# MetroPulse provider newsletter

**WINTER 2020**

## COVID-19 ALERT: CASES ARE RISING

COVID-19 cases, hospitalizations, and deaths across the United States are rising. As cold weather moves in, people spend more time indoors, and the holidays approach, take steps to slow the spread of COVID-19. Wear a mask, stay at least 6 feet apart, avoid crowds, and wash your hands often. The more steps you take, the more you are protected against COVID-19. View **cases in the U.S. and your state on the data tracker**.

**If you are a healthcare provider with an urgent inquiry please call 800.CDC.INFO** (800.232.4636) for timely assistance.

If you have general questions about coronavirus disease 2019 (COVID-19), please visit the CDC COVID-19 website.

## 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 **MetroPlus**Health members. **MetroPlus**Health members may also earn Reward Points for getting the flu shot.

Thank you!

## CHOLESTEROL MANAGEMENT

Nearly 40% of American adults have high cholesterol, putting them at risk for heart disease, strokes, and death. Patients with a family history of high cholesterol, type 2 diabetes, obesity, and certain other health conditions and lifestyle choices can have a much higher risk. Since there are no outward signs or symptoms, it's important to check the cholesterol levels of patients and help them manage their health.

To assist providers, the CDC has created a variety of resources, available for free on their website. Click here for information for providers, including guidelines, tools, and journal articles. Shareable graphics and social media messaging are available here to help connect with patients. There are also printable fact sheets and handouts you can use in your office here.

# STATIN THERAPY FOR ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ACD) PREVENTION

As part of our ongoing statin initiative, **MetroPlus**Health 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 **not** 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<br>Rosuvastatin 5 – 10 mg<br>Simvastatin 20 – 40 mg | Pravastatin 40 – 80 mg<br>Lovastatin 40 mg<br>Fluvastatin XL 80 mg | Fluvastatin 40 mg bid<br>Pitivastatin 2 – 4 mg | Atorvastatin 40 – 80 mg<br>Rosuvastatin 20 – 40 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 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.

# HIV TREATMENT FOR VIRAL SUPPRESSION:
## RESTORING HEALTH, PREVENTING SEXUAL TRANSMISSION

HIV treatment has vastly improved the quality of life and essentially normalized life expectancy for people with HIV. HIV treatment suppresses the virus to undetectable levels, improving the patient's health and preventing HIV transmission to their sexual partners. This concept has been coined "U=U," or undetectable = untransmittable. For guidance from NYS AIDS Institute on implementation of U=U in clinical settings, click here . Read on for a quick summary.

Because this message can be so motivating and help with stigma that many patients experience, care providers should inform all patients of the following: "People who keep their HIV viral load at an undetectable level by consistently taking HIV medications will not pass HIV to others through sex."

Key messages to help patients understand the implications and applications of U=U include:

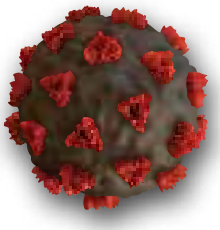
- Keeping your HIV undetectable helps you live a long and healthy life.
- To get your HIV to an undetectable level and to keep it undetectable, take antiretroviral medicines as prescribed.
- It may take up to 6 months of taking HIV treatment medicines to bring your HIV down to an undetectable level.
- If your HIV is undetectable and you are taking your medications as prescribed, you can be sure you will not pass HIV through sex.
- People who keep their HIV at an undetectable level will not pass HIV to others through sex.
- If you stop taking HIV medicines, your HIV can rebound to a detectable level within 1 to 2 weeks and you may pass HIV to your sex partners.
- Keeping your HIV at an undetectable level helps you safely conceive a child with your partner.

In addition to the above, discuss and address challenges to maintaining the high levels of adherence required to achieve an undetectable viral load and barriers to staying in care. Remind members that they can earn up to 300 points (a $30 value!) through the MetroPlus Rewards program just for visiting their primary care provider to manage their HIV. Visit metroplusrewards.org for more information.

Further, encourage all sexually active patients and their partners, particularly those who do not use condoms consistently, to get tested regularly for bacterial STIs. These actions can help protect the health of patients and their partners, restoring well-being.

