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### Quality Improvement Project for Childhood Immunizations Improves Compliance

The Quality Management Department ran a pilot study to determine if the use of mailed reminders and immunization schedules would improve compliance with immunizations for infants. Beginning in January 2003 and ending June 2005, the controlled, randomized study compared the effectiveness of reminders sent to the infant's family, the infant's PCP, or both.

The eligible population for the study was composed of 626 Medicaid infants who were enrolled with MetroPlus on or before January 2003 and remained in the Plan until their second birthday. The reminders were mailed in anticipation of age markers consistent with national immunization schedule guidelines. PCP reminders included both the guidelines and a report with each Member's demographic information so that outreach could be performed if an appointment had not already been scheduled.

To analyze the effectiveness of the reminders, a medical record review of a sample of members in the pilot study was completed. The desired outcome was an increase in the rate for the HEDIS Childhood Immunizations: Combo 2 indicator. This indicator, published by the National Committee for Quality Assurance and included in the annual New York State Quality Assurance Reporting Requirements, is based on immunization guidelines from the Centers for Disease Control and Prevention. The antigens included in the indicator are immunizations for diphtheria, tetanus, whooping cough, polio, H influenza B, hepatitis B, measles, mumps, rubella, and chicken pox.

The results of the review demonstrated the effectiveness of the PCP reminders. The group of Members whose PCPs received a reminder had a compliance rate on the immunization indicator that was over 15% higher than the group of members whose PCPs did not receive the reminder. Reminders sent to members' households were not effective in increasing the immunization compliance rate. Moreover, reminders sent to both the household and PCP had no additional effect beyond what was found for the PCP reminder alone.

The success of the PCP component of the pilot program has motivated MetroPlus to plan for regular PCP immunization reminders for all enrolled infants. To create and distribute reminders efficiently and systematically going forward, we plan to add an indicator on the monthly membership roster for infants with immunizations due. In addition, there are plans to make available to each PCP, a full immunization reminder report in the style of the pilot study. PCPs who have already registered online with the MetroPlus website, will be able to access these reports at [www.metroplus.org](http://www.metroplus.org). MetroPlus will notify providers when these enhancements are available.

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Quality Management



#### *A Message from the Medical Director*

**M**etroPlus is always looking at ways to improve. In this edition of MetroMonitor, we review the results of a pilot study conducted to improve compliance with immunizations for infants. We also ask for your help in making sure our Members retain the coverage that they deserve and are appropriately referred to Participating Providers. Finally, we share with you some frequently asked questions and answers regarding the implementation of Family Health Plus co-pays.

- Arnold Saperstein, MD

## Making a Referral

When referring a Member for services you must refer to a MetroPlus Participating Provider. You may find a MetroPlus Participating Provider in the Provider Directory or by logging on to the website at [www.metroplus.org](http://www.metroplus.org). In most cases, referrals for hospital services at a Participating Hospital must be made through a Participating Physician at that hospital. For those hospital services requiring physician involvement, for example, inpatient admissions, ambulatory surgery, specialty consults, etc. a Participating Physician must be used.

If you need a hard copy of the Provider Directory, please call us at 212-908-8883.

## Family Health Plus (FHP) Co-Pays Questions and Answers

1. When a Member goes to a clinic only for lab/radiology tests, is the Member responsible for a co-pay to cover the office visit (\$5) as well as all the tests (\$1 or \$.50 per test)?

**No, the office visit co-pay would not be applicable in this instance. When a discrete service is provided in a clinic setting only the co-pay for the specific service would be applicable.**

2. Does the physician visit co-pay apply to services provided directly by a nurse practitioner who bills separately?

**The physician co-pay would apply when a Member sees a nurse practitioner.**

3. Should mental health visits be included, eye doctor and chiropractor? What about a radiologist? Podiatrist?

**Mental health services are exempt from co-pays regardless of the licensure of the individual that provides the service. If an ophthalmologist is treating a medical condition, it is considered a physician service and a co-pay would apply. If the ophthalmologist is providing refractive services/eyewear, there is no co-pay as the service is considered a vision care service. Chiropractic services are not covered under FHP. The radiology co-pay of \$1 would apply when the member receives a radiology service. If a podiatrist is treating a medical condition it is considered a physician service and a co-pay would apply.**

4. Does the physician office visit co-pay apply to the cost of preventive services (such as pap smears, mammogram, prostate cancer screening, etc.) or is there a separate co-pay?

**The physician co-pay applies to the services that are included in the code billed for an office visit or consultation (often identified by CPT codes). Additional lab tests or radiology services bill separately by the physician are also subject to the applicable co-pay even if done during the same visit. For example, a separate co-pay would apply to a pap smear, mammogram and prostate cancer screening.**

## Medicaid/Family Health Plus (MA/FHP) Member Retention

As MetroPlus membership continues to grow, one of the areas we continuously strive to improve is retaining existing Members. MetroPlus has approximately 20,000 MA/FHP Members due for renewal each month. Every Member that we lose is potentially a patient that may lose coverage and that you may lose. As a Primary Care Provider we would like your help with our efforts to retain coverage for our Members, your patients.

Here are a few ways you may wish to help:

- Encourage Members to complete the proper forms and return them to the Human Resources Administration (HRA) by the date indicated on the documents sent to the Member.
- Remind Members of their renewal date. This information can be found on our website at [www.metroplus.org](http://www.metroplus.org) under the 'Find Member' link. Once you have the member's record, the renewal date is listed as the 'Recert Doc Due Date'. You may also locate the recertification due date on your Member roster. This is the date by which all renewal documents must be submitted to HRA.

If a Member needs help in completing the renewal packet, you may direct them to one of the following:

- MetroPlus Marketing Representative in your office (if there is one).
- MetroPlus Customer Service at 1-800-475-METRO (6387) Monday through Friday 9AM to 7PM and Saturday 10AM to 6PM.
- HRA Helpline at 1-888-692-6116 or in person in Manhattan at: 340A West 34th Street, 1st Floor.

Please also encourage Members to call us when there is an address and/or telephone change if they indicate such a change during an appointment.

## Correction

Please note that in the July distribution of 'Changes in the FHP benefits' regarding co-pays for Family Health Plus Members, there was a typographical error. The category Over the Counter Medications (OTCs), was incorrectly listed as \$3.50. The correct co-pay amount is \$.50.