

MetroPulse Provider Newsletter

WINTER 2026



Smart antibiotic use during flu season

Antibiotics remain indispensable tools in clinical care, but inappropriate use can contribute to antibiotic resistance. By combining clinical judgment with rapid diagnostics, you play a critical role in curbing antimicrobial resistance while safeguarding patient health.

Rapid diagnostics support more accurate treatment decisions and help prevent prescribing antibiotics for viral infection. Pair your clinical expertise with tools such as point-of-care testing, procalcitonin, and PCR panels to guide appropriate use.

When bacterial disease is confirmed, ensure you are prescribing the most appropriate antibiotic at the right dose and duration. Shorter courses can be equally effective for treating community-acquired pneumonia, complicated urinary tract infections, sinusitis, and skin and soft tissue infections.

The New York State Department of Health also recommends making clear, consistent communication about antibiotic use a routine part of your routine clinical practice.

During visits, consider discussing:

- Why antibiotics aren't effective for viral illnesses
- Supportive symptom relief, such as analgesics and hydration
- Expected illness timelines and when follow-up care may be needed
- Warning signs that should prompt patients to seek additional care

Reassure patients that choosing not to prescribe an antibiotic when it isn't needed is an evidence-based decision made to protect their health and reduce necessary risk.

About MetroPlusHealth

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

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WINTER 2026

Read more about the following topics on our website:

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

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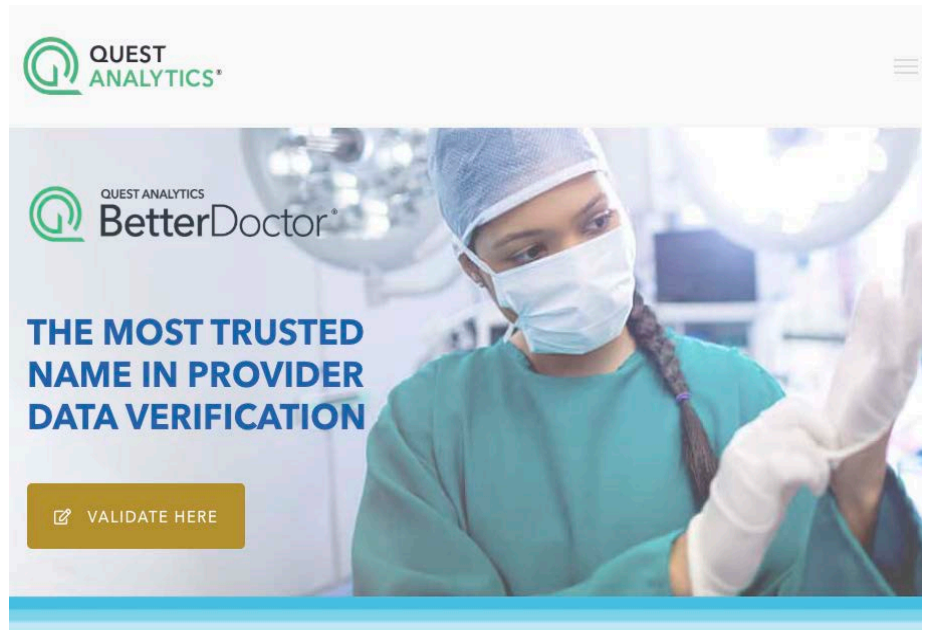
Update your directory information with BetterDoctor

MetroPlusHealth has partnered with BetterDoctor to ensure your practice information stays accurate. Keeping your details up-to-date, including your address, phone number, office hours, languages spoken, and website, helps MetroPlusHealth members find and schedule appointments with providers.

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

If information cannot be verified, your practice locations could be removed from the MetroPlusHealth Provider Directory.

BetterDoctor will reach out every 90 days to confirm your directory entry is correct. They will then submit any updates directly to MetroPlusHealth.



Please submit all provider updates through the MetroPlusHealth Provider Portal for faster and secure processing. For any other assistance, email ProviderRelationsOps@metroplus.org. For more information about BetterDoctor, click [here](#).

270/271 transaction reminder

MetroPlusHealth continues to support 270/271 transactions for real-time eligibility inquiries through multiple trading partners, including Availity®, Relay Health, and Change Healthcare.

