

PRIMARY CARE PROVIDER ORIENTATION



ORIENTATION TOPICS

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METROPLUS OVERVIEW

MetroPlus is a Prepaid Health Services Plan (PHSP) licensed to operate in:

- Manhattan
- Brooklyn
- Queens
- Bronx
- Staten Island (Currently for Medicaid, Child Health Plus, HARP, Marketplace, and Essential Plan only)

MetroPlus, which began operations in 1985, is a wholly owned subsidiary of NYC Health + Hospitals.

METROPLUS PRODUCT LINES

- Medicaid Managed Care (MMC)
- Child Health Plus (CHP)
- Qualified Health Plan (MarketPlace Plans)
- Partnership in Care (SNP)
- Essential Plan (EP)
- MetroPlus Medicare Advantage Plan (HMO SNP)
- MetroPlus Medicare Platinum Plan (HMO)
- MetroPlus Gold
- MetroPlus Managed Long Term Care (MLTC)
- MetroPlus Enhanced (HARP)
- MetroPlus GoldCare

MANAGED CARE BENEFITS

MEDICAID MANAGED CARE MARKETING

- MetroPlus MarketPlace Facilitated Enrollers (FEs) can assist with enrollment of uninsured people into their plans in person at an enrollment location, home visit or by contacting the NYSOH website: <https://nystateofhealth.ny.gov/>
- Plan Facilitated Enrollers cannot enroll Fee for Service (FFS) Medicaid recipients; this is also true for MetroPlus HIV SNP Facilitated Enrollers
 - If you have a patient who is in FFS Medicaid and wants to enroll in a Medicaid Managed Care Plan, please instruct them to call NY Medicaid CHOICE at 800-505-5678
- As a result of these changes, MetroPlus HIV SNP Facilitated Enrollers (FEs) are no longer located in the NYC Health + Hospitals HIV clinics; they may be able to conduct workshops/educational activities.
- In addition to enrolling the uninsured, plans are expected to concentrate on retaining current members.

MANAGED CARE BENEFITS

PERSONAL CARE/HOME ATTENDANT SERVICES

- Personal Care/Home Attendant Services are part of the Medicaid Managed Care benefit package.
- MetroPlus now provides these services to MetroPlus Medicaid Managed Care and Medicaid HIV Special Needs members.
- Personal Care Services must:
 - Be ordered by the member's PCP
 - Be medically necessary
 - Provide some or total assistance with personal hygiene, dressing, feeding, assisting in preparing meals and housekeeping
 - Be important to keep the member healthy and safe in their own home
- Personal Care Services must be provided by an agency that has a contract with MetroPlus.

MANAGED CARE BENEFITS

PERSONAL CARE SERVICES

- To request authorization for Personal Care Services for a MetroPlus member, complete the M-11Q Medical Request for Home Care form.
- Fax the completed form to MetroPlus Personal Care Team at 212-908-5237

RESTRICTED RECIPIENTS PROGRAM

- Medicaid consumers in the Restricted Recipients Program are required to enroll in a Medicaid Managed Care Plan.
- Restricted Recipients are individuals with a pattern of misusing or abusing benefit package services and are restricted to one or more providers to receive their services
 - Restrictions include PCPs, specialists, dentists, podiatrists, hospitals, pharmacies, and durable medical equipment (DME) vendors
- Plans are responsible for enforcing the restrictions and assessing the members to determine if the restrictions should remain in place.
- Plans must also identify the need for restrictions for their members.
- Rosters contain a two-digit code field to identify restricted members and it will include their specific restrictions.
- MetroPlus Restricted Recipients have an “R” on their ID card.
- Providers must verify member eligibility before every encounter and identify any restrictions:
 - If a member is restricted to a particular doctor, the member cannot be seen by another doctor without a prior authorization; claims without an authorization will be denied
 - If a member is restricted to a NYC Health + Hospitals facility, a prior authorization is required for visits to another NYC Health + Hospitals facility

METROPLUS MEDICARE

- Beneficiaries must live in the MetroPlus service area and cannot have End-Stage Renal Disease (ESRD) at the time of enrollment.
- MetroPlus Medicare Plans:
 - MetroPlus Platinum Plan (HMO) for those eligible for Medicare Parts A and B
 - MetroPlus Advantage Plan (HMO SNP) for those eligible for Medicare Parts A and B and for NY State Medicaid

For more information, visit the MetroPlus website, www.MetroPlus.org, log into the Provider Portal or call our Medicare Customer Services Department at 866-986-0356.

