosuvastatin 20 – 40 mg |
| Simvastatin 20 – 40 mg     | Fluvastatin XL 80 mg   |                        |                         |

\*2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults  
A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines

## OFFICE WAITING TIME STANDARDS

It's important to remember that excessive office waiting time significantly affects members' overall satisfaction, with both the provider and the health plan. Please follow these standards, which are listed in our MetroPlusHealth *Provider Manual* under "Office Waiting Time Standards":

- Waiting-room times must not exceed one (1) hour for scheduled appointments. Best practice is to see patients within 15 minutes of arrival. If there is an unavoidable delay in seeing the patient they should be told and updated every 10 minutes. Let the patient know they can expect to wait an hour if that is the case. Everybody is busy and waiting an hour with no communication will lead to dissatisfied patients! Consider calling patients before they arrive to let them know you are running behind and reschedule if needed.
- Members who walk in with urgent needs are expected to be seen within one (1) hour.
- Members who walk in with non-urgent "sick" needs are expected to be seen within two hours or must be scheduled for an appointment to be seen within 48 to 72 hours, as clinically indicated.



## DEPARTMENT OF FINANCIAL SERVICES (DFS) CIRCULAR LETTER: NOT CHARGING MEMBERS FOR PPE

Please be advised that participating providers should not charge their patients a fee or other charge for PPE in addition to the patient's responsibility. Providers have an obligation to ensure the safety of their patients and employees during all medical visits from routine check-ups to surgical procedures. Read the Circular Letter [here](#).

