

MetroPulse Provider Newsletter

WINTER 2024



Proper use of antibiotics during cold and flu season

Winter frequently heralds an uptick in patients presenting with respiratory and systemic symptoms. With patient expectations and a desire to alleviate suffering, there may be a temptation to prescribe antibiotics. However, it's imperative to discern between viral and bacterial etiologies before reaching for the prescription pad.

A significant proportion of antibiotics are inappropriately prescribed annually, contributing to antibiotic resistance. Accurate diagnosis and targeted therapy remain the pillars of effective patient care.

It's foundational knowledge that antibiotics are potent against bacterial infections, such as strep throat or certain cases

Self-disclosure process reminder As per the Office of Mental Health (OMH), Medicaid providers are now required to report, return, and explain any overpayments they have received to the Office of the Medicaid Inspector General (OMIG) Self-Disclosure Program within sixty (60) days of identification, or by the date any corresponding cost report was due, whichever is later. Learn more about the Self-Disclosure Reporting Process and additional reporting requirements [here](#).

of pneumonia. Yet, many winter ailments, notably colds or influenza, are virally mediated. The challenge lies in educating our patients, but more so in relying on our clinical acumen to distinguish between the two.

The CDC has curated resources for providers. Of particular use are the "Antibiotic Prescribing and Use" section and the "Be Antibiotics Aware Campaign." This national effort helps to fight antibiotic resistance and improve antibiotic prescribing and use. To learn more about the program, click [here](#).

In cases where antibiotics are unwarranted, don't underestimate the therapeutic value of evidence-based supportive care. Recommending proper hydration, rest, and symptomatic relief can often be the best course of action.

MEMBER REWARD REMINDER

It's not too late for patients to get a flu shot. Remind members that they can earn a reward for reporting their shot at memberwell.com/metroplus/rewards/flushot.

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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WINTER 2024 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
- Member Recertification
- Smoking cessation
- Rx carve-out and pharmacy benefit change
- Fluoride varnish
- Changes to COVID-19 testing coverage
- Syphilis screening
- Hepatitis C screening

View new updates to providers regarding Foster Care [here](#) and to Bill Type Requirements for 29-I VFCA Health Facility Claims [here](#).

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 6 p.m.

Help your patients learn the secrets to living "positively" at [Living Well With HIV](#).

Maximize Medicare: A guide for providers

Medicare's annual enrollment concluded in December, and MetroPlusHealth is happy to welcome new members for the plan year. Providers should encourage new and existing members to receive regular wellness exams.

Discuss the following topics during these visits:

1. Preemptive measures: Advance care planning

- Encourage conversations on advance directives and highlight their significance.
- Ensure that a copy of the advance directive document is saved in the patient's electronic health record.

2. Comprehensive care: Physical and emotional wellness

- Collaborate with patients to craft care plans that address both physical and emotional health.
- Address potential challenges, from fall risk and prevention to urinary incontinence.
- Suggest alternative treatment choices and participate in conversations aimed at overcoming obstacles.

3. Movement matters: Physical activity

- Co-develop a customized exercise routine.
- Advocate for gym memberships or local fitness programs. Note: MetroPlus Advantage Plan members can receive up to a \$250 fitness reimbursement at specific facilities. Direct members to this link for more details: metroplus.org/faq/does-metroplushealth-offer-gym-reimbursement.

4. Educate and empower: Motivational interviewing

- Emphasize the patient's role in self-management.
- Underscore the collaborative relationship between patients and health care teams.

5. Sensing discomfort: Pain screening

- Assess pain type, location, severity, and its impact on the patient's daily life.

6. Medication management: Reconciliation and adherence

- Conduct a thorough review of all medications, including over-the-counter ones.



- Minimize high-risk medications and consider a 90-day supply prescription for enhanced adherence. CVS mail-order or PillPack home delivery can offer sorted, prepackaged medications. Get more information at pillpack.com.

7. Everyday ease: Physical functioning

- Examine daily living activities and assess any physical restrictions.
- Recommend assistive and home safety devices when necessary. MetroPlus Medicare Advantage members can use their OTC/Flex Card benefits for health-related items, including safety and assistive tools.

Providers can play a pivotal role in ensuring the well-being of Medicare members by fostering a proactive approach and engaging in these vital conversations.

For more information, please refer to the **Provider Quality Alliance Guidelines**.

