MetroPulse Provider Newsletter

SPRING 2025



Social determinants of health (SDOH) are nonmedical factors, like income and access to food, housing, and education, that can have a significant effect on patients' health outcomes. Research has shown that SDOH may be more important than health care or lifestyle choices in influencing overall health. Providers play a frontline role in helping patients improve their health and overall quality of life. Here are a few approaches to keep in mind when discussing and addressing patients' SDOH:

Unless you ask about your patients' social needs, you won't know about them, which can keep you from providing them with the most appropriate care. Choose an **SDOH screening tool** and make it part of patient registration. Send the tool electronically to patients before their visit, and then review their answers as part of your pre-visit planning.

Patients may feel hesitant to discuss personal or sensitive information for fear of being judged. Building trust with patients and asking questions

in a nonjudgmental way will reduce the stigma some patients may feel about their social circumstances. Listen compassionately and take the time to learn about their social identity, values, and communication needs.

If you discover a patient has SDOH needs, have a conversation about what those needs entail. Be ready to help patients access resources in the community to fill any social gaps.

Once you have referred a patient for social needs, follow up to ensure the needs are being effectively addressed and to adjust their care plan as needed.

To access local resources to share with patients, click here.

MEMBER REWARDS REMINDER

MetroPlusHealth Member Rewards is designed to reward our members — your patients — for taking steps to keep healthy. To get their Rewards Card, members need to register for the program by calling 800.510.3944 or going to metroplusrewards.org.

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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Read more about the following topics on our website:

- Helping your patients prevent diabetes
- New Behavioral Health Announcements and Updates section
- Smoking cessation
- Syphilis screening
- Rx carve-out and pharmacy benefit change
- Fluoride varnish
- Changes to COVID-19 testing coverage
- Hepatitis C screening

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 soon.

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Simple steps to help patients QUIT TOBACCO



In New York state, 11.3% of adults smoke cigarettes — and health care costs due to smoking total more than \$10 billion. Addressing smoking and vaping habits is too important to wait for annual physicals. The CDC advises providers to ask about tobacco use during every patient interaction. These brief discussions can identify those ready to quit, creating an opportunity to connect them with the resources they need to succeed.

Assist with personalized cessation steps

Once a patient expresses readiness to quit, focus on actionable next steps:

- Set a quit date within the next 30 days.
- Review past quit attempts to learn what strategies did and did not work.
- Discuss potential withdrawal symptoms and triggers, offering practical coping strategies.
- Prescribe cessation medications like nicotine replacement therapy (NRT), bupropion, or varenicline.

For additional support, direct patients to MetroPlusHealth's Smoking & Vaping Cessation resources **here**. Also, urge patients to use tools like the New York State Quitline.

Support long-term success

Provide encouragement, celebrate small victories, and remind patients that quitting is one of the best steps they can take for their health.

Talk with patients about quitting

Here are some ways to get the conversation started:

Use the 5 A's approach

- 1. Ask: Screen patients for tobacco use at every visit.
- **2.Advise:** Use clear, nonjudgmental language to recommend quitting.
- **3.Assess:** Determine the patient's willingness to quit.
- **4.Assist:** Offer evidence-based cessation treatment, including counseling, medication (if appropriate), and support resources.
- **5. Arrange:** Schedule follow-ups to check on progress and provide ongoing support.

Even a three- to five-minute conversation can make a big difference in encouraging patients to take the first step. Not to mention, providing tobacco cessation support increases a patient's satisfaction with their care.

For specific language suggestions from the CDC's conversation guide, click **here**.

SMOKING CESSATION RESOURCES

New York State's Quitline offers free nicotine patches, gum, and lozenges to help people quit. Encourage patients to take advantage of these resources:

- nysmokefree.com Click on "Tools" and then select "Local programs."
- Quit Coach Connect with a free quit coach for free by texting QUITNOW to 333888 or calling 866.697.8487.

COMPREHENSIVE CARE for older adults

Delivering effective care requires a multifaceted approach that addresses physical, emotional, psychological, and social health. Educating patients is a vital part of this process, empowering them to make informed decisions about their health.

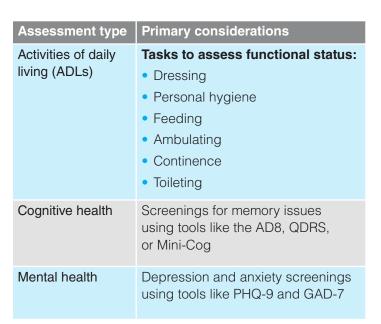
By implementing the following strategies, providers can identify risks early, promote well-being, and support independence — creating a strong framework for improved patient outcomes.

Comprehensive assessments: Building a foundation for health

Understanding your patients' specific needs begins with regular physical exams and targeted evaluations.

