

# MetroMonitor

Provider Newsletter

Fall 2009

## MetroPlus Medicare Advantage Special Needs Plans: Model of Care

MetroPlus is working with a certified home care agency to conduct comprehensive needs assessments (CNAs) for our Medicare Advantage SNP members. For the convenience of our members, the CNAs will be conducted at the member's residence after confirming an appointment with the member. The CNA will evaluate a wide range of areas including: health status, activities of daily living, cognitive functioning, health literacy, caregiver resources, barriers to comply with a health plan, and life planning (including advanced directives). Once an assessment is completed we will share pertinent findings with the member's primary care provider.

The member and the member's PCP will be able to contact our Medicare Case Management Program for disease specific

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### ✓ Reminders

#### ✓ Changes to Your Demographic Information?

Notify MetroPlus of any changes to your demographic information by calling your Provider Service representative. Changes can also be faxed in writing on office letterhead directly to MetroPlus at 212 908-8885 to the attention of Provider Contracting.

#### ✓ MetroPlus Compliance Hotline

MetroPlus has its own Compliance Hotline, 1-888-245-7247. You may call this line to report fraud or abuse, illegal activities, and questionable activity. You may choose to give your name or you may report anonymously.

#### ✓ Access Member Rosters via the MetroPlus Portal

Member rosters are now available in PDF format by logging into the MetroPlus portal at: <https://public.metroplus.org>. You are able to view the roster in PDF format or export it in Excel format.



Receive the MetroMonitor by Email: Send your email address to [carnee@nychhc.org](mailto:carnee@nychhc.org)

## Message from the Chief Medical Officer

MetroPlus is offering a new Medicare Advantage plan, starting January 1, 2010. The new plan, MetroPlus Platinum Plan (HMO), provides all the benefits of Original Medicare, plus extra coverage and is open to all Medicare beneficiaries. To join our plan, a beneficiary must live in our service area (Manhattan, Brooklyn, Bronx or Queens) and have Medicare Part A and Part B.

We are offering the new MetroPlus Platinum Plan (HMO) in addition to our existing Medicare Advantage Special Needs Plans (SNP). Our existing plans include our dual eligible SNP which is designed for people who receive Medicaid benefits and are Medicare beneficiaries and our chronic care SNP which is designed for Medicare beneficiaries who have been diagnosed with HIV.

Information about Platinum and our existing Medicare plans can be found on the MetroPlus website at [www.metroplus.org/mcr\\_main.php](http://www.metroplus.org/mcr_main.php) or you can call 1-866-986-0356.



Van Dunn, MD, MPH, FACP  
Chief Medical Officer

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education and to enlist our assistance with care coordination (e.g. transportation to appointments, coordination of Medicaid benefits, and home care assistance if appropriate). Our in-home assessment allows us to provide special attention to our members who are frail and disabled.

A critical element of our member-focused model of care is to include the primary care provider and appropriate specialists as part of the interdisciplinary care team. We believe that the “oxygen” for optimal care coordination is information exchange. To achieve this goal, our Medicare Utilization Review Nurse conducts concurrent review on all inpatient hospital admissions and monitors members authorized for skilled nursing and home health services. During the concurrent review process, the Medicare Utilization Review staff works with facilities, agencies and the member to maximize the likelihood of appropriate and safe transitions of care. Copies of all authorizations issued by the Medicare Utilization Review staff, including those issued for transitions of care (e.g. member’s residence to the acute inpatient setting or from the acute inpatient setting to a skilled nursing facility) are mailed to the member’s PCP within one business day of the authorization. MetroPlus believes that any unplanned acute inpatient admission represents an opportunity to evaluate care gaps in the outpatient setting. The Medicare Utilization Review Program and the Medicare Case Management Program are responsible for supporting the member through transitions of care

such as an acute inpatient admission. Moreover, within three business days of discharge from an acute inpatient admission, our Medicare Case Management Program initiates a follow-up phone call to each Medicare SNP member discharged home from the hospital to determine if the member:

- Received a copy of their discharge summary
- Has been prescribed any new medications
- Has an appointment with a physician for follow-up care
- Has transportation to follow-up care
- Has a caregiver or support network to assist with any needs
- Has any questions regarding follow-up services such as home health, DME, outpatient therapies, etc.

