



## WINTER IS HERE: ARE YOU HELPING YOUR PATIENTS PREPARE?

**Anxious to predict the kind of flu season the US will experience?** Experts look to countries in the southern hemisphere and study their epidemic curves and analyze the specific strains circulating. Unfortunately, it appears that the US is slated to experience a major burden of infections, clinic visits, and hospitalizations from the flu this year, resembling or even exceeding what the US experienced prior to COVID-19 (i.e., pre-2020) in terms of cases and hospitalizations. Worse, the flu season appears to have arrived early and will likely overlap with the ongoing COVID-19 pandemic which is also likely to peak early this winter.

NYC clinicians can act now to protect their patients and their loved ones. The best intervention for both influenza and COVID-19 remains vaccination, and now clinicians can administer both the influenza and COVID-19 vaccines at the same visit.

Achieving high rates of vaccination in your practice can help avoid illness among your patients and help keep your practice functioning optimally throughout the fall and winter seasons.

### **Some recommendations:**

- 1. Review vaccination recommendation (see text boxes).** For influenza, recommendations vary by age. For COVID-19, recommendations vary by age, length of time since last vaccination and last infection
- 2. Develop a plan to administer both the flu and COVID vaccines to all your eligible patients.** Offer seasonal flu vaccine at routine, catch-up vaccination, and back-to-school visits.
- 3. Ensure that all health care personnel (HCP) receive annual respiratory illness vaccinations at your facility.** Annual influenza vaccination and COVID boosting of HCP reduce staff absenteeism and simultaneously reduce the likelihood of HCP transmitting influenza to patients.

## 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.

# EXPANDED CHILDREN'S BENEFIT

METROPLUSHEALTH HAS BEEN RAMPING UP FOR THE EXPANSION OF SERVICES THAT WILL BECOME AVAILABLE TO CHILDREN AND YOUTH IN 2023



## MEDICAID

Applied Behavior Analysis Services will become available January 1, 2023, for eligible Medicaid members under age 21 years of age who are diagnosed with Autism Spectrum Disorder.

## CHILD HEALTH PLUS

### Available in January 2023:

- Coverage for the daily per diem rates of placement for CHP members placed in foster care
- CFTSS (Child and Family Treatment Supports and Services)
- ACT and Youth ACT Services
- Medical Supplies
- Orthodontic Services for a Severe Physically Handicapping Malocclusion
- Emergency transportation

### Available in April 2023

- Coverage for RRSY (Residential Rehabilitation Services for Youth)

### Available in July 2023

- Coverage for Home and Community Based Services (HCBS) for members who meet eligibility criteria.

## ELIGIBILITY REQUIREMENTS FOR ABA THERAPY

- Must have an autism or Rett's diagnosis, made by a NYS qualified healthcare provider (including psychiatrists and developmental/behavioral pediatricians, clinical psychologists).
- Must provide a diagnostic comprehensive autism evaluation that preceded the diagnosis, performed by a NYS licensed clinician. The evaluation should be conducted as outlined in the New York State Department of Health, Clinical Practice Guideline on Assessment, and Intervention Services for Young Children with Autism Spectrum Disorders (ASD) 2017 Update: [click here](#)
- Obtain a Medicaid referral from PCP (updated every 2 years)

### How to obtain services

- Find a Licensed Behavior Analyst provider on the M+ directory
- Call MetroPlusHealth 1-800-303-9629

For additional guidance, please access this link for more information from New York State [click here](#)



# EXPANDED CHILDREN'S BENEFIT – CONTINUED

## QUALIFIED HEALTH PLAN

The Department of Health and Human Services' Risk Adjustment Data Validation Program determines a set of health conditions considered Lifelong Permanent Conditions of which autistic disorders is included. A Lifelong Permanent Condition must be validated and authenticated each benefit year.

