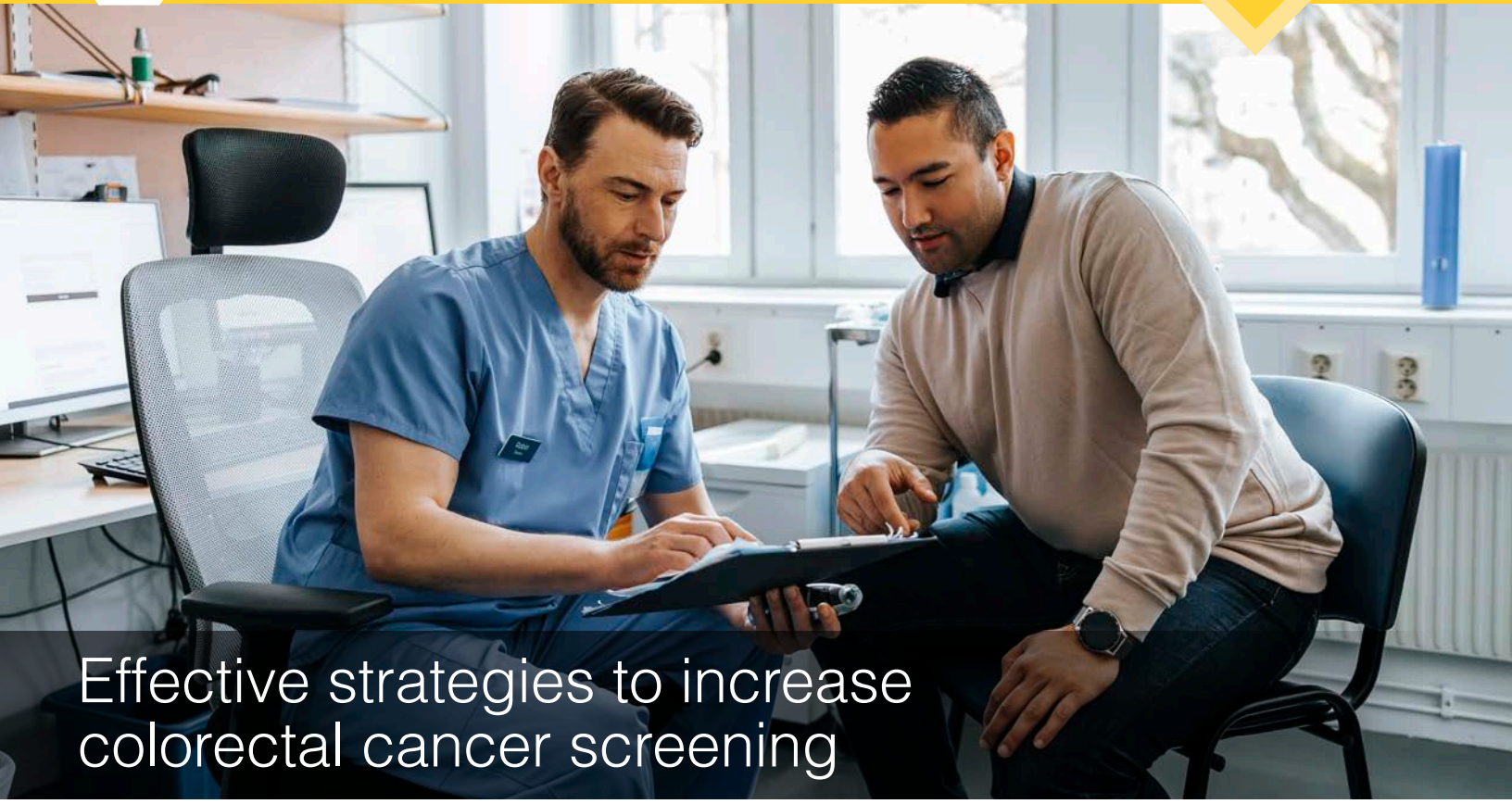
MetroPulse
Provider Newsletter

SUMMER 2026



Effective strategies to increase colorectal cancer screening

Colorectal cancer can often be prevented or treated successfully if detected early. Still, many patients put off screening because they feel anxious or uncertain about the procedure. You can help put patients at ease by letting them know their fears are common, sharing how prep and procedures have improved, and reassuring them that most people find the process easier than they thought.

