

✓ MetroPulse Provider Newsletter

FALL 2022



MESSAGE FROM OUR CEO

DR. TALYA SCHWARTZ
President and Chief Executive Officer

Dear Providers,

With the holiday season here, I have no doubt that you are all busier than ever planning for the upcoming year.

Here at MetroPlusHealth, we have our hands full as well. The annual enrollment period has begun, and we have just wrapped up numerous Gold Experience festive events for our MetroPlusHealth Gold members who are City employees. With your critical help, we are focused on providing the best health care for NYC's essential workers – indeed, for all New Yorkers. We know that you are, as well.

We are also celebrating our recently awarded 4-star rating for Medicare from CMS! This is a first for us. But we could not have done it without the dedication of our staff and the commitment of our providers.

In the season for thanks, we thank each of you for your continued partnership. And we look forward to a successful year ahead for us all.

Talya Schwartz

Dr. Talya Schwartz
President and Chief Executive Officer
MetroPlusHealth

METROPLUSHEALTH EXPANDS FREE ACCESS TO DIETITIANS TO CITY WORKERS & THEIR FAMILIES UNDER GOLD PLAN.

MetroPlusHealth recently launched a new benefit for our Gold members, free access to dietitians to City workers & their families, which includes free nutritional guidance with 26 visits with a dietitian expert per year. The program is currently available for Gold members with chronic medical conditions such as diabetes, hypertension, heart disease and high cholesterol. Almost 20K current members will be eligible.

[Learn more about this service](#)

The [American College of Lifestyle Medicine](#) (ACLM), the nonprofit medical professional society for lifestyle medicine, are offering a free 5.5-hour online continuing education opportunity for any registered dietitian who accepts MetroPlus Gold. This would consist of three courses - [Introduction to Lifestyle Medicine](#), [Food as Medicine: Prevention and Longevity](#), and [Food as Medicine: Treatment and Risk Reduction](#). All are available online and can be completed via unpaced self-study and would be offered at no cost.

METROPLUSHEALTH OFFERS A LARGE NETWORK OF DOCTORS, HOSPITALS, AND URGENT CARE CENTERS.

With more than 34,000 top providers and sites, members can find many offices right near them, along with local family care sites and over 100 urgent care sites like CityMD, Northwell-GoHealth Urgent Care, and more. Our network consists of over 40 hospitals, including NYC Health+Hospitals, NYU Langone, Mount Sinai, and Montefiore.



SEEING STARS: METROPLUSHEALTH MEDICARE PROGRAM EARNS 4 STARS FROM CMS



For the first time in its history, MetroPlus Health Plan has received 4 Stars in the Medicare Star Ratings Program! This incredible accomplishment is the result of unrelenting efforts across the organization to improve the care and experience provided to our Medicare members. We would have never reached 4 Stars without the dedication of providers like you working with the MetroPlusHealth team. It is because of our teamwork that we are a standout health plan in both New York state and now, nationally. We could not be prouder of our provider partners, who continuously deliver top-level care to our members.

Key factors contributing to this high ranking:

- MetroPlusHealth earned 5 Stars in the Screenings, Tests and Vaccines domain, which captures cancer screening and flu vaccination rates. We also earned 4 Stars in the Managing Long Term Conditions domain, which reflects quality of care for chronic conditions like diabetes and hypertension.
- MetroPlusHealth's Part D Plan was rated at 5 Stars overall. This includes metrics like member experience with the drug plan and medication adherence.

CMS created the Part C & D Star Ratings to provide quality and performance information to Medicare beneficiaries to assist them in choosing their health and drug services during the annual fall open enrollment period. Results are published each October to the Medicare Plan Finder.

The Star Ratings Program is consistent with the "Meaningful Measures" framework, which focuses on the highest priority areas for quality measurement and improvement: effective communication and coordination of care; effective prevention and treatment of chronic disease; community partnerships to promote healthy living; affordability and efficiency; safety; behavioral health; person-centered care w/ family/friend support.