Lastly, viral load suppression is an incentivized measure in the **MetroPlus**Health **Pay for Performance** (P4P) **Incentive Program**. If you have a panel size of 200 members or more, you may qualify for this program. For more information about the P4P program please contact your Provider Relations Representative.

# AVOIDANCE OF ANTIBIOTICS

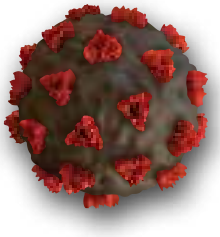


Antibiotic resistance is rising to dangerously high levels, caused in part by overprescribing antibiotics. Every winter season, patients often specifically request antibiotics for things like cold, flu, or other illnesses that cannot be treated by antibiotics. It is crucial that providers prescribe antibiotics only when necessary for a patient's condition.

This year, patients may request antibiotics in an attempt to prevent or cure COVID-19 — a tactic that ***will not work against the virus.*** Providers should explain to patients that these treatments would be ineffective and expose them to unnecessary side effects. Unless a patient with COVID also develops a bacterial infection (such as pneumonia), they should not be prescribed antibiotics.

You can also utilize "Watchful Waiting" in situations where a patient is unlikely to need antibiotics. Watchful Waiting instructs patients to rest, drink fluids, and try other methods to recover from their illness. If they are still ill after a set period, instruct them to call your office for a prescription or a second visit. Unfortunately, quality monitoring of our providers still reveals the unnecessary prescribing of antibiotics. Provider offices are routinely monitored for the appropriate testing of children with pharyngitis. Good care calls for performing a rapid strep test or throat culture before prescribing an antibiotic. For more information, including handouts for patients explaining about antibiotics, antibiotic resistance, watchful waiting and delayed prescribing, visit https://www.cdc.gov/antibiotic-use/

# ASTHMA MANAGEMENT



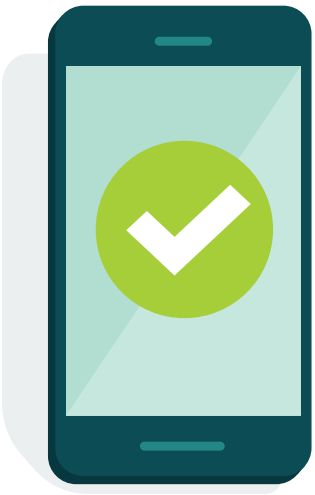
During the current COVID-19 pandemic, it's more important than ever to make sure that patients with moderate to severe asthma are taking precautions. These patients are at a higher risk of severe side effects, as COVID-19 has been shown to affect the respiratory tract, cause asthma attacks, and even lead to pneumonia and acute respiratory disease. In addition, the frequent and widespread use of disinfectant to protect against COVID-19 can trigger asthma attacks in some patients. Remind patients of this risk, and encourage them to follow CDC guidelines to reduce the chance of an asthma attack.

Even before the pandemic, patients had difficulty taking their prescriptions correctly. Whenever possible, make sure to provide patients with 90-day supplies for their controller medication to ensure they have enough medication on hand. **MetroPlus**Health offers free home delivery and 90-day supply at a 30-day copay, so encourage patients to take advantage of this benefit.

To incentivize patients to refill their medication, the MetroPlus Rewards Program is offering up to 600 points ($60 value) in rewards to patients who refill their long-term controller medication. Click here for more information. We encourage providers to inform their patients of this incentive and encourage them to refill their medication on schedule.

# ELECTRONIC VISIT VERIFICATION (EVV)

Beginning January 1, 2021, all Medicaid-funded personal care services (PCS) and home health care services (HHCS) that require an in-home visit by a provider must implement Electronic Visit Verification (EVV). EVV is a system that verifies information about visits with patients: the type of service; who received the service; the date, beginning, and end time of the appointment; the location; and the provider. When possible, a signature or voice verification from the patient is also collected. Providers will also be required to submit EVV data to NYSDOH for reporting and audit purposes. Click here for access to the EVV Attestation form.



New York is implementing a Choice Model for EVV. Providers of personal care services must select and implement an EVV system by the January 1, 2021 deadline. Click here to learn more about New York's EVV guidelines and requirements.

The state has provided detailed instructions for the next steps providers should take, including how to sign up to receive future updates, where to obtain technical assistance, and more. Click here for more information.