Give patients choices to support their needs

Giving patients options makes a difference. Some patient-centered strategies include:

- Suggesting noninvasive stool tests for those who do not want a colonoscopy
- Using a colonoscopy for higher-risk patients or those who want a one-step test
- Making sure instructions are clear and easy to follow

Encourage patients to take the next step

Reminders can help more patients complete their screenings. Try using electronic health record alerts to spot who needs screening and set up prompts before visits. A phone, text, or portal message can be used to remind patients to schedule their screening.

Find and help remove barriers to screening

Check if transportation, childcare, language, or health literacy are concerns or if patients have questions about insurance or costs. For assistance with these issues, connect patients to social determinants of health (SDOH) resources.

Through open dialogue and connection to appropriate resources, you can help ensure that more patients benefit from early detection.

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

Colorectal cancer screening 1
Find and help remove barriers to screening.

BetterDoctor 3
Improve office data accuracy.

Resources and support 3
Access provider resources.

Clinical practice guidelines 4
Stay current with evidence-based standards.

Compliance hotline 4
Please report fraud or abuse cases.

Quality management program 4
Providing access to quality health care.

EPSDT resources 4
Learn about this benefit for pediatric patients.

Lifestyle medicine 4
Learn about scholarship and grant programs.

Demographic updates 4
Report any demographic changes.

Medication Therapy Management 4
Inform patients about this program's benefits.

HEDIS®/QARR reports 4
Provide medical records and data as needed.

ClarisHealth™ 4
Why you may get an MRR.

Referrals 4
Help MetroPlusHealth expand our network.

Access and availability standards 5
Observe guidelines for securing appointments.

Diabetes prevention 6
Help patients set measurable goals.

Prioritizing immunizations 7
Review immunization history at every visit.

Social determinants of health 7
Make SDOH screening a routine part of care.

Supporting mothers beyond delivery 8
Encourage postpartum follow-up visits.

Antipsychotic medication 8
Metabolic monitoring for pediatric patients.

Depression screening 9
Use validated screening tools.

Behavioral health hospitalization 10
Schedule a follow-up before discharge.

Domestic violence 10
Ask patients about safety and offer resources.

Could it be their hearing or vision? 11
Screen pediatric patients for sensory deficits.

Vaccines for Children program 11
How to help improve immunization rates.

COVID-19 vaccination 12
How to navigate COVID-19 conversations.

Member ID cards 12
Medicare and Ultracare cards were redesigned.

Have you reviewed the 2026 Provider Manual?

The June 2026 MetroPlusHealth Provider Manual is now available. Find policies, procedures, claims, prior authorizations, and more**. Download your copy today**.

SUMMER 2026

Read more about the following topics on our website:

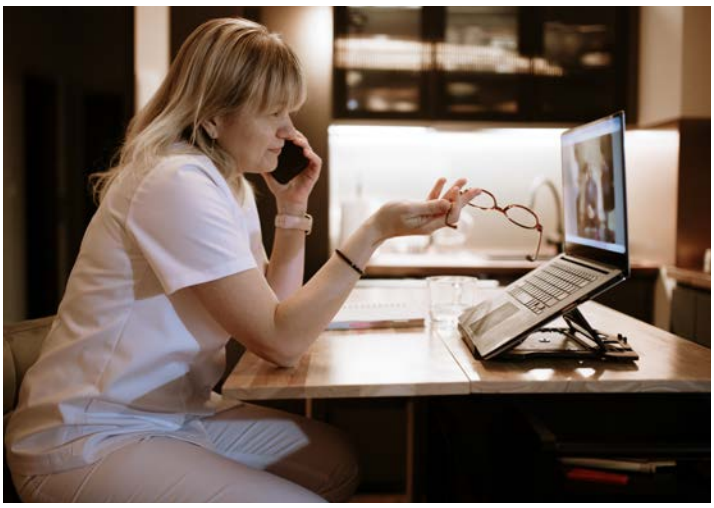
- Preventing diabetes
- Behavioral Health
- Smoking cessation
- Syphilis screening
- Pharmacy benefits
- Fluoride varnish
- COVID-19 testing
- Hepatitis C screening

