



SUMMER 2019

CLINICAL REMINDERS:

- 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 nonopioid therapies with patients
- Use immediate-release opioids when starting
- Start with the lowest effective dosage and increase 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**

OPIOID PRESCRIPTION GUIDELINES

MetroPlus encourages our providers to follow the CDC Guideline for Prescribing Opioids for Chronic Pain. The CDC has developed these guidelines to provide recommendations for PCPs who prescribe opioids for chronic pain (outside of treatment for cancer and palliative and end of life care).

The CDC guidelines aim to improve communication between providers and patients about using opioid therapy for chronic pain. These new guidelines emphasize assessing risks and harms to individual patients (not just "high risk" patients). It is important to monitor patients' use of opioids and exercise caution when prescribing the dosages.

A summary of the guidelines is available on the CDC website at www.cdc.gov/drugoverdose/prescribing/guideline.html

A complete version of the CDC guidelines are also available at the MetroPlus Provider Portal at <https://providers.metroplus.org/my.policy>

BEHAVIORAL HEALTH FOLLOW-UP CARE



Follow-up is critical for any member seen in the emergency room for mental health or substance abuse. Members seen for follow-up are more likely to have better outcomes. Whether a patient is discharged from an emergency room or an inpatient stay, the follow-up should occur within seven days. Providers must have walk-in slots available for those patients who are recently discharged from an emergency room or an inpatient stay.

If you are not sure where to refer a member for Behavioral Health services please contact our Behavioral Health vendor, Beacon Health Options, at **1.888.204.5581**. You can also contact Beacon Health Options to connect a member with Case Management Services.

SERVING NEW YORKERS FOR OVER 30 YEARS

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

In March, MetroPlus partnered with the New York State Academy of Family Physicians, NYC Health + Hospitals Gotham Health Centers, the American Cancer Society, and NYC Department of Health to offer MetroPlus providers a webinar about Colorectal Cancer Screening.

If you missed the MetroPlus-sponsored webinar on March 18, it's not too late! You can still view the recorded webinar and claim the CME credits by accessing the recorded version at: <http://www.nysafp.org/News/What-s-New/Colorectal-Cancer-Screening-Webinar>.

The webinar will be available online until March 2020.

The webinar provides updates on national screening efforts for colorectal cancer, local statistics from NYC, and discuss ways to achieve higher screening rates. The webinar also focuses on a multifaceted approach to colorectal cancer, utilizing awareness, statistics, and strategies to achieve an 80% screening rate or higher.

CHILD/TEEN HEALTH PROGRAM

The Child/Teen Health Program (CTHP) promotes the provision of early and periodic screening services (well care examinations), with diagnosis and treatment of any health problems identified during the conduct of well care, to Medicaid eligible children under 21 years of age.

CTHP promotes a model of care in which every child has an established, ongoing relationship with a primary health care provider, so that health problems can be identified and treated early in their course to improve outcomes and reduce the likelihood of disease, disability, and hospitalization. MetroPlus and our providers are required to provide this care to our qualifying members.

Children and teen members' treatment should include the following, as appropriate by age:

- Comprehensive health and developmental history.
- Assessment of growth and nutritional status.
- Assessment of immunization status and provision of immunizations

- Screening tests for sensory including vision and hearing tests, nutritional and social problems
- Dental screening services and direct referral to a dentist for children 2 years of age and older
- Appropriate laboratory testing (including blood lead level assessment appropriate to age and risk)
- Health education (Anticipatory Guidance)

MetroPlus will monitor provider compliance with the program by using quality indicators (QARR measures such as child immunization (CIS), well-child in the first 15 months of life (W15), well-child visits in the third through sixth year of life (W34), annual dental visit (ADV), etc.) as a proxy to ensure providers are providing EPSDT services. Data will be used to generate outreach to both members and providers regarding overdue preventive services.

To view the Bright Futures *Recommendations for Preventive Pediatric Health Care* periodicity schedule, 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 *MetroPlus Provider Manual* under "Office Waiting Time Standards":

- Waiting room times must not exceed one (1) hour for scheduled appointments. Best practice is to let the patient know they can expect to wait an hour. Everybody is busy and waiting an hour with no communication will lead to dissatisfied patients! Consider calling patients before they arrive to let them know you are running behind and reschedule if needed.
- Members who walk in with urgent needs are expected to be seen within one (1) hour.
- Members who walk in with non-urgent "sick" needs are expected to be seen within two hours or must be scheduled for an appointment to be seen within 48 to 72 hours, as clinically indicated.



