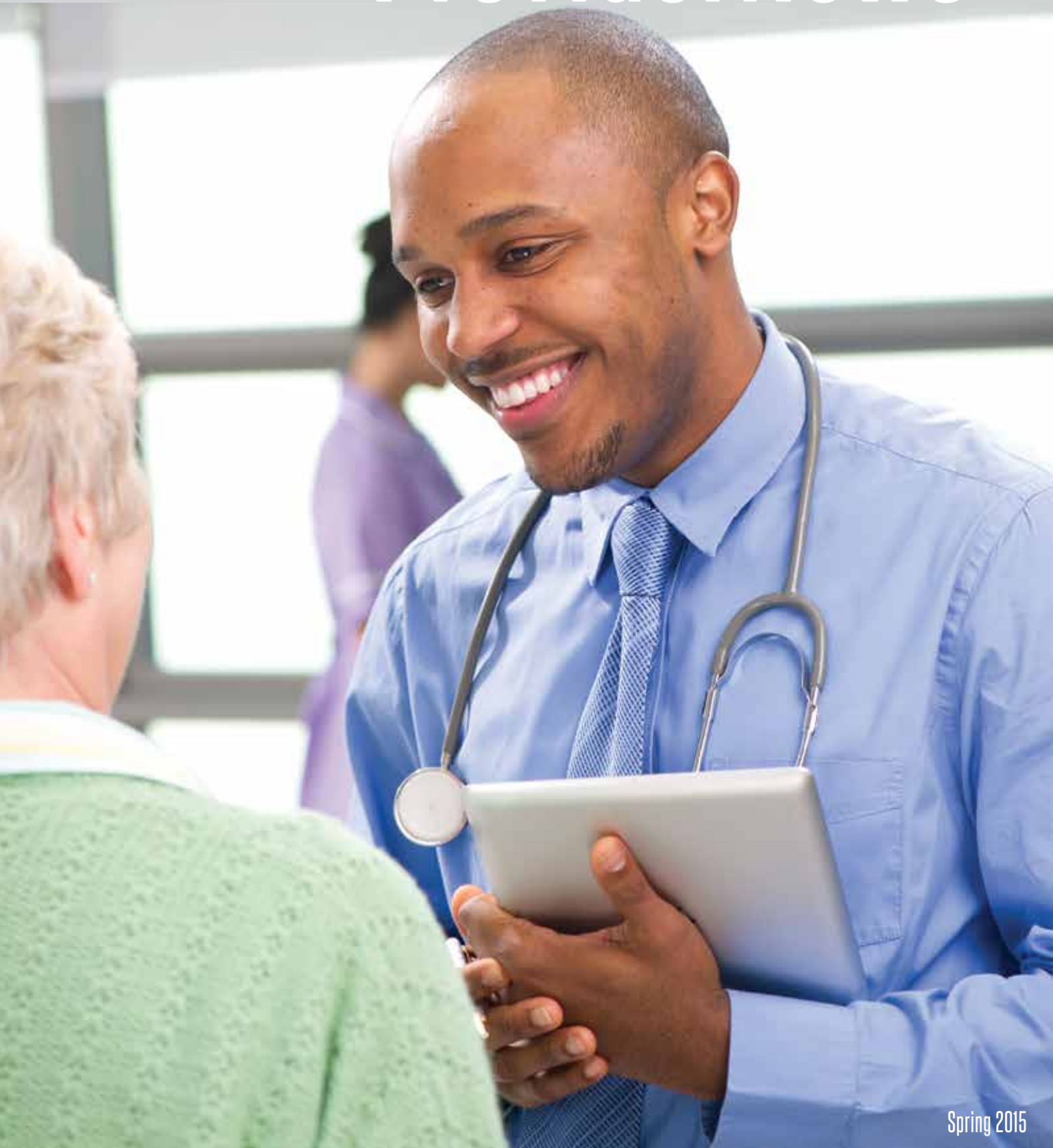
AMIDA CARE
ABOVE AND BEYOND FOR YOU

ProviderNews



Spring 2015

ProviderNews

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OUR FAMILY OF PLANS

Amida Care Live Life Plus
Amida Care True Life Plus (HMO)
Amida Care Live Life Advantage (HMO SNP)
Amida Care True Life Advantage (HMO SNP)

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Dear Amida Care Providers,

On January 13, 2015, the Ending the Epidemic Task Force to develop a plan to End AIDS in New York State by 2020 completed its unprecedented work, submitting a total of 44 recommendations to Governor Andrew Cuomo. The final blueprint will soon be released.

On June 29, 2014, Governor Cuomo boldly called for the creation of a three-point plan to End AIDS, comprised of innovative measures to:

- Identify persons with HIV who remain undiagnosed and link them to health care;
- Link and retain persons diagnosed with HIV to health care and get them on anti-HIV therapy to maximize HIV virus suppression, so they remain healthy and prevent further transmission; and
- Facilitate access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.

The Task Force was commissioned on October 14, 2014, and consisted of over 60 activists, health service providers, researchers, public health professionals and people living with HIV/AIDS. The Task Force members worked intensively to develop a set of key recommendations, after judiciously considering 300 proposals gathered from public and community input. Their selection of 44 recommendations occurred during Task Force meetings and in deliberations steered by their Data, Prevention, Care, and Housing & Support Services committees.

As members of the Task Force, Amida Care and several of our board members helped to advance its recommendations. These recommendations call for expanding HIV testing, improving retention in care and viral suppression programs, and expanding access to prevention treatments like PEP (Pre-Exposure Prophylaxis) and PrEP (Post-Exposure Prophylaxis). If fully implemented, they will also expand access to affordable and stable housing, secure food, transportation and employment opportunities; provide youth with education, prevention and treatment outreach services; expand health care and human rights for transgender New Yorkers; and eliminate barriers to clean syringe and condom use. All of these initiatives would address the social determinants of health (unstable housing, unemployment, stigma, discrimination, economic and food insecurity, etc.) that disproportionately drive new HIV infection rates in underserved communities.