When submitting a 270 transaction, include both coverage start and end dates to receive accurate benefit information. If only a start date is provided, the system will return to a default effective date (e.g., 01/01/2016), which may not reflect the member's actual coverage.

Here are some tips for date selection:

- **Specialists:** Use the procedure date range, including follow-up care.
- **PCPs:** Use a broader range, such as six months or through year-end.

If you have additional questions or concerns, contact ProviderRelationsOps@metroplus.org.

NYS Medicaid update: Phosphate binders now included in dialysis APG rate

Phosphate binder costs are now included in the dialysis clinic APG rate effective January 1, 2026. As of that date, phosphate binders for dialysis patients are no longer covered under the pharmacy benefit and must be dispensed by the dialysis clinic. The dialysis APG weight (APG 168) has increased to reflect the inclusion of binder costs, and Managed Care payments have been updated accordingly.

The APG weight for dialysis reverted to 1.3651, retroactive to July 1, 2025; claims previously paid at the higher weight (1.5302) will be automatically reprocessed, and providers do not need to resubmit claims. For more information, click [here](#).

Access and availability standards: TIPS FOR SUCCESS

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

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



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

For a list of our Behavioral Health Access and Availability standards, click [here](#).

Medicaid Managed Care primary care providers are required to schedule appointments in accordance with the aforementioned appointment and availability standards. Providers *must not* require a new patient to complete prerequisites to schedule an appointment, such as providing a copy of their medical record, providing their MetroPlusHealth or Medicare ID number or card, a health screening questionnaire, and/or an immunization record. At the time of scheduling, providers should *only* request member name, date of birth, and health plan name (e.g., MetroPlus Medicaid, Essential Plan). The provider may ask that the new patient bring their ID card and any pertinent information to their first appointment.

Encourage patients to quit smoking

The start of the year is a great time to check in with patients about tobacco and vaping use. Brief, supportive conversations during any routine visit can set the stage for change.

Normalizing tobacco screening helps reinforce a consistent message: avoiding tobacco and nicotine is a priority for long-term health. When providers routinely ask about cigarettes, e-cigarettes, and other nicotine products, patients are more likely to view quitting as achievable.

Documentation

Ask about tobacco and vaping use at every visit and document it in the medical record. Regular screening helps signal to patients that the topic remains important.

Reinforce the benefits

Many patients already understand that smoking is harmful, but reminders of the tangible benefits can be motivating. Consider highlighting outcomes patients may notice sooner rather than later:

- Improved lung function and circulation within weeks
- Risk for heart disease cut in half within a year
- Lowered cancer risk over time
- Better healing and a stronger immune system

