Primary Care and Specialist Provider Orientation

December 2025

Metro Plus Health

PRV 25.141

ORIENTATION TOPICS

- ✓ MetroPlusHealth Overview
- ✓ Credentialing Requirements & Verification
- ✓ Provider Types
- ✓ Provider Contracting
- ✓ Insurance Product Lines
- ✓ Managed Care Benefits
- ✓ NYS DOH Personal Care Services
- ✓ Assessment Process
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- ✓ MetroPlusHealth Medicare
- ✓ UltraCare (MAP)
- ✓ MetroPlusHealth Managed Long Term Care
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ORIENTATION TOPICS

- ✓ Provider Responsibilities
- ✓ 24-Hour Telephone Coverage for PCPs
- ✓ Notification of Changes In Your Practice
- ✓ HIV Testing
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- ✓ Claims Submission and Status
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- ✓ Our Website & Provider Portal
- ✓ MetroPlusHealth Care Management
- ✓ Care Management Programs
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- ✓ Clinical Practice Guidelines
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- ✓ MetroPlusHealth Partnership In Care (PIC)/Special Needs Plan (SNP)
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- ✓ How will MetroPlusHealth
- ✓ Partnership In Care Help Members?
- ✓ Benefits For the Providers
- ✓ Ways To Enroll In SNP Partnership In Care
- ✓ Can Members Transfer to Another Plan
- ✓ Assistance with MetroPlusHealth MFE Marketplace
- ✓ Provider Services Is Here to Help You
- ✓ Key Points to Remember
- ✓ Conclusion

WELCOME MESSAGE FROM CEO AND CMO

Press
to play

MetroPlusHealth Overview

- Overview
- Member Eligibility Verification
- Insurance Product Lines
- Products at a Glance

✓MetroPlusHealth

METROPLUSHEALTH OVERVIEW

MetroPlusHealth is a Prepaid Health Services Plan (PHSP) licensed to operate in all 5 NYC boroughs (Bronx, Brooklyn, Queens, Manhattan, and Staten Island). Headquartered at 50 Water Street, in lower Manhattan.

MetroPlusHealth, which began operations in 1985, is a wholly owned subsidiary of NYC Health + Hospitals.

2024 MetroPlusHealth Highlights:

- We had over 713,000 members across all our lines of business
- Essential Plan had the highest quality rating
- Highest quality score ever in Medicare: 4-star rating from the Centers for Medicare & Medicaid
- Highest Google review rating ever: Over 4.3 stars out of 5
- Over 80% member retention rate in Quarter 4 of 2024
- Over 34,000 top doctors, mental health experts, and sites to choose from
- Over 12,000 new member enrollments in Quarter 4 of 2024

In Measurement Year 2022, MetroPlusHealth Plan received a Tier 2 ranking, achieving the 3*rd* best performance in the state.

MEMBER ELIGIBILITY VERIFICATION

Members' coverage and PCP must be verified before every encounter.

Step 1

Ask to see their MetroPlusHealth Member ID Card and a Photo ID.

Step 2

Check member's eligibility using one of these methods:

- MetroPlusHealth Provider Portal:
  - providers.metroplus.org
- EMEVS verification line:
  - Call **800.997.1111**
  - Enter the MetroPlusHealth Provider Number 01529762 and the Plan Code 092
- MetroPlusHealth Provider Customer Service: **800.303.9626 (TTY: 771)**
- EMEVS website: emedny.org for Medicaid, Medicaid HIV SNP, and MetroPlus Medicare Advantage

METROPLUSHEALTH INSURANCE PRODUCT LINES

INDIVIDUAL & FAMILY PLANS	MEDICARE & DUAL-ELIGIBLE PLANS	SPECIAL NEEDS & LONG-TERM CARE	COMMERCIAL PLANS
Medicaid Managed Care (MMC)	MetroPlus Advantage Plan (HMO D-SNP)	Enhanced (HARP) Plan	MetroPlusHealth Gold Plan (NYC Employees)
Child Health Plus (CHP)	MetroPlus Platinum Plan (HMO)	Managed Long-Term Care	MetroPlusHealth GoldCare Plan
Essential Plan (EP)	MetroPlus UltraCare (HMO D-SNP)	Partnership In Care (PIC) (HIV SNP)	
Qualified Health Plans (QHP) – Marketplace Plans			

PRODUCTS AT A GLANCE

Printed and PDF versions available in English and Spanish

MetroPlus Health Cost-sharing for products may vary.	COMMERCIAL PLANS (UNDER 65)		STATE-SPONSORED PLANS (UNDER 65)		MEDICARE PLANS (65 AND OLDER)				CITY EMPLOYEE PLANS	
	MARKETPLACE PLANS	ESSENTIAL PLANS	MEDICAID MANAGED CARE	CHILD HEALTH PLUS	METROPLUS ADVANTAGE PLAN (HMO D-SNP)		METROPLUS PLATINUM PLAN (HMO)	METROPLUS ULTRACARE (HMO D-SNP)	GOLD	GOLDCARE
Eligibility	Income Dependent	Income Dependent	Income / Disability Dependent	Under 19 Years Old[1]	Medicare A & B Enrollment, Medicaid		Medicare A & B Enrollment	Medicare A & B Enrollment, Medicaid, long-term care needs, ages 18+	City Employee	City Daycare Worker
					Full Dual	Partial Dual				
Monthly Premium	Varies	$0	$0	Varies, as low as $0	$0	$71.20	$92	$0	$0 with basic plan	$0 for employee only
Deductible	Varies	$0	$0	$0	$0	$257	$0	$0	$0	$0
Annual Checkup	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Doctors and Specialists	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
$0 MetroPlusHealth Virtual Visit (24 / 7)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Urgent Care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Labs and Imaging	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospital Visits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adult Dental + Vision * Limited Dental	Available as add-on	✓	✓		✓	✓	✓*	✓		
Pediatric Dental and Vision	✓		✓	✓						
Hearing Aids	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prescription Drugs (Co-pays required)	✓ Co-pays may vary	✓ Co-pays may vary	✓[2]	✓ Note: co-pays required	✓[3]	✓[3]	✓ Note: co-pays required	✓	✓ Co-pays may vary	✓ Co-pays may vary
Prepackaged Medications[4]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fitness Reimbursement	$200 every 6 months for member, $100 every 6 months for spouse	$200 every 6 months			$250 every 6 months	$250 every 6 months		$250 every 6 months	Up to $1,400 per year for a family of 4	
Care Coordination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wellness App Reimbursement									✓[5]	
Member Rewards	✓	✓	✓	✓	✓	✓	✓	✓		
Transportation	✓	✓	Available with doctor's note[6]	Only emergency transportation	48 one way trips per year	48 one way trips per year		48 one way trips per year	4 trips per year (max.: $15 per trip)	
Flex Card					$475 per quarter	$475 per quarter		$475 per quarter		
Enrollment Period **dates subject to change	November 1 – December 31**	Year-round	Year-round	Year-round	Open Enrollment or SEP[7]	Open Enrollment or SEP[7]	Open Enrollment or SEP[7]	Open Enrollment or SEP[7]	Open Enrollment (usually in October)	Open Enrollment (usually in the fall)

MEMBERSHIP PLAN ENROLLMENT

- MetroPlusHealth Marketplace Facilitated Enrollers (FEs) can assist with enrollment of uninsured people into their plans in person at an enrollment location, over the phone, a home visit or by contacting the NYSOH website: nystateofhealth.ny.gov
- Plan Facilitated Enrollers cannot enroll Fee for Service (FFS) Medicaid recipients; this is also true for MetroPlusHealth PIC (HIV-SNP) Facilitated Enrollers.
  - If you have a patient who is in FFS Medicaid and wants to enroll in a Medicaid Managed Care Plan, please instruct them to call NY Medicaid CHOICE at 800.505.5678.
- As a result of these changes, MetroPlusHealth HIV SNP Facilitated Enrollers (FEs) are no longer located in the NYC Health + Hospitals HIV clinics; they may be able to conduct workshops/educational activities.

NEW AS OF APRIL 2025 – CHANGES TO THE CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM (CDPAP)

The Department of Health has partnered with Public Partnerships LLC (PPL) as the single Statewide Fiscal Intermediary (SFI) for CDPAP. Effective April 2025, all consumers and personal assistants (PA) in CDPAP must register with PPL to receive CDPAP services.

Option 1: Call PPL's support center at 833.247.5346 or TTY: 833.204.9042 and a PPL team member will help them complete the process.

Option 2: Self-register through PPL@Home by going to PPL's website at pplfirst.com/cdpap

Option 3: Work with PPL or another approved CDPAP facilitator, including Independent Living Centers (ILCs), who can guide them through the process. A list of Department-approved CDPAP facilitators can be found here: CDPAP Facilitators | PPL First

Patients can learn more about CDPAP on the Department of Health website below: health.ny.gov/health_care/medicaid/program/longterm/cdpap/

Overview and Eligibility Information for Key Plans

MetroPlusHealth

Partnership in Care (PIC) HIV-SNP

MetroPlusHealth

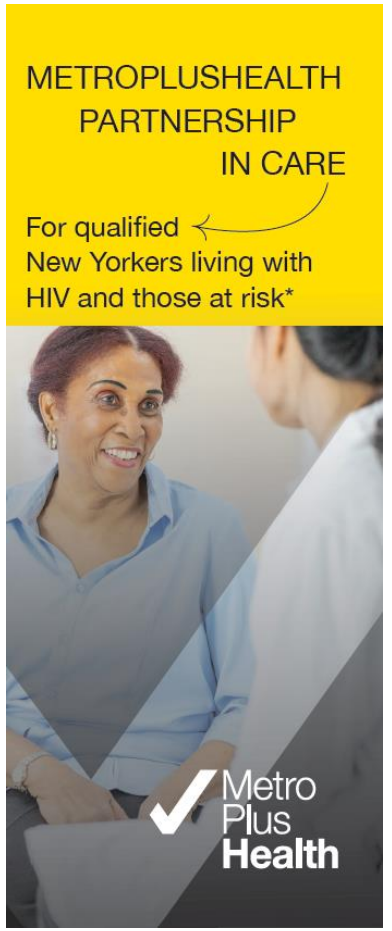
HIV SPECIAL NEEDS PLAN (SNP)

A HIV-SNP is a Medicaid Insurance Plan for people with HIV (as well as select others at high risk of HIV) here in New York State (NYS).