The blueprint will leverage the resources and commitment of New York as a national model for ending the AIDS epidemic. Over the last decade, our State has achieved a 40 percent decrease in new HIV cases, which is unparalleled nationwide. The new plan envisions reducing the rate of HIV infections from over 3,000 per year to fewer than 750 by the year 2020. In addition to being a humanitarian endeavor, the plan is fiscally sensible. For every new infection prevented, the State will save about $400,000 in lifetime medical costs. We are close to having a final blueprint.

Let's make ending AIDS a reality!

Yours in health,

Doug Wirth

Doug Wirth
President & CEO

(MOC)

Amida Care has a unique Model of Care

Since January 2014, Amida Care has offered its three Medicare Advantage plans across the five boroughs of New York City. Two of our Medicare plans are known as "Special Needs Plans," one designed specifically for people living with HIV/AIDS and the other for people with both Medicare and Medicaid (dual eligible). Both SNPs include prescription drug coverage. The third plan offering is a traditional Medicare Advantage Prescription Drug Plan for anyone who has Medicare. The Special Needs Plan (SNP) populations have a higher incidence of multiple chronic illnesses and sub-populations of frail and disabled members, compared to other Medicare Managed Care Plan types.

Amida Care has a unique Model of Care (MOC). The MOC describes our plan for coordinating and managing care and sets guidelines for:

- Communication among members, caregivers, and providers
- The Interdisciplinary Care Team (ICT)
- Integration of the primary care physician (PCP) with the ICT
- Special expertise in the provider network and use of Clinical Practice Guidelines
- Member Health Risk Assessment (HRA)
- Care planning and care management of members
- Staff structure and care management roles
- Model of Care training
- Measurable program goals
- Quality Improvement

Through our MOC, Amida Care strives to meet the following six goals for our members:

- Improved access to medical, mental health, social services, affordable care and preventative health services
- Improved coordination of care through an interdisciplinary care team approach
- Improved transitions of care across healthcare settings and practitioners
- Improved beneficiary health outcomes
- Assure appropriate utilization of services
- Assure cost-effective service delivery

How Our MOC Operates

Amida Care makes every effort to conduct a health risk assessment with each SNP member within his/her first 90 days of enrollment in our plan, as well as annually thereafter. Most assessments are conducted by a Nurse Practitioner in the home and focus on physical, behavioral, social and environmental factors impacting our members' health. If an in-home assessment is not desired by the member, a less comprehensive health risk assessment can be done telephonically. Assessment results are used to create an Individualized Care Plan (ICP) with the member.

The individualized care plan (ICP) is the mechanism for initial and ongoing evaluation of the member's current health status and formulation of an action plan to address care needs and gaps in care. The ICP is developed and managed by the ICT in collaboration with the member, additional caregivers and the member's providers. The ICP is reevaluated on a regular basis. It is also evaluated at any time the member's health status has a substantial change (i.e. hospitalization).

All new members are assigned to an Interdisciplinary Care Team (ICT) that regularly reviews the ICP and ensures timely and effective care coordination, referrals to providers, linkages to community resources, as well as assistance in identifying and resolving barriers to care. The provider network offers broad practitioner representation from the medical, behavioral health, diagnostic and treatment arenas with the specialized expertise to care for members within the Chronic Condition and Dual Eligible SNP population. Care Managers and the PCPs work closely together to monitor the ICPs.

Interdisciplinary Care Team (ICT)

The ICT takes a holistic approach to member care and meets regularly to discuss the member's current and ongoing needs and to coordinate care.

ICT members include:

- The member
- Primary care giver, if other than the member
- Nurses
- PCP (Primary Care Physician)
- Specialists
- Pharmacists
- Licensed Clinical Social Workers
- Additional health care disciplines, as appropriate

Primary Care Providers and members are invited to ICT meetings, and an effort is made to accommodate schedules in order to increase opportunities for participation.

Certain events may also trigger ICT Review:

- Routine review based on risk stratification
- Inpatient or Emergency Department event
- HRA Completion
- Member Self-Referral
- Community Referral
- Physician/Specialist Referral

Amida Care's ICT also works with providers and facilities to ensure care coordination through facility transitions. The Care Coordinator works with the member and/or caregivers to ensure an understanding of their discharge plan and discuss any follow up needed.

We want to support and work with you and our members on the goal of moving our members toward optimal health status. If you would like to talk to us regarding the ICT for any of your members, please contact us at 646-757-7585

Achieving Our Goals

We are continually measuring our performance against defined quality measures, including:

- Reduction in hospitalizations and emergency room usage
- Improvement in self-management and independence
- Engagement in care
- Improving quality of life
- Improving satisfaction with services received

