

MetroPulse Provider Newsletter

WINTER 2025



Proper use of antibiotics during cold and flu season

With cold and flu season in full swing, it's important for providers to ensure antibiotics are used appropriately. Misuse can contribute to the growing issue of antibiotic resistance.

Distinguishing viral vs. bacterial infections

Educating patients on the difference between viral and bacterial infections helps them understand why antibiotics may not be necessary. Emphasize that:

- **Viral infections** (e.g., flu, colds, most sore throats) do not require antibiotics.
- **Bacterial infections** (e.g., strep throat, bacterial pneumonia) may require antibiotics.

Understanding the risks

Overprescribing antibiotics leads to resistance, which creates significant challenges, such as:

- **Increased severity:** Infections become harder to treat.
- **Higher costs:** Treatment of resistant infections often requires more expensive and invasive options.
- **Wider impact:** Resistant bacteria can spread, affecting more patients.

New York State is a national leader in efforts to protect patients from drug-resistant infections. Providers play a critical role in reducing unnecessary antibiotic use.

Following judicious prescribing practices

Proper antibiotic use requires careful decision-making. Providers should follow these best practices:

- **Use antibiotics only when necessary.** Certain bacterial infections, such as sinus infections, can get better on their own.
- **Resist external pressure.** Patients may expect antibiotics even when they aren't needed. Encourage alternative treatments for viral infections, and focus on symptom relief.

MEMBER REWARD REMINDER

Members can earn rewards for reporting flu shots. Encourage patients to visit metroplus.org/member-rewards/.

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 2025

Read more about the following topics on our website:

- Helping your patients prevent diabetes
- 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

Reach out to your MetroPlusHealth Quality Management contact or call the Provider Services Call Center at **800.303.9626**, Monday to Friday, 8 a.m. to 6 p.m.

Reminder: Complete Provider Training

The deadline to complete your Model of Care Training and Annual Cultural Competency Training is December 31. To access the trainings, click **here**.

Remind your patients about the urgency of recertifying their health insurance. Learn more **here**.

Help patients manage asthma

In New York State, more than 1.4 million adults have asthma. Here's how you can refine your approach to help patients achieve better long-term control and fewer exacerbations.

Personalize asthma action plans

Developing asthma action plans is critical, and customizing them for each patient can dramatically improve outcomes. Go beyond the basics by:

- **Incorporating peak flow metrics** so patients can self-assess their lung function and adjust treatment accordingly.
- **Adapting to lifestyle factors.** For example, if a patient is highly active, adjust the action plan to reflect these realities.
- **Collaborating to set realistic goals,** such as improved exercise tolerance or fewer missed workdays due to asthma.

Identify and avoid triggers

Help patients identify their asthma triggers, which may include allergens, smoke, cold air, or stress. Provide guidance on how to minimize exposure to these triggers, such as using air filters, avoiding secondhand smoke, and staying indoors during high pollen days. Recommend allergen testing for those who have seasonal or unexplained asthma flares.

Ensure proper medication use

Even with experience, many patients misuse their inhalers and other asthma medications. Instead of verbal instructions alone, demonstrate the correct use of inhalers, spacers, and nebulizers using real or demo devices in the office.

Also, make sure patients understand the difference between long-term control and quick-relief medications. Emphasize that:

- **Long-term control medications** are used daily to prevent symptoms.
- **Quick-relief medications** are used only when immediate relief from symptoms is needed.

Monitor with regular follow-ups

Asthma control can change over time, so regular follow-up appointments are essential. These check-ups allow you to track symptoms, adjust medications, and confirm that the asthma action plan is still effective.



Explain early warning signs

Teach patients to recognize when asthma is getting worse. For example, slight increases in quick-relief inhaler use or mild nocturnal symptoms should trigger action before symptoms escalate. Specify which warning signs mean they should seek medical attention.

Encourage refill incentives

Help patients adhere to their medication plan by promoting resources like MetroPlus home delivery and 90-day supply. Direct members to metroplus.org/faq/how-can-i-get-a-90-day-supply-of-my-medicine. Patients can also earn rewards for refilling medications on schedule: metroplus.org/member-rewards.

