Prenatal/Postpartum Visits

Pregnant members’ initial prenatal visit must be within first trimester, or within 42 days of enrollment with MetroPlus. Pregnant women should receive 81%, or more, of the expected number of prenatal care visits, adjusted for gestational age and the month the member enrolled in the health plan.

A postpartum care visit must occur between 21-56 days after delivery.

Corticosteroid Therapy Guidelines

This HEDIS measure focuses on members with COPD (including chronic bronchitis or emphysema) who go to the ER or are hospitalized with a primary diagnosis of COPD. The measure looks to make sure that these patients are on appropriate medications to manage their COPD upon discharge. It looks at the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ER visit and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a systemic corticosteroid within 14 days of the event.
2. Dispensed a bronchodilator within 30 days of the event.

How to Improve Your HEDIS Score

Evidence shows that most patients with COPD who have had a recent IP hospitalization or ER visit can benefit from taking both a systemic corticosteroid and a bronchodilator. Discuss with your patients the importance of filling their prescriptions and taking these medications, and how they can prevent further exacerbations of their disease. We understand this is based on your clinical expertise and the circumstance of the patient.

This measure uses administrative claims information to identify adults, age 40 and older, who were seen in the ER or hospitalized with COPD as their primary diagnosis. It then checks pharmacy claims to look for evidence of current fills of a systemic corticosteroid and a bronchodilator.

You will receive the highest scores if your patient has an active prescription for a systemic corticosteroid within 14 days after discharge and a bronchodilator within 30 days of the event. It may be helpful to ask your patients if they are filling their prescriptions and taking their COPD medications as prescribed, and to address barriers to taking their medication if they are not compliant.

Antidepressant Medication Timeline

It’s important to make sure that MetroPlus members in treatment for depression receive the correct medication. Members who are 18 years of age or older, who are treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment should take antidepressant medication for at least 84 days (12 weeks) during the Effective Acute Phase Treatment. They should take antidepressant medication for at least 180 days (6 months) during the Effective Continuation Phase.
PROPER DOCUMENTATION AND CODING

Complete and accurate patient record documentation is needed to foster quality and continuity of care. It creates a means of communication between providers and between providers and members about health status, preventive services, treatment, planning, and delivery of care.

Medical record standards reflect the importance of confidentiality and accessibility by authorized users only.

**REQUIREMENTS:**

- Keep a unique, individual record for each patient
- Establish an organized record-keeping system to ensure that medical records are easily retrievable for review and available for use when needed, including at each patient visit
- Store and maintain medical records in a centralized and secured location accessible only to authorized personnel and provide equivalent security for electronic medical records
- Maintain and organize documents within medical records in a specified order
- Ensure that documents are fastened securely within a paper medical record
- Provide periodic training in confidentiality and security for patient information
- Evaluate adherence

**CODING:**

Refer to each specific code set for instructions in using these codes appropriately. Some basic coding rules to keep in mind are:

- Use only codes that are valid for the date of service.
- It's important to follow all guidelines for diagnosis coding. Special attention should be given to the following requirements:
  - Diagnosis codes should be coded to the highest specificity required for each code.
  - Follow OCE edit guidelines where required.
  - Refer to ICD-9 (ICD-10) guidelines in determining if a diagnosis code can be billed in the primary position, secondary position or either position.

MEDICATION MONITORING ADHERENCE

Members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the year and at least one therapeutic monitoring event for the therapeutic agent in the year.

Members who walk in with non-urgent “sick” needs must be seen within one (1) hour.

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 customer 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 (2) hours or must be scheduled for an appointment to be seen within 48 to 72 hours, as clinically indicated.