We call our HIV-SNP, "Partnership in Care“ or PIC.

HIV-SNP offers benefits to members, including:

- Comprehensive care coordination and partnership with their front-line providers to ensure that those living with HIV stay in HIV primary care and adhere to their antiretroviral treatment
- A team approach to caring for people living with HIV
- A Health and Wellness team with an HIV Specialist as the PCP



WHAT PARTNERSHIP IN CARE (PIC) OFFERS

PIC includes ALL Medicaid benefits PLUS:

- ✓ Focus on HIV viral load suppression including monthly outreach to conduct adherence coaching
- ✓ Partnership with PulseHealth for text messaging campaigns
  - Refill reminders
  - HIV medication adherence education
  - Daily medication reminders
  - 1:1 text messaging
- ✓ Grant-funded team of peers/navigators focused on unsuppressed/out of care, including arrangement of home visits
- ✓ Member rewards, including a $450 reward for engagement in HIV care
- ✓ Multiple provider visits in the same day
- ✓ Harm reduction & care advocacy services
- ✓ Advanced care management services
- ✓ Telehealth services via MetroPlusHealth Virtual Visit powered by H+H Express Care
- ✓ Behavioral health services including telehealth through Valera Health
- ✓ Medically Tailored Meals (MTM) for eligible members
- ✓ UberHealth for urgent transportation needs

NYS PIC (HIV-SNP) PLAN COMPARISON

Benefit/Activity	MetroPlusHealth	AmidaCare	SelectHealth
Basic coverage of doctor and clinic visits, lab tests, vision, dental, nursing home stays, hospital visits, emergencies, prescriptions, etc.	✓	✓	✓
Home care, as needed	✓	✓	✓
Care Management/Care Coordination	✓	✓	✓
Medically Tailored Meals (For eligible members)	✓	✓	✓
Telehealth	✓	✓	✓
Housing Assistance, as needed	✓	✓	✓
Member Partnerships/Engagement	✓	✓	✓
HIV Care/Viral Load Suppression Member Reward*	Up to $450 per year for completing PCP visits	Up to $400 per year for viral load suppression	Up to $400 per year for viral load suppression

*Additional member rewards available specific to each plan

PIC (HIV-SNP) REWARDS PROGRAM FOR 2025

For members who are enrolled in the HIV SNP and have participated in the MetroPlusHealth Reward Program by completing healthy activities in 2025.

Register online on the member portal via metroplusrewards.org or call MetroPlusHealth Customer Service at **800.510.3944**.

Reloadable Rewards Card (use as a credit card)

- Will automatically update every time a health activity is completed
- Accepted at over 3,875 locations (Duane Reade, Walgreens, CVS, Rite Aid, Family Dollar, Dollar General, and more!)

NEW PIC (HIV-SNP) PCP ENGAGEMENT REWARD
LIVING HEALTHY WITH HIV

Up to

$450

Can be earned each year per member

Members can earn dollars by regularly attending appointments with their primary care provider

PIC (HIV-SNP) FULL LIST OF REWARDS: CHRONIC CONDITIONS

Health Activity	Reward Amount	Qualifying Age	Reward Rules	How It Is Measured
Asthma Medication Management	$5 per 30-day fill $30 per 90-day fill $120 annual max	5-64	Refill Asthma Controller	Based on pharmacy data
Diabetes Eye Exam	$50 annual	18-75	Complete Diabetic Eye Exam	Based on claim or encounter data
Kidney Health Monitoring	$30 annual	18-85	Complete eGFR or Urine microalbuminuria	Based on claims

PIC (HIV-SNP) FULL LIST OF REWARDS: PREVENTATIVE CARE

Health Activity	Reward Amount	Qualifying Age	Reward Rules	How It Is Measured
Breast Cancer Screening	$50 or $20, depending on screening in current year or within 2 years prior	50-74	Complete mammogram	Based on claim or encounter data
Cervical Cancer Screening	$50 or $20, depending on screening in current year or within 2 years prior	24-64	Complete cervical cancer screening	Based on claims or encounter data
Colon Cancer Screening	$100, $40 or $20 depending on screening type	45-75	Complete colon cancer screening	Based on claims and encounter data

PIC (HIV-SNP) FULL LIST OF REWARDS: CHRONIC CONDITIONS

Health Activity	Reward Amount	Qualifying Age	Reward Rules	How It Is Measured
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HOW WILL METROPLUSHEALTH'S PARTNERSHIP IN CARE (PIC) HELP MEMBERS?

- Every PIC member has access to a Health and Wellness Advisor at MetroPlusHealth and a medical case manager at the facility.
- If a facility does not have a medical case manager, MetroPlusHealth and Wellness Advisory team will provide support, care coordination and complex case manager services to the member.
- The Case Managers at the facilities and the Health and Wellness Advisors at MetroPlusHealth will coordinate efforts to help members get the following services:
  - Housing Assistance
  - Meals/Nutritional Counseling
  - Education Programs
  - Legal Services
  - Day Care Services
  - Pregnancy Services
  - Parenting Education

BENEFITS FOR THE PROVIDERS

- ✓ Member plan of care developed by the health and wellness advisor with the provider
- ✓ Discharge planning in coordination with social worker and providers at the facility
- ✓ Notification to provider of members admitted in hospital or with high ER utilization
- ✓ Additional member support for health education, prevention risk reduction, HIV testing, and treatment adherence as well as referrals to community organizations as needed
- ✓ Enhanced revenue by billing preventive medicine, individual counseling, and case management activities
- ✓ Educational sessions about getting access to the MetroPlus resources such as web page and provider portal
- ✓ Flexibility with prior authorization for medications, special procedures, and out of network referrals.
- ✓ Support with the credentialing process to become an HIV specialist

WAYS TO ENROLL IN HIV-SNP PARTNERSHIP IN CARE (PIC)

To choose our HIV-SNP program follow these steps:

- Contact a MetroPlusHealth Facilitated Enroller (FE) at **855.809.4073** and press Option #3.
- Call MetroPlusHealth Customer Services for assistance at **800.303.9626**.
- For Medicaid members who received Medicaid through the New York State of Health (NYSOH) also known as Marketplace:
  - Members can choose a plan through the Marketplace. Sign in and go to the plan selection page. Members can select a SNP for enrollment themselves.
  - Members can contact NYSOH Customer Service at 855.355.5777. Tell the counselor they have questions about joining a Special Needs Plan or SNP.

If the applicant has Medicaid eligibility through HRA:

- They can call New York Medicaid Choice at 800.505.5678 for help selecting the right SNP plan.
- They can talk to a Helpline Counselor for support in selecting the right Medicaid plan, or they can call The New York Medicaid Choice office at 800.505.5678.

CAN MEMBERS TRANSFER TO ANOTHER PLAN?

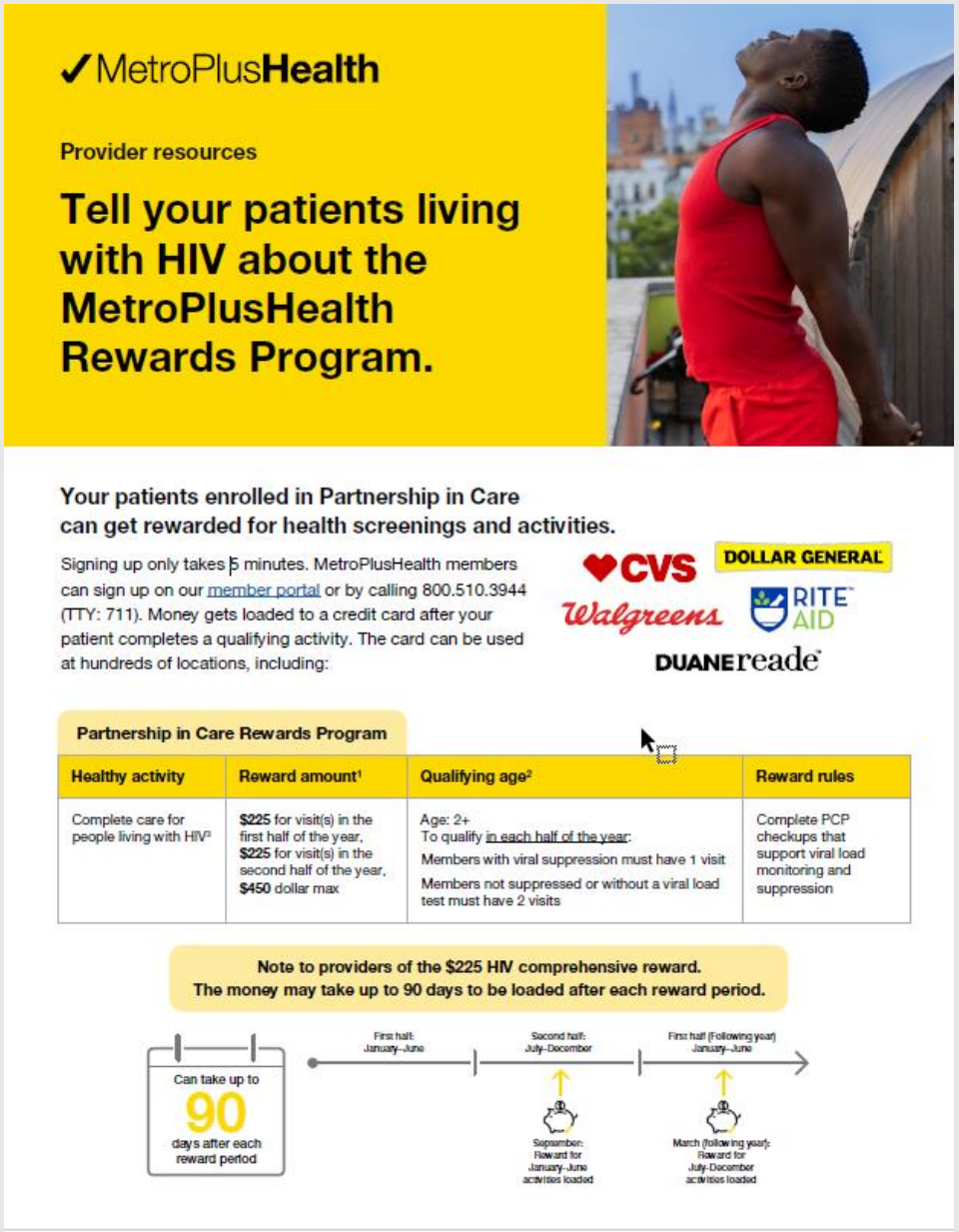
- Medicaid recipients living with HIV can be transferred to our HIV SNP at any time.
- Any questions about transferring to another plan, should be answered by:
  - NY Medicaid Choice at 800.505.5678
  - New York State of Health at 855.355.5777

