



Provider Newsletter November 2020

Monroe Plan Partnership with Molina Healthcare of New York, Inc. (MHNY)

Effective July 1, 2020, Molina Healthcare of New York, Inc. purchased the YourCare membership from Monroe Plan to include all lines of business: Medicaid Managed Care, HARP, Essential Plan, and Child Health Plus. Concurrently, Monroe Plan for Medical Care and affiliated entities entered into an agreement with Molina to provide network management and care management services. This transaction does not interfere with your continued provision of medical services to previous YourCare members who now are enrolled in Molina.

Important Contacts

- For demographic changes, please continue to contact Monroe Plan for Medical Care via fax 585-242-6206 or PFMemails@monroeplan.com.
- For contracting and portal questions, please continue to contact providerrelations@monroeplan.com.
- Molina will perform all Health Plan Operations including utilization management, pharmacy, claims, member, and provider services. For these matters, as well as claims, credentialing, authorization questions and provider complaints, please contact Molina directly. P: (877) 872-4716, F: (844) 879-4509, or email MHNYProviderServices@MolinaHealthcare.com.

Not sure who to contact? The Monroe Plan for Medical Care team is happy to assist.
Please contact providerrelations@monroeplan.com.

November is Diabetes Awareness Month *In-Office Retinal Screening Available!*

As you are probably aware, the United States is experiencing its own diabetes epidemic. In 2018, 34.2 million Americans, or 10.5% of the population, had diabetes. In 2015, 84.1 million Americans age 18 and older and half of all Americans aged 65 years and older have *prediabetes*. Without identifying individuals with prediabetes and facilitating lifestyle changes to improve their health, 15% to 30% of these individuals will develop Type 2 Diabetes within five years.

Monroe Plan's team provides in-office retinal screening for your patients. Interested?
Contact Samantha Tolbert, Manager, Clinical Performance and Network Relations,
stolbert@monroeplan.com.

Who Should Be Screened for Diabetes?

Testing to detect type 2 diabetes and prediabetes in asymptomatic people should be considered in adults of any age who are overweight or obese (BMI \geq 25 kg/m²) or Asian Americans with BMI \geq 23 kg/m² and who have one or more of the following additional risk factors for diabetes:

Diabetes Risk Factors

- Physical inactivity
- First-degree relative with diabetes
- Member of a high-risk racial/ethnic group (i.e. African American, Latino, Native American, Asian American)
- GDM or history of baby \geq 9 lb.
- Hypertension (\geq 140/90 mmHg or on therapy for hypertension)
- HDL cholesterol level $<$ 35 mg/dL (0.90 mmol/L) and/or a triglyceride level $>$ 250 mg/dL (2.82 mmol/L)
- Polycystic ovarian syndrome
- A1C \geq 5.7%, IGT, or IFG on previous testing
- Other clinical conditions associated with insulin resistance (e.g. severe obesity, acanthosis nigricans)
- History CVD

In those without these risk factors, testing should begin at age 45 years. Women with a history of gestational diabetes mellitus (GDM) should have lifelong screening for the development of diabetes or prediabetes at least every 3 years. To test for diabetes or prediabetes, the Hemoglobin A1c, FPG, or 2-hour 75g OGTT are appropriate.

Key Reminders in Caring for Patients with Diabetes

- A reasonable Hemoglobin A1c goal for many nonpregnant adults is $<$ 7%.
- Advise all patients not to smoke or use other tobacco products or e-cigarettes.
- Individuals who have diabetes should receive individualized medical nutrition therapy (MNT), preferably provided by a registered dietician.
- People with diabetes should receive diabetes self-management education (DSME).
- Most patients with diabetes and hypertension should be treated to a systolic blood pressure goal of 120 to $<$ 140 mmHg and a diastolic blood pressure goal of $<$ 90 mmHg based on clinical judgement.
- At least annually assess urinary albumin.



This year's focus is on taking care of youth who have diabetes. **Diabetes is one of the most common chronic conditions in school-age youth in the United States, affecting about 193,000 youth under 20 years old.**

NYS Children's CAHPS Start in November



The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an industry standard survey tool used to evaluate patient satisfaction. Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes. **NYS will conduct the Children's Survey in November and both an Adult / Child survey in February.**

CAHPS questions focus on the availability and quality of care. A patient's survey response may be heavily influenced by their most recent interaction. Please make your office and clinical staff aware that the CAHPS surveys are taking place during these timeframes. The patient that they are interfacing with today may be completing an assessment shortly after their visit!