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

2026 Medicare Model of Care webinars

If you missed our June 12 Medicare Model of Care webinar, there are two additional sessions scheduled: September 18 and November 13. These webinars 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 providers are encouraged to attend. Visit our website for online training and attestation **here**.



Update your directory information

MetroPlusHealth partners 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 members find and schedule appointments.

BetterDoctor will reach out every 90 days to confirm your directory entry and submit any updates directly to MetroPlusHealth.

Please submit all updates through the MetroPlusHealth **Provider Portal** for faster and secure processing. For assistance, email **ProviderRelationsOps@metroplus.org**.

Access provider resources

Find the resources you need to care for patients in one location. Access forms, provider updates, pharmacy and behavioral health information, training resources, and more. Visit **Provider Resources** to get started.

You can also reach the Provider Call Center Monday through Friday, 8 a.m. to 6 p.m. at **800-303-9626** or at **ProviderRelationsOps@metroplus.org**.

Make sure to check prior authorization requirements

Access prior authorization guidelines, request forms, and service-specific requirements for medical, behavioral health, and pharmacy services to help support timely, coordinated care. Visit **Provider Authorizations** to get started.

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**.

Stay current with clinical practice guidelines

MetroPlusHealth offers clinical practice guidelines to help providers stay aligned with current evidence-based standards of care. The guidelines cover screening, prevention, and treatment recommendations for many common conditions. Review the latest guidelines **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**.

EPSDT resources

For more information about Early Periodic Screening Diagnosis and Treatment (EPSDT), click **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 **Medication Therapy Management (MTM)** at no cost. MTM includes a comprehensive medication review (CMR) and targeted medication review (TMR). During a CMR, a pharmacist reviews all 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**.

ClarisHealth™

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.**

Refer providers to our network

Expanding our network improves the member experience and creates more referral opportunities for your practice.

Know a provider who is a great fit? Refer them **here**. They'll join more than 34,000 providers delivering high-quality patient-centered care. Remember to refer your patients to our in-network providers. Find them in our provider search **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.

Strengthening diabetes prevention in primary care

Primary care practices are uniquely positioned to interrupt the progression from prediabetes to type 2 diabetes through early risk identification, structured counseling, and longitudinal follow-up.

Prediabetes is a high-risk metabolic state that substantially increases the likelihood of developing type 2 diabetes and accelerates risk if left untreated. Because vascular injury begins before diabetes is formally diagnosed, prevention must start early.

Translate risk into action

When discussing prediabetes with patients, frame it as a reversible condition rather than an inevitable progression. Use simple, clear language so that patients understand the fundamentals without feeling overwhelmed or confused by medical jargon. Explain that elevated glucose levels damage blood vessels over time, increasing the risk for serious complications like heart attack and stroke. Reinforce that structured lifestyle intervention can reduce progression to type 2 diabetes by more than half in high-risk adults.

Set realistic, measurable goals

Small, achievable targets help patients translate prevention guidance into sustained behavior change and measurable cardiometabolic improvement.

