

# MetroPulse Provider Newsletter

FALL 2023



## Help protect patients from the flu

Recommend and offer flu shots to your patients. Getting an annual flu shot is one of the best ways to protect against the flu.

A flu shot is recommended for all people 6 months of age and older, preferably in September or October, before flu season is in full swing.

The flu vaccine and guidelines are updated annually to match the predicted circulating viruses. Here's what to expect for the 2023–2024 flu season.

### Updated influenza component

This year's vaccine contains an updated influenza A(H1N1)pdm09 component:

- A/Victoria/4897/2022 (H1N1)pdm09-like virus for egg-based vaccines
- A/Wisconsin/67/2022 (H1N1)pdm09-like virus for cell-based or recombinant vaccines

### Adults ages 65 and older

**Higher-dose flu vaccines** — Fluzone High-Dose Quadrivalent inactivated influenza and Flublok Quadrivalent flu vaccine — are recommended for patients ages 65 and older because they are at increased risk of developing serious flu complications.

### New recommendation for patients with egg allergies

People with an egg allergy may receive any flu vaccine (egg-based or not) that is otherwise appropriate for their age and health status. The CDC no longer recommends additional safety measures for administering an egg-based flu vaccine to patients who have had severe allergic reactions to egg.

### Keeping germs at bay

Encourage patients to practice these healthy habits:

- Cover your nose and mouth with a tissue when you sneeze or cough.
- Wash your hands often with soap and water.
- Avoid touching your eyes, nose, and mouth, which are entry points for the flu and other harmful germs.

For the CDC's 2023 – 2024 flu vaccination recommendations, [click here](#).

### MEMBER REWARD REMINDER

Members can earn a reward for getting a flu shot. Direct patients to this link: [memberwell.com/metroplus/home/landing](https://memberwell.com/metroplus/home/landing).

**Great news!** Our Partnership In Care (PIC) HIV SNP plan (just ranked #1 in quality measures), has expanded to Staten Island. Learn what PIC offers eligible New Yorkers across the City [here](#).

## About MetroPlusHealth

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.

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## FALL REMINDERS

Read more about the following topics on our website:

- Plan Renewal for our Members
- Helping your patients prevent diabetes
- Gambling disorder
- Model of Care training
- Cultural competency training
- New Behavioral Health Announcements and Updates section
- Smoking cessation
- Rx carve-out and pharmacy benefit change
- Fluoride varnish
- Changes to COVID-19 testing coverage
- Syphilis screening
- Hepatitis C screening

## Provider Services Call Center

For questions, reach out to your MetroPlusHealth Quality Management contact or call the Provider Services Call Center at **800.303.9626**, available Monday to Friday, 8 a.m. to 8 p.m.

**Join us for a Provider Model of Care Seminar:** Friday, September 29, 12 to 1 p.m. Learn more or register [here](#).

# Remind patients to schedule a mammogram

Breast cancer continues to take a toll. Each year, about 16,700 women in New York state are diagnosed with breast cancer and about 2,500 women die from the disease. One in eight women in the U.S. will develop the disease during her lifetime.

Routine screening mammography remains the gold standard for detecting the disease in its earlier, most treatable stages, when patients may not have any signs or symptoms. Are your eligible patients due for a mammogram? The COVID-19 pandemic caused many patients to fall behind on this important breast test. Some may still need to catch up.

## Who should get a mammogram?

**The United States Preventive Services Task Force recommends** mammography for all women at average risk for breast cancer starting at ages 50 to 74 and repeated every one to two years. Talk with your patients about their breast cancer risk. Patients at higher risk based on factors, such as personal or family medical history of breast cancer and genetics, may need to be screened earlier and more often.



## Healthy habits count

The risk for breast cancer increases with age. Patients can change their lifestyles to help reduce their risk for breast cancer. Encourage them to:

- Stay at a healthy weight. Being overweight, especially after menopause, can increase the risk for breast cancer.
- Avoid or limit drinking. Even small amounts of alcohol have been linked to an increased risk for breast cancer.
- Breastfeed for at least several months, if possible.
- Make time for exercise. Being physically active is an important step to lowering your risk. Encourage your patients to find something they enjoy so they'll be more apt to stick with it. Brisk walking to and from the subway and around the city counts!

## MEMBER REWARD REMINDER

Members can earn a reward for completing their breast cancer screening. Direct patients to this link: [memberwell.com/metroplus/home/landing](https://memberwell.com/metroplus/home/landing).

