MetroPulse provider newsletter

SPRING 2021

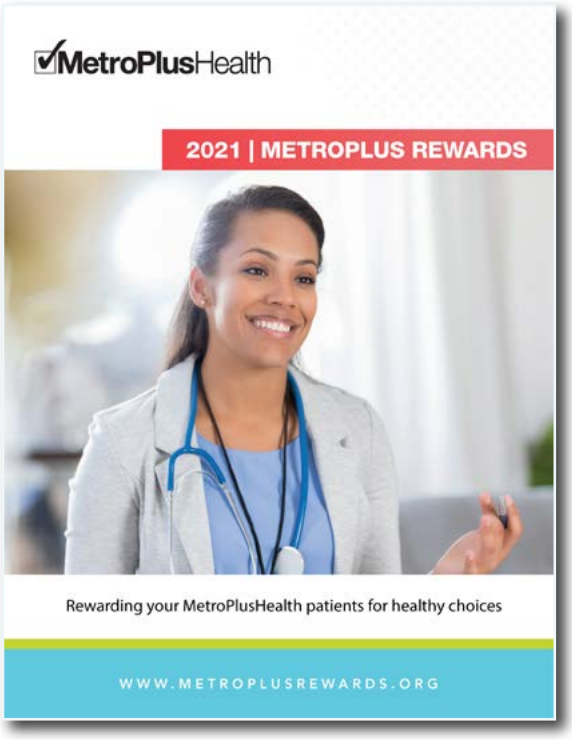
METROPLUSHEALTH PAY FOR PERFORMANCE PROGRAM

The **MetroPlus**Health Pay for Performance (P4P) Program is an incentive program that rewards providers for meeting targeted performance metrics for the delivery of quality health care services. The goals of this program are to be transparent, competitive and to improve the delivery of important health care services to our members — your patients. Incentive distribution occurs once a year, in the fall of the year following the measurement year. Reports, including the member non-compliant lists, are available on the 3M Portal.

Contact your QM HEDIS Coordinator or Provider Relations Representative to:

- Review the program, i.e. eligibility requirements, performance metrics
- Review reports including member gap in care lists and provider report cards
- Obtain access to the 3M Portal
- Obtain support on quality improvement initiatives

To access the latest MetroPlusHealth Pay for Performance (P4P) brochure click here.



MEMBER REWARDS: PARTNERING WITH YOU TO IMPROVE PATIENT HEALTH

Members in our **Medicaid**, **CHP**, **Children's Special Services Program** (CSS), **Partnership in Care**, **HARP**, **EP**, **QHP**, **SHOP** and **Medicare** plans are automatically enrolled in the **MetroPlus Rewards Program**. The program allows members to earn points for participating in wellness challenges, and for completing certain preventive and chronic care activities. The sooner a claim is filed, the sooner your patients get their reward points. These points can be redeemed for athletic equipment, toys, personal care items, and more. To learn more about the program call your Provider Relations Representative or view our Provider brochure (click here).

MetroPlus is committed to keeping our members healthy. Encourage your patients to visit www.metroplusrewards.org for more information and to redeem rewards. If your patients are interested in learning more about the MetroPlus Member Rewards Program, they can contact Member Services at **1.800.510.3944**.

APPROPRIATE TESTING FOR PHARYNGITIS

Pharyngitis can occur in people of all ages, but is most common in children between 3 and 15 years old. Since it is generally spread through contact with an infected person, parents and other adults (caregivers, teachers) who are in contact with children are also at higher risk. Symptoms typically include sore throat, fever, and pain when swallowing. Additional symptoms, including nausea, vomiting, and headache, are more common in children. Most patients with pharyngitis do not have coughs and related symptoms.

When a patient presents with potential pharyngitis, it is important to test and confirm the presence of the disease. Throat cultures are the best option for determining pharyngitis, but a rapid antigen detection test (RADT) can also be used in some cases. These results should determine the treatment. It is crucial to only dispense antibiotics when bacterial infections are confirmed. Though patients often request antibiotics for treatment of viral issues, it is not appropriate treatment.

When prescribing antibiotics to patients, always make sure they understand that they (or their child) need to use the full amount of prescribed medication. Click here for a useful explanation of recommended treatment lengths.