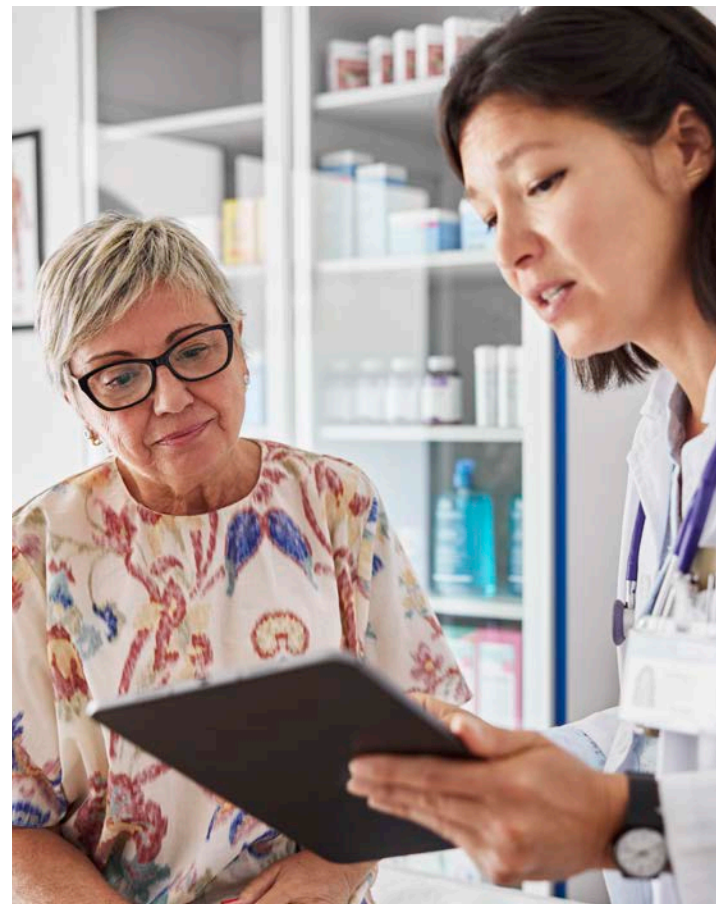
Keep the conversation supportive

Effective tobacco discussions don't need to be lengthy. Even a few minutes of clear, nonjudgmental guidance can help patients move closer to quitting. Use language that emphasizes support and partnership rather than pressure.

If a patient expresses interest in quitting, focus on manageable next steps:

- Encourage setting a realistic quit timeline.
- Discuss prior quit attempts and what helped — or didn't.
- Talk through common triggers and withdrawal symptoms.
- Suggest counseling and medications when appropriate.
- If a patient isn't ready yet, acknowledge that quitting is a process. Let them know you'll continue to check in and support them when they are ready to take the next step.

Ongoing encouragement, brief follow-ups and recognition of progress can help patients stay engaged. Reinforce that relapse is common and doesn't mean failure.



RESOURCES

Counseling combined with medication significantly increases the chances of quitting. Urge patients to call the New York State Quitline at **866.697.8487** or visit **nysmokefree.com** for coaching, medications, and ongoing support.

Prioritize depression screening

Depression can affect patients any time of year, but winter often brings added challenges. Shorter days, social isolation, and seasonal affective disorder can worsen mood and functioning. Proactive screening helps ensure these concerns don't go unnoticed and untreated.

Primary care providers are often the first line of defense in identifying depression. Validated tools like the PHQ-2 and PHQ-9 make screening quick, but consistency matters. Incorporating them into electronic health records or waiting room check-ins helps ensure screening opportunities aren't missed.

Consider treatment options such as psychotherapy, pharmacotherapy, or both. Light therapy or vitamin D supplements may also be helpful.

Schedule a re-screen within four to six weeks, then continue tracking PHQ scores at regular visits to guide treatment adjustments and document progress.



RESOURCES

MetroPlusHealth offers tools to help you support your patients. Explore our **behavioral health resources** and the **Good4You Health Library** for articles and tools that promote your patients' physical, mental, and emotional well-being.

Maximize the value of Medicare wellness visits

Wellness visits offer dedicated time to focus on overall health — not just acute issues — while collaborating with patients on individualized preventive care plans.

At each wellness visit, obtaining accurate patient information begins with a health risk assessment (HRA). Providers should then review, follow up on, and supplement HRA information as needed:

- Review medical and family health histories.
- Discuss current medications and challenges.
- Offer Social Determinants of Health assessments.
- Use a depression screening tool to identify mood disorders.

- Perform a cognitive assessment.
- Assess activities of daily living and safety needs.

Preventive care plans should include recommended services based on patients' ages, medical histories, and risk factors. Make sure to include:

- Immunizations such as flu, shingles, pneumococcal, and RSV vaccines
- Lab work for diabetes and cardiovascular disease
- Screenings for bone mass and cancer, such as colonoscopy and mammography

Wellness visits are a covered benefit for our Medicare Advantage products only. For guidance on preventive services covered by Medicare, click **here**.

Winter strategies for better ASTHMA CONTROL

The winter season is an ideal time to review asthma management and assess symptom control.

The Asthma Control Test provides a validated way to monitor symptoms and guide conversations about daily control. The **GINA guidelines** also offer direction for assessing and modifying treatment.

Reviewing inhaler technique and device use helps ensure medications are delivered effectively. Ask about barriers to adherence, including cost or side effects. When appropriate, refer

patients to **prescription assistance programs**, prescribe spacers, and reinforce technique using the teach-back method.

Winter visits also allow providers to reassess environmental triggers. Encourage steps such as covering the nose and mouth in cold weather, staying up to date on influenza and COVID-19 vaccines, and reducing indoor allergens.

Finally, review each patient's asthma action plan and confirm they know how to adjust medications based on symptoms and peak-flow thresholds.



Are your patients using their dental benefits?

