



Live Your Life Undetectable Program *Provider Benefits*

The Live Your Life Undetectable Program is designed to support HIV-positive participants in adhering to ARV medication regimens. The program's goal is to help each patient reduce HIV viral load to an undetectable level and maintain durable viral suppression.

Patients enrolled in the Live Your Life Undetectable Program will receive integrated HIV primary care and supportive services to help them maintain adherence to ARV medication regimens.

Participants who enroll in the program with an undetectable viral load or who become undetectable or virally suppressed (viral load of less than 200 copies/ml) through participation in the program will be given a financial incentive of \$100 for each quarter that they stay suppressed.

Amida Care believes that the financial incentive provided to the patient, combined with the specific requirements of this program, will:

- *Increase and stabilize the patient's connection to care and adherence to their ARV medications*
- *Provide a greater opportunity for provider/patient communication*
- *Increase Viral Load Suppression rates at patient and clinic level*
- *Reduce community viral load*

We recognize that participation in this program brings new efforts and responsibilities for providers and clinic staff. To help offset these additional efforts, we are providing an opportunity for you to be compensated for these program-related activities.

NEW ENROLLMENT

For completing and submitting to Amida Care the full enrollment package (signed RHIO Consent Form, Health Assessment (Optional), and Enrollment and Program Consent Form), the Primary Care Provider can use the below code to bill, in addition to the standard visit codes, **1x per patient** they enroll in the LYL Undetectable Program:

Amida Care Procedure Code	Activity	Description	Frequency	Date of Service	Rate
LYLU1	Program Enrollment	Coordinating completion, signing, and submission of the LYLU Enrollment & Consent and RHIO Consent Forms	One-time reimbursement per patient	Date of signature on program enrollment forms	\$45

CONTINUOUS ENROLLMENT: QUARTERLY SUBMISSION OF VIRAL LOAD AND ATTESTATIONS

For completing and submitting the Quarterly Attestation to Amida Care, the Primary Care Provider can use the below code to bill, in addition to the standard visit codes, up to **4x a year per patient** enrolled in the LYL Undetectable Program:

Amida Care Procedure Code	Activity	Description	Frequency	Date of Service	Rate
LYLU2	Quarterly Attestation	Completing, signing and submitting the LYLU Quarterly Attestation Form	Quarterly reimbursement per LYLU enrollee (up to 4 times per year per patient)	Last day of the attesting quarter (e.g., Quarter 2 2019 - Date of service is 6/30/2019)	\$45

FORMS (Click on form names below to view and download forms referenced above)

LYLU Enrollment & Consent (English/Spanish)

RHIO Consent

LYLU Quarterly Attestation Form

For more information, contact Provider Services at:

Email: providerservices@amidacareny.org

Phone: **1-800-556-0674 (Monday-Friday, 9 am-5 pm)**