# PATIENT FOLLOW-UP CARE

We encourage all providers to use standardized screening tools to make an accurate diagnosis of behavioral health issues. As primary care and other providers become more comfortable with diagnosing behavioral health issues, a significant number of members have been diagnosed with Depression, Attention Deficit Disorder and Substance Use Disorders. It's important that we work together so that these patients receive the care they need.

Once accurately diagnosed, the need for continued follow-up care has become even more important. As with any other disease state, follow-up visits are crucial to addressing patient need. This will allow for continued symptom and medication monitoring.

If a member needs a referral for Behavioral Health services please contact our Behavioral Health vendor, **Beacon Health Options**, at **1.888.204.5581**, 24/7.

# SOCIAL DETERMINANTS OF HEALTH

As we have seen since March, the current pandemic has left millions of New Yorkers vulnerable. In the wake of COVID-19, members have lost their jobs or have had their working hours significantly reduced, leaving them unsure of how they will pay their rent, visit their doctor, or put food on the table.

The Social Determinants of Health team worked diligently in early March to address the food needs of our members. Our plans to establish the Metro F.R.E.S.H. Food Pharmacy were put on hold, and we shifted to leverage an existing partnership with medically tailored meal vendor God's Love We Deliver. We expanded the eligibility criteria from a medical diagnosis to food insecurity, recognizing that lack of access to healthy food left high risk members vulnerable to hospitalization due to poor chronic disease management or coronavirus exposure. Since March, we have referred 361 members to this program. During this time, we also connected members to emergency food programs taking place across the city. One such program was Invisible Hands, which used volunteers to do grocery shopping free of charge for people who were unable to leave their home and at high risk for contracting COVID-19.

In addition to addressing food needs, we worked to address other social needs such as helping members who had never applied for public assistance navigate the new system and connect them to resources. We began a texting campaign to conduct mass outreach to upwards of 80,000 members over the course of four months. Members received a wellness message via text where they identified needing assistance with food, housing, or unemployment. We connected with hundreds of members each week and sent them customized referral information through NowPow to community-based organizations who could address their needs.

The pandemic also impacted our high-risk obstetric members and their growing families. We connected them to services such as WIC and Beacon Health Options, and to community-based organizations that help pregnant parents who were economically challenged by the current state of New York City. Their needs included transportation to medical appointments, baby materials, pack n plays and crib distribution, car seats, medications, and durable medical equipment like breast pumps, thermometers, and scales for virtual OB/GYN visits. Sadly, we have also had to refer some of our members for perinatal bereavement services for members who have experienced fetal demise. The Social Determinants of Health team provided a holistic approach to caring for our littlest members and their families.

Our goal is to take a member-centered approach that focused on the medical and social needs of our members. By offering the best service, we hope to improve member satisfaction and retention, and increase enrollment for **MetroPlus**Health and **H+H**!

## IMPORTANCE OF DEVELOPMENTAL SCREENINGS

Early identification of developmental delays in children can help the child and their family receive needed intervention services and support. Developmental screenings are required for children enrolled in Medicaid and CHP under Early and Periodic Screenings, Diagnostic and Treatment (EPSDT).

Developmental screenings using formal, validated tools should be conducted at well-child visits at 9, 18 and 24 (or 30) months to ensure timely identification of children at risk for developmental, behavioral, and social delays. Developmental surveillance should be performed at all other well-child visits. The American Academy of Pediatrics (AAP) also recommends screening all children for autism spectrum disorder at 18 and 24 months. The AAP has screening tools available on their website.

Depending on the results of the screening tests, further evaluation may be needed. Screening tools cannot provide conclusive evidence of developmental delays or final diagnoses. If a screening has positive results, a thorough assessment from a trained provider should follow. Providers should make a referral to Early Intervention services when they suspect that a child has developmental disorder. Do not wait for a diagnostic developmental evaluation to be performed in order to avoid unnecessary delays. To refer a patient for early intervention, click here.

Providers should use the CPT code **96110** to report the use of a standardized developmental tool. The standardized developmental tool must address motor, cognitive, language and social emotional skills. To differentiate autism screenings at 18 and 24 months, providers should add CPT code 96110 with modifier CG or ICD-10 code Z13.41 for autism screening claims.

