monroe plan
FOR MEDICAL CARE

Monroe Plan for Medical Care IPA
September 2023 Newsletter

Office Operations

Clinical Resources

Monroe Plan News

ASSISTANCE FOR UNINSURED AND AT-RISK PATIENTS

Do you have patients who are uninsured or losing their insurance and need assistance? Molina's Facilitated Enrollment team can meet with your patients, review their insuranceoptions, and link qualifying individuals to a plan of their choice.

Finger Lakes Region:

Contact Norma Diamond, Manager of Facilitated Enrollment

Norma.Diamond@molinahealthcare.com

(585) 261-2011.

Western New York:

Contact Josue Lanzot, Manager of Facilitated Enrollment

Josue.Lanzot@molinaealthcare.com

(716) 329-2082

A MESSAGE FROM DR. GEORGE E. MATTHEWS, CMO

September is National Cholesterol Education Month

Good cholesterol. Bad cholesterol. Too high a cholesterol value. Dietary modification to impact cholesterol. Medications to lower cholesterol. These are all discussion points that are offered daily. Statistics provided by the CDC suggests that 86 million United States adults age 20 or older have a total cholesterol above 200 mg/dL with 25 million adults having total cholesterol levels above 240 mg/dL.

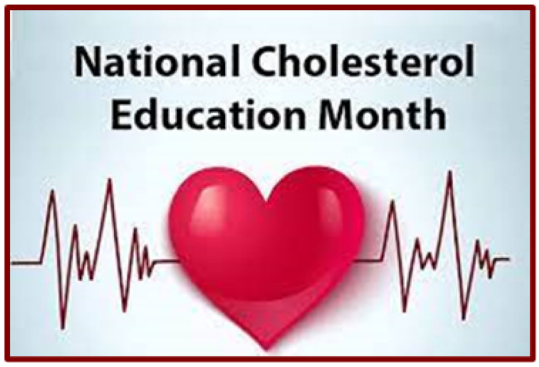
The information regarding cholesterol and health can at times appear overwhelming. In honor of National Cholesterol Education Month let's see if we can't provide some clarity. Cholesterol is a waxy substance produced by the liver and necessary for all animal cells. Cholesterol is necessary for the formation of the cell membrane which is required to maintain cell integrity. Cholesterol is also necessary for the body's ability to synthesize vitamin D, steroid hormones, cortisol, aldosterone, estrogens and testosterone. Our bodies produce all the cholesterol we require (approximately 1000 mg per day). A typical diet in the United States may include 300 mg of cholesterol. An elevation in the level of cholesterol may result in the buildup of "plaque "on the walls of arteries. The resulting buildup of plaque can narrow the artery such that blood flow through the vessel is reduced. A consequence of the reduced blood flow may be chest pain (angina pectoris), heart attack/myocardial infarction, stroke or peripheral arterial disease. Evaluation of the cholesterol level is accomplished through the performance of a lipid profile/lipid panel.

Optimal Cholesterol Levels

Optimal Cholesterol Levels[1]	
Total cholesterol	About 150 mg/dL
LDL ("bad") cholesterol	About 100 mg/dL
HDL ("good") cholesterol	At least 40 mg/dL in men and 50 mg/dL in women
Triglycerides	Less than 150 mg/dL

Cholesterol by its very nature cannot be easily transported through the bloodstream. Cholesterol is modified into a form called a lipoprotein which allows cholesterol to be dissolved into the bloodstream in a fashion that may be transported. Two types of lipoproteins are low density lipoprotein (LDL/'bad" cholesterol) and high density lipoprotein (HDL/"good" cholesterol). LDL makes up the majority of cholesterol within our bodies. A high level of LDL increases the risk of vascular disease, heart disease and stroke (hence its designation as bad cholesterol). HDL assists in the transport of cholesterol from the bloodstream back to the liver where it can be excreted or utilized in the synthesis of hormones. An increased number of HDL particles is correlated with a lower risk of heart disease, vascular disease and stroke (hence the designation of good cholesterol). Finally, triglycerides are are a form of fat/lipid that our body can use to store calories and provide energy.

How are we able to impact cholesterol? 1st, In appreciation of the fact that our bodies make all the cholesterol we require it is important to reduce our intake of foods that are high in saturated fat which may contribute to a high cholesterol. 2nd, modify those risk factors which may contribute to an elevation in cholesterol and in particular LDL cholesterol. Specifically maintaining a healthy weight (acknowledging that excessive body fat reduces the ability of our bodies to remove LDL cholesterol from the bloodstream), increase physical activity, decrease alcohol intake (which may increase cholesterol and triglycerides). If these nonpharmacologic measures (diet and exercise) are inadequate to provide a significant reduction in cholesterol levels than consultation with your provider regarding consideration for pharmacologic measures (medications) may be appropriate. Among the most effective therapies are included the administration of statins and injectable antibodies (PCSK9 inhibitors). It may be appreciated that there are many drugs to assist in the management of cholesterol elevation. Side effects may happen with any drug, however the variety of treatments we have capable of providing cholesterol-lowering allows us to assist an individual in choosing a tailored treatment that may avoid undesirable effects. I hope that the above has been helpful in providing further insight into understanding cholesterol and thus the only question that remains is: **What is your cholesterol?**



BACK TO SCHOOL - CLASSROOMS AND CHECK-UPS GO TOGETHER!