Patient resource

After a patient leaves your office, they may still have questions. MetroPlusHealth offers members access to a health library with information about health issues. Mention healthlibrary.metroplus.org as an extra resource.

PROVIDER RESOURCE

To review the latest PowerPoint slide sets from the Global Initiative for Asthma, click [here](#).

‘Welcome to Medicare’ assessment and annual exams

The “Welcome to Medicare” assessment and annual “Wellness” visits are key opportunities to ensure patients receive comprehensive, proactive care. While neither are physical exams, both help identify health risks and create a road map for managing chronic conditions and promoting long-term well-being. Here’s how to make the most of them.

Conduct a thorough health review

Identifying risks now helps inform future care. Start with a detailed review of the patient’s medical and family history, as well as their current medications. Dig deeper by asking about side effects or barriers to adherence, such as cost or complex dosing schedules. Address any confusion about dosage and timing, especially for medications like anticoagulants or insulin.

Emphasize proactive preventive care

Keep patients up-to-date on important screenings and immunizations. Areas to focus on include:

- **Age-appropriate screenings**, such as mammograms, colonoscopies, and bone density tests.
- **Vaccinations**, such as those to protect against flu, pneumonia, and shingles. Also discuss if they need the new RSV vaccine.
- **Other preventive care**, such as routine lab work or screenings based on individual risk factors.

Evaluate cognitive and mental health

Mental health is often under-discussed in older adults, but it’s crucial to their overall well-being:

- **Perform cognitive evaluations.** Screen for early signs of dementia or memory issues.
- **Look for signs of depression and anxiety.** Asking targeted questions about sleep patterns, social withdrawal, or changes in mood can help identify underlying issues.

Assess daily function and home safety

Evaluating the patient’s ability to perform daily activities is essential to maintaining independence. Monitor fall risks, discuss their home environment, and review vision and hearing to address any concerns that might impact their safety.



Create a personalized prevention plan

At the end of the visit, work with the patient to create a personalized prevention plan. This plan should include health goals, a schedule for future screenings, and strategies to manage chronic conditions.

TIPS AND RECOMMENDATIONS

- Use both visits as opportunities to build a foundation of trust and educate patients about the importance of preventive care.
- Encourage patients to stay up-to-date on screenings and vaccinations.
- Suggest home safety improvements, like grab bars or better lighting, to reduce fall risks.
- If appropriate, offer for patients to complete the “Social Determinants of Health Risk Assessment” to better understand their social needs.
- Remind patients about MetroPlusHealth Member Rewards. Patients can earn a reward for activities like completing an annual visit or getting a screening. For more information, direct patients to this link: metroplus.org/member-rewards/.

ADDRESSING THE CHANGING NEEDS OF OLDER ADULTS



Currently, more than 4.5 million New Yorkers are ages 60 and older. For patients in this rising demographic, regular provider visits are essential for the prevention, early detection, and management of disease and safety risks. This is a central concern, given most adults ages 60-plus have a chronic condition — and almost 80% have at least two.

Effective evaluation and monitoring

Standardized tools aid in gathering consistent information about patients' evolving physical, emotional, and cognitive health needs. Two practices proven to improve patient health outcomes are:

1. Comprehensive health assessments (CHAs).

Administer CHAs on a regular basis, asking questions about personal behaviors, life changes, risk factors, and patient goals. Use the results to help develop or follow up on patient care plans.

2. Social determinants of health (SDOH) screenings.

Proactively uncovering and addressing nonmedical challenges to health maintenance enables patients to follow treatment plans and enhances quality of life. For local resources that assist with identified needs, like transportation, financial stability, social support, and more, [click here](#).

Reminders and resources

Key issues to address include:

- **Chronic conditions.** Explain treatment plans and diagnoses like diabetes, hypertension, and arthritis. Offer resources that can help patients adopt recommended lifestyle changes, manage medications, and perform self-monitoring activities. Mention healthlibrary.metroplus.org as an extra resource.
- **Fall prevention.** Falls are a leading cause of injury in older adults. Urge patients to conduct home safety assessments and make changes accordingly, do strength and balance exercises, and have regular vision and hearing checks.
- **Medication.** Carefully review patient prescriptions and over-the-counter medicines. Evaluate drug risks versus benefits, confirm dosages, and simplify care plans when possible.
- **Mental health support.** Urge patients to stay physically and socially active, do cognitively stimulating activities, and seek therapy or other services to address behavioral health concerns.

