

MetroPulse Provider Newsletter

SPRING 2024



Help address childhood obesity with BMI screenings

Body mass index (BMI) serves as a cost-effective and simple metric for clinicians to assess weight-related health risks in pediatric patients. Obesity in early life stages significantly increases the risk for chronic conditions such as hypertension, diabetes, sleep disorders, musculoskeletal discomfort, and psychological disturbances, including reduced self-esteem.

The American Academy of Pediatrics advocates for routine BMI screenings from age two, recommending annual assessments to monitor weight status and its implications on overall health. View the clinical practice guidelines [here](#). Due to the dynamic nature of growth in children and adolescents, a single BMI measurement may not accurately reflect long-term weight trajectory. Therefore, continuous tracking is crucial.

Pediatric health care providers play a vital role in promoting and reinforcing healthy lifestyle behaviors. This encompasses providing nutritional guidance, ensuring adequate hydration, advocating for regular physical activity, limiting sedentary screen time, and emphasizing the importance of sufficient sleep. Engaging parents or guardians in these interventions is essential for effective implementation.

PROVIDER RESOURCE

NYC Health offers a Provider Coaching Guide on discussing pediatric obesity. To view the guide, click [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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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.

SPRING 2024

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
- Syphilis screening
- Hepatitis C screening

Updated billing for 2024 COVID-19 vaccines

Updated billing guidance to bill NYRx, the New York State Medicaid Fee-for-Service pharmacy program for all Medicaid members enrolled in MetroPlusHealth Medicaid, Partnership In Care, and Enhanced (HARP) plans, for COVID-19 Vaccines can be found here. For questions about NYRx billing and claims, call the eMedNY Call Center at **800.343.9000**.

Double trouble: Smoking and mental health

When discussing smoking cessation with your patients, you're apt to hear, "Smoking is a stress reliever."

It's a common belief. But on the contrary, smoking or vaping is stressful. While smoking may temporarily feel good because it relieves feelings of nicotine withdrawal, nicotine withdrawal can bring on stressful cravings. Smoking fuels a stress loop.

Smoking also poses risks to a patient's mental health, in addition to elevating the risk for cardiovascular disease, 12 types of cancer, and other physical health conditions. Studies show that smoking may increase the lifetime risk for depression and schizophrenia. Moreover, smoking doesn't resolve the underlying issue that's causing emotional discomfort.

Stress Rx

To help your patients de-stress without smoking, talk with them about healthy ways to cope with life's challenges.

- **Discuss self-care strategies.** Relaxation exercises, such as breathing deeply, exercising regularly, eating well, and getting enough sleep, can help patients better handle stress instead of lighting up or vaping.
- **Encourage patients to seek mental health services.** Lifetime smoking rates are higher among people with mental health conditions, such as major depression disorder and bipolar disorder. Encourage these patients to seek support to reinforce their healthy coping strategies. Adult Behavioral Health Services for mental health and substance use disorders are provided at home or in the community. For most services, members may choose from a list of MetroPlusHealth in-network providers.

How to talk with patients about quitting

Your advice to quit using tobacco products can motivate patients. At every visit, ask patients about tobacco use with questions like: "Do you use tobacco products, such as cigarettes or e-cigarettes?"

- If your patient has quit recently, congratulate them and assess their challenges, confidence level, and need for your support.

- If your patient has recently relapsed, encourage them to try again. It often takes several tries to quit successfully.
- If your patient isn't ready to quit, encourage them to do so. Use nonjudgmental language, such as: "Quitting smoking is the most important thing you can do for your health."

Help your patients quit

Many smokers stop cold turkey, but only 4 to 7% of them remain nonsmokers. Patients can increase their chances of quitting smoking by setting a quit date within 30 days and seeking professional support with an online or in-person **stop-smoking program**.

The New York State Quitline is a free and confidential resource for patients who want to stop vaping, smoking, or using other forms of tobacco. Patients can call **866.NY.QUITS (866.697.8487)** or text **716.309.4688**.

Patients can further increase their success rates by combining a smoking-cessation program with medications, such as bupropion and varenicline, and nicotine-replacement products like a patch, gum, lozenge, inhaler, or nasal spray. Patients can also get free nicotine patches or lozenges by calling 311 or **866.697.8487**.



SMOKING CESSATION RESOURCES

To view the CDC's guidelines on helping patients quit tobacco, click [here](#). For a Vaping Cessation Guidance Resource with tips for talking with patients, click [here](#).

