

## EARLY AND PERIODIC SCREENINGS, DIAGNOSTIC AND TREATMENT (EPSDT)

Developmental screenings for children are important to help identify issues that need support or interventions. For Medicaid and CHP members, the Early and Periodic Screenings, Diagnostic and Treatment (EPSDT) encourages required screenings for young patients.

In order to ensure timely identification of children who are at risk for developmental, behavioral, and social delays, EPDST screenings should be conducted at well-child visits at 9, 18, and 24/30 months, and developmental surveillance should be performed at all other well-child visits. These screenings use formal, validated tools.

The American Academy of Pediatrics (AAP) also recommends screening all children for autism spectrum disorders at 18 and 24 month appointments. Information can be found on their website [here](#).

Depending on the results of the screening, further evaluation and assessment from a trained provider may be needed. Providers should make a referral to Early Intervention services when they suspect that a child has a developmental disorder. To avoid unnecessary delays, do not wait for a diagnostic developmental evaluation to be performed.

## 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.

# ANTIDEPRESSANT MEDICATION



**According to the World Health Organization, approximately 5% of adults suffer with depression, and it is a leading cause of disability and contributor to the burden of disease worldwide. There are multiple methods for treating depression in patients, but many patients will need to take antidepressant medication in order to treat this disease.**

When prescribing antidepressant medication, it is important to continually assess if the patient is taking their medication correctly. Some patients may need additional support in order to adhere to their treatment plans for a variety of reasons. Patients may need clear written instructions in order to take their medication properly, and to explain what they should do if they experience side effects.

Side effects of antidepressant medications can be varied, including nausea, weight gain, lower sex drive, tiredness, and more. Let them know about these potential issues in advance and suggest that they try methods like changing the timing of their medication, or taking it with or without food, to combat their side effects.

Sometimes, patients stop taking their medication because they don't believe that it is working. It's important to explain to patients that medication can take several weeks to have an effect, especially if their depression is severe.

Be up front when explaining that it can take time to find the perfect dosage, and that they may need to try several different medication and dosage combinations before finding what works—but that they should never stop taking their medication, or change how they take it, without working with their doctor.

If a medication starts to work, patients may think they no longer need to take their medication consistently. Explain to patients that even if they are feeling better because of their medication, it doesn't mean they can stop taking it right away. When appropriate, discuss a plan to taper or discontinue medication with patients.

To encourage medication adherence, MetroPlusHealth has developed a Medication Management Program, which allows Medicaid members to refill a 90-day prescription at no cost for this specific type of medication. In the maintenance phase, offer members 90-day refill prescriptions. Members who take multiple medications can sign up for our PillPack program, which packages multiple medications together for home delivery or in-store pickup.

## LEAD SCREENING TESTING

The Primary Care Provider (PCP) In-Office Non-allowable services list is a compilation of procedure codes MetroPlusHealth deems non-allowable for reimbursement to our Network PCPs (Family Practice, Internal Medicine, Pediatrics, Geriatrics and Adolescent Medicine). The MetroPlusHealth PCP non-allowable in-office services list went into effect on April 15th, 2022.

[Click here to learn more and for the list of impacted codes.](#)





## IN-LIEU-OF SERVICES MEDICALLY TAILORED MEALS PILOT PROGRAM LAUNCHED

**One in three patients is hospitalized due to malnourishment, having lower quality of life and higher health care costs than nourished patients.**

To help combat this, on July 1, we introduced the In-Lieu-of Services Medically Tailored Meals (ILS-MTM) pilot program. The no-cost program is open to eligible members who are 18 years of age or older, on Medicaid (including Partnership in Care (PIC) and HARP), living with cancer, diabetes, heart failure, or HIV/AIDS, and have a certain number of inpatient hospital stays and/or emergency room visits within the last 12 months related to these conditions. It is also available to members who are currently receiving personal care services and wish to receive medically tailored meals (MTMs).

Through the ILS-MTM pilot program, qualifying members work with Registered Dietitian Nutritionists who design their menu and provide nutrition education and counseling. These meals are tailored to the member's specific health needs and can help them access nutritious meals. MetroPlusHealth's members can have up to three meals per day delivered to their homes for six months at a time and can continue receiving meals as long as they are eligible to participate in the program.

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

## METROPLUSHEALTH OPENS NEW FLAGSHIP OFFICE IN HARLEM

This August, MetroPlusHealth celebrated the opening of its new flagship location at 2104 Adam Clayton Powell Junior Boulevard in Harlem, New York. The new MetroPlusHealth Harlem Community Office will be open weekdays from 9 AM – 6 PM and Saturdays from 9 AM – 5 PM.