Patient resources

Patients and their families may benefit from low- and no-cost programs and services offered by the New York State Office for the Aging. Share these links with patients: aging.ny.gov/programs/healthy-aging and aging.ny.gov/combating-social-isolation. Patients can also reach out to Aging Connect, the New York City Department for the Aging's information and referral contact center for older adults and their families at **212.244.6469**.

PHARMACY BENEFIT REMINDER

Members can fill a 90-day supply of approved maintenance medicines at an in-network pharmacy or have it delivered directly to their homes (at no cost to the patient) through a MetroPlusHealth mail-order pharmacy partner. To learn more about this and other benefits that help patients with medication adherence, [click here](#).

Stay on track with DEVELOPMENTAL SCREENINGS



Like immunizations, developmental screenings are an essential aspect of pediatric care. By identifying potential developmental delays and disabilities in infants and toddlers, providers can facilitate early interventions that lead to better health, educational, and social outcomes, as well as reduce the need for more intensive treatments later.

Screening guidelines

While less formal surveillance should be done as part of every patient visit, the American Academy of Pediatrics recommends providers perform a general developmental screening:

- During well visits at ages 9, 18, and 30 months
- At another appointment if a child misses their well visit at month 9, 18, and/or 30
- If they have a concern during any other health care visit
- When a parent/caregiver raises a concern
- Using a validated, standardized screening tool

Autism spectrum disorder screenings should take place during well visits at ages 18 and 24 months.

Early intervention

If a developmental screening indicates a potential problem, providers should use the results to select appropriate next steps based on the impacted areas of development: adaptive, cognitive, communication, physical, or social/emotional. The process may start with a referral for a developmental evaluation.

Early intervention services will depend on both the child's and family's needs. Services may include:

- Family education, counseling, and home visits
- Hearing and vision screenings and services
- Physical, speech, and other therapies
- Nutrition services
- Transportation

The New York State Early Intervention Program may provide a free evaluation and other services at no out-of-pocket cost to eligible families. Patients can call their county program without a referral or medical diagnosis at the same time a provider refers them to a specialist.

CARE REMINDERS

- **Help parents and caregivers learn about and monitor developmental milestones.** To share resources like the CDC's free Milestone Tracker app and downloadable checklists, click [here](#).
- **Encourage families to stay on track with well visits.** For the AAP's periodicity schedule, click [here](#). Regular visits help foster a team approach to screenings and preventive care. Click [here](#) for the CDC's Child and Adolescent Immunization Schedule.

Prenatal care protects maternal and infant health



Prenatal care is tied to better pregnancy outcomes. While New York State has significantly improved its infant mortality rate over the past 10 years, prenatal care remains a priority.

Many patients expect providers to check their weight, blood pressure, and other key measures, but they may not know about depression screenings and immunizations. Be prepared to educate patients about care benefits and evidence-based recommendations, as well as talk about their concerns.

Depression screening

Perinatal depression impacts the health and well-being of patients and increases the risk for preterm birth and low birth weight for their babies.

Both the American College of Obstetricians and Gynecologists (the College) and U.S. Preventive Services Task Force (USPSTF) recommend screening for depression using a validated, standardized tool. The College advises conducting an initial screening during the first prenatal visit with additional screenings later in pregnancy and at postpartum appointments

Once patients are screened, it's imperative that timely follow-up is done to diagnose and provide appropriate treatment for depression or other concerns.

Immunizations

By completing maternal immunizations, patients help prevent illnesses that can lead to pregnancy complications and protect their newborns. Antibodies triggered by influenza, COVID-19, respiratory syncytial virus (RSV), and pertussis (Tdap) vaccines pass on to newborns, offering immunity to potentially life-threatening illness during their first few months. For CDC guidance on talking with patients, click [here](#).

