

ADVANCE DIRECTIVE OR HEALTH CARE PROXY

Health Care Proxies are legal documents that allow your patients to name a person they trust to make health care decisions for them in case of a terminal illness, dementia, coma or stroke. These documents help to avoid confusions about who should make health care decisions for them when they cannot, and it makes it easier for your patients to request or refuse medical treatment when they can no longer do so for themselves. The documents also help you to recommend treatments that match your patients' health care wishes.

Talk to your patients about their future health care wishes. Please ask them to sign a Health Care Proxy or Living Will at their next appointment and keep a copy in their medical record. While some patients may be reluctant to complete a Health Care Proxy, most will tell you who they would like to make health care decisions if and when they cannot make such decisions. Regardless whether the patient completes a health care proxy, there should be documentation in the medical record of an advance care planning discussion between you and the member and the date at which it was discussed. This is important so you get the proper credit on this Medicare Health Effectiveness Data Information Set (HEDIS) Advance Care Planning measure. For example, when a sample of Medicare records were reviewed in CY 2008, only 24% met the Medicare HEDIS requirement for this measure. Our

performance actually declined in CY 2009, where only 13% of records met the Medicare HEDIS requirement for this measure. As a plan, this is an ongoing area for improvement since this has become a MetroPlus Medicare Quality Improvement Project for CY 2011.

You can find a NYS Health Care Proxy form at the following websites:

- <http://clas.nychhc.org/Translated/.aspx#>
- www.metroplus.org/planning-for-future-healthcare-decisions.php

NYC DOHMH Patient Information:

- www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews7-12.pdf



REMINDERS

MetroPlus Compliance Hotline

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

MetroPlus Medicare Plans

MetroPlus offers the following Medicare Advantage Plans* which provide all the coverage of Original Medicare plus extra benefits. Eligibility requirements differ by plan. The following Plans also include Part D prescription drug coverage (MAPD):

- MetroPlus Advantage Plan (HMO)
- MetroPlus Select Plan (HMO)
- Medicare Partnership in Care Plan (HMO)
- MetroPlus Platinum Plan (HMO)

MetroPlus also offers the following Medicare Advantage Plan which does not include prescription drug coverage:

- MetroPlus Choice (HMO)

*For members who live in Manhattan, Brooklyn, Queens and the Bronx and do not have End-Stage Renal Disease (ESRD).

Changes to Your Demographic Information?

Notify MetroPlus of any changes to your demographic information (address, phone number, etc.) 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 or call 1-800-303-9626.

MESSAGE FROM THE CMO:

The MetroPlus Medical Management team has welcomed several new additions over the past months. I would like to take this opportunity to introduce our team of Medical Directors who bring their extensive experience to MetroPlus. These doctors will continue to improve the collaborative relationship between MetroPlus and our providers as we work together to continue to offer quality care to our members.

- **Dr. Kathie Rones**, Deputy Chief Medical Officer, Medicare, joins us from Coney Island Hospital;
- **Dr. Oladipo Alao**, Associate Medical Director, HIV Services, joins us from Harlem Hospital Center;
- **Dr. Glendon Henry**, Associate Medical Director, Utilization Management, joins us from Harlem Hospital Center.



METROPLUS MEDICARE SPECIAL NEEDS PLANS

As a MetroPlus Health Plan Primary Care Provider (“PCP”), you are responsible for the overall supervision and coordination of care for MetroPlus Health Plan members. PCPs are responsible for managing and coordinating specialty care, ancillary services and maintaining continuity of care.

Through our Medicare Model of Care, we seek to coordinate services on behalf of all members to improve their access to medical, mental health and social services and in so doing optimize the medical and psychosocial care they receive. As our partner, we work with you to provide the highest quality of care for our Special Needs Plan (“SNP”) members. Please refer to the MetroPlus Provider Manual for a description of your responsibilities as a MetroPlus Health Plan provider.

Claims Process for SNP members

Members enrolled in the MetroPlus Select Plan dual eligible SNP plan are full benefit dual eligible Medicare beneficiaries. This means that these members receive full Medicaid benefits from New York State. These members are not responsible for cost sharing for services MetroPlus is required to provide. Please see the MetroPlus Select Plan Summary of Benefits on our website www.metroplus.org/mcr_select.php for a summary of services. For Select Plan members, submit your claims to MetroPlus and we will coordinate the adjudication of your claims for all Medicare and Medicaid covered services. Payment from MetroPlus should be considered payment in full as you are not permitted to charge these members for cost-sharing or balance-bill them.

Members enrolled in the MetroPlus Advantage Plan may not all be full benefit dual eligibles or Qualified Medicare Beneficiaries (QMBs). QMBs are eligible for Medicaid payment of Medicare premiums, deductibles, co-insurance and co-pays. When we receive your claim, we will adjudicate the claim and will send you an Explanation of Payment (“EOP”) to advise you on the billed services and payment information. The EOP will also let you know whether you will need to bill New York State Medicaid for the cost sharing allowed by New York State Medicaid.



Please note that you may not balance-bill members for copayments that are the responsibility of New York State Medicaid.

Additionally, the Social Security Act provides that a State is not required to provide any payment for any expenses incurred relating to payment for deductibles, coinsurance, or co-payment for Medicare cost-sharing to the extent that payment under Medicare for the service would exceed the payment amount that otherwise would be made under the State Medicaid plan.

If you require additional information or have questions about MetroPlus Health Plan Special Needs Plans and the cost-sharing, please visit our website or call 1-866-986-0356.

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

As part of the 2010 QARR (Quality Assurance Reporting Requirements) data collection process, MetroPlus Mental Health Providers will soon receive surveys which will help us verify the occurrence of an outpatient follow-up visit after a mental health hospitalization. According to the National Committee on Quality Assurance (NCQA), a follow-up visit for a mental health hospitalization should occur up to 30 days after patient discharge. Surveys seek to verify outpatient follow-up care provided to MetroPlus

members during calendar year 2010. Mental Health Surveys contain detailed instruction on the data requiring verification. Indicated elements within the survey (provider credentials, date of visit, provider or office staff signature) are required for surveys to be compliant. The Mental Health Provider indicated on the survey as well as knowledgeable office staff (office managers, medical record personnel, etc.) are asked to complete all data fields present on the survey.

The New York State Department of Health has recently mandated the submission of visit documentation (medical record, visit notes, SOAP assessments, etc.) to support the validity of the mental health outpatient survey. Submission of both the survey and visit documentation is necessary in ensuring data completeness and improving the tracking of mental health outpatient visits in the future. MetroPlus Health Plan is committed to protecting the privacy of our members Protected Health Information (PHI) and assures our providers that the collection of Mental Health Survey information is in compliance with HIPAA “Confidentiality of Medical Information Act.” Collection or dissemination of Mental Health Survey data does not require patient disclosure. If you have any questions or concerns please contact Tania Gordon, Senior Project Manager at 212-908-8820.

HIV TESTING REQUIREMENTS

In accordance with amended New York State law, HIV testing must be offered to all people between the ages of 13 and 64 receiving primary care services from a physician, physician assistant, nurse practitioner or midwife, receiving care in the emergency room or receiving care as an inpatient in a hospital. There are limited exceptions to this requirement that are outlined in the law. Prenatal care providers should provide HIV counseling to all pregnant women as early as possible in their pregnancy. A repeat third trimester test, preferably at 34–36 weeks, should be recommended to all pregnant women who tested negative early in prenatal care to identify sero-conversion after an initial negative prenatal HIV test. More information about this law can be found at: www.nyhealth.gov/diseases/aids/testing/amended_law/faqs.htm.