

New Annual Provider Survey

MetroPlus has secured the services of a professional market research company, The Myers Group, to design and administer an improved annual provider survey. The revamped survey allows providers to supply more detailed and actionable feedback to MetroPlus. The Myers Group's assistance will help to assure an adequate response rate in addition to providing an extra level of anonymity to those who respond.

The survey was mailed to all participating providers and key administrative staff on July 5th. Please look for and complete the survey as soon as possible. Follow the instructions for returning the survey directly to The Myers Group.

Your feedback and suggestions will provide valuable information to MetroPlus and help us to better serve your needs and the needs of our Members.

Making a Referral to Participating Hospitals

MetroPlus has provider contracts with the New York City Health and Hospitals Corporation (HHC) which covers all service at all of their facilities and the providers who staff them as well as a few other hospitals that are not part of HHC. Those hospitals are: Lutheran Medical Center, Maimonides Medical

Center, State University of New York-Downstate Medical Center, Mount Sinai Hospital, Mount Sinai Hospital of Queens, NYU Medical Center-The Rusk Institute for Rehabilitation Medicine, NYU Medical Center-The Tisch Hospital and Peninsula Hospital.

Participating Providers may refer Members to these facilities for hospital services, subject to any prior authorization requirements. However, when referring a Member to one these facilities for services which will also require physician services, the referral must be made to a participating provider at the hospital.

You can find participating providers at all our participating hospitals in the provider directory or through our online provider search at www.metroplus.org.

New York Medicaid Managed Care Quality Documented

In the May/June issue of the American Journal of Medical Quality (ajm.sagepub.com), New York's Medicaid managed care program was cited as having improved the quality of care for its enrollees when compared to the

Medicaid fee-for-service program. The New York State Department of Health (NYSDOH) compared performance rates across the standardized measures of quality which included childhood immunization, prenatal care in the first trimester and cervical cancer screening. The results showed that rates for enrollees in Medicaid managed care were statistically higher than those in Medicaid fee-for-service for almost all measures.

The article states, "Despite concern over transitioning vulnerable populations from Medicaid fee-for-service to managed care, this research indicates that Medicaid recipients receive better care

"Medicaid recipients receive better care through a managed care delivery system"

-American Journal of Medical Quality

through a managed care delivery system. Our findings show that not only women and children are receiving improved preventive health services under managed care but also persons with select chronic diseases. This is encouraging as states seek to expand their Medicaid managed care programs to include recipients with dual eligibility in Medicare and Medicaid and to increase the number of SSIO recipients in Medicaid managed care".

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A Message from the Medical Director

The new MetroPlus provider survey offers us all an opportunity to further open lines of communication. I cannot encourage you enough to complete and return your surveys and look forward to reviewing and acting on your responses. Our new Pharmacy dispensing limits should help us as health care providers control waste and costs and most of all improve patient care. And lastly, it is encouraging to see the most recent results from the NYSDOH study showing that the Medicaid Managed Care model is making a difference in the quality of care received by our Members. Of course none of these results would be possible without you as a valued partner. -Arnold Saperstein, MD

Pesticide Poisoning Registry

Accidental or intentional ingestion of pesticides is an ever-present threat. According to New York State regulation, physicians and health facilities are required to report suspected or confirmed cases of pesticide poisoning.

Some counties may apply pesticides to control mosquito populations due to West Nile Virus (WNV). The NYSDOH will be conducting surveillance of reported health effects possibly resulting from exposure to the application of WNV-related pesticides. Physicians should call the NYSDOH Pesticide Poisoning Registry at **1-800-322-6850 within 48 hours** of treating any patients they suspect of having pesticide poisoning.

Antimicrobial Therapy

Sanjiv Shah, MD

Antimicrobial therapy has transformed our ability to treat infections. However, the widespread use (and misuse) of antibiotics has also contributed to the emergence of drug-resistant bacteria. Prior to administration it is essential to obtain a detailed allergy history to reduce the risk of antibiotic-related adverse events. Some principles that outline the appropriate administration of antimicrobial therapy are outlined below.