## HOW CAN PROVIDERS HELP?

- Document all breast cancer screening visits. They are a measure in the MetroPlusHealth Pay-for-Performance (P4P) program. Your data is included in the program.

Access any gaps in your care list by reaching out to your MetroPlusHealth Quality Management contact or by calling the Provider Services Call Center at **800.303.9626**, Monday to Friday, 8 a.m. to 8 p.m.

**See important updates** from New York State Department of Health on Syphilis and Hepatitis C screenings **here**.

# The importance of regular well-child visits (15 months)

In the first 15 months of life, a child should have at least six well-child visits.

A provider's role extends beyond conducting these visits. You should also do the following:

- Remind families about the importance of regular appointments.
- Advocate for scheduling future visits in advance.
- Document all visits, especially at this early age.

Perform routine procedures and preventive services, including:

- Immunizations
- Hematocrit and hemoglobin measurements
- Vision, dental, and hearing checks

Well-child visit records should include these details:

- Visit date
- Health history
- Mental and physical developmental history



- Specific health education/anticipatory guidance
- Provider's signature
- Physical examination results
- Measurements, including weight, length, head circumference, and blood pressure

For CDC recommendations, [click here](#).

## MEMBER REWARD REMINDER

Members can earn a reward for completing well-child checkups. Direct patients to this link: [memberwell.com/metroplus/home/landing](https://memberwell.com/metroplus/home/landing).

## HELP BOOST VACCINATION RATES

The **National Adult and Influenza Immunization Summit (NAIIS)** urges providers to increase vaccination rates among their patients. Here's how you can make a difference:

### Prioritize vaccine recommendations

Familiarize yourself with the vaccines your patients need based on their age, lifestyle, or health conditions. For vaccine recommendations, check the CDC's website [here](#).

### Foster a culture of vaccination

Remind patients that vaccines not only help safeguard their own health but also contribute to the well-being of the community by:

- Preventing illnesses and disabilities
- Reducing the risk for premature death
- Limiting the spread of infectious diseases

### Check vaccination status

Regardless of whether you provide vaccines, discuss vaccination status at all visits. This regular dialogue fosters an environment where patients are more inclined to stay up-to-date with their vaccinations.

### Document and refer

Ensure all vaccination details are recorded and patients are provided with referrals as needed. This process includes:

- Documenting administered vaccines promptly and accurately
- Making referrals for patients to receive vaccines if they aren't available in your practice

For information from the New York state DOH, [click here](#).



# Provide comprehensive dental care

The Centers for Medicare & Medicaid Services (CMS) wants to enhance oral health outcomes for children and adolescents in Medicaid and the Children's Health Insurance Program (CHIP).

CMS introduced two measures to the Child Core Set:

## 1. Oral Evaluation, Dental (OED) Services

CMS promotes regular oral examinations. These exams are vital in:

- Preventing diseases
- Reversing disease processes
- Curbing cavity progression
- Reducing the incidence of future lesions

The OED measure provides key insights to plans by:

- Ensuring that pediatric Medicaid members younger than age 21 receive comprehensive or periodic oral evaluations
- Improving access and utilization of dental services

## 2. Topical Fluoride for Children (TFC)

Dental cavities are the most prevalent chronic disease among children in the United States. Topical fluoride is a



crucial tool in preventing tooth decay, especially in younger children. That's why CMS introduced the TFC measure, which helps plans by:

- Verifying that pediatric Medicaid members ages 1 to 4 receive at least two fluoride varnish applications
- Promoting fluoride varnish treatments for younger members

CMS recognizes the critical role of dental health in a child's overall health. The hope is that these changes will encourage more comprehensive oral care and lead to improved health outcomes.

### MEMBER REWARD REMINDER

Members can earn a reward for completing their annual dental checkups. Direct patients to this link: [memberwell.com/metroplus/home/landing](https://memberwell.com/metroplus/home/landing).

## MY 2023 CODING/DENTAL MEASURES

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

# MONITOR PATIENTS WITH HYPERTENSION

Office visits present an important opportunity to screen for hypertension and discuss management strategies, including lifestyle modification and antihypertensive therapy.