Provider offices are routinely monitored for the appropriate testing for pharyngitis. Unfortunately, quality monitoring of our providers still reveals the unnecessary prescribing of antibiotics. Good care calls for performing a rapid strep test or throat culture before prescribing an antibiotic. There are ways to improve your office's use of testing for pharyngitis:

- Offer your staff training on the best ways to communicate with patients regarding expectations about antibiotic use.
- Utilize patient handouts to explain bronchitis symptoms and treatments.
- Implement EMR systems that have decision-support tools that help facilities track and monitor inappropriate prescribing.

For more information, click here.

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 MetroPlus Health ***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 10 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.

STATIN THERAPY

Heart disease is the leading cause of death for people of most racial and ethnic groups in the United States. One person dies every 36 seconds in the United States from cardiovascular disease. Guidelines from the American College of Cardiology and American Heart Association recommend statins of moderate or high intensity for adults with established clinical atherosclerotic cardiovascular disease (ASCVD) to reduce the risk of heart attack and stroke.

Important Guidelines for your Practice: Statin therapy is recommended in the following four groups:

- Patients with any form of clinical ASCVD
- Patients with primary LDL-C levels of 190mg per dL or greater
- Patients with diabetes mellitus, 40 to 75 years of age, with LDL-C levels of 70 to 189mg per dL
- Patients without diabetes, 40 to 75 years of age, with an estimated 10-year ASCVD risk of at least 7.5 percent

DESCRIPTION	PRESCRIPTION	
Moderate-intensity statin therapy	Atorvastatin 10-20 mg Amlodipine-atorvastatin 10-20 mg Rosuvastatin 5-10 mg Simvastatin 20-40 mg Ezetimibe-simvastatin 20-40 mg Pravastatin 40-80 mg	Lovastatin 40 mg Fluvastatin 40-80 mg Pitavastatin 2-4 mg Atorvastatin 10-20 mg Amlodipine-atorvastatin 10-20 mg
High-intensity statin therapy	Atorvastatin 40-80 mg Amlodipine-atorvastatin 40-80 mg Rosuvastatin 20-40 mg	Simvastatin 80 mg Ezetimibe-simvastatin 80 mg

Exclusions

- Pregnancy
- In vitro fertilization
- Dispensed Clomiphene
- ESRD
- Cirrhosis
- Myalgia, myositis, myopathy or rhabdomyolysis (Muscular Pain and Disease)
- Receiving palliative care
- Medicare members 66 years and older enrolled in an Institutional SNP or living long term in an institution
- Age 66 and older with advanced illness and frailty

Tips for Providers

- Document or indicate the clinical reasons (exclusion criteria) that patients who were diagnosed with ASCVD are placed on low statin or not placed on statin therapy.
- Use the correct codes and submit encounter forms correctly.
- Consider prescribing at least one high or moderate intensity statin medication to patients diagnosed with ASCVD who are currently on low statin therapy.
- Discuss why you have prescribed the patient specific medication and explain the role and importance of statin therapy to them.
- Identify and resolve patient-specific adherence barriers or concerns such as side effects, costs and timely refills.
- To enhance adherence to medications, write prescriptions for and encourage patients to have a 90-day supply from their pharmacy, once they demonstrate that they can tolerate statin therapy.
- To help improve a patient's lipid panel, encourage them to make lifestyle modifications focused on diet and weight loss.
- Be aware that giving patients medication samples interferes with pharmacy claims, and produces false non-adherence results.
- Educate patients on the importance of promptly reporting any adverse effects of their medications. Make sure that they know they should not discontinue medication without consulting with a provider.
- Encourage patients to use pill boxes or medication organizers to keep track of their medication.
- Educate patients on MetroPlusHealth Home Delivery (PillPack) Program or Capsule to increase member convenience and adherence.

MEDICATION MONITORING AND ADHERENCE RECOMMENDATIONS

Some of the most common chronic conditions — pain, heart disease, stroke, high blood pressure, pulmonary conditions, mental health disorders — can be controlled or improved with medication, if taken on a precise, regular schedule. Yet an alarming number of patients fail to take their medicine as prescribed — a practice called “non-adherence” or “non-compliance.” This can lead to preventable consequences, including worsening of disease, shorter lives and sudden death. Up to one half of all patients in the U.S. do not take their medications as prescribed by their doctors.