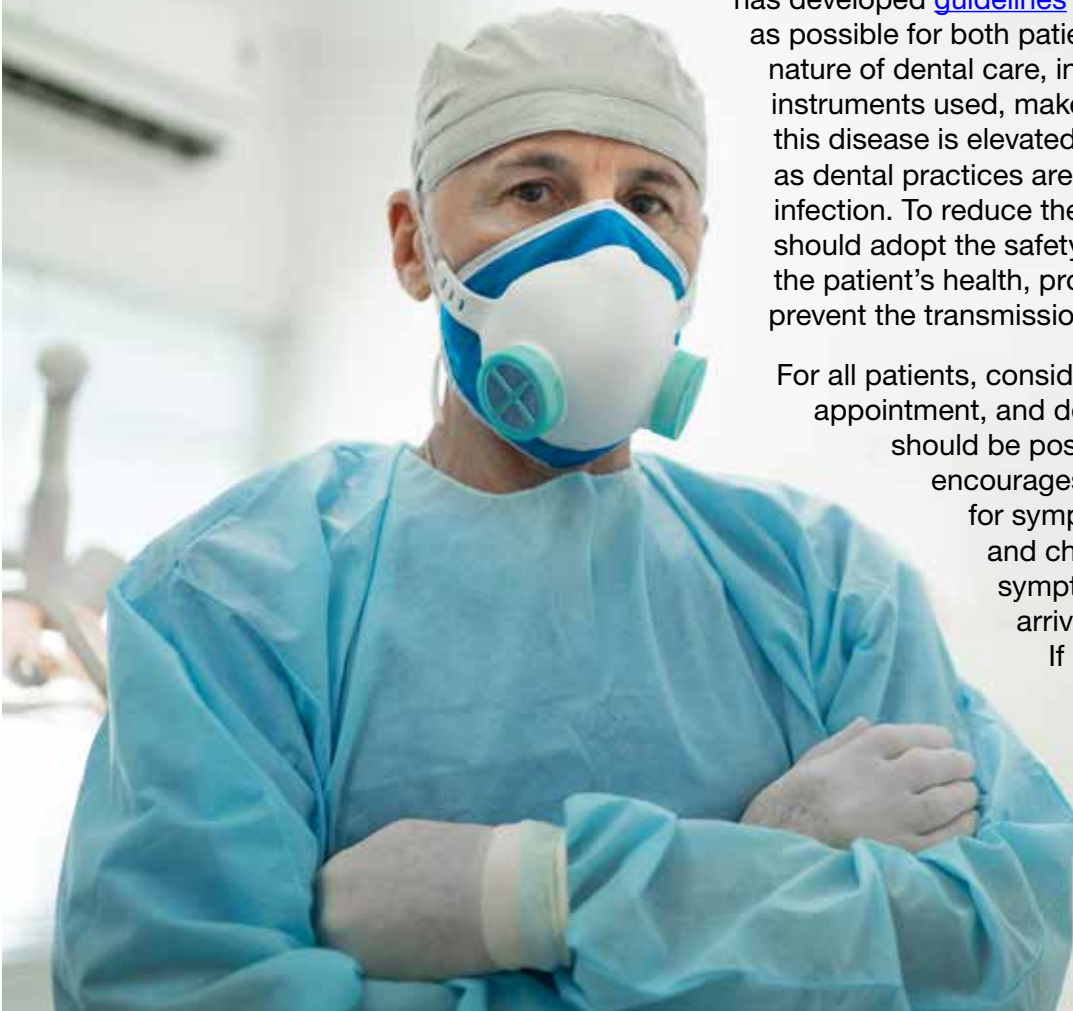


### DENTAL CARE FOR CHILDREN AND ADULTS

Ranging from cavities to cancer, oral diseases cause pain and disability for millions of Americans each year, and can often be a sign of illness elsewhere in the body. Many of these problems can be treated with simple measures, or prevented outright by good dental hygiene. Providers should encourage members to take care of their teeth through brushing and flossing, have regular check-ups and to consult a provider if they're experiencing pain or difficulties. For any questions related to dental benefits, contact **Healthplex** at **800.468.9868**.

During the current COVID-19 health crisis, the CDC has developed [guidelines](#) to provide care as safely as possible for both patients and staff. The nature of dental care, including proximity and instruments used, make it high risk. The risk of this disease is elevated in pediatric dentistry as dental practices are focal points for cross-infection. To reduce the exposure, dentists should adopt the safety standards that ensure the patient's health, protect themselves and prevent the transmission of the disease.

For all patients, consider the urgency of the appointment, and determine if it can or should be postponed. The CDC encourages screening patients for symptoms over the phone, and check for fever or other symptoms again when they arrive at the appointment. If a patient is suspected or confirmed to have COVID-19, but must be treated, the CDC has provided detailed infection prevention and control guidelines [here](#).





## BREAST CANCER SCREENINGS

According to the Centers for Disease Control and Prevention (CDC) breast cancer in the United States is the most common cancer in women, no matter race or ethnicity. Each year in the United States, about 245,000 cases of breast cancer are diagnosed in women and about 41,000 women die each year from breast cancer. Over the last decade, the rate of getting breast cancer has not changed for women overall, but the rate has increased for black women and Asian and Pacific Islander women.

For prevention and early detection of breast cancer, patients should start receiving mammograms to check for cancer before there are signs or symptoms of the disease. Regular mammograms are the best tools to find breast cancer early. Patients should be reminded of the importance of early detection, and the need to schedule their regular screening based on the current screening recommendations. For more information and to review specific guidelines please click [here](#).

All women need to be informed by their health care provider about the best screening options for them, as there may be many factors (previous history of breast cancer, family history of breast cancer, and age) that will determine how often and at what age they need to obtain a mammogram.

Special focus should be given to women who are at a higher risk for breast cancer and may be recommended for a mammogram annually and, if indicated an MRI. These include women with prior breast cancer diagnosis, genetic variants such as BRCA 1 or 2 gene mutation or family history (close relatives with early onset of breast cancer). For more information, click [here](#).

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## CERVICAL CANCER SCREENINGS

According to the Centers for Disease Control and Prevention (CDC) cervical cancer used to be the leading cause of cancer death for women in the United States. However, in the past 40 years, the number of cases of cervical cancer and the number of deaths from cervical cancer have decreased significantly. This decline largely is the result of many women getting regular [Pap tests](#), which can find cervical pre-cancer before it turns into cancer.

All women are at risk for cervical cancer. Long-lasting infection with certain [types of human papillomavirus \(HPV\)](#) is the main cause of cervical cancer.

Types of screening tests that can help prevent cervical cancer or find it early:

- The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
- The HPV test looks for the virus ([human papillomavirus](#)) that can cause these cell changes.

For more information and to review specific guidelines please click [here](#).

It is also important to maintain accurate documentation of these visits, including proper coding. If a member has had a bilateral total hysterectomy, providers should document it in the member's medical record. For more information, click [here](#).



# ADOLESCENT WELL CARE VISIT RECOMMENDATIONS AND DOCUMENTATION

MetroPlusHealth uses **Bright Futures** as its cornerstone for clinical recommendations for delivering care to adolescents. *Bright Futures* specializes in prevention and health promotion for children and young adults, with a strong set of Adolescence Tools to support and guide providers.



