



Monroe Plan for Medical Care

Provider Newsletter

October 2020

Monroe Plan/YourCare Partnership with Molina Healthcare of NY

Overview for Practices and Providers

Effective July 1, 2020, YourCare Health Plan's Medicaid Managed Care, HARP, Essential Plan, and Child Health Plus transitioned to Molina Healthcare of New York, Inc. 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. Your existing Participating Provider Agreement will remain in effect, and the Monroe Plan/YourCare will make your services available to Molina through an IPA network

agreement. Monroe Plan IPA & YourCare IPA and Molina have a Value Based Contract for the entire IPA network with selected quality measures at risk.

You can still expect to receive great support from Monroe Plan staff as our teams will be directly involved in provider communication and education, contracting and network compliance, and value-based quality programs.

**Please note that that some documents will continue to include YourCare branding as we transition the remaining YourCare practice contracts back to Monroe Plan IPA.*

How do I know who to contact?

- 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.

Can Monroe Plan's Health Home Care Management Agency Help?

As a provider, you may be faced with a patient who is chronically ill and overwhelmed by life's obstacles or just trying to navigate the health care system. This patient may qualify for care coordination services. Monroe Plan's Health Home Care Management Agency (CMA) provides Care Management services to ensure all those involved in an individual's care are working together and sharing the necessary information in supporting a person's recovery. A Health Home Care Manager is expected to help coordinate not just medical, mental health and substance abuse services, but the social service needs of the individual as well.

A person must be receiving Medicaid and meet the criteria listed below to be enrolled with a Health Home CMA. Individuals who have both Medicaid and Medicare may also be eligible. Qualifying criteria includes:

- Two or more chronic health conditions, such as asthma, diabetes, heart disease, obesity, mental health condition or substance use disorder
- One condition if it is a significant mental illness or living with HIV/AIDs.
- Once a client agrees to Health Home Care Management, staff will complete:
 - A comprehensive assessment with the client
 - Telephonic contact every 30 days with the goal of facilitating progress towards member's goals
 - Face to face contact every 90 days
 - Follow-up contact after every inpatient stay and Emergency Department visit

To inquire about Monroe Plan's health home care management services, please call 1.866.255.7969 or email us at triage@monroeplan.com for additional information.



Access and Availability Requirements

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. Please be sure that your staff is familiar with the (NYSDOH) Medicaid Managed Care (MMC) contractual guidelines for Access and Availability Standards.

NYSDOH Appointment Standards	
Type of Visit	Required Timeframe
Urgent care visit	Within 24 Hours
Non-urgent sick visits	Within 3 days
Routine, preventive care visit	Within 4 weeks
First pre-natal visit	Within 3 weeks during 1st trimester (2 weeks during 2nd, 1 week during 3rd)
First newborn visit	Within 2 weeks of hospital discharge
First family planning visit	Within 2 weeks
Follow-up visit after mental health/substance abuse ER or inpatient visit	Within 5 days
Non-urgent mental health or substance abuse visit	Within 2 weeks
Adult baseline and routine physicals visit	Within 12 weeks

Accepting new patients?

Complete Access and Availability standards can be found at
www.health.ny.gov.

Contact pfmemails@monroeplan.com with any questions.

What Providers Need to KNOW- ON Behalf of the MCO

October is Breast Cancer Awareness Month

According to the CDC, other than skin cancer, breast cancer is the most common cancer among American women. Mammograms are the best way to find breast cancer early and now, more than ever, it is important that patients are encouraged

to have their preventative screenings done. Along with other member incentives, Molina offers a \$25 Walmart gift card to women 40 years of age and older who complete their mammogram screening. The process is easy- Molina sends your patient a reminder card. All you do is verify the screening has been done and the member returns the card to Molina.

Molina Provider Portal

If you have not already done so, be sure to sign up for Molina's Provider portal to check member eligibility, claims status, PCP rosters and more. Instructions for portal access can be found at www.molinahealthcare.com.

Electronic Funds Transfer - Timely and Efficient Payment

Sign up for EFT to make the best use of your time and resources. Go to www.molinahealthcare.com for more information.

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."

Physician Administered Drugs (J Codes) Included in Prior Authorization Matrix

Molina Healthcare's Drug Formulary is a listing of drug products eligible for reimbursement by Molina Healthcare. Prescriptions for medications requiring prior approval or for medications not included in Molina's formulary may be approved when medically necessary and when Formulary alternatives have demonstrated ineffectiveness. When these exceptions arise, the physician may fax a completed Prior Authorization Form to Molina HealthCare at 1.844.823.5479.

It is important to note that Molina recently amended the prior authorization matrix to include **Physician Administered Drugs (J Codes)** for more information, Molina's full formulary, or prior authorization form, please visit www.molinahealthcare.com/providers.



www.monroeplan.com