Validation and authentication must be provided by a physician, nurse practitioner, licensed clinical social worker, Ph.D. or Psy.D. psychologist each calendar year. The condition must be evaluated and, if present, submitted as an active diagnosis code on a claim. The condition must also be listed in the medical record for the corresponding encounter in any of the following sections:

- Past Medical History
- Problem Lists
- Progress Notes
- Assessment and Plan
- History of Present Illness
- Assessments

Please be advised that Licensed Behavioral Analyst do not meet the practitioner level to authenticate and validate an autism disorder diagnosis. Therefore, ABA providers should coordinate with the members treatment team to assure their diagnosis is authenticated and validated annually.



## AVOIDANCE OF ANTIBIOTICS

As winter approaches, it is more important than ever that providers prescribe antibiotics only when necessary for a patient's condition. Every winter season, patients often specifically request antibiotics for things like cold, flu, COVID-19, or other illnesses that cannot be treated by antibiotics. Providers should explain to patients that these treatments would be ineffective and expose them to unnecessary side effects. American Family Physician has key recommendations and information you can share with your patients about how respiratory infections should be treated. [Click here](#) for more information.

The CDC and US Government have also shared plans to decrease the overprescribing of antibiotics. The National Action Plan for Combating Antibiotic-Resistant Bacteria shares the coordinated, strategic actions that the United States Government will take in the next five years with the goal of improving health of Americans by preventing antibiotic resistance. [Click here](#) to read about the National Action Plan.

The CDC has launched the Be Antibiotics Aware campaign. This national effort aims to help fight antibiotic resistance and improve antibiotic prescribing and use. According to the CDC, at least 28% of antibiotic courses prescribed each year by American hospitals and doctors are unnecessary. Improving antibiotic prescribing and use to prevent antibiotic resistance needs to be a national priority. For more about this program, [click here](#). The CDC also has other resources, including a list of treatment recommendations for adults [click here](#).