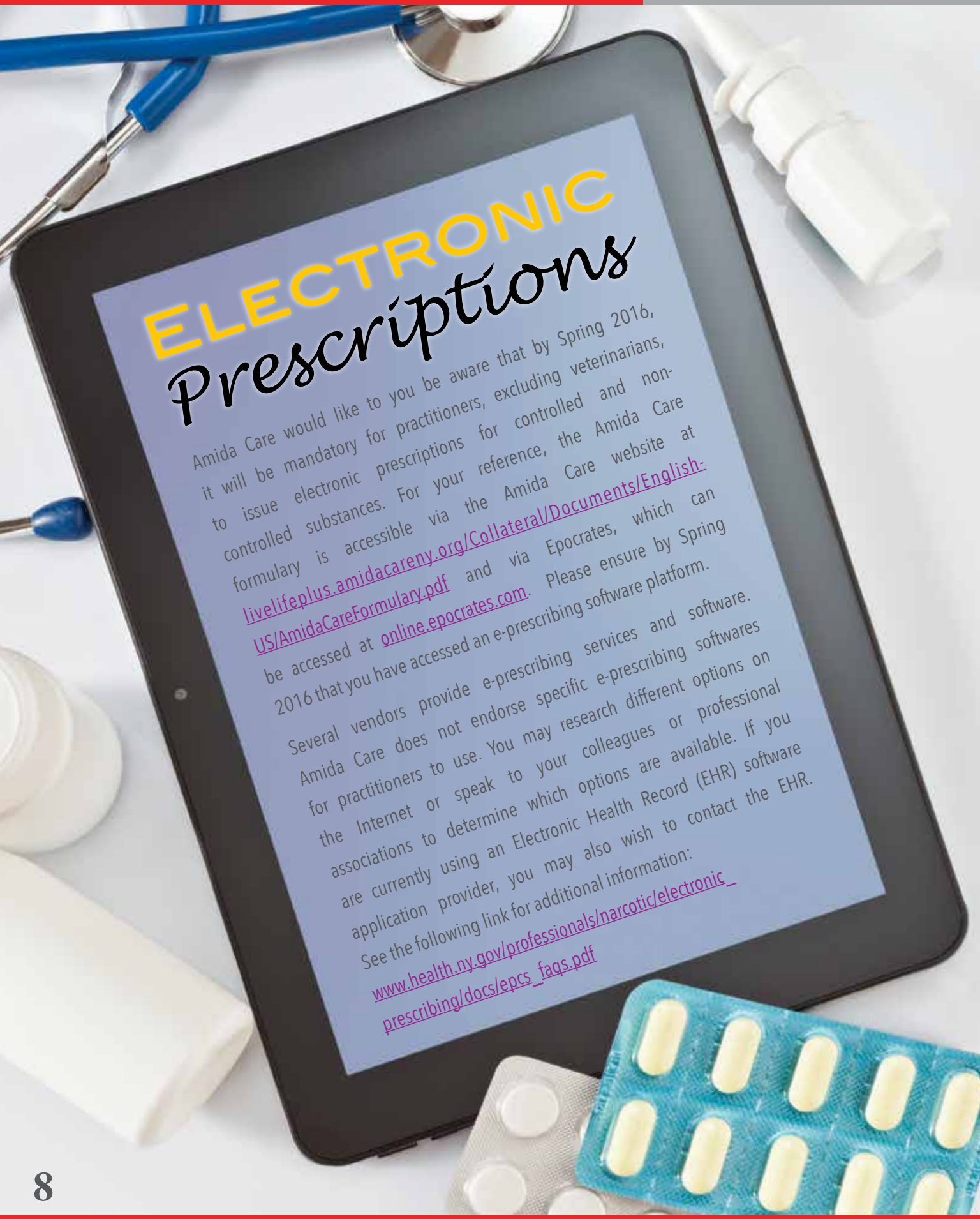
AMIDA CARE OPENS NEW WALK-IN CENTER IN MANHATTAN!

Amida Care is proud to announce the opening of a new customer walk-in center in Manhattan. Our Members and people in the community are invited to visit our new center and enhance their medical and social well-being by

- finding answers to health questions, such as how to choose a Primary Care Provider
- getting help to renew their insurance coverage or resolve concerns about benefits, or
- receiving support to address housing or nutritional issues.

Our new customer walk-in center is located on the ground floor at **234 West 35th Street in Manhattan**, and is open Monday through Friday from 9 a.m. to 5 p.m. Appointments are not necessary. The center provides private meetings rooms where Members can get help confidentially, if desired.

Amida Care also has customer walk-in offices located in **Brooklyn at 81 Willoughby Street** and in the **Bronx at 349 East 149th Street.** These offices are also open from 9 a.m. to 5 p.m. Monday through Friday, and appointments are not needed.



ELECTRONIC Prescriptions

Amida Care would like to you be aware that by Spring 2016, it will be mandatory for practitioners, excluding veterinarians, to issue electronic prescriptions for controlled and non-controlled substances. For your reference, the Amida Care formulary is accessible via the Amida Care website at livelifeplus.amidacareny.org/Collateral/Documents/English-US/AmidaCareFormulary.pdf and via Epocrates, which can be accessed at online.epocrates.com. Please ensure by Spring 2016 that you have accessed an e-prescribing software platform.

Several vendors provide e-prescribing services and software. Amida Care does not endorse specific e-prescribing softwares for practitioners to use. You may research different options on the Internet or speak to your colleagues or professional associations to determine which options are available. If you are currently using an Electronic Health Record (EHR) software application provider, you may also wish to contact the EHR. See the following link for additional information: www.health.ny.gov/professionals/narcotic/electronic_prescribing/docs/epcs_faqs.pdf

Changes *in* *Nursing Home Benefits*

As of *February 1, 2015,* Amida Care also covers long-term placement in a nursing home for members 21 years of age or older who live in NYC.

Long-term placement means the Amida Care member will live in a skilled nursing home. Covered nursing home services include:

- *Medical supervision*
- *24 hour nursing care*
- *Assistance with daily living*
- *Physical therapy*
- *Occupational therapy*
- *Speech-language pathology and other services*

In order to receive long-term care services, they must be ordered by the physician and preauthorization must be obtained from Amida Care by calling Utilization Management at **888-364-6061** or requests can be faxed to ***1-855-663-6480***.

