

MetroPulse Provider Newsletter

SUMMER 2023



Your patients will lose their Medicaid coverage unless they renew

Dear Valued Provider:

Please help your patients take action so they don't lose their Medicaid coverage. While individuals who qualified for Medicaid benefits had their coverage automatically renewed during the pandemic, the Public Health Emergency ended in May and individuals must now go through a complex redetermination process to keep their Medicaid coverage.

Losing coverage will mean disruption of care, negatively impacting the health of your patients, a decline in your patient roster, the potential for claim denials due to eligibility, and a negative impact on incentive-based rewards.

Here are five ways that providers can help:

- 1) Direct patients to call a MetroPlusHealth Customer Success Specialist at **212.908.3300** or go to **metroplus.org/renew/**.
- 2) Utilize all patient interactions to remind patients of the need to renew coverage.
- 3) Make use of MetroPlusHealth's recertification collateral, such as brochures, banners, and fliers. Send an email to **Staycovered@metroplus.org** to request these materials.
- 4) Ensure front line staff verifies recertification dates during registration and scheduling so there is no gap in coverage. Front line staff should be familiar with the recertification process, including documentation for renewal. Members

will receive notices regarding renewal which will result in increased questions and requests for assistance.

5) Go to the Provider Portal at **metroplushealth.my.site.com/Providers/s/login/** to request a roster of MetroPlusHealth members and recertification dates.

For questions, contact the Provider Call Center at **800.303.9626**.

As always, thank you for supporting our members.

Denise Smith
Vice President
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MetroPlusHealth

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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SUMMER REMINDERS

Read more about the following topics on our website:

- [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](#)

Important prenatal and postnatal guidelines

Comprehensive prenatal and postnatal care is a vital part of motherhood. Not only does appropriate care support the health of the woman, but it also helps ensure the health and well-being of her child. Make sure your patients have the facts when it comes to these important visits.

Healthy mom, healthy baby

Preventing health issues as well as identifying and treating problems as early as possible can help ensure a healthier pregnancy and birth. Encourage patients to ask questions and be open and honest about any health issues or concerns at prenatal visits. It's important to discuss sensitive issues such as mental health concerns or substance and tobacco use. Use screening tools to help identify any problems.

Establishing a prenatal timeline

A woman's health before pregnancy directly impacts the future health of her child. Encourage women to schedule a doctor visit before conception to manage any health conditions and reduce the risk of complications later on.

Review the prenatal checkup schedule with patients. Most women should use the following outline, although more visits may be necessary depending on risk factors and complications:

- Weeks 4 to 28 of pregnancy: One checkup every four weeks
- Weeks 28 to 36 of pregnancy: One checkup every two weeks
- Weeks 36 to 41 of pregnancy: One checkup every week

HEDIS®-approved codes

Prenatal Visit CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483

Postpartum Visit CPT: 57170, 58300, 59430, 99501

Telephone Visit CPT: 98966, 98967, 98968, 99441, 99442, 99443

Online Assessment CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458

Postpartum Depression ICD-10 CM: F53.0 (Postpartum depression); O90.6 (Postpartum mood disturbance)

Please use these codes when appropriate.



Importance of postnatal care

The weeks after giving birth lay the foundation for the long-term health of both the mom and baby. As a result, women should schedule a postnatal visit around three weeks after delivery as well as around 12 weeks. During the postnatal visit, address any concerns such as:

- Vaginal pain and bleeding
- Breastfeeding and breast issues
- Nutrition and exercise
- Bowel and bladder issues
- Contraception and sexual intimacy
- Management of pregnancy-related health issues such as gestational diabetes or pregnancy-induced hypertension
- Postpartum mental health

Postnatal visits are also opportunities to discuss positive, healthy steps for new moms.

MEMBER REWARD REMINDER

Remind members that they can **earn a reward** for completing a postpartum visit. Direct members to sign up at memberwell.com/metroplus/home/landing.

MONITOR CHILDREN WHO TAKE ANTIPSYCHOTIC MEDICATION

When managing the care of children on antipsychotic medications, it's all about balance. These medications play a crucial role in treating mental health conditions, yet they also have potential serious metabolic side effects. As such, children prescribed antipsychotic medications require rigorous and consistent monitoring.