## Comparing vaccines for respiratory viruses: Influenza vs. Covid-1

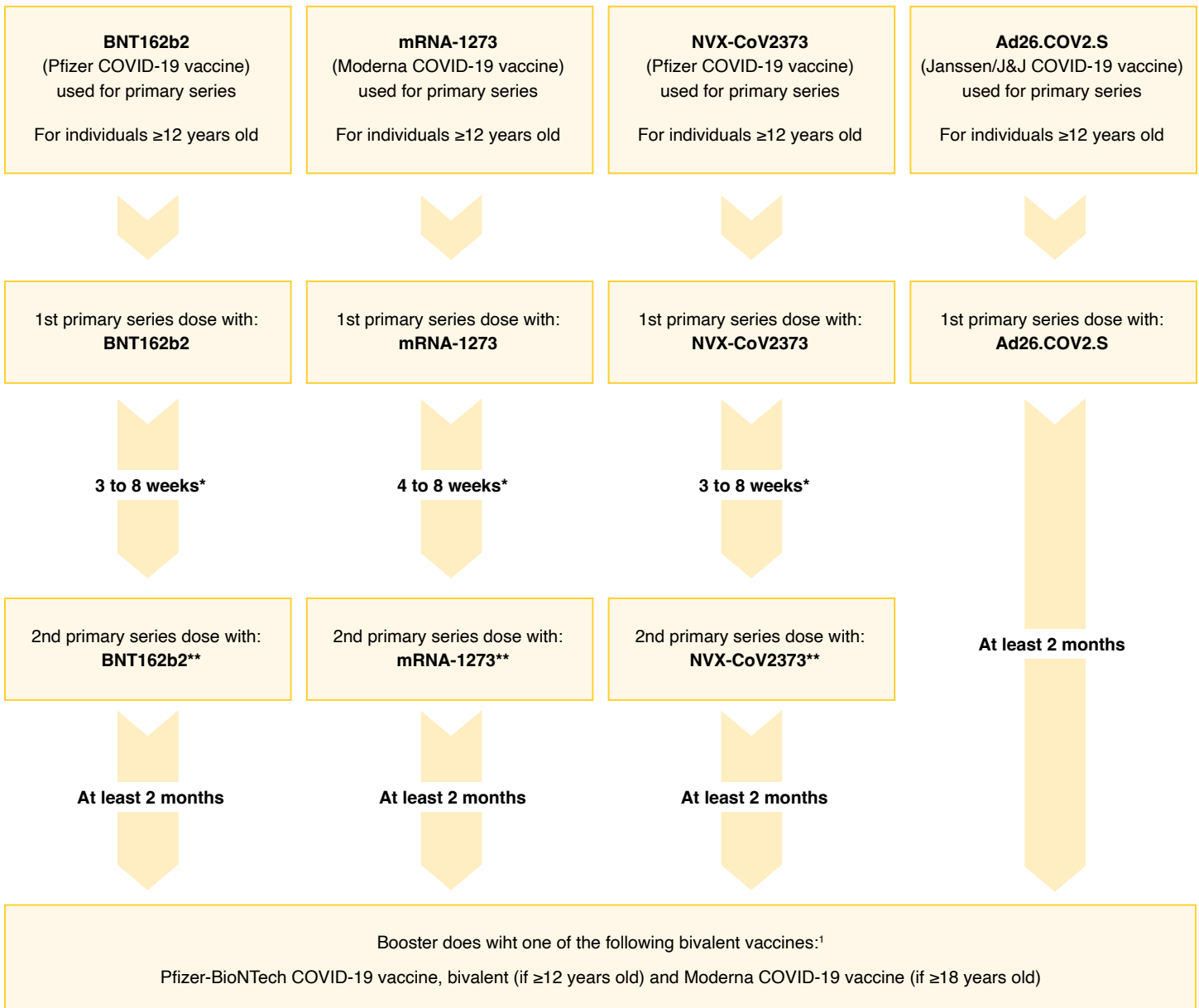
	Influenza	COVID-19
Key Recommendation	<ul style="list-style-type: none"> <li>Routine annual influenza vaccination is recommended for all persons aged <math>\geq 6</math> months who do not have contraindications. It is already widely available.</li> <li>True contraindications to receiving injectable, inactivated flu vaccine are rare.</li> </ul>	<ul style="list-style-type: none"> <li>Now, the new COVID-19 vaccine booster is recommended for everyone 12 and older who received their most recent vaccine dose at least two months ago.</li> </ul>
Timing	<ul style="list-style-type: none"> <li>Influenza vaccines can be administered without regard to timing of COVID-19 vaccines, including simultaneously.</li> <li>If flu vaccine is given with another vaccine at the same visit, each injection should be administered either in different arms or if administering in the same arm, separate the injection sites by 1 inch if possible</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 vaccines can be administered without regard to timing of influenza vaccines, including simultaneously.</li> <li>If COVID-19 vaccine is given with another vaccine at the same visit, each injection should be administered either in different arms or if administering in the same arm, separate the injection sites by 1 inch if possible.</li> </ul>
What's New?	<ul style="list-style-type: none"> <li>Patients aged <math>&gt; 65</math> years should now be offered a "senior" vaccine because of their higher effectiveness compared with standard flu vaccines.</li> <li>These "senior" vaccines, listed below, are all considered equally effective:                             <ul style="list-style-type: none"> <li>- Recombinant flu vaccine (Flublok; RIV4), or</li> <li>- High-dose flu vaccine (Fluzone Hi-Dose; HD-IIV4), or</li> <li>- Adjuvanted flu vaccine (Fluad; aalV4)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The latest COVID-19 vaccine booster is a bivalent vaccine and a better match for the omicron subvariants that account for nearly all recent infections in NYC.</li> </ul>
Dose, schedule	See table.	See figure

### Approved ages and does volumes for intramuscular influenza vaccines (IIV4s and RIV4)

Vaccine	Approved Ages	Dose Volume
Afluria Quadrivalent	6 through 35 months $\geq 3$ years	0.25 mL 0.5 mL
Flaurix Quadrivalent	$\geq 6$ months	0.5 mL
FluLaval Quadrivalent	$\geq 6$ months	0.5 mL
Fluzone Quadrivalent	6 through 35 months $\geq 3$ years	0.5 mL (see below) 0.5 mL
Flucelvax Quadrivalent	$\geq 6$ months	0.5 mL
Flublok Quadrivalent	$\geq 18$ years	0.5 mL
Fluzone High-Dose Quadrivalent	$\geq 65$ years	0.7 mL
Fluad Quadrivalent	$\geq 65$ years	0.5 mL



## COVID-19 vaccine schedule for immunocompetent adults and adolescents ≥12 years old



\*A 3- to 4- week interval between primary series doses was studied in the registration trials. Healthy individuals <65 years old can extend the interval to 8 weeks; this approach may be preferable for young adults (especially males 18 to 39 years old) who do not need to maximize protection within a shorter period of time.