ASSISTANCE WITH METROPLUSHEALTH MFE MARKETPLACE

- The Medicaid Managed Care Special Needs Plans (SNPs) are displayed on the NY State of Health site as a plan selection option for all Medicaid eligible applicants who reside in the SNPs' service areas.
- SNP is a Medicaid health plan options for consumers who are:
  - Living with HIV
  - Transgender
  - Unhoused (currently registered with the New York City shelter system)
- SNP program covers all services as other Medicaid health plans. It also provides additional specialty services important to people living with HIV.
- In addition, it offers easy access to expert HIV and specialty care through an enhanced network of providers and hospitals.
- There are no changes to the NY State of Health application and there are no additional eligibility questions or documentation requirements for people to enroll in SNP.
- If a member believes he/she is eligible, he/she can enroll, and the SNP will verify eligibility.
- Ways to connect with a Marketplace Facilitated Enroller (FE):
  - Contact a Facilitated Enroller at **855.809.4073** and press option # 3 to enroll.
  - Visit our website at **metroplus.org** and go to our "Virtual Office" to find a Facilitated Enroller near you who speaks your language.
  - Fill out the "Contact Us" form on our website at **metroplus.org** and a Facilitated Enroller will contact you ASAP.

PROVIDER RESOURCE REFERENCE

Printed copies available!



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Provider resources

Tell your patients living with HIV about the MetroPlusHealth Rewards Program.

Your patients enrolled in Partnership in Care can get rewarded for health screenings and activities.

Signing up only takes 5 minutes. MetroPlusHealth members can sign up on our member portal or by calling 800.510.3944 (TTY: 711). Money gets loaded to a credit card after your patient completes a qualifying activity. The card can be used at hundreds of locations, including:

CVS DOLLAR GENERAL Walgreens RITE AID DUANE reade

Partnership in Care Rewards Program

Healthy activity	Reward amount[1]	Qualifying age[2]	Reward rules
Complete care for people living with HIV[3]	**$225** for visit(s) in the first half of the year, **$225** for visit(s) in the second half of the year, **$450** dollar max	Age: 2+ To qualify in each half of the year: Members with viral suppression must have 1 visit Members not suppressed or without a viral load test must have 2 visits	Complete PCP checkups that support viral load monitoring and suppression

Note to providers of the $225 HIV comprehensive reward.
The money may take up to 90 days to be loaded after each reward period.

PIC (HIV-SNP) BROCHURE

Printed copies available!

As a MetroPlusHealth Partnership in Care member, you have access to over 34,000 providers, 40 hospitals, and 110 urgent care centers. More than 700,000 New Yorkers have chosen us for their care.

To see if you qualify or to learn more, call us or visit our website:

CALL 855.809.4073 (TTY:711)
Mon.-Fri.: 8am-6pm | Sat.:, 9am-5pm

VISIT metroplus.org

Point your camera to learn more about MetroPlusHealth!

NEW YORK STATE | Department of Health | Medicaid

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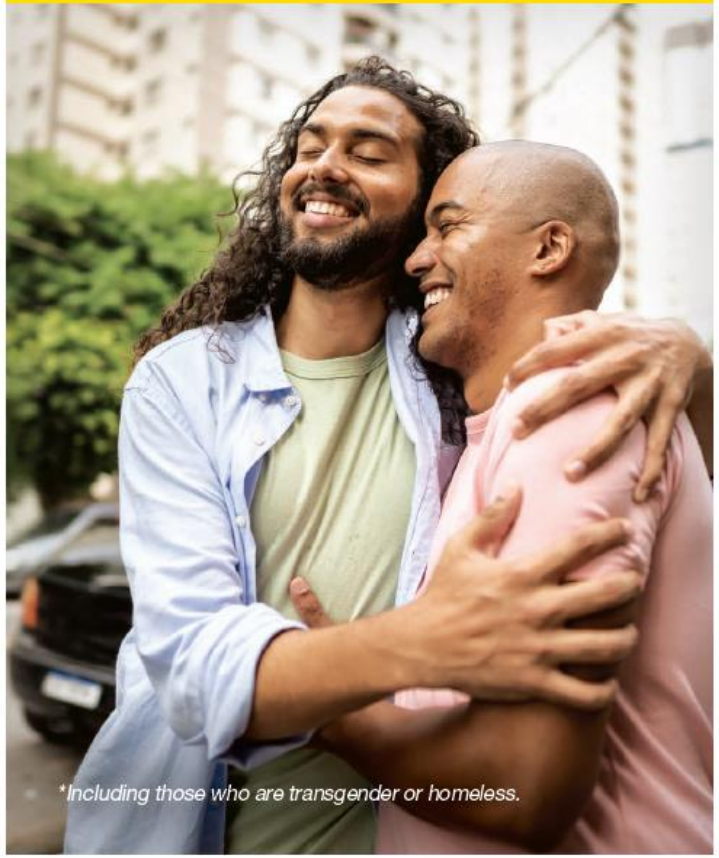
MetroPlus Health Plan, Inc., does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.986.0356 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.986.0356 (TTY: 711)。 MBR 24.200

✓MetroPlusHealth

Partnership in Care

For qualified New Yorkers living with HIV and those at risk*



*Including those who are transgender or homeless.

HELPING YOUR PATIENTS ENROLL WITH METROPLUSHEALTH PIC (HIV-SNP)

If your members are in Medicaid and qualify for our Partnership in Care program (HIV Special Needs Plan) and need help signing up, please direct them to the number below.

Our knowledgeable representatives will be able to help them with the process:

To see if you qualify or to learn more, call or visit our website.

Call **855.809.4073**
Monday – Saturday, 8am-8pm
Sunday, 9am-5pm

PIC (HIV-SNP) METROPLUS CONTACT INFO

Please contact our Partnership in Care team with any questions/concerns:

Julie Myers, MD, MPH: Deputy Chief Medical Officer
myersju@metroplus.org
212.908.3127

Amy Newton, MPH: Director of Community Outreach Quality & Compliance
newtonam@metroplus.org
212.908.8862

Elizabeth Signorelli, RN: Director of Care Management
signoree@metroplus.org
212.908.5287

Enhanced HARP

MetroPlusHealth

METROPLUSHEALTH ENHANCED (HARP) & ELIGIBILITY

This plan offers the following benefits:

- ✓ It is a comprehensive and integrated Physical Health, BH and Substance Use Disorder Plan with added Social Services and Supports.
- ✓ Additionally, the plan manages physical health, MH, and substance use services in an integrated way for adults with BH needs.
- ✓ HARP is qualified by New York State and has specialized expertise, tools and protocols that are not part of most medical plans.

To be eligible for MetroPlusHealth Enhanced:

- ✓ Must be 21 or older, be insured only by Medicaid, and eligible for Medicaid Managed Care.
- ✓ Members are deemed eligible for HARP by meeting the criteria established by the New York State Department of Health (DOH), the Office of Mental Health (OMH), and the Office of Addiction and Substance Abuse Services (OASAS).
- ✓ Eligibility criteria include a diagnosis of a serious mental illness and/or substance use disorder, among other factors.
- ✓ HARP eligibility status may be found in ***MAPP***, ***PSYCKES, and EMEDNY***, and in ***e-PACES*** it appears on an individual's file in the restriction/exception code part of the report.
- ✓ A **H9 code** indicates that the member is HARP eligible but not yet enrolled in a HARP plan.

This plan does not require members to change their current health care providers.

Managed Long-Term Care (MLTC)

MetroPlusHealth

METROPLUSHEALTH MANAGED LONG TERM CARE

MetroPlusHealth Managed Long Term Care is a health care plan especially designed for people 21 years or older, who live in Brooklyn, Manhattan, the Bronx, Queens, or Staten Island who need long term care services and have Medicaid. MetroPlus Managed Long Term Care offers the assistance members need to live safely at home.