METROPLUS QUALIFIED HEALTH PLANS MARKETPLACE

Our MarketPlace plans are only offered in the NY State of Health, the Official Health Plan MarketPlace. Our MarketPlace Plans are MedPlus, BronzePlus, SilverPlus, GoldPlus and Platinum Plus.

Please make sure you...

- Check member eligibility
- Check member responsibility

Claims for members can be submitted electronically through the EMDEON website (<https://office.emdeon.com>) using the MetroPlus Emdeon Payer ID# 13265

Paper claims must be submitted on CMS 1500 or UB-04 forms to:

MetroPlus Health Plan
P.O. Box 830480
Birmingham, AL 35283-0480

METROPLUS MANAGED LONG TERM CARE

MetroPlus Managed Long Term Care is a health care plan especially designed for people 21 years or older, who live in Brooklyn, Manhattan, the Bronx or Queens who need long term care services and have Medicaid. MetroPlus Managed Long Term Care offers the assistance members need to live safely at home.

Members are eligible if they are...

- 21 years old or older
- Eligible for Medicaid
- Living in the Bronx, Brooklyn, Manhattan, Staten Island or Queens
- In need of long-term care of nursing home-level care
- Able to remain in their home without jeopardizing their health or safety
- In need of long-term care services for at least four months from the time of enrollment

MetroPlus Managed Long Term Care will help members obtain the services we do not directly cover to make sure they receive the care needed.

To find out more about what is and isn't covered by MetroPlus Managed Long Term Care, please check our **Member Handbook** or call us at **855-355-MLTC (6582) (TYY: 711)**

METROPLUS ENHANCED (HARP)

The Enhanced Health Plan is a New York State Medicaid Health and Recovery Plan (HARP) with Enhanced Physical Health, Behavioral Health, Substance Use Disorder and Home & Community Based Services.

Our Enhanced (HARP) plan provides 23 benefits for members, 14 of these benefits are only available to assessed and eligible HARP members.

Some of these benefits include:

- Care coordination
- Referrals to specialist
- Assessment and referral to behavioral Health and Home community-based services
- Lab, X-ray and other test
- Inpatient and outpatient hospital care
- Nutritional assessment and guidance
- Behavioral Health home and community Based services

MEMBER ELIGIBILITY VERIFICATION

Members' coverage and PCP must be verified before every encounter.

Step 1: Ask to see their MetroPlus Member ID Card and a Photo ID

Step 2: Check member's eligibility using one of these methods:

- MetroPlus Provider Portal:
<http://providers.metroplus.org>
- EMEVS web site: www.emedny.org for Medicaid, Medicaid HIV SNP and MetroPlus Medicare Advantage.
- EMEVS verification line:
 - Call **800-997-1111**
 - Enter the MetroPlus Provider Number 01529762 and the Plan Code 092
- MetroPlus Customer Services: **800-303-9626**

METROPLUS

FRAUD AND ABUSE PREVENTION PROGRAM

MetroPlus is committed to preventing fraud, waste and abuse by members, providers and employees

- Examples for members include: overutilization of ER services, oversupply of controlled substances, prescriptions or DME, doctor shopping, pharmacy shopping, inappropriate medication combinations, prescription forgeries and member card loaning or sharing

Providers are encouraged to report suspected fraud, abuse, questionable and illegal activities to MetroPlus

MetroPlus has the following reporting mechanisms in place:

- **MetroPlus Compliance Hotline:** Call **888-245-7247**; you can give your name or report anonymously
- **Corporate Compliance Officer:** Contact Raven Solon, MetroPlus Corporate Compliance Officer, at **212-908-5205** or complianceofficer@metroplus.org
- **Provider Services:** Contact your MetroPlus Provider Services Representative

METROPLUS

FRAUD AND ABUSE PREVENTION PROGRAM

MetroPlus Special Investigations Unit (SIU)

- MetroPlus has a dedicated SIU that is responsible for performing provider-based fraud and abuse audits and investigations
- The SIU accepts tips, referrals and allegations of fraud or abuse from a variety of internal and external sources
- Some examples of the fraudulent and abusive activities that the SIU audits and investigates for are: double billing, upcoding, overutilization, lack of medical necessity, unbundling, billing for services not rendered, billing for services without a license, etc.