BUILDING TRUST WITH PATIENTS CAN HELP THEM QUIT SMOKING

Everyone knows that quitting smoking is a difficult process. According to the CDC, it can take 8 to 11 attempts to successfully quit smoking. Support from a provider can make the difference between a failed attempt and a successful one, but building trust with a patient is vital to the process.

Start by getting an accurate picture of your patient's life. Assess their smoking status (how often and how many cigarettes they smoke a day) and find out if they've thought about quitting. Smoking is a chronic condition and should be assessed on every visit. Approach the patient in a non-judgmental manner, to get information from them. If a patient has tried and failed to quit before, don't blame them. Use the failure as a learning experience to see what doesn't work for them.

Advise your patient to quit smoking, in as personal a manner as possible. Remind patients that other health issues can be made worse by smoking, and that all their hard work getting and staying healthy can be undone by the effects of cigarettes. Patients who have HIV or other chronic conditions are especially at risk, and it's important to make sure that they know that. You know your patient—tie the effects of smoking to things that impact their daily lives.

It's important to assess the patient's willingness to quit smoking. By getting specific—asking if they'll try before their next appointment, or if they'll follow up with a specific outside resource after they leave—encourage the patient to take concrete steps. Make it clear that you believe that they can do this, even if it takes multiple tries.

Encourage the patient to be confident in their capabilities. Emphasize that they're not alone in this process, and that they can turn to friends, family, and others for help and support. Offer strategies and a plan to help them quit and explain their medication options.

SMOKING CESSATION RESOURCES

Encouraging patients to quit smoking is hard, but it's easier when there's help available.

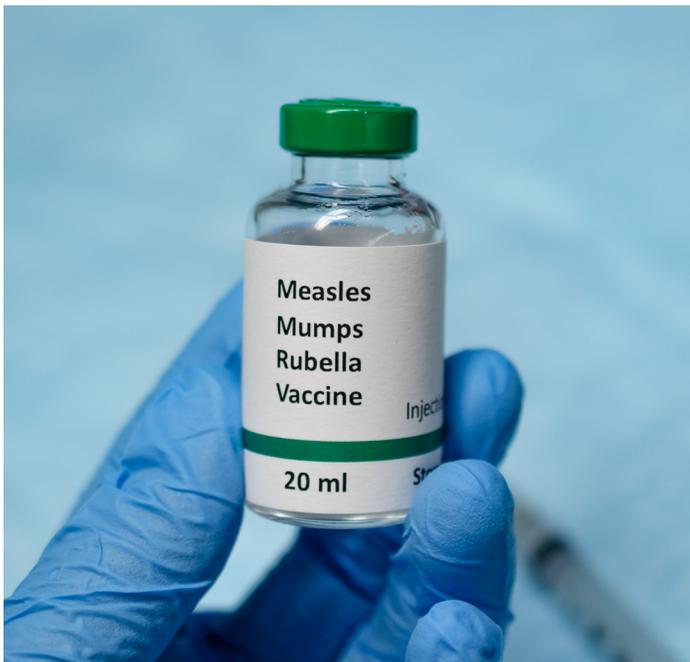
- **NY State Smokers Quitline:** Call 1.866.NY.QUITS (697.8487) or visit nysmokefree.com
- **NYC Health + Hospitals Quit Smoking Resources:** Programs available at locations in the Bronx, Brooklyn, Manhattan and Queens. Visit nychealthandhospitals.org/services/quitting-smoking for more information
- **MetroPlus:** We have information and resources for members who want to quit smoking. Our plans cover most smoking cessation medications. Visit metroplus.org/healthy-living/health-information/smoking-cessation

CREATING A CULTURE OF IMMUNIZATION

We are committed to protecting children through full coverage and on-time immunizations. Healthcare professionals are parents' most trusted sources of information about vaccines. Parents may have questions about vaccinations—and that's normal. Even parents who plan to vaccinate their children will still have questions. The CDC has created a list of the most common questions asked by parents. Click [here](#) for more information, and answers to questions in terms that are easy for parents to understand.

