MetroPulse provider newsletter
WINTER 2017-2018

MEDICARE UPDATE REGARDING BILLING GUIDANCE FOR QUALIFIED MEDICARE BENEFICIARIES

MetroPlus makes every effort to ensure that its Medicare participating providers do not discriminate against members based on their payment status, e.g., QMB. Specifically, the plan emphasizes the requirements that ensures providers do not refuse to serve members based on members receiving assistance with Medicare cost-sharing from a State Medicaid program. *(Medicare Managed Care Manual, Ch. 4, Section 10.5.2)*

MetroPlus continues to remind participating providers about specific billing rules applicable to dual eligible beneficiaries as required under 42 C.F.R. §422.504(g)(1)(iii). Federal law prohibits Medicare providers from collecting Medicare Part A and Medicare Part B deductibles, coinsurance, or copayments from those enrolled in the Qualified Medicare Beneficiaries (QMB) program, a dual eligible program which exempts individuals from Medicare cost-sharing liability. Additionally, QMB billing prohibitions may also apply to other dual eligible beneficiaries in MA plans if the State Medicaid Program holds these individuals harmless for Part A and Part B cost sharing. The prohibition on collecting Medicare cost-sharing is limited to services covered under Parts A and B. Low Income Subsidy copayments still apply for Part D benefits. (Calendar Year (CY) 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter; 42 C.F.R. §422.504(g)(1)(iii))

PROMOTING ASTHMA SELF-MANAGEMENT

Asthma is a leading cause of emergency room visits, hospitalizations, and missed school days in New York City's poorest neighborhoods. The evidence is persuasive that the most important components of asthma education are:

1. The partnership between the patient and provider — for your Asthma Care Quick Reference guide, go to https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf
2. A written action plan that gives the patient some latitude in determining changes to the medication regimen, based on symptoms or peak flow measurements

For more information go to https://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines/

For patient education materials, visit NYC's Asthma Toolkit http://www1.nyc.gov/site/doh/health/health-topics/asthma.page

WELL VISITS FOR CHILDREN 0-15

All children should have at least six well-child visits by the time the child turns 15 months old.

Proper documentation is crucial for this age group. The medical record needs to document the date the visit occurred, evidence of mental and physical developmental history, specific health education/anticipatory guidance, and a physician signature. We encourage the use of standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities (e.g., Bright Futures).

Other important topics include:

- history
- physical examination
- measurements (length and weight, head circumference, weight for length, blood pressure)
- developmental surveillance, physical and mental development
- procedures (immunizations, hematocrit or hemoglobin)
- anticipatory guidance
- preventive services (vision, hearing, dental, etc.)

WELL VISITS FOR CHILDREN 3-6

Children 3–6 years should have one or more visits with a PCP each year. These visits should include:

- a health and developmental history (physical and mental)
- a physical exam
- health education
- anticipatory guidance

To access Bright Future forms and tools on well visits, visit https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Early-Childhood-Tools.aspx

DENTAL VISITS FOR CHILDREN

Early dental visits teach a child that oral health is important. A child who is taken for dental visits early in life is more likely to have a good attitude about oral health providers and dental visits

The sooner children begin getting regular dental checkups, the healthier their mouths will stay throughout their lives. Early checkups help prevent cavities, which can lead to pain, trouble concentrating and other medical issues. Youngsters with healthy teeth chew food easily, learn to speak clearly and smile with confidence. The American Dental Association and the American Academy of Pediatrics recommend that every child should visit a dentist by age 1, or as soon as the first tooth appears. This "well baby visit" teaches parents and caregivers how to care for their children's teeth and helps them remain cavity-free.

OFFICE WAITING TIME STANDARDS

Please remember that excessive office waiting time affects the overall member satisfaction with the provider and the health plan. Please follow 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.**

ADOLESCENT WELL CARE

The American Academy of Pediatrics recommends using pre-visit questionnaires to get the most out of adolescent visits. Questionnaires can help determine any health risks a patient may be facing, and determine any areas of focus for the visit. They can also help patients raise questions or concerns that they may have, including mood swings, peer pressure, and body image issues. The following table offers examples of evaluations to help complete each component of care:

Physical Exam	Health History	Physical Development	Mental Development	Anticipatory Guidance
Assessment of multiple body systems	Birth history	Puberty	Smoking, alcohol, drug use	Safety
Vital signs in addition to above	Past medical, surgical history	Start of menses	Sexual activity	Nutrition
Height & weight in addition to above	Surgical history	Acne	Depression	Physical activity
	History of illness, allergies	Tanner stages assessment	Grades	Oral health
	No history	Growth spurts	Good circle of friends	Safe sex
			School issues	Sunscreen
			Decision-making	Self-exams – breast or testicular

The AAP provides medical screening reference tables, and other tools that can help increase the effectiveness of Adolescent Well Care visits. To access tools and resources for adolescent care, visit https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/adolescence-tools.aspx

Codes affiliated with the components of this visit are CPT: 99381, 99382, 99383; HCPS: G0438-G0439; ICD10: z00.00, Z00.01, Z00.110.