Remind patients to use their dental benefits this year and direct them to MetroPlusHealth **Find a Dentist**. Through its partnership with DentaQuest, MetroPlusHealth offers access to high-quality dental care across all five boroughs, including preventive and routine care, emergency services, imaging, and restorative treatment.

For more information, visit metroplus.org/members/health-information/dental-health/.

Note: For Medicaid members, dental benefits are governed by NYS Medicaid. All Medicaid Managed Care Plans follow the same benefit structure.

Partnering with patients to improve diabetes outcomes

More than 90,000 adult New Yorkers are diagnosed with diabetes annually. Partnering with patients to personalize treatment plans can improve self-management and clinical outcomes. During visits, assess glycemic status by explaining what the A1c test measures and why it remains a key part of diabetes care, even for patients who monitor blood sugar at home. Educate patients on how prolonged high glucose levels can affect the entire body over time, increasing the risk for complications involving the eyes, heart, and kidneys. When a patient's weight falls

into the overweight or obese category, work together to set realistic weight-loss goals. Discuss lifestyle habits and identify areas where changes could improve their blood sugar levels, weight, and well-being.

Provider resources

To access the ADA Standards of Care in Diabetes, click [here](#). For the CDC's Diabetes Self-Management Education and Support (DSMES) Toolkit, click [here](#).

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WELL-CHILD VISITS: A key tool for preventive care



Parents want their children to grow up healthy and strong, physically and mentally. As a provider, your guidance and expertise support that goal. One of the most effective tools you have is the well-child visit.

Parents don't always realize how essential these visits are to keeping a child's health and development on track. Taking time to explain their purpose can help families better understand how well-child visits support overall health, early learning, and long-term well-being.

Why well-child visits matter

Help parents understand the value of regular visits by highlighting what they offer. Well-child visits focus on prevention, including vaccinations that protect children from serious illness. They also provide opportunities to monitor growth and development, assess milestones, and identify potential concerns early through screenings for autism and lead exposure. Early detection allows for timely intervention and more effective treatment. Just as importantly, these visits support a team-based approach to care, giving families space to ask questions and share concerns.

Keeping development on track

Children grow and change quickly, gaining new skills at every stage. Let parents know you'll assess development during exams and encourage them to share observations about what their child is learning to do. Working together helps ensure children are progressing appropriately across physical, social, and learning milestones.

Staying current with immunization

Your guidance is especially important when discussing vaccines. Explain how immunizations protect each child and the broader community. Offer education about vaccines to parents and administer them according to the **CDC's Child and Adolescent Immunization schedule**. Reinforce that vaccines train the immune systems to recognize and fight germs, helping children stay healthy enough to attend school, play, and participate in activities.

Promoting healthy habits

Well-child visits also offer time to talk about healthy routines that support lifelong wellness. Discuss topics like proper sleep, appropriate screen time, bullying, and physical activity.

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Healthy pregnancies start with immunizations and screenings

By prioritizing immunizations and depression screenings during prenatal care, you help reduce complications and improve health outcomes for your patients and their babies. Together, these screenings and preventive steps support both physical and emotional health during pregnancy and create opportunities for early intervention.

Routine vaccines

Share specific maternal and infant benefits, such as passing on immunity to their newborn. This immunity can reduce serious illness and the potential for hospitalization.

The following vaccines should be offered:

- COVID-19 — at any time during pregnancy or postpartum
- Influenza (inactivated or recombinant) — September – June
- RSV (Pfizer RSVpreF) — between 32 and 36 weeks of gestation, September – January
- Tdap — as early as possible between weeks 27 and 36

Offer hepatitis A and certain other vaccines based on individual risk factors.

Depression screenings

Mental health is also important during pregnancy, and routine screening helps identify concerns early — when support can make the greatest difference.

Depression raises the risk for pregnancy complications like preterm birth and low birth weight. To make patients more



comfortable, let them know that depression is common and everyone is screened as a part of prenatal care.

The American College of Obstetricians and Gynecologists (ACOG) suggests screenings at the first prenatal visit, between 24 and 28 weeks of gestation, and during a postpartum visit. Patients who screen positive or who have a history of mental health conditions may need additional screening. To find behavioral health resources, click [here](#).

Responding to the rise in congenital syphilis

The New York State Department of Health issued a press release noting a concerning rise in congenital syphilis cases statewide following a third presumed syphilis-related infant death. This increase reflects a broader national trend and underscores the importance of early identification and prevention.