While additional vaccines may be needed, depending on their immunization status and risk for certain illnesses (such as hepatitis A or pneumococcal disease), the CDC and the College agree that the following vaccines are safe and important to administer during pregnancy:

Vaccine	Timing	Notes
COVID-19	At any stage of pregnancy	
Hepatitis B	At any stage, using <i>Engerix-B</i> , <i>Recombivax HB</i> , or <i>Twinrix</i>	Needed if patient is not known to have immunity
Influenza	At any stage	Generally given in September/October; consider July/August for those in their third trimester in those months
RSV	Administer ABRYSVO between September and the end of January if a patient is between 32 weeks and 36 weeks, 6 days	If maternal vaccination isn't completed, newborns should receive a dose of <i>nirsevimab</i>
Tetanus, diphtheria, and whooping cough (Tdap; Td)	Complete between weeks 27 and 36	Administering Tdap/Td closer to 27 weeks passes more antibodies to the fetus

PROVIDER RESOURCE

To access tools and information in the ACOG Perinatal Mental Health Tool Kit, click [here](#).

PARTNER WITH PATIENTS FOR EFFECTIVE DIABETES MANAGEMENT

This year 1.4 million people nationwide will be diagnosed with diabetes. In New York State, almost 2 million adults already have a diabetes diagnosis. And while each person's experience and care will vary, the general goals are the same — prevent complications and improve quality of life.

Blood glucose testing

A1c tests are the main glycemic assessment tool for people with diabetes and should be completed at least twice a year. Quarterly or more frequent testing may be needed when adjusting care plans, if patients haven't reached glycemic targets and there are other circumstances.



In addition to A1c lab tests, many patients need to monitor their blood glucose levels, including those who take insulin, haven't reached their glycemic targets, or experience hypoglycemia. Real-time information gathered with a blood glucose meter (BGM) or continuous glucose monitoring (CGM) device can help patients with self-management and providers with care plans.

To improve outcomes, work with patients to set individualized glycemic goals based on criteria like age, comorbidities, and lifestyle factors. Teach patients to track readings, as well as what action to take if one is too high or too low.

American Diabetes Association (ADA) glycemic target guidelines are:

- **A1c:** <7% (eAG <154 mg/dl) for adults who are not pregnant
- **Preprandial plasma glucose:** 80-130 mg/dl.
- **Postprandial plasma glucose:** <180 mg/dl.

Medication management

Adults with type 2 diabetes usually need medication as part of their care plan, and those needs will change over time. While people with type 1 diabetes must use insulin, that's not always the case with type 2.

Glucose-lowering medication guidance from the ADA includes:

- **Insulin:** Consider when adults have >10% A1c or blood glucose levels \geq 300 mg/dl, unexpected weight loss, or symptoms of hyperglycemia. When prescribing insulin, consider strength, onset and peak time, and duration.
- **GLP-1 and dual GLP-1/GIP receptor agonists:** These newer, primarily injectable drugs are known for lowering body weight. The ADA says these drugs are preferred over insulin for many patients, including those with established or at high risk for certain chronic conditions, but can also be prescribed as combination therapy.
- **Sodium-glucose cotransporter 2 (SGLT2) inhibitors:** The drugs produce some weight loss and lower blood pressure. This option may be preferable for some patients with established or at high risk for certain chronic conditions.

Other commonly used medications noted by the ADA are:

- Dipeptidyl peptidase 4 (DPP-4) inhibitors
- Metformin
- Sulfonylureas
- Thiazolidinediones

For provider resources that can help you stay up-to-date on medications and optimize care plans, click [here](#).

CARE REMINDERS

To help prevent medication-related problems:

- Discuss prescribed diabetes medications at every visit, including any side effects experienced, adherence behaviors (e.g., rationing), and devices.
- Review all medications, including over-the-counter medicines, vitamins, and supplements. Address any potential for negative interactions.
- Offer tools, resources, and referrals as needed to help patients with self-management.

Monitoring for diabetes complications

Take the following steps to help patients prevent serious complications.