Poor medication adherence is responsible for avoidable hospital admissions, and 33 to 69 percent of all medication-related hospital admissions in the U.S., costing about $100 billion per year.

Strategies for Improving Patient Adherence

- Assess your patient’s health literacy and explain things on a level they can understand.
- Do not assume that patients understand when, how, and why to take their medications. Ask patients to repeat back the most important points out loud to confirm that they have understood.
- Understand each patient’s medication taking behavior and create a blame-free environment so they can feel comfortable speaking openly and honestly.
- Talk about side effects with your patients. Patients who encounter side effects are less likely to stop taking their medication when they know about the potential side effects in advance.
- Empower your patients to ask questions.
- Many patients don’t retain verbal instructions, and may benefit from having written information available. For example, provide medication calendars, schedules, or charts that specify when and how to take medications.
- Consider the cost of medication. Prescribing lower-cost generic medications is helpful for patients who can’t afford a more expensive medication.
- Follow up with the patient. Send medication reminders via text, email, or direct mail especially to patients with chronic conditions. Schedule follow-up appointments to discuss medication compliance even when they’re symptom-free.
- Encourage the use of technology such as automatic pill dispensers, pillboxes and timers, and alarm watches which can help improve medication compliance. A Bluetooth pillbox can even send providers a message each time the patient opens the pillbox. This provides physicians information they can use to detect adherence issues.
- To enhance adherence to medications, write prescriptions for and encourage patients to have a 90-day supply from their pharmacy, once they demonstrate that they can tolerate the medication.
- Encourage members to sign-up for home delivery programs. Many participating pharmacies offer home delivery services including CVS. MetroPlusHealth also offers home delivery through *PillPack* or *Capsule*.

TREATING CHRONIC CONDITIONS WITH 90-DAY SUPPLIES

Medication non-adherence is a significant problem for members with chronic conditions. It can lead to ER visits, hospitalizations, and extra tests to treat complications that could have been avoided by taking medication appropriately. There are many reasons for non-adherence, but some of the most common are forgotten doses, late renewals, and missed refills. Sometimes, small changes to a patient's medication regimen can go a long way toward addressing non-adherence.

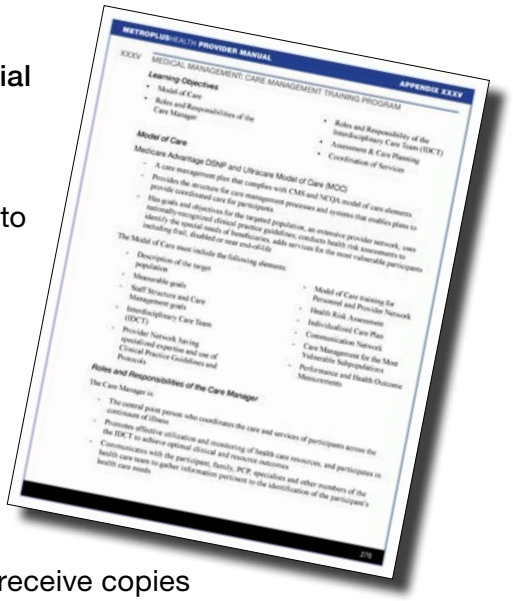
To help providers improve medication adherence, we wanted to highlight that **MetroPlus**Health offers 90-day fills for most medications used to treat chronic conditions across all MetroPlus plans, so members are less likely to run out of medication. There are no special requirements to use this benefit, just a prescription for a 90-day supply.

Your patients can continue using their usual pharmacy, or, if they would like the convenience of home delivery, we offer mail-order service for certain lines of business. When medication is delivered to the patient, forgetting to pick up refills is no longer an issue.

If a member has a complicated regimen that is difficult to keep track of, we also offer pill packaging services. With these services, a convenient dispenser will be delivered to your patient's home every month, with all their medications organized in separate packs, labeled with the date and time of each dose. This option simplifies the process of taking the right medication at the right time.

