



### A Message from the Medical Director

*MetroPlus is always looking at ways to improve. In this edition of our MetroMonitor, we remind you of some of our access and availability standards, review the results of a medical record audit, and tell you about some of the changes to the Child Health Plus (CHP) program. As always, thank you for being a partner with MetroPlus in the care of our members.*

*Arnold Saperstein, M.D.*



### COORDINATION OF CARE & MEDICAL RECORD REVIEW STANDARDS

The New York State Department of Health (NYSDOH) conducted a medical record review as part of their Annual Operational Survey of MetroPlus. For the 2nd year in a row, three areas were identified where the documentation of care, of MetroPlus members by the Primary Care Provider (PCP) was deficient:

- Lack of PCP documentation of Emergency Room follow-up.
- Lack of PCP documentation of Inpatient admissions follow-up.
- Lack of PCP documentation of Professional service referral follow-up.

If not already part of your routine documentation, please incorporate the following into your practice:

- Show evidence, after a consult is ordered/completed, that there is a note from the consultant in the record and that there is evidence of coordination of care between the primary and specialty (consulting) physician, as appropriate.
- For each visit, take an interim history and document whether or not significant events (ER visits, Admissions, Urgent Care by other providers, etc.) have occurred.

**COMING SOON:** A "Patient Profile" will soon be available to Providers online at [www.metroplus.org](http://www.metroplus.org). The "Patient Profile" will summarize patient contact information, utilization history in the past year, and list of prescriptions filled by the patient within the past 90 days. More information on this feature will be forthcoming.

### ACCESSIBILITY STANDARDS

Participating Providers are required to meet certain standards relative to members access to services. A complete list of all those standards can be found in the Provider Manual. The following standards are some that specifically apply to all PCPs and OB/GYNs.

- PCP and OB/GYN offices must provide a telephone number for Members to access their PCP or OB/GYN during normal business hours.
- PCPs must schedule a member for a non-urgent "sick" visits within forty-eight to seventy-two hours of the request, as clinically indicated.
- Routine, non urgent, preventive health visits with PCPs must be scheduled with four weeks (twenty-four calendar days) of the request.
- OB/GYNs must schedule a member in the second trimester for an initial prenatal care appointment within two weeks (fourteen calendar days of the request,
- Members in the third trimester must be scheduled for an initial prenatal care appointment scheduled within one week (seven calendar days) of request.

If you think that you might have a problem meeting these standards, or have any other questions, please contact your Provider Services Representative.

### WHEN YOU ARE UNABLE TO CONTACT A MEMBER



MetroPlus believes that one of the most important relationships is the one between the PCP and his/her patient. That is why it is very important to establish this relationship as soon as possible with your patients. Please try to contact new members within the first month they are on your roster. MetroPlus recommends that two attempts are done via phone. If phone contact is not successful, please mail a letter to the member, detailing your office hours and when you can be reached to set up their first appointment. If the letter is returned to your office because the address is undeliverable, mail the

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letter with the post marked envelope back to MetroPlus, at the address below, attention Customer Services Department. If the member calls MetroPlus at a later time, we can provide immediate assistance by contacting your office and providing you with the updated demographic information. Please note that anytime during this process, you or a staff member can contact MetroPlus Customer Services Department, to verify if we have any updated demographics.



### **PROVIDER SERVICES HAS A NEW MANAGER**

The Provider Services Department has a new Manager, **Mr. Yvon Magny**. Mr. Magny comes with a background in Public Relations and foreign languages. He has eleven years of Managed Care experience, and has been with MetroPlus for over six years. He was the Provider Service Representative for the Bronx. Prior to coming into the field of Health Services, Mr Magny was previously a teacher.

Mr. Magny manages a staff of five field representative and an 'in house' representative., and oversees the Network Development Strategy.

You may contact Mr. Magny at (212) 908-8886.

Mr. Magny's goals for the Provider Services Department are to increase access to specialties, assist the Provider Service Representatives in forging a stronger relationship with Providers to position MetroPlus as the Plan of choice, and to continue to provide frequent and open communication with Providers.

### **Provider Services New Employees**

**Hilaria Dale Mensah is our new Administrative Assistant, Contracting . She can be reached at (212) 908-8577**

**Joy Seldon has been appointed to Provider Services Specialist, the "in house" service representative. She can be reached at (212) 908- 8610**

**Nick Davanos is our new Data Analyst. He can be reached at (212) 908-8864.**

## **HAVE YOU HEARD?**

### **Change in the Child Health Plus (CHP) Program**



There has been a change in the CHP Program. It will affect children who:

- are 6 to 18 years old,
- have a family income which falls between 100 and 133% of the Federal poverty level, and
- are applying for CHP or recertifying for Medicaid.

Beginning April 1, 2005, children who meet the above criteria will not be eligible for Medicaid coverage. Because of new income eligibility guidelines, this will cause these children to be eligible for CHP. Children currently enrolled in Medicaid, who become eligible for CHP, will remain enrolled in Medicaid for 90 days in order to facilitate their transition to CHP. During the 90 day time period, plans will collect additional eligibility information and any required premium contribution. If, within the 90 days, a Plan is successful in collecting the additional eligibility information and any required premium contribution, the child will become a CHP member at the end of the 90 day period.

You may see a change on your rosters, in that children that were Medicaid members may now become CHP members. Also, those children that have been transitioned to CHP, would receive their Pharmacy Benefits through National Medical Health Care System, Inc. (NMHCRx), and their Dental Benefits through DORAL.

If you require more information, you may contact your Provider Services Representative or call the Provider Services Department at 1-800-597-3380.

## **HOW MUCH DO YOU KNOW?**



Did you know that you can now access and register for the MetroPlus website? Go to [www.metroplus.org](http://www.metroplus.org) and check it out.

Did you know that you can now check a member's eligibility, access your membership rosters, and inquire about the status of submitted claims on the MetroPlus website?

Did you know that the Provider Services Representative are conducting demonstrations on how to access and what you can find on the MetroPlus website.

You may call your Provider Service Representative for a demonstration and assistance in registering.

*MetroPlus Health Plan  
160 Water Street  
New York, NY 10038  
1-800-597-3380*