How to bill for family planning and REPRODUCTIVE HEALTH SERVICES

Providers within the Medicaid Managed Care (MMC) network are advised to direct bill for family planning and reproductive health services to the relevant MMC plan, rather than a fee-for-service (FFS) plan. This directive applies to all MMC plans, including HIV-SNP and HARP, as these services are encompassed within their benefit packages.

MMC enrollees are entitled to access family planning and reproductive health services from any Medicaid-qualified provider. However, when these services are provided by an out-of-network (OON) provider, billing should be routed to Medicaid FFS. Key services include:

- Birth control methods such as IUDs, diaphragms, and other contraceptives
- Emergency contraception
- Sterilization procedures for adults
- Pregnancy testing
- Necessary abortion services as agreed upon by the patient and provider
- HIV and sexually transmitted disease (STD) testing, treatment, and counseling
- Cancer screenings and related health checks



It is important for providers to follow these billing guidelines to ensure seamless service delivery and proper reimbursement for care provided to MMC enrollees.

Extension for postpartum coverage

MetroPlusHealth now covers postpartum health care for 12 months. This is an extension of the previous coverage period of 60 days. Find out more at metroplus.org/providers.

Optimizing diabetes care

Diabetes self-management education and support (DSMES) is an evidence-based method that enhances health outcomes and behaviors in individuals with diabetes. DSMES services can help teach patients how to live with and manage diabetes. View the CDC's DSMES toolkit [here](#).

The American Heart Association and American Diabetes Association (ADA) have partnered as part of the Know Diabetes by Heart™ initiative. The goal is to help reduce cardiovascular problems and heart failure in people with type 2 diabetes. Providers can view the latest cardiovascular and diabetes research, patient educational

and clinical tools, and quality improvement programs. To check out the Know Diabetes by Heart™ resources, click [here](#).

The NYC Health + Hospitals' Diabetes Center of Excellence stands out for its DSMES program. For more details on NYC Health + Hospitals and to find a diabetes care provider for patients, click [here](#).

You can also refer patients to MetroPlusHealth's robust **Good4You health library** to search for a variety of health articles, videos, quizzes, risk assessments, and diabetes-friendly recipes.

MONITORING DEVELOPMENT AT WELL-CHILD VISITS



The American Academy of Pediatrics (AAP) emphasizes 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 witness their child's day-to-day activities, making them well-positioned to spot any irregularities. The CDC provides an insightful guide for parents on development. Providers can share this link with parents: [cdc.gov/ncbddd/childdevelopment/screening-hcp.html](https://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html).

For the CDC's list of comprehensive child and adolescent immunizations for 2024, click [here](#).

HELP IMPROVE READING SKILLS

The Read Together, Be Together initiative helps parents build their child's reading skills. Refer parents to the MetroPlusHealth website at [memberwell.com/metroplus/learn/storytime/](https://www.memberwell.com/metroplus/learn/storytime/) to find book readings from celebrities and TV characters.

PROVIDING COMPREHENSIVE CARE TO OLDER ADULTS



The demographic landscape is shifting globally toward a rapidly growing aging population. This change presents a complex array of health needs that extend beyond physical ailments, intricately linking to emotional and mental well-being.

For health care providers, the ability to understand and effectively manage this complex interplay is crucial. Here, we offer strategies and insights for physicians to provide comprehensive care to older adults.

Understanding the multifaceted health of older adults

Older adults often deal with both physical and mental health issues at the same time. Emotional ailments can significantly affect physical well-being, and physical conditions can have profound effects on mental health. This bidirectional relationship is crucial in understanding health care for older patients.

The Medicare Health Outcomes Survey (HOS) exemplifies this by assessing both physical and mental health component scores (PCS and MCS), offering a comprehensive view that includes the impact of emotional challenges on daily roles and overall health perception.

Bridging the communication gap

Sensitive health issues, such as depression or urinary incontinence, are prevalent among older adults but often go unspoken due to their sensitive nature. This silence can lead to these conditions being overlooked or misdiagnosed, resulting in delayed or inadequate treatment.

Primary care providers, often the first point of contact, have a pivotal role in creating an environment of trust and open dialogue. Comprehensive screening and empathetic communication are key to addressing these sensitive issues effectively. For communication tips from the NIH, click [here](#).