Compliance Requirements

Are You Up to Date?

Amida Care *requires that providers in our network conduct business in a compliant, ethical, and legal manner. The Centers for Medicare & Medicaid Services (CMS) and the New York State Office of the Medicaid Inspector General (OMIG) have provided guidance and regulations that providers and health plans must follow. This includes the following requirements:*

Compliance Hotline

All providers in Amida Care's network are required to have an anonymous way for their employees to express concerns related to healthcare fraud, waste and abuse.

Annual Compliance Training

This training is required for all employees and must be provided within 90 days of hire (or contract) and annually thereafter. CMS provides two modules that meet this requirement: Fraud, Waste and Abuse (FWA) and General Compliance training. The CMS training modules can be found at: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html.

Then click on the second item listed under DOWNLOADS:

Medicare Parts C and D Fraud, Waste, and Abuse Training and Medicare Parts C and D General Compliance Training [ZIP, 2MB]

Exclusion List Checks

Providers are required to check all employees, contractors (individuals and entities), and board members against federal and state exclusion lists to determine if they have been excluded or terminated from participation in federal healthcare programs or New York Medicaid. These checks must be conducted upon hire (or contract) and monthly thereafter. Lists and instructions can be found on the following websites:

www.omig.ny.gov/fraud/medicaid-terminations-and-exclusions

www.oig.hhs.gov/exclusions/

www.sam.gov/portal/SAM/#1

Additional Compliance Requirements for Providers

- Actively monitor the activities of employees (paid or unpaid, regardless of position, including volunteers and interns) and contractors performing Amida Care-related business.
- Distribute a code of conduct as well as compliance policies and procedures to employees (paid or unpaid, including volunteers and interns) and contractors within 90 days of hire or contract and annually thereafter. If you do not have a Code of Conduct, you can distribute the Amida Care Code of Conduct.
- Disclose the latest changes to ownership and controlling interest, including any debarment or suspension status and any criminal convictions related to Federal healthcare programs of managing employees and anyone with an ownership or controlling interest in the organization or a related entity. All requests for disclosure of ownership, controlling interest, business transactions, or related information made by Amida Care or a governmental agency must be fulfilled within 35 days of the date of a request.
- Report actual or potential fraud, waste, and abuse (FWA) and compliance concerns, suspected violations of applicable fraud laws and regulations, including the False Claims Act, as it relates to Amida Care.
- Maintain information relating to Amida Care's business, including evidence of training, for a period of ten (10) years and provide information upon request by Amida Care, an Amida Care representative, or an authorized party for monitoring and auditing purposes.
- Cooperate with audits or investigations being conducted by Amida Care, a party designated by Amida Care, and/or a law enforcement, regulatory, or oversight agency.

If you need technical assistance in meeting any of these requirements, contact:

Maura McGrath, Chief Compliance and Privacy Officer, Amida Care at **646-757-7504** or mmcgrath@amidacareny.org

DOH APPOINTMENT AVAILABILITY & ACCESS SURVEY BEGINS SOON

The New York State Department of Health (DOH) has established appointment and availability standards, **as listed on the following page.** It conducts annual audits of Amida Care's provider community to ensure that DOH standards are being met. Amida Care must also conduct semi-annual surveys regarding appointment availability and 24-hour access.

The first of Amida Care's surveys begins in April 2015. A second survey will be conducted in the Fall.

PCP Access-to-Care Requirements:

- Practice at least 2 days per week, 16 hours per week, at each location
- Provide 24 hour a day coverage and a live voice answering service seven days per week, either directly or through shared coverage arrangements with other Amida Care providers.

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DOH APPOINTMENT AVAILABILITY STANDARDS

Appointment Availability Standards Quick Reference Guide	
Emergency care	immediately upon presentation at a service delivery site
Urgent medical or behavioral problems	within 24 hours of request
Non-urgent "sick visits"	within 48 to 72 hours of request, as clinically indicated
Adult baseline and routine physicals	4 weeks from date of request (adults older than 21)
Specialist appointments, non-urgent	within 4 to 6 weeks of request
In-plan mental health or substance abuse follow-up visits (pursuant to an emergency or hospital discharge)	within 5 days of request, or as clinically indicated; In-plan, non-urgent mental health or substance abuse visits within 2 weeks of request; Substance abuse follow-up visits (pursuant to an emergency or hospital discharge) within 24 hours, or as clinically indicated.
Provider visits to make health, mental health and substance abuse assessments for the purpose of making recommendations regarding a member's ability to perform work, when requested by the local department of social services	within 10 days of request
Appointments for ongoing treatment needs	within 7 days of request, if medically necessary
Women, Children and Additional Standards	
Initial prenatal visit	within 3 weeks during first trimester and 2 weeks during the second trimester and 1 week thereafter
Initial visit for newborns	within 48 hours of hospital discharge, or the following Monday if the discharge occurs on a Friday
Initial family planning visit	within 2 weeks
Walk-in patients with non-urgent needs	within 2 hours or scheduled for an appointment, consistent with the Provider's written schedule procedures
Walk-in patients with urgent needs	within 1 hour

Practitioners who do not meet access standards will be notified of their non-compliance and may be required to sign an attestation confirming that they have reviewed and understand the requirements and that they will adhere to them in the future.

High Risk Medications

Amida Care is launching programs to help improve the critical patient safety measure scores in our Medicare Part D plans. One of those measures, High Risk Medicines, includes several therapeutic categories associated with a significant risk of side effects when used by the elderly or for prolonged periods—or both.

Both the Centers for Medicare & Medicaid Services (CMS) and the Healthcare Effectiveness Data and Information Set (HEDIS) have quality measures that focus on decreasing the use of high-risk medications by the elderly. The CMS measure is defined as the percentage of members receiving more than two prescription fills of a high-risk medication. For this measure, a lower percentage is better.

