

# MetroMonitor

Provider Newsletter

Spring/Summer 2010

## 2010 Provider Satisfaction Survey

MetroPlus is again working with *The Myers Group*, an independent survey vendor, to carry out our annual provider satisfaction survey. The survey will gauge your level of satisfaction with the network, provider services, and other areas of importance to you.

Surveys were mailed in May 2010, so please look out for them. When you get it, complete it as soon as possible and follow the instructions for returning it to *The Myers Group*. Questions about the survey can be directed to *The Myers*

*Group* at 1-800-692-0041. Your feedback gives MetroPlus valuable information to help us serve you and our members better.

## MetroPlus Referral Policy

MetroPlus appreciates the high quality care that you provide to our members, and we value your participation in our Plans. We would like to remind you of your obligation to refer MetroPlus members to MetroPlus participating providers when they require specialty services. The only exceptions are for emergency services and services that have received an out-of-network authorization for care. Additional services may be carved out to Fee-for-Service Medicaid and members can obtain these services at a location of their

choice. These services may vary by Plan; for more information contact your Provider Relations Representative.

Also, elective hospital admissions need to be directed to a MetroPlus participating hospital. A complete listing of participating specialty providers and participating hospitals can be found on the MetroPlus website. Providers have the option of using the search function by provider type ([https://tools.metroplus.org/find\\_physician.asp](https://tools.metroplus.org/find_physician.asp)), or by downloading the most current edition

of the MetroPlus Provider Directory ([https://metroplus.org/docs/provider\\_directory.pdf](https://metroplus.org/docs/provider_directory.pdf)).

If you have any questions regarding the MetroPlus referral policy, please contact your Provider Relations Representative, or call Provider Services at 1-800-303-9626. You can also visit [www.metroplus.org](http://www.metroplus.org) for additional information. We appreciate the valuable services you provide to our members, and we look forward to continuing our relationship going forward.

## ✓ Reminders

✓ **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.

✓ **MetroPlus Medicare Plans**  
MetroPlus offers the following Medicare Advantage Prescription

Drug (MAPD) Plans\* which provide all the coverage of Original Medicare plus Part D prescription drug coverage. Eligibility requirements differ by plan.

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

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

✓ **Doral Dental is now DentaQuest**  
Doral Dental changed its name to DentaQuest December 1, 2009. DentaQuest provides dental benefits to MetroPlus Child Health Plus and Family Health Plus members.



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

## Message from the Chief Medical Officer

Over the past year, much of the national and local healthcare discussion has been focused on controlling medical costs and the provision of appropriate care in the appropriate setting. As Chief Medical Officer of MetroPlus Health Plan, I have been involved in numerous discussions on how MetroPlus can meet these challenges. Over the next few months, MetroPlus will be notifying you of changes to some of our current policies. Some of the changes will impact the diagnostic services that can be performed in a provider's office. Other changes will include an expansion of our current prior approval requirements. As a Government Programs Health Plan, MetroPlus is required to ensure that our members receive high quality, coordinated care from our contracted providers, and we have a fiduciary responsibility to ensure that the premiums we receive are being used for appropriate services. Additional communications with greater detail will be forthcoming, and you can always look to [www.metroplus.org](http://www.metroplus.org) for the latest news and updates, or speak to your Provider Services Representative with any questions you may have.



Van Dunn, MD, MPH, FACP  
Chief Medical Officer

## HIV Infection and Aging

Sanjiv Shah, MD ([shahs@nychbc.org](mailto:shahs@nychbc.org))

Medical Director, HIV Services, MetroPlus Health Plan

Approximately 30% of the people living with HIV in New York City are 50 years of age or older. If current trends continue the estimate is that by 2015 more than half the people living with HIV will be  $\geq 50$  years old. The life expectancy of people living with HIV continues to increase in the United States due to the widespread availability and increased use of potent or highly active antiretroviral treatment (HAART). Providers should be aware of some of the challenges involved in the management of HIV infection in older adults.

- Older individuals with risk factors for HIV acquisition are less likely to be offered HIV testing compared with younger individuals with similar risk factors. Moreover, approximately 20% of the people living with HIV infection in the United States are unaware of their seropositive status. MetroPlus Health Plan endorses the recommendation of the Centers for Disease Control and Prevention that all adults should be tested for HIV infection at least once and more often if there is ongoing risky behavior. MetroPlus Health Plan reimburses for HIV testing (rapid or otherwise) of MetroPlus members.
- Several studies have shown that older individuals living with HIV infection achieve equal rates of virologic suppression on antiretroviral therapy compared with younger HIV-positive individuals.