\*\*If possible, the same vaccine formulation should be used to complete the primary series. If the original vaccine is not available or if the patient has developed a contraindication to that vaccine, a different, age-appropriate COVID-19 vaccine can be used to complete the primary series; in such cases, the second dose is given at least four weeks after the first use.

<sup>1</sup>If the patient received monovalent booster doses in addition to the primary series, a single booster dose of a bivalent vaccine is still recommended at least two months following the most recent monovalent vaccine dose/.



# WELCOME TO MEDICARE ASSESSMENT AND ANNUAL EXAMS



Medicare's annual enrollment concluded in December, and MetroPlusHealth is happy to be welcoming new members for the new plan year. Providers should encourage new and existing members to receive the medical exams they are eligible for to ensure they get the health care they need to stay healthy, as safely as possible.

During these visits, be sure to address the following topics with Medicare members:

**Pain Screening:** Screen patient for any patient (s)he is experiencing, location(s) of pain, pain severity, and how these affect him/her.

**Medication Reconciliation:** Review any medications member is currently taking, including over-the-counter medicines, vitamins, herbs, and supplements. If possible, minimize the use of high-risk medications such as those that can contribute to falls or worsening side effects.

**Medication Adherence:** Consider prescribing patients 90 day supply of medications to improve medication adherence. Member may also get medications pre-packaged, sorted and delivered to them at no cost through CVS mail order delivery or PillPack home delivery.

**Physical Functioning:** Discuss member's activities of daily living such as getting dressed, taking a bath, eating, getting in/out of a chair, eating, etc. Prescribe members assistive and home/bathroom safety devices if needed. MetroPlus Medicare Advantage (HMO-DSNP) members are eligible for eligible for over-the-counter (OTC)/Flex Card benefits that can be used towards health-related items, which includes home/bathroom safety and assistive devices.

**Advance Care Planning:** Discuss advance directives/ options and its importance with patient. Save a copy of completed advance directive document in patient's EHR.

**Physical Health, Mental/Emotional Health:** Create or update care plans with patient addressing each area of their needs and identify barriers they may be experiencing. Discuss with patient ways to overcome barriers and suggest alternative treatment options. Discuss topics like Fall Risk/Prevention and Urinary Incontinence with the patient.

**Physical Activity/Exercise Plan:** Discuss and create an exercise plan that is right for the patient. Encourage them to join a gym, exercise facility, or local fitness program. MetroPlus Advantage Plan (HMO-DSNP) members can also receive up to \$250 fitness reimbursement for membership to qualifying exercise facilities.

**Motivational Interviewing/Patient Education:** When speaking with the patient, educate them, and emphasize the patient's self-management role. Reiterate importance of communication and patient's role in working with providers/ healthcare team

You can also visit [Provider Quality Alliance Guidelines](#) for more information.



# PRENATAL IMMUNIZATION STATUS

Immunizations are a crucial part of prenatal care, and can help protect both pregnant woman and their fetuses against diseases. The Advisory Committee on Immunization Practices recommends the influenza vaccine for all women who are pregnant or who might be pregnant during the upcoming flu season.

It is also recommended that pregnant women receive one dose of the Tdap vaccine, which protects against tetanus, diphtheria toxoids and acellular pertussis. This shot should be given during each pregnancy, preferably during the early part of gestational weeks 27 – 36. This should be given regardless of the patient's prior Tdap history.

More information from the CDC (including a [vaccine schedule](#)) can be found [here](#). Additional information is available from [HHS](#) and [ACOG](#).