Starting January 2015, members in our Medicare Part D plans who have an initial or first claim for high risk medications will receive a letter from Amida Care. This letter alerts patients to potential chronic side effects, recommends using these drugs strictly as needed, and encourages patients to contact their healthcare provider if they have questions. Patients may contact you after receiving this letter. Please use this as an opportunity to stress the importance of using the drugs only as needed, as well as to review factors such as good sleep hygiene and the avoidance of alcohol and caffeine late in the day.

Similarly, providers who prescribe high-risk medications for members in our Medicare Part D plan will receive letters alerting them about the use of high-risk medications by their patients. Providers who wish to continue therapy due to a clinically based establishment of necessity will be asked to submit an attestation justifying the use of the high-risk medication/s specified within the letter.

We also urge you to prescribe these high-risk medications only after other therapeutic alternatives have failed, and to limit both the monthly quantity and refills for these agents.

A listing of these drugs and the corresponding alternative therapies that may be safer appears in the chart at the right.

High-Risk Medications and Alternatives for Older Adults

MEDICATION (includes combinations)[1-2]	PRESCRIBING CONCERN[1-3]	ALTERNATIVES[3-5]
Anticholinergics (excludes TCAs)		
First-generation antihistamines Brompheniramine, carbinoxamine, chlorpheniramine, clemastine, cyproheptadine, diphenhydramine, dexbrompheniramine, dexchlorpheniramine, doxylamine, hydroxyzine, promethazine, tripolidine	Anticholinergic properties, including CNS depression, confusion, delirium, urinary retention, blurred vision, dry mouth, dry eyes, and constipation.	**Allergies**: loratadine, cetirizine, fexofenadine **Sleep**: trazodone, melatonin
Antiparkinson agents Benztropine (oral), trihexyphenidyl	Anticholinergic properties, more effective agents available for treatment of Parkinson disease	Carbidopa/levodopa, ropinirole
Antithrombotics		
Antithrombotics Ticlopidine, dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin)	Increased risk of agranulocytosis, liver dysfunction with ticlopidine Dipyridmole, short-acting may cause orthostatic hypotension; more effective alternatives available	Aspirin, clopidogrel
Anti-infectives		
Urinary Antibiotics Nitrofurantoin (macrocrystal and macrocrystal/monohydrate) chronic use	Should not be used for UTI prophylaxis (risk of pulmonary and neurological toxicity, nephrotoxicity)	**UTI prophylaxis**: TMP-SMX, trimethoprim, ciprofloxacin, cephalexin Short-term use for acute UTI is acceptable if CrCL is > 60 mL/min.
Cardiovascular		
Alpha blockers, central Guanabenz, guanfacine, methyldopa, reserpine (>0.1 mg/day)	High risk of adverse CNS effects; may cause bradycardia and orthostatic hypotension	ACEI/ARBs, beta-blockers, calcium channel blockers, diuretics
Calcium channel blockers Nifedipine, short-acting	Hypotension, constipation, reflex tachycardia	Long acting nifedipine or another calcium channel blocker
Cardiovascular, other Disopyramide, digoxin > 0.125 mg/day	Disopyramide is a potent negative inotrope and therefore may induce heart failure in older adults; strongly anticholinergic Higher doses of digoxin in heart failure are associated with no additional benefit and may increase risk of toxicity. Renal impairment may increase risk of toxicity. Goal serum digoxin level 0.5-0.8 ng/mL.	**Heart failure:** optimize ACEI, betac blocker, aldosterone antagonist before using digoxin. **Atrial fibrillation:** metoprolol tartrate, diltiazem CD
Central Nervous System		
Antianxiety Meprobamate Long-acting benzodiazepines (chlordiazepoxide, diazepam, flurazepam)	Possible dependence and sedation for meprobamate. Long half life (up to several days) in elderly patients; prolonged sedation and risk of falls/fractures	**Anxiety**: escitalopram (Lexapro), citalopram, sertraline, buspirone **Sleep**: trazodone, melatonin **Restless legs syndrome**: pramipexole, ropinirole, levodopa, gabapentin If benzodiazepines are required, use shorter
Antipsychotics (typical) Mesoridazine, thioridazine	Sedation, seizures, extrapyramidal effects, hypotension, constipation, prolongs QT	Atypicals (increased risk of stroke and mortality when used to treat behavioral problems in elderly patients with dementia)
Barbiturates (except phenobarbital when used for seizures) Butabarbital, secobarbital, pentobarbital, mephobarbital, amobarbital	Highly addictive (risk for withdrawal reactions), long half lives cause more sedation, CNS depression, risk of falls/fractures, confusion, ataxia.	**Sleep**: trazodone, melatonin **Anxiety**: citalopram, sertraline, buspirone

Continued on page 16

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High-Risk Medications and Alternatives for Older Adults