The role of metabolic monitoring

Regular testing can help detect:

- **Increased BMI.** Antipsychotic medications can cause weight gain in kids, leading to a higher-than-normal BMI. This could put them at risk for obesity, as well as potential complications like type 2 diabetes and cardiovascular diseases. Regular monitoring of weight and BMI for these children is a must.
- **Impaired glucose metabolism.** These medications can interfere with the body's ability to regulate blood sugar levels, increasing the risk for type 2 diabetes. Regular glucose tests are vital to detect early signs of this issue.
- **Hyperlipidemia.** Antipsychotic medications can raise lipid levels in the blood. This condition can increase the risk for atherosclerosis, leading to heart disease and stroke. So, cholesterol testing is a necessary part of care.

Timely monitoring helps catch any changes early, making necessary interventions possible and ideally leading to better health outcomes for young patients.

Documenting blood work

When ordering blood work for glucose and cholesterol, providers should document the tests and their outcomes. Good record-keeping makes it easier to track patient health over time. It also helps inform decisions about their treatment.

HEDIS® MEASURE REMINDERS

HEDIS® measures monitor the percentage of children and adolescents on antipsychotics who received:

- Blood glucose testing
- Cholesterol testing
- Blood glucose and cholesterol testing

These measures help ensure the timely detection and management of metabolic changes, protecting the overall health of patients.

Regular checkups are important for children and teens

The Child/Teen Health Program (CTHP) in New York State follows the guidelines set by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, ensuring that children and teens have access to regular check-ups and screenings for early detection of any potential health concerns. Through CTHP, providers can offer timely interventions and appropriate treatments, addressing developmental, mental, behavioral, and substance use disorders. EPSDT not only facilitates the screening process but also provides financial coverage for diagnostic and treatment services if they are deemed medically necessary. By prioritizing preventive care and comprehensive screenings, **CTHP and EPSDT** play a crucial role in promoting the overall health and well-being of children and teens, setting them on a path towards a healthier and brighter future.



Are your patients taking their antidepressant medication correctly?

Although antidepressant medications can be an effective therapy for depression, almost half of patients do not comply with their treatment plan. Understanding why patients fail to take their medication correctly and identifying ways to prevent potential problems can help patients feel better and get the treatment they need.

Overcoming medication obstacles

One key to increasing medication compliance is through education. When prescribing an antidepressant, it's important that patients understand how to take it and what to expect. Caution patients to never discontinue the medication on their own. Abruptly stopping an antidepressant instead of tapering down slowly under a doctor's care can lead to withdrawal symptoms and increase the risk of relapse.

Below are four common reasons why patients may not comply:

1. *They don't think the medication is working.*

Remind patients that antidepressant medication can take weeks or even months to help them feel better. Too often patients stop taking the medication because they don't think it's effective. Explain that it can be normal to not experience benefits right away.

2. *They don't like the side effects.*

For some people, antidepressants can cause negative side effects such as headaches, nausea, and sexual problems. These side effects usually occur in the first few weeks of treatment before depressive symptoms improve, but lessen over time. Encourage patients to continue taking their antidepressant as prescribed and tell you if side effects don't subside. A change in dosage or prescription can help.

3. *They forget to take their medication.*

Like any medication, patients may forget to take their medication. Recommend that patients find a system to help them remember, such as pairing it with a routine activity like brushing their teeth.



4. *They stop taking the medication when they feel better.*

Your patient may want to stop taking the antidepressant as soon as they start to feel better. However, experts recommend that patients continue antidepressants for at least six months after they feel better to prevent symptoms from coming back. Remind patients that antidepressants are not addictive and the medication is working if it helps them feel better.

Encourage follow-up visits

After prescribing an antidepressant, maintain frequent follow-up visits. Schedule the first visit within three weeks of beginning treatment to evaluate the patient's tolerance and adherence and within four to six weeks to monitor effectiveness.

TIPS AND RECOMMENDATIONS

- Inform patients about the benefits of the Medication Management Program.
- Remind patients that they can earn a reward for refilling their antidepressant medication as prescribed.

FOLLOW OPIOID PRESCRIBING GUIDELINES

Prescription opioids, used appropriately, have a role in pain management. But they also have serious risks, including opioid use disorder and overdose, especially when used at high doses or over the long term. Guideline-based principles of opioid prescribing help ensure that the risks of opioid therapy don't outweigh the benefits for a given patient.

