MetroPulse provider newsletter

SPRING 2019

PATIENT-PROVIDER EXPERIENCE

Patient engagement is a growing priority within the MetroPlus 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 determine whether their doctor knew their medical history
- Ask patients about other doctors and specialists they have seen
- Involve patients in decision-making
- Communicate test results and specialist findings to your patient within 24-48 hours and review together at the next follow up appointment

Review Patients' Medications

- Review patient medications during office visits and reinforce medication adherence
- Reconcile medications post hospital discharge
- Use MetroPlus Gaps in Care reports to identify additional clinical services needed
- Discuss Urinary Incontinence and treatment options / physical activity levels with patients over 65 years old
- 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
- Prescribe an extended days' supply of 90-day fills whenever possible to support adherence

COLORECTAL CANCER SCREENING: HOW TO ACHIEVE 80% IN EVERY COMMUNITY

MetroPlus is partnering with the New York State Academy of Family Physicians, NYC Health + Hospitals Gotham Health Centers, the American Cancer Society, and NYC Department of Health to offer MetroPlus providers a webinar about Colorectal Cancer Screening. The webinar will be held on March 18, from 8A.M. – 9A.M.

The online event will provide updates on national screening efforts for colorectal cancer, local statistics from NYC, and discuss ways to achieve higher screening rates.

Also, the webinar will focus on a multifaceted approach to colorectal cancer, utilizing awareness, statistics, and strategies to achieve an 80% screening rate or higher.

Attendees to this event will receive CME credits.

To register for this webinar, visit: http://acswebmeetings.adobeconnect.com/nyccrc/event/registration.html

PAY FOR PERFORMANCE PROGRAM

The MetroPlus Pay for Performance (P4P) Program is an incentive program that rewards our providers for meeting targeted performance metrics for the delivery of quality and efficient 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 Provider Relations Representative to:

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

RA CODING REMINDER

As you know, correctly coding the treatment a patient receives is crucial for tracking quality of care and for determining the severity of illness.

Here are some tips for meeting the HEDIS requirements for disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA):

- Adults who are 18 years and older, and have been diagnosed with RA, should be dispensed at least one prescription for a disease modifying anti-rheumatic drug (DMARD).
- Do NOT use Rheumatoid Arthritis diagnosis codes when ruling out the disease.
- Exclusions: Patients with HIV Diagnosis or who are Pregnant during the measurement year

For more information about HEDIS coding, visit:
www.metroplus.org/MetroPlus/media/MetroPlusMedia/HEDIS2017-Codes-CODES-Sheet.pdf.
The HEDIS codes for RA are listed under "ART".

DMARD-HCPS: J0129, J0135, J0717
Exclusions: HIV-ICD10: B20, Z21, ICD9: 042, V08
Pregnancy-ICD10: O00.0, O00.1, O00.2

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 *Provider Manual* under "Office Waiting Time Standards":

- **Waiting room times must not exceed one (1) hour for scheduled appointments. Best practice is to let the patient know they can expect to wait an hour. 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.**

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 – and they're less likely to be physically active than other age groups. However, 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 recently 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.

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.

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 wiliness 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.

For patients who smoke, encourage them to utilize available resources, such as the New York Smokers' Quitline (866-NY-QUITS), or H+H & NYC Smoking Cessation Programs (click here).

Other information is available on the MetroPlus website, including information about programs to help quit, health information, and support services.

WHY YOU SHOULD DISCUSS BMI WITH YOUR PATIENTS

When used correctly, Body Mass Index (BMI) can be an excellent tool for screening patients 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.

BMI should serve as an initial screening to identify potential weight problems for adults. Other factors, such as fat distribution, fitness level, and age, should also be considered when assessing an individual patient's disease risk.

For more information, you can visit the CDC's website at: https://www.cdc.gov/obesity/downloads/bmiforpactitioners.pdf

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., at a cost of about $100 billion per year.

Strategies for Improving Adherence

PCPs and specialists should always look for signs of poor adherence in their patients. Clinicians can enhance adherence by emphasizing the value of the patient's regimen, making the regimen simple, and customizing the regimen to the patient's lifestyle. If possible, try to decrease the number of medications a patient is taking. Focus on educating the patient on why continuing to take their medications as directed is important.

