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**DR. MATTHEWS, MONROE PLAN'S CMO, INSIGHTS ON MEN'S HEALTH MONTH**



As we think about our male patients, as well as those men that are most important to us (whether that is ourselves, our partner, father, son, or brother), we must reflect on how we can assist these individuals in maintaining a healthy lifestyle. According to the Centers of Disease Control, in the United States, men die an average of 5 years earlier than women. Men of color may experience even shorter lifespans. That being said, the leading causes of death in men aged 18 older are Heart Disease, Cancer, COVID-19, Accidents, and Stroke.

These conditions provide a basis from which we can develop strategies to improve men's health. Prevention and surveillance of health conditions are the keys by which we can impact heart health and potential cancer risk. Following are simple principles we can utilize in promoting good health in our male patient:

1. Make healthier food choices such as incorporating more plant-based food choices in the diet & reducing intake of saturated fat (found in fatty meats, butter, cheese), sugar & salt to assist in reducing heart disease
2. Exercise 30 minutes per day to positively impact the length of quality of life
3. Quit Smoking (smoking contributes to the development of heart disease, stroke and cancer)
4. Preventative Health checkups (Colorectal examination, prostate surveillance, blood pressure check, knowledge of cholesterol values)
5. Acknowledging that mental health is a cornerstone of maintaining a healthy lifestyle

Although these recommendations seem fairly simple, they can be quite difficult to implement. A consequence is the fact that in the United States 70.9% of the men are overweight or obese (compared to 38% of men worldwide), 14% of American men smoke, and 80% of Americans do not exercise enough.

As we enter the month of June, make the pledge to assist the men in your life, whether they be patient for family member, to lead a healthier lifestyle. If you need assistance with resources or referrals, please reach out to [stolbert@monroeplan.com](mailto:stolbert@monroeplan.com) or make a case management referral via our website at [monroeplan.com](http://monroeplan.com)

**Monroe Plan for Medical Care IPA  
June 2022 Newsletter**

**OPTMIZING REVENUE  
CREDIT FOR THE CARE YOU GIVE**



**Don't miss out on potential revenue!** Are you sure your practice is receiving credit for the work it is performing? Do you have the data you need to know when your patients are due for testing and well visits? Did you miss that reimbursable diagnosis or CPT2 code? Are you billing for the 5-minute telephonic engagements providers are having with patients?

To learn more about how Monroe Plan can help identify missed coding and revenue opportunities, contact Samantha Tolbert, Clinical Quality Improvement Manager at [stolbert@monroeplan.com](mailto:stolbert@monroeplan.com).

**HOUSING AND RENTAL ASSISTANCE PROGRAM FOR MOLINA MEMBERS**

In partnership with Evergreen Health, Molina is offering help to members who have a short term need for financial assistance in order to sustain their housing. This program assists individuals or families who are living with chronic health conditions, are low income or homeless, or are being evicted from current housing and can provide subsidies toward:

- Security deposit
- First month's rent
- Back rent owed.

Please note that the maximum lifetime assistance that can be received is \$1,000 per applicant. Recipients do not have to be a participant or patient of any other programs at Evergreen. A Care Coordinator will be assigned to assist the client with application process and linkage to long term supports. For more information, contact [kkawa@evergreenhs.org](mailto:kkawa@evergreenhs.org) or [stolbert@monroeplan.com](mailto:stolbert@monroeplan.com).



**KEEPING YOUR RECORDS STRAIGHT: PROVIDER DATA MANAGEMENT**

ITEM	WHAT YOU NEED TO KNOW
<b>Provider Office Changes</b>	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 <a href="mailto:pfmemails@monroeplan.com">pfmemails@monroeplan.com</a>
<b>Provider Roster Updates</b>	To ensure accurate and current practice data is captured, please send updated provider practice rosters to Monroe Plan at <a href="mailto:pfmemails@monroeplan.com">pfmemails@monroeplan.com</a>
<b>Medicaid ID (MMIS)</b>	To see Medicaid patients, providers must enroll with NYS and have an MMIS number. To enroll, go to the eMedNY site, <a href="#">Provider Enrollment Page</a> , and navigate to your provider type to print and review the instructions and enrollment form
<b>Attestations</b>	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.

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**INFANT FORMULA SHORTAGE: USEFUL RESOURCES**



Amidst the national baby formula shortage crisis, your patients may be calling for assistance. Please advise your patients to refrain from making home-made formula.

New York State Division of Consumer Protections has issued a [scam alert](#) for the community, advising consumers that there are vendors trying to take advantage of a situation. The Academy of Nutrition and Dietetics has also issued a [Formula Equivalent Guide](#) that lists recalled formulas and appropriate alternatives.

