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New Web Site Feature: Patient Profile

The Patient Profile is a new report available on the website which displays a Member's demographic information and information relative to:

- **Recertification Date** The date the Member must submit recertification documents to retain coverage.
- **Preventive Health Visit[†]** Is the Member due for a preventive health visit (Y/N).
- **Asthma[†]** Has the Member been diagnosed with asthma (Y/N).
- **Diabetes[†]** Has the Member been diagnosed with diabetes (Y/N).
- **Utilization at Primary Care location[†]** Information on all utilization at the current Primary Care location in the last 12 months.
- **Inpatient Utilization elsewhere[†]** Information on inpatient utilization not at the current Primary Care location in the last 12 months.
- **ER Utilization elsewhere[†]** Information on utilization of the Emergency Room not at the current Primary Care location in the last 12 months.
- **All other Utilization elsewhere[†]** All other utilization not at the current Primary Care location in the last 12 months.
- **Prescriptions filled[†]** Prescriptions filled in the last 90 days.

[†]**Note: This data is solely based on claims received for these services.**

The purpose of the Patient Profile is to assist a Primary Care Provider (PCP) in understanding the care that might have been given to a Member previously that the PCP might otherwise not know. Feedback gathered from PCPs revealed that given limited time to spend with patients, easy access to and efficient organization of patient data, as well as access to information not otherwise available, may help to maximize the effectiveness of interactions during scheduled appointments. The recertification information is reported to make the PCP aware and to prompt the PCP to remind the Member that documentation is due in order for the Member to retain coverage.

The Patient Profile is accessible to PCPs and hospital administrators (for those hospitals that have Primary Care locations) only. A PCP can only view a Patient Profile for those Members who have selected that PCP. A hospital administrator can only view a Patient Profile for Members who have selected a PCP with a Primary Care location matching the hospital administrator's facility.

In order to access the Patient Profile:

- Visit the MetroPlus website at: www.metroplus.org
- Select the link for either:
 - [Participating Providers](#) or
 - [Participating Hospital Administrators](#)
- Select the link for Registration status:
 - Already Registered? [Click here!](#) or
 - Not yet Registered? [Click here!](#)
- Once the User had been registered, enter a valid:
 - **User Name**, and
 - **Password**
- Select the [Report Delivery System](#) link at the left
- Select the [Utilization Reports](#) folder

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A Message from the Medical Director

In this edition of the newsletter you will read all about the Patient Profile and how you can use the tool to effectively deliver appropriate care during scheduled appointments with your MetroPlus Members. We also remind you of the New York City Public Health Reporting Requirements that help promote the health and well being of the residents of New York City and how to complete a laboratory requisition when referring to Universal Diagnostic Laboratories. Thank you for all of your hard work in 2005. In the new year of 2006, we continue to look forward to a mutually rewarding relationship.

- Arnold Saperstein, MD

- Select the Patient Profile folder
- Select the Patient Profile link (Report MHP 1133).

To generate the report, enter the Member ID. The first page will summarize the Member's demographic information and utilization information. The subsequent pages will list detailed information relative to the utilization.

*David Pike
Quality Management*

New Customer Service Call Center

MetroPlus has recently centralized telephonic customer service into a new call center. Now, both Members and Providers can call 1-800-303-9626 to resolve questions, make inquiries or express concerns conveniently.

Providers will also now be able to verify claim status and Member eligibility via an Interactive Voice Relay (IVR) system. In order to verify claim status using the IVR system, it is necessary, at the time of the call, to have the Provider's tax ID number, the Member's ID number, and the date of service. In order to verify a Member's eligibility, the Member's ID number and the Member's date of birth are required. Claim status and Member eligibility can also be verified by a Customer Services Representative (CSR) and a CSR will be available to assist if you are having difficulties accessing the information electronically. Other inquiries, questions or concerns will be handled and resolved directly by a CSR. If the CSR is unable to resolve the inquiry, question or concern, the call will be transferred to the appropriate departmental specialist for handling.

New York City Public Health Reporting Requirements

According to the New York City Health Code, all Providers in New York City are required to:

- Report all instances of reportable communicable diseases to the New York City Department of Health & Mental Hygiene;
- Report childhood immunization and lead screening to the Childhood Immunization Registry;
- Refer all infants & toddlers suspected of having a developmental delay or disability to an Early Intervention Program; and
- Refer suspected cases of child abuse (<18yrs) to the New York State Office of Children and Family Services.

For details on the specific reporting requirements and relevant forms, please refer to the New York City Public Health Compendium posted on the web at:

<http://www.nyc.gov/html/doh/html/hca/compendium-index.shtml>

To assist in this endeavor, MetroPlus will generate and distribute a claims-based report to Primary Care Providers (PCP) that will show any occurrences of the above conditions for Members assigned to the PCP location. The reports will be distributed semi-annually. PCPs should review the report and verify that the information included has been appropriately addressed and reported.

The compendium also outlines how to access information on STD/HIV prevention, HIV clinical guidelines, post exposure prophylaxis and other related topics. The "Medical Provider HIV/AIDS and Partner/Contact Report Form" and instructions for completing it can also be found on the site in "Attachment 4" under "Section I: Reporting Requirements".

HIV/AIDS Specialists

World AIDS Day this year was marked by various presentations across New York City that focused on the theme of "Stop AIDS: Keep the Promise". Over one million people in the U.S. are living with HIV/AIDS. According to the New York City Department of Health and Mental Hygiene, approximately 3,500 individuals were newly diagnosed with HIV infection in New York City in 2004.

People living with HIV/AIDS have improved health outcomes if their care is provided by a HIV Specialist. A listing of HIV Specialists credentialed by MetroPlus can be found at www.metroplus.org. Go to "Find a Physician" and use the drop down menu under "Specialty" to select "HIV Primary Care Provider for Adults", "HIV Primary Care for Adults and Children" or "HIV Primary Care for Children."

Pre-authorization Required for Erectile Dysfunction Services

Effective February 1, 2006 Participating Providers must pre-authorize services for the treatment of Erectile Dysfunction (ED). Prescription drugs for ED are currently not covered for all Members except those with prescription coverage through MetroPlus Gold. Contact the Utilization /Care Management Department at 1-800-303-9626 for a listing of the procedures and supplies that must be pre-authorized.

Laboratory Requisitions

When completing a requisition for laboratory tests to be sent to Universal Diagnostic Laboratories (UDL), it is important to provide and transcribe the Member's demographic and insurance information legibly. The requisition must show MetroPlus as the insurer so that the bills are correctly forwarded for payment. The Member's MetroPlus Identification card may be copied and attached to the requisition to insure accuracy of the information. If the Member does not have their MetroPlus Identification card, the information needed for the requisition can be obtained during eligibility verification. Eligibility may be verified at www.metroplus.org or by phone at 1-800-303-9626.