## COLORECTAL CANCER PREVENTION

**According to the National Cancer Institute, over 150,000 Americans are expected to develop colorectal cancer in 2022. Knowing who is most likely to be at risk can help with prevention and early detection.**

For the majority of the population, the greatest risk factor is age. 90% of all colorectal cancer is diagnosed after age 50. In addition, African Americans have higher incidence and mortality rates, though they do not have higher rates of precancerous lesions.

There are some traits that are associated with an increased risk of colorectal cancer. This includes excessive alcohol use, smoking, and obesity. People with inflammatory bowel disease (such as ulcerative colitis or Crohn's disease) have a higher risk after diagnosis and should have frequent colonoscopic surveillance. In addition, a family history of colorectal cancer (or the patient previously having colorectal cancer themselves), or a genetic predisposition, leads to an increased risk of colorectal cancer. The only trait that, based on solid evidence, is associated with a decreased incidence of colorectal cancer is regular physical activity.

Talk with your patients about their risk factors, and encourage those at risk to be screened. For more information about risk factors and prevention, [click here](#) for information from the National Cancer Institute.



## CLINICAL INTERVENTIONS TO TREAT TOBACCO USE AND DEPENDENCE AMONG ADULTS

**Quitting tobacco can be hard, and often requires repeated attempts. Evidence-based treatments, including long-term support, can improve success. Some of these treatments include:**

**Behavioral Counseling:** This can be done in person, alone or in a group, over the phone, or even over text.

**Medication:** Medication options include nicotine replacement therapy (available OTC and via prescription), varenicline, or bupropion.

**Combining Treatments:** Using counseling and medication together more than doubles the chances of successfully quitting.

For all patients, the entire healthcare team should be engaged in the process. At every appointment, talk with your patients about their tobacco use. Let them know that, although difficult, quitting has major health benefits. Refer patients for additional assistance as needed, and follow up to see how quitting is going. If the method they tried first didn't work, see if another method or a change in approach would work better for them.

[Click here](#) for more information from the CDC.

For patients who are pregnant, it is even more important to help them quit smoking. Pregnant patients should be advised that using e-cigarettes is not recommended while pregnant. Some recommended methods for quitting are:

**Behavioral Counseling:** Counseling should be the first method attempted for pregnant patients who smoke, before trying any medication. Short term counseling can help, but more intensive counseling is more effective.

**Medication:** Use of medication in pregnant patients should be handled on a case-by-case basis, after considering the circumstances and weighing the risks of potential side effects against the risks of continued smoking.

## IMAGING FOR LOW BACK PAIN

**Low back pain is one of the most common reasons adults visit the doctor. It is the fifth most common reason for all physician visits. Your patients may have certain expectations of what tests they would like performed, but these are not always the correct method of treatment.**

The American Academy of Family Physicians recommends that doctors do not do imaging for low back pain within the first six weeks. If red flags are present, such as severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected, imaging should be considered on a case-by-case basis.

Imaging of the lower spine before six weeks does not improve outcomes, but does increase health care costs and cause unnecessary radiation exposure and patient labeling, which can lead to worsen patients' sense of well being.

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





# ASTHMA MANAGEMENT

**The recent COVID-19 pandemic has shown the importance of asthma management. Patients with asthma are at a higher risk of side effects from COVID-19, and it has been shown to affect the respiratory tract, cause asthma attacks, and even lead to pneumonia. Remind patients of this risk, and encourage them to follow CDC guidelines to reduce the chance of an asthma attack.**

Even before the pandemic, patients had difficulty taking their prescriptions correctly. Whenever possible, make sure to provide patients with 90-day supplies for their controller medication to ensure they have enough medication on hand. MetroPlusHealth offers free home delivery and 90-day supply at a 30-day copay, so encourage patients to take advantage of this benefit.

To incentivize patients to refill their medication, the MetroPlus Rewards Program is offering up to 600 points (\$60 value) in rewards to patients who refill their long-term controller medication. We encourage providers to inform their patients of this incentive and encourage them to refill their medication on schedule.