- Encourage modest weight loss of 7% of body weight to significantly reduce diabetes risk.
- Recommend at least 150 minutes per week of moderate-intensity physical activity, such as brisk walking.
- Refer patients to structured lifestyle counseling programs to improve adherence and long-term outcomes.
- Reinforce dietary changes aligned with evidence-based nutrition therapy.
- Tailor gradual activity increases to baseline fitness levels and comorbid conditions.

Address social barriers to prevention

Screening for social needs and connecting patients to community-based resources can help address challenges such as food insecurity and transportation barriers, which are nonmedical determinants that strongly influence health outcomes and chronic-disease risk.

For more information and to access tools, guidance, and support for addressing nonmedical factors that impact overall health, click **here**.

Reinforce ongoing monitoring

Patients with prediabetes should receive regular A1c testing to monitor progression risk. Tracking weight, blood pressure, and lipid levels allows early intervention on modifiable cardiovascular risk factors. Consistent follow-up enables timely adjustment of interventions before diabetes develops.

BOTTOM LINE: Early prevention today reduces diabetes and cardiovascular risk tomorrow.

PROVIDER RESOURCE

Access practical tools, patient education materials, and implementation guidance in the American Diabetes Association's Toolkit by clicking **here**.

Prioritizing immunizations at every visit

No matter what a patient comes in for — whether for preventive, acute, or chronic care — every interaction offers an opportunity to review immunization history and recommend appropriate vaccinations.

When vaccine assessments are part of routine care, gaps can be addressed before they lead to avoidable illnesses. Following evidence-based timelines ensures that patients receive vaccines at the safest, most effective intervals. Current schedules are available by clicking **here**.

Why immunizations deserve priority

Vaccines do more than prevent infection — they reduce severity, complications, hospitalizations, and even death. Research emphasizes that immunization protects individuals while also strengthening community health.

Start with those at highest risk

Some patients can't afford to fall behind. Focused efforts are especially important for:

- Infants and young children
- Older adults
- Pregnant patients
- Individuals with chronic conditions or weakened immune systems

For these groups, vaccine-preventable illness carries a far greater risk for severe complications and hospitalization.

Turning hesitation into conversation

Vaccine hesitancy remains a clinical reality, but these situations can be an opening rather than a barrier. Provider recommendations remain the strongest predictor of vaccine uptake. When patients express concern, lead with listening, then respond with facts:

- Emphasize that vaccines undergo rigorous testing and continuous safety monitoring.
- Reinforce that recommended schedules are evidence-based and carefully evaluated.
- Explain that the dangers of vaccine-preventable diseases outweigh the potential side effects of vaccines.
- Clarify common myths using trusted resources.

Immunization review helps protect today's patients while safeguarding tomorrow's community health.

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. To access SDOH resources to share with patients, click **here**.

Supporting mothers beyond delivery

In the weeks after giving birth, most new moms are focused entirely on their newborn's needs. But this period is critical to their own health, too. The "fourth trimester"—the 12 weeks following delivery — is a pivotal window for recovery, and care during this time leads to better health outcomes.

Importance of the postpartum period

The purpose of postpartum visits is to check on the mother's physical, emotional, and mental health. It also provides vital care and monitoring for medical conditions that developed during pregnancy, such as heart disease or diabetes.

Despite the importance of postpartum care, only about 40% of new moms follow up with their OB/GYN within three weeks of delivery, as recommended. Many never see their provider at all. Women should see their OB/GYN at least twice within the first 12 weeks postpartum — and more often if needed — before transitioning to primary care.

Empowering postpartum follow-up

You can play an important role in helping new mothers prioritize their health by:

- **Scheduling the first postpartum visit before discharge from the hospital.** Research shows this can lead to better adherence.
- **Personalizing postpartum appointments and education.** Patients are more likely to seek postpartum care if it's tailored to their needs. For example, explain the importance of ongoing blood pressure checks for hypertensive patients.

- **Addressing mental well-being.** If screening indicates a higher risk for postpartum depression or anxiety, refer them to behavioral health services.

