

Provider Reporting



INFORMED CONSENT FOR HYSTERECTOMY AND STERILIZATION

- MetroPlusHealth Plan providers are required to comply with the New York City Department of Health and Mental Hygiene (DOHMH) informed consent guidelines in 42 CFR, Part 441, Sub Part F and 18 NYCRR Section 505.13. References: [eCFR :: 42 CFR Part 441 Subpart F -- Sterilizations, Title: Section 505.13 - Family planning. | New York Codes, Rules and Regulations \(ny.gov\)](#). Providers who perform hysterectomies or other sterilization procedures are required to obtain informed consent from any patient undergoing a hysterectomy or other sterilization procedure.
- Any facility that performs sterilizations must report all procedures online through PRISM <https://a816-health.nyc.gov/prism> on a monthly basis.
- DOHMH guidelines require members undergoing hysterectomies or sterilizations be notified **verbally and in writing** that the procedure will render them permanently sterile. Consent forms **must** be signed by the member or authorized representative. Providers must discuss the following with members at least thirty (30) days before the procedure is performed:
 - ✓ Member's right to withdraw consent at any time prior to the procedure without jeopardizing any future treatment or federally subsidized benefit.
 - ✓ Alternative methods of family planning and birth control.
 - ✓ Irreversibility of the sterilization procedure.
 - ✓ Detailed and thorough explanation of the procedure to be performed.
 - ✓ Full description of the associated risks, side effects, and discomforts (including those associated with any anesthesia to be used)
 - ✓ Full explanation of the benefits or advantages to be expected after undergoing the procedure.
 - ✓ Explanation that the procedure will not be performed for at least thirty (30) days except in cases of premature delivery or emergency abdominal surgery.

INFORMED CONSENT FOR HYSTERECTOMY AND STERILIZATION

- MetroPlusHealth disseminates information regarding informed consent for hysterectomy and sterilization via provider orientation, provider manual, and MetroPlusHealth website.
- Hysterectomy and Sterilization forms are posted and available to providers on the MetroPlusHealth website [Sterilization Consent Form \(metroplus.org\)](http://metroplus.org), [Acknowledgement of Hysterectomy Information \(metroplus.org\)](http://metroplus.org) and provider manual.

✓MetroPlusHealth PROVIDER MANUAL APPENDIX XIX

LDSS-3134 (2/01)

PATIENT NAME _____ CHART NO. _____ RECIPIENT ID NO. _____
 HOSPITAL/CLINIC _____

STERILIZATION CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ (doctor or clinic). When I asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation know as a _____. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _____ Month Day Year _____.

I, _____, hereby consent of my own free will to be sterilized by _____ (Doctor) by a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to Representatives of the Department of Health

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

Signature of person obtaining consent _____ Date _____

Facility _____

Address _____

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____ Name of individual to be sterilized _____ on _____ Date of sterilization _____, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final irreversible procedure and the

✓MetroPlusHealth PROVIDER MANUAL APPENDIX XXX

LDSS-3113 (4/84)

ACKNOWLEDGEMENT OF HYSTERECTOMY INFORMATION

(NYS MEDICAID PROGRAM) EITHER PART I OR PART II MUST BE COMPLETED

RECIPIENT ID NO. _____ SURGEON'S NAME _____

PART I: RECIPIENT'S ACKNOWLEDGEMENT STATEMENT AND SURGEON'S CERTIFICATION

RECIPIENT'S ACKNOWLEDGEMENT STATEMENT

It has been explained to me, _____ (RECIPIENT NAME), that the hysterectomy to be performed on me will make it impossible for me to become pregnant or bear children. I understand that a hysterectomy is a permanent operation. The reason for performing the hysterectomy and the discomforts, risks and benefits associated with the hysterectomy have been explained to me and all my questions have been answered to my satisfaction prior to the surgery.

RECIPIENT OR REPRESENTATIVE SIGNATURE _____	DATE _____	INTERPRETER'S SIGNATURE (if required) _____	DATE _____
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SURGEON'S CERTIFICATION

The hysterectomy to be performed for the above mentioned recipient is solely for medical indications. The hysterectomy is not primarily or secondarily for family planning reasons, that is, for rendering the recipient permanently incapable of reproducing.