# CAHPS SURVEY

Every year, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey gathers feedback from consumers to better understand their overall health care experience. The survey results are then used by health plans, primary care providers and hospital leadership to improve health outcomes and member satisfaction / experience. Even amidst the challenges of COVID-19, member-centric care and satisfaction should remain a top priority.

## WHY IS THE CAHPS SURVEY IMPORTANT?

1. It serves as a guide to promote a positive member experience which will retain loyal members, improve finances, and reduce costs / disenrollment.
2. It aids in building a service culture with the goal of encouraging staff to have respect and compassion for members.
3. It motivates all entities to deliver good customer service and improve the member experience. Scores are often tied to Provider and Health Plan Pay for Performance Programs.

## METROPLUSHEALTH RECOMMENDS THESE TIPS TO IMPROVE MEMBER EXPERIENCE:

- **Increase Telehealth Options:** Though many providers were initially forced to offer telemedicine services at the start of the pandemic, the convenience and safety for both members and providers has quickly made telehealth the preferred mode of care delivery. Consider expanding telehealth service options, especially as New York prepares for a second surge.
- **Personal Connection:** When a member arrives, make sure they feel welcome. A smile or greeting when they enter can set a positive tone for the rest of the visit.
- **Easy Access:** To help our members get the care they need, consider extending office hours and providing multiple services during a single visit.
- **Watch the Wait Times:** If there's a long wait, apologize and explain the reason for the delay. A waiting member should be approached every 10 minutes and provided with options that may include rescheduling.
- **Fight the Flu:** Ask members if they've gotten their flu vaccine. If they haven't, encourage them to do so as soon as possible.

# HOW TO HELP DIABETIC PATIENTS START HEALTHY HABITS

Adopting a healthy lifestyle is a key factor in managing diabetes, but many patients have difficulty sticking to new habits. Here are some tips on how to coach your patients to achieve healthy lifestyles:

- **Teamwork:** When trying to make changes, it's easier if a patient has the support of friends and family. Cooking one meal for the family is easier than making separate healthy dishes, and if a workout is scheduled with a friend it may be more likely to happen.
- **Set realistic fitness goals:** Many patients need to add exercise to their daily routine, but it's important to take their current fitness level into account and be specific when suggesting exercise. Telling a sedentary patient to exercise is a broad recommendation, and they can become overwhelmed and give up. Encourage them to take more steps every day, or go for a walk, and increase their activity level over time. Consider suggesting the **MetroPlus**Health Member Rewards program Step Up Challenge. This is a self-paced 3-week walking program designed to engage members in improving their fitness. Members also receive Reward Points to shop with after completing the program.
- **Progress as motivation:** While the ultimate goal for a patient may take a long time to achieve — better test results, large weight loss — setting smaller, intermediate goals may actually be more effective. Losing the first five pounds can make the next goal seem more achievable.
- **Knowledge is power:** Once a patient leaves your office, they may still have questions. Provide patients with the reputable sources they can access on their own if they want more information.
  - » **MetroPlus**Health offers members access to a health library with information about health issues.
  - » The American Diabetes Association offers information about diabetes, fitness and nutrition tips, and more.
- **COVID 19 Considerations:** Many patients may have concerns about scheduling appointments for care so please reach out to them and let them know about the precautions in place to keep them safe. At these visits, please make sure to complete all the tests and make all referrals they need before the end of the year. For more information on COVID-19 and diabetes, visit https://professional.diabetes.org/content-page/covid-19.

For more information on diabetes data & statistics, visit https://www.cdc.gov/diabetes/index.html.

# USE OF IMAGING FOR LOW BACK PAIN

Low back pain is one of the most common reasons adults visit the doctor. Patients may have certain expectations of what tests they would like performed, but these are not always the correct method of treatment.

Imaging should ***not*** be performed for low back pain within the first six weeks of symptoms, as most patients with low back pain will recover within a few weeks. Imaging of the lower spine before six weeks does not improve outcomes but does increase costs.

Exceptions should be made for patients exhibiting red flags in their medical history, such as neurological symptoms or other serious underlying conditions.