## GINA GUIDANCE RELATED TO COVID-19 AND ASTHMA

### COVID-19 and Asthma Medications

Advise patients to continue taking their prescribed asthma medications, particularly inhaled corticosteroids

For patients with severe asthma, continue biologic therapy or OCS if prescribed

Are inhaled corticosteroids (ICS) protective in COVID-19?

In one study of hospitalized patients aged  $\geq 50$  years with COVID-19, ICS use in those with asthma was associated with lower mortality than in patients without an underlying respiratory condition (Bloom, Lancet RM 2021)

Make sure that all patients have a written asthma action plan, advising them to:

Increase controller and reliever medication when asthma worsens (see GINA report Box 4-2)

Take a short course of OCS when appropriate for severe asthma exacerbations

When COVID-19 is confirmed or suspected, or local risk is moderate or high, avoid nebulizers where possible, to reduce the risk of spreading virus to health professionals and other patients/family

For bronchodilator administration, pressurized metered dose inhaler via a spacer is preferred except for acute severe asthma

Add a mouthpiece or mask to the spacer if required

### COVID-19 and Asthma – Infection Control

In healthcare facilities, follow local COVID-19 testing recommendations and infection control procedures if spirometry or peak flow measurement is needed (e.g. Virant, JACI in Practice 2022)

Use of an in-line filter minimizes the risk of transmission during spirometry, but many patients cough after performing spirometry; coach the patient to stay on the mouthpiece if they feel the need to cough

If spirometry is not available due to local infection control restrictions, and information about lung function is needed, consider asking patients to monitor lung function at home

Follow local infection control procedures if other aerosol-generating procedures are needed

Nebulization, oxygen therapy (including nasal prongs), sputum induction, manual ventilation, non-invasive ventilation and intubation

Follow local health advice about hygiene strategies and use of personal protective equipment, as new information becomes available in your country or region

Source: <https://ginasthma.org/pocket-guide-for-asthma-management-and-prevention/>



## IMPORTANCE OF DEVELOPMENTAL SCREENINGS

Early identification of developmental delays in children can help the child and their family receive needed intervention services and support. The American Academy of Pediatrics (AAP) recommends developmental screening and developmental surveillance on the following timeline

- Developmental surveillance is recommended at every health visit.
- Developmental screenings with a valid standardized tool that addresses motor, language, problem-solving, and social-emotional domains are recommended at health visits at 9, 18, and 24-30 months.
- Autism spectrum disorder screenings with a standardized autism-specific tool are recommended at 18 months and 24 months.

MetroPlusHealth will track timely global developmental screening. Providers should use CPT code 96110. To differentiate autism screenings from global developmental screenings at 18 and 24 months, providers are asked to add a modifier to claims for autism screenings: CPT code 96110 with modifier (CG) or ICD-10 code Z13.41.

When a child has a positive result on developmental screening, a provider should make simultaneous referrals to a specialist (i.e. speech pathologist, occupational therapist, etc.) for further evaluation and to an early intervention program.

More information is available from the NYC DOH [here](#).

## FOLLOW UP AFTER INPATIENT OR EMERGENCY ROOM DISCHARGE

Follow up care is crucial for every member who is hospitalized as an inpatient or seen in the emergency room. Patients who are seen for follow up care are more likely to have better health outcomes.

Whenever a patient is discharged from a hospital stay, the follow up should occur within seven days. If your patient needs help getting a referral for services, please contact MetroPlusHealth at 1-800-303-9626, 24 hours a day, 7 days a week.



# IMPROVING AND MAINTAINING PHYSICAL AND MENTAL HEALTH IN OLDER ADULTS



**Physical and Mental Health are interconnected, and it is important to understand the importance and interconnectedness between these domains to increase/optimize a patient’s health status. Most older adults struggling with their emotional wellness are also likely to have physical health symptoms and vice versa.**

Physical Health Component Scores (PCS) and Mental Health Component Scores (MCS) are two important measures in Health Outcomes Survey (HOS), which are included in the Medicare STAR Ratings. These are ranked based on members’ reported responses on their physical functioning, role limitations due to physical problems (role physical), bodily pain, general health, vitality, role limitations due to emotional problems (role-emotional), social functioning, and mental health (VR12).