Note barriers to care

Some women may be motivated to seek postpartum care but face barriers beyond their control. To help close this gap, take time to identify any obstacles or unmet social determinants of health (SDOH) that could limit access to care, such as insurance problems or lack of transportation. Connect patients with SDOH resources **here**.

Monitor pediatric patients taking antipsychotics

Second-generation antipsychotics are prescribed for conditions such as schizophrenia and bipolar disorder and are frequently used off-label for behavioral disorders. These medications are associated with increased risk of weight gain, insulin resistance, abnormal cholesterol levels, and hypertension, making routine metabolic monitoring essential in children and adolescents.

Establish baseline measurements and schedule regular follow-up assessments, including weight and BMI, fasting glucose or HbA1c, lipid panel, and blood pressure.

Ongoing monitoring enables early identification of metabolic changes, supports timely treatment adjustments, and helps reduce long-term cardiometabolic risk.

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

Make depression screening count with MEASUREMENT-BASED CARE

Depression is one of the most common mental health disorders in the United States — and when left untreated, it can significantly disrupt daily life. It's also associated with serious health risks, including cardiovascular disease, suicide, and poorer outcomes in patients with chronic disease.

Unlike many conditions that can be identified through physical exam or laboratory testing, depression is diagnosed and monitored largely through patient-reported symptoms. While some signs like sleep or appetite changes can be observed, its primary symptoms — persistent low mood or loss of interest — are largely unseen. Using measurement-based care (MBC) has been proven to help.

Baseline screening

MBC begins with a validated tool such as the **PHQ-9** questionnaire. Because it's brief and easy to incorporate into routine visits, the PHQ-9 is a practical way to screen for depression, assess severity, and inform treatment decisions. Just as important, it establishes a baseline — allowing you to track symptom changes over time and evaluate whether treatment is working.

Tracking and adjusting

If you prescribe antidepressants, you know that finding the right medication often takes time. What works well for one patient may not work for another, and most medications need several weeks before you can truly assess their impact.

Instead of simply asking patients how they're feeling, use the PHQ-9 again four to six weeks after starting or adjusting treatment. A follow-up score gives you

something concrete to compare to their baseline. You can quickly see whether their symptoms are improving and make informed decisions about next steps.

Measuring progress

It's not always easy for patients to recognize progress while they're in the middle of treatment. Improvement can be gradual — and without something specific to point to, it may feel like nothing is changing. When patients don't notice the benefit, they are less likely to continue treatment.

To help, bring them into the process. Review their scores together. Show them a visual of how their symptoms have changed over time. Measurement doesn't just help guide clinical decisions — it can empower your patients to stay on course.

Behavioral health resources

Mental health is just as important as physical health. If your patient needs support, MetroPlusHealth offers a range of behavioral health services. You can reference our **Behavioral Health FAQs** and the **Provider Manual** for answers to common questions. In addition, the **Good4YouHealth Library**, is filled with helpful articles and resources to support your patients' well-being.

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

Effective transition strategies after behavioral health hospitalization

The period immediately following psychiatric hospitalization is associated with elevated risk for relapse, readmission, and suicide, making coordinated discharge planning essential.

Schedule follow-up before discharge
Timely outpatient follow-up within seven days of discharge is associated with improved continuity of care and reduced readmission risk. Confirm that patients know when and where their appointment is scheduled and how they will get there, as clear communication improves postdischarge engagement.

Review and reinforce medications
Reviewing medications at discharge supports patients in taking prescriptions correctly after behavioral health hospitalization. For patients with substance use disorders, continuation of medication-assisted treatment significantly lowers overdose risk and supports recovery.

Identify early warning signs
Develop a written relapse prevention plan that outlines early warning signs and next steps if symptoms worsen. Share this plan with family members or support persons to reinforce adherence.

Spotting the signs of domestic violence

Domestic violence often goes unrecognized in clinical practice. About one in three women and one in four men experiences abuse, including physical, sexual, financial, or psychological harm.