Avoid overuse of antibiotics in clinical situations in which bacterial infections are unlikely such as seasonal upper respiratory infections. Individuals exposed to antibiotics are more likely to become carriers of resistant bacteria. For example, the overuse of antibiotics among children has contributed to

the emergence of drug-resistant *Streptococcus pneumoniae*. Infections that result from drug-resistant bacteria are often harder to treat. Avoid overuse of vancomycin to prevent selection of vancomycin-resistant enterococci (VRE) and the widespread emergence of vancomycin-resistant *Staphylococcus aureus*. Moreover, inappropriate use of antibiotics may unnecessarily place individuals at increased risk of developing an adverse drug reaction or toxin-mediated diarrhea associated *Clostridium difficile* infection.

Pharmacy Dispensing Limits

A benefit change was recently implemented for Members of Child Health Plus, Family Health Plus and MetroPlus Gold who have coverage for pharmacy. There are now dispensing limits on migraine and sleep products that should only be prescribed in limited quantities. Please see the listing below. This change will help avoid dispensing extra medications that may likely go to waste.

Requests for additional medication beyond the limits below may be directed to 1-800-303-9626.

Migraine Agents: Retail Quantity Limits

- Amerge - 9/30 days
- Axert - 12/30 days
- Frova - 9/30 days
- Imitrex tabs - 9/30 days
- Imitrex Nasal Spray - 12 sprays/30 days
- Imitrex Injectable- 5ml/10 syringes/30 days
- Imitrex Injectable Kits - 4 boxes/8 syringes/3tt days
- Maxalt - 18/30 days
- Zomig (tabs or nasal spray) - 6/30 days
- Relpax - 6/30 days
- Migranal- 8/30 days

Sedative Hypnotics: Retail Quantity Limits

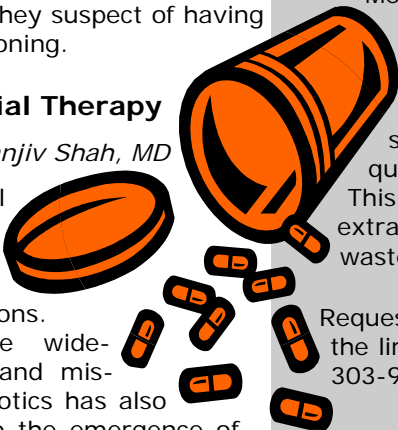
- Ambien - 15/30 days (max 1 month/ex)
- Sonata-15/30 days (max 1 month/ex)
- Lunesta-15/30 days
- Rozerem-15/30 days

Make empiric choices of antibiotics based on the most likely organism involved (derived from the site of the infection, knowledge about the epidemiology of the infectious process, and local antimicrobial resistance patterns), obtain appropriate cultures and narrow the spectrum as soon as possible (hopefully) based on culture results.

Most abscesses and collections will need to be surgically (or percutaneously) drained in order to a) obtain good material for culture to establish the infecting organism and b) cure the infection since most antimicrobials function poorly inside an abscess cavity (due to poor penetration, slower bacterial growth and inhospitable conditions such as acidity and lack of oxygen). Exceptions are lung infections (not empyemas) that may drain through the bronchi and soft tissue collections that may spontaneously drain.

Infections involving foreign bodies, such as intravenous catheters, artificial heart valves and other prosthetic hardware are difficult to sterilize and will generally need to have the hardware removed to produce a cure. An exception may be an exit site infection on a Hickman catheter.

Patients also (and the parents of patients) have to be educated about the risk posed by antimicrobial resistance to prevent and reduce the request for the prescription of unnecessary antibiotics.



Orthodontic Care for Qualifying Medicaid Children

Children under 21 who are eligible for Medicaid and meet certain clinical criteria may qualify for orthodontic care. All participating providers are encouraged to refer children in need of orthodontic treatment to the New York City Orthodontic Program. Please call 212-978-5560 for more information.