*Mental health related condition are leading cause of readmissions for member admitted to other H+H facilities.

REQUIRED AUTHORIZATIONS

You must call MetroPlus Customer Services at **800-303-9626** to obtain prior authorization and/or verification of benefits for the following services:

- Services provided by a Non-Participating Provider
- Behavioral Health and Substance Abuse Services (Benefits managed by Beacon Health Options)
 - Authorization required for inpatient services
 - Authorization for outpatient (See Beacon Provider Manual for details)
- Inpatient Admissions, Home Health Care, Skilled Nursing Facility Care, Durable Medical Equipment, Personal Care, Erectile Dysfunction Treatments, Potentially Cosmetic Procedures
- Physical Therapy, Occupational Therapy and Speech Therapy
 - MetroPlus members enrolled in **Medicare Advantage, Child Health Plus, MetroPlus Gold** and “exempt” Medicaid members who are children 0 – 20 years of age and/or members with developmental disabilities will not be subject to the mandated benefit limit of twenty (20) visits per specialty type per calendar year, but will still require authorization for services after visit number twenty.
 - For all other non-exempt **Medicaid** members, there is a benefit limit of 20 visits per specialty type per calendar year. There is no means or opportunity to request an approval or an authorization that will allow for additional visits to be approved.

PHARMACY/PRESCRIPTIONS

MetroPlus utilizes CVS Caremark as its Pharmacy Benefit Manager (PBM).

- MetroPlus formularies are available on the MetroPlus website, www.metroplus.org

Some covered drugs have additional requirements or limits on coverage, including prior authorization, quantity limits and step therapy.

For drugs that require prior authorizations:

- Call CVS Caremark at **877-433-7643**

For members who require specialty drugs:

- Call CVS Caremark's Specialty Guideline Management (SGM) Program at **866-814-5506**

Medicaid, CHP, HIV SNP, or HARP members can receive a 90-day supply of Asthma or Hypertension medication for the price of a one-month copay.

VACCINES FOR CHILDREN PROGRAM

The New York State Vaccines for Children Program (VFC) supplies selected vaccinations to providers caring for MetroPlus Medicaid and CHP members at no cost through the VFC program.

Eligible members must be 19 years of age or younger and be enrolled in Medicaid and CHP LOB with the plans.

Providers may order vaccines for Medicaid and CHP members at no cost through the VFC program.

For additional information on the VFC immunization Program or order vaccines for MetroPlus Medicaid CHP members, call:

- New York State Department of Health Bureau of Immunization **518-473-4437**
- New York City Department of Health and Mental Hygiene Immunization Hotline **347-396-2400**
- New York State Vaccines for Children Program **800-KIDSHOT (800-543-7468)**

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.

In 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).

CHILDREN'S SPECIAL SERVICES PROGRAM

Anticipated transitions to managed Medicaid 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 limited to PROs (Personalized Recovery Oriented Services) and ACT (Assertive Community Treatment)

CHILDREN'S SPECIAL SERVICES PROGRAM

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.

If you have questions about the new CFTSS services or other transitioning services, contact us at 1-800-303-9626.

ACCESS TO CARE

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 48-72 hours of request, as clinically indicated
Well-Child Care Visits	Within 4 weeks of request
Routine Non-Urgent, Preventive or Well Child Visit	Within 4 weeks of request
Adult Baseline and Routine Physical	Within 12 weeks of enrollment
Adult Baseline and Routine Physical for HIV SNP Members	Within 4 weeks of enrollment
Initial Family Planning Visit	Within 2 weeks of request
In-plan Behavioral Health or Substance Abuse Follow-up Visit (Pursuant to Emergency or Hospital Discharge)	Within 5 calendar days of request, or as clinically indicated
In-plan Non-urgent Behavioral Health Visit	Within 2 weeks of request
Specialist Referrals (Non-urgent)	Within 4-6 weeks of request
Health Assessment of Ability to Work	Within 10 calendar days of request

ACCESS TO CARE

MetroPlus members must secure appointments within the following time guidelines:

Initial Prenatal Visit First Trimester	Within 3 weeks of request
Initial Prenatal Visit Second Trimester	Within 2 weeks of request
Initial Prenatal Visit Third Trimester	Within 1 week of request
Initial Primary Care Provider (PCP) Visit for Newborns	Within 2 weeks of hospital discharge
Initial Newborn Visit for HIV SNP Members	Within 48 hours of hospital discharge

- Providers 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.

