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A MESSAGE FROM DR. GEORGE MATTHEWS, CMO

JULY IS NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH



Having endured the impact of the COVID-19 pandemic and more recently the hate filled racist attack in Buffalo New York it is not surprising that racial and ethnic minority communities face unique psychological challenges. Unfortunately, the opportunity to receive appropriate support for the mental health challenges is thwarted due to cultural stigma and the lack of access to mental health care services. Let us put the problem in perspective.

The Office of Minority Health from the US Department of Health and Human Services describes the following statistical assessment **"In 2019 suicide was the second leading cause of death 4 blacks or African-Americans ages 15-24. Poverty level affects mental health status. African-Americans living below the poverty level as compared to those over twice the poverty level are twice as likely to report serious psychological distress". This problem extends to Native Americans as well as Alaska Natives. The Office of Minority Health describes that in 2019 suicide was the second leading cause of death for American Indian/American Natives between the ages of 10 and 34. American Indian/Alaska Natives are 60% more likely to experience the feeling that everything is an effort all or most of the time as compared to non-Hispanic whites. Violent deaths, unintentional injuries, homicide, and suicide account for 75% of all mortality in the second decade of life for American Indian/Alaska Natives. In examining Asian/Pacific Islander's suicide was leading cause of death for Asian/Pacific Islander's ages 15-24 in 2019. Southeast Asian refugees are at risk for posttraumatic stress disorder (PTSD) with 1 study identifying 70% of salvation refugees who were receiving mental health care being diagnosed with PTSD.**

With the appreciation of the size of the problem what can we do? First it must be understood that unlike other medical illnesses there is no test for a diagnosis of mental illness. We as medical providers, family members or friends can identify some of the warning signs including feeling excessively sad, inability to concentrate, prolonged episodes of irritability or anger, distancing from friends, family, or other individuals, change in sleeping habits, overuse of substances like alcohol or drugs.

If any of these concerns are identified, then it is appropriate to reach out to the primary care physician or a state or county mental health authority for more resources. Together, we can assist those who are among the most vulnerable in our communities to receive the needed mental health care.

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Please note this WNY Resources for those impacted by the Buffalo Shooting: [Mental Health Resources During an Emergency \(ny.gov\)](#). In addition, if your practice would like education on the use of behavioral health screening tools, community resources, or help linking your patients to culturally competent case managers within our case management program, please reach out to Samantha Tolbert, Clinical Quality Improvement Manager at stolbert@monroeplan.com.



READY, SET, ACCESS YOUR QUALITY DATA!

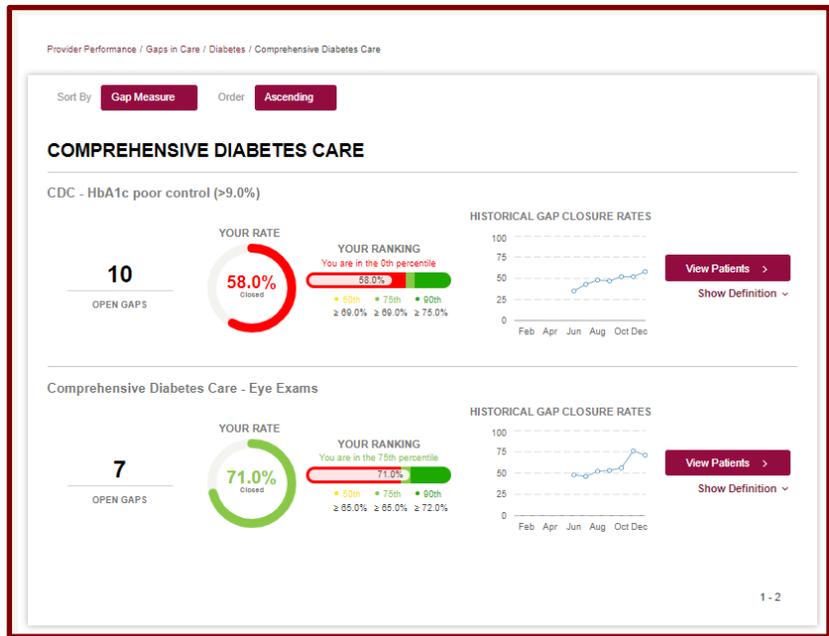
Monroe Plan’s provider portal makes it easy to quickly view your practice’s quality dashboard and ranking. Value added features include reports that identify high utilizers and gaps in care. Data can also be downloaded to excel. Log in to explore this user friendly practice management tool! **For assistance, contact providerrelations@monroeplan.com**.

Quality Dashboard Tools

High Utilizer List: Lists patients who have visited the ED and/or Urgent Care five or more times over a six month period, along with visit dates, diagnosis, locations, and patient demographic information. This allows you to intervene and refer patients to case management support for chronic health and behavioral health needs.

