

# MetroPulse Provider Newsletter

SUMMER 2025

A photograph of two women jogging on a paved path outdoors. The woman on the left is wearing a grey long-sleeved shirt with a red V-neck detail and black pants. The woman on the right is wearing a blue athletic jacket with green accents and black pants. They are both smiling and looking towards the right. The background is a blurred outdoor setting with trees and a fence.

## Empower patients with diabetes prevention strategies

Over the past two decades, the number of adults in New York City with type 2 diabetes has surged by nearly 50%. Providers play a key role in helping patients take proactive steps in managing their health to prevent diabetes.

When a patient is diagnosed with prediabetes, offer clear and straightforward information. Explain that although their blood sugar levels aren't high enough to be classified as diabetes, prediabetes significantly increases their risk of developing diabetes, heart disease and stroke. Reassure them that diabetes can often be delayed or prevented with lifestyle changes.

Encourage patients to take small steps to prevent diabetes. Even modest adjustments can have a meaningful impact

on their health. For patients who are overweight, losing just 5% of their body weight may help reduce their risk.

Make sure to follow up with your patients regularly. Schedule blood glucose testing every one to two years and continue reinforcing healthy habits.

### PROVIDER RESOURCE LIBRARY

The Provider Relations Department is building a Provider Resource Library for training and education resources. You'll have easy access to **key trainings**, including: Access and Availability, Model of Care, and Cultural Competency.

Stay tuned for an email about our new learning platform.

## About MetroPlusHealth

MetroPlusHealth offers a large network of doctors, hospitals, and urgent care centers. With more than 34,000 top providers and sites, members can find many offices right near them, along with local family care sites and over 100 urgent care sites like CityMD, Northwell-GoHealth Urgent Care, and more. Our network consists of over 40 hospitals, including NYC Health + Hospitals, NYU Langone, Mount Sinai, and Montefiore.

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## SUMMER 2025

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 Services Call Center

Monday–Friday, 8 a.m. to 6 p.m. **800.303.9626**

## Reminder: Annual Medicare Model of Care Training

Complete your required annual MOC training. Click **here** for information.

## Questions about the Restricted Recipient Program (RRP)?

Learn more **here**.

## New Medicare BHUM fax number

As of April 1, please use the new Behavioral Health Utilization Management (BHUM) Medicare Fax Line: **212.908.3323**

Providers may continue to use other fax lines below:

ABA Fax Line: **212.908.5182**

BH UM Fax Line: **212.908.5208** (except ABA and Medicare)

BH UM Appeals Fax Line: **212.908.5209**

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# Prioritizing colorectal screening



Colorectal cancer is known as the most preventable type of cancer. Unfortunately, when it's not found early, it has a high incidence of fatality. Despite multiple accessible testing options, screening remains low. Engaging with your patients on this important preventive screening can make a difference.

## Screening options

Regular colorectal cancer screening with colonoscopy is effective not only because it can identify the cancer in its earliest and most treatable stages but also because it can find and remove polyps before they have the chance to turn into cancer. For many people, the screening needs to be repeated only every 10 years.

While colonoscopy remains the gold standard, there are other types of tests available that may increase patients' willingness to get screened. They include:

- **Home-based stool tests**, which involve taking a stool sample and sending it to a lab for analysis
- **Flexible sigmoidoscopy**, which is a procedure similar to a colonoscopy but allows the physician to examine only a portion of the colon

## Preventive care counseling

Just like blood pressure testing and mammograms, colorectal screening should be part of a regular preventive care routine. When you talk about these other preventive tests, make sure to discuss colorectal screening, too.

Talk with your patients about the benefits and risks of each type of colorectal test. Explain how important it is to get a screening, no matter which testing option they choose. Experts recommend screening at age 45, or earlier if there is a family history of the disease.

If your patient hasn't been screened, ask questions. There are many possible barriers to care. For example, patients may encounter transportation problems or lack appropriate childcare. By understanding these underlying reasons, you can provide your patients with additional information and connect them with **local resources**.



# HEALTHY MOMS, HEALTHY BABIES

You can play a role in your patients' healthy pregnancies by engaging in regular discussions about family planning goals with patients of childbearing age and reinforcing the importance of early and ongoing prenatal care.

- **Discuss preconception care.** Patients of childbearing age should take 400 micrograms of folic acid every day and eat a diet rich in folates before planning a pregnancy.
- **Screen for and manage chronic diseases.** Conditions such as diabetes and hypertension can affect pregnancy and newborn health. Discuss the importance of managing these conditions before and during pregnancy.
- **Address mental health needs.** Provide screening for common mental health disorders, such as anxiety and depression, and provide guidance on which medications for these conditions are safe to take during pregnancy.
- **Review healthy lifestyle choices.** Discuss the importance of eating a healthy diet, maintaining physical fitness, and not drinking alcohol or smoking during pregnancy.
- **Highlight the importance of postnatal care.** Reinforce the importance of postnatal visits to assess maternal recovery, screen for postpartum depression, and more.