**Bright Futures™**  
prevention and health promotion for infants,  
children, adolescents, and their families™

The core tools, available in both English and Spanish, are broken down into three age groups (11 – 14 years old, 15 – 17 years old, and 18 – 21 years old). They consist of:

- **Pre-visit Questionnaires:** to determine what the family or adolescent would like to discuss during the visit, assist in initiating recommended medical screening for integrating risk assessment questions, and aid in obtaining development surveillance information.
- **Visit Documentation Forms:** to provide a convenient resource to document activities during a typical health supervision visit, simplify proper coding, and help secure appropriate payment for each visit's activities.
- **Parent/Patient Education Handouts:** to summarize Bright Futures anticipatory guidance, written for readers with limited literacy skills.

In addition, the *Bright Futures* toolkit includes Medical Screening Reference Tables for Clinicians — user-friendly MSR tables to compile history, risk-assessment questions and actions to take. There are also supplemental and medical-screening questionnaires specific to different age groups.

To see these materials and learn more about *Bright Futures*, please click [here](#).



## LEAD SCREENING TESTING

Any childhood exposure to lead can impair intellectual function and cause lifelong behavior problems. Providers should be vigilant about testing children for lead. Screening children for lead can help to decrease the risks for delayed or disordered developmental trajectory and ensure that kids are on track when it is time for them to enter school.

New York State law requires all children to be tested for lead at age 1 and again at age 2 by their health care provider. Providers must also assess children for exposure to lead until age 6 and test them if a risk of exposure is found. These results must be submitted to the New York State Department of Health.

If a child has an elevated lead level, it is important to make sure that they have follow-up testing. Guidance on lead poisoning prevention, risk reduction and nutritional counseling should also be given to the parent or caregiver. All parents of children under six years old should receive information and anticipatory guidance on lead as part of routine care.

Click [here](#) for additional information and resources. For additional information on reporting, please contact the *DOH Lead Poisoning Prevention Program* at **518.402.7600** or email: [LPPP@health.ny.gov](mailto:LPPP@health.ny.gov).

## SPIROMETRY TESTING AND COVID-19

Typically, spirometry testing is an important part of the assessment and diagnostic process of Chronic Obstructive Pulmonary Disease (COPD).

However, due to the risk of spreading COVID-19, both the American Academy of Allergy, Asthma & Immunology and the American College of Occupational & Environmental Medicine believe it is prudent to suspend spirometry testing. You should only perform spirometry tests on patients **if it is determined to be clinically essential**, as spirometry tests require performance of a forced expiratory maneuver which could spread droplets in the air if an infected person is tested, even if asymptomatic. The risk of other individuals inhaling the droplets exists even if the likelihood of this occurring is unknown.



Spirometry testing remains an important part of health promotion efforts, and it is important to note any tests that have been cancelled during the current health crisis. As the situation changes and improves, we must all make the effort to complete testing that may have been delayed. In alignment with the [GOLD standards](#), spirometry is the standard respiratory function test for case detection of COPD; confirming the presence of persistent airflow limitation of a post-bronchodilator FEV1/FVC < 0/70. We encourage you to review these reports and provide the necessary spirometry testing and follow up to your patients, as soon as it is safe to do so.

Preventive screenings and tests are recognized as a cost-effective way to identify and treat potential health problems before they develop or worsen. As a health care provider, you play a pivotal role in ensuring that your patients take full advantage of the screenings and tests available to them.

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## MEDICATION THERAPY MANAGEMENT PROGRAM FOR SENIORS

MetroPlus Medicare members have access to the Medication Therapy Management (MTM) program. Members who take eight or more Medicare Part D covered maintenance drugs, have three or more chronic health conditions, and reach \$4,255 in total yearly prescription drug costs are automatically enrolled in this free, voluntary program. Participants in the MTM are provided with a comprehensive medication review (CMR) and a targeted medication review (TMR).

A CMR is when a patient has a one-on-one discussion with a pharmacist about all the medications they take (prescription, OTC, and any supplements, vitamins, or herbal medicine) and how to best manage their health using those medications. A CMR review takes about 30 minutes and is usually offered once each year. At the end, the pharmacist will give the patient a Personal Medication List with the medications discussed during the CMR as well as a Medication Action Plan, with suggestions from the pharmacist of things the patient should discuss with their doctor.

With a TMR, **MetroPlus**Health will mail or fax suggestions to providers every three months about prescription drugs that may be safer, or work better than the current drugs a member is taking. As always, the prescribing doctor will decide whether to consider our suggestions. The prescription drugs will not change unless doctor and patient decide to change them.