Uncontrolled hypertension is when blood pressure is greater than 130/80 (stage 1) or more than 140/90 (stage 2). This can increase the risk for kidney disease, myocardial infarction, and stroke, which are leading causes of death in the U.S. In New York state alone, an estimated 4.9 million people, roughly 32% of adults, have been diagnosed with hypertension. Still, about one in five adults with hypertension in the U.S. is unaware of it. Normal blood pressure of 120/80 or less is the goal.

## Which patients are at increased risk?

Hypertension can affect anyone, but the risk tends to increase with age. In addition to older adults, African American men and women have higher rates of hypertension than any other racial or ethnic group. Discuss hypertension with high-risk patients and continue to assess whether patients would benefit from antihypertensive therapy at follow-up visits.

## Lifestyle Rx

In addition to medication therapy, encourage patients to focus on lifestyle changes that can help manage hypertension, including weight loss, limiting alcohol, and participating in aerobic exercise.



## Medication tips

Office visits can temporarily elevate blood pressure in some patients. Encourage patients to self-monitor blood pressure at home with a blood pressure monitor. Patients can also use technology, such as Alexa, to wirelessly update their medication lists and set medication reminders. Consider telemonitoring and the VirtualVisit service to increase access to care and adherence to treatment.

## BLOOD PRESSURE MEDICATIONS

MEDICATION CLASS	HOW IT HELPS
Diuretics	Rids the body of excess sodium and water
Beta-blockers	Reduces heart rate and blood output
Angiotensin-converting enzyme (ACE) inhibitors	Relaxes blood vessels by inhibiting production of angiotensin, a chemical that causes arteries to narrow
Angiotensin II receptor blockers (ARBs)	Opens blood vessels by blocking the effects of angiotensin
Calcium channel blockers	Prevents calcium from entering muscle cells of the heart and arteries to relax and open narrowed blood vessels and reduce heart rate
Alpha-blockers	Relaxes the muscle tone of arterial vascular walls
Alpha-2 adrenergic receptor agonists	Decreases the activity of the sympathetic nervous system
Combined alpha- and beta-blockers	Relaxes arteries and reduces heart rate. Used as an IV drip for patients in hypertensive crisis and on an outpatient basis for patients at risk for heart failure.
Vasodilators	Relaxes blood vessel walls to improve blood flow

# Customized approach to women's heart failure care

Heart failure is projected to increase by 46% from 2012 to 2023, affecting roughly 8 million people older than age 18. Although heart failure affects all genders, the incidence rate is higher among women ages 55 and older.

To prevent and improve heart failure outcomes in your female patients, it's important to identify and treat modifiable risk factors, including hypertension, dyslipidemia, and diabetes, to optimize patients' blood pressure, serum cholesterol, and blood glucose levels. Regularly monitoring blood pressure, cholesterol, and blood glucose is especially important for women who experienced premature menopause or gestational diabetes.

In women diagnosed with heart failure, consider screening for barriers to heart failure self-care, including depression, cognitive impairment, substance use disorders, frailty, food insecurity, intimate partner violence, and social isolation.

## Manage heart failure risk with healthy habits

A heart-healthy lifestyle can reduce the risk for heart failure and cardiovascular disease. Remind your patients to:

- **Choose a heart-healthy diet.** Plant-based eating patterns, such as the Mediterranean and the DASH (Dietary Approaches to Stop Hypertension) diets are associated with a reduced risk for heart failure.
- **Be active.** Adults should aim for a weekly total of at least 150 minutes of moderate aerobic activity, such as brisk walking, bicycling, swimming, or water aerobics. If the patient hasn't been active for some time, discuss the types and amounts of physical activity that are appropriate.
- **Be a quitter.** Within a year after quitting, which includes stopping smoking, vaping, and using tobacco, patients will cut their risk for heart disease in half.
- **Get enough sleep.** Aim for seven to nine hours of sleep every night. Sleep is vital to cardiovascular health.

## Advocate for women's heart health

The “**2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure**” focuses on current evidence and changes in national heart failure guidelines, including management strategies for heart failure and pregnancy — from preconception counseling to the postpartum period — and an increased focus on health care equity. One size doesn't fit all. For future clinical guidelines, advocate for more sex-specific treatment recommendations.



## Cardiac rehabilitation may help

Encourage your female patients diagnosed with heart failure to participate in cardiac rehabilitation. This medically supervised exercise program can help improve their health and well-being.

# Empower COPD patients through education and resources

Many patients remain unaware that they are living with chronic obstructive pulmonary disease (COPD). That's why it's important to not just diagnose and treat, but also to educate and empower.



