

MetroPulse Provider Newsletter

SPRING 2026



Guide patients through a quit plan

Tobacco use, vaping, and nicotine dependence remain common, and asking about them at every visit creates opportunities for intervention. Brief counseling plus scheduled follow-ups can help patients manage triggers and stay committed to quitting.

Start the conversation every time

Make tobacco and vaping discussions a routine part of the visit, just like vital signs, to normalize the conversation and open the door to support.

Talking to patients about their tobacco use helps you assess readiness to quit and tailor recommendations, including behavioral strategies and medication.

Prepare patients for withdrawal

Withdrawal symptoms, such as irritability, hunger, restlessness, and sleep changes, are common. Normalizing these symptoms and sharing coping strategies can help patients feel prepared and confident in managing them.

Coverage and treatment options

Discuss counseling and cessation medications options like nicotine replacement therapy (NRT) and non-nicotine medications. Bupropion SR and varenicline combination therapy is safe for most patients and often more effective. Medicaid also covers over-the-counter NRT with a fiscal order. Repeated treatment attempts are covered because quitting often takes more than one try.

Integrate support into your workflow

Programs like Opt-To-Quit™ allow automatic eReferrals through your EHR. Regional Tobacco Control Specialists can help with training, policy alignment, and workflow integration.

Refer patients to resources

New York State's Quitline offers free support and NRT starter kits. Referrals can be made online or by fax. Visit nysmokefree.com or call 1-866-NY-QUITS.

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.

Table of contents

| | |
|--|--|
| ✓ Guide patients through a quit plan 1 | ✓ ClarisHealth 6 |
| Ask about smoking and vaping use at every visit. | Why you may get an MRR. |
| ✓ BetterDoctor 3 | ✓ Access and Availability Standards 7 |
| Improve office data accuracy. | Observe guidelines for securing appointments. |
| ✓ Provider resources 3 | ✓ Medication-assisted treatment 8 |
| Access tools, resources, and training in one place. | Formulary information for authorization updates. |
| ✓ Adding providers to existing groups 4 | ✓ Clozapine 8 |
| Log into the portal to access forms. | Increase the use of clozapine for certain patients. |
| ✓ When a provider leaves your practice 4 | ✓ Long-acting injectables 8 |
| Notify MetroPlusHealth at least 30 days in advance. | Current guidelines for LAI antipsychotics. |
| ✓ Pay-for-Performance (P4P) Program 5 | ✓ Well-child visits support healthy development 9 |
| Learn about maximizing incentives. | Early identification and intervention is key. |
| ✓ Medicare Model of Care webinars 5 | ✓ Vaccines for Children Program 10 |
| Upcoming sessions in June, September, and November. | Help improve immunization rates. |
| ✓ EFT payment 5 | ✓ Lead testing 10 |
| EFT eliminates paper checks and reduces mail delays. | Follow state guidelines for testing. |
| ✓ Compliance hotline 6 | ✓ Helping older adults live well 11 |
| Please report fraud or abuse. | Start with goals, not diagnoses. |
| ✓ Quality Management Program 6 | ✓ Conservative management of low back pain 12 |
| Providing access to quality health care. | The downsides of unnecessary imaging. |
| ✓ Provider referrals 6 | ✓ Social determinants of health 12 |
| Help MetroPlusHealth expand our network. | Make SDOH screening a part of routine care. |
| ✓ Lifestyle medicine 6 | |
| Learn about scholarship and grant programs. | |
| ✓ Demographic updates 6 | |
| Report any demographic changes. | |
| ✓ Medication therapy management 6 | |
| Inform patients about the program benefits. | |
| ✓ HEDIS®/QARR reports 6 | |
| Provide medical records and data as needed. | |

SPRING 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

Get *MetroPulse* delivered to your inbox by emailing ProviderRelationsOps@metroplus.org.

