MetroMonitor Spring 2013

Message from the CMO

First of all, I would like to applaud all of our providers for your support, commitment and dedication during the aftermath of Hurricane Sandy. Your efforts were an example of resilience during one of the most challenging times in our MetroPlus history.

As our commitment to provide members with access to the highest quality, cost effective care continues, it's important to remember that our access and availability standards help us accomplish that.

For example, if you plan to take a vacation, you're responsible to arrange for another participating MetroPlus provider to care for your members. Members should be directed to the covering provider for any services. Additionally, providers are responsible to make MetroPlus aware of any changes in office hours that could impact their panel capacity.

Make sure to read our appointment standards on page 2 which outline the timeframes in which our members must secure appointments.

PCPs and participating OB/Gyns should also keep these guidelines in mind:

- Responsibility for ensuring that members have access to providers twenty-four hours a day, seven days a week.
- Providing a working office telephone number for members to call during normal business hours and after hours.
- Making accommodations for members who cannot receive return calls. For providers with a live voice answering service, the answering service should instruct members that can't receive a return call to stay on the phone while the service tries to reach the participating provider. If this service is not available, you must establish alternative arrangements.
- Being on-call or designating a MetroPlus PCP or participating OB/Gyn to provide on-call coverage to respond to member concerns after hours, on weekends, and during short and long term leaves of absence. On-call providers must return all phone calls within 30 minutes.
- Providing MetroPlus with an after-hours contact number where a live person can be reached. Calls may also be referred to Notify MD, whose agents can contact the provider or make alternative arrangements.

Thank you for helping us deliver safe, effective, efficient and patient-centered care.

Van Dunn, MD, MPH, FACP
Chief Medical Officer

Prefer to receive your MetroMonitor by email? Send your email address to MetroPlus_Communications@nychhc.org to be added to our mailing list today.

Access and Availability Standards

Keep these time guidelines in mind for our members. Remember, our goal is for patients with scheduled appointments to be seen within an hour unless otherwise indicated.

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**

REMINDERS

Restricted Recipients Program

The Restricted Recipients Program impacts members who, based on a decision of New York State, can only access medical services from specific providers. All PCPs should check eligibility information to see if any of their members have an active restriction. This can be done via eMedNY/ePACES.

If members are restricted, the PCP must monitor who the member is referred to, and obtain an authorization from the plan for them to be seen by any participating or non-participating specialist.You can obtain an authorization by calling MetroPlus at 1-800-303-9626. Access to emergency services is never restricted.

Prior Authorizations of Advanced Diagnostic Imaging

As you know, MetroPlus has partnered with MedSolutions, a radiology service organization specializing in managing diagnostic imaging services.

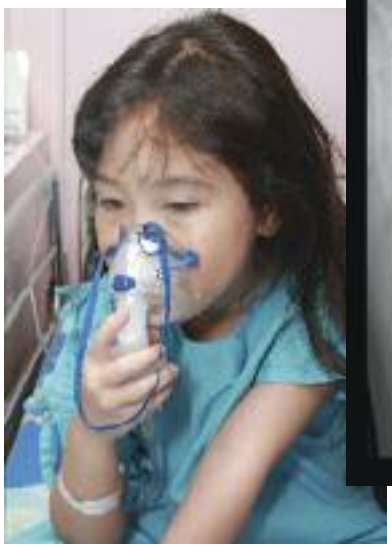
Prior authorizations for MetroPlus members are required for dates of service from February 1. MedSolutions accepts authorization requests via phone, fax, and their secure web portal:

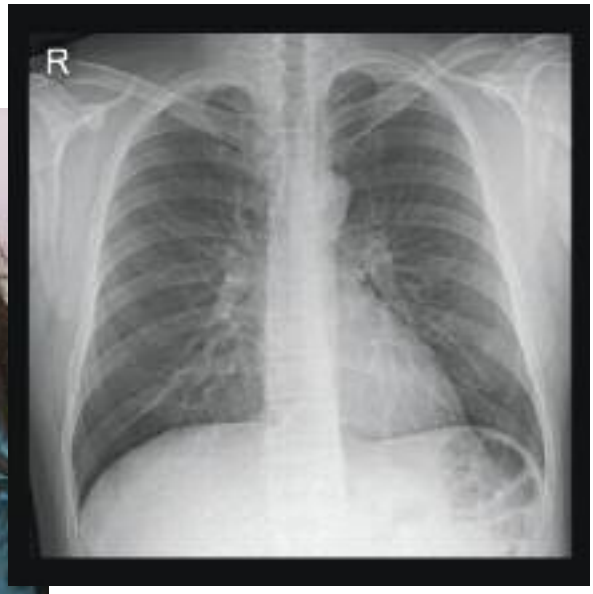
Phone: 1-800-875-4902
Fax: 1-888-693-3210
Web portal: www.medsolutionsonline.com

Authorizations are required for the following services:

- Outpatient elective Computed Tomography (CT)
- Magnetic Resonance (MR)
- Positron Emission Tomography (PET)
- Nuclear Cardiac Medicine (NCM) services

Payments for studies done without required authorization may be denied. In these cases, you may not seek reimbursement from the member.