## Understanding COPD and its risks

It's crucial to inform patients about COPD during their annual checkups. Discuss what COPD is, its symptoms, and who is most at risk. This conversation can lead to early detection and improved health outcomes.

## Learn More Breathe Better® program

Direct patients to valuable resources, like the **Learn More Breathe Better® program**. This initiative provides information that can assist patients in better understanding and managing their COPD.

## PROVIDER RESOURCES

The Learn More Breathe Better® program has a section for provider education. Find tools, publications, and materials that can help enhance COPD patient care.

## MEDICATION THERAPY MANAGEMENT PROGRAM

MetroPlusHealth members with Medicare can benefit from the Medication Therapy Management (MTM) program, specifically designed to optimize drug therapy and improve therapeutic outcomes.

Members are automatically enrolled in this free, voluntary program if they meet these criteria:

- Take eight or more Medicare Part D–covered maintenance drugs
- Have three or more chronic health conditions
- Project to exceed \$4,935 in prescription drug costs in 2023

### Comprehensive Medication Review (CMR)

Members get a CMR, during which a pharmacist reviews all their medications, including over-the-counter drugs. Members then receive a Personal Medication List and a Medication Action Plan, with pharmacist suggestions for further discussions with their providers.

### Targeted Medication Review (TMR)

MetroPlusHealth conducts a TMR for members, mailing or faxing suggestions to providers every three months about alternative prescription drugs that may be safer or more effective. The provider and patient can then decide whether to make a change.



# Improve well-care visits with Bright Futures

Well-care visits are the core of your pediatric practice. When your patients reach adolescence, they will begin to be more involved in their own health and decision making.

To provide preteens, teens, young adults, and their families with the best possible health care, Bright Futures is there for you. The national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the U.S. Department of Health and Human Services, has developed evidence-based, age-specific clinical guidelines. Bright Futures is on a mission to increase the quality of primary and preventive care for the nation's infants, children, youth, and young adults, from birth to age 21.

## Provider tool kits and resources

Through Tool and Resource Kit materials that you can download or incorporate into an electronic medical record system, Bright Futures provides recommended services pediatricians should offer at well-child visits from birth to age 21. For patients ages 11 to 14, 15 to 17, and 18 to 21, for example, each tool kit provides:

- **A previsit questionnaire:** This form can help frame the topics adolescents and their families would like to discuss during their well-care visit and initiate recommended medical screenings. Starting at age 12, for example, depression, tobacco, alcohol, or drug-use assessment is a part of a Bright Futures-guided visit.
- **Visit documentation forms:** This form provides a convenient resource to document activities during a typical visit and simplifies proper coding.



- **Parent/patient education handouts:** These handouts reinforce key messages for guiding parents through health care discussions at home.

Bright Futures' tool kits and resource materials are available in English and Spanish.

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

## TEST PATIENTS FOR TUBERCULOSIS

**Tuberculosis (TB)** remains a critical concern for all New York City residents. Despite a 5% decline in TB rates since 2019, every neighborhood reported at least one TB case in 2021, with seven cases being multidrug-resistant.

If you encounter a patient, including children, with suspected or confirmed TB, it's mandatory to report this to the New York City Health Department.

Laboratories are required to report all test results for TB infection, regardless of their outcome or the patient's age. Reports can be made online, over the phone, via fax, or by mail.

The New York City Health Department provides guidelines for TB treatment, referrals, and reporting on their website [here](#). To reach the TB Provider Hotline, call **844.713.0559**.

For Provider Resources on TB, [click here](#).

# Guarding reproductive health: Benefits of early chlamydia detection

Chlamydia is a common and dangerous infection, and many patients aren't aware they have it. That's why it's crucial to detect and treat chlamydia early to prevent severe complications.

## Early detection recommendations

Screening recommendations from the U.S. Preventive Services Task Force (USPSTF) provide an essential guide for when to test for chlamydia. For information, [click here](#).

Following these guidelines enables early detection and effective treatment, reducing the potential for significant health consequences.

## Follow lead testing guidelines

Lead exposure poses significant risks to children, with the potential to cause learning difficulties, behavioral issues, and health problems. The quicker we detect and treat this exposure, the better we can mitigate its effects.

