



Preventing Falls in Older Adults

Older adults may be at an increased risk for falls, especially in this icy season. We encourage you to screen adults aged 65 and older for their fall risk using these three questions:

1. Has the patient fallen in the past year?
2. Does the patient feel unsteady when standing or walking?
3. Does the patient worry about falling?

Check with the patient to see if any of their medications may be increasing their fall risk (such as psychoactive medications, blood pressure medicine, or muscle relaxants) or if home

safety issues may be in play. When appropriate, recommend physical activity to help with lower body weakness and other potential fall risks.

Medicare members are covered for fall screenings as part of their Welcome To Medicare Visit and Medicare Annual Wellness Visit.

The CDC STEADI Initiative (Stopping Elderly Accidents, Deaths & Injuries) offers a variety of resources to help with this, including clinical tools, lists of medication that may be linked to falls, and information for patients. Their website is:

<http://www.cdc.gov/steady/index.html>

Antibiotic Use

With winter comes cold and flu season—and with it, an increase in patients requesting antibiotics to deal with their illnesses. It is important to reach out to patients and explain that antibiotics are not always the answer, and in fact can sometimes cause more harm than good. Remind patients that antibiotics should only be used for diseases caused by bacteria, not viruses, and explain the danger in overprescribing antibiotics.

The CDC offers helpful, patient-friendly information about antibiotic use like the chart below. Visit (or direct patients to) www.cdc.gov/getsmart for more information.

Condition	Virus or Bacteria?	Antibiotics
Strep Throat	Bacteria	Yes
Flu	Virus	No
Common Cold	Virus	No
Whooping Cough	Bacteria	Yes

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.

FLU SEASON IS HERE!

All MetroPlus Members are entitled to a flu shot. Encourage your patients to get vaccinated this winter, and help us keep our members healthy.

Spirometry

Spirometry measures the amount of air that the lung is able to take in and how quickly the air can be expelled. It is an essential tool to determine the vital capacity of lung function.

Spirometry scores are vital measurements, which play an essential role in the treatment of Chronic Obstructive Pulmonary Disease (COPD), from diagnosis to treatment and management. When properly utilized, spirometry can detect COPD at its earliest stage, before any obvious symptoms manifest. For this reason, national and international guidelines support the

recommendation to use spirometry as a diagnostic tool in at-risk individuals who are symptomatic.

Many quality metrics acknowledge the spirometry test as the confirmative diagnostic test for compliance in the assessment and diagnosis of COPD. Therefore, for compliance, Healthcare Effectiveness Data and Information Set (HEDIS) requires the documentation of spirometry testing to confirm a new diagnosis of COPD or newly active COPD in members forty years of age and older.

To code spirometry testing, see the grid below:

MEASURE	AGE	SPECIFICATIONS	IDENTIFYING CODES*
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	40+	Adults 40 years and older with a new diagnosis of COPD or newly active COPD should have appropriate spirometry testing between two years prior through six months after diagnosis.	CPT: 94010, 94014–94016, 94060, 94070, 94375, 94620

COPD

COPD, or Chronic Obstructive Pulmonary Disease, is a group of lung diseases that block airflow, making it difficult for patients to breathe. If your patients are exhibiting symptoms, such as a chronic cough, shortness of breath, or coughing

up mucus, it may be time for a Spirometry test. More information on guidelines and recommendations are posted on the MetroPlus Provider Portal. Access the provider portal at providers.metroplus.org.

Medication Reconciliation

MetroPlus offers a Medication Therapy Management (MTM) Program to qualifying members. Members are automatically enrolled in the free program if they take eight or more Medicare Part D covered maintenance drugs, reach the spending threshold on prescription drug costs paid by the member and the plan, and have three or more of these long-term health conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Depression
- Osteoporosis
- Chronic Heart Failure
- HIV
- Cardiovascular disorders (including high blood pressure, high cholesterol, or coronary artery disease)

The MTM Program provides both a comprehensive

medication review (CMR) and a targeted medication review (TMR).

CMR is a one-on-one discussion with a pharmacist, covering any questions or concerns the patient may have about their medications (including prescription and OTC medications, herbal therapies, and dietary supplements/vitamins). The pharmacist may contact the prescribing doctor for more information about the prescriptions, and members may receive a Medication Action Plan with suggestions of questions to ask at future appointments.

With a TMR, we mail or fax providers quarterly suggestions about prescription drugs that may be safer, or work better than the member's current drugs. As always, the prescribing doctor will decide whether to consider our suggestions.

More information about this program is available on our website, or by contacting Member Services.

ADHD: Medication and Follow Ups

When prescribing a 6-12 year old ADHD medication for the first time, it is important to schedule follow up care visits at the time of the appointment. A child should have at least three follow up visits in a 10 month period, and the first visit should be within 30 days of when the first ADHD medication is dispensed.

Since ADHD is a chronic condition, it's important to recognize that children with ADHD have special health care needs. It is crucial to follow up on treatment and monitor the impact of prescriptions over time. If you have questions about how to code for follow up visits, please contact MetroPlus.

STATIN THERAPY

Two groups of patients should receive statin therapy:

- Patients with clinical atherosclerotic cardiovascular disease (ASCVD), aged 21-75 (for males) and 40-75 (for females). These patients should remain on a high or moderate intensity statin medication for at least 80% of the treatment period.
- Patients who have diabetes (and who do not have ASCVD), aged 40-75. These patients should receive any intensity statin medication for at least 80% of the treatment period.

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

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

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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