2013 Clinical Practice Guidelines

MetroPlus has updated and adopted the 2013 Clinical Practice Guidelines in the treatment of acute and chronic diseases. All guidelines are reviewed and approved by our Chief Medical Officer and by the Quality Assurance Committee. They are also reviewed annually or revised as needed when national clinical guidelines change.

For 2013, please note that the Clinical Practice Guidelines for Pap smears recommend screening intervals of every three years instead of every year. Visit the **Preventive and Clinical Guidelines** section of the provider portal at **https://public.metroplus.org/Resources/default.aspx** to access the guidelines. If you would prefer a paper copy of a specific Clinical Practice Guideline, please call us at **1-800-303-9626**.

Imaging done in conjunction with an inpatient stay or emergency room testing is not subject to authorization requirements. MetroPlus will use its existing network of radiology providers for these diagnostic services.

For questions about the program, please contact your Provider Relations Representative at **1-800-303-9626**.

You can also visit the provider portal at **www.metroplus.org** for additional information about how these prior authorizations work. There you will find the MedSolutions:

- Announcement Letter: **https://public.metroplus.org/MedSolutions%20Documents/December%203%20Letter%20to%20Providers.jd.docx**
- FAQ sheet: **https://public.metroplus.org/MedSolutions%20Documents/MHP%20FAQ%20v01.doc**
- Quick Reference Guide: **https://public.metroplus.org/MedSolutions%20Documents/MHP%20QRG%20v01.doc** and
- Orientation: **https://public.metroplus.org/MedSolutions%20Documents/MHP%20Provider%20Orientation%20v01.pptx**

Could Your Patient Have Work-Related Asthma?

Work-related asthma (WRA) should be considered in every case of adult-onset asthma or asthma that worsens in adult life. WRA is asthma that is attributable to, or is made worse by, environmental exposures in the workplace. It's diagnosed by confirming the asthma diagnosis and by establishing a relationship between asthma and work.[1] This type of asthma is preventable and, if diagnosed early, may be partially or completely reversible if exposures are adequately controlled or stopped.[2]

WWW.METROPLUS.ORG

MetroPlus Health Plan

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WRA falls into three categories[3]:

- Immunologically mediated asthma resulting from exposure to sensitizers in the workplace (occupational asthma with latency);
- Asthma resulting from acute exposure to irritants in the workplace (reactive airways dysfunction syndrome or RADS); and
- Pre-existing asthma worsened by workplace environmental exposures (work-aggravated asthma). This happens in people with symptomatic asthma that is significantly worsened by workplace environmental exposures. This can include an increase in frequency or severity of symptoms, an increase in medication required to control them, or clinical improvement when exposures are reduced or eliminated.

Preliminary evaluation for WRA should include a full clinical evaluation for asthma and completion of a full occupational and environmental history. This history should include:

- Employment history
- History of temporal pattern of symptoms with respect to work
- History of occupational and environmental exposures and symptom triggers, and
- Objective verification of exposures, if possible[2]

Early and accurate diagnosis of WRA, along with appropriate modification or stopping of exposures, is important in treating the patient.

Patients demonstrating clinical evidence of occupational asthma, as well as other occupational lung diseases, are required by the State Sanitary Code to be reported to the **New York State Department of Health's Occupational Lung Disease Registry**. Reports can be made to the Registry by calling **1-518-402-7900**. You can also download the reporting form at: **http://www.health.ny.gov/forms/doh-384.pdf**.

Reporting diagnosed cases of WRA to the Registry can help in the prevention of ongoing exposure for the reported individual and coworkers. New York State Department of Health staff investigate the reported case to identify workplaces and industries where exposures may cause lung disease among the employees. They also work with employees and employers to educate them about appropriate work practices and to assist them in preventing workplace exposures.

For further information about the Occupational Lung Disease Registry, please call the New York State Department of Health Bureau of Occupational Health and Injury Prevention at **1-518-402-7900**, or e-mail **boh@health.state.ny.us**.

1 Lombardo LJ, Balmes JR. Occupational Asthma: A Review. *Environmental Health Perspectives* 108(4):697-704, 2000.

2 Friedman-Jiménez G, Beckett WS, Szeinuk J, Petsonk EL. Clinical Evaluation, *Management, and Prevention of Work-Related Asthma. American Journal of Industrial Medicine* 37:121-141, 2000.

3 Wagner G, Wegman D. Occupational asthma: Prevention by definition. *American Journal of Industrial Medicine* 33:427-429, 1998.

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