What's at stake

Nationally, as many as one-fourth of patients receiving long-term opioid therapy in primary care develop opioid use disorder, leading to substantial distress and impairment. More than 40 people die every day from overdoses related to prescription opioids.

Informed prescribing can lessen these risks and improve the safety and effectiveness of pain treatment. Follow these **CDC recommendations for prescribing opioids**. They don't apply to patients in active cancer treatment, palliative care, or end-of-life care.

Reducing the risks

Before starting a patient on opioid therapy for chronic pain, evaluate their history to determine whether taking an opioid would put them at high risk for opioid use disorder or overdose. Exercise caution if your patient has a history of substance use disorder or a mental health condition such as depression. Consider alternate treatment options when possible.



If opioids are prescribed for chronic pain, take steps to reduce the likelihood of opioid-related harms. Don't provide more opioid medication than is needed, and avoid concurrent prescribing of benzodiazepines. Monitor patients closely with the aim of improving safety and well-being.

PROVIDER CONSULTATION LINE

If you suspect opioid abuse, contact the Provider Consultation Line at **855.371.9228**.

Clinical reminders

When considering the initiation of opioid therapy:

- Remember that opioids are not a first-line or routine therapy for chronic pain.
- Educate patients about the risks and benefits of opioid therapy as well as the availability of nonopioid medications and nonpharmacologic options.
- Set measurable goals for pain and function before starting treatment; then periodically assess to see if opioids are helping patients meet their goals.

When choosing the opioid formulation, dose, and duration:

- Start with immediate-release opioids rather than extended-release/long-acting ones.
- Begin with the lowest effective dose and go slowly when adjusting it.

- If opioids are needed for acute pain, prescribe the lowest effective dose for no more than three days.

When reducing risk before and during opioid therapy:

- Check patients' history of controlled substance prescriptions in the New York State Prescription Monitoring Program.
- Conduct urine drug testing to assess prescribed medications and undisclosed use of other substances that increase the risk for opioid overdose.
- Reevaluate the risk of harm periodically; if needed, taper to reduce the dose or discontinue the opioid while optimizing other therapies.

Colorectal cancer screening options

There are several options for colorectal cancer screening. The challenge is determining the most appropriate method for each patient, taking into account their personal and family medical history. Here's a guide to three key screening tests.



1. gFOBT/FIT

The guaiac-based fecal occult blood test (gFOBT) and fecal immunochemical test (FIT) are noninvasive tests performed annually if negative. They detect blood in the stool, which can be an early sign of cancer or precancerous polyps.

Key considerations:

- These tests are simple, quick, and can be done at home.
- A positive test result necessitates a follow-up colonoscopy.
- They might not detect all cancers since not all cancers or polyps bleed.

2. mt-sDNA

The multitarget stool DNA test (mt-sDNA) combines FIT with a test that identifies altered DNA in the stool. This test is performed every three years if negative.

Key considerations:

- It is noninvasive and can be done at home.
- It has a higher sensitivity for detecting cancer and advanced adenomas than gFOBT/FIT.
- A positive result requires a follow-up colonoscopy and it's more expensive than gFOBT/FIT.

3. Colonoscopy

Colonoscopy is the most comprehensive screening method. It allows direct viewing of the colon and removal of polyps. It is typically performed every 10 years if no polyps are found.

Key considerations:

- It provides a direct view of the colon and can detect most polyps and cancers.
- Polyps found during the procedure can be removed, preventing them from turning into cancer.
- It is invasive and requires bowel preparation. There's also a small risk for complications.

Age-based recommendations

What should you consider based on a patient's age?

- **Younger than 45 years:** Screening is not generally recommended unless the patient has a high risk due to family history of colorectal cancer or polyps, or a personal history of inflammatory bowel disease.
- **Ages 45-75:** Regular screening is recommended. The choice between gFOBT/FIT, mt-sDNA, or colonoscopy depends on the patient's personal preference, health status, and risk factors.
- **Older than 75 years:** The decision to screen should be individualized, considering the patient's overall health and previous screening history.

To learn more about the American Cancer Society's goal of achieving 80% colorectal cancer screening rates in every community, [click here](#).



FOLLOW CLINICAL PRACTICE GUIDELINES

Clinical practice guidelines (CPGs) are recommendations developed to assist providers in delivering optimal care to their patients. These guidelines provide a framework for diagnosing, treating, and managing various medical conditions based on the latest research and best practices. MetroPlusHealth has clinical practice guidelines that we encourage all of our providers to view and follow. [Access the CPGs here](#).