24-HOUR TELEPHONE COVERAGE FOR PCPs

Members must be able to access a Provider by telephone 24 hours a day, 7 days a week

- Providers must return all phone calls within 30 minutes
- Providers are required to have a live voice response or an answering machine with a message referring members to a phone number answered by a live person. The person answering this number must assure the member that a health care professional will return their call within 30 minutes.
 - Answering machines may refer members to the MetroPlus After Hours Service Line, **800-442-2560**

NOTIFICATION OF CHANGES IN YOUR PRACTICE

Always notify MetroPlus about the following changes:

- Change of address
- Change in Tax ID Number
- Change of providers in group practice
- New sites or closed sites
- Change in practice name/ownership
- Extended leave of absence

Submit changes to Provider Services:

- By phone: **800-303-9626**
- By fax: **212-908-3691**
- By email: Providerupdate@metroplus.org
- In writing to:
MetroPlus Health Plan
Provider Services
160 Water Street, 3rd Floor
New York, NY 10038

HIV TESTING

HIV testing must be offered to all people between the ages of 13 and 64 receiving one of the following:

- Primary care services from a physician, physician assistant, nurse practitioner or midwife,
- Care in the emergency room
- Care as an inpatient in a hospital

Prenatal care providers should provide HIV counseling to all pregnant women as early as possible in their pregnancy.

- A repeat third trimester test, preferably at 34 - 36 weeks, should be recommended to all pregnant women who tested negative early in prenatal care.

*Mental health related condition are leading cause of readmissions for member admitted to other H+H facilities.

INFORMED CONSENT GUIDELINES

- Providers are required to obtain an informed consent form for all MetroPlus Health Plan members undergoing a hysterectomy or sterilization procedure.
- Providers must notify a member undergoing a hysterectomy or sterilization procedure verbally and in writing that the procedure will render them permanently sterilized and not reversible.
- The member or an authorized representative must sign a consent form before the procedure is performed (see provider manual for a copy of forms).

ADVANCED DIRECTIVES

- PCPs and other Participating Providers, as appropriate, are expected to inform adult members about their right to execute advance directives.
- If a member chooses to execute an advance directive, the Participating Provider should document the decision and place copies of the signed advance directive form in the member's medical record.
- If the member decides not to execute an advance directive, the Participating Provider should document in the medical record that the member was given written information and advised of their right to execute an advance directive.

COMMUNICABLE DISEASES PUBLIC HEALTH REPORTING

MetroPlus shall make reasonable efforts to assure timely and accurate compliance by participating providers with public health reporting requirements relating to communicable diseases and conditions mandated in Article 21 of the NYS Public Health Law and for Contractors operating in New York City, the New York City Health Code (24 RCNY §§11.03-11.07)

MODEL OF CARE REQUIREMENTS FOR MEDICARE SNPs

CMS requires Special Needs Plans (SNPs) to have an evidenced-based model of care which outlines how the Plan will provide care to meet the specialized needs of SNP enrollees

The Model of Care requires SNPs to:

- Have an appropriate network of providers and specialists
- Conduct an initial assessment and an annual reassessment of the individual's physical, psychosocial and functional needs for each enrolled individual
- Develop a plan that identifies goals and objectives for that individual under the SNP
- Use an interdisciplinary team in the management of care

MODEL OF CARE REQUIREMENTS FOR MEDICARE SNPs

Develop a plan of care for each member under the SNP that identifies goals and objectives for that individual

- Plan of care developed by MetroPlus Care Manager in collaboration with PCP, behavioral health experts, social services experts and the member
- MetroPlus will share the plan of care with the member's PCP for their review and comment

MODEL OF CARE REQUIREMENTS FOR MEDICARE SNPs

- Use an interdisciplinary team in the management and coordination of the member's care. This team consists of the PCP, care managers, behavioral health, social services and the member
- Work with physicians, other providers and the member to coordinate care:
 - Patient/family education
 - Self management of chronic disease
 - Preventive care
 - Discharge planning
- The exchange of information between the provider, MetroPlus and the member is critical

QUALITY MANAGEMENT

MetroPlus is committed to providing comprehensive, patient-centered, quality health care

- MetroPlus strives to establish a coordinated, cost effective medical delivery system which is timely and appropriate for Member needs

