MetroPulse provider newsletter

SPRING 2017

Great News! 90-Day Supply of Medication!

Now our MetroPlus Medicaid, Child Health Plus, HIV SNP or HARP members can get a 90-day supply of their Asthma, Hypertension, Cholesterol (statins) and Antidepressant medications for the price of only one month's copay! Talk to your MetroPlus patients about this new benefit that makes getting their medication easier – and saves them money, too!

NYC HEALTH+ HOSPITALS

As a MetroPlus Provider, we would like to encourage you to refer MetroPlus patients to Health+Hospitals facilities whenever possible. This allows us to make sure that our members are visiting in-network facilities. If you need assistance, please contact your Provider Representative. Health+Hospitals is in the midst of an exciting transformation and working hard to provide even better patient-centered care. Check out their website to learn more about the nation's largest public health system: **http://www.nychealthandhospitals.org/**

Let's work together to keep our network strong!

Do you need assistance from MetroPlus Health Plan with eligibility, authorizations, or other questions? Call 1.800.303.9626 and our staff will be happy to assist you. You can also contact your Provider Representative if you need help. Find your Rep's contact information at providers.metroplus.org (under "Provider Rep listings"). Provider Representatives are listed by zip code.

Member Non-Compliant List Online Access

In order to improve our Quality Assurance Reporting Requirements (QARR) and Healthcare Effectiveness Data and Information Set (HEDIS) measures, the member non-compliant list was created as a tool for providers to outreach to these members and engage them in medical care. These lists are mailed three times a year to our HHC network providers and posted in the provider portal for the rest of our community providers.

Please follow these steps to access the member non-compliant lists:

- Log into the **MetroPlus provider portal** (using your user ID and password)
- Click on **Reporting Applications**
- Select **Report Delivery Systems**
- Click on Search and type in **MHP1483** (Member Non-Compliant List)
- Search by **quarters** (to view reports, please enter values for parameters)

Reporting NDC on CMS 1500 Claim Form

The National Drug Code (NDC) is used to report prescribed drugs and biologics. The NDC is used when required by government regulation, or when deemed by the provider to enhance the claim reporting and adjudication process. The NDC for each service being billed should be entered in the shaded section of item "24" on the CMS 1500 Claim Form.

The NDC must be entered in the shaded sections of items "24A" through "24G." To enter NDC information, begin at "24A" by entering the qualifier "N4" and then the 11 digit NDC information. Do not enter a space between the qualifier and the 0020 digit NDC number. Don't enter a hyphen or space within the number/code.

NDC Qualifiers

The following qualifiers are used when reporting NDC units:

F2 – *International Unit* **GR** – *Gram* **ML** – *Milliliter* **UN** – *Unit*

Medicare Outpatient Observation Notice (MOON)

The Medicare Outpatient Observation Notice (MOON), is a standardized notice that informs Medicare members when they are outpatients, receiving observation services, and not inpatients at a hospital. It seeks to clarify confusion for the member's regarding their inpatient or outpatient status when receiving care at hospitals. This federal mandate requires that written and oral notification be provided to members in this situation.

The notice should include the reasons why a member in an outpatient, as well as what the implications of being an outpatient entail, such as required Medicare cost-sharing and post-hospitalization eligibility for Medicare coverage of skilled nursing facility services.

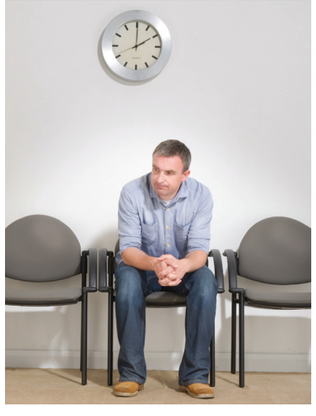
This notice must be delivered no later than 36 hours after observation services are initiated – or sooner if the member is transferred, discharged, or admitted.

If you have questions about the MOON instructions, please contact us.