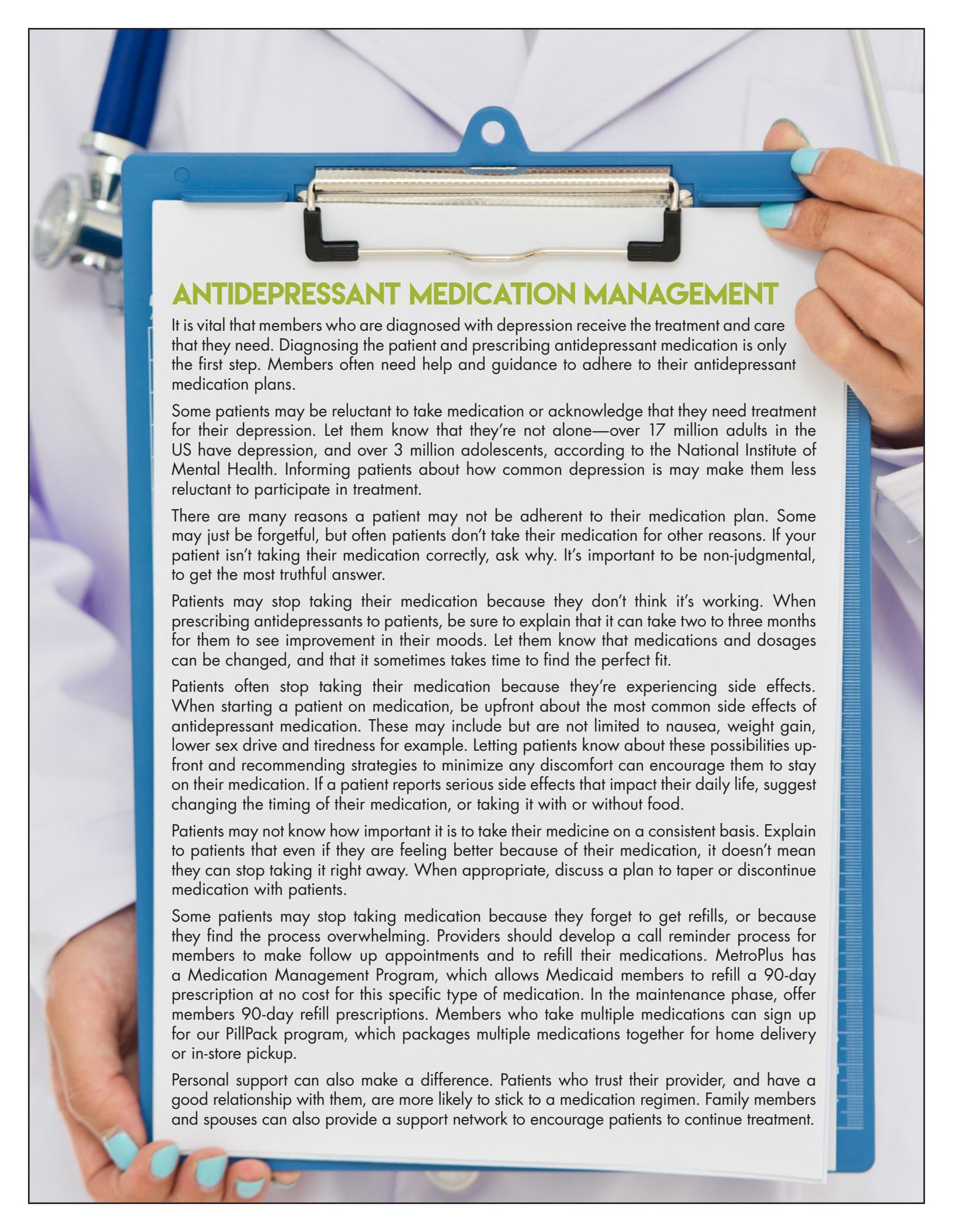
At every appointment, access the child's vaccination status, and all eligible vaccines should be given in the same visit. There are no known benefits to spacing out vaccines—it just leaves children vulnerable to diseases during the time they are not protected by vaccines. By assessing vaccination status at every visit, we can reduce missed opportunities to vaccinate children and reinforce the message for parents that vaccinations are important.

Everyone has a part to play. Doctors, nurses, and medical assistants give vaccines, but they are not the only people at an office who interact with parents. A culture of immunization starts at the front desk, and extends into the waiting room, exam room, and check out. Parents' confidence in vaccines is increased when they receive the same information from different people. Inconsistent messages from staff may confuse patients and create mistrust. To help stay up to date on the latest vaccine recommendations and best practices, the CDC has free immunization education programs. Visit their website [here](#) for more information.