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Holistic care strategies for older adults

1. Comprehensive care approaches:

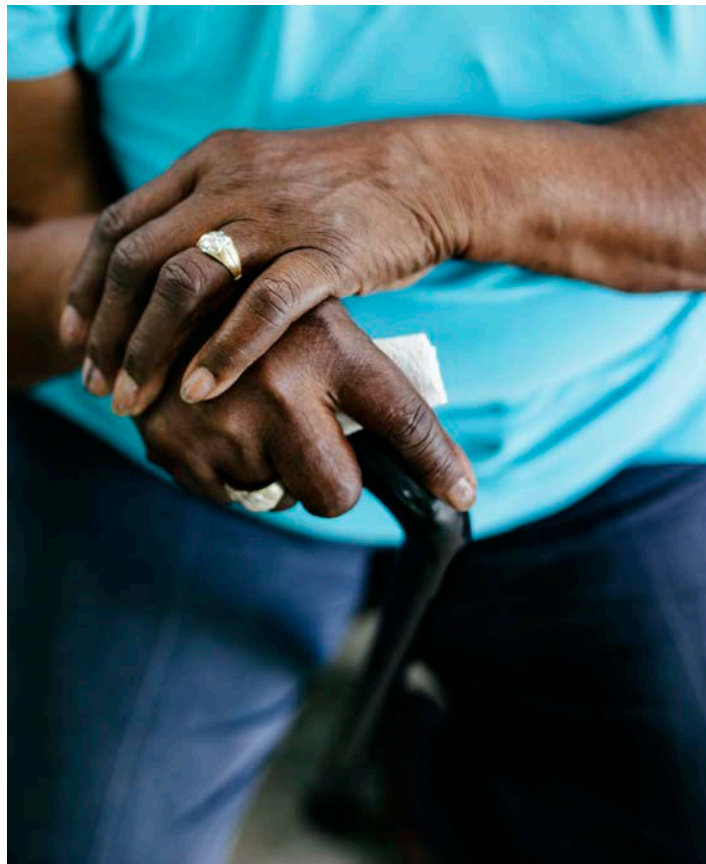
- **Assessing daily living abilities:** Regular evaluation of Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs) provides insights into a patient's ability to independently manage day-to-day tasks and self-care routines.
- **Managing medication:** Discuss drug interactions, potential overuse, and adherence strategies. Tools like **PillPack** can assist older adults in managing their medications effectively.
- **Managing pain:** Continuous monitoring and discussions about pain can help evaluate the efficacy of current treatments and suggest necessary modifications.
- **Promoting active aging:** Personalized exercise regimes can enhance vitality and wellness.
- **Ensuring patient safety:** Discuss and assess fall risks and auditory and visual health to ensure patient safety.
- **Advance care planning:** Empower patients with knowledge and tools for future health care decision-making.

2. Mental and behavioral health management:

- Use screening tools like PHQ2/9, GAD-7, and DAST-10 for early diagnosis and management of mental and behavioral health conditions.
- Address lifestyle factors such as smoking and alcohol consumption for a more holistic approach to health.

3. Addressing social health factors:

- Consider Social Determinants of Health (SDOH) to understand how a patient's environment impacts their health. MetroPlusHealth has many resources online. Refer patients **here** to search for nutrition assistance, such as SNAP or Meals on Wheels; transportation services, social isolation programs; health literacy; disability services; legal help; and more.
- Employ motivational interviewing techniques to encourage patient participation in their health journey.
-



Enhancing patient care: Tips for providers

- **Understanding patient perception:** Review and discuss patients' self-rated General Health Status and Healthy Days Measures for a more personal understanding of their health.
- **Performing a temporal health analysis:** Regularly compare a patient's current health state against previous periods to identify patterns or anomalies, enabling more proactive and personalized care.
- **Consistently engaging:** Maintain regular interactions with patients to detect subtle shifts in their health, enhancing the ability to respond to changes timely.

Patient education resource

MetroPlusHealth wants to keep members healthy and well. Providers can refer patients to our robust **Good4You Health Library** to search for a variety of health articles, risk assessments, recipes, videos, and quizzes.

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The aging population presents a unique set of challenges and opportunities for health care providers. By adopting a holistic approach that encompasses physical, mental, and social aspects of health, physicians can significantly improve the quality of life for older adults. This approach requires not only medical expertise but also empathy, patience, and an understanding of the aging process.

As the population continues to age, the role of health care providers in managing this demographic shift becomes increasingly important. Through continual learning

opportunities, empathetic patient interaction, and a multifaceted approach to care, providers can make a profound difference in the lives of older adults.