The community office will assist Harlem residents with health insurance education and enrollment, health screenings and illness prevention workshops, social services resources (food stamps, SNAP, etc.), life skills training, legal and immigration services, and more. Additionally, the office will be open to the public for meetings, small gatherings, workshops, conferences, and other community needs.

[Click here for more information.](#)

### **DISCONTINUED COVERAGE FOR TERSERA THERAPEUTICS LLC DRUGS EFFECTIVE MAY 14**


TerSera Therapeutics LLC voluntarily withdrew from participation in the Medicaid Drug Rebate Program (MDRP). As instructed by the NY State Department of Health, effective May 14, 2022, MetroPlusHealth can no longer provide coverage for most drugs manufactured by TerSera Therapeutics LLC.

For additional information, including a Patient Assistance Program and exceptions to this rule, [click here](#).

## METROPLUSHEALTH CLINICAL PRACTICE GUIDELINES

MetroPlusHealth has Clinical Practice Guidelines that we encourage all of our providers to view and follow. You can access them on our website by [clicking here](#).





## DISCUSSING COVID-19 VACCINATION WITH YOUR PATIENTS

COVID vaccines are safe, effective, and free, and encouraging patients to be vaccinated against COVID-19 is the best way to protect them from the virus. Your influence as a medical professional can be the deciding factor in whether a patient receives the vaccine and its associated protection.

It is important to explain to your patient why they should get the vaccine. Explain that it can protect them from catching this disease and from spreading it to their family and friends.

Patients may not have gotten the vaccine initially due to long waits or difficulty finding appointments, but as we progress through the pandemic, the vaccine has become even easier to obtain.

There are many places where your patients can get vaccinated. You or your patient can use the New York City's Vaccine finder (<https://www1.nyc.gov/site/coronavirus/vaccines/covid-19-vaccines.page#walk-up-sites>) to find the nearest walk-up vaccination site or call 877.VAX.4NYC (877.829.4692).

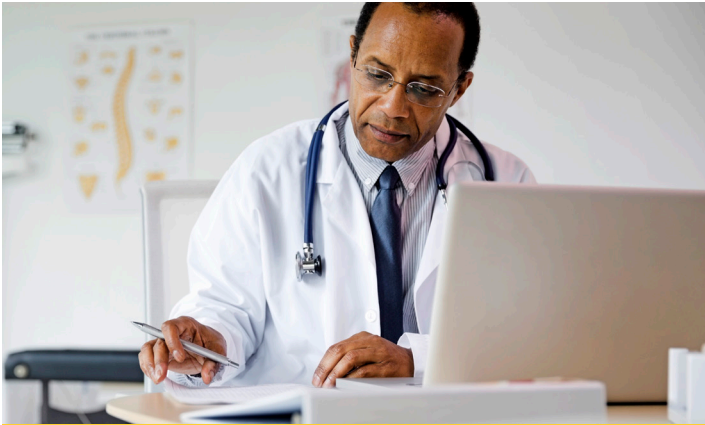
If patients wish to schedule an appointment, they can find same day appointments at <https://vaccinefinder.nyc.gov/> or providers can call 877-VAX-4-NYC and press 2 (providers only) to be directed to an operator who will help book an appointment for patients on the spot.

## UPDATED GUIDANCE REGARDING COVID COUNSELING BILLING, CODING, AND REIMBURSEMENT

Many of our participating providers can continue to bill MetroPlusHealth for COVID-19 vaccination counseling for our Medicaid, HIV SNP, and HARP members to encourage the administration of the COVID-19 vaccine. Qualified Providers may bill up to four (4) counseling visits per vaccine dose (up to 12 visits per member, annually) and receive reimbursement.

[Click here](#) to learn more regarding our COVID counseling billing, coding, and reimbursement policy. [Click here](#) to review the updated NYS DOH COVID-19 Fact Sheet. [Click here](#) to review updated NYS DOH guidance on COVID-19 Vaccine Counseling Coverage.

Please note that the Pharmacy billing implementation is in progress.



## A PHYSICIAN'S RECOMMENDATION FOR COLORECTAL CANCER SCREENING CAN IMPROVE SCREENING RATES

The New York State Department of Health has released a report about ways that providers can assist in getting patients to be screened for colorectal cancer. Colorectal cancer is the second leading cause of cancer death in the state, with around 3,000 New Yorkers dying from it each year. Screening for colorectal cancer, beginning at age 45, can help prevent colorectal cancer or help patients get treatment while it is still in the early stages.