In addition, WIC, the Special Supplemental Foods Program for Women, Infants and Children, provides nutritious foods as well as nutrition counseling and education for its participants. Patients who receive Medicaid, SNAP, or TANF automatically qualify. WIC has resources to supply these patients with formula. Phone numbers for County WIC offices follow:

County	WIC Program Managed By:	Phone Number
Erie, Chautauqua, Niagara	Catholic Charities of Buffalo	(716) 218-1481
Cattaraugus	Cattaraugus County Dept of Health	(716) 373-8057
Allegany	Allegany County Dept of Health	(585) 593-2533 or 1(800) 394-1942
Monroe	Women, Infants, and Children Program	(585) 753-4942
Ontario	Society for the Protection and Care of Children	(585) 394-9240
Genesee County	Oak Orchard Health	(585) 344-2203
Livingston/Wyoming County		(585) 243-7530 or text (855)479-4129

OR inquire online through the [NYS "Wanda" Program](#)  
Click here for the [WIC Medical Documentation Form for Medically Prescribed Formula.](#)

There are several other organizations that can help including:

- \*Women's Care Center, Rochester, NY (585) 865-0360
- \*Bethany House, Rochester, NY (585) 454-4197
- \*Baby Needs Pantry-Community Action Organization of WNY, (716) 882-5150 ext. 4772
- \*Family Help Center, Buffalo, NY (716) 892-2172

**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](#). All forms and questions should be sent to [providerrelations@monroeplan.com](mailto:providerrelations@monroeplan.com).

## Monroe Plan for Medical Care IPA

### June 2022 Newsletter

### NYSDOH ACCESS AND AVAILABILITY

We follow appointment availability standards established by the New York State Department of Health. These standards apply to all lines of business, and are used to improve patient access to routine, urgent, preventive and specialty care. We also follow 24-hour access standards to measure after-hours access.

NYSDOH Appointment Standards for Primary Care	
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
<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

**Appointment Wait Times (primary care site):** Should not exceed one hour for scheduled appointments.

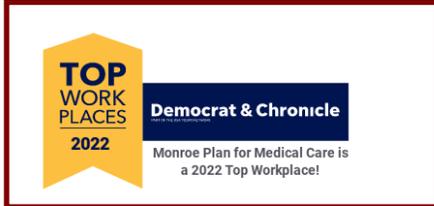
**24-Hour Phone Coverage** To help ensure continuous 24-hour coverage, primary care providers must maintain one of the following arrangements for members to contact after normal business hours:

- Office phone answered by an answering service that can contact the primary care provider or another designated network medical practitioner.
- Office phone message should direct the member to call another number to reach the primary care provider or another provider designated by the primary care provider. Someone must be available to answer the designated provider's phone; another recording is not acceptable
- Office phone transferred to another location where someone will answer the phone. The person answering calls must be able to contact the primary care provider or a designated network medical practitioner.

Please be aware that the following phone answering procedures are not acceptable:

- Answering only during office hours.
- After-hours recording that directs the members to go to an ER for any services.
- Answer the phone after-hours by a recording that tells members to leave a message.

**MONROE PLAN FOR MEDICAL CARE NAMED TOP WORKPLACE 2022**



We are proud to share that Monroe Plan for Medical Care has been named a *Democrat & Chronicle's* Top Workplace in 2022.

Monroe Plan for Medical Care, regularly recognized as a leader in the industry of safety net programs, has won similar awards for workplace wellness, culture, and employee satisfaction over time, while serving local communities in need for more than 50 years. As employers continue to take extraordinary steps to meet

the needs of employees and retain top talent during the ongoing pandemic, receiving an honor such as being named a Top Workplace is a true recognition of those efforts. Monroe Plan has created a culture where employees feel engaged, appreciated, and fulfilled, which is necessary for both individual, team, and business success.

“It has long been our focus to provide a supportive, safe, fair, and healthy environment for employees to grow, develop, and succeed – both personally and professionally,” said Dennis Graziano, President and Chief Executive Officer. “With so many significant changes in our world over the last few years, valuing the importance of health and wellness in our communities, especially in every single one of our Monroe Plan employees, has never been more vital. We are honored to be named a Rochester-area Top Workplace and we are committed to upholding these efforts moving forward.”

In addition to our IPA, Monroe Plan boasts a robust Health Home Care Management Agency (CMA) that is contracted with area Health Home hubs serving 27 counties and close to 3,000 members. Additionally, Monroe Plan is the parent company of MP CareSolutions, a healthcare management services subsidiary with offering expertise in Care Management, Utilization Management, Analytics, and Provider Network Operations to other healthcare organizations. For more information on Monroe Plan for Medical Care, including the IPA, CMA, or MP CareSolutions business, visit [monroeplan.com](http://monroeplan.com).