## Mention support networks

Partners and family members play a crucial role in supporting your patients during pregnancy and throughout the postpartum period. They can also help identify any medical or mental health complications.



Discuss patients' support networks in their third trimester. Talk openly about who will be at home with them, who can help feed the baby, and who can give them a break if they need one. Review the signs of postpartum depression with partners or other loved ones, including increased anger or moodiness, unusual crying or sadness, or withdrawal from friends and family.

## Credentialing managers — MetroPlusHealth support from Verisys

MetroPlusHealth has partnered with Verisys to support credentialing across our Provider Network.

If you are undergoing initial credentialing or recredentialing with MetroPlusHealth, you may be contacted by Verisys. Please respond promptly to their requests for information to avoid any delays or interruptions in your credentialing status.

Verisys is an industry leader in provider data management, credentialing, and sanction monitoring. They deliver comprehensive, verified provider profiles with hundreds of large health care organizations

and related stakeholders to streamline credentialing processes, accelerate verifications, and support compliant provider networks.

Verisys assists MetroPlusHealth with the following:

- Reviewing and retrieving New York State CAQH ProView and MetroPlusHealth Organizational Provider applications
- Gathering supporting documentation
- Verifying key provider information, such as board certification and licensure.

# The importance of hearing and vision screenings



Good hearing and vision are crucial for children's academic performance, speech development, and social well-being. Hearing deficits and common childhood eye conditions such as refractive errors, amblyopia, and strabismus can have a negative effect on a child's development and growth.

Children require regular hearing and vision screenings to detect potential issues and ensure timely referrals to specialists. As a provider, you can play a crucial role in educating parents about the importance of these screenings to identify and treat any problems early.

- **Help parents understand symptoms.** Children with hearing or vision problems may struggle in school. A child who can't hear well may have delayed or unclear speech or may not follow directions. Children with other vision problems may avoid reading or have a short attention span.
- **Encourage open communication.** Encourage parents to talk with you about any concerns they have about their child's growth or development. Let them know that social or academic problems may be linked to medical issues such as hearing or vision problems.
- **Stress the importance of following up.** If you find a potential hearing or vision concern upon screening, emphasize the importance of following up on referrals.

## Monitor side effects of antipsychotic medication in children

Antipsychotic medications are used to treat certain psychotic disorders in children, including schizophrenia and bipolar disorder. However, they are often prescribed off-label for attention-deficit/hyperactivity disorder (ADHD).

If you prescribe these medications, it's vital to closely monitor young patients for serious side effects.

### Drug risks

Common risks associated with antipsychotic medications in children include metabolic disorders such as diabetes and obesity.

### Scheduling follow-ups

Check on your patients at least once a year.

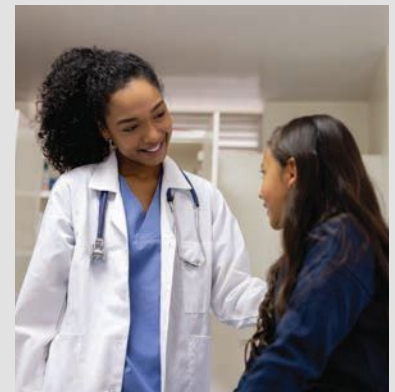
### Appointment checklist

Ask about side effects such as fatigue. Also, check weight, BMI, waist circumference, fasting glucose and lipids, and blood pressure.

## Expanded partnership with Availity®

MetroPlusHealth is pleased to offer new resources for our provider network. We have expanded our partnership with Availity® to serve as an additional trading partner for 270/271 (Member Eligibility Inquiry/

Response) and 276/277 (Claim Inquiry/Response) transactions. If you currently use a clearinghouse or vendor to submit health care transactions, nothing will change on your end. However, if you would like to take advantage of their extra tools, simply register with Availity. Learn more [here](#).



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# Effective strategies for antidepressant therapy



Despite increasing acknowledgement and attention toward the importance of mental health, stigma against treatment for depression remains. But with appropriate therapy, which typically includes medication, 70 to 80% of patients see improvements in their symptoms.

To help your patients achieve this outcome, maintain a collaborative, empathetic relationship when starting an antidepressant. Provide regular touchpoints — including online messaging, telehealth, and follow-up appointments — to assess tolerability, make adjustments, and provide support. Patients can also find mental health information and resources in MetroPlusHealth's **Good4You Health Library**.

## **Emphasize that mood changes take time**

Counsel patients not to expect immediate relief from their symptoms. They often need four to eight weeks to achieve the full therapeutic benefit.