OFFICE WAITING TIME STANDARDS

Please remember that excessive office waiting time affects the overall member satisfaction with the provider and the health plan and besides it is plainly poor costumer service. Please follow up with these standards, which are listed in our MetroPlus Provider Manual, page 20, section 2.5.3:

- **Waiting room times must not exceed one (1) hour for scheduled appointments.**
- **Members who walk in with urgent needs must be seen within one (1) hour.**
- **Members who walk in with non-urgent "sick" needs must be seen within two hours or must be scheduled for an appointment to be seen within 48 to 72 hours, as clinically indicated.**



Utilization Management

If you need to obtain the MetroPlus Utilization Management criteria, or need other UM information, contact our UM Staff! They are available to help you from 8 A.M. – 5 P.M., Monday – Friday.

Medicaid, Child Health Plus, Partnership in Care (SNP), MetroPlus Enhanced:
800.303.9626
TTY Users: 800.881.2812
After Hours: 800.442.2560

MetroPlus Gold, GoldCare I & II:
877.475.3795
TTY Users: 711
After Hours: 800.442.2560

Marketplace, Essential Plans, SHOP Plans:
855.809.4073
TTY Users: 711
After Hours, Sundays & Holidays,
24/7 Medical Answering Service: 800.442.2560

Medicare Plans:
866.986.0356
TTY Users: 711
After Hours, Sundays & Holidays,
24/7 Medical Answering Service: 800.442.2560

Fully Integrated Dual Advantage (FIDA) Plan:
844.288.FIDA (3432)
TTY Users: 711
After Hours, Sundays & Holidays,
24/7 Medical Answering Service: 800.442.2560

Managed Long-Term Care:
855.355.MLTC (6582)
TTY Users: 800.881.2812
After Hours, Sundays & Holidays,
24/7 Medical Answering Service: 800.442.2560

Access and Availability Standards

MetroPlus Members must secure appointments within the following time guidelines:

Emergency Care	Immediately upon presentation
Urgent Medical or Behavioral Problem	Within 24 hours of request
Non-Urgent "Sick" Visit	Within 48 to 72 hours of request, or as clinically indicated
Routine Non-Urgent, Preventive or Well Child Care	Within 4 weeks of request
Adult Baseline or Routine Physical	Within 12 weeks of enrollment
Initial PCP Office Visit (Newborns)	Within 2 weeks of hospital discharge
Adult Baseline or Routine Physical for HIV SNP Members	Within 4 weeks of enrollment
Initial Newborn Visit for HIV SNP Members	Within 48 hours of hospital discharge
Initial Family Planning Visit	Within 2 weeks of request
Initial Prenatal Visit 1st Trimester	Within 3 weeks of request
Initial Prenatal Visit 2nd Trimester	Within 2 weeks of request
Initial Prenatal Visit 3rd Trimester	Within 1 week of request
In-Plan Behavioral Health or Substance Abuse Follow-up Visit (Pursuant to Emergency or Hospital Discharge)	Within 5 days of request, or as clinically indicated
In-Plan Non-Urgent Behavioral Health Visit	Within 2 weeks of request
Specialist Referrals (Non-Urgent)	Within 4 to 6 weeks of request
Health Assessments of Ability to Work	Within 10 calendar days of request

MetroPlus Health Plan
plan ahead.
METROPLUS.ORG 1.855.809.4073
160 Water Street, 3rd Floor, New York, NY 10038

CHANGES TO YOUR DEMOGRAPHIC INFORMATION

Notify MetroPlus of any changes to your demographic information (address, phone number, etc.) by calling your Provider Service Representative. You should also notify MetroPlus if you leave or join a new practice. Changes can also be faxed in writing on office letterhead directly to MetroPlus at **212.908.8885**. You can also call **1.800.303.9626** with changes.

METROPLUS COMPLIANCE HOTLINE

MetroPlus has its own Compliance Hotline, **1.888.245.7247**. You may call this line to report suspected fraud or abuse, possible illegal activities and questionable activity. You may choose to give your name or you may report anonymously.

SERVING NEW YORKERS FOR OVER 30 YEARS

Editor: Elizabeth Colombo