An increasingly significant component of the Star Ratings Program is the patient experience. Timely access to care and communication between physician and patient are important aspects to improve clinical outcomes. CMS uses data collected through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey in their calculations. In fact, scheduling appointments promptly, seeing patients timely, communicating test results, and coordinating specialty care are some of the most heavily weighted Star measures. Patients are asked if providers review their medical record with them, including going over diagnoses, medications, and recent test results. The CAHPS survey also checks if patients are asked about the other doctors and specialists they have seen, and if they were helped, when needed, with scheduling appointments.

What a wonderful way to enter the final months of 2022. We look forward to using this 4 Star Rating accomplishment as a springboard into an even better 2023.



OUTPATIENT THERAPY AUTHORIZATION UPDATE

The Utilization Management department would like to share the following authorization requirement changes for outpatient therapy services.

- Effective January 1, 2023, the number of visits allowed without prior authorization for both Physical Therapy (PT) and Occupational Therapy (OT) will change. Ten (10) visits will be allowed without prior authorization, inclusive of the initial evaluation.
- Effective January 1, 2023, all Speech Therapy and Chiropractic Care will require prior authorization. There will be no visits allowed without prior authorization.

Overall benefits allowed vary by line of business; therefore, it is important to verify both LOB and eligibility prior to rendering services. To facilitate the review process, submission of comprehensive clinical information is essential. Clinical information pertinent to services requested can be found on the MetroPlusHealth Provider website [here](#).

PHE EXTENDED THROUGH JANUARY 11, 2023

On October 13, 2022, the Department of Health and Human Services (HHS) extended the Public Health Emergency (PHE) through January 11, 2023.

MetroPlusHealth continues to closely monitor HHS and will be ready when the announcement is made that the PHE declaration will not be renewed. MPH is prepared to promote continuity of coverage and avoid inappropriate coverage terminations by our members. We look forward to partnering with our provider community to ensure our members recertify timely and successfully.



METROPLUSHEALTH LAUNCHES NEW PROVIDER SERVICES CALL CENTER

At MetroPlusHealth, we want all our providers and partners to have the best first experience without services.

You asked, we listened! We know that providers have their unique needs and require professionals with specialized experience to support your needs. We are pleased to share that we have launched a new, dedicated, and improved Provider Services Call Center to support all provider and vendor inquiries and concerns. Our goal will be to resolve all your queries and issues expeditiously and with minimal effort on your part.

You can reach our Provider Services Call Center at 1-800-303-9626, Monday-Friday, 8am-8pm, for all contracting, billing, and credentialing inquiries.

Additionally, the MetroPlusHealth Provider Portal is more convenient than ever before! The MetroPlusHealth Provider Portal is now available to offer you:

- On-line claims entry
- On-line authorization entry
- Access to your P4P, patient gaps in care and utilization reports
- Access to your patient roster
- Check eligibility, claims, and authorization status
- Eliminate multiple log-ins “One Stop Shop”
- Diagnosis and service code look ups
- Ask questions 24/7

Visit us today at providers.metroplus.org

MONKEYPOX – WHAT PRIMARY CARE PROVIDERS NEED TO KNOW



Monkeypox (MPV) is an orthopox virus that spreads primarily through close, skin-to-skin contact. With New York City as the epicenter within the US, local primary care physicians have been on the front lines. Although it has primarily impacted gay, bisexual and other men who have sex with men, anyone can get monkeypox.

Here, we share 6 key actions all providers should take to help address this recent outbreak.

1. Be vigilant. MPV usually causes rash characterized by lesions that are firm or rubbery, well-circumscribed, deep-seated, and often develop umbilication during the pustular stage. Close physical contact with a person's infectious lesions or respiratory secretions or exposure to contaminated materials such as clothing or bedding can result in transmission.

2. Test when indicated. Any patient, regardless of sexual or gender identity, with rash consistent with MPV should be considered for testing. If pursuing testing, first isolate the patient in a single person room if available. Specimens may be submitted to several participating labs; refer to the lab's specimen collection and submission guidance.

3. Offer vaccination. In New York City, the MPV vaccine, JYNNEOS, is now available as both pre-exposure and post-exposure prophylaxis. Vaccination is strongly recommended for men who have sex with men and other groups that may have [elevated risk of exposure](#). Vaccine appointments are available at select sites citywide. Find out if your facility offers the vaccine, or support patients to access vaccine appointments online [here](#). Appointments are also available by calling 877-VAX-4NYC or 877-829-4692.