Members are eligible if they are…

- ✓ 21 years old or older
- ✓ Eligible for Medicaid
- ✓ Living in the Bronx, Brooklyn, Manhattan, Staten Island, or Queens
- ✓ In need of long-term care of nursing home-level care
- ✓ Able to remain in their home without jeopardizing their health or safety
- ✓ In need of long-term care services for at least four months – 120 days from the time of enrollment
- ✓ Meet the Minimum Needs Requirement criteria

MetroPlusHealth Managed Long Term Care will help members obtain the services we do not directly cover to make sure they receive the care needed.

To find out more about what is and isn't covered by MetroPlusHealth Managed Long Term Care, please visit our website MLTC Plan.

For additional information please visit our website for Provider Resources.

WHAT IS THE ASSESSMENT PROCESS FOR MANAGED LONG-TERM CARE (MLTC)

- RNs contracted by NYIA will conduct the assessment.
- The initial assessment process includes:
  - The Community Health Assessment (CHA); and
  - A clinical exam, conducted by a clinician on an Independent Practitioner Panel (IPP).
- For high needs cases, i.e., more than 12 hours per day, on average, of PCS/CDPAS for the first time, an Independent Review Panel (IRP) evaluation will take place.
- MetroPlusHealth Clinical Review Team recommends plan of care (POC) for cases over 12 hours to the IRP via online portal.
- IRP is a panel of doctors, and they return their recommendation if the consumer is safe for community-based services (with hours recommended), or if the consumer should be long-term placed in the Nursing Home.
- MetroPlusHealth Clinical Review team review IRP's recommendation and adjust POC accordingly, if needed. The IRP form is then placed into the consumer's assessment.

PCS AND CDPAS CHANGES FOR MLTC MEMBERS

HRA and Medicaid Managed Care Plans will no longer be responsible for scheduling the initial assessment for Personal Care Services (PCS) and Consumer Directed Personal Assistance Services (CDPAS).

- Note: Reassessments, both routine and non-routine, are not affected and will continue to need an M11Q.

PCPs will no longer be conducting exams/writing orders for PCS and CDPAS for patients who have never had these services previously.

- To schedule an appointment for individuals newly seeking Medicaid PCS or CDPAS, Members and/or Members Representative can call the NYIA at 855.222.8350.
- If a Member Representative is placing the call, the member must be on the line.

For more information:

- NYIA webpage at niya.com

UltraCare (MAP)

MetroPlusHealth

ULTRACARE (MAP) & ELIGIBILITY

UltraCare (MAP) is especially designed for people who have Medicare (Parts A and B) and FULL Medicaid.

They need health and community based long-term care services like home care and personal care, to stay in their homes and communities as long as possible.

Your patients are eligible to join MAP if they are enrolled in a Medicare Advantage plan (Part C) and:

- Are age 18 or older and have FULL Medicaid.
- Reside in the plan's service area, which is the Bronx, Brooklyn, Manhattan, Queens, and Staten Island.
- Must be eligible for nursing home level of care (as of time of enrollment) using the Uniform Assessment System (UAS).
- Capable at the time of enrollment of returning to or remaining in your home and community without jeopardy to your health and safety.
- Have evidence of Medicare Part A & B coverage.
- Meet the Minimum Needs Requirement criteria.
- Are expected to require at least one of the following Community-Based Long Term Care Services (CBLTCS) covered for more than 120 days from the effective date of enrollment:
  - Therapies in the home
  - Personal care services in the home
  - Nursing services in the home
  - Adult day health care
  - Home health aide services
  - Private duty nursing
  - Consumer Directed Personal Assistance Services

Provider Guidelines and Responsibilities

MetroPlusHealth

COMPLIANCE POLICY

Providers should be compliant with all MetroPlusHealth approved clinical treatment and preventive health guidelines and Public Health Guidelines

MetroPlusHealth will periodically collect data regarding incident reporting and performance standards to monitor contractual compliance

Our Clinical Policies and Benefit Grid can provide further information

CREDENTIALING REQUIREMENTS & VERIFICATIONS

MetroPlusHealth Credentials and Re-Credentials:

- Credential providers in accordance with both federal and state laws to ensure all regulatory requirements are met.

  Providers must meet the criteria for participation in our network as outlined in MetroPlusHealth' credentialing policy. Additionally:

  – Credentialing staff verifies telehealth approvals for Adult BH HCBS and CORE providers by requesting State approval letters.

  – The Credentialing Committee reviews the credentialing policy at least annually, updates the policy as needed to ensure that credentialing and re-credentialing processes meet regulatory guidelines.

MetroPlusHealth Recredentials organizational providers on a periodic basis (not less than once every three (3) years).

This includes, but is not limited to review of:

- Providers qualifications
- Performance
- Complaints
- Certifications required by contract.
- Exclusions and criminal activity checked from State and Federal Databases
- Centers for Medicare & Medicaid Services

PROVIDER RESPONSIBILITIES

Participating Providers assume responsibility for the care of members agreeing to adhere to administrative procedures, reporting requirements, medical records maintenance, quality assurance and utilization review policies, and regulatory standards.

Key responsibilities include, but are not limited to, the following:

- Providing appropriate and cost-effective care in accordance with utilization management plan, protocols and clinical guidelines.
- Ensuring that members (or a designee, when appropriate) give informed consent for any procedure or treatment.
- Complying with all Public Health Guidelines, including statutory reporting requirements for communicable diseases.
- Complying with standards for appointment access.
- For all Provider Responsibilities, please refer to the MetroPlusHealth Provider Manual on our website metroplus.org.

NOTIFICATION OF CHANGES IN YOUR PRACTICE

Always notify MetroPlusHealth immediately about the following changes:

- Change of address
- Change in Tax ID Number
- Change of providers in group practice
- New sites or closed sites
- Change in practice name/ownership
- Extended leave of absence

Submit changes to Provider Services:

- Using our Provider Portal (preferred method)
- By phone: **800.303.9626**
- By fax: **212.908.3691**
- By email: ProviderRelationsOps@metroplus.org
- In writing to:
  MetroPlusHealth Plan Provider Services
  50 Water Street, 8th Floor
  New York, NY 10004

PROVIDER TRAININGS

Mandated Annual Provider Trainings

CULTURAL AWARENESS

Cultural Competency is the ability to work effectively with your patients, regardless of their culture, religion, ethnicity, or socio-economic status. Gaining Cultural Competency skills will benefit your patients and your practice.

Please complete the mandated training no later than Wednesday December 31st, 2025
metroplus.org/provider/tools/Annual-Cultural-Competency-Training

MEDICARE MODEL OF CARE (MOC)

Medicare MOC Provider Training & Communication

- Initial MOC Orientation must be completed on the portal by no later than Wednesday December 31st, 2025: Please complete the mandatory training here.
- Notifications: posted in newsletter, email flyer to Providers, and quarterly calendar
- Updates: Medicare MOC via website, newsletters, emails, regular mail
- Face-to-face training sessions: Medicare MOC provided
- Coordination of webinar if MOC hasn't been completed

PROVIDER REQUIRED TRANSPORTATION AND LANGUAGE INTERPRETER SERVICES

Transportation Services

- Providers are responsible to pre-purchase MetroCards from the MTA and distribute to members of the following plans for public transportation:
  - Medicaid Managed Care
  - Medicaid HIV Special Needs Plan
- Providers must register to participate for reimbursement in the Public Transportation Automated System (PTAR) available on: nyc.gov/html/hra/html/services/ptar_system.shtml

For additional transportation for members based on the line of business please visit Member Transportation Benefits.

Language Interpreter Services

For language interpreter services, contact Provider Services at **800.303.9626**.

OUR WEBSITE AND PROVIDER PORTAL

Visit metroplus.org to access information 24/7

Provider Manuals, Newsletters, Formularies, Benefits Provider Search, Provider Directory (PDF).

For Language Interpreter Services, please contact Provider Services at **800.303.9626.**

For Provider Portal Self-Paced Learning, please click below.

Provider Portal

Once you register, you can access the Provider Portal to:

- Check member eligibility and authorization status
- Check the status of submitted claims
- Access Provider orientation, benefit changes, and clinical guidelines
- PCPs can access membership rosters; updated rosters are posted weekly
- Obtain MetroPlusHealth reports:
  - Membership reports
  - Utilization reports
  - Provider Performance Profiles
  - Diagnosis Code lists

To register, go to metroplus.org

SUPPORT FOR OUR NETWORK OF PROVIDERS

- MetroPlusHealth has a **Provider Services Call Center** to support all provider concerns.
- You can contact **Provider Services Call Center at 800.303.9626, Monday – Friday, 8am – 8pm,** for all contracting, billing, and credentialing inquiries.
- Providers can also contact the Provider Relations Department for inquiries including required trainings and plan policies by emailing at ProviderRelationsOps@metroplus.org

Clinical Provider Information and Responsibilities

MetroPlusHealth

RESTRICTIVE RECIPIENT PROGRAM (RRP)

The New York Office of the Medicaid Inspector General (OMIG) administered a program that implanted a criteria to determine a pattern of misuse or abuse of services covered under the Medicaid Plan. This program is known as the Restrictive Recipient Program(RRP). MetroPlusHealth Restrictive Recipient Unit review members utilization of medical services to identify any trends in abused services.

What are my management responsibilities as an RRP provider?

Primary Care Providers (PCP) by contract are expected to manage the healthcare of the RRP members on their panel, including referrals to specialty services and participants. The physician is responsible for the medical management of the members if in the hospital and outside their practice.

- Restricted Recipients are individuals with a pattern of misusing or abusing benefit package services and are restricted to one or more providers to receive their services.
- Restrictions may include PCPs, Specialists, dentists, podiatrists, and hospital settings.
- During the member's visit-the, the Restricted Recipient members will have an "R" on their ID Card.
- Providers must verify member eligibility before every encounter to identify any restrictions.