Our Medicare Case Management Program will continue to keep the primary care provider involved when the member first enrolls with one of our Medicare Advantage SNPs, during transitions of care as outlined above and at least annually thereafter with a comprehensive member-focused re-assessment. As part of our individualized care plan for each Medicare SNP member, our Case Management Program works hand in hand with our Quality Management Program to identify gaps in care and, using our predictive modeling software (Impact Pro®), calculate predictive risk scores for inpatient utilization over a 12 month period. Moreover, the software allows MetroPlus to identify members at greater risk for a transition to a higher

level of care. Our predictive modeling software uses state-of-the-art evidence based practice guidelines.

In addition to the Comprehensive Needs Assessment outlined above, any Medicare SNP member enrolled in the Medicare Advantage Partnership in Care SNP that serves members living with HIV/AIDS is also assessed for adherence to antiretroviral therapy (if prescribed), safer sex knowledge and practice, and ongoing mental health and substance use issues.

All Medicare SNP Advantage members have the right to decline participation in the comprehensive needs assessment or disenroll from case management programs and services offered by MetroPlus.



## H1N1 Influenza: A Vaccine Update

The H1N1 vaccine is expected to be available in late October. NYC Department of Health and Mental Hygiene (DOHMH) will make H1N1 vaccine available, at no cost, to providers who plan to vaccinate their patients. In order to be eligible to receive H1N1 vaccine, providers **MUST** register with the Citywide Immunization Registry (CIR). Many of you are already registered and use the CIR to report vaccinations administered to children <19 years old. If so, you do not need to re-register. However, for H1N1 vaccine, **ALL** doses administered must be reported to the CIR (for children **and adults 19+**). Most health care practices that care for adult patients are not currently registered with the CIR and will need to register, sign a provider agreement and report H1N1 vaccine doses administered to patients to the CIR to receive H1N1 vaccine. Please note that if an emergency is declared, consent may not be required for reporting H1N1 immunizations administered to persons 19 years of age and older.

MetroPlus providers who treat only inpatients or whose clinic practice is solely

hospital-based and operated will not need to register independently as both vaccine ordering and reporting will be conducted by your facility.

DOHMH will provide technical assistance to providers interested in registering with CIR. Once registered, providers will receive additional information on ordering H1N1 vaccine. To register your practice, or to get more information about the CIR, please visit: [www.nyc.gov/html/doh/html/cir/a03c.html](http://www.nyc.gov/html/doh/html/cir/a03c.html) or call 212-676-2323.

The Advisory Committee on Immunization Practices (ACIP) has released its recommendations for use of the H1N1 vaccine. The initial list of priority groups recommended to receive H1N1 vaccine includes:

- Pregnant women
- Household contacts and caregivers for children younger than 6 months
- Healthcare and emergency medical services personnel
- All people from 6 months through 24 years

- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.\*

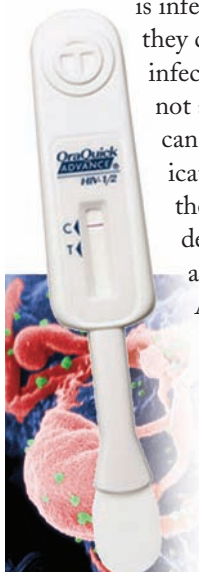


\*Chronic medical conditions that confer a higher risk for influenza-related complications include chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders (including diabetes mellitus) or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus).

## HIV Testing: Why It is Important

By Sanjiv Shah, MD

In New York City each year over 1,000 people are first diagnosed with HIV infection when they are already sick with AIDS (a much more advanced form of HIV disease). It takes an average of 10 years from the time someone is infected with HIV before they develop AIDS. People infected with HIV who are not aware of their diagnosis cannot benefit from medications that could keep them healthy and prevent death or serious illness associated with AIDS. Also, if someone with HIV is not diagnosed, they may spread the infection to others without their knowledge. A recent report found that simply being aware of an