4. Offer empathic care and ensure physical isolation.

Most patients with MPV require supportive care which includes pain management, wound care, and warm baths, especially if the lesions are in the anogenital region. Advise patients with MPV to follow precautions until all the scabs that form on the skin have fallen off and a fresh layer of skin has formed. This can take two to four weeks from when the lesions first appear.

5. Prescribe treatment as appropriate. Some individuals with more serious symptoms or complications may be eligible for treatment with an antiviral called tecovirimat (TPOXX or ST-246), available in oral and intravenous formulations. This medication is available through an expanded-access Investigational New Drug (EA-IND) protocol. Providers should consult the NYC DOHMH website for [prescribing protocols/forms](#) or call the provider access line, 212-692-3641.

6. Connect patients to resources. New Yorkers can sign up for text messages – including alerts about cases, symptoms, spread, and resources for testing and vaccination – by texting “MONKEYPOX” to 81336 or “MONKEYPOXSP” for texts in Spanish. New Yorkers can also opt-in for location-based messages by providing a zip code.





POLIO VIRUS VACCINE: RESPONDING TO THE CURRENT SITUATION IN NYS

Polio outbreaks are cropping up around the world. And now, beginning in summer 2022, polio was diagnosed in New York State. The virus, which causes a paralytic illness, has also been detected in sewage wastewater locally, so the virus is likely more widespread than initially understood.

The most important way for children and adults to protect themselves from polio is to get vaccinated right away if they have not received all recommended polio vaccine doses. For most children, the key is to just stay in care with their usual Pediatrician and stay up to date with their vaccination schedule.

- Key recommendation: All children should get four doses of the polio vaccine, with the first dose given at 6 weeks through 2 months of age, followed by one dose given at 4 months of age, 6 through 18 months old, and 4 through 6 years old.
- Catching up: Adults who have only had 1 or 2 doses of the polio vaccine in the past should get the remaining 1 or 2 doses – it does not matter how long it has been since the earlier doses.
- What's new? Since polio is now circulating, people who are unvaccinated or are unsure if they have been immunized should receive a total of 3 doses if starting the vaccine series after age 4. And ensuring that children stay on schedule remains critically important.

MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) INITIATIVE

According to Section 5005(b)(2) of the 21st Century Cures Act, all Medicaid Managed Care (MMC) network providers who are furnishing, ordering, prescribing, and referring and/or attending (OPRA) providers, are required to be enrolled with State Medicaid programs effective 9/1/2022.

What does this mean for MetroPlusHealth providers? As of September 1, 2022, MetroPlusHealth is unable to reimburse claims for services you provide to Medicaid (including such plans as HARP, HIV SNP) members. Claims will be closed, and an Explanation of Payment (EOP) will be issued with direction to resubmit with a valid MMIS number. While your participation will continue in MetroPlusHealth with other lines of business, you will no longer be able to provide services to the members in the plans identified above unless you enrolled.

To enroll, you will need to complete the enrollment form and submit it to New York State Medicaid. Please go to: <https://www.emedny.org/info/ProviderEnrollment/index.aspx> and navigate to your provider type to print and review the Instructions and the Enrollment form. If you have questions during the NYS Medicaid Enrollment process, please contact CSRA's eMedNY Call Center at 1.800.343.9000.

Completed applications will be reviewed by NYS Department of Health. A written determination of approval or denial of the submitted application will be sent to you. If the application is approved, a letter containing the provider's MMIS ID Number will be sent to you. The approval letter which includes provider's MMIS ID Number should be sent to the MetroPlus Health Plan fax number at 1.212.908.5183.



DENTAL CARE FOR CHILDREN AND ADULTS

Oral diseases can be important signs of illnesses elsewhere in the body, but are often overlooked by patients who do not know the risks. Millions of Americans are affected by these issues, which can often be treated by simple measures if caught early enough.

Providers should encourage members to take care of their dental health by brushing and flossing, as well as having regular check-ups with a dentist. Children should have their first dentist visit around the time of their first tooth, and approximately every six months after that. Pregnant women should see the dentist at least once while pregnant, and all adults should see the dentist as often as their dentist recommends. Patients who are experiencing pain or difficulties outside of scheduled dental appointments should be instructed to reach out to their dentist for treatment.