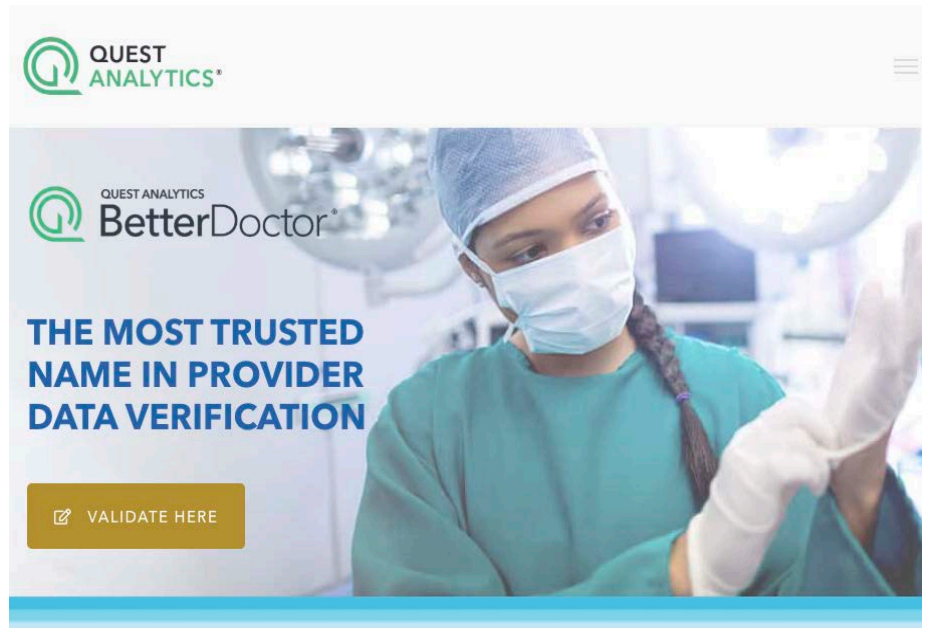
Update your directory information with BetterDoctor

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**.

Provider resources and support

MetroPlusHealth wants to make it easy and efficient for providers to access the resources they need to care for their patients. Visit **Provider Resources** to access forms, tools, and guidance in one central location.

Whether you're submitting a prior authorization request, updating provider information, or looking for required trainings, you can quickly find what you need, including forms, pharmacy resources, behavioral health information, and provider updates.

PROVIDER CALL CENTER
Our new and improved dedicated Provider Services Call Center is available to assist with any issues or questions. Call us at **800-303-9626**, Monday through Friday, 8 a.m. to 6 p.m., or email **ProviderRelationsOps@metroplus.org**.



How to add providers to existing groups

Adding a new provider to a participating group in the MetroPlusHealth Provider Portal is easy. Start by logging into the portal and selecting Update Provider Information. Under Primary Reason, choose Credentialing, and under Secondary Reason, select General Credentialing Inquiry to access the appropriate form.

Enter all required provider details, including NPI, specialty, service locations, and credentials. Be sure to include key information in the comments field, such as the provider's full name, license, and the state where they will be added. You will also need to upload required documentation, including provider information forms, liability insurance, and any applicable attestations.

Forms can be found on the Resources tab of the Provider Portal. Make sure that all required MetroPlusHealth forms are complete before uploading to help avoid processing delays.

After submission, you'll receive an inquiry number to track your request and follow up if needed. For step-by-step instructions and required forms, click [here](#).



When a provider leaves your practice

Please notify MetroPlusHealth at least 30 days in advance when a provider leaves your practice. When possible, include the name of the replacement PCP who will assume the member panel. Identifying a replacement helps maintain continuity of care, reduce disruptions, and support a positive member experience. It also helps ensure members can continue seeing a trusted provider without gaps in care.

Timely communication is also important. Be sure to inform affected members of any changes so they

understand their options and can continue care without interruption. If a replacement PCP is not submitted, MetroPlusHealth is required by New York State regulations to notify members and offer alternative PCP options, which may result in members selecting a different practice.

Submit all provider updates through the MetroPlusHealth Provider Portal for faster, secure processing. For additional guidance and next steps, learn more [here](#).

Pay-for-Performance (P4P) Program

At MetroPlusHealth, we want to help you grow your panel, improve quality, and maximize your incentives. The Pay-for-Performance (P4P) Program offers additional financial incentives to reward high-quality, cost-effective care and strong performance on key quality measures.

The program focuses on areas such as preventive care, chronic disease management, and patient outcomes aligned with HEDIS® and other quality benchmarks. Measures may include screenings, immunizations, and ongoing management of conditions such as diabetes and hypertension. By meeting performance targets, you can improve patient outcomes while earning incentives tied to your results.

Participating in P4P can also support practice efficiency, strengthen member satisfaction, and promote more consistent use of evidence-based care. It may also help identify care gaps and opportunities for improvement across your patient population.