Nonbenzodiazepine Hypnotics Eszopiclone (Lunesta), zolpidem, zaleplon (Sonata)	Increased risk of delirium, falls, fractures. Minimal improvement in sleep latency and duration	Melatonin, trazodone
Tertiary Tricyclic Antidepressants Amitriptyline, clomipramine, doxepin (>6 mg/day), imipramine, trimipramine	Highly anticholinergic, sedative, orthostatic hypotension	**Depression**: citalopram, sertraline, mirtazapine **Sleep**: trazodone, melatonin **Peripheral neuropathy**: gabapentin, venlafaxine, duloxetine, desipramine, nortriptyline, topical lidocaine, capsaicin **Migraine prophylaxis**: beta-blocker, venlafaxine, topiramate, nortriptyline
Vasodilators Short-acting dipyridamole, ergot mesyloid, isoxsuprine	Limited efficacy, orthostatic hypotension, dementia	**Stroke prevention**: low-dose aspirin
Endocrine		
Estrogens Conjugated estrogens, estradiol, esterified estrogens, estropipate	Increased risk of stroke, VTE, breast cancer with long term use, not cardioprotective	**Vasomotor symptoms**: gabapentin, low-dose paroxetine (Brisdelle), venlafaxine **Bone Density**: calcium/Vit D, alendronate
Megestrol	Increases risk of thrombotic events and possibly death in older adults	**Vasomotor symptoms**: gabapentin, low-dose paroxetine (Brisdelle), venlafaxine
Androgens methyltestosterone	Prostatic hyperplasia, cardiac adverse effects	None, use cautiously and sparingly based on careful assessment of risks and benefits
Sulfonylureas, long-duration Chlorpropamide, glyburide	Prolonged half life could cause prolonged hypoglycemia, chlorpropamide possibly causes SIADH	Glipizide, glimepiride, metformin
Thyroid, desiccated	Cardiac adverse effects (tachyarrhythmia, palpitations)	Levothyroxine
Gastrointestinal		
Antiemetics Trimethobenzamide	Can cause extrapyramidal adverse effects.	Monitor closely and use low doses, ondansetron
Pain Medications		
Narcotics Pentazocine, meperidine	Limited efficacy with narcotic side effects (confusion, constipation) Meperidine can cause seizures in patients with renal impairment	APAP, short-acting NSAID (ibuprofen), topical creams (capsaicin, diclofenac gel), other narcotics (APAP w/ hydrocodone, oxycodone or codeine, morphine)
Non-COX-selective NSAIDs Indomethacin, ketorolac	Increased risk of GI bleeding and peptic ulcer disease	APAP, short-acting NSAID (ibuprofen), topical creams (capsaicin, diclofenac gel)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants Metaxalone, methocarbamol, cyclobenzaprine, carisoprodol, chlorzoxazone, orphenadrine	Most are poorly tolerated due to anticholinergic effects, sedation, and weakness.	Monitor side effects, use low doses, consider lifestyle modifications (rest, stretching, heat, physical therapy) **Muscle spasms**: baclofen, tizanidine

References:

1. Fick, Donna, et al. "American Geriatrics Society updated Beers Criteria for potentially inappropriate medication use in older adults." *Journal of the American Geriatrics Society* 60.4 (2012): 616-631.
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3. PL Detail-Document, Potentially Harmful Drugs in the Elderly: Beers List. Pharmacist's Letter/Prescriber's Letter. June 2012.
4. Christian, Jennifer B., Anne vanHaaren, Kathleen A. Cameron, and Kate L. Lapane. "Alternatives for potentially inappropriate medications in the elderly population: treatment algorithms for use in the Fleetwood Phase III study." *The Consultant Pharmacist* 19, no. 11 (2004): 1011-1028.
5. Natural Standard. (2013). Melatonin [Monograph]. Retrieved from http://www.naturalstandard.com.ezp3.lib.umn.edu/demo/demo - pro-melatonin.asp.




Shaping Transformation of the Chronic Illness Sector

Since late last summer, Amida Care staff, members, and providers have been actively involved in the development and implementation of New York State's Delivery System Reform Incentive Payment program (DSRIP). The program allows the State to reinvest $8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms to promote community-level collaborations and focus on system reform, specifically with a goal to achieve a 25 percent reduction in avoidable hospital use over five years.

Amida Care, supported by a State Department of Health planning grant, developed recommendations for community-based projects that are aimed at meaningful transformation of the chronic illness sector. Planning efforts focused on addressing the needs of Medicaid beneficiaries living with HIV/AIDS, severe mental illness and substance use disorders or who are homeless. A report, which is available on the Amida Care website, provides detailed justification for implementing the following initiatives: http://www.amidacareny.org/Collateral/Documents/English-US/AmidaCare_DSRIP_Report.pdf

Peer Health Navigation
The expansion of certified peer outreach and health navigation services will empower people living with chronic conditions to manage and improve their own health, as well as reach individuals who are at risk of falling out of care or need to be linked to appropriate health and behavioral health care services. Peer health navigators are vital resources in building new access points and connections to care and supportive services, as well as designing innovative care plans. This recommendation surpasses the traditional boundaries of peer-based programs, as the end goal is to create a uniform pathway for individuals to utilize their lived experiences and enter the workforce as full-time employees.

Viral Load Suppression
People living with HIV face a number of demonstrated barriers to antiretroviral (ARV) adherence, including high rates of co-occurring behavioral health issues and socioeconomic factors such as housing instability. The proposed viral load suppression initiative is based on The Undetectables program at Housing Works – an individualized, stepped approach to evidence-based ARV adherence support. This method is based on the assumption that a certain percentage of individuals living with HIV will require a higher level of support to achieve or maintain viral load suppression. People with an undetectable viral load are more likely to live a long and healthy life and are less likely to transmit HIV to others.

Crisis Bed Diversion and Hospital Step-Down
Addressing the needs of individuals who experience reoccurring behavioral health crises requires the creation of community-based transitional housing and social supports. We propose the creation of short-term, crisis diversion housing units offering stabilization services and strong linkages to community-based services. In addition, hospital step-down units will help to break the cycle of recurring hospital admissions, by easing the transition process for people who are medically cleared for discharge but lack the proper community medical and behavioral health support.