Pharmacy Coverage Overview

- **Managed Care Plans do not cover prescriptions**; Medicaid NYRx manages pharmacy benefits.
- **Restricted recipients** must use their assigned pharmacy and include their PCP on claims to avoid denials.
- **For help**: Providers call Magellan at 877.309.9493; members contact HRA at 212.273.0062.

RESTRICTED RECIPIENTS VERIFICATION INFORMATION

To verify a member's restriction by their primary provider in the Recipient Restriction Program (RRP), providers should contact the Managed Care Plan (MCP) to confirm the restriction, its scope, type, and length, and the assigned Restricted Provider (RRP) at 800.303.9626.

To verify a member's restrictions within the eMedNY system, providers or facilities can utilize the Medicaid Eligibility Verification System (MEVS) and Dispensing Validation System (DVS), which allow for eligibility verification and authorization for specific services.

If a member is restricted to a particular doctor, the member cannot be seen by another doctor without a prior authorization; **claims without a referral from the assigned provider, as indicated by including the referring provider's NPI on the claim, will be denied**.

A member can request to change their restricted services by contacting MetroPlus Health Plan-RRP Unit at 800.303.9626.

For change or assistance concerning the member's Pharmacy Benefits within the 5 boroughs (Bronx, Brooklyn, Queens, Manhattan, and Staten Island) they would need to contact HRA at 888.692.6116. For upstate recipients (all counties outside of New York City) contact your Local Department of Social Services (LDSS). Further information on your LDSS can be found at New York State Local Departments of Social Services.

CLINICAL PRACTICE GUIDELINES

Clinical Practice Guidelines serve as a decision support tool for our contracted providers and members and are based on resources such as the U.S. Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA) of the U.S Department of Health and Human Services, American College of Cardiology and the American Diabetes Association (ADA). Clinical practice Guidelines are updated whenever national guidelines change, or at least annually or more frequently as appropriate.

MetroPlusHealth has Guidelines available for providers within but not limited to the following specialties:

- Adolescent Medicine
- Adult Medicine
- Behavioral Health
- Cardiology
- Gerontology
- Infectious Disease
- Oncology
- Ophthalmology
- Obstetrics/Gynecology
- Pediatrics
- Prevention/Screening
- Pulmonology
- Rheumatology
- Urology

MetroPlusHealth uses several strategies to monitor provider compliance with Clinical Practice Guidelines 8-4-2025 provides education to the provider regarding the specifics of the Guidelines. Education can be provided face-to-face, through webinars, provider newsletters, provider portal and the MetroPlusHealth website.

HIV TESTING

HIV testing must be offered to all people between the ages of 13 and 64 receiving one of the following:

- Primary care services from a physician, physician assistant, nurse practitioner or midwife
- Care in the emergency room
- Care as an inpatient in a hospital

Prenatal care providers should provide HIV counseling to all pregnant women as early as possible in their pregnancy.

- A repeat third trimester test, preferably at 34-36 weeks, should be recommended to all pregnant women who tested negative early in prenatal care.

INFORMED CONSENT GUIDELINES

Providers are required to obtain an informed consent form for all MetroPlusHealth Plan members undergoing a hysterectomy or sterilization procedure.

Providers must notify a member undergoing a hysterectomy or sterilization procedure verbally and in writing that the procedure will render them permanently sterilized and not reversible.

The member or an authorized representative must sign an Informed Consent Form before the procedure is performed.

ADVANCED DIRECTIVES

- PCPs and other Participating Providers, are **expected to inform adult members** about their right to execute advance directives.
- If a **member chooses** to execute an advance directive, the Participating Provider should **document the decision** and place copies of the signed advance directive form in the member's medical record.
- If the **member decides not to execute** an advance directive, the Participating Provider should **document in the medical record that the member was given written information and advised of their right** to execute an advance directive.

COMMUNICABLE DISEASE PUBLIC HEALTH REPORTING

MetroPlusHealth requires compliance with public health reporting requirements of communicable diseases and conditions by participating providers mandated in Article 21 of the NYS Public Health Law and for Contractors operating in New York City, the New York City Health Code (24 RCNY §§11.03-11.07)

To report communicable diseases please visit New York State Department of Health.

PREVENTATIVE HEALTH CARE GUIDELINES

- MetroPlusHealth adopts and disseminates to its practitioners and members guidelines for the prevention and early detection of illness and disease.
- Preventative Health Care Guidelines are intended to encourage the appropriate provision and utilization of preventive health services at appropriate intervals.
- The implementation of these guidelines has the potential to reduce undesirable variation in the process and outcome of care. The preventive health care guidelines that MetroPlusHealth adopts are specific to the age, sex and risk status of our members.
- All preventive health care guidelines are scientifically based and/or are based on a nationally recognized medical authority.

SMOKING CESSATION COUNSELING

- Every provider should advocate for smoking cessation and consider prescribing Nicotine Replacement Therapy (both long-acting patches and short acting gum or lozenges) to patients for 8-12 weeks
- Free smoking cessation resources include:
  - MetroPlusHealth Customer Service line:
    800.303.9626 | Mon – Sat from 8am to 8pm
  - New York State Toll-free Smokers' Quit line:
    866.697.8487 | Mon – Thu from 9am to 9pm and Fri – Sun from 9am to 5pm

METROPLUSHEALTH CARE MANAGEMENT

Case managers coordinate services to meet the medical, behavioral, psychosocial and functional goals of members helping them attain wellness and autonomy through advocacy, assessment, planning, communication, and education.

Case Managers collaborate with providers, health homes and other case managers around inpatient admissions, discharge planning and gaps of care. Case Managers coordinate the services of physical, substance use disorder and mental health providers to help members attain optimal health outcomes.

Our Case Managers are Social Workers, LMHCs, Nurses (RNs) and CASACs working with members' assigned Health Home and/or Care Management Agency workers, medical professionals, service providers and other community resources.

Care managers:

- Link members to providers and resources
- Identify and reduce the impact of clinical and social determinants of health issues
- Ensure members receive medical, behavioral, and social services consistent with their plan of care

CARE MANAGEMENT PROGRAMS

- AsthmaPlus
- Behavioral Health
- Complex Case Management/Healthy Heart/Disabilities
- DiabetesCare
- MetroPlusHealth Medicare
- Partnership in Care, for people living with HIV/AIDS
- Smoking Cessation
- Domestic Violence

Providers may refer any member by calling Care Management at **800.579.9798.**

MetroPlusHealth Provider Services is responsible for ensuring that participating providers are aware of community resources for suspected victims of Domestic Violence.

Providers are encouraged to take advantage of the family violence resources made available by visiting here.

QUALITY MANAGEMENT

MetroPlusHealth is committed to providing comprehensive, patient-centered, quality health care.

- MetroPlusHealth strives to establish a coordinated, cost-effective medical delivery system which is timely and appropriate for member needs.

MetroPlusHealth works on various quality improvement activities (QIAs) and focused studies throughout the year to improve the care and service members receive.

- Quality improvement projects focus on improving various aspects of behavioral health, preventive health, chronic care, and member experience.
- QIAs are conducted for all HEDIS/QARR measures and product lines and follow a PDSA process.

MetroPlusHealth collects and analyzes data for HEDIS/QARR annually.

- Quality Assurance Reporting Requirements (QARR) for CHPlus, Medicaid, HIV SNP, HARP, and Essential Plan products.
- Healthcare Effectiveness Data and Information Set (HEDIS) for Medicare, UltraCare, and QHP products.
- Providers are required to assist with collecting HEDIS/QARR data as needed. **This includes ensuring access to member medical records for quality review.**

QUALITY MANAGEMENT, CONT'D

Quality Reporting

- MetroPlusHealth publishes monthly Provider performance profiles based on administrative (claim) and supplemental data. PCPs are compared statistically on a range of indicators including but not limited to the MetroPlusHealth Pay-for-Performance Program and the HEDIS/QARR Reportable dataset.

Quality of Care

- MetroPlusHealth uses HEDIS/QARR results to identify accomplishments and areas for improvement.
- MetroPlusHealth collaborates with providers to develop and implement quality improvement projects and establish a process for exchanging supplemental data.

Providers interested in viewing quality performance results for their practice can reach out to QMOPHEDIS4@metroplus.org to learn more.

PHARMACY BENEFITS

Managed by NYRx

- Medicaid Managed Care (MMC)
- Partnership in Care (SNP)
- MetroPlus Enhanced (HARP)
- Phone: **518.486.3209**

Managed by CVS Caremark

- MetroPlusHealth Advantage Plan (HMO SNP)
- MetroPlusHealth Platinum Plan (HMO)
- UltraCare (HMO SNP)
- Phone: **855.344.0930**
- Fax: 855.633.7673

Managed by CVS Caremark

- Child Health Plus (CHP)
- Phone: **877.433.7643**
- Fax: 866.255.7569
- Essential Plans
- Marketplace Plans
- MetroPlusHealth Gold
- GoldCare Plan
- Phone: **855.582.2022**
- Fax: 855.245.8333

For Child Health Plus, Essential, Marketplace, MetroPlusHealth Gold, and GoldCare Plan members who require specialty drugs, call MetroPlusHealth Pharmacy department at:

Phone: **800.303.9626**

Fax: 844.807.8455

Some drugs may have additional requirements or limits on coverage, including prior authorization, quantity limits and step therapy. Please see above for contact info to initiate a request. Formularies available at metroplus.org/member/pharmacy.

PHARMACY BENEFITS, CONT'D

- Effective April 1, 2023, Medicaid members enrolled in mainstream Managed Care (MC) plans, Health and Recovery Plans (HARPs), and HIV-Special Needs Plans (SNPs) receive their pharmacy benefits from NYRx, the Medicaid Pharmacy program.
- For more information regarding the pharmacy benefit transition, click here.