The finding that adherence declines with time suggests that patients may need some periodic reinforcement of the message that their medication is important and beneficial. For example, after 3 months of treatment a patient is likely to be in remission, but the risk of non-adherence begins to rise. It may pay to contact the patient after 90 days and reinforce the message that continuing with treatment is beneficial to their health.

For more information about medication adherence, visit these resources:

National Conference of State Legislatures

The Role of Medication Adherence in the US Healthcare System

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've made some changes to our pharmacy benefit. We now offer 90-day fills for all 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 a Pill Pack service. With Pill Pack, a convenient dispenser will be delivered to your patient's home every month, with all of 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 MetroPlus members, so consider taking advantage of 90-day prescriptions, mail-order delivery, or PillPack service.

DISALLOWANCE

MetroPlus has contracted with HMS to help identify other third-party coverage for our Medicaid members. Through the Disallowance process, HMS has identified where MetroPlus has paid a provider for a claim(s), but another payer is liable.

In this recovery project, HMS will notify the provider that the claim has been paid incorrectly and request that the provider bill the appropriate entity. HMS will supply the provider with a notification letter, claim audit details, as well as a window to bill the liable payer and receive the recovery. At the end of the notification period, MetroPlus will retract the Medicaid payments for the claim(s) that have been identified. In several instances, the provider may receive a higher reimbursement from the other carrier than they would have if Medicaid paid.

FAQs

Why am I being asked to do this?

Federal law requires that Medicaid recover its payments when a liable third party is identified so HMS has been asked by MetroPlus as a valued partner to assist in this process. HMS is conducting this project to ensure MetroPlus has paid claims correctly on its Medicaid members.

What should the providers do when contacted by HMS?

Review the claims on the audit detail and use the information HMS supplied to bill the appropriate carrier. If there are any questions/concerns, HMS has a dedicated provider relations team to assist. Should the provider agree with the findings, they can take an active or passive approach to inform HMS. The providers can contact the provider relations department, or simply take no action and allow MetroPlus to recoup the original Medicaid payment amount.

How accurate is the information being provided by HMS?

HMS verifies 100% of all other coverage segments before sending to providers. Therefore, the providers will have the most accurate and up-to-date information to ensure that the provider will be armed with the information necessary to receive a reimbursement from the carrier.

How long is the provider notification period?

Providers will have 60 calendar days from the date HMS sends the initial provider notification letter. If additional time is needed the provider can contact the HMS Provider Relations Team for further assistance.

What if providers have questions or concerns regarding a claim?

Contact a member of the HMS Provider Relations Team. The Provider Relations Team is a dedicated team for handling questions, concerns and correspondence with providers throughout the disallowance process.

How do providers reach the HMS Provider Relations Team?

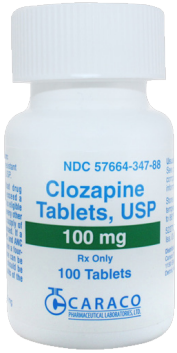
The Provider Relations Team can be contacted by calling **855.334.0069**.

CLOZAPINE

MetroPlus is participating in a Performance Opportunity Program, administered by New York State, that aims to increase the percentage of patients in Medicaid Managed Care Plans who are started and maintained on clozapine after being diagnosed with schizophrenia.

Clozapine is a pill taken orally to reduce symptoms related to schizophrenia. It has proven to be one of the most effective treatments for treatment-resistant schizophrenia.

As with any treatment regimen, patients should be monitored for potential side effects. We encourage providers with patients taking clozapine to have ongoing contact and collaboration between behavioral health and physical health providers.



WELL CHILD VISITS: BIRTH TO 15 MONTHS

By the time a child is 15 months old, they should have attended at least six well child visits. Providers should remind guardians of the need for multiple visits and encourage scheduling of future appointments in advance.

At this early age, it is especially crucial to maintain proper documentation of visits. The child's medical record should include:

- Visit date
- Health history
- Mental and physical developmental history
- Specific health education/anticipatory guidance
- Physical examination and measurements, such as weight, length, head circumference, blood pressure
- Procedures, such as immunizations, hematocrit, or hemoglobin
- Preventive services, such as vision, dental, or hearing
- Physician signature

CHILDREN'S SPECIAL SERVICES PROGRAM

New York State is in the process of carving in new and expanded benefits for Medicaid members under the age of 21 who are medically fragile and/or have behavioral health needs and/or receive foster care services.