## **Manage side effects**

About three-fourths of patients taking antidepressants experience side effects, including headaches, sexual dysfunction, dry mouth, constipation, and seizures.

Help mitigate side effects by starting patients at a lower dose and titrating up, stopping at the lowest effective dose. Check in about side effects on follow-up and alter the regimen as needed.

## **Encourage adherence**

Patients who are frustrated about a perceived persistence of symptoms or bothered by side effects may discontinue medications. But doing so can cause withdrawal symptoms, including irritability, suicidal ideation, and flu-like illness. Explain this to your patients and maintain open communication.

## **Suggest supplemental strategies**

Antidepressants work best as part of a holistic plan for addressing mental health. Work with patients on a multipronged approach, which may also include psychotherapy.

Lifestyle changes can further support patients' emotional well-being. Discuss physical activity, a nutritious diet, and adequate sleep. Support from family and friends can also make a difference.

## **Follow-up and adjust**

Finding the best medication and dose for a particular patient can involve trial and error. As many as 60% of patients don't respond to initial treatment.

Previous success on a given antidepressant — for the patient or a family member — can guide prescription choices. Newer techniques, including pharmacogenomics, show promise in further individualizing treatment, helping you decide whether to begin with a selective serotonin reuptake inhibitor (SSRI) or a tricyclic antidepressant, for example.

Work with patients to monitor symptoms, side effects, and adherence. Adjust dosage or medication type if your initial choice isn't well tolerated or effective.

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# Post-discharge for mental health and substance use

Patients with mental health or substance use issues pose unique challenges for physicians as they transition from inpatient to outpatient care. Continuity of care after a hospitalization is crucial for minimizing patients' risk for relapse and readmission.

## Engage the patient in their care

Patients who are engaged in their care and treatment after a hospital discharge may have improved outcomes, fewer emergency room presentations, reduced hospital readmissions, and for those with substance use disorders, a reduction in overdose. Here are some strategies to engage patients:

- **Schedule a follow-up appointment before discharge.** The first appointment should be scheduled within seven days.
- **Manage medications.** Make sure that patients clearly understand their medication regimen. Discuss the importance of medication adherence and not stopping any medications on their own.
- **Engage family members.** Educate family members about the importance of support and the signs of relapse.
- **Provide referrals to support groups.** Support groups and peer-led programs are an important tool to help patients transition to outpatient care.



- **Plan for possible relapse.** Prepare an intervention plan with steps the patient can take if they are in crisis. Share this plan with the patient and their family.

## Keep communication channels open

During the post-discharge period, ensure that patients have continuous access to you or other health care providers for ongoing support. Encourage them to reach out if they have any concerns or feel their treatment is not effective.

## Exercise caution when prescribing opioids

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

Before starting a patient on opioid therapy for chronic pain, evaluate their history to determine whether taking an opioid would put them at high risk for opioid

use disorder or overdose. Exercise caution if your patient has a history of a substance use disorder or a mental health condition such as depression. Consider alternate treatment options when possible.

If opioids are prescribed for chronic pain, monitor patients closely. Don't provide more opioid medication than is needed, and avoid concurrent prescribing of benzodiazepines. Follow these **CDC recommendations** for prescribing opioids.

# FOLLOW VACCINATION SCHEDULE



To ensure your patients have up-to-date protection, regularly review vaccination history and recommend needed immunizations.

The Centers for Disease Control and Prevention (CDC) sets the immunization schedule for children, adolescents, and adults based on recommendations by the Advisory Committee on Immunization Practices (ACIP).

Following the schedule as published is important because the recommendations are based on how a patient's immune system responds to vaccines at different ages and when they are most likely to be exposed to and affected by disease. Avoiding, spacing, or delaying vaccinations increases the likelihood of infection or complications. To view the CDC's vaccination schedule, click [here](#).

## Individuals at increased risk

Older adults, pregnant patients, and those with chronic medical conditions are at increased risk for complications due to illness or disease. Although vaccinations may not fully prevent individuals from getting infected, they can lessen the severity of illness and reduce complication risk.

For example, when analyzing data from the COVID-19 pandemic, researchers found that unvaccinated patients were much more likely to be hospitalized than vaccinated patients. What's more, unvaccinated patients had longer hospital stays and were 70% more likely to require intensive care compared with those who got the vaccine.

## Addressing vaccine hesitancy

Your patients may be hesitant to get needed vaccinations for a wide range of reasons — from safety concerns or misinformation to financial hardship or simple complacency. Talk with patients to understand the reasons for their hesitancy and address any concerns. Providers are in a unique role to affect change.