METROPLUS HEALTH PLAN MEDICATION OFFERINGS

- **90-DAY FILLS:**
To prevent patients from running out of their medication, MetroPlus Health Plan now offers 90-day fills for all statin medications used to treat chronic conditions! This applies to members of all MetroPlus plans. There are no special requirements to use this benefit—just a prescription for a 90-day supply!
- **PILL PACK SERVICE:**
With Pill Pack, a convenient dispenser is delivered to your patient's home every month. All their medications will be organized in separate packs labeled with the date and time of each dose. This is a very convenient option that can simplify taking the right medication at the right time. This is an easy way to help your patients take their medications. Patients can call **1.866.332.1668** or visit <https://my.pillpack.com/signup> to sign up.
- **REWARDS PROGRAM:**
Your patients can earn 50 Healthy Member Reward points for refilling their prescription for statin medication. Members can go to metroplusrewards.org to register for our Member Rewards Program.
- **DOCUMENTATION:**
Always document the discussions you have with your patients about the need for statins. It's vital to submit claims, encounter data, and documentation regarding compliance or non-compliance with prescribed treatment in a timely manner.



ANTIDEPRESSANT MEDICATION MANAGEMENT

It is vital that members who are diagnosed with depression receive the treatment and care that they need. Diagnosing the patient and prescribing antidepressant medication is only the first step. Members often need help and guidance to adhere to their antidepressant medication plans.

Some patients may be reluctant to take medication or acknowledge that they need treatment for their depression. Let them know that they're not alone—over 17 million adults in the US have depression, and over 3 million adolescents, according to the National Institute of Mental Health. Informing patients about how common depression is may make them less reluctant to participate in treatment.

There are many reasons a patient may not be adherent to their medication plan. Some may just be forgetful, but often patients don't take their medication for other reasons. If your patient isn't taking their medication correctly, ask why. It's important to be non-judgmental, to get the most truthful answer.

Patients may stop taking their medication because they don't think it's working. When prescribing antidepressants to patients, be sure to explain that it can take two to three months for them to see improvement in their moods. Let them know that medications and dosages can be changed, and that it sometimes takes time to find the perfect fit.

Patients often stop taking their medication because they're experiencing side effects. When starting a patient on medication, be upfront about the most common side effects of antidepressant medication. These may include but are not limited to nausea, weight gain, lower sex drive and tiredness for example. Letting patients know about these possibilities upfront and recommending strategies to minimize any discomfort can encourage them to stay on their medication. If a patient reports serious side effects that impact their daily life, suggest changing the timing of their medication, or taking it with or without food.

Patients may not know how important it is to take their medicine on a consistent basis. 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.

Some patients may stop taking medication because they forget to get refills, or because they find the process overwhelming. Providers should develop a call reminder process for members to make follow up appointments and to refill their medications. MetroPlus has 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.

Personal support can also make a difference. Patients who trust their provider, and have a good relationship with them, are more likely to stick to a medication regimen. Family members and spouses can also provide a support network to encourage patients to continue treatment.

CHOOSING WISELY

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

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

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

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



An initiative of the ABIM Foundation

TEST RECOMMENDATIONS

Don't perform nerve conduction studies or electromyography for muscle pain in the absence of other abnormalities on examination or laboratory testing. American Association of Neuromuscular & Electrodiagnostic Medicine

Don't perform routine electrocardiography (ECG) screening as part of pre-operative or pre-procedural evaluations for asymptomatic patients with low perioperative risk of death or myocardial infarction. American College of Cardiology

Don't order an EMG for low back pain unless there is leg pain or sciatica. American Academy of Physical Medicine and Rehabilitation

Avoid recommending knee arthroscopy as initial/management for patients with degenerative meniscal tears and no mechanical symptoms. American Medical Society for Sports Medicine

Infant home apnea monitors should not be routinely used to prevent sudden death syndrome (SIDS). American Academy of Pediatrics

Don't perform electroencephalography (EEG) for headaches. American Academy of Neurology

Don't screen women younger than 30 years of age for cervical cancer with HPV testing, alone or in combination with cytology. (Recommendation currently under review) American Academy of Family Physicians

Don't use electromyography (EMG) and nerve conduction studies (NCS) to determine the cause of axial lumbar, thoracic or cervical spine pain. North American Spine Society

Don't recommend daily home finger glucose testing in patients with Type 2 diabetes mellitus not using insulin. Society of General Internal Medicine

Don't routinely repeat DXA scans more often than once every two years. American College of Rheumatology

Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors. American Academy of Family Physicians

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

DIABETES CARE GUIDELINES AND RECOMMENDATIONS

The American Diabetes Association (ADA) has released the *2019 Standards of Medical Care in Diabetes*. The *Standards of Care* exists to provide information about diabetes, treatment goals, and tools to evaluate patient care.

