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FEEDBACK WANTED: IPA SATISFACTION SURVEY IN PROGRESS



On Monday, November 1 a brief satisfaction survey was sent via email to each practice. Please take a few moments to let us know how effectively we are supporting your practice, as well as what additional help your team needs. The email is from Monroe Plan for Medical Care <invites@mailersurveygizmo.com>. Your insights will help us tailor services that meet your needs. Thank you in advance for your feedback!

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>.



NOVEMBER 14TH IS NATIONAL DIABETES AWARENESS DAY



1 in 5 Americans have Diabetes but do not know it yet. The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.

Please ensure that your patients with the diagnosis of Diabetes have their yearly testing completed including Hba1c testing, Dilated Retinal Exam, Blood Pressure and Flu/COVID Vaccinations.

DIABETES CODING TIPS

Be sure your practice gets full credit for Diabetes related visits by following the coding tips below!

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FOR MEDICAL CARE

Diabetes

**Hemoglobin A1c (HbA1c) Poor Control > 9.0%
Coding**

Coding:

83036, 83037
 3044F - Most recent hemoglobin A1c (HbA1c) level less than 7.0%
 3046F - Most recent hemoglobin A1c level greater than 9.0%
 3051F - Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
 3052F - Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%

**** CPT II codes used to identify compliance must use the most recent result provided during the calendar year. (Note: A lower rate indicates better performance for this measure)**

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FOR MEDICAL CARE

Diabetes

Dilated Eye Exam

Patients 18–75 years of age with a diagnosis of diabetes (type 1 and type 2) who had a dilated eye exam by an eye care professional during the calendar year or had a negative dilated eye exam by an eye care professional in the year prior to the current year

Medical record documentation should include/ indicate:

- ❖ Documentation from a health care professional indicating that a retinal or dilated exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the exam was performed and the results
- ❖ A chart or photograph indicating the date when the fundus photography was performed and one of the following:
 - ❖ evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results
 - ❖ evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist
 - ❖ evidence results were read by a system that provides an artificial intelligence (AI) interpretation
- ❖ Documentation of a negative retinal or dilated exam by an eye care professional in the year prior to the current year, where results indicate retinopathy was not present

If you'd like a list of patients who are missing their exams or guidance on coding, contact Stolbert@monroeplan.com.

Monroe Plan for Medical Care IPA

November 2021 Newsletter

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

**Monroe Plan for Medical Care IPA
November 2021 Newsletter**

NEARING THE QUALITY FINISH LINE

Please remember that Molina provides your patients with incentive dollars when they engage in preventative health screenings. This is a great way to encourage reluctant patients to engage.

How it Works

1. Molina mails qualified members a post card reminder to schedule their appointments.
2. Members and/or providers fill out the post card.
3. Drop the completed postage paid card in the mail.
4. Member reward arrives in 3-6 weeks.

Note: Members who do not receive a post card, should reach out to MHNYQuality@MolinaHealthcare.com.

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 with your provider</i>
Colorectal Cancer Screening (Ages 50-75)
Diabetes (BOTH tests combined: HbA1c and Eye Exam)
Prenatal (1 visit within the first trimester)
Postpartum (visit 7 to 84 days after birth)