However, some studies have shown that CD4 cell recovery in older individuals on HAART may be more blunted. The current HIV treatment guidelines published by DHHS in December 2009 make a compelling case that all asymptomatic individuals living with HIV infection with a CD4 count below 500 cells/ml should be offered antiretroviral therapy (<http://www.aidsinfo.nih.gov/>). Since immune recovery may be less robust in older HIV-infected individuals initiated on antiretroviral therapy, some experts believe that older age should be a consideration for early initiation of HAART.

- HIV infection may accelerate or act as co-factor for diseases associated with aging. For example, cardiovascular disease increases with age. HIV may promote “vascular aging” through immune activation. Furthermore, a number of cross-sectional studies have shown that HIV infected individuals are more likely to smoke than the general population. Add to the mix that HIV treatment may lead to dyslipidemia and glucose intolerance which underscores the importance of monitoring and modifying cardiac risk factors in people (especially older adults) living with HIV infection. Clinicians should treat lipid disorders in HIV-infected individuals with the same standards applied to the general population. Statins should be used cautiously when treating dyslipidemias in HIV-infected individuals on HIV protease inhibitor containing HAART. A useful website

which allows providers to find out which statins can be used safely depending on the HAART regimen prescribed is [www.hiv-druginteractions.org](http://www.hiv-druginteractions.org). HIV and aging are also associated with neurocognitive dysfunction, renal disease, malignancies (including non-AIDS defining malignancies) and hepatic disease (especially associated with chronic hepatitis B or C infection).

- Health Maintenance is a key aspect of the management of HIV infection in older adults including:
  - annual influenza vaccination
  - H1N1 vaccination  
(For both seasonal flu and H1N1 flu, there are two types of flu vaccine available. People living with HIV should get the “flu shot”— an inactivated vaccine [containing fragments of killed influenza virus] that is given with a needle, usually in the arm. The flu shot is approved for use in people living with HIV. The nasal spray flu vaccine [sometimes called LAIV for “live attenuated influenza vaccine”] is not currently approved for use in HIV-infected persons).
  - pneumococcal vaccination every 5 years.
  - colorectal cancer screening, preferably via colonoscopy, every 10 years starting at age 50 years old.
  - cervical cancer screening every year.
  - vaccination against Hepatitis B infection if there is no evidence of immunity.

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## Retention Reminder

Spring is here and MetroPlus wants to help you to keep your patients healthy by making sure their health insurance is active. Each month, members enrolled in Child Health Plus (CHP), Family Health Plus (FHP) and Medicaid (MA) are involuntarily disenrolled from MetroPlus because they failed to renew their coverage. The MetroPlus Member Retention department works with these members throughout the year to help them complete the renewal process.

Providers can also play an important role in helping members renew their coverage. The recertification process differs between CHP and MA/FHP. Since January 1, 2010 there are new methods in place for members to

use to renew their MA/FHP coverage. Our Member Retention department can assist your patients with their annual renewal process. For more information, or to speak to a Member Retention representative, please call our in-house support at (212) 908-3729 (Dulce Thomas) or (212) 908-3611 (Doris Delarosa).

Please remember to reach out to us for assistance with the new on-line MA/FHP recertification process. Also, take advantage of a recertification representative setting up an organized retention blitz at your office to assist the patients with their recertifications while attracting new clientele for your business.



## Sugar Sweetened Beverages and Fruit Juices: An Obesity Link

MetroPlus Health Plan, along with the New York State Department of Health, remains committed to increasing provider and member awareness about the prevalence of obesity within New York City's pediatric population. New York State Department of Health data show that more than half of adult New Yorkers are overweight or obese, and nearly half of all New York City elementary school children are not at a healthy weight. Obesity can begin very



early in life. In fact, in New York City, one in five kindergarten children is obese.<sup>1</sup> A recent clinical study has also shown that children and adolescents today derive 10% to 15% of total calories from sugar-sweetened beverages (SSBs) and 100% fruit juice (FJ), and that pediatricians' awareness of these trends is critical for helping children and parents target suboptimal dietary patterns that may contribute to excess calories and obesity.<sup>2</sup>

While this is a daunting task to address, an approach to treating overweight and obese children may include counseling them about their SSB consumption. However, with an ever increasing "to do" list to cover during an office visit, providers may find it challenging to fit in yet another health topic during an office visit. Counseling about levels and amounts of sugar-sweetened beverage intake may seem time-consuming; however, the use of simple office tools, targeted messages, and treatment protocols, along with the involvement of trained office staff, can facilitate this essential component of weight management.