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

APPROPRIATE TESTING FOR PHARYNGITIS

Pharyngitis is a type of sore throat and is a common illness in children caused by bacteria or by a virus. Strep throat is a bacterial form of pharyngitis. Only children with diagnosed strep throat results should be treated with antibiotics. If the strep test is negative, educate on comfort remedies (acetaminophen for fever and/or discomfort, extra fluids, popsicles, soft foods, sufficient rest, salt water gargle) and on the importance of proper hand washing techniques.

Prescribing antibiotics unnecessarily can lead to the development of antibiotic resistance. If you prescribe antibiotics to a child when it isn't needed, they may not work when needed the most.

To download a copy of the adult and pediatric antibiotic prescribing guidelines, please visit: https://www.health.ny.gov/publications/1174_11x17.pdf

CLOSING THE GAP FOR DIABETIC PATIENTS

Helping your patient create a sensible diet and exercise, adhere to medications and controlled blood sugar, can help prevent its deadly complications.

Here are some helpful tips for closing gaps in care for your diabetic patients:

- Conduct targeted outreach calls to pre-Diabetic and Diabetic members
- Remind your patients about getting the flu vaccine every year
- Discuss the ABC's (A1c, blood Pressure, and cholesterol: HDL vs. LDL) during each visit.
- Prescribe statin therapy to all diabetics age 40 to 75 years, and remind patients that it may lower both cholesterol and blood pressure as well
- Reinforce and facilitate the annual screenings/tests like retinal eye exam; urinalysis to rule out nephropathy, and foot care exam
- Ensure you discuss related topics during each visit: Nutrition, Activity Level, Physical and Mental Well-being, and Smoking Cessation
- Utilize the CDC's National Diabetes Education Program booklet, which can be found at: https://www.cdc.gov/diabetes/ndep/pdfs/4steps/4steps-english.pdf

Codes affiliated with the components of this visit are CPT: 83036, 83037, 3044F; Urine Protein Tests: CPT: 81000, 81001, 81002; Diabetes Retinal Screening: CPT: 67028, 67030, 67031 and HCPCS: S0620, S0621, S3000

WHY YOU SHOULD DISCUSS BMI WITH YOUR PATIENTS

BMI (Body Mass Index) is a measure of body fat based on your weight in relation to your height (calculated as weight in kilograms divided by the square of height in meters, or kg/m2). BMI can be used as a screening tool, but it is not diagnostic of the health of an individual.

According to the CDC, BMI levels correlate with body fat and with future health risks, including morbidity and death. The BMI can be used to screen for obesity and its health risks. Though there are some clinical limitations to using BMI, it is an important tool that can be used to discuss weight gain and its associated health risks with your patients.

For more information, you can visit the CDC's website at: https://www.cdc.gov/obesity/downloads/bmiforpactitioners.pdf

PREVENTIVE VISIT AND YEARLY WELLNESS EXAMS FOR MEDICARE MEMBERS

A "Welcome to Medicare" preventive visit: Members can get this introductory visit only within the first 12 months they become eligible for Part B. This visit includes a review of medical and social history related to health education and counseling about preventive services, including these:

- Developing a medical and family history, and a list of current providers and prescriptions
- Height, weight, and blood pressure measurements
- A calculation of body mass index
- A review of potential risk for depression and level of safety
- A written plan letting patient know which screenings, shots, and other preventive services they need.

Yearly "Wellness" visits: The main purpose of this visit is to develop or update a personalized prevention help plan. This visit is covered once every 12 months (11 full months must have passed since the last visit). This plan is designed to help prevent disease and disability based on current health and risk factors. Providers should ask patients to fill out a questionnaire, called a "Health Risk Assessment," as part of this visit. Answering these questions can help patients and their providers develop a personalized prevention plan to help them stay healthy and get the most out of the visit. It can also include:

- A review of medical and family history
- Developing or updating a list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- Detection of any cognitive impairment
- Personalized health advice
- A list of risk factors and treatment options for the patient
- A screening schedule (like a checklist) for appropriate preventive services.

CARE FOR OLDER ADULTS

As the elderly population ages, physical function decreases, pain increases and cognitive ability can decrease. Older adults become increasingly depressed or have medication regimens of increased complexity. As people age, consideration should be given to their choices for end-of-life care and an advance care plan should be executed. Assessing functional status and pain, medication review, and advance care planning can ensure that older adults receive comprehensive care that prevents further health status decline and considers their wishes.