The NYS DOH encouraged providers to talk with patients about the importance of timely testing, address questions, and help them stay on track with the three required screenings — at the first prenatal visit, during the third trimester, and at delivery. To learn more about screening requirements from the NYS DOH, click [here](#).

Integrating substance use screening into ROUTINE CARE

Primary care and behavioral health clinicians are often in the best position to identify substance use early — often before it leads to more serious health, social, or safety concerns. Because patients may not raise these issues on their own, routine screening helps normalize the conversation and creates opportunities for timely support.

Screening tools

Using validated screening tools, such as the **AUDIT** for alcohol use or the **DAST-10** for drug use, allows providers to identify patients who may be at risk. These brief questionnaires fit easily into routine visits and offer a structured way to start conversations.

Brief interventions

When a screening result is positive, a brief intervention can make a meaningful difference. This short, focused conversation is designed to raise awareness, explore concerns, and support readiness to change. Using a motivational, nonjudgmental approach helps patients feel heard and respected while encouraging them to reflect on how substance use may be affecting their health, relationships, or daily life. Even a few minutes spent discussing goals, ambivalence, and next steps can increase the likelihood of positive behavior change.

Documentation

Clear documentation is essential. Record the screening tool used, the score, key discussion points, and agreed-upon next steps in the medical record. This not only supports continuity of care but also allows future visits to build on previous conversations. For patients who need additional support, timely referral to specialized treatment services or community resources is an important part of care coordination.

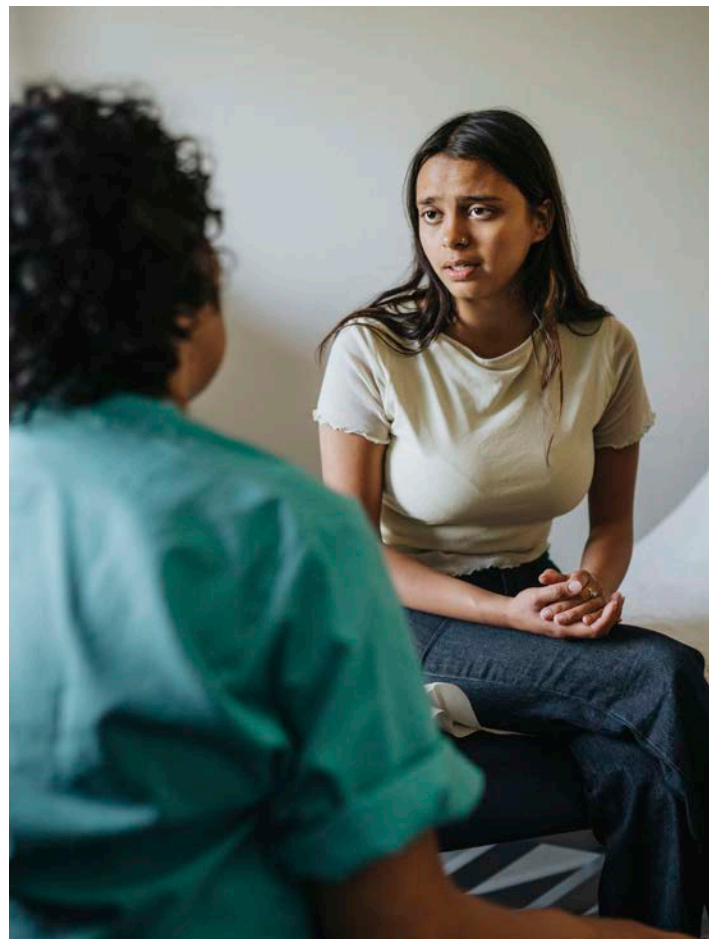
Ongoing support

Follow-up is equally important. Reassessing use at subsequent visits helps reinforce progress, identify new challenges, and signal ongoing support. For patients not

ready to pursue treatment, continued screening and brief check-ins keep the door open for future conversations.

By incorporating routine screening, brief interventions, documentation, and appropriate referrals into everyday practice, providers can help identify concerns earlier and support patients in taking meaningful steps toward healthier outcomes.

To learn more about provider guidelines for substance use screening, click [here](#).