The American Academy of Family Physicians has come up with some tips for talking with patients about this:

| Issues | Suggested Talking Points |
|---|---|
| **Provide Clear Recommendations:**<br><br>Most patients want information about their health, illness and decision options. | "The good news is that based on your history and your normal physical examination I do not think that you need an x-ray."<br><br>"I would not recommend an x-ray at this point given these findings and the fact that except for having pain in the back from muscle spasm your examination is normal. |
| **Elicit Patient Beliefs and Questions:**<br><br>Understanding patients' treatment goals and perspectives about their health during the visit will help improve patient satisfaction and can shorten visits. | "You look concerned. Do have any questions for me?"<br><br>"Is there anything you are concerned about?"<br><br>"What do you think is going on, and what are you worried about?" |
| **Provide Empathy, Partnership, and Legitimation:**<br><br>Patients are more satisfied and are more likely to adhere to recommendations if they feel understood, supported, and a sense of partnership with their physicians. Make it clear that you are on the patient's side. | "I certainly understand that you want to get better."<br><br>"I want to reassure you that your symptoms are very different from those of your brother or someone with a herniated disc." |
| **Confirm Agreement and Overcome Barriers:**<br><br>Finding common ground and understanding patient perspective and barriers will help reach agreement and provide patient satisfaction and hopefully improve patient health outcomes | "I want to be sure you are comfortable with this plan. I do not think you need a plain x-ray as they show us the boney problem which is unlikely to be the problem. A CT scan is not particularly helpful and exposes you to a lot more radiation. An MRI is the gold standard, but the problem is that even in healthy patients we see abnormal discs, so we are never sure that the finding on the MRI are related to your symptoms."<br><br>"There are things we can do to help your symptoms, to help you feel better. Let's try this treatment and I will see you back in 6 weeks. If you develop any new symptoms like weakness in your legs, numbness or pain down the leg you should call me. However, I expect like most people with low back pain you will start to feel better with the treatment." |

Visit their website for more information.

# COLORECTAL CANCER:
## SCREENINGS DURING A PANDEMIC

This year, millions of patients have cancelled or delayed their colonoscopies. This has led to a delay in diagnosis for tens of thousands of cases of colorectal cancer, and will ultimately result in deaths from this disease. It is important to continue to screen patients, especially those in high risk groups, including those with abnormal test results, comorbidities that increase their risk, or family history. In situations where it may not be possible to have patients come into the office for screenings, at-home stool tests are an available option. Click here for more information.

Even without a pandemic, it is often difficult to get patients to agree to testing. Patients may not understand the need for screenings, or may be afraid that the tests are painful or uncomfortable. It's important that at-risk patients be screened.

Some methods are more effective in getting patients to agree to testing, including explaining the risks of CRC, up to and including death. Offering multiple methods of testing, such as fecal occult blood testing, flexible sigmoidoscopy, and colonoscopy, as equally acceptable options also helps. If a patient raises a specific issue or problem, try to work through it with them by explaining more about the test or offering a different option.

For a simple way to speak with patients about their options, the American Cancer Society has developed conversation cards with easy to understand information about different screening methods. Click here to view and download them for use.

For more information, and to access clinical practice guidelines, see your *Provider Manual* or log into the Provider Portal.

### METROPLUSHEALTH REWARDS OUR MEMBERS!

**MetroPlus**Health members are eligible for rewards if they complete a colon cancer screening. Members can receive points worth up to $50 for getting a colonoscopy, and $15 for a fecal occult blood test. These points can be redeemed for items from our rewards catalog. Click here for more information.

# CHLAMYDIA SCREENING

Chlamydia affects up to 3 million people per year, with a heightened risk among sexually active adolescents and women 25 and under. Early detection and treatment of chlamydia is critical to prevent additional health impacts, including pelvic inflammatory disease and infertility. It is a silent infection, and many patients with chlamydia do not have symptoms or understand their risk. Therefore, it is crucial that providers test patients when appropriate.

- Some patients may be reluctant to be tested, or even be unaware that they need testing. There are some methods that can increase screening rates:
- Consider chlamydia screenings part of the standard labs for women 16 – 24 years old. This can be incorporated into well exams.
- Perform yearly screenings on sexually active patients, and on every patient requesting contraceptives.
- Speak to younger patients without a parent present. They may be more willing to discuss sexual activity (and their need for screening) in private.
- If patients are apprehensive about being swabbed, chlamydia can be detected through urine tests.