New York state law mandates lead testing in children, with results submitted to the New York state Department of Health (DOH). But providers' responsibilities extend beyond testing: If a child's blood reveals lead exposure, it's important to act swiftly.

This involves further testing, advising parents or caregivers on prevention strategies, and offering feedback on reducing risk. Nutritional counseling plays a crucial role, too, as a healthy diet can help limit the absorption of lead.

For provider resources, [click here](#). For information on lead exposure reporting, call the New York state DOH Lead Poisoning Prevention at **518.402.7600**, email [LPPP@health.ny.gov](mailto:LPPP@health.ny.gov), or [click here](#).

## Document and monitor for care gaps

As part of the MetroPlusHealth Pay-for-Performance (P4P) program, providers are encouraged to document each patient visit. To access the Gaps in Care list, call the Provider Services Call Center at **800.303.9626**, available Monday to Friday, 8 a.m. to 8 p.m.

Providers can lead the charge in preventing chlamydia's silent damage. Screening regularly, documenting diligently, and educating patients can combat this widespread infection.

For more information on chlamydia, visit:

- The CDC's chlamydia webpage [here](#).
- New York City's chlamydia resource page [here](#).

## The vital role of regular cervical cancer screenings

Regular cervical cancer screenings are crucial to saving lives. They allow for the early detection of precancerous cells, significantly increasing the effectiveness of treatment and potential for full recovery.

The U.S. Preventive Services Task Force (USPSTF) provides **current guidelines** for these screenings, aiding providers in administering them effectively.

Always document each visit and screening. Cervical cancer screenings are a crucial measure in the MetroPlusHealth Pay-for-Performance (P4P) program, and this documentation helps maintain a high standard of care. For best practices and screening resources, [click here](#).

## MEMBER REWARD REMINDER

Members can earn a reward for completing a cervical cancer screening. Direct patients to this link: [memberwell.com/metroplus/rewards/landing/](https://memberwell.com/metroplus/rewards/landing/).

## MetroPlusHealth Compliance Hotline

MetroPlusHealth has its own Compliance Hotline, **888.245.7247**. Call 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.

## OFFICE WAITING TIME GUIDELINES

Excessive office waiting time significantly affects members' overall satisfaction with the doctor 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 hour for scheduled appointments. The best practice is to see patients within 15 minutes of arrival. If there is a 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. Everyone 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 hour.
- Members who walk in with nonurgent "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.

## HEDIS/QARR medical record review and clinical data collection

MetroPlusHealth's Quality Management (QM) department performs annual medical record data collections for HEDIS® (Healthcare Effectiveness Data and Information Set) and QARR (New York State Department of Health Quality Assurance Reporting Requirements).

HEDIS and QARR measure the performance of health plans and their participating practitioners on important aspects of preventive, acute, and chronic health care. HEDIS and QARR data are used by insurance purchasers and consumers as well as regulatory and accreditation agencies.

As a MetroPlusHealth network provider, you may be contacted to supply medical records for HEDIS/QARR reporting. If contacted, please take the time to find the requested member records and provide them to the QM department for our review.

Please note: HEDIS and QARR scoring methodology considers a missing record to be noncompliant, and we will not receive credit for the service.

New York State Law requires that MetroPlusHealth and its network physicians comply with HEDIS and QARR initiatives, and that we report the results to the State. The US Department of Health and Human Services has stated that supplying the requested records to us for HEDIS/QARR reporting does not violate the HIPAA Privacy Rule. See **45 CFR 164.506(c) (4)**.

Your assistance in completing and returning to us any requested medical record reviews will help us communicate to the medical and consumer community that we are committed to meeting the highest standards of care.

Thank you in advance for your help!

## Report demographic changes

Notify MetroPlusHealth of any changes to your demographic information. You should also notify us if you leave your practice or join a new one. 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 **800.303.9626**, Monday to Friday, 8 a.m. to 8 p.m.

# 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
Nonurgent "Sick" Visit	Within 48 to 72 hours of request, or as clinically indicated
Routine Nonurgent, 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 Nonurgent Behavioral Health Visit	Within 2 weeks of request
Specialist Referrals (Nonurgent)	Within 4 to 6 weeks of request
Health Assessments of Ability to Work	Within 10 calendar days of request

Medicaid Managed Care Primary Care Providers are required to schedule appointments in accordance with the aforementioned appointment and availability standards. Providers *must not* require a new patient to complete prerequisites to schedule an appointment, such as providing 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.