Watch for unexplained injuries, reluctance to discuss concerns, or symptoms such as anxiety or depression. Use nonjudgmental language, ensure privacy, and normalize screening by asking all patients about safety.

Connect patients to local resources, including the NYC Domestic Violence Hotline **(800-621-HOPE)** or a Family Justice Center **(call 311)**.

Early warning signs to review with patients include:

- Changes in sleep patterns, such as insomnia or excessive sleeping
- Withdrawal from family, friends, or usual activities
- Increased irritability, anxiety, or mood swings
- Expressions of hopelessness or thoughts of self-harm

Encourage patients and their support systems to identify personal triggers and agree on specific actions to take if these warning signs emerge.

Engage the full care team
Effective transitions depend on close collaboration among primary care providers, behavioral health specialists, care managers, and community partners. Within that coordinated framework, approaching sensitive topics with empathy, clear language, and shared decision-making builds trust, supports recovery, and helps reduce the risk for relapse or readmission.

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

Screening for sensory deficits

When children have issues with attention or classroom behavior, attention deficit hyperactivity disorder (ADHD) or learning disorders are often suspected. However, unrecognized hearing or vision deficits can closely mimic these conditions, and a thorough screening for sensory deficits is an important part of an ADHD evaluation.

Why sensory screening matters

Even mild hearing or visual deficits can interfere with language development and reading skills, and can cause trouble focusing in the classroom. Hearing and vision impairments often present as inattention, poor task completion, or behavioral challenges.

The following behaviors are common red flags of sensory deficits:

- Avoiding reading or close-up work
- Holding books, phones, or tablets unusually close to the face
- Complaining of eye pain, blurry vision, or frequent headaches
- Having slow reactions to verbal cues or asking for verbal repetition
- Having unclear speech or using improper tenses
- Receiving reports from school of "not paying attention" or "not listening"
- Performing poorly academically

Screen early and often

While newborn screening is crucial in detecting many sensory deficits, it is important to conduct age-appropriate hearing and vision screening at all recommended well-child visits. Newborn hearing screenings in particular do not catch all types of impairments, and children can develop hearing problems at any age. When any screening results are abnormal, provide timely referrals for further investigation and treatment.

Leverage summer visits

Summer visits present a practical window to close screening gaps before the fall school year begins. This allows ample time to identify any hearing and vision issues and provide appropriate interventions — such as corrective lenses, hearing amplification, or classroom accommodations — that can significantly advance learning outcomes. This will help ensure that children enter the classroom ready to learn.

Vaccines for Children (VFC)

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.

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

Navigating COVID-19 vaccination conversations with patients

Even as COVID-19 becomes more manageable, vaccine discussions remain an important part of preventive care. Providers play a key role in helping patients understand the benefits of vaccination and updated boosters.

Start by asking open-ended questions to understand patient concerns. Some patients may worry about side effects, vaccine safety, or whether vaccination is still necessary. Acknowledge these concerns and share clear, evidence-based information. Updated COVID-19 vaccines are recommended for everyone ages 6 months and older and help prevent severe illness.

Personalizing the conversation can also help. Patients with chronic conditions may face higher risks from COVID-19 complications. Emphasize how vaccination protects the patient's own health. This can help build confidence in your recommendation.

Providers can also remind MetroPlusHealth members that COVID-19 vaccines are covered at no cost, regardless of where they receive them. This can reduce financial concerns that sometimes delay vaccination.

For more updates on COVID-19, click **here**.

Updated Medicare and UltraCare member ID cards

MetroPlusHealth has launched redesigned Medicare and UltraCare member ID cards. New members requesting a replacement card, and members who select or change a primary care provider will receive the updated card. There will be no mass redistribution of cards. Enhancements include an improved layout, updated pharmacy services information, an ExpressCare Virtual Care QR code and phone number, and, for eligible members, both Medicaid and Medicare identification numbers displayed on a single card.