

Care Transitions and Continuity of Care

MetroPlus will notify you when your patients are admitted or discharged from the hospital. The PCP should contact the hospital to provide information regarding the patient to the inpatient team. You should also expect a copy of the hospital summary upon discharge. It's important that you follow up with the member one week to 10 days after discharge, to prevent readmission.

During this post-discharge visit there are a few things you can do to prevent readmissions, including reconciling medications, reviewing the patient's understanding of their illness and self care measures, discussing warning signs and when to call you or 911.

Care Management Programs

Our Care Management Programs can also assist members to manage their health. Be sure to refer members to our robust programs for people living with asthma and diabetes or to our resources that can help them quit smoking or manage their weight.

Watch the Video

Visit <https://public.metroplus.org/ProviderOrientation/Pages/ModelofCareTraining.aspx> to watch a video about our Medicare SNP model of care. You need to have access or register for access to the provider portal to view the video. In this 12 minute video you will learn about:

- Our Model of Care Goals
- Our Case Management Department's Role
- Our Interdisciplinary Care Team



HIGH TECH RADIOLOGY AUTHORIZATION PROGRAM

In the coming months, MetroPlus will start requiring Prior Authorization (PA) for certain high tech imaging services. Authorizations will soon be required for MRI/MRA, CT, PET, and Nuclear Cardiology testing and imaging. MetroPlus has partnered with MedSolutions on this program.

Watch future newsletters, mailings, and web bulletins for additional information about these changes, including which services require a PA, the effective date of the new policy, and information on how to request a PA. Contact your Network Relations Representative for more information.

RESTRICTED RECIPIENTS UPDATE

The Restricted Recipients program impacts members who, based on a decision of New York State, can only access medical services from specific providers. These members are now being auto-assigned to Medicaid Managed Care plans. All PCPs should check eligibility information to see if any of their members have a restriction. If they do, the PCP must monitor who the member is referred to and obtain an authorization from the plan in order for the member to be seen by any participating or non-participating specialty care provider. You can obtain an authorization by calling MetroPlus at 1-800-303-9626. Access to emergency services is never restricted.

CHANGES TO YOUR DEMOGRAPHIC INFORMATION

Notify MetroPlus of any changes to your demographic information (address, phone number, etc.) by calling your Provider Service Representative. 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.

MESSAGE FROM THE CMO:

Dear Colleagues,

I am pleased to greet you again through our provider newsletter, bringing great news and helpful information.

One of the greatest updates to share this season is that our in-network facility, Woodhull Medical Center, located in Brooklyn's Williamsburg/Bushwick area, recently opened a new Women's Health Pavilion. A wide range of women's health services are available on the 8th floor of Woodhull, including obstetrics, gynecology and high-risk obstetrical care, genetic counseling, infertility work-ups and treatment, acupuncture and gynecological cancer services.

Obstetric and specialty appointments are readily available. Additionally, a dedicated OB/GYN ultrasound is on hand and labor and delivery services including lactation consulting and screening for postpartum depression are offered.

After a patient's appointment, reports are promptly sent to the referring physician.

If you have a patient you would like to refer or if you would like more information, please call 718-963-8607.

Van Dunn, MD, MPH, FACP
Chief Medical Officer



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.

METROPLUS MEDICARE PLANS

MetroPlus offers the following Medicare Advantage Plans which provide all the coverage of Original Medicare plus extra benefits. Eligibility requirements differ by plan. The Plans all include Part D prescription drug coverage (MAPD):

- **MetroPlus Advantage Plan (HMO SNP)** — For people with FFS Medicaid and Medicare
- **MetroPlus Select Plan (HMO SNP)** — For people with full Medicaid and Medicare covered by MetroPlus
- **Medicare Partnership in Care Plan (HMO SNP)** — For people with Medicare who have HIV
- **MetroPlus Platinum Plan (HMO)** — For people who have Medicare, but do not qualify for Medicaid

Our Medicare plans are available to people who live in Manhattan, Brooklyn, Queens and the Bronx and do not have End-Stage Renal Disease (ESRD).

WELCOME TO MEDICARE AND ANNUAL WELLNESS VISITS

Our provider community is responsible for administering the **Initial Preventive Physical Examination (IPPE)**, (also known as the Welcome to Medicare Visit) and the **Annual Wellness Visit (AWV)** to our Medicare population.