On January 1, 2019, three New Children and Family Treatment and Support Services (CFTSS) were carved into the managed care benefit for children enrolled in managed care who meet medical necessity for:

- Other Licensed Practitioner (OLP)
- Psychosocial Rehabilitation (PSR)
- Community Psychiatric Supports and Treatment (CPST)

Expanded benefits and services will be added to the Medicaid benefit package and carved into Medicaid managed care gradually over the next several years (final roll out dates are subject to CMS approval).

Anticipated transitions to managed Medicaid scheduled to begin on July 1, 2019 include:

- Children receiving Home and Community Based Services (HCBS) in existing waiver programs via fee-for-service Medicaid will be mandatorily enrolled in managed care
- Children residing in a Voluntary Foster Care Agency will be mandatorily enrolled in managed care
- SSI Children will begin receiving State Plan behavioral health services in managed care
- Expanded behavioral health services that were previously only available in fee-for-service Medicaid will be available in managed care for individuals 18-21. These services include, but are not limited to PROS (Personalized Recovery Oriented Services) and ACT (Assertive Community Treatment).

New CFTSS services anticipated for transition to managed Medicaid on January 1, 2020 include:

- Youth Peer Support and Training
- Crisis intervention

In preparation for this population carve in and transition of members, MetroPlus has established the Children's Special Services (CSS) unit to oversee care management services for these members. Care management will be provided by designated Health Homes with input, monitoring and authorization of services from CSS staff and the behavioral health vendor. Each member's designated Health Home is responsible for creating an integrated Plan of Care based on the Child and Adolescent Needs and Strengths NY (CANS-NY) Assessment.

In conjunction with assigned behavioral care managers, CSS care managers will be responsible for the review and approval of each member's Plan of Care to ensure comprehensive services meet the medical, behavioral health, developmental, and psychosocial needs of members. The CSS unit will have a designated Medically Fragile and a Foster Care liaison to ensure communication with all members of the health care team including state agencies involved in the members care. The unit is managed by the Director of CSS who is responsible for overall Utilization Management (UM), Care Management (CM) and overall operations of CSS.

If you have questions about the new CFTSS services or other transitioning services, Contact us at **1.800.303.9626**.

CHOOSING WISELY

In an effort to help you manage your practice, MetroPlus is highlighting the American Board of Internal Medicine's **"Choosing Wisely"** program. We hope this information will aid in the decision-making process around the tests and labs you select for your patients.

Choosing Wisely was developed with the goal of avoiding unnecessary medical tests, treatments, and procedures.

Choosing Wisely aims to encourage conversations between clinicians and patients that result in choosing care that is evidence based, not duplicative or unnecessary, and is free from harm.

Choosing Wisely offers lists of evidence-based recommendations from national medical specialty societies. For more recommendations, visit www.choosingwisely.org/clinician-lists.

RADIOLOGY RECOMMENDATIONS:

American Society of Breast Surgeons – Benign Breast Disease	Don't perform screening mammography in asymptomatic patients with normal exams who have less than 5-year life expectancy.
American Chiropractic Association	Do not obtain spinal imaging for patients with acute low-back pain during the six (6) weeks after onset in the absence of red flags.
Society of Surgical Oncology	Don't routinely use breast MRI for breast cancer screening in average risk women.
American College of Obstetricians and Gynecologists	Don't perform pelvic ultrasound in average risk women to screen for ovarian cancer.
American College of Obstetricians and Gynecologists	Don't perform prenatal ultrasounds for non-medical purposes, for example, solely to create keepsake videos or photographs.
Society for Vascular Surgery	Avoid use of ultrasound for routine surveillance of carotid arteries in the asymptomatic healthy population.
American Association of Neurological Surgeons and Congress of Neurological Surgeons	Don't routinely screen for brain aneurysms in asymptomatic patients without a family or personal history of brain aneurysms, subarachnoid hemorrhage (SAH) or genetic disorders that may predispose to aneurysm formation.
Society of Surgical Oncology	Don't routinely order imaging studies for staging purposes on patients newly diagnosed with localized primary cutaneous melanoma unless there is suspicion for metastatic disease based on history and physical exam.
American Urological Association	Don't routinely use computed tomography (CT) to screen pediatric patients with suspected nephrolithiasis.
American Podiatric Medical Association	Avoid ordering MRI in patients with suspected acute Achilles tendon ruptures.
American Podiatric Medical Association	Don't routinely use MRI to diagnose bone infection (osteomyelitis) in the foot.
Society for Cardiovascular Magnetic Resonance	Don't perform Coronary CMR in the initial evaluation of asymptomatic patients
Society for Cardiovascular Magnetic Resonance	Don't perform coronary CMR in symptomatic patients with a history of coronary stents.
Society for Cardiovascular Magnetic Resonance	Don't perform stress CMR as preoperative assessment in patients scheduled to undergo low risk, non-cardiac surgery
ASCO	Avoid using PET or PET-CT scanning as part of routine follow-up care to monitor for a cancer recurrence in asymptomatic patients who have finished initial treatment to eliminate the cancer unless there is high-level evidence that such imaging will change the outcome.