- All other Plan members receive pharmacy benefits through our pharmacy benefit manager, CVS Caremark. For additional pharmacy resorts, click here.
- Members can receive a 90-day supply for maintenance medications.

FREE 24/7 VIRTUAL VISITS

- Virtual Visits are a plan benefit through **NYC Health + Hospitals / ExpressCare** for non-emergency physical and behavioral health issues (mental health and substance use disorder).
- Members use online technology to connect to board certified or licensed provider, including Emergency medicine trained medical doctors, psychiatrists, social workers and addition counselors by using a smart phone, tablet, computer or telephone.
- Virtual Visit providers are on demand 24/7 for the treatment of non-emergencies and members are connected within minutes.
- Physical and Behavioral Health Virtual Urgent Care
- Virtual Visit providers can access member's health history, order lab tests, write prescriptions, and coordinate care with their primary care providers for any follow up.
- Virtual Visit will also help members find an ongoing treatment provider when additional care is needed.
- MetroPlusHealth members can access virtual visits at: metroplus.expresscare.video/landing
- Or you can call us 24/7 at **855.287.3508** to access Virtual Visit.

VACCINE FOR CHILDREN PROGRAM

- The New York State Vaccines for Children Program (VFC) supplies selected vaccinations to providers caring for MetroPlus Medicaid and CHP members at no cost through the VFC program.
- Eligible members must be 19 years of age or younger and be enrolled in Medicaid and CHP LOB with the plans.
- Providers may order vaccines for Medicaid and CHP members at no cost through the VFC program.

– For additional information on the VFC immunization Program or to order vaccines for MetroPlus Medicaid CHP members, call:
  - New York State Department of Health Bureau of Immunization **518.473.4437**
  - New York City Department of Health and Mental Hygiene Immunization Hotline: **347.396.2400**
  - New York State Vaccines for Children Program **800-KIDSHOT (800.543.7468)**
  - Or review our Quick Reference Guide on our website

LAB SERVICES & APPROVED IN-OFFICE LAB TESTS

- Participating labs can be found on metroplus.org
- To perform in-office lab testing, a location must have a CLIA (Clinical Laboratory Improvement Act) certificate. In office approved lab list can be found In Office Lab Approval List.
- **Providers may bill one draw fee per patient (CPT Code 36415 or 36416) per day and should not split the bills into 2 claims submission on the same day.**
- Providers paid under a capitated arrangement will be reimbursed for in-office lab services in their monthly capitation payment.
- All other lab tests must be referred to a MetroPlusHealth participating reference laboratory.
- Any lab test not available at an in-network laboratory, call **Utilization Management at 800.303.9626** to obtain an out-of-network prior authorization.
- Any claims from a provider for tests other than the list of approved tests will be denied; please remember that MetroPlusHealth members cannot be billed for these services.

CHILDREN'S SPECIAL SERVICES PROGRAM (CSS)

The Children's Special Services team is made up of behavioral and medical care managers, Licensed Behavioral Analysts, and support staff who serves medically fragile children and children with complex behavioral and/or developmental issues under 21 years old by:

- Coordinating care and providing oversight of utilization and case management to support the complex physical, behavioral, and developmental health needs of members
- Referring to community-based organizations and providers for ongoing support
- Monitoring plans of care for children eligible for Home and Community Based Services to anticipate complex needs by collaborating with Health Homes and assessing if services in place are meeting member needs
- The CSS team takes a multi-generational approach to care management that supports the needs of the caregiver to help ensure that the child/youth will continue to receive support to remain in the community and engage in their care. Many of the new services in this program are designed to support the whole family unit to promote better outcomes for the member.

MHP Policies and Programs

MetroPlusHealth

OUR FRAUD & ABUSE PREVENTION PROGRAM

- MetroPlusHealth is committed to preventing fraud, waste and abuse by members, providers and employees.
  - Examples include member overutilization of ER services, oversupply of controlled substances, doctor shopping, pharmacy shopping, inappropriate medication combinations, prescription forgeries, and member card loaning or sharing

  Information related to how MetroPlusHealth works to prevent fraud, waste, and abuse can be found here: **metroplus.org/about-us/fraud-abuse/**

- **Providers are encouraged to report suspected fraud, abuse, questionable and illegal activities to MetroPlusHealth:**
  - **MetroPlusHealth Compliance Hotline:**
    - Call **888.245.7247**; you can give your name or report anonymously
    - Submit an anonymous report here: mycompliancereport.com/report?cid=MPH
  - **Corporate Compliance Officer:** Contact Raven Solon, MetroPlusHealth Corporate
    - Compliance Officer, at **212.908.5205** or complianceofficer@metroplus.org
  - **Provider Services:** Contact your MetroPlus Provider Service Representative

OUR FRAUD & ABUSE PREVENTION PROGRAM, CONT'D

MetroPlusHealth Special Investigations Unit (SIU)

- MetroPlusHealth has a dedicated SIU responsible for performing provider-based fraud, waste and abuse audits and investigations.
- The SIU accepts tips, referrals and allegations of fraud or abuse from a variety of internal and external sources.
- Some examples of the fraudulent and abusive activities that the SIU audits and investigates for include double billing, upcoding, overutilization, unbundling, billing for services not rendered, billing for services without a license, etc.

OUR PRIVACY PROGRAM

MetroPlusHealth places a high priority on the privacy of its members information and confirming to the requirements of all related laws and regulations. As a MetroPlusHealth provider, you must also protect the privacy of your patient's information. You are required to:

- Have an established system of maintaining member records in a confidential manner.
- Develop policies and procedures to assure confidentiality of HIV-related, behavioral heath, and substance abuse information.

MetroPlusHealth provides information on how member information may be used and disclosed and how members can get access to their information in our Notice of Privacy Practices found here: metroplus.org/about-us/privacy-policies/

Providers are encouraged to report suspected privacy violations to MetroPlusHealth: MetroPlusHealth Compliance Hotline:

- Call **888.245.7247**; you can give your name or report anonymously
- Submit an anonymous report here: mycompliancereport.com/report?cid=MPH
- **MetroPlusHealth Privacy Officer:** Contact Raven Ryan Solon at 212.908.5205 or PrivacyOfficer@metroplus.org

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS SYSTEM (CAHPS)

The **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** is a set of surveys designed to assess patient experiences with healthcare providers and systems. These surveys help consumers make informed decisions by providing insights into the quality of care received. CMS publicly reports the results of its patient experience surveys, and some surveys affect payments to CMS providers.

CAHPS surveys are an integral part of CMS' efforts to improve healthcare in the U.S. Some CAHPS surveys are used in Value-Based Purchasing (Pay for Performance) initiatives. These initiatives represent a change in the way CMS pays for services. Instead of only paying for the number of services provided, CMS also pays for providing high quality services. The quality of services is measured clinically, administratively, and using patient experience of care surveys.

For further information regarding CAHPS please visit Centers for Medicare & Medicaid Services

Claims and Authorizations

MetroPlusHealth

PORTAL & CLEARINGHOUSE CLAIMS SUBMISSION

- MetroPlusHealth has expanded its partnership with Availity to serve as an additional trading partner for provider 270/271 (Member Eligibility Inquiry/ Response) and 276/277 (Claim Inquiry/ Response) transactions.
- As of April 28, 2025, the following transaction types are available via Availity for all MetroPlusHealth products. MetroPlusHealth Payer Names and Payer IDs are not changing.
- Claims can be submitted through the MetroPlusHealth provider portal at providers.metroplus.org

- MetroPlusHealth providers can enroll in Electronic Remittance Advice (ERA) through the following clearinghouses:
  1. Availity – 800.282.4548 or visit availity.com
  2. Relay Health/OPTUM – 800.527.8133 or email edienrollmentsupport@optum.com

CLAIMS SUBMISSION

Electronic claims must be submitted through Optum/ Availity detailing services rendered for every encounter within timelines defined in provider contract. This applies regardless of whether the provider is paid on a capitated or fee-for-service methodology.

Claims are processed within prompt pay guidelines. Processing time for electronic claims is 30 days from receipt and paper claims is 45 days from receipt. If additional information is needed to make a decision on a submitted claim, it will be requested within 30 days from receipt. Claims for all members can be submitted using MetroPlusHealth Payer ID# 13265. Paper claims must be submitted on CMS 1500 or UB-04 forms. Please ensure all claims submitted are complete and accurate and submitted in accordance with accepted, standard billing guidelines for paper and/or electronic claims. Claims with required information missing cannot be processed. **To ensure claims are timely processed, claims must be submitted with the MetroPlusHealth Plan member ID.**

For Medicaid, SNP, CHPlus, Essential Plan, MetroPlus Gold, and Gold Care I and II Programs:
Please use MPH ID#
Provider Submit CMS 1500 or UB-04 Forms to:

MetroPlusHealth Plan, Inc.
P. O. Box 1966
New York, NY 10116-1966

For Medicare Advantage Plans Medicare claim's ID Number beginning with 1000xxxxx.
Please use MPH ID#.
Provider Submit CMS 1500 or UB-04 Forms to:

MetroPlusHealth Plan, Inc.
P. O. Box 219080
Kansas City, MO 64121-9080

For MarketPlus Plans (Exchange) Exchange Member's ID beginning with 63000xxxxx.
Please use MPH ID#.
Provider Submit CMS 1500 or UB-04 Forms to:

MetroPlusHealth Plan, Inc.
P. O. Box 219080
Kansas City, MO 64121-9080

CLAIMS SUBMISSION AND STATUS

Providers may not balance bill member above allowed co-pays, deductibles, or co-insurance for any covered services. Balance billing is prohibited.

