

Office Operations

*Coding & Billing - Annual Well Child Visit
Keeping Your Practice Information Current
Are You Culturally Competent?*

Clinical Resources

*NEW Thrive at Home Gap Closure Program
Dr. Matthews, CMO on Childhood Obesity
MP/Value Network Co-Host Behavioral Health
Roundtable, 9/30*

Partner News

Value Network to Host Forum on Successful Level II VBP, September 16, 9-12:30

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MONROE PLAN INTRODUCES THRIVE AT HOME “GAP CLOSURE” PROGRAM

Tap into this no cost, value added clinical resource to reach difficult to engage Medicaid and HARP patients. Monroe Plan’s qualified team will schedule & complete preventative testing in the patient’s home.

We know that Medicaid and HARP patients often face significant obstacles to getting to the care they need such as limited transportation, childcare, and economic means. We also know that limited practice resources and time can impact quality of care. The in-home services provided through *Thrive at Home* can augment your team AND help patients overcome obstacles to accessing care. Most importantly, this program can serve as a gateway to reconnecting the patient with their primary and specialist caregivers!

Outreach staff will call patients with gaps and schedule our Family Nurse Practitioner to conduct in home services including:

Hba1c testing

Chlamydia Screening

Colorectal exams (FIT) kits

Diabetic Retinal Exams

Blood Pressure Checks

Post-Partum follow up

Spirometry

Mammography orders/referrals

To learn more, please email thriveathome@monroeplan.com.

A MESSAGE FROM DR. GEORGE E. MATTHEWS, CMO

SEPTEMBER IS CHILDHOOD OBESITY AWARENESS MONTH

Fat, heavy, pudgy, stout, overweight, and big boned have all been utilized to describe someone who is overweight or obese. When we think of obesity our mind is drawn to consider adults however the CDC reports that 1 in 5 children are obese. For children and adolescents aged 2-19 obesity affected 14.7 million individuals. However, one does not need these statistics to appreciate the extent of the problem it is evident for if we merely look at children and adolescents in our supermarkets, at family gatherings or those who comes to our offices.

Obesity is defined as a body mass index (BMI) at or above the 95th percentile of the CDC sex-specific BMI-for-age growth charts. In the years 2017-2020 obesity prevalence was 26.2% among Hispanic children, 24.8% among non-Hispanic Black children, 16.6% among non-Hispanic White children, and 9.0% among non-Hispanic Asian children.

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Why then should we care about obesity in childhood? Obesity has been identified to be associated with high blood pressure, asthma, sleep apnea, type 2 diabetes mellitus, elevation in cholesterol and joint problems. The factors that we acknowledge may contribute to obesity include genetics, a decrease in physical activity, insufficient sleep, inappropriate food choices and social determinants of health (i.e., the conditions in the places in which the child will live, learn & play).



How then are we to impact childhood obesity?

Several strategies exist to impact obesity in childhood, foremost among which are:

- (1) modifying eating habits with the adoption of an increase in vegetables, fruits and whole grains and a variety of lean protein foods low in fat. Reduction in beverages with added sugars.
- (2) increasing physical activity, with children aged 3 through 5 being physically active throughout the day and children aged 6 through 17 with at least 60 minutes of moderate to vigorous physical activity every day. Limiting screen time.
- (3) obtaining the requisite amount of sleep per day with teenagers receiving at least 8 to 10 hours of sleep per day.

Addressing obesity in America will require the appreciation that no singular quick "fix" will reverse this process. Rather, modification in behaviors (increasing exercise, adopting better food choices, reducing sugar intake, reducing screen time, and increasing sleep) will contribute to assisting children to achieve a healthy weight. The goal will be assisting children and adolescents as they embark upon a healthy adulthood.