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Spotlight on new providers

We welcome two of our recent additions to our pediatric network with NYC Health + Hospitals/Elmhurst:

- Kristina Emeghebo, MD, Pediatric Hematology Specialist
- Mary Boyle, MD, Pediatric Infectious Diseases Specialist

To learn more about these providers, click [here](#).

Help us grow the MetroPlusHealth provider network

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

Why join our network?

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

Do you know a provider who would be a great addition? Refer them [here](#). They'll be joining our more than 34,000 providers delivering high-quality patient-centered care. And remember to refer your patients to our in-network providers. Find them through our provider search [here](#).

Compliance hotline

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

Quality Management Program

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

HEDIS®/QARR Reports

MetroPlusHealth collects HEDIS®/QARR data to measure care quality. Your timely responses ensure accurate reporting and improvements in patient care. For more information on HEDIS/QARR materials, click [here](#).

Medication Therapy Management Program

If your patient takes Medicare Part D–covered maintenance drugs, has three or more chronic conditions, and is likely to exceed a set amount in prescription drug costs, they will be enrolled in MetroPlusHealth's free **Medication Therapy Management (MTM)**. The MTM program includes a comprehensive medication review (CMR) and targeted medication review (TMR). During a CMR, a pharmacist reviews all of the member's medications and provides an updated medication list and a medication action plan with items for the patient to discuss with you. For TMRs, MetroPlusHealth sends you quarterly recommendations about prescriptions that may be safer or more effective. As always, there won't be any medication changes unless you and the patient agree on an adjustment.



MetroPlusHealth partners with ClarisHealth to periodically review adjudicated claims for compliance with industry standards. ClarisHealth may send medical records requests (MRRs) on our behalf. These requests are not intended to monitor your practice or your billing or coding patterns. Learn more [here](#).

Lifestyle medicine scholarship opportunities

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

Report demographic changes

Notify MetroPlusHealth of any changes to your demographic information or if you leave your practice or join a new one. Please submit updates through the MetroPlusHealth **Provider Portal** for faster and secure processing. For assistance, email ProviderRelationsOps@metroplus.org or call the Provider Services Call Center at **800.303.9626**, Monday to Friday, 8 a.m. to 6 p.m. Providers who are delegated for credentialing should coordinate all changes through their credentialing team who regularly sends updates to MetroPlusHealth.

Is your patient due for a colorectal cancer screening?

The new year provides a prime opportunity to remind patients to schedule a colonoscopy screening. By ensuring your patients are up-to-date, you can lower their risk of developing colorectal cancer and improve survival outcomes.

Screening options

Most patients ages 45 to 75 should practice routine screening. Those with family history, known genetic syndrome, or prior high-risk findings may need screenings earlier or more often.

Discuss screening options to find the best fit:

- Colonoscopy every 10 years
- Fecal immunochemical test (FIT) or high-sensitivity guaiac fecal occult blood test annually
- Stool DNA testing every three years or CT colonography every five years
- Flexible sigmoidoscopy every five years, or every 10 years combined with annual FIT



Present these as guideline-supported options, while stressing that colonoscopy is the gold standard, offering detection, prevention, and even removal in a single procedure.

Address patient concerns

Patient hesitation remains one of the largest barriers to colonoscopy. Inform patients of other screening options and increase uptake by proactively addressing any fears about preparation and discomfort. Clarify the steps for screening so patients are well-informed.

Open, empathetic dialogue empowers patients to make informed choices. Urge patients that screening prevents cancer, detects disease early, and saves lives.

Reconsider early imaging for low back pain

Low back pain can be frustrating for patients, and it's natural to want quick answers. However, early imaging is rarely helpful and generally isn't recommended. Because low back pain is so common, MRI and CT scans are usually unnecessary in patients without indications such as cancer, infection, fracture, or neurologic compromise. Instead, reassure patients that most low back pain improves on its own within a few weeks and focus on focus on conservative options for relief.



Review patient immunization status

Ensuring patients are current on recommended vaccines supports preventive care and long-term health. The Centers for Disease Control and Prevention (CDC) publishes **Immunization Schedules** for children, adolescents, and adults to help providers identify which vaccines are due. These schedules also support meaningful conversations with patients about prevention. Use these **tips** to help foster understanding and support for vaccination.