PROVIDER RESOURCE

To learn more about program requirements, rewards, and how to become eligible, click [here](#).

2026 Medicare Model of Care webinars

If you missed our March 27 Medicare Model of Care webinar, there are three additional sessions scheduled for 2026: June 26, September 18, and November 13. These webinars provide an overview of the Medicare Model of Care and outline expectations for providers caring for MetroPlusHealth Medicare members.

Topics may include care coordination, interdisciplinary team roles, documentation requirements, and strategies to support high-quality, member-centered care. Attending a session can help ensure you remain aligned with program requirements and better understand how to support members with complex or chronic conditions.



These trainings are especially helpful for new providers or staff, but all participating providers are encouraged to attend as a refresher. Visit our website for online training and attestation [here](#).

Fast-track your payments with EFT

Electronic Funds Transfer (EFT) allows payments to be deposited directly into your bank account, eliminating paper checks and reducing mail delays. With EFT, you can receive payments faster and simplify your payment process. It's a secure and efficient way to

ensure timely reimbursement for services provided to MetroPlusHealth members.

Enrolling is simple and can help streamline your administrative workflow while reducing the risk of lost or delayed checks. Sign up for EFT [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](#).

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 allows 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](#).

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](#).



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)**. MTM 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.

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](#).



MetroPlusHealth partners with ClarissHealth to periodically review adjudicated claims for compliance with industry standards. ClarissHealth 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](#).

Report demographic changes

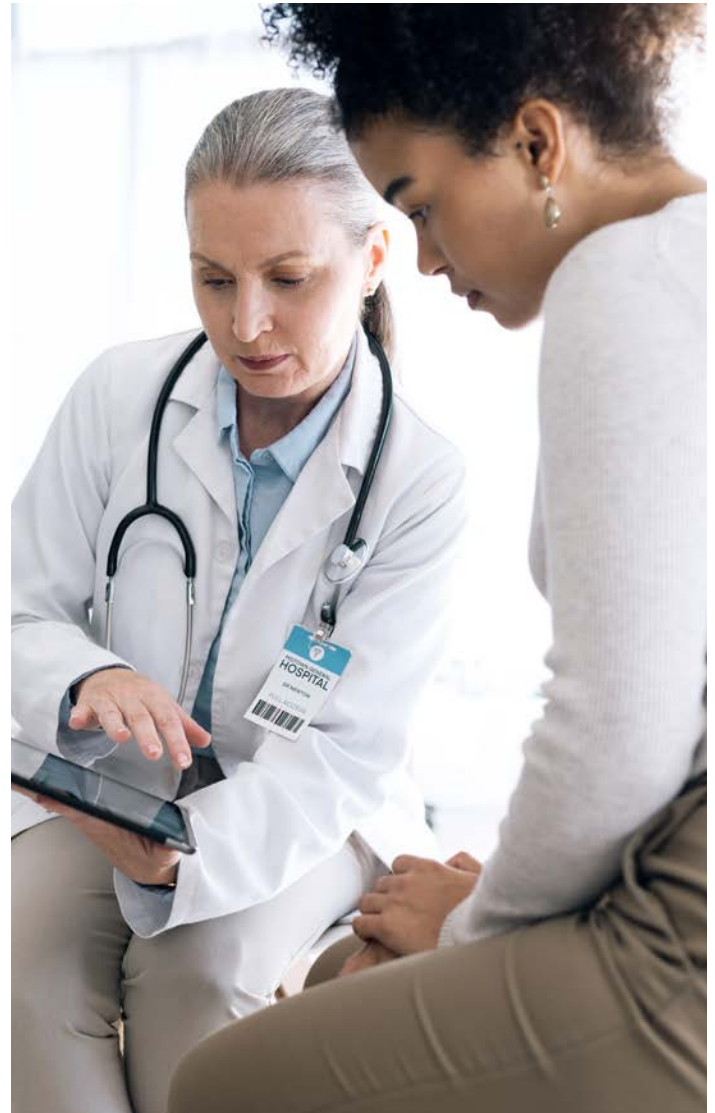
Notify MetroPlusHealth of any changes to your demographic information or if you leave your practice or join a new one. Please submit updates through the MetroPlusHealth **Provider Portal** for faster and secure processing. For assistance, email ProviderRelationsOps@metroplus.org or call the Provider 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, which regularly sends updates to MetroPlusHealth.