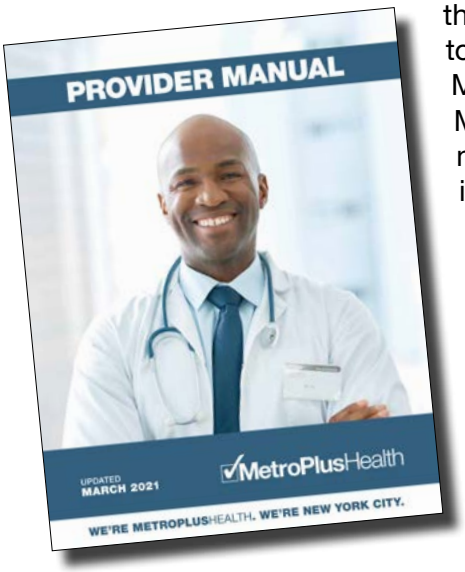
All these benefits are available at no additional cost for MetroPlusHealth members, so consider taking advantage of 90-day prescriptions, mail-order delivery, or pill packaging services.

MEDICARE MODEL OF CARE



PCPs play a key role in the coordination of care for our **Medicare Special Needs Plan** (SNP) members. This includes managing and arranging specialty care, ancillary services and maintaining patients' continuity of care. Our SNP (MetroPlus Advantage Plan) coordinates members' medical, social and mental health services. This improves their access to such services and enhances their medical and psychosocial care.

A Health Risk Assessment, or HRA, is completed by members upon enrollment. If completed, a copy of the HRA will be mailed to the PCP to assist in caring for the member. Members are assigned to a Case Manager, who works with the member and the PCP to develop individual care plans based on the member's assessed needs. You will receive copies of your patient's Health Care Plan, and we welcome your input.



The Case Manager may call you from time to time to collaborate on the Plan for your individual patients. Please feel free to contact the Case Manager for assistance and about any issues by calling 1.800.303.9626.

Please review our *Model of Care* training document, located in our *Provider Manual*. Click here for your *Provider Manual*. If you have any questions, please contact your provider relations representative.

DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSMES) SERVICES

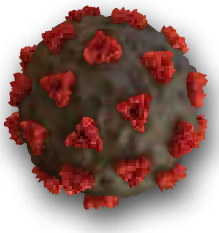
DSMES provides an evidence-based foundation to empower people with diabetes to navigate self-management decisions and activities. It has been proven to improve health outcomes and behavior among people with diabetes. Despite this, utilization of DSMES is at a low level nationwide.

The CDC has released a toolkit that provides resources and tools to increase the use of DSMES programs, focusing on access, health care provider referrals, and reimbursement. It is our hope that by increasing the utilization of DSMES, we can improve the overall health outcomes of our diabetic members.

Click here to view the DSMES toolkit.

Providers can also go to our *Provider Directory* and search for "Certified Diabetes Educator" to refer your patients for ways to improve diabetes self-management. Providers can also go to our diabetes page for diabetes resources, including diabetes classes and support groups, to share with patients.

COLORECTAL CANCER SCREENING IN THE COVID-19 ERA



The last year has been a difficult one. Amidst the pandemic, patients may have been unwilling or unable to see providers as often as they would typically, and many have not received recommended screenings. Colorectal cancer (CRC) remains a public health priority, and it is vital that we continue urging patients to be screened appropriately. CRC is the second leading cause of cancer deaths among American men and women, and the sooner it is detected, the more likely a patient is to have a positive outcome.

Encourage your at-risk patients to get screened, especially those who may have missed or postponed a scheduled screening during the pandemic. Colonoscopies are safe and effective methods for screening, but if availability or a patient's willingness to come in to the office is a factor, there are other options. Colorectal cancer screening can be safely offered through at-home stool-based tests.

Colorectal cancer screening is a healthy screening activity in the MetroPlus Rewards Program. Members should be reminded that they can earn points from completing this screening either through a colonoscopy or at home stool-based kit. For more information about how to encourage your patients to get screened, and tips on how to effectively outreach to them, click here for information from the National Colorectal Cancer Roundtable.