All newly enrolled beneficiaries receive the **one-time IPPE** within the first 12 months of their Medicare Part B coverage effective date. The goal of the exam is to promote healthy living and disease detection.

The AWV, a preventive wellness visit, is aimed at directing members to have certain preventive tests and/or services. This visit is different from a routine physical.

During these tests, patients should be assessed for the following health assessment components including, but not limited to:

1. Medical and social history (past medical, family and social history; medications and supplements; alcohol, tobacco and illicit drug use; diet and physical activities)
2. Risk for depression and other mood disorders
3. Functional abilities and safety
4. Examination (height, weight, BMI, blood pressure, visual acuity, other exam determined by patient history and current recommendations)
5. End-of-Life planning (advance care planning, ie: health proxy, healthcare agent, etc.)
6. Education, counseling and referral based on results
7. Referral for other preventive services (see chart on page 3)

There are specific HCPS codes for the IPPE, AWV and subsequent AWV.

All components of the examination must be performed or ordered on that visit in order to code for these examinations. The specific codes are included in the checklists MetroPlus mailed you earlier this year. To obtain a copy of the checklists visit

- For the **IPPE**: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf
- For the **AWV**: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_Chart_ICN905706.pdf

You can also email our Health Education and Provider Appeals Manager at negrom@nychhc.org for more information.

MEDICARE PART B PREVENTIVE SERVICES*	
Annual Wellness Visit (AWV) NOTE: A beneficiary who is currently eligible for the IPPE is not yet eligible for an AWV.	Intensive Behavioral Therapy (IBT) for Obesity
Bone Mass Measurements	Medical Nutrition Therapy (MNT)
Cardiovascular Screening Blood Tests	Prostate Cancer Screening
Colorectal Cancer Screening	Immunizations (ie: Seasonal Influenza, Pneumococcal, and Hepatitis B Vaccinations and their Administration)
Counseling to Prevent Tobacco Use for Asymptomatic Patients	Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse
Diabetes Screening Tests	Screening for Depression in Adults (effective October 14, 2011)
Diabetes Self-Management Training (DSMT)	Screening Mammography
Glaucoma Screening	Screening Pap Tests and Pelvic Examination
Human Immunodeficiency Virus (HIV) Screening	Sexually Transmitted Infections (STIs) Screening and High Intensity Behavioral Counseling (HIBC) to Prevent STIs (effective November 8, 2011)
IBT for Cardiovascular Disease (effective November 8, 2011)	Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

*Medicare Learning Network (2011). Quick Reference Information: The ABCs of Providing the Initial Preventive Physical Examination. Retrieved from http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf

Additionally, one of our Health Effective Data and Information Set (HEDIS) indicators this year measures the following for members 66 years and older:

- Discussion of advance care planning
- Medication review
- Functional status assessment
- Pain screening

Documentation in the medical record must include sufficient evidence of these measures and the date of service.

Providers can help patients prepare for either test by encouraging them to come with the following information:

- Medical records, including immunization records
- A detailed family health history
- A full medication list that includes supplements, vitamins and their dosages
- A list of current providers and suppliers that provide the member's care

OUR MEDICARE SPECIAL NEEDS PLAN MODEL OF CARE

Our dedicated PCPs play a key role in the overall supervision and coordination of care for our Medicare members. That includes managing and arranging specialty care, ancillary services and maintaining patients' continuity of care.

The Medicare Special Needs Plans (SNP) (Advantage, Select and Partnership in Care*) coordinate members' medical, social and mental health services. This improves their access to such services and enhances their medical and psychosocial care.

High Risk members are assigned to a Case Manager. The Case Manager works with the member and the PCP to develop individual member care plans based on the member's assessed needs. You will receive copies of your patient's Health Care Plan. We welcome your input on the Health Care Plan. A Health Risk Assessment, or HRA, is mailed to all members upon enrollment. If completed, a copy of the HRA is also mailed to the PCP to assist in caring for the member. The Case Manager may call you from time to time to collaborate on the Plan for your individual patients. Please feel free to contact the Case Manager for assistance and about any issues by calling 1-866-986-0356.

*See the article **MetroPlus Medicare Plans** on page 2.