MetroPlus collects and analyzes data for HEDIS and QARR annually

- Quality Assurance Reporting Requirements (QARR) for CHP and Medicaid products
- Healthcare Effectiveness Data and Information Set (HEDIS) for Medicare products
- Providers are required to assist with collecting data as needed

Quality of Care

- MetroPlus uses QARR and HEDIS results to identify accomplishments and areas for improvement
- If there is an area for improvement, MetroPlus collaborates with providers to develop and implement quality improvement projects

SPECIALTY REFERRALS

- MetroPlus does not require the submission of referral forms.
- PCPs should devise their own written correspondence method for conveying indications for referral and relevant medical history or test results to Specialists.
- Specialists are expected to provide PCPs with consultation reports.

BEHAVIORAL HEALTH

MetroPlus Behavioral Health Services is managed by Beacon Health Options (BHO). BHO provides our members with Mental Health Services, Detoxification Services, Chemical Dependence, and Rehabilitation & Treatment Services.

MetroPlus delegates the areas of responsibilities below to (BHO):

- Claims processing and payment
- Member outreach for BH/SA appointments
- Provider contracting and credentialing
- Quality management and improvement
- Service authorization
- Utilization management/case management
- Customer service complaint and grievances

BHO Customer Service: **855-371-9228**

BEHAVIORAL HEALTH

MetroPlus Health Plan Behavioral health Telephonic Collaborative Care Resource

- When behavioral health symptoms are not effectively treated, they impair self-care and adherence to medical and behavioral health treatment and are associated with poor health outcomes, increased mortality and higher medical costs.
- If you have a MetroPlus member that you are treating and would like to discuss Behavioral Health issues please contact Dr. Frank Lipton at 212-908-5133.

LABORATORY SERVICES & APPROVED IN-OFFICE LAB TESTS

LabCorp is MetroPlus' preferred lab partner

- A full list of participating labs can be found on www.metroplus.org

MetroPlus established a list of approved in-office lab tests:

- In order to perform in-office lab testing, the location must have a Clinical Laboratory Improvement Act (CLIA) certificate.
- Providers may bill one draw fee per patient (CPT Code 36415 or 36416) per day; providers paid under a capitated arrangement will be reimbursed for in-office lab services in their monthly capitation payment.
- All other lab tests must be referred to a MetroPlus participating reference laboratory; for any lab test not available at an in-network laboratory, call MetroPlus Utilization Management at **800-303-9626** to obtain an out-of-network prior authorization.
- Any claims from a provider for tests other than the list of approved tests will be denied; remember that MetroPlus members cannot be billed for these services.

CLAIMS SUBMISSION

Claims must be submitted detailing all services rendered for every encounter within 90 days of the date of service or discharge

- This applies regardless of whether the provider is paid on a capitated or fee-for-service methodology

Please allow 30 days from claim submission date to receive payment.

Claims for all members can be submitted electronically using MetroPlus Emdeon Payer ID# 13265.

Paper claims must be submitted on CMS 1500 or UB-04 forms

- Send paper claims for Medicaid, CHP, EP , SNP, MetroPlus Gold, Managed Long Term Care (MLTC), and MetroPlus Enhanced (HARP) (Medical claims only) to: MetroPlus Health Plan, P.O. Box 1966, New York, NY 10116-1966
- Send paper claims for MetroPlus Medicare to: MetroPlus Health Plan, P.O. Box 381508, Birmingham, AL 35238-1508
- Send paper claims for Quality Health Plan (Marketplace) to: MetroPlus Health Plan, P.O. Box 830480, Birmingham, AL 35283-0480

*Mental health related condition are leading cause of readmissions for member admitted to other H+H facilities.

CLAIMS SUBMISSION & STATUS

- Providers may not balance bill member (including FIDA members) above allowed co-pays, deductibles, or co-insurance for any covered services. Balance billing is prohibited.
- If provider seeks payment from a member for any covered service, contractor may be subject to termination as a participating provider.
- Provider is required to educate their staff and affiliated providers concerning this requirement.

Check Claim Status

- MetroPlus Provider Portal: <http://providers.metroplus.org>
- MetroPlus Customer Services: **800-303-9626**

CLAIM APPEALS

If you disagree with a claim payment determination, you have the right to appeal. You must explain the reason for the appeal and include all pertinent information as well as a copy of the original claim.