Please encourage your patients to take advantage of this important service provided by **MetroPlus**Health and contact us if you would like additional information about our MTM Program.

# HEDIS/QUARR DATA COLLECTION

MetroPlusHealth collects data from providers that support quality measures included in HEDIS/QARR reporting, MetroPlus Pay-for-Performance (P4P) Program and Value-Based Payment (VBP) contracts. To ensure your scores are accurate, MetroPlusHealth collects the following information during the timeframes specified below:

| Data Collected             | Timeline                        | Purpose and Request   |
|----------------------------|---------------------------------|---|
| Claims Data                | January 2020<br>– February 2021 | <p>Claims should be submitted immediately following the rendering of services and applied to your quality measure performance if received before February of the reporting year and appropriately coded. Please review the HEDIS/QARR Reference Guide and Coding Sheet to ensure the services provided are captured utilizing the correct codes.</p> <p><i>Click <a href="#">here</a> for more information.</i></p>   |
| Encounter Files            | January 2020<br>– February 2021 | <p>Encounter files are accepted for all measures <b>throughout the measurement year and into the beginning of the reporting year</b> to account for claims run out. While you may submit encounter files for any measure, we strongly recommend prioritizing <i>non-hybrid</i> measures when submitting encounters.</p> <p>You may email us at <a href="mailto:QMOPHEDIS4@metroplus.org">QMOPHEDIS4@metroplus.org</a> if you would like information on how to submit encounter files.</p>   |
| Supplemental Files         | January 2020<br>– February 2021 | <p>Supplemental files that are electronically extracted from your Electronic Medical Record (EMR) or billing system are accepted and recommended throughout the measurement year and into the beginning of the reporting year.</p> <p>You may email us at <a href="mailto:QMOPHEDIS4@metroplus.org">QMOPHEDIS4@metroplus.org</a> if you would like information on how to submit supplemental files.</p>   |
| Supplemental Record Review | January 2020<br>– February 2021 | <p>MetroPlusHealth collects medical record documentation for select measures to supplement claims and encounter data. The format can be PDF or image and may include the entire medical record or the relevant portion of it.</p> <p>MetroPlusHealth will mail supplemental medical record requests to providers in <b>October 2020</b>.</p>  |
| Hybrid Record Review       | January 2021<br>– May 2021      | <p>Hybrid measures are reported using a <b>sample</b> of <b>411</b> members across the Plan’s entire provider network for each product line. Once the sample selection is drawn for <i>each</i> hybrid measure, medical record requests for documentation of missing services will be mailed to providers in <b>February 2021</b>.</p> <p>Only medical records are accepted when fulfilling hybrid gap in care requests. Submitting encounter and/or supplemental data throughout the measurement year will reduce the need for hybrid medical record review.</p> |

# IN OFFICE LAB APPROVAL LIST

The Primary Care Physician (PCP) In-Office Laboratory Testing and Procedures List is a list of testing/laboratory procedure codes that **MetroPlusHealth** will consider for reimbursement to our Network PCPs (Family Practice, Internal Medicine, Pediatrics, Geriatrics and Adolescent Medicine) when performed in their office. This listing goes into effect on **January 15, 2021**.

**MetroPlusHealth** has contracts in place with several reference laboratories to ensure that our members receive the highest quality diagnostic testing available. **MetroPlusHealth** also understands that there are certain times when it is clinically appropriate and more efficient to administer tests while the member is in the provider's office. The services below are allowed by Primary Care Physicians (PCP) for all **MetroPlusHealth** lines of business. All other lab testing must be referred to an In-Network Laboratory Provider that is a certified, full-service laboratory, offering a comprehensive test menu that includes routine, complex, drug, genetic testing and pathology. Note that for providers contracted under capitated arrangements, these testing services are included in your monthly capitation payment.