REMIND PATIENTS ABOUT HRA AND UAS

Encourage patients to complete a Health Risk Assessment (HRA) or UltraCare Uniform Assessment System (UAS) to earn a \$10 reward. Direct patients to this link to register for Metrmember rewards: memberwell.com/metroplus/home/landing/.

LEARN MORE BY ASKING QUESTIONS

- Assess your patient's perception of their General Health Status and Healthy Day Measures through their self-rated responses. These responses can provide key information and help you better understand your patient's overall perspective of their health. Remember: the office visit provides only a partial snapshot of the patient's status.
 - Assess general health status to better understand the patient's perception of their health using ratings of "Excellent," "Very good," "Good," "Fair," or "Poor."
- Patients should be evaluated in recent "months" and recent "one or two weeks."
- Assess comparative health status to better understand the patient's perception of their health ratings over time with the ratings of "Much better," "Slightly better," "About the same," "Slightly worse," or "Much worse" from a year ago.
 - Ask older patients about their physical and mental health at every appointment and be alert for changes.

Reconsider early imaging for low back pain

The American Academy of Family Physicians (AAFP) advises against immediate scanning for low back pain within the first six weeks. Studies indicate that most cases of low back pain get better over time with physical activity, making early scans often redundant. Early imaging might not alter the course of treatment significantly but can lead to unnecessary medical actions, higher health care expenses, and potential radiation exposure.

When advising patients on how to manage their condition, focus on self-care methods. Suggest staying physically active through activities like walking, swimming, and stretching to alleviate pain. Emphasize the benefits of physical therapy in strengthening the core muscles and the use of heat or ice packs for reducing swelling. Recommend over-the-counter pain relievers and losing weight to reduce stress on the lower back.



PATIENT EDUCATION RESOURCE

Patients can view MetroPlusHealth's Good4You Health Library to search for information on low back pain and many other topics. Here is the link to the health library: healthlibrary.metroplus.org/.

Understanding the Restricted Recipient Program

The New York Office of the Medicaid Inspector General (OMIG) oversees the Restricted Recipient Program (RRP), a critical initiative designed to monitor and manage cases of misuse or abuse within the Medicaid Program.

Role of the RRP

The RRP aims to identify and address patterns of misuse or abuse in the utilization of Medicaid services. Managed care organizations, under guidance from NYS DOH and OMIG, implement restrictions for enrolled members exhibiting problematic usage patterns.

MetroPlusHealth's role in RRP

MetroPlusHealth's Restricted Recipient Unit plays a pivotal role in this program:

- **Function:** It reviews member usage of medical services to spot trends in duplicate, excessive, or contraindicated services, and abusive practices.
- **Team composition:** The Restricted Recipient Program Review Team (RRPRT) includes a provider, pharmacist, and registered nurse.
- **Decision-making:** The RRPRT decides on the necessity of restrictions, which may include limitations to specific providers like PCPs, dentists, podiatrists, or hospital settings.

Types of restrictions and duration

Members may be restricted to specific providers, including PCPs, physician groups, inpatient, dental, outpatient, podiatry, or nurse practitioners.

Restriction periods vary:

- Initial restrictions: 2 years
- Re-restrictions (2nd): 3 years
- Subsequent restrictions (3rd or more): 6 years

Provider responsibilities in RRP

PCPs have specific duties:

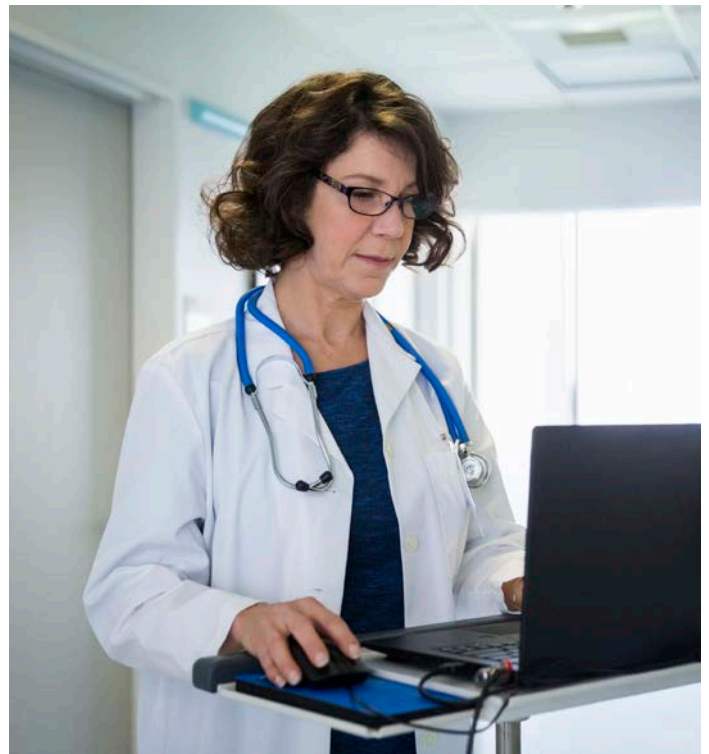
- **Health care management:** PCPs must manage the health care of RRP members, including referrals and hospital care.