SURGEON'S SIGNATURE _____	DATE _____
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PART II: WAIVER OF ACKNOWLEDGMENT AND SURGEON'S CERTIFICATION

The hysterectomy performed on _____ (RECIPIENT NAME) was solely for medical indications. The hysterectomy was not primarily or secondarily for family planning reasons, that is, for rendering the recipient permanently incapable of reproducing. I did not obtain Acknowledgement of Receipt of Hysterectomy information from her and have her complete Part I of this form because (please check the appropriate statement and describe the circumstances where indicated):

1. She was sterile prior to the hysterectomy (briefly describe the cause of sterility) _____

REPORTABLE COMMUNICABLE DISEASES AND CONDITIONS

MetroPlusHealth providers are required to comply with New York Department of Health (NYSDOH) protocols and regulations for the evaluation, treatment, and reporting of sexually transmitted diseases, communicable diseases, tuberculosis, immunizations, lead poisoning, suspected child abuse cases, and developmental delay or disability for early intervention services. For more information go to: www.health.ny.gov/professionals/diseases/reporting/communicable/

Communicable Disease Reporting

- ❑ Providers have a critical role in the prompt reporting of communicable diseases and can make the difference between disease control and an outbreak.
- ❑ Reports should be made to the local health department in the county in which the patient resides and need to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately to local health departments by phone. A list of diseases and information on properly reporting them can be found under [Communicable Disease Reporting Requirements](#).
- ❑ For more information on communicable disease reporting, [call your local health department](#) or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 402-5012.
- ❑ In New York City, call 1 (866) NYC-DOH1 (1-866-692-3641) for additional information. Health care personnel in New York City should use the [downloadable Universal Reporting Form \(PD-16\)](#) ; those belonging to NYC MED can create an account, [complete and submit the form online](#) .

REPORTABLE COMMUNICABLE DISEASES AND CONDITIONS

Communicable Disease Reporting

- ❑ HIV/AIDS reporting requirements vary from other communicable disease reporting. Medical providers must complete the NYS Medical Provider HIV/AIDS and Partner/Contact Report Form (DOH-4189) for all reportable cases. A complete description of these requirements can be found at <http://www.health.ny.gov/diseases/aids/regulations/>, or further information may be obtained by calling (518) 474-4284.
- ❑ In NYC, New York City Department of Health and Mental Hygiene for HIV/AIDS reporting call (212) 442-3388.

Early Intervention Reporting

- ❑ The Early Intervention Program helps young children (birth to 3 years) who are not learning, playing, growing, talking or walking like other children their age. The earlier in life a child starts our program, the sooner they can learn the skills they need.
- ❑ Health care providers should make referrals by **calling 311** and asking for Early Intervention, completing the [Early Intervention Program Referral Form](#) (PDF) and faxing it to the Citywide Early Intervention Referral Unit. Information about Early Intervention referrals for childcare, health care and other providers is located at [Early Intervention: Information for Providers - NYC Health](#)

Suspected Child Abuse/Neglect Reporting

- ❑ Mandated reporters: Certain professionals such as doctors, nurses, teachers, police officers, and childcare center workers are mandated by New York State law to report suspected child abuse and neglect to the state hotline, the New York State Central Register (SCR).
- ❑ Mandated reporters should call [311](#) in NYC or call the SCR's Mandated Reporter hotline directly at [1\(800\) 635-1522](#). If the child is in immediate danger, call [911](#). The general public can call 311 or the SCR directly at 1-800-342-3720 to report suspect child abuse or maltreatment.
- ❑ After calling the SCR, mandated reporters must also submit a written report within 48 hours of making an oral report. [LDSS2221A.docx](#) If you have questions about making a report or would like to follow-up with a report you made, [visit the Mandated Reporter page](#)

PREVENTIVE HEALTH CARE GUIDELINES

What are Preventive Health Care Guidelines?

Are evidence-based recommendations about clinical preventive services such as screenings, check-ups, patient behavioral counseling, and preventive medications that are used to prevent disease, illnesses, and other health problems, or to detect illness at an early stage when treatment is likely to be more effective. MetroPlusHealth has adopted preventive health care guidelines for Participating Providers' use in the following healthcare domains:

- General Adult Health
- Women's Health
- Pregnant Women's Health
- Children's Health

Each of the guidelines describes prevention or early detection interventions, recommended frequency and conditions under which the interventions are required. Preventive care services included in the guidelines are based on recommendations from: U.S. Preventive Services Task Force, Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA) and the latest medical research from organizations like the American Medical Association.

Where can Providers Access Preventive Health Care Guidelines?

- MetroPlusHealth's Preventive Health Care Guidelines can be found on the provider website and provider manual.

CLINICAL PRACTICE GUIDELINES

What are Clinical Practice Guidelines (CPGs)?

- MetroPlusHealth adopts and disseminates evidence-based guidelines for the provision of acute and chronic care services relevant to our population in all product lines.
 - Clinical practice guidelines serve as a decision support tool for our contracted providers and members.
 - Adopted guidelines are reviewed by MetroPlusHealth's Quality Management Department using resources such as the Agency for Healthcare Research and Quality (AHQR), U.S. Preventive Services Task Force (USPSTF), American College of Cardiology (ACC) and the American Diabetes Association (ADA).
 - Clinical Practice Guidelines are updated when national guidelines change, or at least annually or more frequently as appropriate.