**Claims for tests performed in the physician office, but not listed below will be denied.**

| CPT Code | Test Description   |
|----------|--|
| 81000    | Routine urinalysis   |
| 81001    | Urinalysis, automated, w/microscopy                                  |
| 81002    | Urinalysis, non-automated w/o microscopy                             |
| 81003    | Urinalysis, automated, w/o microscopy                                |
| 81025    | Urine Pregnancy test   |
| 82043    | Urine, microalbumin, quantitative                                    |
| 82044    | Urine, microalbumin, semiquantitative                                |
| 82247    | Bilirubin, total   |
| 82270    | Fecal occult blood testing   |
| 82271    | Fecal occult blood testing   |
| 82272    | Fecal occult blood testing   |
| 82947    | Glucose; quantitative  |
| 82948    | Glucose, blood, reagent strip  |
| 82962    | Blood glucose by FDA approved glucose monitoring devices             |
| 83014    | Helicobacter pylori, breath test analysis; drug administration       |
| 83036    | Hemoglobin; glycosylated (A1C)                                       |
| 83037    | Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use |
| 83655    | Lead (finger stick lead testing only)                                |
| 84703    | hCG, qualitative   |
| 85018    | Hemoglobin   |
| 85025    | CBC with differential  |

| CPT Code | Test Description  |
|----------|---|
| 85027    | CBC without differential  |
| 85610    | prothrombin/INR   |
| 85651    | Sedimentation rate, erythrocyte; non-automated  |
| 86140    | C-reactive protein;   |
| 86308    | Mononucleosis test/heterophil antibody test   |
| 86580    | Tuberculosis, intradermal   |
| 86701    | Antibody HIV-1 test (with modifier 92)  |
| 86702    | Antibody; HIV-2   |
| 86703    | Antibody HIV-1 and HIV-2 single assay (with modifier 92)  |
| 87210    | Wet mount w/simple stain  |
| 87220    | KOH prep  |
| 87804    | Rapid Influenza test  |
| 87880    | Infectious agent detection by immunoassay-streptococcus group A   |
| 88738    | Hemoglobin (Hgb), quantitative, transcutaneous  |
| 87635    | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique |
| G2023    | Specimen collection for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source  |

For more information about In-Network Laboratory Providers, please consult the **MetroPlusHealth** Provider Directory at [www.MetroPlus.org](http://www.MetroPlus.org).



# CHOOSING WISELY: LABORATORY TESTS

MetroPlusHealth is committed to helping our providers deliver the best level of service and care to our members. Below are recommendations from the American Society for Clinical Pathology's *Choosing Wisely* campaign that identified non-evidence-based and over-utilized laboratory tests in the general population. We highly recommend that you review and use this information. For more information, please visit: <https://www.choosingwisely.org>.

## **Amylase:**

*Do not test for amylase in cases of suspected acute pancreatitis. Instead, test for lipase.*

Current guidelines and recommendations indicate that lipase should be preferred over total and pancreatic amylase for the initial diagnosis of acute pancreatitis and that the assessment should not be repeated over time to monitor disease prognosis. Repeat testing should be considered only when the patient has signs and symptoms of persisting pancreatic or peripancreatic inflammation, blockage of the pancreatic duct or development of a pseudocyst. Testing both amylase and lipase is **unnecessary** because it increases costs while only marginally improving diagnostic efficiency.

**Bottom Line:** If you suspect, pancreatitis, order a serum lipase.

## **Folic acid, red blood cell or serum:**

*Do not order red blood cell or serum folate levels at all.*

In adults, consider folate supplementation instead of serum folate testing in patients with macrocytic anemia. With the mandatory fortification of foods (with processed grains) with folic acid incidence of folate deficiency has declined dramatically. In rare cases of folate deficiency, simply treating with folic acid is a more cost-effective approach than blood testing.

## **Helicobacter pylori antibody:**

*Do not request serology for H. pylori. Use the stool antigen or breath tests instead.*

Serologic evaluation of patients to determine the presence/absence of Helicobacter pylori (H. pylori) infection is no longer considered clinically useful. Alternative noninvasive testing methods (e.g., the urea breath test and stool antigen test) exist for detecting the presence of the bacteria and have demonstrated higher clinical utility, sensitivity, and specificity. Finally, several laboratories have dropped the serological test from their menus, and many insurance providers are no longer reimbursing patients for serologic testing.

## **Erythrocyte Sedimentation Rate (ESR) in patients with undiagnosed conditions:**

*Don't order an erythrocyte sedimentation rate (ESR) to look for inflammation in patients with undiagnosed conditions.*

## **Thyroxine, total; Thyroxine, free; Triiodothyronine T3 (TT-3) in the initial evaluation of a patient with suspected, non-neoplastic thyroid disease, and routine screening Thyroid Stimulating Hormone testing:**

*Don't order a total or free T3 level when assessing levothyroxine (T4) dose in hypothyroid patients or when you are trying to determine if someone is hypothyroid or hyperthyroid. Don't order TSH for routine screening.*

T4 is converted into T3 at the cellular level in virtually all organs. Intracellular T3 levels regulate pituitary secretion and blood levels of TSH, as well as the effects of thyroid hormone in multiple organs. However, T3 levels in blood are not reliable indicators of intracellular T3 concentration. Compared to patients with intact thyroid glands, patients taking T4 may have higher blood T4 and lower blood T3 levels. Therefore, in most patients all you need is a TSH to determine the correct dosing of levothyroxine.