This report shares recommendations for how providers, as well as their staff, can effectively encourage patients to get the screenings they need. You can [click here](#) to view the full report.

## NY STATE OF HEALTH RELEASES MONKEY POX VACCINE COST-SHARING GUIDANCE FOR ESSENTIAL PLANS

Effective July 29, 2022, and for the duration of the declared disaster in the State of New York Essential Plan issuers are required to cover, without cost-sharing office visits for the testing for and diagnosis of Monkeypox; and the administration of vaccines for exposure to or prevention of Monkeypox, consistent with Medicaid and the Children's Health Insurance Program (CHIP).

[Click here](#) for more information.

## DOMESTIC VIOLENCE

Intimate Partner Violence (IPV) is often an invisible concern that can seriously threaten health and safety for your patient. We encourage providers to screen their patients for domestic violence at initial and routine visits, when patients discuss a new relationship, at prenatal and postnatal visits, and if a patient presents with trauma or concerning symptoms.

When screening your patient, use a standardized tool (like this four question tool from the NYC Department of Health). It's important to ask these questions when the patient is alone, without partners, friends, family, or children over age three in the room. Be sure to ask questions clearly (with an interpreter if needed), and nonjudgmentally.

To learn more and access provider-focused resources, visit the NYC Department of Health's [website here](#).

## METROPLUSHEALTH SURVEY FINDS AAPI WOMEN FACE INCREASED BARRIERS TO MENTAL HEALTH ACCESS AND SUPPORT IN NYC

MetroPlusHealth conducted a 2022 AAPI Survey of Mental Health Among Women in NYC in April and found that Asian women in New York City feel they have significantly less support and mental health resources than the average woman in the City. The disparity between the high demand and poor availability of linguistically and culturally appropriate mental health service providers is a significant gap in accessing treatment.

"The key barrier to seeking help is often what you absorbed yourself – you feel stigmatized, shame, and part of the problem is that you may not feel as comfortable talking about mental health issues as you are talking about physical problems," said Dr. Sanjiv Shah, Chief Medical Officer of MetroPlusHealth. "We need to do a much better job to remove the stigma surrounding mental illness."

[Click here](#) to read more about this survey.

# OPIOID PRESCRIPTION GUIDELINES AND CLINICAL REMINDERS



**Opioids, while having clinical uses, can be highly addictive. When used for non-medical reasons, opioids can lead to overdoses and deaths, and they have become a health problem worldwide.**

To manage misused opioids, pharmacotherapy and behavioral therapies are among the most common treatments. Two medicines, buprenorphine and methadone, work by binding to the same opioid receptors in the brain as the opioid medicines, reducing cravings and withdrawal symptoms. Another medicine, naltrexone, blocks opioid receptors and prevents opioid drugs from having an effect.

The CDC has created guidelines to assist providers who are prescribing opioids for chronic pain, which can be viewed on their website here. The CDC emphasizes improving communications between providers and patients, as well as exercising caution when prescribing and assessing the risks of each individual patient.

## **Clinical Reminders for Opioid Prescriptions:**

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of non-opioid therapies with patients
- Use immediate-release opioids when starting
- Start with the lowest effective dosage and increase the dosage slowly
- When opioids are needed for acute pain, prescribe the lowest effective dose and no more than 3 days
- Follow up and reevaluate the risk of harm, and reduce the dose or taper and discontinue if needed
- Check New York State's prescription drug monitoring program
- Conduct urine drug testing during your therapy
- If you suspect opioid abuse please contact our Provider Consultation Line at 1.855.371.9228

## **Follow-up after Mental, Alcohol and Other Drug Dependence Hospitalization**

After a patient is discharged from the hospital, it is crucial to follow up with them in a timely manner. Patients who have been hospitalized for mental health conditions or alcohol and drug dependence are especially at a higher risk of readmission, so follow up is even more important.

When following up post-hospitalization, it is important to assess patient's self-management skills, access to care and support systems. These are some of the factors might potentially delay care for their health issues, which could result in readmission.





## CREATING A CULTURE OF IMMUNIZATION

**MetroPlusHealth is committed to protecting our members through immunizations, and by working together with providers, we aim to create a culture of immunization. When patients have questions about vaccinations for themselves and their children, healthcare professionals are the most trusted sources of information. It's important to make sure that the same information is presented by all office staff—doctors, nurses, medical assistants, and even non-medical staff. Receiving consistent, accurate information helps to increase confidence.**

It is common for patients, even those who plan to get vaccinations for themselves and their children, to have questions. The CDC has created an FAQ with easy-to-understand answers about vaccinations – you can click [here](#) to see more. Answering your patients' questions in a way they can understand is an important step in ensuring full and timely vaccinations.