- **Restriction Recognition:** Restricted recipients will have an "R" on their ID card. Providers must check member eligibility and restrictions before each encounter.

Pharmacy carve-out

- **Prescription coverage:** Managed care plans exclude prescription coverage for RRP members. This aspect is managed by Medicaid NYRx, under the Department of Health.
- **Provider assistance:** For prior authorizations or clinical concerns, providers should contact the Magellan Clinical Call Center.
- **Patient queries:** For pharmacy coverage questions, members should be directed to their local Human Resources Administration (HRA).

Restricted members must receive care only from their assigned provider unless there is prior authorization from their PCP. Unapproved claims will be denied, emphasizing the importance of adherence to the program's guidelines.



MEDICATION ASSISTED TREATMENT

Medication Assisted Treatment (MAT) provides members with treatment to stay sober. MAT is the use of medication, in combination with counseling, to treat substance use disorders. Patients on MAT are more likely to remain in the community, and it can help them maintain their recovery.

As of October 2021, there has been a formulary update for MetroPlusHealth's Medicaid, PIC, and HARP members. This update provides opioid substance use disorder medication, per the NYS Department of Health Single Statewide Medication Assisted Treatment Formulary. To view the updated information, including a list of medications, click [here](#).

Starting on **March 22, 2022**, prior authorization was not required for medications prescribed according to generally accepted, nationally recognized guidelines for the treatment of a substance use disorder. Prescriptions written outside of accepted guidelines may be subject to prior authorization.

Prescriptions for a brand-name multisource drug will be filled with a generic equivalent, as required by New York State Social Services and Education Law, unless the prescriber indicates "Dispense as Written (DAW)" and "Brand Medically Necessary" on the prescription. The prescriber must also make a notation in the Medicaid member's medical record that the drug is "brand medically necessary" and the reason that a brand-name multisource drug is required.

For more information about MAT, click [here](#).



Long-acting injectables guidelines

Long-Acting Injectables (LAIs) can be used in nonadherent patients who have experienced multiple episodes of psychosis to ensure accurate dosing and compliance. LAIs are generally administered by injection at two- to four-week intervals. Current guidelines generally recommend LAI antipsychotics for the maintenance treatment of schizophrenia among other available treatment options and/or when it is necessary to improve adherence to medication.

Studies have shown that use of LAIs improves medication adherence, patient functioning, and helps to prevent hospitalizations.

PERFORMANCE OPPORTUNITY PROJECT FOR CLOZAPINE

MetroPlusHealth is participating in a NY State Office of Mental Health (SOMH) Performance Opportunity Project (POP) that aims to increase the use of clozapine for clinically appropriate patients diagnosed with schizophrenia who are high users of inpatient and/or emergency services for psychiatric conditions.

Clozapine is a second-generation oral antipsychotic medicine used to treat schizophrenia in patients whose symptoms are not adequately controlled with standard antipsychotic drugs. While it has been demonstrated to be highly effective in treating individuals with treatment-resistant schizophrenia, it can cause serious side effects that necessitate close monitoring and collaboration with behavioral health and medical providers.

Model of care training

The Centers for Medicare and Medicaid Services (CMS) requires that providers receive Medicare Special Needs Program (SNP) Model of Care (MOC) training annually. As part of our ongoing commitment to access, quality of service and care for our members, MetroPlusHealth provides this training annually and during the new orientation process to all network providers, as well as to providers who regularly see our SNP members.

Providers may access the Model of Care training and virtual attestation form [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.

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.

FOLLOW OFFICE WAITING TIMES

Excessive office waiting time significantly affects members' overall satisfaction with 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 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. 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.

Report any demographic changes

Notify MetroPlusHealth of any changes to your demographic information or 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.

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.