**Bottom Line:** Order a TSH to monitor and adjust levothyroxine dosing. Don't order TSH for routine screening; only for someone in whom you clinically suspect hypothyroidism or hyperthyroidism.

## **Vitamin D, including fractions:**

*Don't routinely measure 1,25-dihydroxyvitamin D unless the patient has hypercalcemia or decreased kidney function.*

Many practitioners become confused when ordering a vitamin D test. Because 1,25-dihydroxyvitamin D is the active form of vitamin D, many practitioners think that measuring 1,25-dihydroxyvitamin D is an accurate means to estimate vitamin D stores and test for vitamin D deficiency, which is incorrect.

## **Prealbumin:**

*Do not use prealbumin test to screen for or diagnose malnutrition.*

Studies have shown that as a nutritional marker, prealbumin is not specific enough to show changes in nutritional status; additionally, it is not sensitive to detection of malnutrition at an early stage. Furthermore, improvement in nutritional intake have not resulted in notable change in prealbumin. Instead, consider a multidisciplinary approach that includes consulting with dieticians to better understand the patient's medical history and to ensure the selected metrics are used appropriately for diagnosis and documentation. [Click here for more information.](#)

## **Ammonia:**

*Do not use an ammonia test, in patients with chronic liver disease, to measure blood ammonia level because normal levels do not rule out hepatic encephalopathy.*

[Click here for more information.](#)

## ACCESS AND AVAILABILITY STANDARDS

MetroPlusHealth members must secure appointments within the following time guidelines:

|  |  |
|--|--|
| Emergency Care   | Immediately upon presentation                                |
| Urgent Medical or Behavioral Problem   | Within 24 hours of request                                   |
| Non-Urgent "Sick" Visit  | Within 48 to 72 hours of request, or as clinically indicated |
| Routine Non-Urgent, Preventive or Well Child Care  | Within 4 weeks of request                                    |
| Adult Baseline or Routine Physical   | Within 12 weeks of enrollment                                |
| Initial PCP Office Visit (Newborns)  | Within 2 weeks of hospital discharge                         |
| Adult Baseline or Routine Physical for HIV SNP Members   | Within 4 weeks of enrollment                                 |
| Initial Newborn Visit for HIV SNP Members  | Within 48 hours of hospital discharge                        |
| Initial Family Planning Visit  | Within 2 weeks of request                                    |
| Initial Prenatal Visit 1st Trimester   | Within 3 weeks of request                                    |
| Initial Prenatal Visit 2nd Trimester   | Within 2 weeks of request                                    |
| Initial Prenatal Visit 3rd Trimester   | Within 1 week of request                                     |
| In-Plan Behavioral Health or Substance Abuse Follow-up Visit (Pursuant to Emergency or Hospital Discharge) | Within 5 days of request, or as clinically indicated         |
| In-Plan Non-Urgent Behavioral Health Visit   | Within 2 weeks of request                                    |
| Specialist Referrals (Non-Urgent)  | Within 4 to 6 weeks of request                               |
| Health Assessments of Ability to Work  | Within 10 calendar days of request                           |

Medicaid Managed Care PCPs are required to schedule appointments in accordance with the aforementioned appointment and availability standards. Providers **must not** require a new patient to complete prerequisites to schedule an appointment, such as a copy of their medical record, a health screening questionnaire, and/or an immunization record. The provider may request additional information from a new member, if the appointment is scheduled at the time of the telephonic request.

## CHANGES TO YOUR DEMOGRAPHIC INFORMATION

Notify MetroPlusHealth of any changes to your demographic information (address, phone number, etc.) by directly contacting your Provider Service Representative. You should also notify us if you leave your practice or join a new one. Alternatively, changes can be faxed in writing on office letterhead directly to MetroPlusHealth at **212.908.8885**, or by calling **1.800.303.9626**.

## METROPLUSHEALTH COMPLIANCE HOTLINE



MetroPlusHealth has its own Compliance Hotline, **1.888.245.7247**. Call this line to report suspected fraud or abuse, possibly illegal or unethical activities, or any

questionable activity. You may choose to give your name, or you may report anonymously.