- If provider seeks payment from a member for any covered service, contractor may be subject to termination as a participating provider.
- Provider is required to educate their staff and affiliated providers concerning this requirement.

Check Claim Status

- MetroPlusHealth Provider Portal: providers.metroplus.org/
- MetroPlusHealth Provider Services: **800.303.9626**

CLAIM RECONSIDERATION / APPEALS

Provider's that are appealing a medical benefit denial or claim payment denial it is important to follow the instructions on the Denial Notice or EOP.

Claims Reconsideration

Via Provider Portal is the Preferred Method to submit

Or by **Regular Mail**

MetroPlusHealth Plan
P.O. Box 219080
Kansas City, MO 64121-9080

Utilization Management & Appeals

Regular & Certified Mail

50 Water Street, 7th Floor
New York, NY 10004
By phone: **800.303.9626**

BALANCE BILLING & CLAIM STATUS

- Balance billing is prohibited. Providers may not balance bill members above allowed co-pays, deductibles, or co-insurance for any covered services.
- If provider seeks payment from a member for any covered service, provider may be subject to termination as a participating provider.
  - Provider is required to educate their staff and affiliated providers concerning this requirement.
- Check Claim Status
  - MetroPlusHealth Provider Portal: providers.metroplus.org
  - MetroPlusHealth Customer Services: **800.303.9626**

SPECIALTY REFERRALS

- MetroPlusHealth does not require the submission of referral forms.
- PCPs should devise their own written correspondence method for conveying indications for referral and relevant medical history or test results to Specialists.
- Specialists are expected to provide PCPs with consultation reports.
- All claims should include the referring providers information.
- All referrals must be made to providers in the MetroPlusHealth Network.

REQUIRED AUTHORIZATIONS

- You must call MetroPlusHealth Customer Services at **800.303.9626** to obtain prior authorization and/or verification of benefits for the following services:
  - Services provided by a Non-Participating Provider
  - Behavioral Health and Substance Abuse Services

- Authorization required for inpatient services
  - Authorization for outpatient
  - Inpatient Admissions, Home Health Care, Skilled Nursing Facility Care, Durable Medical Equipment, Personal Care Services, Erectile Dysfunction Treatments, Potentially Cosmetic Procedures

For further authorization coverage please visit Provider Authorization.

For additional information regarding medical policies please visit Medical Policies.

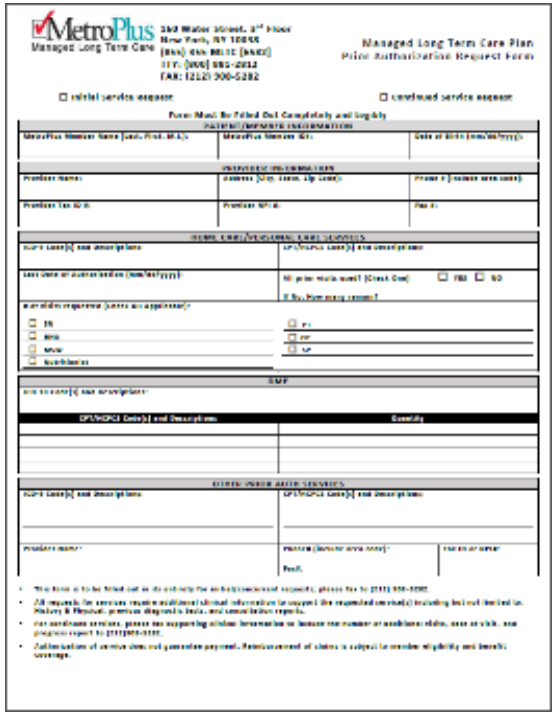
REQUIRED AUTHORIZATIONS, CONT'D

Outpatient Therapy and Chiropractic visits

- MetroPlus Health members are entitled to all 3 disciplines of outpatient therapy and chiropractic services, benefits are configured based on the member's LOB. See below.
  - **Physical, Occupational, Speech Therapy**
    - Medicaid, HARP, HIV SNP, MAP (UltraCare), Essential Plan 3-4 and Medicare – Authorization is not required for the first 10 visits.
    - Essential Plan 1-2 – All 3 disciplines combined- Authorization is not required for the first 10 visits.
    - GoldCare – All 3 disciplines combined. Authorization required for all visits. 90 visits combined per plan year.
    - MetroPlus Gold – All 3 disciplines combined. Authorization required for all visits. 60 visits combined per plan year.
    - QHP – All 3 disciplines combined. Authorization is not required for the first 10 visits. 60 visits combined per condition.
    - CHP – PT and OT are combined. Authorization is not required for the first 10 visits.
  - **Speech Therapy –** Medicaid, Medicare, HARP, Essential Plan 3-4, MAP (UltraCare), and CHP auth required for all visits.
  - **Chiropractic Services**
    - Medicaid, HARP, HIV SNP – Only covered through age 21. Authorization required for all visits for members under age 21.
    - Medicare, Essential 1-2, Essential Plan 3-4, GoldCare, MetroPlus Gold, QHP – Authorization is required for all visits.
    - CHP – not a covered benefit.

REQUIRED AUTHORIZATION FORMS

MLTC Authorization Request Form
metroplus.org/provider/forms


MetroPlus
Managed Long Term Care
Managed Long Term Care Plan
Prior Authorization Request Form

Authorization Request Form
metroplus.org/provider/forms


Metro Plus Health
GENERAL AUTHORIZATION REQUEST FORM
MEMBER INFORMATION
PROVIDER INFORMATION
SERVICE INFORMATION
INPATIENT (Select from Below)
OUTPATIENT (Select from Below)
Comments:

** Each form is to be sent to its designated department using the fax number listed on each authorization form. **

Access of Care Standards

MetroPlusHealth

REGULATORY REQUIREMENT

MetroPlusHealth has a contractual obligation to regulators to ensure that we establish and implement mechanisms to ensure that Network Providers comply with timely access requirements, and that monitoring is done regularly to determine compliance and take corrective action with Network Providers that fail to comply.

ACCESS TO CARE STANDARDS | APPOINTMENT AVAILABILITY

Did you know that Health Plans and NYS frequently call to check that your office is complying with appointment availability agreements? **As a reminder, as a contracted provider, you have agreed to maintain the following availability standards:**

- Providers are required to schedule appointments in accordance with the appointment and availability standards.
- Providers ***must not*** require a new patient to provide prerequisites to schedule an appointment, such as a copy of their medical record, phone number, address, a health screening questionnaire, and/or an immunization record. (Note: Provider can check plans and eligibility on EPACES before the first visit)
- Providers can obtain additional information from a new member during their first appointment.
- To access the ***full*** **Medical Access and Availability Standards**, please click here.

Emergency Care	Urgent Care	Non-Urgent Care	Primary Care
Requires immediate In person medical attention. Call 911 or go to the nearest ER if emergency is life-threatening.	Requires In person medical attention within 24hrs.	Requires In person medical attention within 48 to 72 hours.	Requires an in person visit within 4 weeks.

ACCESS TO CARE STANDARDS | AFTER-HOURS APPOINTMENT AVAILABILITY

Correct emergency instructions provided to the caller.	**Instructions must state:** • **"If this is a life-threatening emergency, please hang up and dial 911 or go to your nearest emergency room."** • **Must be stated within the first 30 seconds of answering call or the recorded message.**
Process to reach physician *Physician/on-call physician or medical professional is available during business hours & after hours.*	Appropriate actions: • **Directly connects** the caller to a medical professional (physician/on-call physician, or medical professional). • The caller can **select an option** on their telephone and **be directly connected** to a physician/on-call physician or medical professional. • **Call forwarding** - call is automatically forwarded to the physician/on-call physician or medical professional.
Timeframe for response *Member must be connected, transferred or forwarded immediately.*	Requirement for response: • **Immediate:** Direct connect or transfer of call to physician/on-call physician or medical professional.

ACCESS & AVAILABILITY/AFTER-HOURS AUDIT

MetroPlusHealth's Vendor (Press Ganey) conducts a survey to Participating Providers through telephonic monitoring. A score of 80% at any one of the categories is considered passing.

Upon receipt of the vendor's ***quarterly report***, providers found to be **non-compliant** will be issued a notification (non-Compliant email) from MetroPlusHealth indicating the area(s) of non-compliance.

- Providers delegated or participating via a group of facility will be reported to the entity responsible for their agreement and the entity will ensure that such providers are educated and become compliant with access and availability requirements.
- Independent providers will be sent a notification which will include actions to be taken by the provider to ensure they are compliant.
- The Non-Compliant Education Attestation is completed by the individual providers or by the contracting entity on behalf of its providers with a Plan of Correction from the provider upon **completion of a mandatory training on Access-to-Care**.
- MetroPlusHealth will conduct a **follow-up audit survey** through the Vendor with the non-compliant providers **after the completion of the education** to ensure compliance by the provider.