HOT LINKED RESOURCES TO COMBAT OBESITY

- “Double UP” SNAP Benefits-** Patients using their EBT Card benefit from “Double Up” matches on fruit and vegetable purchases dollar for dollar, up to \$20 a day.
- Community Health and Wellness Organizations**
- Behavioral Health Support for Children**
- One-on-One Parenting Support/Triple P (Positive Parenting Program)**
- Refer a family to case management by emailing quality@monroeplan.com**

CODING & BILLING GUIDANCE FOR ANNUAL ADOLESCENT WELL CHILD VISITS

<u>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)</u> Children 3-17 years of age who had an outpatient visit with a PCP or OB/ GYN practitioner and who had evidence of BMI percentile documentation, counseling for nutrition, or counseling for physical activity	
<p>It is recommended a child receive weight assessment and counseling for nutrition and physical activity at least once per year during each of their 3rd – 17th years of life</p> <p>Counseling for Nutrition or Physical Activity indicators do not require a specific setting. Therefore, services rendered during a <i>telephone visit, e-visit or virtual check-in</i> meet criteria</p>	<p>Coding: BMI percentile: Z68.51, Z68.52, Z68.53, Z68.54</p> <p>Nutrition Counseling: Z71.3, 97802-97804, G0270-G0271</p> <p>Physical Activity Counseling: Z71.82, Z02.5, G0447</p> <p style="text-align: center;">Check that <i>all</i> diagnosis codes submitted are also included in the medical record.</p>

YOU ARE INVITED!

Monroe Plan and Value Network Co-Host a Behavioral Health Round Table



When: Friday, September 30th

Time: 9:30-10:30 a.m.

Topics:

- Dealing with Crisis
- Connecting Patients to Behavioral Health Care
- Navigating Central Intake and Open Access
- The Behavioral Health and Primary Care Connection
- Telehealth and Rural Access
- Social Determinants of Health Tool

To join, email stolbert@monroeplan.com

KEEPING YOUR PRACTICE INFORMATION CURRENT

Have you reviewed your practice information lately to ensure it is up to date? We recommend that you verify demographic information every 90 days by reviewing your practice rosters and submitting your current practice roster to pfmemails@monroeplan.com.

If you need to update the demographic information for your practice, please visit our website [Provider Resources & Forms - Monroe Plan for Medical Care](#) to download the most current version of our Practitioner Demographic Changes form, view the types of changes accepted on this form and send the completed form to us.

Please also verify and update your demographic information on the:

NPI Registry. Log into your NPI record at [NPPES \(hhs.gov\)](https://www.hhs.gov/nppes) and CAQH Provider Proview portal: [CAQH ProView - Sign In](#).

Thank you for helping us ensure we have the most up to-date information available!

ARE YOU CULTURALLY COMPETENT?

Monroe Plan for Medical Care's mission includes striving each day to meet the needs of the communities that we serve. We work constantly to create, nurture, and grow a culture of inclusion, diversity, equity, and access. Our work is reflected in all we do in our community as well as within our organization.

The National CLAS Standards, developed by the Health and Human Services Office of Minority Health, aim to improve health care quality and advance health equity by establishing a collective set of mandates and guidelines that inform, guide, and facilitate culturally and linguistically appropriate services.

Clear communication is the foundation of culturally and linguistically competent care. For more information visit: [Are You Culturally Competent \(monroeplan.com\)](#) & [Cultural Competence \(ny.gov\)](#) or visit our website [Provider News & Events - Monroe Plan Communications](#) under Network Compliance for more information.

PARTNER NEWS

Value Network to Hold Forum in September

Working Together to Create and Achieve Successful Level II Value Based Payment Opportunities

On September 16th, 2022, Value Network will bring together various sectors of the health field to discuss *Working Together to Create and Achieve Successful Level II Value Based Payment Opportunities*. Value Network Partners will be joined by leaders from primary care, local health plans, hospital systems, and behavioral health. The main goal of the event is to assemble key stakeholders across WNY to have an in-depth dialogue, and several panel discussions focusing on how to create a path forward for VBP contracting.

We are pleased to share that one of the featured panelists will be George Hughes, SVP, Provider Network and Fiscal Operations, Monroe Plan for Medical Care.

The forum will be held from 9:00 am -12:30 pm. If you are interested in learning more or registering for the event, please contact [Sarah Kaiser](#).
