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Monroe Plan News

Monroe Plan Welcomes Dr. George E. Matthews as New CMO

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MONROE PLAN WELCOMES NEW CMO, DR. GEORGE E. MATTHEWS



We are excited to share that **Dr. George E. Matthews** has joined Monroe Plan for Medical Care as our new Chief Medical Officer. Along with a wealth of clinical and leadership experience, Dr. Matthews brings a career long commitment to community health naturally affiliating him with Monroe Plan's mission to serve the underserved.

Dr. Matthews has practiced as a cardiologist in Western New York for the past 35 years. Building on a philosophy that the effective practice of medicine is an art as well as science, he has been driven to improve the quality of life for his patients by providing the highest quality of care.

In addition to his role with Monroe Plan, Dr. Matthews will continue to serve as Chief of Service for the Department of Medicine at Kaleida Health. In this capacity, he has accountability to ensure that services and programs provided are patient/family focused, clinically excellent, operationally efficient, and achieve effective outcomes in clinical quality, safety, cost, experience, and professional staff engagement. Additionally, he is intimately involved in the education of the next generation of physicians through his work in teaching medical students, residents, fellows.

Having completed his undergraduate education at Brown University, Dr. Matthews went on to earn his Medical Degree from Cornell University and completed his medical training at the Medical College of Pennsylvania.

We feel fortunate to have Dr. Matthews on the Monroe Plan team and are confident that his distinguished clinical background, natural passion for community health, and fresh perspective will prove incredibly valuable to our organizations and yours!

INTRODUCING MONROE PLAN'S THRIVE AT HOME PROGRAM

Monroe Plan for Medical Care has expanded our team and services to include a Family Nurse Practitioner (NP) as part of our Thrive at Home Program for Medicaid and HARP members. We welcome Kirsten Meess, NP, to the Monroe Plan team. Kirsten will be conducting home and community-based visits with currently disengaged network patients. During these visits, Kirsten will perform health assessments and screenings to close gaps in patient care and improve outcomes including:



*Kirsten Mees, Chronic Care
Outreach Clinician, NP*

- Hba1c testing
- Dilated Retinal Exams
- Spirometry
- Blood pressure monitoring
- Prenatal/Postpartum follow up
- Behavioral Health and Substance Use disorder follow up
- Chronic Disease Management Education and Support
- Coordination of linkage to community support service

To learn more, please contact Samantha Tolbert, Clinical Quality Program Manager at stolbert@monroeplan.com.

MAY IS MENTAL HEALTH AWARENESS MONTH

In the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a massive 25%, according to a scientific brief released by the World Health Organization in this March.

What can you do?

Ensure that your patients discharged from an emergency visit or hospitalization for mental or substance use disorders are outreached by an appropriately licensed provider. Mental Health Inpatient stay follow-up must be done by a licensed mental health provider.



For your convenience, the coding for telephonic follow-up is as follows: 98966 (5-10 minutes), 98967 (11-20 minutes) and 98968 (21-30 minutes).

If your practice needs assistance with resources, BH assessment education, or linking your patients to care please email stolbert@monroeplan.com or our BH care management department at triage@monroeplan.com.

THEY'RE BACK- CONNECT WITH RETURNING COLLEGE STUDENTS!



Each stage of life brings its own health and well-being issues. Young adults often place less importance on regular health engagements with their providers than other populations. Lack of involvement in health care is strongly linked to poor health outcomes.

Now is the time to proactively call your young adult patients, many of whom may be returning home from college, to schedule a visit. If you would like a list of your patients 18-21 who did not engage in a well child visit in 2021, please contact stolbert@monroeplan.com.

SELECT SERVICES TRANSITIONING TO CORE

Some Behavioral Health Home and Community-Based Services are transferring to core (Community Oriented Recovery and Empowerment) making it easier for Health and Recovery Plan members to access needed services. Effective, February 1, 2022, HARP members who meet eligibility requirements can access CORE services on a referral basis. For more information, please see the [CORE-Provider-Memo-021522.pdf \(molinahealthcare.com\)](#).