IMPROVING AND MAINTAINING PHYSICAL AND MENTAL HEALTH IN OLDER ADULTS

Older adults are a rapidly growing age group, with some of the most complex health care needs. Maintaining physical and mental health both play a role in the overall health of older patients.

MENTAL HEALTH

According to the CDC, 20% of adults over age 55 experience mental health concerns. Issues can include cognitive decline and memory loss, as well as depression and anxiety. These conditions, in addition to their own effects, can also contribute to physical health issues and decline.

Especially during the COVID-19 pandemic, loneliness and isolation is a major problem for seniors. Many factors can contribute to this, including physical ailments that make it difficult to leave the home to socialize, illness or death of partners and friends, and retirement. According to the American Association of Retired Persons (AARP), loneliness and isolation increase the risk of heart disease, high blood pressure, and death. Talk to your patients about their activities. Encourage them to socialize — family time, religious organizations, and local senior centers are all good, low cost options.

Encourage patients to keep mentally active in other ways as well. A hobby, like reading or playing word games, can help keep the mind active, and head off bigger problems in the future. If patients display symptoms, encourage them to get testing and treatment when appropriate.

PHYSICAL HEALTH

Older adults are less likely to be physically active than other age groups, despite the fact that physical activity can help maintain and improve health and physical function in older adults, including a reduced risk of falls. If your patient is over 65 years old (or 50-64, with impairments or limitations), evaluate their health history and current activity levels. If they're physically capable of exercise, encourage them to do so at a level appropriate to their health status. If they have an increased fall risk, encourage them to do exercises to maintain or improve balance.

Research published by JAMA Internal Medicine determined that the most benefits were seen when people exercised three times per week, 50 minutes per session, in programs that included several components, such as balance exercises, strength training for the lower limbs, and aerobic exercise (the kind that gets hearts and lungs pumping, like brisk walking). Even less exercise than recommended still brings health benefits — so if patients are unable to exercise at the recommended level, they can still gain some of the benefits.

Talk to your patients about their activity levels at every appointment.

WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE

The former quality measure **Well Child Visits in the First 15 Months of Life (W15)** has been replaced by **Well Child Visits in the First 30 Months of Life (W30)**.The measure reports two rates:

- **Well Child Visits in the First 15 Months.** Children who turned 15 months old in the measurement year who have six or more well child visits
- **Well Child Visits for Age 15 Months-30 Months.** Children who turned 30 months old during the measurement year who have two or more well child visits. Both rates incorporate telehealth visits.

By the time a child is 15 months old, they should have attended at least six comprehensive well-child visits with their PCP. The time frame for the visits includes newborn, as well as 1, 2, 4, 6, 9, 12, and 15 months. In addition to these visits, members between the ages of 15-30 months should have at least two or more well-child visits. The visits must also be at least 14 days apart.

Telemedicine and virtual care have quickly become important tools in caring for your patients. Providers now have the option of delivering care to their patients by simply using a phone, smartphone, or laptop with a shared link to enable video. Remember to use the appropriate billing code when billing for these visit types.

Tips and Recommendations:

- Make every visit count! Take advantage of every office visit (including sick visits, daycare and sports physicals) to provide an ambulatory or preventive care visit and submit the appropriate codes
- Be sure to code all well-child visits with an approved code to accurately capture all data. Additional information on acceptable HEDIS codes can be found here.
- Use templates that allow you to check off the completion of standard counseling activities.
- Use correct diagnosis and procedure codes.

Codes to Identify Well-Child Visits

CPT	HCPCS	ICD-10
99381 99382 99383	G0438 G0439	Z00.110 Z00.111 Z00.129

PATIENT-PROVIDER EXPERIENCE

Patient engagement is a major priority within the MetroPlusHealth physician network and NYC Health + Hospitals. We are dedicated to supporting our providers in delivering the highest quality care and experience.