Holistic health approaches for older adults

The aging population is rapidly growing, presenting a diverse range of health needs and considerations. These demands frequently extend beyond just physical ailments, becoming intricately linked with emotional and mental well-being. For health care providers, the ability to comprehend and effectively manage this complex interconnection is key.

The multifaceted nature of older adults' health

Older adults often find themselves navigating the crossroads of physical and mental health. An emotional ailment can affect physical well-being, and a physical condition can take a toll on a patient's mental state.

This connection is captured accurately by Medicare's Health Outcomes Survey (HOS). Through its physical health component scores (PCS) and mental health component scores (MCS), Medicare paints a comprehensive picture of an older adult's health. This picture encompasses everything from how emotional challenges limit daily roles to an individual's sense of vitality and general health perception.

Bridging the communication gap

Certain health issues may not be discussed due to their sensitive nature. Conditions like depression or urinary incontinence, which are fairly prevalent among older adults, are often unspoken. The silence can lead to these issues being overlooked or misdiagnosed, causing delayed or inadequate treatment.

Many older adults might feel more at ease discussing these topics with their primary care providers, seeing them as a first point of contact rather than seeking out specialists. This places a responsibility on primary care providers to foster an environment of trust, open dialogue, and comprehensive screening.

Navigating the complex terrain of older adults' care

By focusing on the following health topics, you can care for older adults holistically.

1. Comprehensive care for older adults

- **Daily living metrics:** Regularly assess patients' instrumental activities of daily living (IADLs) and activities of daily living (ADLs). These metrics provide a window into how independently a patient can navigate their day-to-day life, with IADLs covering complex tasks and ADLs encompassing basic self-care routines.
- **Medication dynamics:** Discussions about drug interactions, potential overuse, and development of strategies around adherence become crucial. Innovations like PillPack is one way to help older adults take their medication.
- **Pain dynamics:** Continual monitoring and discussions around pain can offer insights into the efficacy of current treatment plans and potential modifications.





- **Active aging:** Personalized exercise regimes can instill a sense of vitality and wellness among older adults.
- **Safety protocols:** Discuss safety needs, from fall risks to auditory and visual health.
- **Charting the future:** Empower patients with knowledge about advance care planning tools.

2. Nurturing mental and behavioral equilibrium

- Using screening instruments like PHQ2/9, GAD-7, and DAST-10, providers can craft a pathway toward diagnosing and managing mental and behavioral health conditions. In addition, addressing habits and behaviors around smoking and alcohol consumption can lead to holistic well-being.

3. Social health: Beyond the medical

- Social determinants of health (SDOH) provide a framework to understand the myriad ways a patient's environment impacts their health. From socioeconomic challenges to living conditions, these factors play a pivotal role.
- Motivational interviewing techniques can encourage patients to make changes and participate in their health journey.

Enhanced care: Tips for providers

To deepen patient understanding and cater to the holistic needs of older adults, consider the following:

- **Perception matters:** Review patients' self-rated General Health Status and Healthy Days measures.
- **Temporal health views:** By periodically juxtaposing a patient's current health state against previous periods, patterns or anomalies can be discerned, enabling proactive care.
- **Consistent engagement:** Regular interactions can keep providers attuned to subtle shifts in their health.

Incorporating these approaches ensures that providers offer older adults the compassionate, comprehensive, and detailed care they deserve, addressing every facet of their health and well-being.

When a patient leaves your office, they may still have questions. MetroPlusHealth offers members access to a health library with information about many health conditions. For details, see healthlibrary.metroplus.org.

REMINDER: HRA AND UAS

Encourage members to complete their Health Risk Assessment (HRA) or UltraCare Uniform Assessment System (UAS) to earn a \$10 reward. Direct members to this link for information: memberwell.com/metroplus/rewards/healthassessment/medicare.

IS YOUR PATIENT DUE FOR A COLORECTAL CANCER SCREENING?



Colorectal cancer is the third leading cause of cancer-related death in the U.S. But the incidence of death among older adults is declining, thanks to increased usage of colorectal cancer screenings.

Physicians are in a unique position to save lives by urging patients to get screened. The age at which screenings should start and the frequency of screenings depend on the patient's age and risk factors.

What the experts recommend

The U.S. Preventive Services Task Force recommends that all adults ages 45 to 75 get screened regularly for colorectal cancer. Adults ages 76 to 85 may need to be screened, depending on their risk factors and overall health. They should talk with their provider about screenings.