Where can Providers Access CPGs?

- Providers and members may access them via the MetroPlusHealth Provider Manual, provider orientations, MetroPlusHealth website (contains the most updated guidelines). They are also available in print upon request. Providers can contact the Provider Services Call Center at 1.800.303.9626.

EARLY PERIODIC SCREENING DIAGNOSIS & TREATMENT (EPSDT)/ CHILD/TEEN HEALTH PROGRAM (C/THP) REQUIREMENTS

The EPSDT benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services. EPSDT is made up of the following screening, diagnostic, and treatment services:

Screening Services

- Comprehensive health and developmental history – (including assessment of both physical and mental health development)
- Appropriate immunizations (according to the Advisory Committee on Immunization Practices)
- Comprehensive unclothed physical exam
- Laboratory testing (including lead toxicity screening)
- Health Education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)
- Schedules for periodic screening services must be provided at intervals that meet reasonable standards of medical practice.
- Vision Services
- Dental Services
- Hearing Services

Diagnostic Services

- When a screening examination indicates the need for further evaluation of an individual's health, provide diagnostic services or refer when appropriate.
- Any necessary referrals and follow-up should be made without delay to make sure that the Medicaid member receives a complete diagnostic evaluation.

Treatment

- Provide treatment or other measures (or refer when appropriate) to correct or ameliorate defects, medical conditions, or mental illness discovered by screening services.

EARLY PERIODIC SCREENING DIAGNOSIS & TREATMENT (EPSDT)/ CHILD/TEEN HEALTH PROGRAM (C/THP) REQUIREMENTS

State Program Guidelines

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations;
- Provide or arrange for the provision of screening services for all children;
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings; and
- Report EPSDT performance information annually via [Form CMS-416](#)

Periodicity Schedule

- Providers should adhere to the most current version of the American Academy of Pediatrics (AAP): Recommendations for Preventive Pediatric Health Care – Bright Futures/American Academy of Pediatrics.
- [periodicity_schedule.pdf](#)

Developmental & Behavioral Screening

- Periodic developmental and behavioral screening during early childhood is essential to identify possible delays in growth and development.
- These screenings are required for children enrolled in Medicaid and are also covered for children enrolled in CHP.
- Resources to support providers in helping children develop [Birth to 5: Watch Me Thrive Resources | The Administration for Children and Families \(hhs.gov\)](#)

Lead Screening

- While substantial environmental improvements have been made to reduce exposure to lead, certain children remain at substantial risk for exposure to lead and disproportionately experience negative health consequences.
- Additional information on Medicaid's universal blood screening requirement can be found here: [Lead Screening](#)

[Note: For further information about the Program: NEW YORK STATE DEPARTMENT OF HEALTH \(emedny.org\) Early and Periodic Screening, Diagnostic, and Treatment | Medicaid](#)

CHILD AND ADOLESCENT IMMUNIZATIONS

- MetroPlusHealth recommends using the **2025 Recommended Child and Adolescent Immunization Schedule** for members 18 years and younger: [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2025 U.S.](#)
 - ACIP (The Advisory Committee on Immunization Practices) developed immunization schedules for children, adolescents and adults in which recommendations are given to aid in the prevention of vaccine preventable diseases.
 - The Centers for Disease Control and Prevention (CDC) recommends routine vaccination to prevent 17 vaccine-preventable diseases that occur in infants, children, adolescents, or adults.

REPORTING IMMUNIZATIONS REQUIREMENTS

What are the Immunization Reporting Requirements?

- NYC health care providers report immunizations to the CIR as mandated by New York State Public Health Law and the NYC Health Code.
- Pediatric Providers are required to report all immunizations administered to children 0-18 years within 14 days to the [Citywide Immunization Registry \(CIR\)](#).
- Vaccines administered to adults 19 years and older should be reported to the CIR with documented verbal or written patient consent. A sample consent form can be obtained by calling (347) 396-2400, or online, [CIR Reporting Consent Form for Individuals 19 years old and above](#) (PDF) [[En Español](#)].
- Reporting of all administered COVID-19 vaccine doses to the CIR is required within 24 hours of administration, as specified by the NYS Department of Health and in the COVID-19 Vaccination Provider Agreement.

How do Providers Report? There are two ways to exchange immunization data with the CIR:

- **Electronically** through your EHR vendor: <https://www.nyc.gov/site/doh/providers/reporting-and-services/cir-how-to-report.page>
- **Online** with the CIR's Online Registry: <http://www.nyc.gov/health/cir>