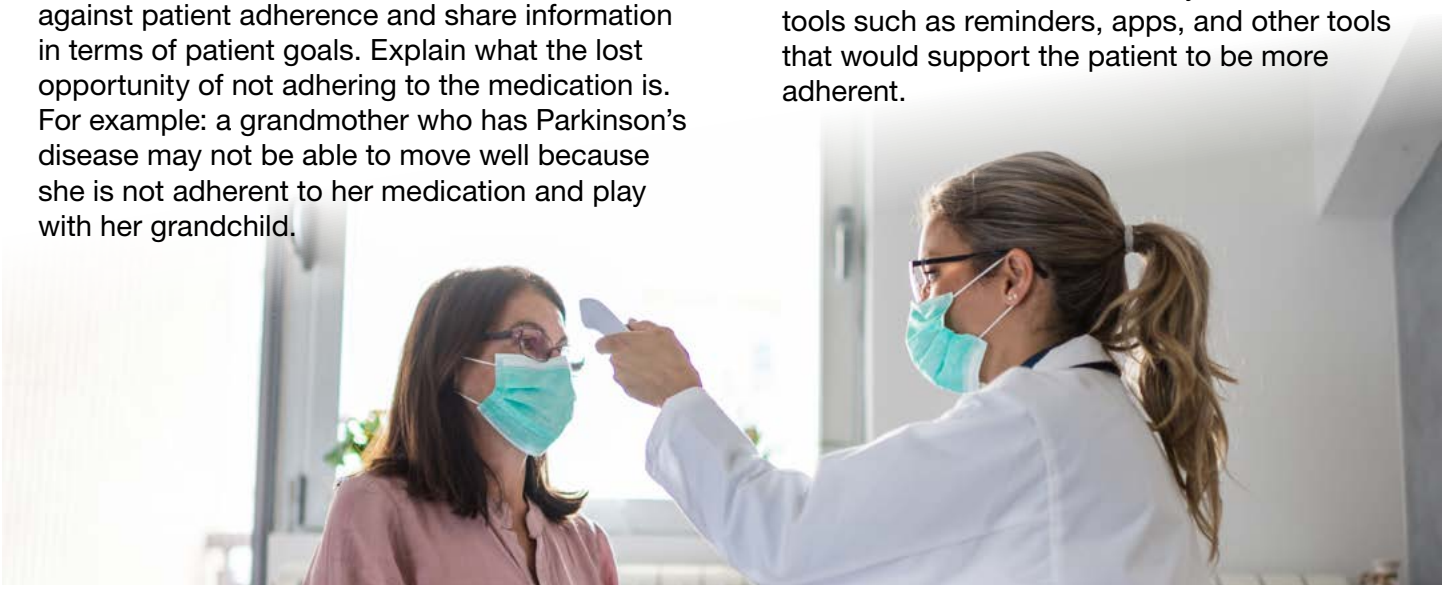
The CAHPS surveys ask patients about their experiences with their doctors. The following targeted tips can help guide the patient-provider experience:

Patient Interaction

- Know the patient's medical record details before entering the exam room. Patients are surveyed to see if their doctor knew their medical history.
- Understand the patient's state of mind by asking questions such as "what brings you here today?"
- Ensure that the patient is made to feel comfortable, so that they can open up and share their concerns.
- Ensure that the patient understands any test results that they may have recently received, and how this result pertains to their current health.
- If a patient's test results arrive after the consultation, communicate these results and specialist findings to your patient within 24-48 hours. Review the results together at the next follow up appointment.
- Ensure that patients understand what treatment regimen they would be put on based on their test results (if any), and what procedures they should follow.
- Prior to providing a treatment regimen, ask patients what their goals are so that treatment options can be assessed against those goals. For example, if the patient is looking to have a more active lifestyle, ensure that a treatment that would impede that is not the only option provided.
- Ask patients about other doctors and specialists they have seen.
- Use *MetroPlusHealth Gaps in Care* reports to identify additional clinical services needed
- For patients over 65 years old, discuss urinary incontinence and treatment options / physical activity levels.
- Discuss aspirin use for cardiovascular health, when appropriate.
- Discuss tobacco use and cessation treatment options, when appropriate.
- Encourage patients to get a flu vaccination for the flu season.
- Encourage patients to sign up for **MyChart**.