- Measure blood pressure at every visit. Teach those with diabetes and hypertension how to monitor their blood pressure at home.
- Encourage regular comprehensive eye exams once a year to help identify retinopathy and other diabetes-related eye diseases.
- Educate patients on proper foot care, including daily visual checks, and symptoms of neuropathy.
- Measure urinary albumin and estimated glomerular filtration rate [eGFR] at least once a year to check on kidney health and help identify chronic kidney disease.

Lifestyle recommendations

Help patients set realistic goals and make sustainable changes that will add up to better health outcomes.

Three areas to focus on are:

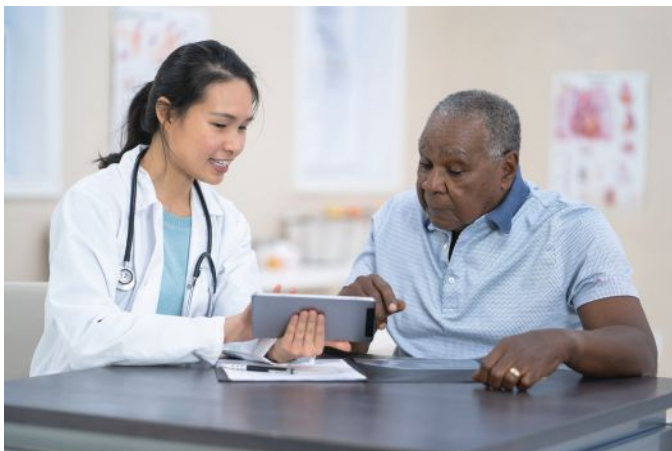
- **Diet.** Highlight the importance of a balanced diet with plenty of fruits and vegetables and fewer fried foods, processed meats, and sugary beverages, like regular soda.
- **Exercise.** Encourage patients to be active and help them set specific goals. An appropriate target for many people is 150 minutes a week of moderate-intensity activity. Offer resources like Shape Up NYC, a free group fitness program: nycgovparks.org/events/shape-up-nyc.
- **Weight management.** Diet and exercise can help with weight loss. Consider these and other modalities, like pharmacotherapy and behavioral counseling, when discussing individualized goals with patients.



Education and support

Be prepared to:

- Talk to patients about diabetes self-management. Patients can also contact a Care Manager to learn about MetroPlusHealth's Diabetes Care Management Program at **800.303.9626**.
- Refer patients to MetroPlusHealth's Good4You health library to search for information on diabetes: healthlibrary.metroplus.org/Search/85,P00351.
- Help patients cope with the stress related to managing diabetes and complications like neuropathy.
- Use screenings to help identify depression, which is common in people with diabetes. Address any mental health conditions in their care plan.



Reconsidering early imaging for low back pain

A patient arrives at your office unable to perform daily activities due to acute low back pain. They want answers, and you want to offer the best treatment.

In the past, imaging was a routine part of the diagnostic process. But stop before you order an X-ray or MRI: Current guidelines from organizations like the American College of Radiology and the American College of Physicians recommend against imaging in most cases.

Evidence increasingly suggests that, unless the patient has a red flag that points to a condition like cancer or fracture, early imaging is unlikely to help and may even harm them. Instead, manage back pain with conservative therapies.

Watch for red flags

Acute low back pain may be distressing for the patient. However, only about 5 to 10% of patients who present with low back pain in primary care have a serious condition, such as cancer, infection, fracture, or a neurologic problem like cauda equina.

Imaging is appropriate for patients who have certain red-flag symptoms, such as:

- For cancer or infection: unexplained weight loss, cancer history, immunosuppression, intravenous drug use
- For spinal fracture: history of trauma, fall in a patient who may have osteoporosis, prolonged use of corticosteroids
- For neurologic conditions: urinary retention, urinary or fecal incontinence, weakness in the lower limbs, saddle anesthesia

Understand the downsides

The other 90 to 95% of patients are considered to have nonspecific low back pain. For them, imaging can have negative consequences, beginning with exposure to radiation from X-rays or CT scans.

Rather than easing your patient's mind or speeding their recovery, early imaging may have the opposite effect. Incidental findings can lead to emotional distress and unnecessary invasive treatments. This increases costs for everyone and places an excess burden on the health care system.