- **Functional status assessment.** Screening is effective in identifying functional decline. Physical ability is an important indicator for health and well-being in old age, as it decreases with age. Physical functional decline is often an initial symptom of illness in older people, and early detection of functional decline allows earlier treatment or intervention.
- **Pain assessment.** Pain is also a frequent symptom of illness and disease in older ambulatory and hospitalized patients. Elderly individuals are more likely to have arthritis, bone and joint disorders, cancer and other chronic disorders associated with pain. Additionally, the consequences of under-treating pain can have a negative effect on the health and quality of life in the elderly, with the onset of depression, anxiety, reduced socialization, sleep disturbances and impaired mobility.
- **Advance care planning.** As people age, consideration should be given to their treatment wishes if they lose the ability to manage their care. A large discrepancy exists between the wishes of dying patients and their actual end-of-life care. Advance directives are widely recommended as a strategy to improve compliance with patient wishes at the end of life and thereby ensure appropriate use of healthcare resources. There is expert consensus on the need for advance directives, as well as a regulatory mandate, but only 15 to 25 percent of adults complete them, usually after a serious illness or hospitalization. It has been found that most adults would prefer to discuss advance directives while they are well, preferably with a doctor who has known them over time. Most say they look to their doctors to initiate the discussion.
- **Medication review.** The vast majority of older adults take medications to address at least three or more chronic conditions. Many have multiple prescribing physicians and use more than one pharmacy, necessitating regular review of medications. A medication list should include prescriptions and over-the-counter (OTC) medications (including herbals, supplements); dose, frequency, and reason for taking the medication. Poor medication management can lead to adverse drug events, overdoses, and underutilization of drugs, all of which can result in increased hospitalizations.

MetroPlus has a *Care for Older Adults Assessment Form*, located on our website at https://www.metroplus.org/provider-services/forms, that can help make visits with your patients more effective.

HEDIS REFERENCE GUIDE

For information on HEDIS measures, including a reference guide and a code sheet, visit the Provider Tools section of our website at https://www.metroplus.org/provider-services/tools

PATIENT COMMUNICATION

Want better patient outcomes, more patient cooperation, fewer errors, greater job satisfaction and more effective use of your time? It's all possible by improving one key skill: patient communication.

Communication between physicians and their patients is an important tool for driving improved clinical outcomes and patient satisfaction. Patients reporting high satisfaction with their health plan and doctor often encourage their family and friends to join as members and patients. Also, performance-based patient experience scores are publicly reported and compared across the industry, leading individuals to seek coverage and care from the highest performing health plans and doctors.

The following targeted tips will help guide your team in their approach to patient engagement:

THE FRONT-DESK EXPERIENCE

- Improve Access to Care
  - Keep open slots for same-day appointments to reduce appointment wait times
  - Offer coverage appointments with another in-network physician in your office or a physician extender, such as a nurse practitioner or physician assistant
- Improve Customer Service
  - Always treat patients with courtesy and respect
  - Ensure that the information and help you provide to your patients resolves their questions or concerns
  - Notify patients individually and promptly of delays if their wait time surpasses the 15 minute standard timeframe to see their doctor
- Enhance Care Coordination
  - Coordinate your patients' care by assisting in scheduling specialist appointments
  - Use MetroPlus Gaps in Care reports to proactively contact patients and schedule annual well visits, needed tests, screenings, immunizations and close gaps in care

THE PATIENT-DOCTOR EXPERIENCE

- Patient Interaction
  - Know the patient's medical record details before entering the exam room; patients are surveyed if their doctor knew their medical history
  - Ask patients about other doctors and specialists they have seen
  - Involve patients in decision making
  - Communicate test results and specialist findings to your patient within 24 – 48 hours and review together at the next follow up appointment
- Know your Patients' Medical History
  - Use MetroPlus Gaps in Care reports to identify additional clinical services needed
  - Discuss Urinary Incontinence and treatment options and physical activity levels with patients over 65 years old
  - Discuss Aspirin use for cardiovascular health, when appropriate
  - Discuss tobacco use and cessation treatment options, when appropriate
  - Encourage patients to get a flu vaccination for the flu season

RECALL/REMINDER SYSTEM/PROCESS

A robust recall and reminder process is key when providing safe, quality care to patients in general practice. Methods to remind or recall patients include:

- **Phone calls placed by office staff** – they tend to be more effective than auto-dialer calls
- **Auto-dialers** – they automatically dial phone numbers and either play a recorded message or connect the call to a live person. Such systems also can be used for appointment reminders
- **Mail reminder cards or letters ("snail mail")** – your electronic health record may print these for you
- **Text messages** – you may want to get patients to opt-in for text messages during a visit so your office can send text message reminders
- **Patient Portals** – many electronic health record systems come with a patient portal option. Practices can use this feature to send e-mails to patients or parents prompting them to check their patient portal, which will remind them of medical services that are due

Helpful tips for implementing a recall and reminder process:

- Use clear/precise message(s) to communicate the reason and importance of the recall/reminder
- Use a secure transmission or patient identity verification when sending recalls via email or text message
- Adequately track that patients receive and act on recalls
- Proper documentation of contact attempts in patient records

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.

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