These assessments help support the development of individualized care plans and enable proactive planning.

Below are examples of key areas to assess to ensure a well-rounded approach to patient health:





Medication management: Reducing risks and improving outcomes

Polypharmacy is a concern for many patients, particularly older adults and those managing chronic conditions. It increases the risk for side effects, drug interactions, and nonadherence. Optimizing medication regimens is a critical component of providing comprehensive care.

Address polypharmacy challenges with the following strategies:

- Review medications regularly to identify unnecessary prescriptions or potential interactions.
- **Simplify regimens** by consolidating dose times and routes of administration. Also consider using long-acting rather than shorter-acting formulations.
- Monitor side effects and interactions closely, educating patients about what to watch for and when to report issues.

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Preventive care: Taking a proactive approach

Preventive care is a cornerstone of public health and offsets potentially debilitating, costly effects of disease. Providers should prioritize measures such as:

- Vaccinations: In 2024, only 22.7% of New York state residents received the annual influenza vaccine.
 Staying current on influenza, shingles, pneumococcal, and other recommended vaccines is essential for reducing preventable illnesses.
- Fall prevention strategies: Assess all patients ages 65 and older for fall risk. Combine exercise interventions with strategies like home safety tips, vision checks, and medication reviews. Consider implementing the CDC's STEADI (Stopping Elderly Accidents, Deaths, & Injuries) in your practice: cdc.gov/STEADI.
- Routine screenings: Encourage patients to undergo breast cancer screenings, colorectal cancer screenings, and regular blood pressure checks to facilitate early detection and intervention for serious health conditions. These represent just some of the many preventive care measures that support overall health and wellness.

Tools like the MetroPlus **PillPack program** can help make things easier for patients by delivering prepackaged medications directly to their homes.

Holistic well-being: Supporting the whole patient

Educating patients about the role of lifestyle factors in overall health is essential to fostering long-term wellness. Help patients prioritize:

 Physical activity: Encourage regular movement tailored to each patient's abilities. Walking can be a good option for many, but the overall focus is to spend less time sitting.

- Social engagement: Ask if they've experienced any significant social changes recently. Suggest staying connected through community groups, hobbies, or family interactions.
- Balanced nutrition: Offer guidance on how to use the Nutrition Facts label to make healthier food choices.
 To access the FDA's Health Educator's Nutrition Toolkit for handouts and infographic resources, click here.
- Stress management: Introduce simple mindfulness practices, relaxation apps, counseling, or medication as tools for managing stress and anxiety. Remind patients that they can call or text 988 at any time if they're struggling with their mental health.

Tailored communication: Enhancing provider-patient relationships

Clear, empathetic communication is essential for helping patients understand their care plans and feel supported. To improve interactions, especially with older adults:

Foster understanding and clarity

- Avoid medical jargon, opting for straightforward explanations that patients can easily follow.
- Provide written instructions or handouts summarizing the discussion, as patients may forget details after the visit.

Build trust and connection

- Listen attentively and give patients the time to share their concerns without feeling rushed.
- Address the patient face-to-face and speak at a comfortable pace.

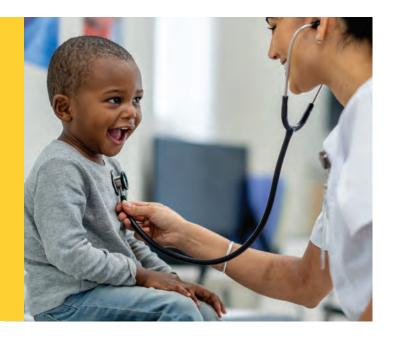
Embrace caregivers and cultural sensitivity

- Include caregivers or family members in discussions when appropriate to ensure they understand the care plan and can offer support.
- Be mindful of cultural differences and potential language barriers. Offer interpretation services when needed to ensure accurate communication.

IMPORTANT REMINDERS

- Members can earn rewards for taking steps to stay healthy: metroplusrewards.org.
- The Good4You Health Library provides access to health articles, risk assessments, videos, recipes, and more.

Help parents understand the value of well-child visits



Parents want their kids to grow up healthy and strong, physically and mentally. As a provider, you're in a unique position to help. One key tool at your disposal is the well-child visit.

Parents don't always realize how critical these visits are to keeping children's health and development on track. Take the time to guide parents on how well-child visits support health and well-being.

Why well-child visits matter

Share with parents the key components and benefits of well-child visits:

- **Preventing problems.** Children will receive care that keeps them healthy, including vaccines against illness.
- **Monitoring development.** Together, you'll assess the child's growth and milestones.
- Identifying issues. Well-child visits include screenings for autism, lead poisoning, and other conditions.
 Early detection leads to effective treatment.
- Providing support. Regular appointments allow providers, parents, and children to take a team approach to health. Stress that you'll address their concerns and questions.