- In writing:

**MetroPlus Health Plan
Claims Department
160 Water Street, 3rd Floor
New York, NY 10038**

- By phone: **800-303-9626**
- By fax: **212-908-8789**

METROPLUS WEBSITE & PROVIDER PORTAL

Visit www.MetroPlus.org to access information 24/7

- Provider Manual, Provider Newsletters
- Formularies, Benefits
- Provider Search, Provider Directory (PDF)

Once you register, you can access the Provider Portal to:

- Check member eligibility
- Check the status of submitted claims
- Member authorization status
- Access Provider orientation, benefit changes and clinical guidelines.
- PCPs can access membership rosters, updated rosters are posted weekly.
- Obtain MetroPlus reports via the Report Delivery System (RDS):
 - Membership reports
 - Utilization reports
 - Provider Performance Profiles
 - Diagnosis Code lists
- **To register, go to www.MetroPlus.org**

CARE MANAGEMENT

MetroPlus' goal is to promote wellness and improve the health status of members.

MetroPlus Care Management services include:

- Care Management Programs
- Member outreach
- Member health and education materials
- Health education classes
- Provider health education seminars

CARE MANAGEMENT PROGRAMS

- AsthmaPlus
- Behavioral Health
- Complex Case Management/Healthy Heart/Disabilities
- DiabetesCare
- MetroPlus Medicare
- Partnership in Care, for people living with HIV/AIDS
- Smoking Cessation
- Domestic Violence

Providers may refer any member by calling Care Management at **800-579-9798**.

MetroPlus Health Provider Services is responsible for ensuring that participating providers are aware of community resources for suspected victims of Domestic Violence. Providers are encouraged to participate in and take advantage of the family violence training made available by the Plan

SMOKING CESSATION COUNSELING

Every provider should be an effective advocate for smoking cessation.

Free smoking cessation resources include:

- MetroPlus Smoking Cessation Information Line: **800-579-9798**
- New York State Toll-free Smokers' Quit line: **866-697-8487**

CULTURAL COMPETENCY

- As part of MetroPlus' continuing mission to provide quality care to all of our members, we encourage our network providers to take advantage of the many resources available on Cultural Competency. Cultural Competency is the ability to work effectively with your patients, regardless of their culture, religion, ethnicity, or socio-economic status. Gaining Cultural Competency skills will benefit your patients and your practice.

For more information on Cultural Competency, please refer to Appendix 20 in the MetroPlus Health Plan Provider Manual.

PACIFIC INTERPRETERS

A LANGUAGELINE SOLUTIONS COMPANY

- MetroPlus Health Plan has partnered with Pacific Interpreters, an interpreting and translating company. Pacific Interpreters offers a variety of services that will help with any of your language needs, including qualified interpreters. More information can be found at their official website, <http://www.pacificinterpreters.com/>

TRANSPORTATION SERVICES

Providers are responsible for distributing MetroCards or cash to reimburse members of the following plans for public transportation:

- Medicaid Managed Care
- Medicaid HIV Special Needs Plan
- Enhanced (HARP) Plan

Providers must register to participate for reimbursement in the Public Transportation Automated System (PTAR) available on:

http://www.nyc.gov/html/hra/html/services/ptar_system.shtml

METROPLUS PARTNERSHIP IN CARE SPECIAL NEEDS PLAN (SNP)



PARTNERSHIP IN CARE (PIC)

MetroPlus Special Needs Plan (SNP)

- Also known as Partnership In Care
- Supports homeless and HIV positive members
- Assesses members' needs and develops an individualized plan for care

Benefits for Providers:

- MetroPlus Partnership in Care provides a team approach to caring for people living with HIV/AIDS.
- Our Case Managers help make appointments with an HIV Specialist and help clients stay on top of their medications.
- Educational sessions for providing access to the MetroPlus resources (MetroPlus report delivery system, etc.)
- Enhance revenue by billing preventive medicine, individual counseling and case management activities.
- Notify the provider of members admitted in hospitals or with high ER utilization.

BENEFITS FOR SNP MEMBERS

- HIV Specialist as their PCP
- Multiple appointments on the same day
- Designated Health and Wellness Advisor
- Flexibility in authorizations and referrals
- Incentive program

HOW WILL METROPLUS PARTNERSHIP IN CARE HELP MEMBERS?