Often, patients may not discuss topics out of embarrassment, discomfort or feeling stigmatized. Some sensitive topics such as depression or urinary incontinence are often under-diagnosed or misdiagnosed which leads to lack of timely/proper treatments that also contribute to poor health outcomes.

In general, patients may also feel more comfortable reaching out to their primary care doctors instead of specialists like mental health professionals. Therefore, it is important for primary care practices to integrate proper screenings into clinical workflows and providers to encourage these discussions with patients to identify and detect these vulnerable and “at-risk” populations.

## IMPORTANT ASSESSMENTS, SCREENINGS, SERVICES, & DISCUSSION TOPICS TO INTEGRATE IN CARE DELIVERY

### 1. Care of Older Adults

#### Functional Status and Instrumental/Activities of Daily Living (IADLs/ADLs):

- Instrumental activities of daily living (IADLs) are things one does every day to take care of self. They are one way to measure how well you can live on your own such as using the phone, managing medicines, managing money. IADLs require more complex planning and thinking.
- Activities of daily living (ADLs) are basic self-care tasks like bathing, getting in and out of chair, cleaning etc.
- Discuss about patient’s sleep quality/patterns



## IMPORTANT ASSESSMENTS, SCREENINGS, SERVICES, & DISCUSSION TOPICS TO INTEGRATE IN CARE DELIVERY

### 1. Care of Older Adults - Continued

**Medication Review:** (Also consider the appropriate use of medication such as minimizing or reducing overuse of high-risk medications. Through medication review can help identify and minimize potential harmful drug-drug/drug-disease interaction)

**Medication Adherence:** Screen patient's medication management and adherence. Consider following services to help increase member's medication adherence: 90-day supply, mail delivery or Pill-pack services to help presort and deliver medication

**Pain Assessments:** Pain symptoms and interventions

**Urinary Incontinence:** Leaking of urine and treatment plan

\*It is important to discuss this topic as older adults who are experiencing UI symptoms may feel reluctant or embarrassed to bring these issues up to their providers.

**Physical Activity:** Develop a suitable exercise plan to start, increase or maintain level of exercise.

**Falls Risk and Prevention:** Problems with balance/walking, fear of falling, what to when falls happen and treatment plan (Check for hearing and vision loss)

**Advance Care Planning:** Advance care planning is the process of discussing and documenting the patient's preferences for medical care if (s)he is unable to speak or express his/her wishes through advance directive forms such as Health Proxy, a Nonhospital Order Not to Resuscitate, Medical Orders for Life Sustaining Treatment (MOLST).

**Visit these links for more resources:**

[www.health.ny.gov/community/advance\\_care\\_planning](http://www.health.ny.gov/community/advance_care_planning)

[www.health.ny.gov/professionals/patients/health\\_care\\_proxy](http://www.health.ny.gov/professionals/patients/health_care_proxy)

**2. Mental/Emotional/Behavioral Health screenings, brief intervention and referral to treatment using instrument tools like PHQ2/9, GAD-7, DAST-10, Smoking & Cessation, Alcohol Drinking etc.**



## IMPORTANT ASSESSMENTS, SCREENINGS, SERVICES, & DISCUSSION TOPICS TO INTEGRATE IN CARE DELIVERY

### 3. Social Determinants of Health (SDoH) and Patient's Self-Management

According to U.S. HHS, SDOH are defined as “the conditions in the environments where people are born, live, learn, work, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” SDOH can also be grouped into social, economic, and environmental domains. Often, underlying rooted issues such as SDOH or motivational factors affect patients’ daily living and their medical/chronic conditions management. It is therefore essential to rethink delivery of care through the lens of SDOH and patient self-management by screening and connecting patients with social needs to appropriate resources/services, and to provide motivation interviewing and patient empowerment techniques.

#### Other important/useful tips for screening patients during visits:

When having a conversation with patients, assess their perception of General Health Status and Healthy Day Measures through their self-rated responses (HRQOL, VR12). These responses can provide key information and help providers better understand patients’ overall perspective of their health. After all, a visit in the office only provides a partial snapshot of patient’s status.