Keeping a handle on proper development

Children grow quickly and acquire new skills at each age and stage. Tell parents you'll do exams in your office to check how their child is developing, and ask them to share the new things their child has learned to do. Together, you can ensure children are growing and

keeping pace with social behaviors, learning, and other milestones.

Staying on track with immunization

Your voice is critical in explaining why immunization is important for protecting each child and the whole community. Offer education about vaccines to parents and administer them according to the CDC's 2025 schedule.

Explain that vaccines teach children's immune systems to recognize germs. That way, their bodies know how to fight off diseases like polio, flu, and COVID-19. They'll safely be able to go to school, play, and participate in sports.

Sharing healthy lifestyle information

Help instill healthy habits to last a lifetime. Discuss topics like proper sleep, appropriate screen time, bullying, and physical activity.

Listen and answer questions

Finally, emphasize your role as a partner in health. Encourage parents to ask questions. Listen to their concerns and offer advice, or referrals, when necessary. Letting them express their worries and ask questions will build trust, which is critical for an effective relationship.

MEMBER REWARDS REMINDER

Encourage parents to complete a well-child visit to earn a reward. Direct patients to register for MetroPlusHealth member rewards at metroplusrewards.org.

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Supporting healthy growth in CHILDREN AND ADOLESCENTS

As with adults, the number of children who are overweight or obese continues to rise. In New York state, one in five children has obesity, based on their body mass index (BMI), with a higher prevalence among those who are Black or Hispanic. By identifying and addressing young patients with overweight or obesity, providers can help improve both short- and long-term health outcomes.

The American Academy of Pediatrics (AAP) recommends providers calculate, record, and assess BMI for all patients ages 2 to 18 at least once a year during annual well-child visits. Other visits are additional opportunities to track and manage weight status.

Health implications

As a chronic disease, obesity impacts patients' physical and emotional health. Comorbidities include things like anxiety and depression, type 2 diabetes, heart disease, sleep apnea, and more.

Assessment reminders

Height and weight are used to calculate BMI. For children and teens, age and sex then determine BMI percentiles and categories. The AAP defines these categories for patients ages 2 through 18:

Underweight	<5th percentile
Healthy weight	5th to <85th percentile
Overweight	85th to <95th percentile
Obesity	>=95th percentile or greater
Severe obesity	>=120% of the 95th percentile for age and sex

For the CDC's online BMI calculator for children and teens, click **here**.

Lifestyle interventions

For children with an unhealthy BMI, work with their families to improve physical activity and nutrition. These interventions can reduce weight gain, allowing their BMI to lower to a healthy level as they grow and develop. For physical activity guidelines, click **here**. For dietary guidelines, click **here**.



Tips for talking with families

Instead of focusing on weight and BMI numbers, emphasize overall health and well-being. Highlight the importance of working together to set goals, build healthy habits, and overcome challenges.

For sample scripts from NYC Health + Hospitals, click here.

Providers should also be ready to identify food insecurity, which increases children's risk of overweight and obesity, and connect families with local resources. Click **here** for a food insecurity tool kit.

Follow lead-testing guidelines

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**. If you need to report lead exposure, call New York State DOH Lead Poisoning Prevention at **518.402.7600**, email **LPPP@health.ny.gov**, or click **here**.

Enhancing diabetes care through DSMES

Helping patients manage diabetes effectively requires more than routine care — it's about equipping them with the skills and confidence to take control of their health. Diabetes self-management education and support (DSMES) programs do exactly that by providing comprehensive guidance on:

- Nutrition
- Medication adherence
- · Blood sugar monitoring
- · Lifestyle changes like exercise and stress management

DSMES is a pathway to healthier outcomes, empowering patients to live longer and prevent or delay diabetes complications.

When to refer patients

There are four critical points to refer patients to DSMES services:

- 1. At diagnosis
- 2. Annually (or when not meeting treatment targets)
- 3. When complicating factors develop
- 4. When a transition in life or care happens

For the nearly 2 million New York state adults living with diabetes, the New York State Department of Health encourages the use of American Diabetes Association (ADA)–recognized and Association of Diabetes Care and Education Specialists (ADCES)–accredited DSMES programs.

Who is eligible for DSMES?

A participant must have a documented diagnosis of type 1 diabetes, type 2 diabetes, or gestational diabetes. They must also meet the following criteria:

- Fasting blood glucose: ≥126 mg/dL on two separate occasions
- 2-hour post-glucose challenge: ≥200 mg/dL on two separate occasions
- Random glucose test: >200 mg/dL with symptoms of uncontrolled diabetes

Benefits of DSMES participation

Patients who engage in DSMES see numerous benefits, including:

- Improved glycemic control
- Better blood pressure and cholesterol management
- Higher rates of medication adherence
- Fewer hospital admissions and readmissions
- Lower health care costs
- Greater confidence in managing diabetes

DSMES programs are a win-win for patients and providers alike, improving outcomes while reducing health care system strain.