Patients who are at increased risk for colorectal cancer may need to start screenings before age 45, and they may need to be screened more frequently than others. Risk factors include:

- Having a family history of colorectal cancer
- Smoking cigarettes
- Being overweight or mostly sedentary
- Having inflammatory bowel disease
- Having a documented history of advanced polyps
- Having inherited conditions like Lynch syndrome and familial adenomatous polyposis

How to help your patients

Education and destigmatizing are important when talking with patients about colorectal cancer screenings.

Talk with your patients about their options for screenings, including both stool-based tests and visual screening tests. Explain what each method entails, such as whether they will need to go to a provider's office or can collect a sample at home.

MetroPlusHealth also helps in this regard. We text, send postcards to, and call members to educate them about the importance of colorectal cancer screenings and the different options available.

Consider your patients' circumstances

Research shows that rates of colorectal cancer vary by demographic, with certain racial and ethnic minorities affected more. Since minority communities often face greater barriers to disease prevention, detection, and treatment, providers must be vigilant about recognizing inequality in social determinants of health and adjusting advice accordingly.

REMINDER: MEMBER REWARD

Encourage patients to report their colonoscopy to earn a reward. Direct members to this link for information: memberwell.com/metroplus/rewards/coloncancerscreening.

Best practices for colorectal cancer screenings

1. Prioritize high-risk race and ethnicity groups.
2. Offer noninvasive screening options to those who refuse a colonoscopy.
3. Call or text patients with screening reminders and follow-ups.
4. Use a medical record-flagging system to alert you when screenings are overdue.

Guide patients toward effective DIABETES MANAGEMENT

It's essential to take a comprehensive and proactive approach to diabetes management. Consider using these methods when working with patients who have diabetes:

- 1. The power of collaboration:** Encourage patients to build a support system, advocating for joint activities like exercising or having healthy meals with friends or family. This shared journey can help create accountability and motivation.
- 2. Setting tangible milestones:** Set achievable targets. Instead of lofty New Year's resolutions, recommend tangible goals, such as increasing daily steps. Mention Shape UP NYC, a free group fitness program, Direct members to this link for information: nycgovparks.org/events/shape-up-nyc.
- 3. Fostering informed decisions:** Provide patients with credible information for post-visit queries. MetroPlusHealth's online health library is a handy resource. For details, see healthlibrary.metroplus.org.
- 4. Continual discussions:** Address diabetes management during every encounter to ensure adherence to a healthy lifestyle and highlight the gravity of noncompliance.

A comprehensive checkup blueprint

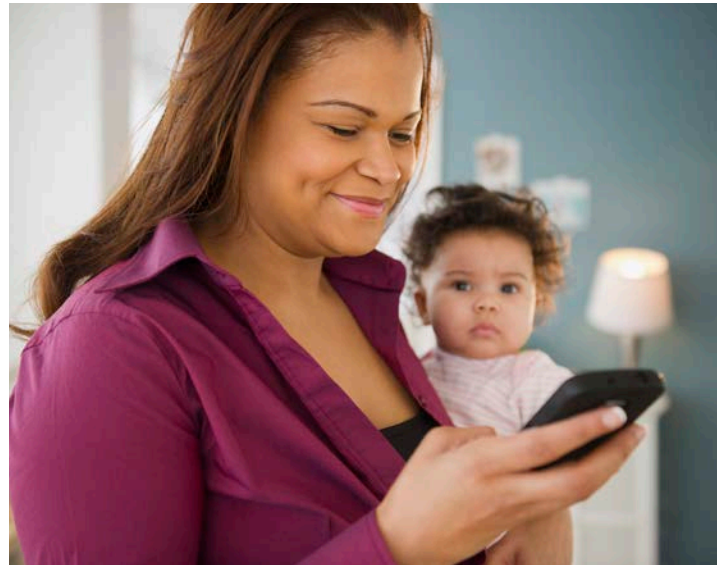
For holistic diabetes care, physicians need a structured protocol. The following checklist can serve as a guide:

During routine follow-ups:

- **Physical metrics:** Monitor height, weight, body mass index, and blood pressure.
- **Health queries:** Discuss potential hypoglycemic episodes, specialist visits, medical history updates, dietary habits, sleep patterns, medication usage, and blood glucose monitoring.
- **Medication review:** Understand medication-related challenges, side effects, or alternative medicine consumption.