PROMOTING COPD AWARENESS

An annual checkup is a great opportunity to educate your patients about COPD. Over 16 million Americans have been diagnosed with lung disease, with millions more who are unaware that they are affected. The National Heart, Lung, and Blood Institute offers a health education program that aims to translate research for use in public and professional education programs. This program, called Learn More Breathe Better, offers tools for people with COPD, family caregivers, and can also support clinical care provided by healthcare professionals.

Information and tools can be found on their website [here](#).

SEASONAL FLU SHOT RECOMMENDATIONS AND GUIDELINES

Flu season is here, and we urge you to strongly recommend and offer flu vaccines to your patients. Patients should know that the vaccine has been updated to better protect against this year's strain of the flu, and it is a quick and easy way to protect themselves and their loved ones from becoming sick this winter.

The CDC has provided their annual updated guidance for vaccine recommendations. This year, it is important to note that there are three vaccines preferentially recommended for people 65 and older. These vaccines are quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4). However, if those are not available, any age-appropriate vaccine should be used.

As always, encourage your patients to keep healthy and follow recommended hygiene practices including hand washing, covering coughs, and staying home while sick.

For more information, view the CDC's guidelines here: [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022–23 Influenza Season | MMWR \(cdc.gov\)](#)

CERVICAL CANCER SCREENINGS

Screening for cervical cancer can save lives. It is important to follow the screening guidelines to ensure that those at risk are being protected. The [current guidance](#) recommends screening women aged 21 to 65 years old, unless they have had a hysterectomy, with some exceptions. To encourage members to receive this screening, MetroPlusHealth members who are enrolled in the Member Rewards program can earn points for completing a cervical cancer screening.

It is important to maintain documentation of these visits. Cervical cancer screenings are a measure in the MetroPlusHealth Pay-For-Performance (P4P) program, and your data is used as part of the program. You can access your gaps in care list by reaching out to your MetroPlusHealth Quality Management contact or by calling the Provider Services Call Center at 1-800-303-9626, Monday-Friday, 8am-8pm.

Additional information about cervical cancer can be found from the CDC ([here](#)) and NYC Health ([here](#)).

ADOLESCENT WELL CARE VISIT RECOMMENDATIONS AND DOCUMENTATION

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics. MetroPlusHealth uses Bright Futures as its cornerstone for clinical recommendations for delivering care to adolescents. Bright Futures has a strong set of Adolescence Tools to support and guide providers.

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

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

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

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

WELL CHILD VISIT (15 MONTHS)

In the first 15 months of a child's life, they should be seen for at least six well child visits. Providers should remind families of the importance of multiple visits and encourage guardians to schedule future appointments in advance.

The proper documentation of these visits is especially important at this early age.

The child's medical record should include:

- Visit date
- Health history
- Mental and physical developmental history
- Specific health education/anticipatory guidance
- Physician signature
- 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

CHLAMYDIA SCREENING RECOMMENDATIONS

Chlamydia affects millions of people, and is one of the most common notifiable sexually transmitted infections in the United States. Early detection and treatment is a crucial part of preventing health impacts, as many patients with chlamydia do not have symptoms, and may not know they are at risk.

Patients should be tested when appropriate based on medical guidance. The USPSTF recommends testing all sexually active women under age 24, and women 25 or older who are increased risk. Those who are pregnant should also be tested. [Click here](#) to view the full recommendations.

It is important to maintain documentation of these visits. Chlamydia screenings are a measure in the MetroPlusHealth Pay-For-Performance (P4P) program, and your data is used as part of the program. You can access your gaps in care list by reaching out to you MetroPlusHealth Quality Management contact, or by calling the Provider Services Call Center at 1-800-303-9626, Monday-Friday, 8am-8pm.

Additional information about chlamydia can be found from the CDC ([here](#)) and NYC Health ([here](#)).

TUBERCULOSIS GUIDELINES AND REPORTING



Tuberculosis (TB) is a life-threatening problem for NYC residents of all ages, races, and backgrounds. Even though the rate of TB in the city has declined by 5% since 2019, 100% of city neighborhoods still had at least one case of TB in 2021, and seven of these cases were multidrug resistant. [Click here](#) for more detailed information.