For further information, click here.

# PREVENTIVE VISIT AND YEARLY WELLNESS EXAMS FOR MEDICARE MEMBERS

Medicare's annual enrollment concluded in December, and MetroPlusHealth is happy to be welcoming new members for the 2021 plan year. Providers should encourage new and existing members to receive the medical exams they are eligible for. You should remind patients of the safety precautions your office is taking to protect them from COVID-19, and encourage them to get the health care they need to stay healthy, as safely as possible.

**A "Welcome to Medicare" preventive visit:** Members can get this introductory visit only within the first 12 months they become eligible for Part B. This visit includes a review of medical and social history related to health education and counseling about preventive services, including these:

- Developing a medical and family history, and a list of current providers and prescriptions
- Height, weight, and blood pressure measurements
- A calculation of body mass index
- A review of potential risk for depression and level of safety
- A written plan letting the patient know which screenings, shots, and other preventive services they need.

**Yearly "Wellness" visits:** The main purpose of this visit is to develop or update a personalized prevention help plan. This visit is covered once every 12 months (11 full months must have passed since the last visit). This plan is designed to help prevent disease and disability based on current health and risk factors. Providers should ask patients to fill out a questionnaire, called a "Health Risk Assessment," as part of this visit. Answering these questions can help patients and their providers develop a personalized prevention plan to help them stay healthy and get the most out of the visit. It can also include:

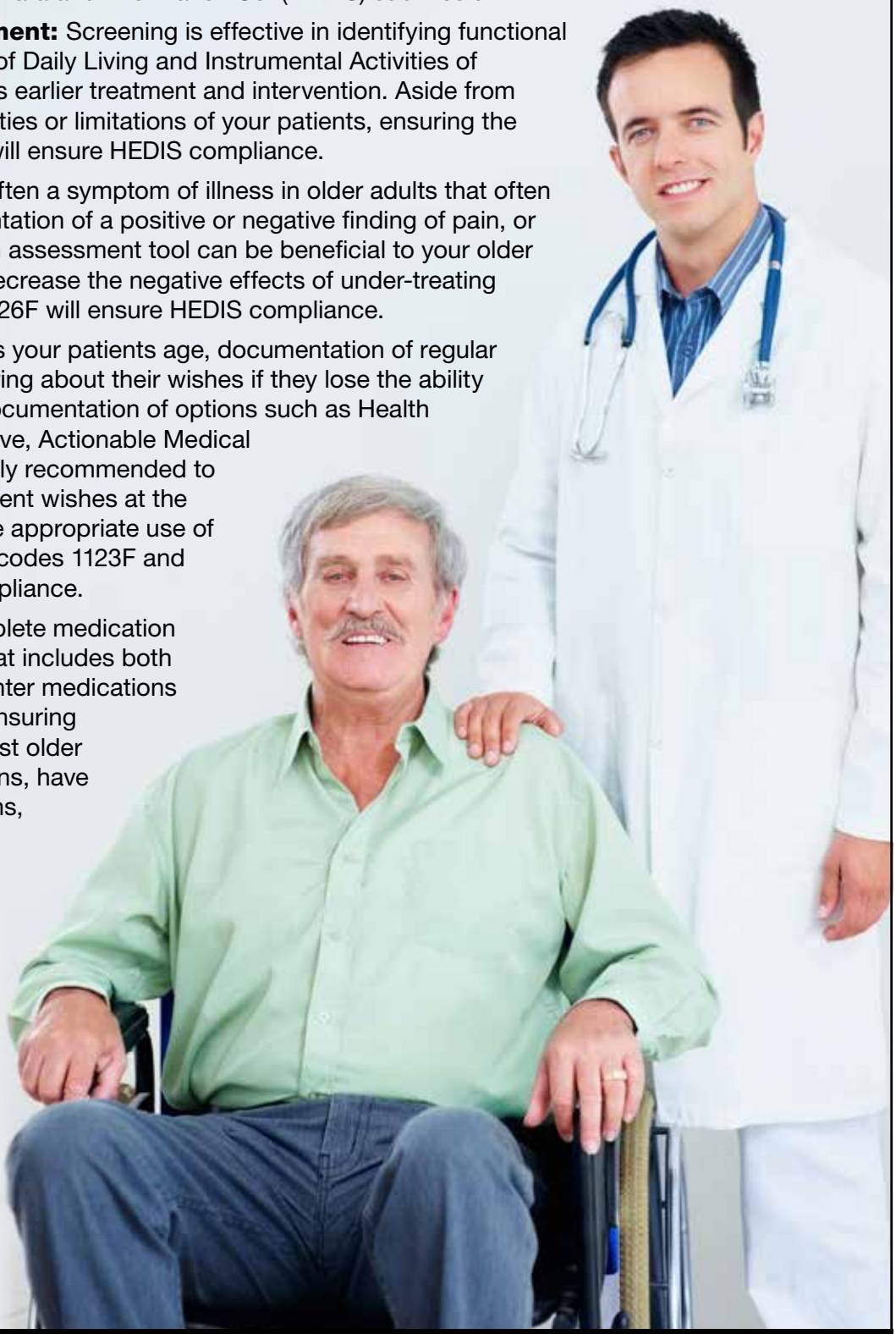
- A review of medical and family history
- Developing or updating a list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- Detection of any cognitive impairment
- Personalized health advice
- A list of risk factors and treatment options for the patient
- A screening schedule (like a checklist) for appropriate preventive services.