Another way to encourage vaccinations is to assess the patient's vaccination status at all appointments. A child can receive overdue vaccinations at a sick visit, if medically appropriate. There is no known benefit to spacing out vaccines, and an unnecessary wait just leaves children exposed to diseases for longer.

Checking for vaccination status at every appointment not only reduces the amount of time children spend without being vaccinated but reinforces the importance of vaccines to patients.

It is common for patients, even those who plan to get vaccinations for themselves and their children, to have questions. The CDC has created an FAQ with easy-to-understand answers about vaccinations – you can click [here](#) to see more. Answering your patients' questions in a way they can understand is an important step in ensuring full and timely vaccinations.

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### TAKE CARE NEW YORK 2022

Take Care New York (TCNY) is the City's blueprint for giving everyone the chance to live a healthier life. Its aim is to improve every community's health, especially among those groups with the worst health outcomes. The last version of TCNY, released in 2020, looked at traditional health factors and social factors to develop health priorities for communities throughout the city.

The Health Department is currently working on developing the next iteration of Take Care New York. To learn more, and sign up for email updates, please visit their website [here](#).



# PRENATAL/POSTPARTUM VISITS GUIDELINES AND RECOMMENDATIONS



Approximately 9,000 MetroPlusHealth members will become pregnant every year. We want all of our members to receive the important care that they need during this time. MetroPlusHealth endorses a set of Clinical Practice Guidelines for our providers who are treating pregnant patients. These guidelines are:

- The March of Dimes: Prenatal Care Checkups
- The American College of Obstetricians and Gynecologists: Pregnancy
- The American College of Obstetricians and Gynecologists: Optimizing Postpartum Care

The New York State Department of Health also has Perinatal Care Standards for Medicaid members. They have standards for Access to Care for pregnant and postpartum patients that must be followed at a minimum, but they strongly encourage providers to see these patients as soon as possible, taking into consideration the individual patient's needs and medical situation.

## Initial prenatal care visit:

- First Trimester: visit must occur within 3 weeks of the request for care.
- Second Trimester: visit must occur within 2 weeks of the request.
- Third Trimester: visit must occur within 1 week of the request.

**Initial Family Planning visit must occur within 2 weeks of the request.**

**Emergency care must always be available at an Emergency Room.**

**For specialist referrals and urgent matters during pregnancy:**

- Urgent specialist referrals must be seen as soon as clinically indicated, not to exceed 72 hours.
- Non-urgent specialist referrals must be seen as soon as clinically indicated, not to exceed 2 to 4 weeks of when the request was made.
- For non-emergent, but urgent matters, pregnant persons must be seen within 24-hours of request.

**Maternal care practices must provide or arrange for the provision of 24 hour/7 day /week coverage as follows:**

- After hours and weekend/holiday number to call that leads to a person or option for leaving a message that can be returned by a health care professional within one hour.

The Department of Health also requires that the principal provider of maternal care must conduct a comprehensive prenatal care risk assessment at the first prenatal care visit. This should identify all past and current risk factors, as early in the pregnancy as possible, in order to address the risks before they cause any harm to the pregnancy. Detailed instructions for this risk assessment can be found on the Department of Health's website here.

IMPORTANT INFORMATION FOR OUR PROVIDERS REGARDING BABY FORMULA RESOURCES

In response to the current baby formula shortage, MetroPlusHealth has pulled together resources that are available to help families in need. Click here for more information.



# HELPING YOUR PATIENTS PREVENT DIABETES

Diabetes is a very common condition, with many complications that can worsen the health and quality of life of your patients. Fortunately, patients can take action and make lifestyle changes to help reduce the risk of both diabetes and its complications.

Recommend easy-to-understand tips to your patients to help manage and prevent diabetes. This includes things like diet suggestions, regular sleep, exercise, and more. Information can be found on the MetroPlusHealth website [here](#).

For patients who do have diabetes, it's important to make sure they are doing all the necessary testing. This includes A1C, ACR, Ankle-Brachial Index, blood pressure, bone mineral density, BMI, cholesterol and triglycerides, dilated eye exam, and eGFR. For more information about these tests, as well as resources to share with patients, [click here](#).

## OFFICE WAITING TIME STANDARDS

It's important to remember that excessive office waiting time significantly affects members' overall satisfaction, with both the provider and the health plan. Please follow these standards, which are listed in our 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.