If you have a patient, including children, with suspected or confirmed TB, you must report this to the New York City Health Department. In addition, laboratories must report ALL test results for TB infection, including negative and indeterminate results, for ALL persons tested regardless of age.

Reports can be made online (the preferred method), over the phone, via fax, and through the mail. Contact information and detailed instructions can be [found here](#).

If you are treating a patient with TB, it is vital to follow the NYC Health Department's guidelines for treatment, referrals, and reporting. Information can be found on [their website](#), or call the TB Provider Hotline at 844-713-0559.

LEAD SCREENING TESTING

Childhood lead exposure can lead to impaired intellectual function and cause lifelong problems. Screening children for lead can help to decrease developmental risks and connect kids with treatment as quickly as possible.

New York State law requires children to be tested for lead at age 1 and again at age 2. Providers must also assess children for their lead exposure risk up to age 6, and test children who have a risk of exposure. Test results must be submitted to the New York State Department of Health.

If a patient has an elevated lead level, the provider should ensure that they have follow up testing. The child's parent or caregiver should also be provided with information about prevention, risk reduction, and nutritional counseling. All parents of children under age six should receive information and guidance on lead as part of routine health care.

For additional information on reporting, please contact the DOH Lead Poisoning Prevention Program at 518-402-7600, email LPPP@health.ny.gov, or [click here](#).



MEDICATION THERAPY MANAGEMENT PROGRAM

MetroPlus Medicare members have access to the Medication Therapy Management (MTM) program. Members who take eight or more Medicare Part D covered maintenance drugs, have three or more chronic health conditions, and are likely to spend more than \$4,935 in prescription drug costs in 2023 are automatically enrolled in this free, voluntary program. Participants in the MTM are provided with a comprehensive medication review (CMR) and a targeted medication review (TMR).

During the CMR, the member discusses all the medications they take (prescription, OTC, etc) with a pharmacist. At the end, the pharmacist will give the patient a Personal Medication List with the medications discussed during the CMR as well as a Medication Action Plan, with suggestions from the pharmacist of things the patient should discuss with their doctor.

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

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

VACCINATIONS FOR ADULTS

According to the CDC, at least 3 out of every 4 adults are missing one or more of their recommended vaccinations. These already-low rates have been made worse during the COVID-19 pandemic, as patients avoided making routine health care appointments. Vaccines provide protection against 15 different infectious diseases, along with the severe illnesses, disabilities, and deaths that result, and recent events have displayed the value of widespread vaccinations.

The National Adult and Influenza Immunization Summit (NAIIS) members are calling on all health care providers to work to increase the rate of vaccination among adults. Suggested methods include assessing the vaccination status of patients at all clinical encounters (even for providers who do not provide vaccines), clearly recommending the needed vaccines to patients, maintaining documentation of what patients have received vaccines, and providing referrals for vaccinations as needed.

As a patient's health care provider, you are in a trusted position to advise and recommend treatments to them. Encouraging vaccinations will help protect adults against preventable illnesses, disabilities, and death.

For more information, including best practices and resources, [click here](#). You can also learn more about the bivalent booster vaccine and Norvax vaccine [here](#).





IMPROVING OUTCOMES FOR HEART FAILURE IN WOMEN

Every year, approximately 335,000 women are hospitalized for acute coronary syndrome and acute coronary artery disease. Despite how common this is, the care provided for women with cardiovascular disease is heavily based on men's experiences because far fewer women have participated in cardiovascular studies. This results in worse outcomes for female patients.

Women are also more likely to delay recognizing their symptoms and are more likely to inaccurately interpret what they mean, due to the differences in symptoms between men and women. Providers should encourage women to seek care immediately for any suspected heart symptoms.