Review Patients' Medications

- Review patient medications during office visits and reinforce the importance of staying adherent to these medications.
- Assess progress of symptoms or condition against patient adherence and share information in terms of patient goals. Explain what the lost opportunity of not adhering to the medication is. For example: a grandmother who has Parkinson's disease may not be able to move well because she is not adherent to her medication and play with her grandchild.
- Reconcile medications post hospital discharge.
- Prescribe an extended days' supply of 90-day fills whenever possible to support adherence.
- Evaluate whether there are easy to use adherence tools such as reminders, apps, and other tools that would support the patient to be more adherent.



HOW PROVIDERS CAN IMPACT SMOKING CESSATION

The US Public Health Service has sponsored a Clinical Practice Guideline to encourage best practices for treating tobacco use in patients. Tobacco dependence is a chronic disease, that often requires repeated interventions and multiple quit attempts.

At every appointment, assess your patient for all forms of tobacco use, including vaping (also known as electronic nicotine device system (ENDS). For all patients who use tobacco, follow the 5 As:

1
ASK every patient if they use tobacco

2
ADVISE the patient to quit

3
ASSESS the patient's willingness to make a quit attempt

4
ASSIST the patient in making a quit attempt by providing or referring the patient to counseling and offering medication (if appropriate)

5
ARRANGE for follow-up care in order to prevent relapse

For pregnant smokers, it is important to encourage them even more strongly to quit because of the potential risks to the fetus. Try asking pregnant women about tobacco use with multiple choice questions, instead of a simple yes/no, as this has been shown to increase the likelihood of disclosure. For more information about the guidelines, click here.

MetroPlusHealth covers smoking/vaping treatments delivered by health care providers, such as:

Nicotine Replacement Therapies (NRT)	*Non-nicotine Oral Medications (Pills)*
Patch	Zyban
Gum	Wellbutrin
Lozenge	Chantix
Inhaler	
Nasal Spray	

You can also prescribe a visit for patients who are willing to make quit attempts to the NYS Smokers' Quitline **1.866.NY.QUITS (1.866.697.8487)**, encourage them to visit nysmokefree.com or refer patients to NYC H+H smoking cessation programs.

BMI FOR CHILDREN AND ADOLESCENTS

When used correctly, **Body Mass Index (BMI)** can be an excellent tool for screening children and adolescents for obesity and its health risks. BMI is easy to calculate using inexpensive and noninvasive measures, and BMI levels correlate with body fat and future health risks. Since children are still growing, reducing the rate of weight gain and forming good habits should be the goal rather than a weight-loss diet.

BMI Percentile Calculator for Child and Teen from the CDC

Speak with the child's guardians about healthy measures that can be taken. This can include approaching the issue from multiple angles, including:

- **Healthy Eating**
  It is often difficult for busy families to ensure that meals are home cooked and healthy. Encourage families to choose the best possible option to avoid high fat and sugary foods. When eating at home, load up on lean meat and vegetables whenever possible, and avoid using too much oil/butter or high-calorie dips and dressings. If fast food is unavoidable, get the smallest sized options and avoid soda. Favorite foods can be enjoyed, but in smaller portions and less often.
- **Staying Active**
  Children age 3-5 should be active throughout the day, and starting at age 6 should be active for at least one hour per day. In addition to helping them maintain a healthy weight, physical activity has a lot of benefits for children. Let parents know that it can strengthen bones, lower blood pressure, and help children's mental health.
- **Watch Less**
  The past year has been hard on families, and many have allowed children more "screen time" to compensate. Not counting school and homework, children should spend two hours per day or less on screens (watching tv, browsing online, playing video games). Children under 2 shouldn't watch screens at all.
- **Sleep More**
  Inadequate sleep can contribute to obesity, as being tired makes children less likely to be active and more likely to eat more. Parents may not know how much sleep their children require, since adults require less than children do, and families' schedules are often structured around adult needs (working hours and other home responsibilities). School often starts earlier than children (especially older children) would naturally wake up, and it's important for parents to enforce appropriate bedtimes. For more information, click here.

For more tips for parents of overweight and obese children, click here.