American College of Chest Physicians and American Thoracic Society	Don't perform CT screening for lung cancer among patients at low risk for lung cancer.
North American Spine Society	Don't recommend advanced imaging of the spine within the first six weeks in patients with non-specific low back pain in the absence of red flags
American Academy of Neurologic Society	Don't perform imaging of carotid arteries for simple syncope without other neurologic symptoms
American Academy of Family Physicians	Don't screen for carotid artery stenosis in asymptomatic adult patients
Society of Nuclear Medicine and Molecular Imaging	Don't use PET to evaluate patients with dementia unless the patient has been seen by a specialist in the field
Society of Nuclear Medicine and Molecular Imaging	Don't use PET/CT for cancer screening in healthy individuals.
American College of Rheumatology	Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.
Society of Nuclear Medicine and Molecular Imaging	Don't use nuclear medicine thyroid scans to evaluate thyroid nodules in patients with normal thyroid gland function.
American College of Rheumatology	Don't routinely repeat DXA scans more often than once every two years.
Society of Cardiovascular Computed Tomography	Don't routinely order coronary computed tomography angiography for screening asymptomatic individuals.
Society of Cardiovascular Computed Tomography	Don't order coronary artery calcium scoring for screening purposes on low risk asymptomatic individuals except for those with a family history of premature coronary artery disease.
Society for Vascular Medicine	Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).
American Academy of Pediatrics	Neuroimaging (CT, MRI) is not necessary in a child with simple febrile seizure.
American Academy of Otolaryngology—Head and Neck Surgery Foundation	Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss.
American Academy of Family Physicians	Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.
American Academy of Allergy, Asthma & Immunology	Don't order sinus computed tomography (CT) or indiscriminately prescribe antibiotics for uncomplicated acute rhinosinusitis.
American College of Physicians	In the evaluation of simple syncope and a normal neurological examination, don't obtain brain imaging studies (CT or MRI).

Visit www.choosingwisely.org for more information about the program, including detailed recommendations, patient-friendly materials, and learning modules.

LONG ACTING INJECTABLES

Long Acting Injectables (LAI), also known as Depot Medications, can be an effective option to treat members with schizophrenia. They are a good choice for members who may not be able to take their medications every day, and allow the provider to know if the member is compliant with their medication regime or not.

Studies have shown that LAI improve patient functioning, and support member tenure in the community. LAI may help with the goal of preventing hospitalizations, and can help support regular contact between a member and their provider.

We encourage providers with patients taking LAI to have ongoing contact and collaboration between behavioral health and physical health providers.

METROPLUS CARE MANAGEMENT SERVICES

The MetroPlus Integrated Care Management (ICM) program is a collaborative process that plans, implements, and coordinates services to meet the needs of members with complex care. The ICM program is focused on members who are at risk for increased hospital admissions and emergency room visits.

Care Managers complete a comprehensive assessment, identify/prioritize goals, coordinate, and work with members of the health care team to develop and implement a plan of care. Periodic evaluations of the member's progress against established care plans and goals are conducted, and modifications are made as needed. The ICM program covers all MetroPlus members except for members of the MLTC, HARP and HIV (which have their respective care management departments).

MetroPlus members can be referred for care management by providers. Contact **1.800.579.9798**.