Integrated Care Learning Collaboratives
We propose that the State and PPSs implement learning collaboratives to assist small to medium sized community-based providers committed to serving the whole person and addressing their multifaceted behavioral and primary care needs, but face systemic and regulatory barriers to creating integrated care. The collaboratives would serve as arenas for providers to explore primary and behavioral health partnerships, as well as the possibility of mergers, for organizations that serve the health care needs of some of the most frequent and costliest users of Medicaid.

Amida Care has effectively advocated for the advancement of these recommendations – 8 out of 10 New York City-based lead agencies chose an HIV/AIDS project and the majority of those are committed to implementing the recommended enhanced viral load suppression and a peer-based health navigation programs that were included in Amida Care's final report. Additionally, the integration of primary and behavioral health service and crisis respite care was also Amida Care's priority and will be implemented by the majority of New York City-based lead agencies.

Amida Care is grateful to be a recipient of DSRIP planning grant funding. We will continue to support the implementation of projects and maintain active participation on the Citywide Domain 4 HIV/AIDS Workgroup, the State's Ending the Epidemic Taskforce, NYC-based lead agencies and state committees. Amida Care is confident that through effective collaboration, we can achieve transformation of the health care delivery system in New York that advances recovery, rehabilitation and wellness of individuals living with multiple chronic conditions.

The goal is to achieve a 25 percent reduction in avoidable hospital use over five years.

Behavioral Healthcare Transitions

HARPs & QHP

("HARP 101")

For many adults in New York State with serious mental illness and substance use disorders, the broad array of treatment options is difficult to navigate. Behavioral health services provided by different clinicians may not always be well coordinated, and coordination between behavioral health and their physical health counterparts is lacking. Governor Cuomo, recognizing these problems, called for "a fundamental restructuring of (the) Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control, and a more efficient administrative structure." The Governor appointed a broadly representative Medicaid Redesign Team (MRT) to review and provide recommendations to achieve these objectives. An MRT Behavioral Health (BH) work group was created in 2011 to guide the restructuring of Medicaid's BH services. The work group produced a series of recommendations concerning BH system transformation. These recommendations served as a guide in the design of this managed care initiative. The key recommendation was the integration of Behavioral Health Services into Medicaid Managed Care as Qualified Mainstream MCOs (QHP) and Health and Recovery Plans (HARPs).

QHP

Qualified Mainstream MCOs

For all adults served in mainstream and SNP MCOs throughout the State, the qualified MCO will integrate all Medicaid State Plan covered services for mental illness, substance use disorders (SUDs), and physical health (PH) conditions as part of their benefit package.

HARPs

Health And Recovery Plans

For adults meeting serious mental illness (SMI) and substance use disorders (SUD) targeting criteria and risk factors, HARP benefits will cover all standard Medicaid managed care benefits, as well as a group of specialized and integrated behavioral health benefits known as Home and Community Based Services (HCBS).

In 2011, a New York State Medicaid Redesign Team (MRT) Behavioral Health (BH) work group was created to guide the restructuring of Medicaid's BH services.

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This restructuring places an emphasis on the integration of physical and behavioral healthcare providers to best meet individualized member needs. It shifts the focus of care from an inpatient system to a recovery based outpatient system. Treatment planning and service delivery will be done with a person-centered approach and will include the member, caregiver, provider and other supports. Plans will be managing a wide range of mental health and substance use services that have traditionally been paid by Medicaid fee for service. These services include: outpatient clinic and opioid treatment programs (OTP, IOP and MMTP), continuing day treatment (CDT), partial hospitalization program (PHP), Personalized Recovery Oriented Services (PROS), Assertive Community Treatment (ACT), Targeted Case Management (TCM) including Intensive Case Management (ICM) and Supportive Case Management (SCM) which are rolling into Health Homes via SPA, mobile crisis intervention, and rehabilitation services for occupants of mental health community residences and SUD residential programs.

In addition to these expanded behavioral health benefits, HARP eligible members with SMI and SUD will also have access to an enhanced benefit package that includes wraparound recovery-oriented care to support improvement in ambulatory and home environments. These enhanced benefits are called Home and Community Based Services (HCBS). Eligibility for enhanced HCBS will be determined by a functional assessment completed by a Health Home Case Manager. Determinations of eligibility will be part of the person centered care plan that is to be shared with the HARP for review and approval. HCBS will include psychosocial rehabilitation (PSR), community psychiatric support and treatment (CPST), habilitation/residential support services, family support and training, short-term crisis respite, intensive crisis respite, education support services, empowerment services, peer supports, non-medical transportation, pre-vocational services, transitional employment, intensive supported employment (ISE), and ongoing supported employment.

The original design of the Behavioral Health restructuring allowed HIV SNP plans to apply for a separate HARP product line. In January 2015, OMH, OASAS and SDOH reexamined this approach and determined that HIV SNPs would not be designated as standalone HARPs. Instead, HIV SNP's will be able to offer their HARP-eligible members access to Home and Community Based Services (HCBS). This change gives recognition that HIV SNP plans already place an emphasis on focusing clinical, care management and administrative attention to addressing behavioral health and physical health needs. HIV SNP members, along with a chronic physical health condition, also often have other serious co-occuring physical health and behavioral health conditions. HIV SNPs, by design, already provide equivalent services to the HIV Medicaid population. HIV SNPs and all plans with separate HARPs will be required to undergo a state review to determine readiness to administer all Behavioral Health benefits, including HCBS for HARP eligible members.

To meet the needs of our membership including those with significant behavioral health comorbidities, Amida Care has received contingent designation to administer all behavioral health benefits (QHP and HARP benefits) with final designation following the state review. The implementation date for adults in NYC Health and Recovery Plans (HARP) and associated benefits as well as for Qualified Health Plans (QHP) is July 1, 2015. To assure comprehensive coordination of all services for members, including integration of physical and behavioral health service needs, Amida Care will be partnering with all service providers, including health homes, to centralize service planning. Amida Care's integrated care team (ICT) will act as a point of contact for members, providers, and health homes so treatment planning, utilization and plan of care are accessible to all parties.