Access and availability standards: TIPS FOR SUCCESS

MetroPlusHealth would like to remind you that, with your assistance, we are committed to helping our members stay healthy and receive 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 a 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 offer 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. The provider may ask that the new patient bring their ID card and any pertinent information to their first appointment.

Medication-assisted treatment formulary update

Medication-assisted treatment (MAT) combines FDA-approved medications with counseling to treat substance use disorders and support long-term recovery. Members who use MAT are more likely to remain engaged in care, stay in their communities, and maintain sobriety.

MetroPlusHealth has updated its formulary for Medicaid, PIC, and HARP members to align with the New York State Department of Health Single Statewide Medication-Assisted Treatment Formulary. This update ensures coverage of opioid use disorder medications recommended under state guidance.

Providers can view the updated formulary, including the full list of covered medications, by clicking [here](#).

Prior authorization is not required for medications prescribed in accordance with generally accepted, nationally recognized clinical guidelines for the treatment of substance use disorders. Prescriptions written outside of these guidelines may be subject to prior authorization review.

In accordance with New York State Social Services and Education Law, prescriptions for brand-name multisource



drugs will be filled with a generic equivalent unless the prescriber indicates “dispense as written (DAW)” and “brand medically necessary.” In these cases, the prescriber must also document in the member’s medical record that the brand-name drug is medically necessary and provide the clinical rationale.

Clozapine project

MetroPlusHealth is participating in a performance opportunity project led by the New York State Office of Mental Health. The initiative aims to increase appropriate use of clozapine among patients with schizophrenia who are high utilizers of inpatient and/or emergency psychiatric services.

Clozapine is an antipsychotic indicated for patients whose symptoms are not adequately controlled with standard antipsychotic medications. It has demonstrated strong effectiveness in individuals with treatment-resistant schizophrenia. Because clozapine can cause serious adverse effects, its use requires close monitoring and coordination among behavioral health and medical providers to ensure patient safety and optimal outcomes.

Long-acting injectable antipsychotic guidelines

Long-acting injectable (LAI) antipsychotics may be appropriate for patients with schizophrenia who have experienced multiple episodes of psychosis or difficulty adhering to oral medications.

LAI are typically administered every two to four weeks and are recommended in current clinical guidelines as a maintenance treatment option for schizophrenia.

Evidence shows that LAI use is associated with improved medication adherence and patient functioning, as well as reduced rates of hospitalization.

Get *MetroPulse* delivered to your inbox by emailing ProviderRelationsOps@metroplus.org.

How well-child visits support HEALTHY DEVELOPMENT

Every child is unique — and they may reach developmental milestones at slightly different times. In some cases, that variation is normal.

However, an estimated one in six children has a developmental disability. Developmental delays may be linked to factors such as hearing or vision problems or environmental concerns.

Regardless of cause, early identification and intervention are crucial. Well-child visits represent an important opportunity to detect concerns early and guide families. To support timely referral, use a combined approach:

- **Developmental surveillance:** monitoring development and discussing milestones with parents
- **Developmental screening:** using validated tools to identify potential concerns

Screen using formal, validated tools

Encourage parents to schedule well-child visits at recommended intervals, even when children appear healthy, to help keep growth and development on track. At these visits, use validated screening tools — such as those from the Centers for Disease Control and Prevention and the American Academy of Pediatrics — to identify developmental concerns early. This includes:

- Developmental screening at 9, 18, and 30 months
- Autism-specific screening at 18 and 24 months

If concerns arise between visits, conduct additional evaluation or refer children as needed.

Engage families in ongoing monitoring

In addition, use well-child visits to conduct developmental surveillance. Observe children's behavior and ask parents about typical routines, including eating habits, sleep patterns, communication, and play.



Reference milestone checklists during the visit and suggest that parents use the CDC's **Milestone Tracker app** to continue monitoring between appointments.

Refer when appropriate

Based on screening results, refer children as needed to state early intervention programs, audiology, ophthalmology, speech-language pathology, or other subspecialists. Schedule follow-up appointments to review referrals and support families in completing recommended next steps.

Get *MetroPulse* delivered to your inbox by emailing ProviderRelationsOps@metroplus.org.