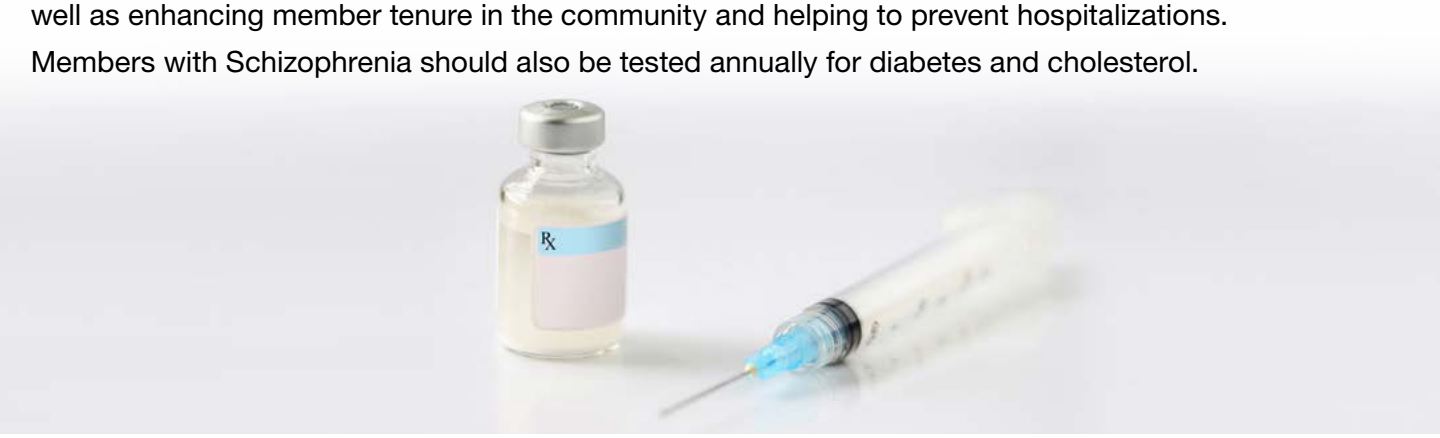
LONG ACTING INJECTABLES

Historically, Long Acting Injectable (LAI) formulations of antipsychotic medications have been used for non-adherent patients who have experienced multiple episodes of psychosis. LAIs are generally administered by injection at two to four-week intervals. Current guidelines generally recommend LAI antipsychotics for the maintenance treatment of schizophrenia among other available treatment options and/or when it is necessary to improve adherence to medication.

The availability of new LAIs, which are more well tolerated due to a better side effect profile provides the option of extending such treatment to younger patients in the earlier stages of schizophrenia. This is particularly relevant considering the risk of relapse after discontinuation of treatment and the serious consequences associated with relapse.

Studies have shown that utilization of LAIs improves medication adherence and patient functioning as well as enhancing member tenure in the community and helping to prevent hospitalizations.

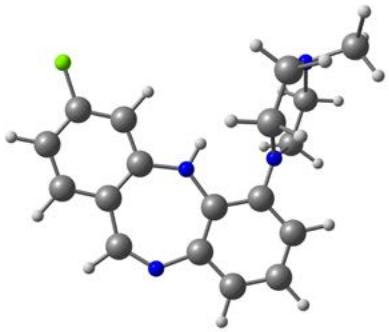
Members with Schizophrenia should also be tested annually for diabetes and cholesterol.



CLOZAPINE

MetroPlusHealth is participating in a NY State Office of Mental Health (SOMH) Performance Opportunity Project (POP), that aims to increase the utilization of clozapine to treat clinically appropriate patients diagnosed with schizophrenia who are high utilizers of inpatient and/or emergency services for psychiatric conditions.

Clozapine is a second-generation oral antipsychotic medicine used to treat schizophrenia in patients whose symptoms are not adequately controlled with standard antipsychotic drugs. While it has been demonstrated to be highly effective in treating individuals with treatment resistant schizophrenia, it can cause serious side effects which necessitate close monitoring and collaboration with behavioral health and medical providers.



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.

MetroPlusHealth will no longer pay for tests without an appropriate diagnosis.

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:

Do not 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. Do not 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:

Do not 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.

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.

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.

MetroPlusHealth

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CHANGES TO YOUR DEMOGRAPHIC INFORMATION

Notify **MetroPlus**Health 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 **MetroPlus**Health 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.

Editor: Elizabeth Colombo