PROVIDER RESOURCES

The CDC's DSMES tool kit offers practical guidance for implementing and promoting DSMES. Learn more at cdc.gov/diabetes-toolkit/php.

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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.

There has been a formulary update for MetroPlusHealth's Medicaid, PIC, and HARP members. This update provides opioid substance use disorder medication, per the New York State Department of Health Single Statewide Medication-Assisted Treatment Formulary. To view the updated information, including a list of medications, click **here**.

Prior authorization is 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 information on MAT resources, click here.



Long-acting injectable 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 that aims to increase the use of clozapine for patients diagnosed with schizophrenia who are high users of inpatient and/or emergency services for psychiatric conditions. Clozapine is an antipsychotic 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.

Mental health well-being check

Remember 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**.

Stay tuned for our upcoming 2025 Provider Webinar Trainings. More to come soon.



UPDATE YOUR DIRECTORY INFORMATION TODAY!

MetroPlusHealth is partnering with BetterDoctor to ensure your practice information stays accurate in 2025 — and we need your collaboration!

Keeping your details up to date, including your address, phone number, office hours, languages spoken, and website, helps MetroPlusHealth members find and schedule appointments with providers.

Both New York State and the federal government (under the *No Surprises Act*, effective January 1, 2022) require providers to maintain the most current demographic information for their practice, available practitioners, and services are listed in the health plan directories where they participate.

For a Provider Directory to be accurate:

- Practitioners should only be listed at locations where members can schedule appointments.
- Phone numbers should be correct and connect members to a scheduler.

Recent audits on the Provider Directory data submitted by providers found some practitioners were not practicing at listed locations, and many phone numbers were inaccurate. If information cannot be verified, your practice locations could be suppressed from the MetroPlusHealth Provider Directory.

BetterDoctor will continue reaching out every 90 days to confirm your directory entry is correct, based on the CMS *No Surprises Act* guidelines. They will then submit any updates directly to MetroPlusHealth.

We're confident that BetterDoctor will make it easier for you to keep your practice information up to date. It will also help our members find and schedule appointments with you, our valued network providers.

To learn more about BetterDoctor, click here. If you have any questions, email providerrelationsops@metroplus.org.

Member ID update

MetroPlusHealth member ID cards for newly enrolled members or reissued member cards no longer reflect Primary Care Provider (PCP) names for the following plans:

- Essential Plans
- Child Health Plus
- Managed Medicare
- Marketplace Health Plans (QHP)
- MetroPlusHealth Gold
- MetroPlusHealth GoldCare

Providers can confirm the PCP of record in the provider portal. Plan eligibility should be verified before the member's appointment. Learn more **here**.

Evaluation and management (E&M) payment policy and codes

Effective January 1, 2025, our payment policy outlines guidelines for modifier-25 usage and MetroPlusHealth's payment policy when a modifier-25 is appended to a problem-oriented E&M service billed on the same day as a preventive medicine visit. Learn more **here**.

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.

Compliance hotline

If you suspect fraud or abuse, possibly illegal or unethical activities, or any questionable activity, call MetroPlusHealth's Compliance Hotline at **888.245.7247**. You may choose to give your name, or you may report anonymously.

Quality management program

MetroPlusHealth wants all New Yorkers to have access to good health care. Our goal is to be the top health plan for the communities we serve. To learn more about the Quality Management Program, click **here**.

Medication therapy management program

MetroPlusHealth Medicare members have access to the Medication Therapy Management (MTM) program. Members who take eight or more Medicare Part D covered maintenance drugs, have three or more chronic health conditions, and are likely to spend more than \$4,935 in prescription drug costs in 2023 are automatically enrolled in this free, voluntary program. Note: Costs may have changed starting on January 1, 2025. Participants in the MTM program are provided with a comprehensive medication review (CMR) and a targeted medication review (TMR). Encourage patients to take advantage of this important service provided by MetroPlusHealth. During the CMR, the member discusses the medications they take with a pharmacist. At the end, the pharmacist gives the patient a medication list with the medications discussed during the CMR as well as a medication action plan, with suggestions from the pharmacist of things the patient should discuss with their provider. With a TMR, MetroPlusHealth will mail or fax suggestions to providers every three months about prescription medications that may be safer or work better than the current medications a member is taking. As always, the prescribing provider will decide whether to consider our suggestions. The prescription medications will not change unless the provider and patient decide to change them.

Lifestyle medicine scholarship opportunities

The American College of Lifestyle Medicine offers scholarships and awards for health professionals dedicated to advancing lifestyle medicine. To explore the available scholarships and grant programs, click **here**.

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 **212.908.3961** 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 their 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.