Appointment Availability/After-Hours Plan of Corrections (POC)

Appointment Availability POC

- Staff will be trained regarding NYS access & availability standards through education and training materials provided by MetroPlusHealth
- Self-audits will be conducted to ensure adherence with the standards
- Request additional NYS orientation (approx. 30 minutes)

After-Hours Access POC

- Caller will directly connect with a medical professional
- Call is automatically forwarded to the physician/on-call physician or medical professional
- Called can select an option on their phone to be directly connected to a physician/on-call physician or medical professional

Emergency Care POC

- Emergency care must be given **immediately** upon presentation at a service delivery site
- Member will only be referred to the Emergency Room if the emergency is **life-threatening**

NYS APPOINTMENT AVAILABILITY STANDARDS FOR HEALTHCARE PROVIDERS

Appointment Type	Availability Timeframe
Adult baseline & routine physical	Within 12 weeks of enrollment
Adult baseline & routine physical for HIV SNP Members	Within 4 weeks of enrollment
Initial Family planning visit	Within 2 weeks of request
In-plan behavioral health or substance abuse follow-up visit (Pursuant to emergency or hospital discharge)	Within 5 calendar days of request or as clinically indicated
In-plan non-urgent behavioral health visit	Within 2 weeks of request
Health assessment of ability to work	Within 10 calendar days of request
Emergency Care	Immediately upon presentation
Urgent medical/behavioral care	Within 24 hours of request
Non-urgent “sick” visit	Within 48-72 hours of request

Appointment Type	Availability Timeframe
Specialist referrals (Non-urgent)	Within 4-6 weeks of request
Routine non-urgent preventive health visits	Within 28 days of request
Well child care	Within 28 days of request
Initial prenatal visit, 1st Trimester	Within 3 weeks of request
Initial prenatal visit, 2nd Trimester	Within 2 weeks of request
Initial prenatal visit, 3rd Trimester	Within 1 week of request
Initial PCP visit for newborns	Within 2 weeks of hospital discharge
Initial newborn visit for HIV SNP members	Within 48 hours of hospital discharge

APPOINTMENT AVAILABILITY

MetroPlusHealth Recommendations:

- Referring a member to another provider with availability in your facility/practice, if a provider cannot accommodate a member’s request
- Checking your patient panel capacity to ensure you are within your panel limits
- Including access and availability standards in your provider and office staff onboarding and periodic in-service during staff
- Conducting self audits to ensure adherence to the timeframe's turnover

AFTER-HOURS

MetroPlusHealth Recommendations:

- If using an answering service, ensure that there is an available physician/on-call physician or medical professional for the call to be transferred to at all times
- Timeframe for response is **immediately**
- Including After-Hours standards in your provider and office staff onboarding and periodic in-service during staff
- Conducting self-audits to ensure adherence to the timeframe's turnover

EMERGENCY CARE

MetroPlusHealth Recommendations:

- Emergency care must be given **immediately** upon presentation at a service delivery site
- **Only refer** a member to the Emergency Room if the emergency is **life-threatening**

Behavioral Health

MetroPlusHealth

METROPLUSHEALTH BEHAVIORAL HEALTH PROGRAM & POPULATIONS

Behavioral Health Related Functions:

- Provider Network Development and Contracting
- Care Management and Coordination
- Utilization Management
- Claims Processing and Payment
- Quality Management
- Behavioral Health Peer Services
- Member Services and Grievance Management

Behavioral Health Populations:

- Adults with behavioral health needs and/or substance use disorders
- Children and transition-age youth with behavioral health needs and/or substance use disorders, and coordination with Voluntary Foster Care Agencies
- Children or adults who experience First Episode Psychosis (**FEP**)
- High-risk groups such as individuals with co-occurring disorders, co-morbid medical needs, or those involved in multiple services systems (education, justice, medical, welfare, and child welfare)
- Individuals with Intellectual/Developmental Disorders with behavioral health needs and/or Applied Behavioral Analysis (**ABA**)

HARP TEAM: COORDINATING CARE OF MENTAL & PHYSICAL SERVICES

Mental Health Benefits

- Home and Community Based Services (HCBS) that can be delivered in members' home or social setting
- Inpatient and outpatient psychiatric care
- Partial Hospitalization Program (PHP)
- Substance Use Disorder Inpatient Detoxification
- Substance Use Disorder Inpatient Rehabilitation
- Crisis Residence and/or Crisis Respite
- Assertive Community Treatment (ACT)
- Personalized Recovery Oriented Services (PROS)

Physical Health Benefits

- Making PCP (Personal Care Physician) appointments
- Looking up Providers
- DME (Durable Medical Equipment)
- PCS (Personal Care Services)
- Transportation to appointments
- Dental Care
- Vision
- Hospital stays
- Promote Medication Adherence
- Collaborate with providers/vendors
- Assisting with integrated care

IMPROVING CARE FOR CHILDREN

The CSS team supports New York State's focus on improving health outcomes, managing costs, and providing care management services for Medicaid, SNP, and CHP children and youth under 21 years with complex medical, behavioral, and/or developmental issues and helps to coordinate these services available to MetroPlusHealth members:

Child and Family Treatment Supports and Services (CFTSS)

- All Medicaid, Child Health Plus, and SNP members 0-21 have access to 6 CFTSS behavioral health services that members can receive in clinics, home, or in the community.
- Prior authorization is not required for contracted providers designated to provide these services.

Home and Community Based Services (HCBS)

- For Medicaid enrolled children with complex medical, behavioral, and/or developmental health issues who are at risk for institutional placement and have been determined eligible for these waiver services.
- Prior authorization is required for these services.
- The medical necessity criteria to evaluate authorization requests is defined by Children's Health and Behavioral Health Medicaid System Transformation: Children's Home and Community Based Services Manual March 2023: health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf
- MetroPlusHealth CSS HCBS Training is available for more details.
  - Guidance for the HCBS program can found here: omh.ny.gov/omhweb/bho/docs/hcbs_brochure_english.pdf
  - Guidance for Health Home and HCBS Eligibility can be found here: health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/eligibility.htm

Crisis Residence (CR) Services for Children and Families (ny.gov)

- The major goal of the program is to stabilize the situation and return the child to the home, rather than to provide long-term care.
- CRs serve children and adolescents exhibiting acute distress who may need stabilization in an alternate setting.

CHILDREN'S SPECIAL SERVICES PROGRAM (CSS), CONT'D

- Following up on issues raised by members/families, Care Management Agencies (CMA), Voluntary Foster Care Agencies (VFCAs), PCPs, specialty providers, homecare agencies, DME providers, pharmacy, and any other collateral contacts to support the complex member's needs
- The CSS team takes a multi-generational approach to care management. Supporting the caregivers' needs helps to ensure that the child/youth will continue to receive support to remain in the community and engage in their care. Many of the new services in this program are designed to support the member and family to promote better outcomes.
- Supporting members to meet Gaps in Care by providing education and assisting with appointment coordination to ensure timely linkage to care
- Support for Children placed in the care of Voluntary Foster Care Agencies
- Linkage to Health Home Care Management for children

CSS Department can be reached by calling MetroPlusHealth at 800.303.9626

IMPROVING CARE FOR CHILDREN

- **Crisis Residence (CR)**
  Services for Children and Families (ny.gov)
  - The major goal of the program is to stabilize the situation and return the child to the home, rather than to provide long-term care.
  - CRs serve children and adolescents exhibiting acute distress who may need stabilization in an alternate setting.
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  - CRs serve children and adolescents exhibiting acute distress who may need stabilization in an alternate setting.

- **Community Health Workers**
  - Medicaid and SNP members may receive support from CHWs with issues related to care coordination of health and social needs.
- **Referrals to Health Home (HH) care management for children with Medicaid 0-21 years**
  - Members with two or more chronic conditions **or**
  - A single qualifying condition (HIV/AIDS, Sickle Cell Disease, Serious Emotional Disturbance (SED), or Complex Trauma)
- **Support for Children placed in the care of Voluntary Foster Care Agencies (VFCAs)**
  - Members in foster care have access to new benefits and care coordination.

ADDITIONAL INITIATIVES

Psychotropic Pharmacy Initiative

- Medicaid children on multiple psychotropic medications receive telephonic MetroPlusHealth CSS team support to assess needs, review gaps in care, and assist with community linkages including treatment, lab tests, housing, food insecurity, health coverage for caregivers, and technology/educational issues.

Children/youth on Blood Clotting Factor Medications

- CSS provides care management for members on blood clotting factor.

Children/Youth with Sickle-Cell Anemia

- CSS provides care management for these members.

Children over 3 years of age diagnosed with Autism or Rhett's syndrome

- Coordinating linkage to Applied Behavioral Analysis services

Transition Aged Youth: 16-25 years old

- Supporting linkage to adult systems of care for youth with complex behavioral, medical, and or developmental issues

ADDITIONAL SUPPORT

- Children/youth in HCBS services are usually enrolled with **Children's Health Homes (HH's)** to coordinate care and promote health outcomes
  - **Health Homes** provide ongoing care management to help members/families connect to the services that meet their needs
- Children placed in foster care receive care coordination from MetroPlusHealth, Voluntary Foster Care Agencies (VFCAs), and community providers
  - If eligible, children in care will also receive HCBS services and care coordination from Children's HH's
- The additional services that have been transitioned to managed care allow MetroPlus Health and providers to work together to support children's goals and development as they transition to adulthood
- To support pediatricians and support access to mental health treatment, MetroPlusHealth promotes collaboration with Project Teach to build capacity to assess for mild to moderate mental health issues:
  - **Provider Tools/MetroPlus Health Plan** metroplus.org/providers/provider-resources/forms-manuals-policies/provider-tools/
  - **Project TEACH** projectteachny.org

Summary

MetroPlusHealth

KEY POINTS TO REMEMBER

Check eligibility for each visit

Always check Prior Authorization requirements

Notify MetroPlusHealth immediately of any changes in your practice and practice demographics, including extended leave of absence

The Provider Manual including medical coverage policies can be accessed from the MetroPlus website: Provider Manual

Submit claims for all services rendered on every encounter

Call MetroPlusHealth Provider Services at **800.303.9626** with any questions

CONCLUSION

Thank you for participating in the MetroPlusHealth Primary Care Provider Orientation.

You have successfully completed this training. This satisfies the requirement for onboarding as a new MetroPlusHealth Provider.

For any general queries or concerns please contact the Provider Call Center at **800.303.9626** or to connect with a Provider Education Trainer.

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