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A couple of tips:

- Maximize all visits
- Improve patient point of contact experience through positive framing
- Enhance patient triage process and office experience
- Encourage open communication with patient
- Discuss Flu vaccine and Smoking Cessation

Quality Matters: Gaps in Care Assistance

We are committed to helping your practice succeed in meeting all its quality of care metrics for 2020 and beyond. Closing gaps in care is a high priority that is particularly challenging given COVID-19. The Monroe Plan team is offering 3 different types of assistance:

1. Monroe Plan staff will be reviewing lists of individuals that are assigned to your practice that appear to have one or more gaps in care. Our team will then outreach these individuals on behalf of your practice to coordinate the necessary next step-office visit, other recommended services.
2. If necessary, we can also help arrange recommended studies that might not be offered at your practice (e.g., mammography, retinal eye exams for individuals with diabetes, etc.).
3. Finally, as appropriate, our team will offer in-home visits for some recommended services for patients who are reluctant to leave their homes during this time of the COVID-19 pandemic.

If you have any questions or interest in these support programs, email providerrelations@monroepian.com.

Flu Vaccine and COVID 19



If your office does not offer flu shots, please encourage your patients to see their pcp to get vaccinated or visit one of the many [sites offering flu shots](#). An annual flu vaccine is recommended for almost everyone 6 months and older. It is one of the best ways to reduce flu illnesses, hospitalizations, and death from flu. This fall and winter, the flu virus and the virus that causes COVID-19 may both be spreading. Getting a flu shot will be more important than ever to help people stay healthy and to ease the burden on our health care system.

Access and Availability Requirements for Behavioral Health

Monroe Plan is committed to ensuring that the provider network is sufficient for members to receive care in a timely manner. Our staff monitors access and availability through phone calls and on-site surveys. The New York State Department of Health (NYSDOH) also periodically conducts "secret shopper" surveys. Last month, we shared the (NYSDOH) Medicaid Managed Care (MMC) contractual guidelines for [Access and Availability Standards for primary care physicians](#). This month's feature highlights Access and Availability Standards for Behavioral Health Services.

NYSDOH Appointment Standards for Behavioral Health Services	
Type of Visit	Required Timeframe
Behavioral Health Specialist Referral Non-Urgent	Within 24 Hours
<i>For Continuing Day Treatment, Intensive Psychiatric Rehabilitation, Treatment programs and Rehabilitation services for residential Substance Use Disorder treatment services</i>	Within 2 to 4 weeks of request
<i>For PROS programs other than clinic services</i>	Within 2 weeks of request
<i>Non-urgent mental health or Substance Use Disorder visits with a Participating Provider that is a Mental Health and/or Substance Use Disorder Outpatient Clinic, including a PROS clinic</i>	Within 1 week of request
<i>Provider visits to make health, mental health, and substance abuse assessments for the purpose of making recommendations regarding a recipient's ability to perform work when requested by a LDSS</i>	Within 10 days of request by an MMC Enrollee

Contact pfmemails@monroeplan.com with any questions.

Molina's Member Incentive Program

Providers play an integral role in helping qualified members complete the necessary steps in earning their rewards. The program aims to boost member participation in services for preventative care and condition management. Members who complete certain screenings are eligible to receive a \$25 Walmart Gift Card and/or a Car Seat.

Below is a snapshot of the program:

Members who complete the following screenings and exams can earn a \$25 WALMART GIFT CARD:
Adults:
Adult Well Visits Ages 19 – 64
Breast Cancer Screening (Ages 40+)
Cervical Cancer Screening (Ages 21-64) <i>discuss testing options with your provider</i>
Colorectal Cancer Screening (Ages 50-75)
Diabetes (Note: BOTH of the following tests combined must be completed: HbA1c and Eye Exam)
Prenatal (1 visit within the first trimester)
Postpartum (visit 7 to 84 days after birth)
Children:
Well Child Check Ages 3 – 6
Well Child Check Ages 12 - 17
Members who complete the following screenings and exams can receive a CAR SEAT:
Members who complete a total of 6 prenatal visits can earn a car seat.

How it Works:

1. Molina will send out self-mailer post cards to members who show a gap in care as a reminder to schedule their appointments with providers.
2. The member and/or provider should fill out the verification information on the post card.
3. The member will then drop off the completed pre-paid post card in the mail. The reward should be received within 3-6 weeks.

If there is a member that needs a post card, please contact Molina's Quality Team via email at: MHNYQuality@MolinaHealthcare.com. Provider Inquires about the program should be directed to Molina's Provider Relations team at (877) 872-4716.

Molina Provider Portal

If you have not already done so, please sign up for Molina’s Provider portal to check member eligibility, claims status, PCP rosters and more at your fingertips. Please follow the instructions in this [document](#) to register for portal access.

Electronic Funds Transfer - Timely and Efficient Payment

Sign up for EFT to make the best use of your time and resources. Please follow the instructions in this [document](#) to register for EFT payments.

No Co-Pays for COVID-19 Treatment – In Office or Telehealth

New York State has extended the prohibition of any requirement for copayment, coinsurance, or annual deductible for the treatment of COVID-19 to include telehealth services provided during the state of emergency declared by Governor Cuomo related to COVID-19. As stated in the [official notification](#), “No insured shall be required to pay, copayments, coinsurance, or annual deductibles for an in-network service delivered via telehealth when such service would have been covered under the policy if it had been delivered in person.”