STERILIZATION CONSENT

MetroPlus Medicaid members have family planning coverage that includes sterilization. In addition to provision of information at the initial counseling session, the physician who performs the sterilization must review important information with the patient prior to the procedure. Reimbursement is only available if the requirements are met. In order to obtain consent for the procedure, the patient must be offered answers to any questions they have, be given a copy of the Medicaid Sterilization Consent Form, and be verbally informed of the following:

- The patient is free to withhold or withdraw consent to the procedure at any time before the sterilization without affecting the right to future care or treatment and without loss or withdrawal of any federally-funded program benefits to which the patient might be otherwise entitled
- Available alternative methods of family planning and birth control
- The sterilization procedure is considered to be irreversible
- Specific information about the sterilization procedure to be performed
- Description of the discomforts and risks that may accompany or follow the performance of the procedure, including an explanation of the type and possible effects of any anesthetic to be used
- A full description of the benefits or advantages that may be expected as a result of the sterilization
- The sterilization will not be performed for at least 30 days except for premature delivery or emergency abdominal surgery

Consent must be given not less than 30 days and not more than 180 days prior to sterilization. Patients must be at least 21 years of age, mentally competent, and not institutionalized. In New York City, it is required that a witness of the patient’s choice be present when informed consent is obtained, and patients must sign a “reaffirmation statement” upon admission for sterilization.

To access the Medicaid Sterilization Consent Form, visit our website and select “Forms” under the “Provider Services” tab.

CERVICAL CANCER CCS/HPV

Women 21-64 years of age should have a cervical cytology performed every 3 years. Women age 30-64 should have a cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Access and Availability Standards

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Care</td>
<td>Immediately upon presentation</td>
</tr>
<tr>
<td>Urgent Medical or Behavioral Problem</td>
<td>Within 24 hours of request</td>
</tr>
<tr>
<td>Non-Urgent “Sick” Visit</td>
<td>Within 48 to 72 hours of request, or as clinically indicated</td>
</tr>
<tr>
<td>Routine Non-Urgent, Preventive or Well Child Care</td>
<td>Within 4 weeks of request</td>
</tr>
<tr>
<td>Adult Baseline or Routine Physical</td>
<td>Within 12 weeks of enrollment</td>
</tr>
<tr>
<td>Initial PCP Office Visit (Newborns)</td>
<td>Within 2 weeks of hospital discharge</td>
</tr>
<tr>
<td>Adult Baseline or Routine Physical for HIV SNP Members</td>
<td>Within 4 weeks of enrollment</td>
</tr>
<tr>
<td>Initial Newborn Visit for HIV SNP Members</td>
<td>Within 48 hours of hospital discharge</td>
</tr>
<tr>
<td>Initial Family Planning Visit</td>
<td>Within 2 weeks of request</td>
</tr>
<tr>
<td>Initial Prenatal Visit 1st Trimester</td>
<td>Within 3 weeks of request</td>
</tr>
<tr>
<td>Initial Prenatal Visit 2nd Trimester</td>
<td>Within 2 weeks of request</td>
</tr>
<tr>
<td>Initial Prenatal Visit 3rd Trimester</td>
<td>Within 1 week of request</td>
</tr>
<tr>
<td>In-Plan Behavioral Health or Substance Abuse Follow-up Visit</td>
<td>Within 5 days of request, or as clinically indicated</td>
</tr>
<tr>
<td>In-Plan Non-Urgent Behavioral Health Visit</td>
<td>Within 2 weeks of request</td>
</tr>
<tr>
<td>Specialist Referrals (Non-Urgent)</td>
<td>Within 4 to 6 weeks of request</td>
</tr>
<tr>
<td>Health Assessments of Ability to Work</td>
<td>Within 10 calendar days of request</td>
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COLON CANCER SCREENING: COLONOSCOPY

Colonscopy is the best practice for colon cancer screening. Members 50-75 years of age should have the appropriate screening for colorectal cancer.

- Screen for colorectal cancer
- Colonoscopy recommended every 10 years for those with a family history of colorectal cancer
- Colonoscopy is the best practice for colon cancer screening
- Screening should be offered to all adults aged 50-74 years
- Screening should be offered to adults aged 75 years and older who are at average risk for colorectal cancer
- Screening should be offered to adults aged 75 years and older who are at high risk for colorectal cancer
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.

SERVING NEW YORKERS FOR OVER 30 YEARS

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.

Editor: Elizabeth Colombo