Tips for talking with patients about domestic violence

Health care visits are an opportunity to offer education and support to patients experiencing domestic violence. Talking about this issue can be challenging, but it has the potential to prevent harm and save lives.

Each year, about 4,000 women and 900 men are treated in NYC emergency rooms for the acute effects of violence by an intimate partner. Domestic violence also increases the risk for several chronic health conditions, including cardiovascular disease, diabetes, asthma, and depression.

Encourage your patients to talk about their safety at home. Use these strategies to guide an effective conversation.

Ask direct questions in a sensitive, nonjudgmental way.

This is crucial whether you are doing a routine screening for domestic violence or an assessment based on abuse indicators. Keep the tone conversational, and make eye contact. Avoid using terms that can sound stigmatizing, such as “battered” or “victim.”

Phrase questions in a manner that puts patients at ease and encourages them to open up about their situation. For example:

- *I talk with all my patients about safety in their relationships, because that can have such a big impact on health. Have you ever felt unsafe or afraid around your partner?*
- *People often forget that men can experience violence in their relationships, so I always ask about it. Has your partner ever hit, slapped, kicked, or otherwise hurt you?*

Watch for and discuss common signs of domestic violence. They may include:

- Physical indicators, such as dental trauma, fractures, injuries in multiple areas, or bruises in various stages of healing
- Psychological indicators, such as depression, suicidal thoughts, eating disorders, or post-traumatic stress disorder
- Behavioral indicators, such as harmful alcohol or drug use, references to a partner’s temper, or reluctance to speak in front of a partner

If a patient presents with such signs, ask about them directly. For example: *I see that you have [describe injury]. This type of injury is sometimes the result of abuse. Was your injury caused by someone you know?*

Close the conversation on an empowering note.

Let patients know that help is available. NYC has a large support network of caring professionals as well as many resources to help them stay safe.

RESOURCES FOR PATIENTS

For support and assistance, contact the NYC Domestic Violence Hotline at **800.621.HOPE (4673)**. NYC also operates a Family Justice Center (FJC) in every borough with agencies and service providers on site. Individuals can walk in or call **311** to connect with the FJC nearest them. To learn more about FJC, [click here](#).

Have you discussed COVID-19 vaccination lately?

COVID-19 may no longer be a national public health emergency, but it remains a major health concern. As a trusted source of health information, providers can play a key role in educating patients about the safety and effectiveness of COVID-19 vaccination.

For the best protection, patients should stay up-to-date on their COVID-19 shots, including at least one dose of the updated (bivalent) vaccine for everyone ages 6 months and older. Here are some important points to address when discussing this topic.

Explain the vaccine's benefits

Share these key facts with patients:

- COVID-19 vaccination is effective at preventing severe illness, hospitalization, and death.
- The updated booster offers added protection for people who received the original vaccine or had COVID-19 in the past.

Certain groups have an increased risk for serious complications or death from COVID-19. They include people over age 65 and those with a number of health conditions (such as cancer, heart disease, diabetes, and chronic kidney, liver, or lung disease). Vaccination is particularly beneficial for individuals with these risk factors.

Raise these points with patients:

- More than 270 million Americans have safely received at least one COVID-19 shot.
- COVID-19 vaccines have undergone the most intense safety monitoring of any vaccine in U.S. history.

If a patient expresses concerns, listen carefully. Then offer information tailored to their values. For example, if they state that they value “natural” care, you might note that vaccines work by boosting the body’s natural defenses against disease.



Review preventive measures

Inform patients about additional steps they can take to protect themselves and reduce the spread of COVID-19 in their community. Share these tips:

- Wash your hands thoroughly and often.
- Consider wearing a mask in indoor public settings, especially if you are at high risk for severe COVID-19.
- Get tested if you are exposed to or have symptoms of COVID-19.
- Stay home for at least five days if you feel sick or test positive.
- Contact your doctor if you test positive, and ask about treatment options.

For more information, visit a816-health.nyc.gov/covid19help.

COVID-19 TESTING RESOURCES

COVID-19 testing is available at NYC Health + Hospitals facilities and community care clinics in every borough. For an appointment or to learn more, patients can call **844.NYC.4NYC (692.4692)**. For a list of COVID-19 vaccination sites in NYC, [click here](#).