MetroPlus Health Plan is encouraging our providers to focus on the simple message of reminding patients about reducing their

intake of SSBs. The five following healthy tips could be conveyed to patients about limiting SSBs and FJs:

1. Drink more water
2. Choose fat-free or 1% milk over whole milk
3. Replace fruit juice with whole fruit
4. Skip sport drinks
5. Limit intake of soda, sweet teas and milkshakes, etc.

By reinforcing the easy message of drinking less sugar sweetened beverages ("*Don't Drink Your Calories!*"), MetroPlus Health Plan hopes providers will begin the discussion of making healthy nutritional choices with both parents and children which can positively impact the childhood obesity epidemic.

<sup>1</sup> New York City Department of Health. (2009, November). *Helping Children Reach a Healthy Weight*. Retrieved March 1, 2010, from New York City Department of Health: <http://www.nyc.gov/html/doh/downloads/pdf/diabetes/diabetes-healthyweight.pdf>

<sup>2</sup> Y. Claire Wang, S. N. (June 2008). Increasing Caloric Contribution from Sugar-Sweetened Beverages and 100% Fruit Juices Among US Children and Adolescents, 1988-2004. *Pediatrics*, e1604-e1614.

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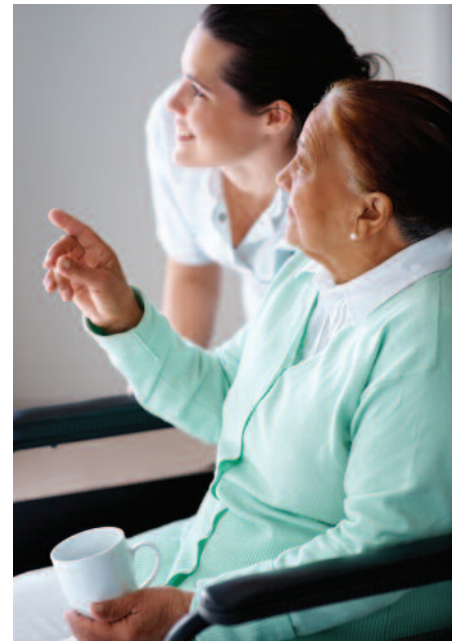
- vaccination against Hepatitis A infection if there is no evidence of immunity.
- syphilis screening with either a RPR or VDRL with verification of reactive tests by confirmatory FTA-Abs or TP-PA (baseline and at least annually). Screen patients with continued high-risk behavior every 3 months.
- Clinicians should obtain anal cytology at baseline and annually in the following HIV-infected populations: Men who have sex with men; any patient with a history of anogenital condylomas; and women with abnormal cervical and/or vulvar histology.
- Primary care clinicians should educate patients about the importance of preventive oral health care, including dental visits; brushing, flossing and rinsing; and the risk of developing oral cancer from use of tobacco and alcohol.
- The primary care clinician should conduct a mental health assessment at baseline and at least annually thereafter especially since social isolation, stigma and discrimination may be more pervasive in older individuals living with HIV infection than younger HIV-infected individuals.
- Neurocognitive dysfunction has been associated with both HIV infection

and aging. HIV-associated dementia was found in one study to be 3.26 times more likely in older (> 50 years) than in younger (20 to 39 year old) HIV infected persons, controlling for race, CD4 count, HAART use and depression score. Age-associated co-morbidities such as hypertension, diabetes, atherosclerosis and hyperlipidemia are linked to the development of dementia and may complicate neurocognitive dysfunction observed in HIV infection. For these reasons, formal evaluation of mental status should be part of routine care of HIV infected persons, especially for those over the age of 50.

- Providers need to talk openly to patients about sexual activity regardless of age. It is important to discuss and promote safer sex among HIV-infected individuals.

MetroPlus Partnership in Care HIV Medicaid Special Needs program is open to people with Medicaid who are living with HIV and live in Brooklyn, Queens, the Bronx or Manhattan. This program provides a team approach to caring for individuals with HIV/AIDS. The team includes HIV Specialists as PCPs, a social worker, nutritionist and a Nurse Case Manager.

MetroPlus Medicare Partnership In Care Plan (HMO) is a chronic care Special Needs Plan for individuals living with HIV who have Medicare Parts A and B (with or without Medicaid); who reside in Manhattan, Brooklyn, Queens or the Bronx; and do not have End-Stage Renal Disease (ESRD). We offer a comprehensive HIV care management program including health education and expediting linkage to care, especially subspecialty services.



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