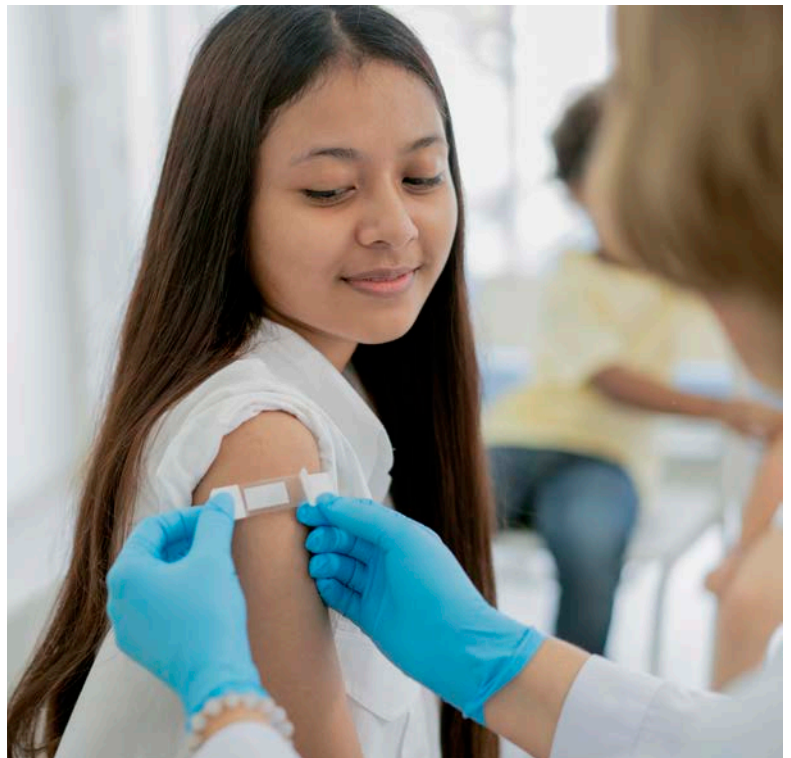
Vaccines for Children (VFC) Program

The Vaccines for Children (VFC) Program helps ensure eligible children receive recommended immunizations at no cost, removing financial barriers to timely vaccination.

VFC vaccines are available for children from birth through age 18 who are Medicaid-eligible, uninsured, or underinsured when vaccinated at federally qualified health centers. Participating providers receive vaccines at no charge and may bill allowable administration fees.

Providers are responsible for proper vaccine storage and handling, inventory tracking, documentation, and state reporting. Practices should also screen patients for VFC eligibility at each immunization visit.

By participating in the VFC program, you will help improve immunization rates, reduce vaccine-preventable diseases, and support health equity — while ensuring children receive vaccines on schedule, regardless of insurance status.



Follow lead-testing guidelines

New York State law mandates lead testing in children, with results submitted to the New York State Department of Health (DOH). Providers play a key role in early identification and prevention of lead exposure, particularly for children at higher risk due to age, housing, or environmental factors. Be sure to follow recommended screening schedules and document results accurately.

If a child's blood test indicates lead exposure, conduct appropriate follow-up testing and provide

timely guidance to parents or caregivers. This may include education on common sources of lead, such as older paint, dust, soil, and water, as well as practical steps to reduce exposure in the home. Early intervention can help prevent long-term health effects and support better developmental outcomes.

For provider resources on guidelines, click [here](#). To report lead exposure, call the New York State DOH Lead Poisoning Prevention at **518.402.7600**, email LPPP@health.ny.gov, or click [here](#).

Helping older adults LIVE WELL

Aging looks different for everyone. For many, it brings new health conditions, life adjustments, and other changes. Routine assessment of concerns — from medication use to mood — can help guide care planning that supports healthy aging. A brief check-in at each visit may reveal priorities that might not surface otherwise.

Start with goals, not diagnoses

Goal-aligned care starts by asking what matters most to the patient and using those priorities to guide decisions. Choices of lifestyle intervention and treatment can then be made in the context of both the patient's goals *and* their health conditions.

At every visit, ask about:

- Independence at home and in the community
- Mobility, balance, and recent falls
- Memory or cognition changes
- Nutrition, appetite changes, and unintentional weight loss

Revisiting these goals over time helps ensure care stays aligned as health status and priorities change.

Review medications with function in mind

Some medications can increase risk for adverse effects in older adults, such as confusion and falls, so routine review is key. In addition to prescription medications, ask patients about their use of over-the-counter medicines, supplements, and herbs.