CREATING A CULTURE OF IMMUNIZATION

Promoting a culture of immunization is crucial to safeguard patients from harmful diseases. As providers, fostering this culture involves instilling the understanding and importance of vaccinations throughout the lifespan.

Guidelines for lifelong vaccinations

HEDIS® measures monitor rates of vaccination across different age groups, ensuring comprehensive protection. For MetroPlusHealth, it specifically tracks:

Childhood immunizations — the percentage of members who receive the following vaccinations by age 2:

- 4 diphtheria, tetanus, and acellular pertussis (DTaP)
- 3 polio (IPV)
- 1 measles, mumps, and rubella (MMR)
- 3 haemophilus influenza type B (HiB)
- 3 hepatitis B (HepB)
- 1 chicken pox (VZV)
- 4 pneumococcal conjugate (PCV)
- 1 hepatitis A (HepA)
- 2 or 3 rotavirus (RV)
- 2 influenza (flu) vaccines

Immunizations for adolescents — the percentage of members who receive the following vaccinations by age 13:

- 1 dose of meningococcal vaccine
- 1 tetanus, diphtheria, and acellular pertussis (Tdap)
- Completed human papillomavirus (HPV) series

Adult immunization status — the percentage of members 19 years of age and older who are up to date on the following vaccinations:

- Influenza
- Tetanus and diphtheria (Td) or Tdap
- Zoster
- Pneumococcal

Prenatal immunization status — the percentage of pregnant members who receive the following vaccinations:

- Influenza
- Tdap

BEST PRACTICE REMINDERS

Maintaining community health and wellness requires adherence to the highest standards in immunization practices. Remember to follow **clinical practice guidelines** and also enter all administered immunizations into the **Citywide Immunization Registry**.

Help prevent readmission for mental health and substance use disorder

The transition from hospital to home can be a vulnerable period for patients, making timely follow-up with their primary care provider (PCP) crucial.

The importance of the seven-day follow-up

Studies show that patients who go to follow-up appointments with their PCP within seven days of discharge are less likely to be readmitted.

Clinical considerations:

- **Prioritize scheduling:** Arrange the seven-day follow-up appointment before the patient leaves the hospital. This step ensures they have a plan for continued care.
- **Promote understanding:** Explain the importance of the follow-up appointment to the patient and their caregivers, emphasizing its role in preventing readmission.
- **Encourage engagement:** Patients are more likely to attend follow-up appointments when they feel actively involved in their care. Encourage patients to ask questions and participate in decision-making processes.

Watch for high emergency department use

Frequent visits to the emergency department for mental health or alcohol and other drug dependencies can be a strong indicator of lack or limited access to continuity of care. These patients often cycle in and out of the ED, resulting in suboptimal care and high health care costs.

Strategies to improve continuity of care:

- **Implement follow-up systems:** Regular check-ins via phone or telehealth can help catch potential issues early and provide patients with the support they need, reducing the likelihood of ED visits.
- **Improve access to outpatient services:** Enhance referral networks to increase access to outpatient services such as counseling, group therapy, or medication management.

REMINDER: Set up a follow-up appointment within 30 days of the patient's ED visit. This longer-term visit provides insight into the continuity and effectiveness of care.

ADDRESSING PATIENTS' SOCIAL NEEDS

The new **HEDIS® Social Needs Screening and Intervention (SNS)** measure reflects a shift towards holistic care that considers social determinants of health (SDOH).

The **SNS measure** comprises six indicators, with one indicator assigned to screening and intervention for each of the three primary social needs: food, housing, and transportation. Unmet social needs — such as unstable housing, food insecurity, and lack of reliable transportation — exacerbate poor health and quality-of-life outcomes. Several screening instruments, such as the Health Leads Screening Panel®, Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool, AAFP Social Needs Screening Tool, and PRAPARE®, can be utilized.

Patients who screen positive for unmet social needs should receive interventions tailored to their specific requirements. These interventions may include assessment, assistance, counseling, education, provision of resources, or referrals to support services.

SDOH RESOURCES

There are many SDOH resources available in the community. For a list, [click here](#).

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.

TAKE CARE NEW YORK 2020

Take Care New York 2020 is a comprehensive initiative launched by the New York City Department of Health. This initiative focuses on addressing health disparities, promoting healthy behaviors, and ensuring access to quality healthcare services.

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 – Friday, 8 a.m. – 8 p.m.

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.

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.