HIV diagnosis decreases unprotected sex by 68%. The CDC and the New York City Department of Health agree that promotion of HIV testing in health care settings is a critical component of the fight against HIV/AIDS. As the two statistics above indicate, delayed diagnosis of HIV is harmful to both the person living with HIV and the community. Another benefit of earlier diagnosis of HIV infection is the potential of improved immune recovery once treatment is started especially for those individuals over the age of 50 years. The number of new HIV infections per year has not declined in the last several years in the United States. Currently there are more people living with HIV in the US than ever before. In this regard, we are falling behind in our efforts to contain the spread of HIV. The only way to get ahead of the epidemic is to identify the estimated one-quarter of all infected people that are unaware of their HIV diagnosis. A number

of recent developments have made it easier to screen people for HIV as part of routine medical care. Informed consent for HIV testing has been streamlined in New York State; rapid HIV tests are available that can be run at point of care with results available in about 20 minutes; and free confidential and anonymous HIV testing sites at New York City Department of Health clinics in all 5 boroughs continue to be available for persons seeking these routes for testing (see next page). New streamlined consent processes do not require lengthy counseling to be done; a brief brochure is provided that describes the test and addresses the topics that most often raise questions. After reading the brochure, the patient may ask questions if something is still unclear, and then signs the consent form. The blood or oral specimen is then obtained. Rapid HIV tests are easy to perform and very accurate (99.3% sensitive and 99.8% specific) and have received a CLIA waiver.

## HIV Testing: Why It is Important

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### What are the CPT codes for performing a rapid HIV test\*?

#### 86701QW

1. OraSure Technologies OraQuick Rapid HIV-1 Antibody Test
2. OraSure OraQuick Rapid HIV-1 Antibody Test – fingerstick and venipuncture whole blood
3. Trinity Biotech Uni-Gold Recombigen HIV Test (fingerstick, venipuncture whole blood)

#### 86703QW

OraSure OraQuick Advance Rapid HIV-1/2 Antibody Test {oral fluid, fingerstick whole blood and venipuncture whole blood}

ICD-9 Code for HIV Testing: V01.7 (Contact with or exposure to other viral diseases)

#### **\*Positive rapid test results must be confirmed by standard western blot.**

Expansion of HIV testing is a keystone to preventing the spread of HIV and reducing AIDS rates in New York City. MetroPlus

encourages providers to discuss HIV testing with all their patients and supports NYC Department of Health in its campaign that everyone who has ever been sexually active, or ever injected drugs, should be tested for HIV. We note that NYC Health and Hospitals Corporation continues to expand its HIV testing initiative and its increased use of rapid HIV tests.

Free Confidential or Anonymous HIV Rapid HIV Testing/Counseling is also available at the following New York City Department of Health Clinics (Call 311 for days and hours of operation):

### QUEENS

#### Corona

34-33 Junction Blvd. (Roosevelt/Northern)  
 Jackson Heights, NY 11372  
 Travel Information: #7 train to Junction Blvd.; #72 bus to 35th Avenue

#### Jamaica

90-37 Parsons Blvd. 1st Flr.  
 (off Jamaica Avenue)  
 Jamaica, NY 11432  
 Travel Information: E, S, J train to Parsons Blvd.

#### Rockaway

(Operated by Joseph P. Addabbo Health Center)  
 67-19 Rockaway Beach Blvd.  
 (Addabbo Health Center)  
 Queens, NY 11692  
 Travel Information: A train to Beach 67th

### BROOKLYN

#### Fort Greene

295 Flatbush Ave. Extension, 2nd Flr.  
 Brooklyn, NY 11201  
 Travel Information: #2, #3, #5 trains to Nevins Avenue, N, R, D trains to Dekalb Avenue

#### Crown Heights

1218 Prospect Place (at Troy Avenue) 2nd Flr.  
 Brooklyn, NY 11213  
 Travel Information: By Bus take the B65 heading to Ocean Hill-Brownsville Get off at Dean Street and Troy Avenue From downtown Brooklyn take the B51 at Smith Street then transfer at the B65

By train station to 1218 PROSPECT PL at Troy take the 4 train Get off at Utica Avenue walk 10 minutes or take the bus.

### BRONX

#### Morrisania

1309 Fulton Ave (E 169th Street off 3rd)  
 Bronx, NY 10456  
 Travel Information: 2 or 5 trains to 149th and 3rd and #15 or #55 bus to 169th and 3rd

### MANHATTAN

#### Chelsea

303 Ninth Avenue (28th Street)  
 New York, NY 10001  
 Travel Information: C or E trains to 23rd Street or #1 or #9 to 28th Street

#### Riverside

160 West 100th Street  
 (between Columbus/Amsterdam)  
 New York, NY 10025  
 Travel Information: #1, #9, B, C, to 96th Street

### STATEN ISLAND

#### Richmond

51 Stuyvesant Place (Wall Street)  
 Staten Island, NY 10301



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