PROVIDER NETWORK ANNUAL ATTESTATIONS



Each year, Medicaid managed care providers are required to complete three brief attestation forms – Ownership Disclosure, Provider Employee, and HIV. It is necessary to complete these forms to maintain par-status and avoid claims issues. The forms are available through the Monroe Plan Provider Portal.

If you have not already registered for the Monroe Plan Provider Portal, you can access the portal via [Monroe Plan Provider Portal](#) or by visiting via our website at [Provider Resources & Forms - Monroe Plan for Medical Care](#). Please complete the attestation forms by May 15, 2022. All forms and questions should be sent to providerrelations@monroeplan.com.

ALL ABOUT CAHPS: CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS



The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, administered each November, is a comprehensive tool designed to assess consumers' experience with health care and health plans. The New York State Department of Health (NYS) sponsors a CAHPS® survey for the Medicaid managed care plans and uses the results to determine variation in member satisfaction among the plans.

Common CAHPS Questions:

How often does your doctor....

- Explain things in a way that was easy to understand?
- Listen carefully to you?
- Show respect for what you had to say?
- Spend enough time with you?
- How many times did you get health care for yourself in person, by phone, or by video in the last 6 months? (excluding Emergency Room)
- What number would you use to rate all your health care in the last 6 months?

Good news - Molina Network physicians scored near or above state averages in 2021. With increased awareness and emphasis on the areas that CAHPS covers, patient care and scores can be even better!

Child Survey	2021	2019	State Average
Molina	88	89	89.95
Adult Survey	2021	2019	State Average
Molina	84	85	81.46

CULTURAL COMPETENCY TRAINING AND ATTESTATION FOR PROVIDERS AND STAFF



The Mainstream Medicaid Managed Care, HIV Special Needs Plans, and Health and Recovery Plans Model Contract Section 15.10(c) requires that the MMCP “...ensure the cultural competence of its provider network by requiring Participating Providers to certify, on an annual basis, completion of State-approved cultural competence training curriculum, including training on the use of interpreters, for all Participating Providers’ staff who have regular and substantial contact with Enrollees.”

Cultural Competency Training Attestation

How can I attest? Once staff complete the required annual training, certificates of completion can be sent to providerrelations@monroeplan.com. The certificate of completion should serve as fulfillment for all Medicaid Managed Care Organizations you are contracted with.

To whom does this apply? All participating providers and staff who have regular and substantial contact with members.

Who can attest? Attestation can be completed by individual providers on their own behalf, or by a designee granted authority by the practice to attest on behalf of all practice providers and applicable office staff.

How often is this training required? Completion of training and attestation are required annually.

Is there a specific training program that must be completed? Providers serving the Medicaid and HARP populations must use one of the state approved trainings listed below to meet this annual requirement.

Medical Providers: [Think Cultural Health \(hhs.gov\)](https://www.hhs.gov)

Behavioral Health Providers (must complete one): [Think Cultural Health \(hhs.gov\)](https://www.hhs.gov) **OR** [State Cultural Competency Lessons](#)

If you have questions, please contact providerrelations@monroeplan.com.

PROVIDER DATA MANAGEMENT INFORMATION

Keeping Your Records Straight

ITEM	WHAT YOU NEED TO KNOW
Provider Office Changes	When there are any changes within your practice, such as new practitioners, new service locations, TIN changes, NPI updates, remit address updates, termed practitioners, please make sure you update us in a timely manner by sending the changes to pfmemails@monroeplan.com
Provider Roster Updates	To ensure accurate and current practice data is captured, please send updated provider practice rosters to Monroe Plan at pfmemails@monroeplan.com
Medicaid ID (MMIS)	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
Attestations	We requested Provider Attestation Forms, HIV Attestation Forms, Ownership Disclosure and Cultural Diversity Certifications. If you have not done so, please complete the forms, attest, and return timely.