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MetroPlus Named Number One Medicaid Managed Care Plan in New York City

MetroPlus has been rated the number one Medicaid Managed Care Plan in New York City based on indicators chosen by the New York State Department of Health (NYSDOH) and recently published in the NYSDOH 2005 Consumer's Guide to Medicaid Managed Care in New York City. The guide, based in part on quality ratings submitted by the health plans and a NYSDOH member satisfaction survey, shows MetroPlus with an eighty-one percent overall rating, putting it first among New York City's seventeen Medicaid Managed Care Plans.

The ratings are based on measures including preventive and well-care for adults and children, quality of care provided to members with illnesses and satisfaction with access and service. MetroPlus scored above the New York State average on all the indicators (child and adolescent care, women's preventive care and maternal care) in the preventive and well-care for adults and children measurement and scored at the New York State average on all the indicators (asthma, diabetes, cardiovascular and mental health care) in the quality of care provided to members with illness measurement. On the measurement of member's satisfaction with access and service, MetroPlus scored above the New York State average on getting care needed and overall satisfaction with the Managed Care Plan and at the New York State average on satisfaction with a personal doctor or nurse and receiving care quickly indicators.

"Our first goal is making sure our Members get the best care and services possible," said Barbara Radin, CEO and President of MetroPlus. "We continually work to improve our performance and this acknowledgement indicates that we are moving in the right direction."

Acute HIV Infection

Most patients who acquire HIV will experience an acute illness. The majority of patients who experience acute HIV infection are not diagnosed at the time of their illness. The clinical spectrum is variable. The syndrome mimics acute Epstein-Barr (EBV) infection with some important differences. Symptoms typically occur two to four weeks after exposure to the virus. Clinical manifestations commonly include:

- Fever
- Lymphadenopathy
- Pharyngitis - a pharyngeal exudate is uncommon as opposed to acute EBV infection
- Rash - usually generalized, non-pruritic, and maculopapular; a rash is not common in acute EBV infection unless there has been ampicillin exposure
- Mucocutaneous ulcers including aphthous ulcers of the mouth
- Myalgia/arthralgia
- Fatigue/asthenia

Most symptoms last for about two to three weeks though lymphadenopathy can persist and fatigue can be prolonged.

Patients often may not report recent activity such as unprotected sex or sharing needles that may have placed them at risk of acquiring HIV. Providers should ask specific questions about possible exposures rather than expect patients to volunteer such information. However, the absence of a specific exposure should not dissuade Providers from considering acute HIV infection if the clinical constellation merits further investigation. The hallmark of acute HIV infection is a negative HIV antibody test and a detectable and usually extremely elevated plasma HIV RNA viral load.

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A Message from the Medical Director

I am proud to announce that MetroPlus was rated the number one Medicaid Managed Care Plan in 2005 according to the indicators measured by NYSDOH and reported in the 2005 Consumer Guide to Medicaid Managed Care. In this edition of the newsletter you will read about acute HIV infection, why it is important to diagnose it and how. You will also read about a new department, Network Relations and the goals the department hopes to accomplish and about the credentialing of Organizational Providers. As always, thank you for being a partner with MetroPlus.

- Arnold Saperstein, MD

At the present time, Primary Care Providers who either diagnose a patient or suspect a patient has acute HIV syndrome should refer the patient to a HIV or Infectious Disease Specialist. Patients whose diagnosis is confirmed should have a HIV resistance test to determine if the HIV strain is resistant to any of the available HIV drugs prior to the initiation of antiretroviral therapy.

By diagnosing acute HIV infection, the Provider is able to provide the patient with an explanation for their signs and symptoms. The Provider is also able to rule out other diseases that are part of the differential diagnosis such as acute EBV, viral hepatitis or secondary syphilis. Moreover, by making the diagnosis, the Provider is able to offer safer sex counseling to the patient which is especially important since the HIV viral load is usually extremely elevated during acute HIV infection further increasing the risk of transmitting HIV to others.

*Sanjiv Shah, MD
HIV/SNP Partnership in Care*

The Network Relations Department

As part of an operational redesign initiative, MetroPlus created a new department known as Network Relations. The department's primary goal is to provide enhanced customer service to Members and Providers by facilitating resolution of issues through the use of staff who are located at the site of care, in this case, selected Hospitals and associated Diagnostic and Treatment Centers which are part of the New York City Health and Hospital Corporation (HHC). The staff also works directly with Members and Providers at the location to assist and enhance member education on personal health maintenance and to help identify, refer and enroll Members into one of the Care Management programs. Network Relations works closely with the internal operational departments at the designated HHC sites to increase overall collaboration between MetroPlus and HHC. The department provides the designated HHC sites and the Providers at the site with reports and data such as member utilization and enrollment trends.

Network Relations staff are currently on site and support Kings County Hospital Center, East New York Diagnostic and Treatment Center, Lincoln Medical and Mental Health Center, Metropolitan Hospital Center, Bellevue Hospital Center and Gouverneur Diagnostic and Treatment Center. The staff at each network includes a Relationship Manager, a Clinical Care Coordinator and two Customer Services Representatives.

The role of the Relationship Manager is to function as a high level problem solver. Their goal is to achieve enhanced communication and foster a positive relationship between MetroPlus, the facility administrators and the Providers located at the facility and to also facilitate positive relationships between Members and Providers. The Clinical Care Coordinator serves as a care management point person for both inpatient and outpatient services and Members accessing those services at the facility. The Clinical Care Coordinator also assists with the development of treatment plans and determines which Members can benefit from Case Management programs or health education. The Customer Service Representative works to increase Member satisfaction by

assisting Members with issues or concerns. The Customer Service Representative can help Members with recertification, demographic changes, eligibility issues, Primary Care Provider changes, request for member identification cards, claim issues and complaints. A Customer Service Representative may also conduct new Member orientations.

The Network Relations Department will gradually expand to all of the other HHC Hospitals and associated Diagnostic and Treatment Centers. The next set of sites to be staffed includes the Queens Health Network, North Bronx Health Network, Woodhull Medical and Mental Health Center and Coney Island Hospital.

*May Schee
Director of Network Relations*

Organizational Credentialing

MetroPlus credentials Organizational Providers according to NCQA standards. This includes Behavioral Health Centers, Dialysis Centers, Durable Medical Equipment Providers, Home Health Care Agencies, Home Infusion Companies, Laboratories, Orthotics & Prosthetics Providers, Radiology Centers, Skilled Nursing Facilities, Transportation Providers or any other organization that provides services to Members. All Organizational Providers are required to complete an application for participation. Once an application is completed and information is verified with primary sources, a site visit may be conducted for those organizations not already accredited by a recognized accrediting body. The application and all supporting documentation are submitted to the Credentialing Committee for review and approval. Re-credentialing is done every three years after the date of this original approval.

Website News

Provider Directories are now available at www.metroplus.org. When the "Find a Physician" or "Find a Non-Physician Provider" links are selected, there is an option at the bottom of the page which will lead to the most recent copy of the entire Provider Directory. Selecting the "Find a Primary Care Provider" link will lead to an option to view the most recent listing of Primary Care Providers only. Selecting the "Find a Dentist" or "Find a Pharmacy" link will each allow an option to view updated listings for those specific provider types.

Meet the Staff

Inna Tarikova has recently joined the Provider Services staff as the Administrative Assistant in the Contracting Unit. Inna is responsible for assisting with contracting as well as other general administrative tasks. Inna previously worked for another Medicaid Managed Care Plan as a Member Services Associate. She majored in Economics and Computer Science at college.