FOCUSED HEDIS Quality Metric:

Annual Well Visits: Ages 3-21 years. Includes developmental/behavioral assessments, physica exam, screening test and procedures, and anticipatory guidance.

Chlamydia Screening: Ages 16-24 Females assigned at birth who are sexually active

Asthma Management: Ages 5 years and older 50% or greater use of controller medications as compared to rescue

Mental Health: Ages 6 years and older Ensuring children engage with their mental health provider after an ED or inpatient engagement for Mental health or substance use.

PRACTICAL RESOURCES FOR WHOLE PATIENT CARE

Monroe Plan for Medical Care provides your practice with resources to assist your patients and their families in navigating challenges that may interfere with wellness in a culturally competent manner.

- Poverty- connection with benefits and community resources
- Transportation Barriers
- Housing
- Food Insecurity
- Disease Management Education
- Mental Health
- Substance Use Disorders

Our team is NCQA© Accredited for Case Management and Utilization Management
Please reach out to Quality@monroeplan.com or visit us at https://monroeplan.com/ to learn more.

CODING REMINDERS

Controlling High Blood Pressure (CBP)	
The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year **TIP: Retake the BP if it is high at the office visit (140/90 mm Hg or greater). Be sure to record the 2nd result**	
The last BP reading during the measurement year on or after the second diagnosis of hypertension counts for the measure compliance.	**Coding:** Hypertension I10 Systolic Reading • ≤ 130mmHg use code **3074F** • 130-139mmHg use code **3075F** • >= 140mmHg use code **3077F** Diastolic Reading • < 80mmHg use code **3078F** • 80-89mmHg use code **3079F** • >= 90mmHg use code **3080F**

Hemoglobin A1c (HbA1c) Control for Patient with Diabetes (HBD)	
Patients 18–75 years of age with a diagnosis of diabetes (type 1 and type 2) whose Hemoglobin A1c was at the following levels during the current year: • **HbA1c control (<8.0%).** • **HbA1c poor control (>9.0%).** **TIP: Use MPMC practice analysis of patients who have had test completed without CPT2 submission; submit corrected claim**	
Patients will have at least one HbA1c test performed during the calendar year • HbA1c Control < 8%: Most recent Hemoglobin A1c (HbA1c) level < 8.0% is considered compliant • HbA1c Poor Control > 9%: Most recent Hemoglobin A1c (HbA1c) level > 9.0% or result is missing Medical record documentation must include the date and value of the most recent HbA1c result during the calendar year	**Coding:** 83036; 83037 **3044F** – Most recent HbA1c less than 7.0% **3046F** – Most recent HbA1c greater than 9.0% **3051F** – Most recent HbA1c greater than or equal to 7.0% and less than 8.0% **3052F** - Most recent HbA1c greater than or equal to 8.0% and less than 9.0% ** *CPT II codes used to identify compliance must use the most recent result provided during the calendar year*

THE RIGHT INFORMATION AT THE RIGHT TIME

Please help us ensure that our provider information is correct. Be sure to inform us when your practice has changes such as a location change or provider updates.
Visit the Provider Resources & Forms – Monroe Plan for Medical Care section of our website. Click for link here: Provider Resources & Forms – Monroe Plan for Medical Care. You will have the option to download a PDF version of the form and email the form to pfmemails@monroeplan.com.

Please also verify and update your demographic information on the NPI Registry. Log into your NPI record at https://nppes.cms.hhs.gov/#/.

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

REQUIRED CULTURAL COMPETENCY TRAINING FOR PARTICIPATING PROVIDERS

The New York State Department of Health (DOH) has approved training offered by the United States Department of Health and Human Services (HHS), Office of Minority Health education program, Think Cultural Health, to fulfill the requirement for provider annual cultural competency training. The training is online, free, and offers several provider specific programs that can offer up to nine hours of CME credit hours. This program can be accessed at the following link: Education - Think Cultural Health (hhs.gov). New York State previously approved cultural competency training for behavioral health providers (see: https://omh.ny.cultural_competency_curriculum.pdf). Therefore, behavioral health providers, may utilize either the Think Cultural Health or the approved BH training to meet this requirement. Once the cultural competency training has been completed, providers need to verify completion of the program by emailing the completed certificate to providerrelations@monroeplan.com be sure to complete this required Cultural Competency Training on or before October 1, 2023, and then annually thereafter.