# CARE FOR OLDER ADULTS

As your patients age, focusing on certain components of their medical care becomes increasingly important. Not only does it ensure they maintain their health and quality of life, but it also improves your quality performance in the care and assessment for older adults. Assessing functional status and pain, conducting regular medication reviews, and discussing advance care planning can ensure that older adults receive comprehensive care that prevents health status decline.

Additionally, including the appropriate CPT II codes on claims will reduce the administrative burden placed on you and the health plan. They will serve as proof that these services were rendered, as is required in the annual Healthcare Effectiveness Data and Information Set (HEDIS) submission.

- **Functional status assessment:** Screening is effective in identifying functional decline. Assessing Activities of Daily Living and Instrumental Activities of Daily Living (ADL/IADL) allows earlier treatment and intervention. Aside from documenting the current abilities or limitations of your patients, ensuring the usage of CPT II code 1170F will ensure HEDIS compliance.
- **Pain assessment:** Pain is often a symptom of illness in older adults that often goes unaddressed. Documentation of a positive or negative finding of pain, or results of a standardized pain assessment tool can be beneficial to your older patient's overall health and decrease the negative effects of under-treating pain. CPT II code 1125F or 1126F will ensure HEDIS compliance.
- **Advance care planning:** As your patients age, documentation of regular discussions should be occurring about their wishes if they lose the ability to manage their own care. Documentation of options such as Health Care Proxy, Advanced Directive, Actionable Medical Orders or Living Will are widely recommended to improve compliance with patient wishes at the end of life and thereby ensure appropriate use of healthcare resources. CPT II codes 1123F and 1124F will ensure HEDIS compliance.
- **Medication review:** A complete medication review with medication list that includes both prescribed and over-the-counter medications is recommended as part of ensuring proper care. As we know, most older adults take several medications, have multiple prescribing physicians, and often use more than one pharmacy. Regular review of their medications can avoid adverse interactions, side effects and misusage of drugs. Both CPT II codes for medication review 1160F AND medication list 1159F will ensure HEDIS compliance.



MetroPlus has a **Care for Older Adults Assessment Form** in English and Spanish that can help make visits with your patients more effective.

# 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.

You can always refer members to the NYS Quitline at nysmokefree.com or **1.866.697.8487** for coaching or other smoking cessation interventions.

**MetroPlus**Health 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 | |

# ADULT IMMUNIZATION/VACCINATION

The **Adult Immunization Status (AIS)** quality measure captures the percentage of **MetroPlus**Health members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

The AIS measure uses a newer method of reporting — the HEDIS Electronic Clinical Data Systems (ECDS) method — which uses electronic clinical databases such as electronic health records, health information exchanges, administrative claims systems, electronic pharmacy systems, immunization information systems and disease, and case management registries for reporting.