The *Standards* includes the most current evidence-based recommendations for diagnosing and treating adults and children with diabetes, including grades to show the level and quality of evidence supporting each recommendation.

The ADA has also released an abridged version of the *Standards of Care*, focused on providing information to PCPs who treat adults and children with diabetes.

Some of the recommendations in the *Standards of Care* include:

- Utilizing team-based care and community involvement
- Directing patients to available support, such as local community resources
- Screening for prediabetes (an increased risk of diabetes), and referring patients with prediabetes to available resources
- Assessing comorbidities
- Encouraging lifestyle management by patients (including weight management and nutrition therapy)

The full and abridged *Standards of Care* are available on the ADA's [website](#). The ADA updates and revises the online version of the *Standards of Care* throughout the year, making necessary additions and annotations as new evidence and regulatory changes merit immediate incorporation.

More information can also be found on the MetroPlus [website](#).

inquisithealth

INQUISITHEALTH PROGRAM

InquisitHealth will provide MetroPlus Health Plan members with free peer-to-peer mentoring services through trained Peer Mentors. Mentors will help engage and encourage members with diabetes to take an active role in their health. This will include education, support with scheduling doctor's visits and testing, exercise groups and cooking classes. This program is free for MetroPlus members.

Each member who is enrolled into the program will receive as needed the following:

- Assessment by InquisitHealth to identify patient's challenges & tailor engagement based on member's needs
- Mailed conversation guide
- Matching with Peer Mentor based on language, availability, race/ethnicity, gender, etc.
- 1-on-1 phone and smartphone-based Peer Mentoring Program (frequency and cadence, individually tailored; ongoing monitoring of lab data)
- Social Determinants Support. Identification, escalation and referral of any social determinants beyond the scope of peer mentoring (stress, depression, etc.) to MetroPlus
- Smartphone app (text messaging, video based educational content, goal tracking, etc.)
- Personalized written dietary feedback from dietitian/CDE mailed to member

CHOLESTEROL-LOWERING DRUGS

Statins should be recommended for most patients because they are the only cholesterol-lowering drug class that has been directly associated with reducing the risk of a heart attack or stroke. However, non-adherence to statins is a significant issue for the prevention and treatment of cardiovascular disease. Increased awareness of the causes and solutions for overcoming non-adherence, including improvement in physician-patient alliance will enhance the cost-effectiveness of the use of statins and significantly improve patient care and outcomes.

Discuss the risks and benefits of statins with these four groups:

- **Adults 40-75 years of age** with LDL (bad) cholesterol of 70-189 mg/dL and a 7.5% or higher risk for having a heart attack or stroke within 10 years.
- People with a **history of a cardiovascular event** (heart attack, stroke, stable or unstable angina, peripheral artery disease, transient ischemic attack, or coronary or other arterial revascularization).
- People 21 and older who have a **very high level of LDL cholesterol** (190 mg/dL or higher).
- People with **diabetes** and a LDL cholesterol level of 70-189 mg/dL who are 40 to 75 years old.

Assess the patients' risk for a heart attack or stroke based on their cholesterol levels and other risk factors. From there, work with patients to develop a treatment plan that's right for them.

Discuss the possible side effects with patients before starting statins. Order regular liver function tests for patients on statins, and do not recommend statins for patients who are pregnant or who have active or chronic liver disease.

Recommend making lifestyle changes such as quitting smoking, eating right, maintaining a healthy weight and getting the right kind of physical activity to help reduce the risk of heart disease and stroke.

Understand the importance of using translation services, such as language line, and using discharge instructions written in patients' languages to ensure improved compliance.

Emphasize the importance of patients taking and refilling their medications regularly. **Prescribe an extended days' supply of 90-day fills whenever possible to support adherence.**

Perform comprehensive medication reconciliation to avoid errors of omission, duplication, incorrect doses, or timing and adverse drug-drug or drug to disease interactions.

Patients should be allowed to take part in treatment decisions and, carefully follow the agreed upon treatment plan, and watch for and work with them to resolve any problems that may arise.