Assess general health status to better understand members’ perception of their health using ratings of “Excellent,” “Very good,” “Good,” “Fair,” or “Poor.” in recent “months” and recent “one-two weeks” [time intervals].

Assess comparative health status to better understand member’s perception of their health ratings of “Much better,” “Slightly better,” “About the same,” “Slightly worse,” or “Much worse.” from a year ago [time interval]

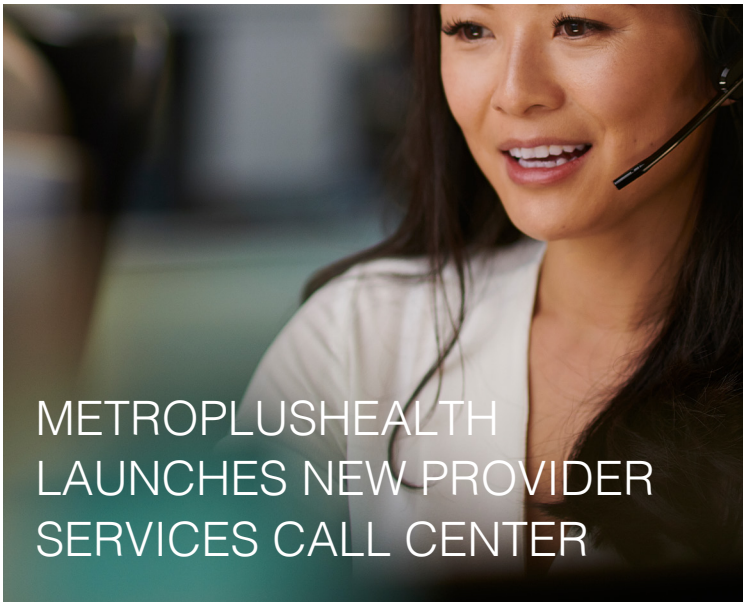
Key Terms: VR-12 (barometer of physical and mental health status), Health-Related Quality of Life (HRQOL), PHQ/GAD screenings, Medicare HOS (Health Outcomes Survey), Care for Older Adults (COA), Physical Health, Mental Health, Emotional Health, Advance Care Planning, Advance Directives, Social Determinants of Health (SDOH), Patient Empowerment, Self-Management, Motivation, General Health, Comparative Health

**Effective January 1, 2023, New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) Plans will begin covering gambling disorder treatment provided to individuals receiving services from the Office of Addiction Services and Supports (OASAS) certified programs listed below.**

You can get Gambling Disorder Treatment face-to-face; or through telehealth.

If you need Gambling Disorder Treatment, you can get them from an OASAS outpatient program or if necessary, an OASAS inpatient or residential program.

You do not need a referral from your primary care provider (PCP) to get these services. If you need help finding a provider or have questions, please call MetroPlusHealth at 1-800-303-9626. [Click here](#) for more information.



## 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](https://providers.metroplus.org)



## 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](#).

## HELPFUL TIPS TO NON-COMPLIANT DIABETIC PATIENTS TO CLOSE GAPS IN CARE

One of the most important ways to manage diabetes is a healthy lifestyle, but it can be difficult for patients to adopt to new habits. Here are some ways that you can coach your patients to help manage their health:

- **Teamwork:** Doing something hard is easier when a patient has support. Encourage them to work with friends and family to achieve their goals – exercising together, and sharing healthy meals.
- **Realistic Goals:** Your patient cannot become an athlete overnight, but they may feel discouraged by slow progress. It's important to recommend achievable goals, like taking more steps. Consider suggesting the MetroPlusHealth Member Rewards program [Step Up Challenge](#). This is a self-paced walking program designed to engage members in improving their fitness, and rewards participants for completing the program.
- **Knowledge:** After a patient leaves your office, they may still have questions. Provide patients with the reputable sources they can access on their own if they want more information. MetroPlusHealth offers members access to a health library with information about health issues, available online [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.). 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.