**Vaccinating providers in New York City should ensure reporting of vaccinations/immunizations to the City Immunization Registry (CIR) to support consolidation of adult patients' vaccination records.** This helps providers access patients' immunization records and improve the ability to routinely and accurately assess patients' vaccination status. Be sure to obtain consent from the patient to report to the CIR. Maintain documentation in your EHR of vaccine status and patient consent.

## STRATEGIES FOR IMPROVEMENT

- Make a strong vaccine recommendation to patients to get vaccinated
- Explain why vaccines are right for the patient based on age, health status, lifestyle, occupation, or other risk factors
- Explain why vaccines are important and beneficial to the patient's health
- Explain that the vaccine protects the patients and loved ones from not just the flu, but flu related complications - Pneumonia, bronchitis, sinus/ear infections, hospitalizations, and sometimes death
- Explain the impacts of not getting vaccinations — serious health effects, cost of missing work or obligations, financial costs due to medical care needed
- Address all patient questions regarding vaccine, side effects, effectiveness, and safety - Be sure to use plain and understandable language
- Adopt the electronic health records and electronic patient portals (EPP) as this would offer opportunities for improving adult vaccination rates
- **More importantly, get consent from all adult members during vaccination, report and document all immunization in the City Immunization Registry (CIR)**

For more information on reporting immunization services, visit NYC Health.

# MEDICAL BILLING AND CODING

The following list of codes should be used to identify the services included in the AIS measure.

| | | |
|---|---|---|
| CPT | 90630; 90653; 90654; 90656; 90658; 90661; 90673; 90674; 90882; 90686; 90688; 90689; 90756 | Adult Influenza Vaccine Procedure |
| CPT | 90714; 90718 | Td Vaccine Procedure |
| CPT | 90715 | Tdap Vaccine Procedure |
| CPT | 90736 | Herpes Zoster Live Vaccine Procedure |
| CPT | 90750 | Herpes Zoster Recombinant Vaccine Procedure |
| CPT | 90670 | Pneumococcal Conjugate 13 Vaccine Procedure |
| CPT | 90732 | Pneumococcal Polysaccharide 23 Vaccine Procedure |

# PRENATAL IMMUNIZATIONS

Due to changes to the immune system, heart, and lungs during pregnancy, pregnant women are at a higher risk for severe illnesses and complications from the flu, including premature labor, preterm births, and even death. The flu vaccine is recommended in any trimester for women who are pregnant or plan to become pregnant during flu season. Pregnant patients also receive a tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine during each pregnancy, as early in the 27–36-weeks-of-gestation window as possible.

Influenza and Tdap vaccines given during pregnancy have been shown to reduce the risk of infants contracting influenza or pertussis. Since there are currently no approved flu vaccinations for infants under 6 months and no Tdap vaccines for infants under 2 months, the mother's vaccination is the best way to protect infants from these illnesses. When discussing the need for vaccinations with your patients, make sure that they are aware of both the protections provided to them during this time of increased risk **and** the protection provided to their child.

Providers seeing pregnant patients should follow recommendations from the American College of Obstetricians and Gynecologists:

- Obstetrician-gynecologists and other obstetric care providers should routinely assess their pregnant patients' vaccination status.
- Obstetrician-gynecologists and other obstetric care providers should recommend and, when possible, administer needed vaccines to their pregnant patients.
- Women who are or will be pregnant during influenza season should receive an annual influenza vaccine.
- All pregnant women should receive a tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine during each pregnancy, as early in the 27–36-weeks-of-gestation window as possible.
- Other vaccines may be recommended during pregnancy depending on the patient's age, prior immunizations, comorbidities, or disease risk factors.

For more information, visit the American College of Obstetricians and Gynecologists website.

# 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 **MetroPlus**Health 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**.

**MetroPlus**Health has contracts in place with several reference laboratories to ensure that our members receive the highest quality diagnostic testing available. **MetroPlus**Health 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 **MetroPlus**Health 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 **MetroPlus**Health *Provider Directory* at www.MetroPlus.org.

# CHOOSING WISELY: LABORATORY TESTS

**MetroPlus**Health 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

**MetroPlus**Health 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

**MetroPlus**Health 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