- Every SNP member has access to a Health and Wellness Advisor at MetroPlus and a medical case manager at the facility.
- If a facility does not have a medical case manager, MetroPlus Health and Wellness Advisory team will provide support, care coordination and complex case manager services to the member.
- The Case Managers at the facilities and the Health and Wellness Advisors at MetroPlus will coordinate efforts to help members get the following services:
 - Housing Assistance
 - Meals/Nutritional Counseling
 - Education Programs
 - Legal Services
 - Day Care Services
 - Pregnancy Services
 - Parenting Education

BENEFITS FOR THE PROVIDERS

- Member plan of care developed by the health and wellness advisor with the provider.
- Discharge planning in coordination with social worker and providers at the facility.
- Notification to provider of members admitted in hospital or with high ER utilization.
- Access to view reports from the MetroPlus claim base and the IPRO systems.
- Community relations support and activities designed for health education, prevention risk reduction, HIV testing and treatment adherence.

BENEFITS FOR THE PROVIDERS

- Enhance revenue by billing preventive medicine, individual counseling and case management activities.
- Educational sessions about getting access to the MetroPlus resources such as Web page, provider portal and MetroPlus report delivery system.
- Obtain flexibility with prior authorization for medications, special procedures and out of network referrals.
- Assistance with the credentialing process to become an HIV specialist.

ASSISTANCE WITH METROPLUS MFE MARKETPLACE

- Starting on January 15th, the Medicaid Managed Care Special Needs Plans (SNPs) will be displayed on the NY State of Health site as a plan selection option for all Medicaid eligible applicants who reside in the SNPs' service areas.
- SNPs are Medicaid health plan options for consumers who are:
 - Living with HIV/AIDS
 - Have an attestation of homeless status from a healthcare provider
 - Currently registered with the New York City Shelter system
- SNP program covers all services as other Medicaid health plans. It also provide additional specialty services important to people living with HIV/AIDS.
- In addition, it offers easy access to expert HIV and specialty care through an enhanced network of providers and hospitals.

ASSISTANCE WITH METROPLUS MFE MARKETPLACE

- There are no changes to the NY State of Health application and there are no additional eligibility questions or documentation requirements for people to enroll in SNP.
- If a member believes he/she is eligible, he/she can enroll and the SNP will verify eligibility.
- Ways to connect with a MarketPlace Facilitated Enroller (FE):
 - FEs are located in Admitting, Main Lobby Entrance, Dental, Pediatrics & Managed Care at NYC Health + Hospitals facilities
 - Presentations / In-Services in Infectious Disease Clinic
 - A MetroPlus FE can be assigned to your facility

WAYS TO ENROLL IN SNP PARTNERSHIP IN CARE

If the applicant has Medicaid eligibility through HRA:

- He/she can call New York Medicaid Choice at 800-505-5678 for help selecting the right SNP plan
- Talk to a Helpline Counselor for help selecting the right Medicaid plan or call The New York Medicaid Choice office at 800-505-5678

To enroll by mail:

- If the applicant has received enrollment materials, he/she can fill out and sign the enrollment form. Mail it to The New York Medicaid Choice office in the provided envelope.

WAYS TO ENROLL IN SNP PARTNERSHIP IN CARE

To choose an HIV SNP program follow these steps:

- Call MetroPlus Customer Services for assistance at 800-303-9626
- For Medicaid members who received Medicaid through the New York State of Health (NYSOH) also known as Marketplace:
 - Members can choose a plan through the Marketplace. Sign in and go to the plan selection page. Members can select a SNP for enrollment themselves.
 - Members can contact NYSOH Customer Service at 855-355-5777. Tell the counselor they have questions about joining a Special Need Plan or SNP.
 - Contact a MetroPlus Facilitated Enroller (FE)

CAN MEMBERS TRANSFER TO ANOTHER PLAN?

- Medicaid recipients living with HIV/AIDS can be transfer to an HIV SNP at any time.
- Any questions about transferring to another plan, should be answer by:
 - NY Medicaid Choice at **800-505-5678**
 - New York State of Health at **855-355-5777**

KEY POINTS TO REMEMBER

- Check eligibility for each visit
- Always check Prior Authorization requirements
- Submit claims for all services rendered on every encounter
- Notify MetroPlus as soon as possible of any changes in your practice, including extended leave of absence
- The Provider Manual can be downloaded from the MetroPlus website: <https://www.metroplus.org/provider/tools>
- Call MetroPlus Provider Services at **800-303-9626** with any questions
- Attestation for Orientation Completion [Provider Orientation Attestation](#)