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AUGUST IS NATIONAL IMMUNIZATION AWARENESS MONTH



The pandemic has significantly impacted routine vaccination rates, putting people of all age groups at risk for contracting preventable diseases. Your guidance makes a difference! **Your recommendation is the number one reason your patients choose to vaccinate on time.**

Please consider using a presumptive approach that assumes most parents will choose to vaccinate their child. For example, say: "Your child needs these vaccines today," instead of "What do you want to do about vaccination today?". Also, when recommending HPV vaccine, it's important to recommend the vaccine the same way and same day that you recommend other vaccines for adolescents.

MONROE PLAN'S PROVIDER PORTAL SAVES TIME – Register Today!



Monroe Plan for Medical Care's Provider Portal centralizes essential tools & forms in one place!

- * Submit Roster Updates
- * Access Demographic, Credentialing & Administrative Forms
- * Utilize Coding Tip Sheets
- * Find Training Tools, Resources and more!

To register, go to <https://monroeplan.healthtrioconnect.com>.

ENGAGE YOUR PATIENTS IN CARE WITH MEMBER INCENTIVES

Molina Healthcare of New York (MHNY) offers a \$25 Walmart Gift Card to members who complete preventative health visits and screenings including Adult well visits, Well Child, Diabetes, Prenatal and Postpartum Engagements and Breast/Cervical/Colorectal Cancer Screenings. Click here to view MHNY's [Member Incentive](#) program details!



Monroe Plan for Medical Care IPA
August 2021 Newsletter

PROVIDER DATA MANAGEMENT INFORMATION
Keeping Your Records Straight

ITEM	WHAT YOU NEED TO KNOW
<p>Provider Office Changes When the provider office or facility has moved, changed ownership, merged with another group etc.</p>	<p>When there are any major updates within your practice, please make sure you update us in a timely manner by sending the changes to pfmemails@monroeplan.com.</p> <p>Important changes include new practitioners, new service locations, TIN changes, NPI updates, remit address updates, termed practitioners, etc.</p>
<p>Provider Roster updates</p>	<p>To ensure accurate and current practice data is captured, please send updated provider practice rosters to Monroe Plan at pfmemails@monroeplan.com.</p>
<p>Medicaid ID (MMIS)</p>	<p>To see Medicaid patients, providers must enroll with NYS and have an MMIS number. To enroll, go to the eMedNY site, Provider Enrollment Page and navigate to your provider type to print and review the instructions and enrollment form.</p>
<p>Attestations</p>	<p>We will begin requesting Provider Attestation Forms, HIV Attestation Forms, and Ownership Disclosure Attestations beginning in September 2021. Please keep an eye out for these forms and return timely!</p>

LEAD SCREENING FOR CHILDREN

Lead Screening for Children is an important pediatric quality measure and is also part of the ongoing New York State Performance Improvement Project. New York State Public Health Law and Regulations require health care providers to:



- ✓ Test all children at age 1 year and again at age 2 with a blood lead test.
- ✓ Assess all children ages 6 months to 6 years at every well child visit for risk of lead exposure and obtain a blood lead test if there is a positive response to ANY of the questions in *Does Your Child Need a Lead Test?*
- ✓ Report point-of-care blood lead test results to the NYS DOH in accordance with guidance.
- ✓ Provide parent or guardian of the child the result of the blood lead test. *What Your Child's Blood Lead Test Means* is a helpful resource to provide with the test results.
- ✓ Provide anticipatory guidance to all parents or guardians of children as part of routine care, which may include the Lead Poisoning is a Danger for Every Baby and Child.

Local DOH reminders

Follow-up of any BLL > 5 ug/dL (capillary or initial venous test) must be done with a venous test at the appropriate time. The local health department is required to continue case management for children with elevated blood lead levels until the child has two venous blood lead levels less than 5 ug/dL at least 3 months apart.

NYS DOH **FREE** Education Materials: https://www.health.ny.gov/forms/order_forms/lead.pdf
For more information, please visit https://www.health.ny.gov/environmental/lead/health_care_providers/

ASSISTANCE FOR UNINSURED PATIENTS



Do you have patients who are uninsured or need assistance with health insurance? As you know, MPMC contracts with Molina Healthcare of New York on behalf of the IPA. Molina offers free or low-cost health insurance to qualifying individuals and their families. Molina's team of skilled facilitated enrollers would be happy to help your patients with their insurance needs. Please call **Molina at (844) 239-4911 (TTY:711)** for assistance or if you prefer, please contact:

Rochester Area

Norma Diamond, Supervisor, Facilitated Enrollment
Norma.Diamond@MolinaHealthcare.com
585.261.2011

Buffalo Area

Will Reyes
William.Reyes@MolinaHealthcare.com
716.258.8936

MONROE PLAN FOR MEDICAL CARE'S CARE MANAGEMENT AGENCY IS GROWING

You know how important it is to treat the whole patient. Every day you encounter patients who need help navigating the health care system, who may lack transportation, housing, or food, and/or whose environment makes it difficult for them to get and stay healthy. With a patient waiting in the next room and limited time and resources, how can you address the "whole patient"?

Monroe Plan's Health Home Care Management Agency offers a solution. Patients enrolled in Medicaid or dually enrolled in Medicaid and Medicare may be eligible for care management services that help address their health care holistically.

If you would like to make a referral or learn more, please contact Monroe Plan's Health Home Care Management Agency, 866.255.7969 or email triage@monroeplan.com.

Monroe Plan's Health Home Care Management Agency (CMA) was initiated in 2013 and currently serves 24 counties and approximately 3000 members. Monroe Plan's CMA contracts with 8 Health Home hubs and has earned a reputation for providing effective, high quality care management to qualified Medicaid recipients in the counties we serve. Building on our 50-year history of partnering with providers, community-based organizations, and the members themselves, our care managers are uniquely qualified to help Medicaid members navigate complex health care and community service networks to be sure they get the care and services they need. Every day, person by person, Monroe Plan's team puts the **care** in care management.

PROVIDER SATISFACTION SURVEY



You should be receiving a Provider Satisfaction Survey from Molina Healthcare of New York (MHNY) soon! Please take a few moments to respond. Your feedback helps MHNY and Monroe Plan better serve you!

Monroe Plan for Medical Care IPA

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ACCESS AND AVAILABILITY

Primary Care Providers (PCPs) (Family Practice, Internal Medicine, Obstetrics/Gynecology (OB/GYN), Pediatricians), and Behavioral Health Providers who contract with Medicaid Managed Care Plans must meet specific appointment and availability standards to ensure that enrolled Medicaid members have appropriate access to necessary health care. New York State routinely completes surveillance activities to evaluate compliance with the following appointment availability standards, (Medicaid Model Contract 15.2, Appointment 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

NYSDOH Appointment Standards for Behavioral Health Services	
Type of Visit	Required Timeframe
Behavioral Health Specialist Referral Non-Urgent	Within 24 Hours
For Continuing Day Treatment, Intensive Psychiatric Rehabilitation, Treatment programs and Rehabilitation services for residential Substance Use Disorder treatment services	Within 2 to 4 weeks of request
For PROS programs other than clinic services	Within 2 weeks of request
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	Within 1 week of request
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	Within 10 days of request by an MMC Enrollee