During yearly comprehensive review:

- **Physical evaluation:** Beyond basic metrics, annual checks should include eye examinations, thyroid evaluations, feet examinations (including PAD screening



and sensory determination), liver functions, and cognitive status (for those older than age 65).

- **Laboratory tests:** Conduct timely tests for Hb A1c, lipid levels, liver function, urinary albumin-to-creatinine ratio, serum creatinine, glomerular filtration rate, thyroid-stimulating hormone, Vitamin B-12, and serum potassium.
- **Deep-dive queries:** Discuss potential complications, last dental or eye examinations, tobacco/alcohol/substance use, vaccinations, insulin pump settings, and mental health status, and evaluate diabetes self-management skills and potential obstacles.

Adopting this dual strategy of patient empowerment and comprehensive checkups ensures that the care provided is not only effective but also positions patients at the center of their health journey, enhancing the overall quality of diabetes management.

DIABETES WEBINAR

Watch a webinar from the AHA "Know Diabetes by Heart" at knowdiabetesbyheart.org/professional/professional-resources/webinar-series.

Support patients in their JOURNEY TO QUIT SMOKING

For many patients, quitting smoking can be one of the most challenging hurdles. A physician's support can make a significant difference. Combining personalized counseling with medication options, such as nicotine replacement therapy (NRT), can be particularly effective.

Counseling, whether in person or via phone or text, offers a platform for patients to share and process their experiences. Individual sessions or group discussions can cater to varied comfort levels and needs. Meanwhile, NRT provides a gradual weaning off from nicotine, easing the withdrawal symptoms and the transition to a smoke-free life.

Initiate dialogues about tobacco use at every visit to keep the focus on quitting. The CDC offers **conversation guides** that can aid providers in addressing this topic.

Follow-ups are crucial. They help gauge progress, realign strategies if needed, and encourage persistence. If an approach doesn't work, suggest alternatives to keep the momentum going. A gentle nudge reminding them of the health dividends of quitting can also rekindle their determination.

Through targeted advice, resource sharing, and empathetic dialogue, physicians can be the catalyst patients need in their fight against tobacco addiction.



SMOKING CESSATION RESOURCES

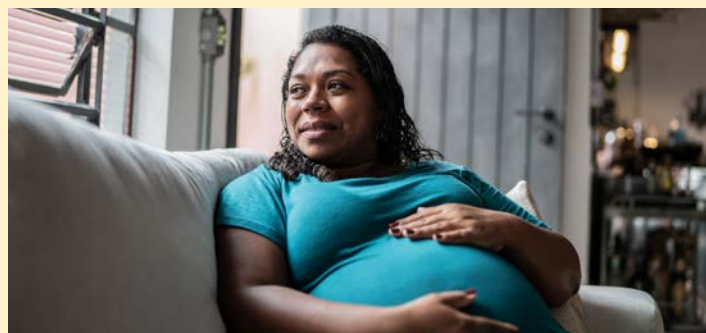
Direct patients to reliable resources, such as MetroPlusHealth's Smoking Cessation page (metroplus.org/members/health-information/smoking-cessation) and the NYS Quitline (nysmokefree.com/ToolsAndResources/LocalResources).

PRENATAL IMMUNIZATIONS: A vital component of pregnancy care

Ensuring the well-being of both an expectant mother and her fetus involves safeguarding against potential diseases. Key among the protective measures are immunizations.

The Advisory Committee on Immunization Practices emphasizes the importance of the influenza vaccine for women who are either pregnant or possibly becoming pregnant during flu season.

Moreover, a singular dose of the Tdap vaccine, which offers defense against tetanus, diphtheria toxoids, and acellular pertussis, is vital. It should be administered in every pregnancy, optimally between gestational weeks 27 and 36.



PROVIDER TOOLKIT

The CDC compiled a toolkit for providers to talk with patients about prenatal vaccines. You can find it at cdc.gov/vaccines/pregnancy/hcp-toolkit/index.html.

Monitor development at well-child visits



The American Academy of Pediatrics (AAP) has consistently emphasized the significance of providing care that is family-centered, comprehensive, and coordinated. An integral component is the monitoring of a child's development during well-child visits. Not only does this ensure that the child achieves age-appropriate milestones, but it also facilitates the timely identification of any potential developmental issues.

Understanding developmental screening

Developmental screenings typically encompass a variety of tests to determine if a child's developmental progress aligns with standard benchmarks. It's essential to remain vigilant about when to initiate these screenings.