Amida Care is excited about the opportunity that this new structure creates to support our providers with the tools and services that will foster recovery for our members. Many of the details for implementation of the new BH benefits are still being developed with NYS DOH, OMH and OASAS. We'll keep you posted as things progress!




Visit: www.health.ny.gov/health_care/medicaid/redesign/docs/mrt_behavioral_health_reform_recommend.pdf

Governor Cuomo Appoints

Tracie Gardner

as Assistant Secretary of Health, New York State

Leading Advocate on:

- *HIV Policy*
- *Substance Use Programs*
- *Criminal Justice Reforms*
- *Women's Issues*

Amida Care congratulates **Tracie M. Gardner**, whose appointment as Assistant Secretary of Health was announced by New York Governor Andrew Cuomo on January 11, 2015. Ms. Gardner previously served as the Co-Director of Policy for the Legal Action Center, where she was also a dedicated partner and collaborator with Amida Care. In her role at the Legal Action Center, Ms. Gardner conducted and coordinated the Center's New York State public policy advocacy in the areas of substance use disorders, criminal justice and HIV/AIDS. She has worked on a wide array of city, state and federal health and social service policy issues since 1989.

Her recent work focused on promoting Medicaid enrollment and healthcare access for the justice–involved population. Tracie is a nationally recognized spokesperson and consultant on these issues and is also the founder and Coordinator of the Women's Initiative to Stop HIV (WISH-NY). Since 1987, Tracie has worked at agencies as diverse as Gay Men's Health Crisis, the Federation of Protestant Welfare Agencies and Funders Concerned about AIDS.

She has personally trained hundreds of people living with or affected by HIV/AIDS, addiction or the criminal justice system on how to bring their lived experience into the realm of advocacy and engage in the fight for social justice. Ms. Gardner most recently served as an active member of Governor Cuomo's Ending the Epidemic Task Force to develop a plan to End AIDS in New York State by 2020.

We look forward to continuing our work with Tracie in her new role!

ROMANO IVORY

AT THE APOLLO

MEMBER SPOTLIGHT

LADIES AND GENTLEMEN, INTRODUCING SOULFUL SINGER, ROMANO IVORY!

ROMANO FEELS HIS DESTINY IS TO SING, his purpose to heal. So, it's no surprise that in pursuit of his own healing, he joined Amida Care as a member and soon after was elected to our Member Advisory Council, or MAC; a group that voices the concerns and needs of our members, and helps our leadership improve our programs and services. Last year Romano also became a member of Amida Care's Board of Directors.

Romano, 30 years old, moved to New Jersey with his family from the Bahamas when he was a child. Although young, he has had to overcome many obstacles and challenges — none strong enough to dissuade him from his dream of using his voice to spread a message of hope and inspiration.

WHAT ROMANO WANTS, ROMANO GETS

Singing has always been a part of Romano's life. He fondly remembers singing with his mom when he was very little, and watching with excitement "Showtime at the Apollo" with his aunt. He began to dream that one day he would perform at the world famous Apollo Theater in Harlem, NYC.

TO HEAR ROMANO SING, WATCH THE VIDEO OF HIS ACOUSTIC VERSION OF BOB MARLEY'S "REDEMPTION SONG". **YOUTU.BE/XCALOBOXA0W**

With perseverance, purpose, and commitment to himself, Romano has not only performed once, but twice at the Apollo; the first time at 16, when he won the youth competition, and more recently, in February of 2014.

COUNTING HIS BLESSING

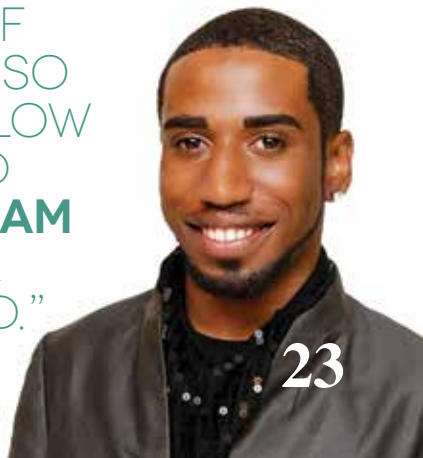
Although Romano didn't win the competition in 2014, he was triumphant anyway. First, the public loved him — no boos, only rounds of applause for him! His parents and friends witnessed his stunning performance, which made him feel supported and proud.

He also reached a professional milestone — for the first time in his young career, Romano got to perform live with a great music band and collaborated with professional musicians to accomplish his artistic vision.

WALKING WITH PURPOSE

Romano Ivory has a purpose, a message for the world: "Live Your Life, follow your destiny, walk your path." He also adds, "I take care of my health so that I can follow my heart and pursue my dream of singing for the *world*. I may not get there, but I will try every single day."

"I TAKE CARE OF **MY HEALTH** SO THAT I CAN FOLLOW **MY HEART** AND PURSUE **MY DREAM** OF SINGING FOR THE WORLD."



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any day from 8 am to 8 pm

Amida Care (HMO) is a not-for-profit health plan with a Medicare contract. Enrollment in Amida Care depends on contract renewal. This information is available for free in other languages. Please call our member service number at 888-963-7092 or TTY 711, seven days a week from 8 am to 8 pm.

Esta información se encuentra disponible en forma gratuita en otros idiomas. Por favor llame a nuestro número de atención a los miembros al 888-963-7092 o TTY 711, los siete días de la semana de 8 am a 8 pm.

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