Check medications for interactions and issues, which can include:

- Increased fall risk
- Impaired thinking
- Impacted daily function

Make whole-person checks routine

Because emotional well-being and social connection are strongly linked to overall health and quality of life, make checking on mood and loneliness a priority of routine care. Touch base with caregivers, too, as their role can be taxing and may require support.



Use team-based care to extend support

Care is more effective when it is coordinated around the patient's goals and day-to-day function, with information shared across the full care team.

When applicable:

- Connect patients and families with community or behavioral health supports. Social isolation and loneliness increase the risk for serious mental and physical health conditions.
- Create a network of home health providers, caregivers, and services like transportation and meal programs to implement a plan that supports mobility, safety, medications, and daily routines.

By focusing on what matters most to each patient, you can create a care plan that supports each individual, in everyday life and from year to year.

More resources, for all ages

MetroPlusHealth offers behavioral health benefits and resources for adults, children, and families. Visit the **Provider Portal** for tools, training, and support.

Conservative management of low back pain

We know how frustrating low back pain can be for patients, and it's natural to want quick answers. But it's important to remember that early imaging is rarely helpful and usually isn't recommended unless there are signs of a more serious condition.

The downsides of unnecessary imaging

Given the common occurrence of low back pain, MRI and CT scans in patients without indications of cancer, infection, fracture, or neurologic compromise aren't generally needed.

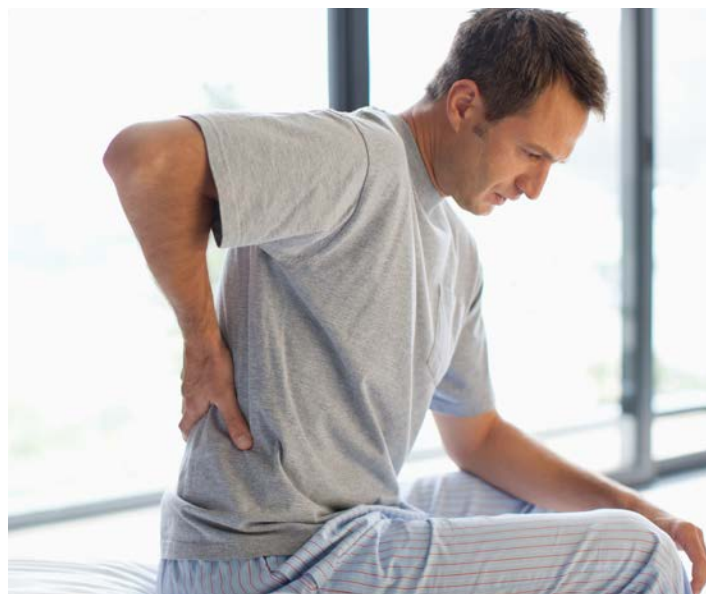
Overuse of imaging can lead to:

- **Incidental findings and overdiagnosis:** MRI of the lumbar spine frequently reveals extra spinal findings unrelated to the patient's pain, leading to potential anxiety and unnecessary follow-ups.
- **Patient distress:** When patients expect imaging, findings may further anxiety and lead to increased rates of unnecessary interventions.
- **Unnecessary procedures and downstream costs:** With more imaging comes increased probability of surgery, more interventions, higher costs, greater use of opioids, and increased pain. Unless there are focal neurologic deficits or other red-flag features, immediate imaging does not improve patient outcomes.

Conservative management first

Explain to patients that most low back pain improves without imaging, generally within a few weeks, and offer conservative options for relief. Shared decision-making and trust can help patients accept nonimaging strategies.

Encourage patients to stay active, use simple self-care strategies, and address any contributing factors like stress, poor sleep, or ergonomic strain at work.



Screening for SDOH

Social determinants of health (SDOH) — such as income, access to food, housing, and education — can have a major effect on health outcomes. Identifying social needs allows providers to deliver more appropriate, patient-centered care.

Make SDOH screening a routine part of care by selecting a validated tool and integrating it into patient registration. When possible, send the screening electronically before visits and review responses during pre-visit planning. Because patients

may hesitate to share sensitive information, approach these conversations with empathy and ask questions in a nonjudgmental way to build trust.

When SDOH needs are identified, talk with patients about their priorities and help connect them to community resources. Follow up to confirm needs are being addressed and adjust the care plan as needed.

MetroPlusHealth wants to ensure that every member has access to comprehensive support. To access resources to share with patients, click [here](#).