The Journal for Nurse Practitioners has outlined prevention strategies to help improve outcomes in women at risk for cardiovascular disease with prevention strategies. These include:

- Identifying and treating CVD risk factors such as hypertension, dyslipidemia, diabetes, obesity, unhealthy diet, physical inactivity and tobacco use
- Outcomes can be improved by ensuring women with a history of coronary heart disease are on a guideline-directed medical therapy in addition to a heart healthy lifestyle
- Screening for sex-specific risk factors such as premature menopause, gestational diabetes, hypertensive disorders of pregnancy, preterm delivery, polycystic ovary syndrome, systemic inflammatory and autoimmune disorders to implement heart healthy lifestyle modifications
- Women with a history of myocardial infarction, coronary revascularization and/or chronic heart failure should be encouraged to attend cardiac rehabilitation
- Patients can also be screened for gender-specific CVD psychological risk factors (i.e. anxiety, depression, intimate partner violence, social isolation) which has been shown to disproportionately affect women and contribute to the development of CVD.
- Providers can advocate for sex-specific recommendations in clinical guidelines, address social determinants of health, and encourage empowerment of young girls and women

For more information, [click here](#).

HYPERTENSION MANAGEMENT

The World Health Organization (WHO) estimates that high blood pressure directly or indirectly causes deaths of at least nine million people globally every year. Hypertension is a risk factor for cardiovascular disease but often goes unnoticed due to being largely asymptomatic. Approximately a third of people with hypertension are undiagnosed, and half of those with a diagnosis are not taking antihypertensive medications.

[Click here](#) for more information about hypertension.

It is essential that providers screen patients and have regular discussions about hypertension for high-risk patients at routine visits. Studies have shown the benefit of tele-monitoring coupled with co-intervention in improving the management of hypertension.

While healthy lifestyle changes are very important in management of hypertension, providers should continually assess patients to determine if blood pressure medicines would help to manage their hypertension effectively.

MEDICATIONS TO LOWER OR CONTROL BLOOD PRESSURE INCLUDE:

- Angiotensin-converting enzyme (ACE) inhibitors and Angiotensin II receptor blockers (ARBs)- keep blood vessels from narrowing.
- Calcium channel blockers- prevent calcium from entering the muscle cells of the heart and blood vessels which allows blood vessels to relax.
- Diuretics- remove extra water and sodium from the body, reducing the amount of fluid in the blood. The main diuretic for high blood pressure treatment is Thiazide. Diuretics are often used with other high blood pressure medicines, sometimes in one combined pill.
- Beta blockers- helps the heart beat slower and with less force. As a result, the heart pumps less blood through the blood vessels. Beta blockers are typically used only as a backup option or if there are other conditions impacting what drugs are prescribed.

TIPS TO HELP PATIENTS MANAGE THEIR HYPERTENSION:

- Self-monitoring of blood pressure- improves blood pressure control and tolerated by patients. This relies on good communication between patient and provider to be effective as a strategy. It is recommended that the remote blood pressure readings measured by the patient are shared with providers routinely.
- Tele-monitoring- transfer of data remotely which is an automatic data transmission of BP readings. Several tele-monitoring systems are available depending on the modality of data collection.
- Virtual clinics/visits- a viable option that provides opportunities for the patient and provider to extend medical care beyond the initial office visit.

TECHNICAL ADVANCES TO AID IN HYPERTENSION MANAGEMENT:

- Artificial Intelligence Interfaces (such as Alexa and Siri) can wirelessly update medication lists and set reminders to improve adherence to treatment.
- Incorporation of tele-monitored data on blood pressure into digital healthcare programs allows combination with other physiological variables (including blood glucose, heart rate and exercise). This allows the adaptation of management recommendations based on predetermined variables, including user demographics, indicated morbidities and comorbidities, self-identified barriers and actions recorded over the course of a program or set by a physician.
- For more information about new technologies, [click here](#).

SPIROMETRY TESTING AND COVID-19



COVID-19 has negatively affected the delivery of respiratory diagnostic services, including spirometry, globally due to potential risk of disease transmission during lung function testing (LFT). Factors such as community prevalence, surges, and new variants have paused the ability to fully restore services.

A return to pre-pandemic service levels is strongly encouraged, taking into consideration the safety constraints in order to minimize the transmission risk to staff and patients attending for LFTs.

Important factors that should be considered when performing LFTs include the medical conditions and needs of the patient being tested, the risk of each test to the staff, the patient or testing environment, what protective and cleaning methods are available at the facility, the duration and complexity of the test, vaccination status, and more.

Spirometry testing specifically has an increased risk of transmitting viruses through droplets and aerosol generation. This test commonly induces a cough and may produce droplets carrying SARS-CoV-2 in an infected person even if he or she is asymptomatic.