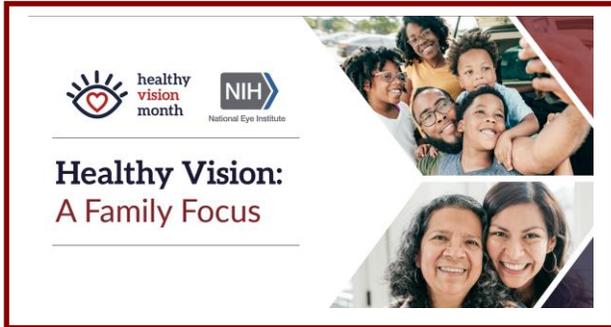
Gaps in Care: Easily check the status of your practices outcomes in HEDIS® quality indicators including prevention screening, diabetes, cardiovascular conditions, respiratory conditions, and behavioral health indicators.

SAMPLE REPORT SECTION



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HELP DIABETEC PATIENTS SEE THEIR WAY TO HEALTHY VISION



Many eye diseases have no symptoms or warning signs. That is why it is important for everyone to visit an eye doctor. Helping to save the vision of patients living with diabetes starts with you!

*Monroe Plan for Medical Care can assist by providing **Diabetic Retinal Screenings** through our Thrive at Home program. Contact Samantha Tolbert, Clinical Quality Improvement Manager at stolbert@monroeplan.com.*

Additional patient education materials can be found at <https://www.cdc.gov/diabetes/ndep/pdfs/149-healthy-eyes-matter.pdf>.

Comprehensive Diabetes Care: (CDC) Retinal Eye Exam	
Patients 18–75 years of age with a diagnosis of diabetes (type 1 and type 2) who had a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) during the calendar year or had a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the current year	
Medical record documentation should include/ indicate: <ul style="list-style-type: none"> Patients will have a retinal or dilated eye exam by an eye care professional (<i>optometrist or ophthalmologist</i>) in the calendar year or A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the current calendar year Documentation in the medical record must include the result or finding as well as when the retinal eye exam was performed Include all diagnosis codes related to diabetic retinal screening exam 	Claims/ Coding: Examples of codes to identify an eye exam: S0620-S0621; 92002; 92004; 92012; 92014; 92250; 92227; 92228 (<i>must be performed by an optometrist or ophthalmologist</i>) Codes to identify Diabetic Retinal Screening with an Eye Care Professional reported by any provider: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F 3072F – Low risk for retinopathy (<i>no evidence of retinopathy in the prior year</i>)

eMEDNY NEWS

Phase 1 of the eMedNY Provider Enrollment Portal has been launched! Currently, the Provider Enrollment Portal is **ONLY AVAILABLE** for PRACTITIONERS. Available transactions include submitting address changes, performing Drug Enforcement Administration (DEA) updates, affiliating individuals to groups, adding specialties, and updating Electronic Funds Transfer (EFT) information. Click here for more and information and step by step guidance on how to register: eMedNY.org.

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ACCESS AND AVAILABILITY STANDARDS

New York State Department of Health appointment availability standards are used to improve patient access to routine, urgent, preventive and specialty care. There are also 24-hour access standards to measure after-hours access. Is your practice compliant? To learn more by viewing our [Monroe Plan's Access-and-Availability-Standards Tip Sheet](#).

UPDATING YOUR PRACTICE INFORMATION HAS NEVER BEEN EASIER

Our Provider Portal allows you to update and submit your demographic information quickly and easily. [Click here to log in and complete and submit the demographic change form online and submit.](#)

You still have the option to download a PDF version of this form if you choose by visiting our website [Provider Resources & Forms - Monroe Plan for Medical Care](#).

REMINDER: You also need to verify and update your demographic information on the National Provider Identification Registry (<https://nppes.cms.hhs.gov/#/>) and attest to or modify your practice information as needed with the Counsel for Affordable Quality HealthCare every 120 days at [CAQH Proview Login](#).



PROVIDER DATA MANAGEMENT
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>



ABOUT MP CARESOLUTIONS

You know that Monroe Plan for Medical Care operates an Independent Physician Association holding contracts with a network of over 12,500 providers. You may also know that over our 51-year history, Monroe Plan has provided health care services to Medicaid recipients, primarily as a contracted partner to large MCO's and as an independently owned health plan for several years. But did you know that Monroe Plan is the parent company of MP CareSolutions, a Healthcare Management Services Subsidiary?

Through MP CareSolutions, we provide services to healthcare companies, large and small, offering expertise in care management, utilization management analytics, back-office operations, provider network operations and support and more. MP CareSolutions' customer base spans a variety of entities including large health plans, Special Needs Plans, ACO's and IPA's. We are proud of our strong customer service orientation and of the results we have achieved for our customers!

Why is this important for you to know? Because Monroe Plan brings this vast experience and continuous learning to bear on the work that we do on behalf of the IPA. We understand the full spectrum of health care and are exposed every day to the challenges and best practices that help us help you.

**In need of analytics, care management, utilization management or operations assistance?
Visit www.mpcaresolutions.com to learn more.**