A notable inclusion in the screening itinerary is autism screening, which is specifically recommended at both 18 months and 24 months.

Providers are advised to employ CPT code 96110 for global developmental screenings. Furthermore, to differentiate between the global developmental screenings and autism-specific screenings at the 18- and 24-month intervals, providers should append a modifier. For autism screenings, use CPT code 96110 accompanied by modifier (CG) or, alternatively, use ICD-10 code Z13.41.

If a child exhibits potential developmental delays or abnormalities, recommend further evaluations. This might involve referrals to specialized services, such as a speech pathologist or an occupational therapist, among others.

Guidance for parents

Parents can also be vigilant observers. They witness their child's day-to-day activities, making them well-positioned to spot any irregularities. For an insightful guide on what parents should be watchful for, the CDC offers a comprehensive resource at [cdc.gov/ncbddd/childdevelopment/screening-hcp.html](https://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html).

IMMUNIZATION SCHEDULE

The CDC provides a child and adolescent immunization schedule. Find it here: [cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf](https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf).

Reconsider early imaging for low back pain

Guidelines from the American Academy of Family Physicians (AAFP) advocate against imaging within the initial six weeks of experiencing low back pain.

Research shows that most low back pain episodes improve with time and exercise, rendering early imaging frequently unnecessary. In fact, premature imaging may not significantly modify treatment plans yet could cause undue interventions, increase health care costs, and expose patients to radiation.

When discussing management with patients, emphasize self-care strategies. Encourage them to remain active

through walking, swimming, and stretching to help reduce pain. Highlight the merits of physical therapy for strengthening core muscles and using hot or cold packs to reduce inflammation. Recommend over-the-counter pain relievers and weight loss to reduce pressure on the lower back. Lastly, remind patients about good habits like sitting straight, getting up for regular breaks, and doing exercises that stretch and strengthen the back.

MetroPlusHealth offers members access to a video on back exercises, available online [here](#). To view the AAFP guidelines, [click here](#).

HELP PATIENTS MANAGE ASTHMA

As cold weather takes hold of New York, it's time to focus on the estimated 1.4 million adults and 390,000 children in the state who have asthma. That's approximately one in 10 adults and one in 12 children.

Physicians are vital in treating and managing asthma, and the work to do so can be far-reaching — and potentially lifesaving.

It starts with the Rx pad...

Medication is, of course, instrumental in controlling asthma. Between quick-relief medicines and long-term control medications, your prescribed treatment plan will vary from patient to patient. Generally, bronchodilator administration through a pressurized metered dose inhaler via a spacer is recommended for nonsevere asthma.

With every prescribed medication, be sure to discuss specifics with the patient: how they should take it, how it helps their asthma, and any side effects they might experience.



...But it doesn't end there

Treatment of asthma extends beyond medication and into education and management. Talk with your patients about their specific asthma triggers, as well as steps they can take to reduce the presence or prevalence of triggers in their environments.

Asthma attacks are more likely to occur in the cold outdoor air, so discuss steps that patients can take to lower their risk and protect their lungs this winter.

In addition, help the patient create an individualized asthma action plan. Talk about which symptoms to watch for and explain the differences between green, yellow, and red zones.

Asthma treatment doesn't end when the patient leaves your office. Follow up with your patient to check on their symptoms, ask whether they've been using medication more often, and remind them about the importance of keeping appointments.

Refill incentives

Help patients adhere to their medication plan by telling them about MetroPlus home delivery and 90-day supply/ Direct members to this link: metroplus.org/faq/how-can-i-get-a-90-day-supply-of-my-medicine.

Patients can also get a reward for refilling their medications. Tell patients about this incentive and encourage them to refill their medication on schedule. Direct members to this link: memberwell.com/metroplus/rewards/asthamedicationmanagement).

After a patient leaves your office, they may still have questions. MetroPlusHealth offers members access to a health library with information about health issues, available online [here](#).

GINA SLIDE SET

The Global Initiative for Asthma (GINA) provides a slide set with information about asthma and its treatments. Here is the link:

ginasthma.org/2023-whats-new-in-gina-slide-set.

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 6 p.m.

HEDIS/QARR medical record review and clinical data collection

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

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 U.S. 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!

HEDIS is a registered trademark of the National Committee for Quality Assurance.

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.

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.

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 |

For a list of our Behavioral Health Access and Availability standards, [click here](#).

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.