Normal breathing during spirometry has recently been reported to generate aerosol-sized particles.

However, the following is suggested to mitigate during spirometry testing:

- Spirometry tests must be carried out using a high-efficiency inline filter. The risk is only reduced while the patient remains breathing on the mouthpiece.
- All spirometry maneuvers should be ended with two to three tidal breaths before instruction to remove themselves from the mouthpiece.
- The patient must be advised to replace their face mask without delay between trials.
- Protective covers can be used to reduce contact transmission.

For more information, [click here](#).

NEW MEASURE FOR 2023!

Improving oral health outcomes for children and adolescents in Medicaid and the Children's Health Insurance Program (CHIP) is a priority for the Centers for Medicare & Medicaid Services (CMS). In 2022, CMS added two new measures to the Child Core Set, the Oral Evaluation, Dental Services measure and the Topical Fluoride for Children measure.

Oral Evaluation Dental Services (OED).

Good oral health is vital to a child's overall health, and oral examinations are important to prevent disease, reverse disease processes, prevent the progression of cavities and reduce the incidence of future lesions. This measure will help plans understand if their pediatric Medicaid members (under 21 years of age) receive comprehensive or periodic oral evaluations with a dental provider and will help improve access and utilization of dental services for members.

Topical Fluoride for Children (TFC).

Dental cavities are the most common chronic disease in children in the United States. Topical fluoride plays an important role in preventing tooth decay. This measure will help plans understand if their pediatric Medicaid members, who are 1-4 years of age, receive at least two fluoride varnish applications and will help promote fluoride varnish treatments for younger members.

MY 2023 CODING/DENTAL MEASURES

MEASURE	CODE	DEFINITION	CODE SYSTEM
Application of Fluoride Varnish	99188	Application of fluoride varnish by a physician or other qualified health care professional	CPT
Application of Fluoride Varnish	D1206	Topical application of fluoride varnish	CDT
Routine Non-Urgent, Preventive or Well Child Care	D0120	Periodic oral evaluation - established patient	CDT
Adult Baseline or Routine Physical	D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	CDT
Initial PCP Office Visit (Newborns)	D0150	Comprehensive oral evaluation - new or established patient	CDT



BREAST CANCER SCREENINGS

Breast cancer is the second most common cancer in American women, with over 250,000 new diagnoses every year. Prevention and early detection is key. Patients should start receiving mammograms to check for cancer before there are signs or symptoms of disease.

The [USPSTF recommends](#) biennial screening mammograms for women aged 50 to 74 years. Patients in this group should be reminded of the importance of early detection, and the need to schedule their regular screening based on the current recommendations. To encourage members to receive this screening, MetroPlusHealth members who are enrolled in the Member Rewards program can earn points for completing a breast cancer screening.

It is important to maintain documentation of these visits. Breast cancer screenings are a measure in the MetroPlusHealth Pay-For-Performance (P4P) program, and your data is used as part of the program. You can access your gaps in care list by reaching out to your MetroPlusHealth Quality Management contact, or by calling the Provider Services Call Center at 1-800-303-9626, Monday-Friday, 8am-8pm.

Additional information about breast cancer can be found from the CDC ([here](#)) and NYC Health ([here](#)).

OFFICE WAITING TIME STANDARDS

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

- Waiting room times must not exceed one (1) hour for scheduled appointments. Best practice is to see patients within 15 minutes of arrival. If there is 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.

CHANGES TO YOUR DEMOGRAPHIC INFORMATION

Notify MetroPlusHealth of any changes to your demographic information (address, phone number, etc.) by directly contacting your Provider Service Representative. You should also notify us if you leave your practice or join a new one. Alternatively, changes can be faxed in writing on office letterhead directly to MetroPlusHealth at 212-908-8885, or by calling the Provider Services Call Center at 1-800-303-9626, Monday-Friday, 8am-8pm.

METROPLUSHEALTH COMPLIANCE HOTLINE

MetroPlusHealth has its own Compliance Hotline, 1-888-245-7247. Call this line to report suspected fraud or abuse, possibly illegal or unethical activities, or any questionable activity. You may choose to give your name, or you may report anonymously.

ACCESS AND AVAILABILITY STANDARDS

MetroPlusHealth members must secure appointments within the following time guidelines:

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

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