## Existing patient pre- and post-visit existing patient/member checklist

### *Pre-visit recommendations:*

- ✓ Confirm the member's eligibility prior to the visit. Check the MetroPlusHealth Member Portal the day before the visit to help minimize delays at check-in.
- ✓ Always ask for the member's ID card. The card will display the member's name but may not include the PCP's name. To verify the PCP, refer to the Member Portal or contact Customer Service.
- ✓ Encourage members to sign up for the Member Portal. This allows them to access plan information and eliminates the need for a physical ID card.
- ✓ If a member does not have their ID Card, access the Member Portal or call Customer Service for verification. This helps ensure accurate claims processing and faster reimbursement.

### *Post-visit recommendations:*

- ✓ Use the Provider Portal to check claim status 24/7.
- ✓ Submit claims electronically whenever possible to expedite processing.
- ✓ If a claim denies for eligibility reasons, **do not** send a bill to the member. Instead, contact the member to verify their insurance information or call Customer Service.
- ✓ If a claim is denied, carefully review how it was billed. Confirm that the billing accurately reflects the location, diagnosis, and procedures performed.

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# Integrating social determinants of health into patient care

When you see a patient, some characteristics are noted in their medical record, such as their treatments, their age, and any medications they take.

But other, invisible factors may also have a significant effect on their health. The conditions in which people are born, grow, work, play, live, worship, and age are collectively known as social determinants of health (SDOH). Research suggests that SDOH factors such as food insecurity, transportation barriers, and financial strain account for about 80% of health outcomes.

For example, people with limited access to fresh foods may be prone to heart disease, obesity, and diabetes. And those who face economic hardship often forgo prescription medications or preventive visits, worsening their health.

Learning about and addressing your patients' social needs can improve their health and quality of life. Begin by using screening tools, such as the Health Leads Social Needs Screening Toolkit or the AAFP Social Needs Screening Tool, to assess each patient. Document the results in electronic health records to promote coordinated care.



Then, start a conversation with the patient about filling the gaps. You can play a key role in connecting them with resources in the community. For local resources on food and nutrition assistance, housing, transportation, medical costs, social isolation, legal assistance, and more, click [here](#).

## Discuss domestic violence

About one in three women and one in four men experience domestic violence in their lifetime. Domestic violence includes not only physical abuse but also behavior such as sexual violence, stalking, financial control, and psychological aggression.

As a provider, you may be among the first to identify the signs. These include:

- Unexplained cuts, bruises, or injuries such as broken teeth or ruptured eardrums
- Avoidance of medical treatment or reluctance to discuss their injuries

- Psychological effects, including anxiety, depression, chronic fatigue, or suicidal ideation

If you suspect domestic violence, approach the topic in a nonjudgmental manner. Treat injuries appropriately, listen carefully, and respect the patient's autonomy.

### Community resources for patients

Refer your patients to community resources, such as the NYC Domestic Violence Hotline at **800.621.HOPE (4673)**. There is also a Family Justice Center (FJC) in every borough. Individuals can walk in or call **311** to connect with the FJC nearest them.

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



**THE MOST TRUSTED  
NAME IN PROVIDER DATA  
VERIFICATION**



# 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 in the health plan directories where they participate.

For a Provider Directory to be accurate:

- Practitioners should be listed only 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 that 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 updated. 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](mailto:providerrelationsops@metroplus.org).

## Help us grow the MetroPlusHealth provider network

We're seeking exceptional providers — especially those you trust with your referrals. Expanding our network helps enhance the member experience and more referral opportunities for your practice.

*Why join our network?*

- Nearly 40 years of service
- Dedicated Provider Call Center
- Access to Provider Network Specialists
- 90% of electronic claims processed within 30 days
- Provider engagement events
- Pay-for-performance initiatives and more

Know a provider who would be a great addition? Encourage them to visit [metroplus.org/providers/join-our-network](https://metroplus.org/providers/join-our-network) and join more than 34,000 providers delivering high-quality, patient-centered care.

## Lifestyle medicine scholarship opportunities

The American College of Lifestyle Medicine offers scholarships and awards for health professionals dedicated to advancing lifestyle medicine. To explore scholarships and grants, click [here](#).

## 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](#).

## 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.

## Report 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.

## New billing process for audio-only services

The American Medical Association (AMA) has deleted the telephonic (audio-only) E/M procedure codes 99441, 99442, and 99443. Providers should now bill NYS Medicaid for audio-only visits the same way they would for in-person or audio-visual telehealth visits — by using the appropriate procedure or rate code and adding a telehealth modifier to indicate audio-only delivery.

## 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 \$1,623 in prescription drug costs in 2025 are automatically enrolled in this free, voluntary program. 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.



# 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, providing their MetroPlusHealth or Medicare ID number or card, a health screening questionnaire, and/or an immunization record. The provider may ask that the new patient bring their ID card and any pertinent information to their first appointment.