Access and Availability Standards

MetroPlus 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

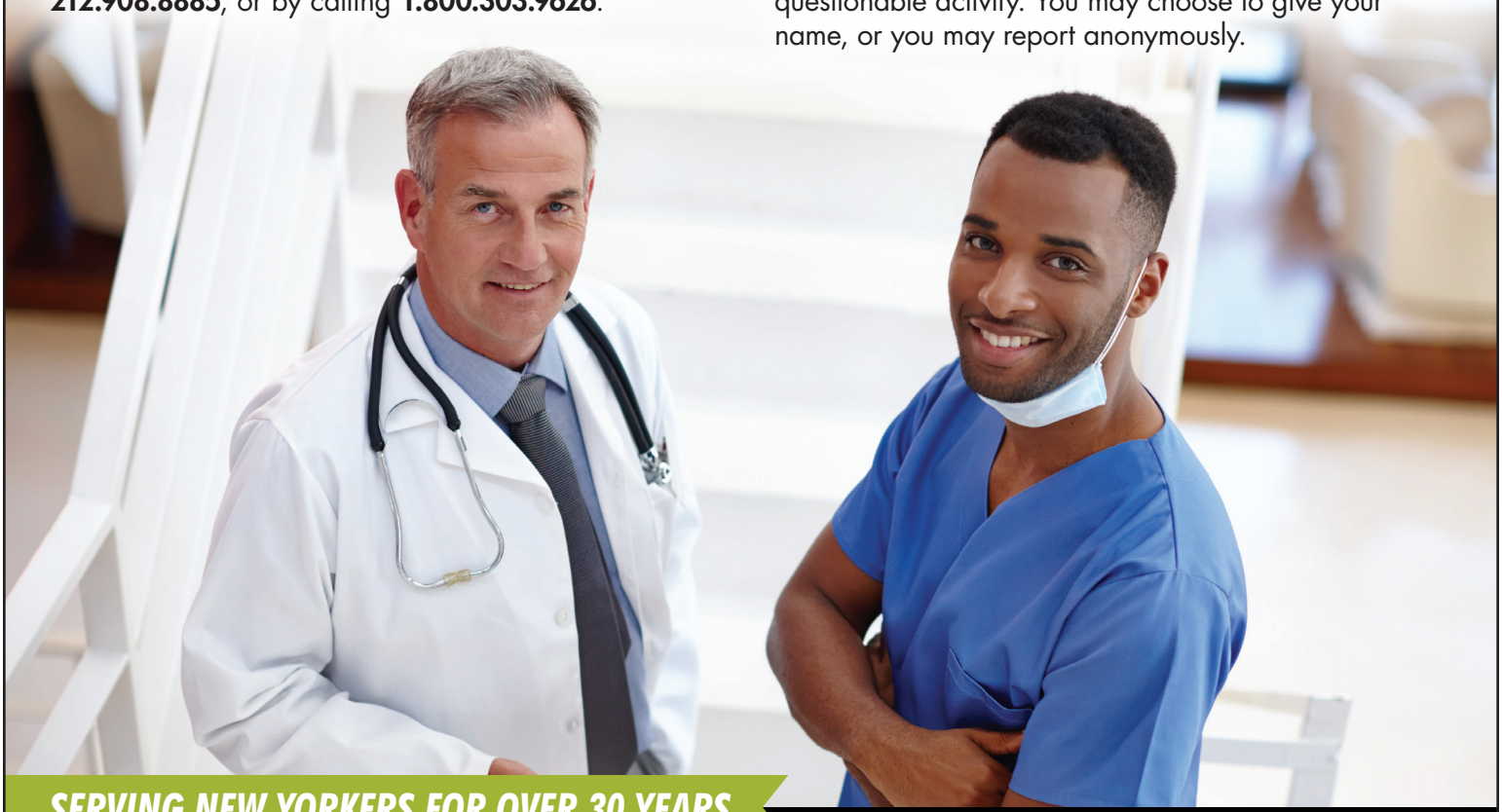
MetroPlus Health Plan
plan ahead.
METROPLUS.ORG 1.855.809.4073
160 Water Street, 3rd Floor, New York, NY 10038

CHANGES TO YOUR DEMOGRAPHIC INFORMATION

Notify MetroPlus 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 at **212.908.8885**, or by calling **1.800.303.9626**.

METROPLUS COMPLIANCE HOTLINE

MetroPlus 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.



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