Molina Healthcare Corner

TIMELY FILING GUIDELINES

Claim timely filing rules are as follows: (unless otherwise outlined in the provider's contract)

- Original Primary - Clean Claim – **90** calendar days from DOS
- Secondary Insurance claim – **90** calendar days after final determination
- Corrected claim – **60** days after receiving the remittance advice
    - Corrected Claims are considered new Claims for processing purposes. Corrected Claims must be submitted electronically with the appropriate fields on the 837I or 837P completed. Providers must submit corrected claims within sixty (60) days of receiving the remittance advice. Molina's Provider 162 Portal includes functionality to submit corrected Institutional and Professional claims. Corrected claims must include the correct coding to denote if the claim is Replacement of Prior Claim or Corrected Claim for an 837I or the correct Resubmission Code for an 837P. Claims submitted without the correct coding will be returned to the Provider for resubmission.
    - Claim Disputes – **90** days

Providers disputing a Claim previously adjudicated must request such action within ninety (90) days of Molina's original remittance advice date. Regardless of type of denial/dispute (service denied, incorrect payment, administrative, etc.); all written Claim disputes must be submitted on the Molina Provider Appeal Form found on Provider website and the Provider Portal. The form must be filled out completely in order to be processed.

- Additionally, the item(s) being resubmitted should be clearly marked as a Claim Payment Dispute and must include the following:

• Any documentation to support the dispute
• The Claim number clearly marked on all supporting documents
• Copy of Authorization form (if applicable)
Submission Process (3 ways to submit)

- Provider Portal
- Fax: 315-234-9812
- Mail: Molina Healthcare of New York, Inc. Attention: Appeals and Grievances Department 1776 Eastchester Road Bronx NY 10461

Please Note: Requests for adjustments of Claims paid by a delegated medical group/IPA must be submitted to the group responsible for payment of the original Claim.

- Claim Appeals – **60** days
  Appeals are for clinical denials (authorization related)
  - Molina does not do retro reviews for medical necessity. If an authorization is denied at the time of request, if an appeal is submitted, it will be upheld as it was originally denied.
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Important Reminder:
Effective 9/1/23 - Claims submitted with missing, invalid, and incomplete NDC Information will be Denied:

Recently, a letter was sent out by Molina HealthPlan to providers who bill physician- administered drug services. The letter reminds provider who submit claims missing, invalid, incomplete NDC information, etc. will be denied if not billed with appropriate NDC and will be reconsidered if rebilled properly. For more information on NDC requirements including frequently asked questions, visit the State of New York Health Department website at: https://health.ny.gov/health_care/medicaid/program/update/2023/no11_2023-06.htm If you have any questions please contact mhnyproviderservices@Molinahealthcare.com.

MONROE PLAN INTRODUCES NEW HEALTH EQUITY IMPACT ASSESSMENT SERVICES

As part of New York State's goals to reduce disparities in health and improve healthcare quality, the Certificate of Need (CON) for Article 28 facilities now includes a requirement for an independent Health Equity Impact Assessment (HEIA) of the application. The intent is to include health equity – addressing the needs of underserved communities -- in the facility planning process, actively engaging the affected communities.

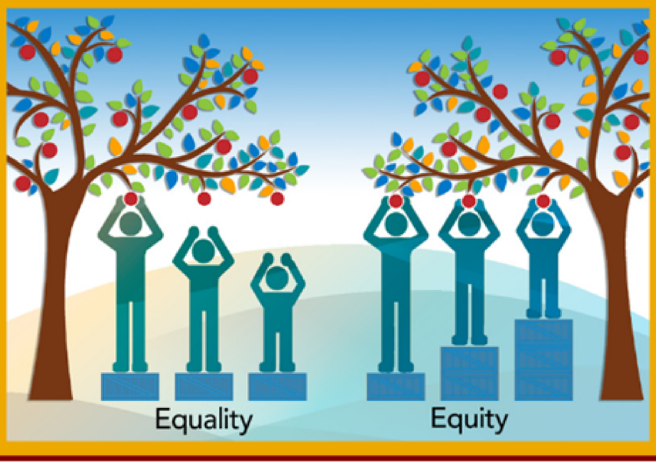
Monroe Plan is excited to share that MP CareSolutions offers independent third-party services to help your organization fulfill this HEIA requirement.

With over fifty years of experience partnering with providers, managed care organizations, and community-based organizations to reduce disparities, we are health equity experts. Our team's deep understanding of all facets of healthcare and its constituencies, ability to design data-informed and financially sustainable programs, and deep community roots make us uniquely qualified to support the HEIA process.
To learn more, call (888) 383-3320 or email mpheia@monroeplan.com.

Equality vs Equity

EQUALITY:

EVERYONE GETS THE SAME, REGARDLESS IF IT'S NEEDED OR RIGHT FOR THEM



EQUITY:

EVERYONE GETS WHAT THEY NEED, UNDERSTANDING THE BARRIERS, CIRCUMSTANCES, AND CONDITIONS.