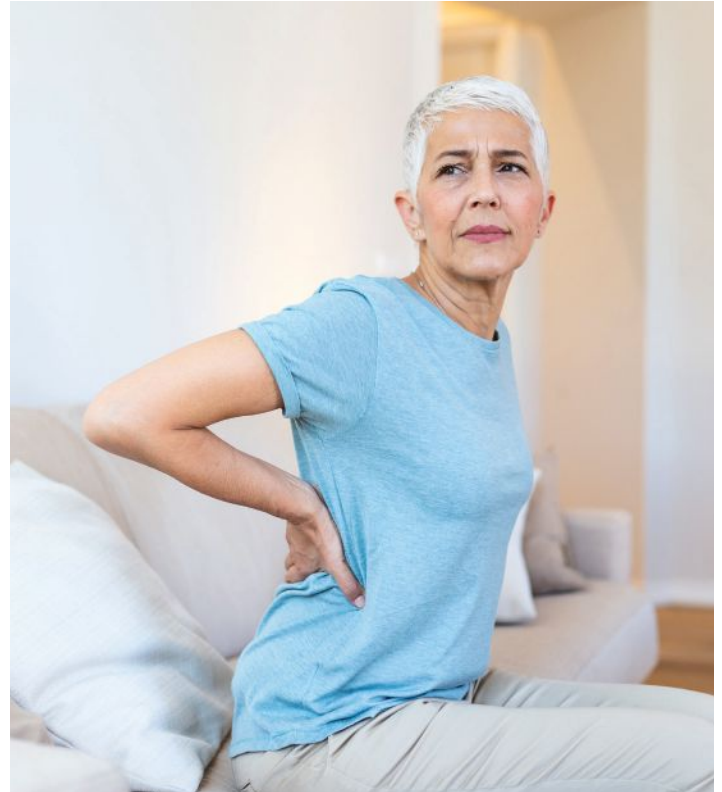
Begin with conservative options

Guidelines recommend managing nonspecific low back pain with conservative treatments. These include patient education, physical therapy, physical activity, cognitive behavioral therapy, and pain management programs.

Consider imaging only if patients use these therapies for six weeks and have little to no improvement in their back pain.

Many patients demand imaging, thinking it is essential to diagnosis. Explain to them that:

- Most cases of low back pain improve on their own or with treatments like physical therapy
- Imaging isn't likely to find the cause of low back pain or change the treatment approach
- People who have imaging when they don't need it may feel worse or take longer to recover



Mental health well-being check

Make sure to ask patients about their mental well-being. If needed, refer them to MetroPlusHealth's behavioral health services. To search for behavioral health resources, click [here](#). As always, we appreciate the care you provide for our members' health.

Provider Resource Library

The Provider Relations Department is developing a Provider Resource Library. Providers will be able to access all their training needs, such as:

- Access and Availability training
- Model of Care training
- Cultural Competency training

Stay tuned for **new training initiatives** coming in 2025.

Follow lead-testing guidelines

Lead exposure poses significant risks to children, with the potential to cause learning difficulties, behavioral issues, and health problems. New York State law mandates lead testing in children, with results submitted to the New York State Department of Health (DOH). If a child's blood reveals lead exposure, providers should conduct further testing, advise parents or caregivers on prevention strategies, and offer 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](#). To report lead exposure, call New York State DOH Lead Poisoning Prevention at **518.402.7600**, email LPPP@health.ny.gov, or click [here](#).

Compliance Hotline

MetroPlusHealth has its own Compliance Hotline at **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.

BetterDoctor

MetroPlusHealth is partnering with industry leader Quest Analytics' BetterDoctor solution to simplify our verification process.

Now, **BetterDoctor** (a division of Quest Analytics) will reach out to you on a 90-day basis to ensure that your information in our Provider Directory is accurate, based on CMS's "No Surprises Act" guidelines. BetterDoctor will provide us with any updates needed to maintain accurate information about your practice for our directory. Soon, you won't need to reach out to MetroPlusHealth any longer regarding validation.