For more information:

- [American Heart Association](#)
- [U.S. Preventive Services Task Force](#)
- [How Do We Improve Patient Compliance and Adherence to Long-Term Statin Therapy?](#)

WHAT IS TRANSITION OF CARE MANAGEMENT?

Transition of Care (TOC) Management provides coordination and continuity of care for members transitioning from an inpatient facility setting to other care settings. A Care Manager (with or without support from an in-home contracted and credentialed medical provider) will support the member through the transition process by providing discharge support and coordination including self-management skills, medication reconciliation and medication adherence, enhanced care coordination of care for all member needs, and facilitation of follow up visits.

The Care Manager (CM) is notified of inpatient admissions via the care management system, facility notification (discharge planner) and admission census. Discharge planning is initiated by the CM upon admission notification to foster timely transition of members. The CM actively participates in the member's transition and communicates with the member and/or caregiver throughout the transition process. The CM helps with the following:

- Arrangement for transportation
- Coordination of post discharge services
- Identification of appropriate level of post-acute care, including the appropriate provider, facility and available services
- Identification of patient and family preferences for post-acute care
- Facilitation of admissions from one care setting to another (home, community, hospital, nursing home, or out of area)
- Coordination of financial resources and payers
- Assist providers, members and their families with alternative care options
- Interpretation of benefit coverage and identification of non-covered benefits for providers/members
- Act as a resource and facilitator for hospital and providers to facilitate authorization for care based on medical necessity and medical needs
- Facilitate the availability of health care information needed to coordinate care

The TOC Manager is focused on improving quality of care and preventing avoidable admissions, readmissions and emergency room visits. Members receive transitional care management for 90 days post hospitalization or subacute/rehab admissions. Members who continue to have needs after the transitional period receive comprehensive care management. In addition to providing post-hospital TOC care management, we provide onsite care management at some of our facilities. Onsite Care Managers work with facility Care Managers and Discharge Planners to support care coordination and discharge planning activities, with the overall goal of ensuring that members have a safe discharge and smooth transition back into the community.

If you have a member who you think would benefit from care management, contact **1.800.579.9798**.



PRENATAL AND POSTPARTUM VISITS: GUIDELINES AND RECOMMENDATIONS

Approximately 9,000 MetroPlus members will become pregnant every year. We want all our members to receive the important care that they need during this time.

Members should have prenatal appointments once each month for weeks 4 through 28. As the pregnancy progresses, the schedule should be biweekly for weeks 28 through 36, and weekly from week 36 through delivery. Pregnant members with specific health needs may need appointments on a more frequent schedule.

After pregnancy, patients should have a postpartum visit scheduled between 21 and 56 days after the birth. This appointment should cover and denote postpartum care, pelvic exam, or an evaluation combination of weight, BP, breasts (breastfeeding), and abdomen.

In addition to the overall prenatal and postpartum care, providers are encouraged to offer these services to members:

- reducing recurrent preterm birth
- tobacco screening and cessation
- depression screening and follow-up for positive screenings during both the prenatal and postpartum period
- providing information about postpartum contraception (Long Acting Reversible Contraception) to promote birth spacing.

The HEDIS approved codes are:

Prenatal Visits: **CPT: 59400, 59425, 59426**

Postpartum Visit: **CPT: 57170, 58300, 59430**

Depression: **CPT II: 1220F, 3085F, 3351F, 3352F, 3353F, 3354F, 3725F ; HCPCS: G0444, G8431, G8510, G8511, S3005**

Please use these codes when appropriate.

We encourage our members to take care of themselves during and after their pregnancies. If your patient is having a high-risk pregnancy, encourage them to contact our Care Management program at **212.908.8585** for further assistance.

Access and Availability Standards

MetroPlus members must secure appointments within the following time guidelines:

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



METROPLUS.ORG 1.855.809.4073
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CHANGES TO YOUR DEMOGRAPHIC INFORMATION

Notify MetroPlus of any changes to your demographic information (address, phone number, etc.) by directly contacting your Provider Service Representative. You should also notify us if you leave your practice or join a new one. Alternatively, changes can be faxed in writing on office letterhead directly to MetroPlus at **212.908.8885**, or by calling **1.800.303.9626**.

METROPLUS COMPLIANCE HOTLINE



MetroPlus has its own Compliance Hotline: **1.888.245.7247**. Call this line to report suspected fraud or abuse, possibly illegal or unethical activities, or any questionable activity. You may choose to give your name, or you may report anonymously.



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Editor: Elizabeth Colombo