With BetterDoctor on our team, keeping your information current will be easier. We'll have a more robust, efficient process in place for your data intake and a streamlined means of ensuring its accuracy.



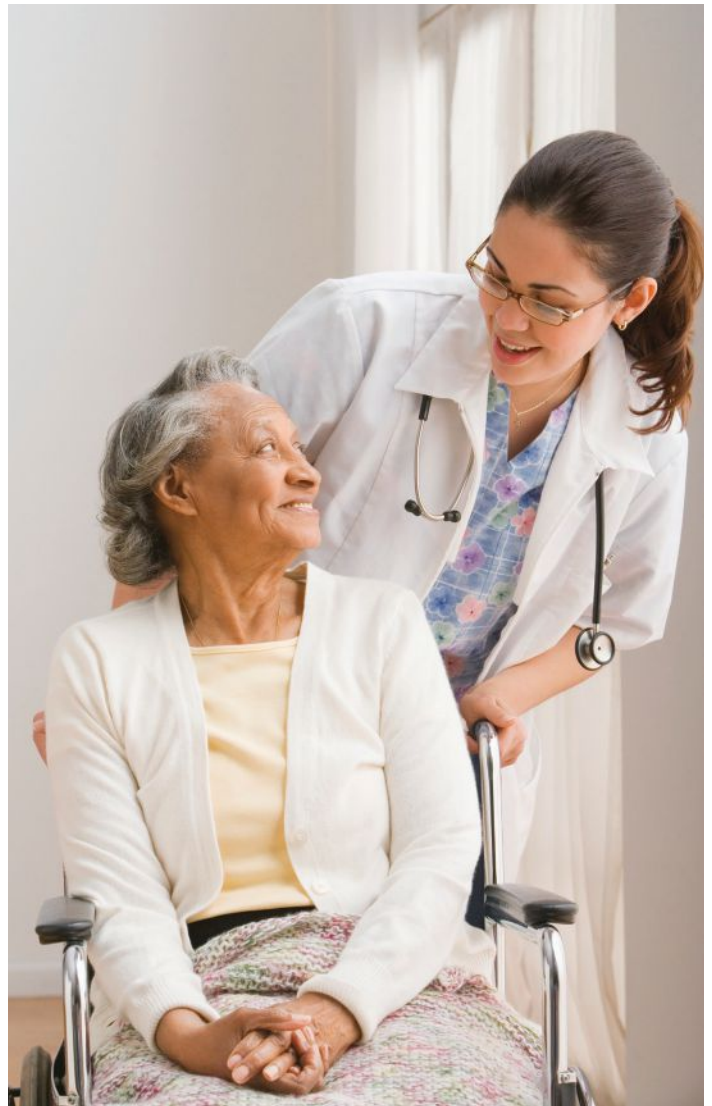
Report any demographic changes

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. Providers who are delegated for credentialing should coordinate all changes through your credentialing team who regularly sends updates to MetroPlusHealth.

Access and availability standards: TIPS FOR SUCCESS

MetroPlusHealth would like to remind you that, with your assistance, we are committed to helping our members stay healthy and receive the health care services within New York State accessibility standards. Provider practices are expected to have procedures in place to schedule patient services within the following time frames and provide 24-hour accessibility.

- MetroPlusHealth participating providers must be available to patients, 24 hours a day, seven days a week, 365 days a year, either directly or through coverage arrangements.
- Ensure that the patient's call is responded to by live voice or a covering answering service, or via an answering service with direct access to the provider or covering provider.
- If an answering machine is used, it must provide an option for the patient to directly contact the provider or covering provider to address emergencies.
- Responses via an answering machine should give the patient options to request a callback and not simply refer the patient to an emergency room, except for a life-threatening issue.
- MetroPlusHealth highly suggests that your practice review the access and availability standards on a regular basis with your schedulers and call centers where applicable.
- When possible, perform secret shopper audits to evaluate and determine if your practice is in compliance with New York State regulations.
- Audit and educate staff and practices that fail self-conducted audits and implement corrective action plans to ensure compliance.



If you have any questions, please call the Provider Services Call Center at **800.303.9626**, Monday to Friday, 8 a.m. to 6 p.m.

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.