



Volume 9 • Issue 1 • Fall 2013





## Live Life Plus

Medicaid Special Needs Plan

# ProviderNews

Volume 9 • Issue 1 • Fall 2013

### Provider Services

**1-800-556-0674**

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## Dear Amida Care Providers,

Welcome to the Fall 2013 issue of our Provider Newsletter, your source for the latest information about Amida Care. Our Board and staff are delighted to be in partnership with you and thrilled to share with you some of the exciting new things happening at Amida Care.

The first piece of good news, and after much anticipation, Amida Care is now proudly serving Queens County (in addition to the other four NYC boroughs). Read about this on page 4.



We are also pleased to announce, on page 6, that Amida Care has received certification from

NYSDOH to become a

Managed Long Term Care Plan (MLTCP) under Article 4403-f of the New York Public Health Law (PHL). Amida Care has been working tirelessly on three new Medicare Products, which CMS has approved, that will launch in the 1st quarter of 2014 (page 8).

With these product expansions comes an expanded mission and commitment to serve new groups of people living with chronic conditions, while continuing our dedication to those living with HIV/AIDS. The Amida Care family of health plans will continue to go 'Above and Beyond for You' for our members and providers.

You will also find Pharmacy Updates (page 10), a Quick Reference Guide (page 15), and Amida Care Satellite Office information (page 17) – a compilation of useful resources to be available at your fingertips.

After other news, we close out this issue with updates on our Restricted Recipient Program (page 22) and our Domestic Violence Program (page 23).

We hope you will find this Newsletter a handy communication tool between us. We encourage you to call our Provider Relations Department at 646-786-1800 with any questions or concerns.

Thank you for supporting Amida Care in our commitment to provide quality and comprehensive healthcare services to our members. We deeply value your continued support and partnership with us.

Yours in health,



Doug Wirth  
President & CEO



# WE ARE NOW SERVING



# QUEENS COUNTY

Amida Care received our license from the New York State Department of Health to serve Medicaid eligible enrollees in **Queens County**.

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Our commitment to providing quality and comprehensive healthcare services to our members is our focus and the goal we strive to meet on a daily basis. We believe that each of our members entrusts us to provide them with the coordination of their medical care and social needs as well as looking to Amida Care to assist them in improving and maintaining their well-being. Our innovative model of care includes a Care Coordination Team that works very closely with HIV Primary Care



Providers and Clinical Case Managers to facilitate access to health services. They work diligently to get members who have “fallen out of care” back into care. Our main objective is to keep our members connected to primary care while trying to keep them in optimum health to be able to avoid inpatient stays and/or emergency room visits.

Enrollment into Amida Care for Medicaid eligibles living in Queens County began on April 1, 2013, and



we look forward to working with you to serve your patients who are living with HIV/AIDS with the same high quality of customized healthcare that has become synonymous with Amida Care.

Please visit our website at [www.amidacareny.org](http://www.amidacareny.org) for more information. Amida Care's formulary and Provider Manual are on the

**We believe that each of our members entrusts us to provide them with the coordination of their medical care and social needs as well as looking to Amida Care to assist them in improving and maintaining their well-being.**

website along with our easy to use automated Provider Search tool. We also invite you to browse the member webpage and familiarize yourself with the programs we offer.

We are looking forward to partnering with you. It is through this successful partnership that together we will foster satisfied, healthy members/patients.

**We value your participation and look forward to working with you as we grow in Queens County. Should you have any questions please call our Provider Relations Department at 1-800-556-0674.**



AMIDA CARE

# Home Life Plus

## Medicaid Managed Long Term Care Plan

**Amida Care recognizes that providers want to spend time taking care of their patients, and recognizes the role of the patient centered medical home. We want to collaborate with you to keep your patients in their preferred community settings with the services needed to maintain independence and safety.**

We are pleased to announce that on May 7, 2013, Amida Care received certification from NYSDOH to become a Managed Long Term Care Plan (MLTCP) under Article 4403-f of the New York Public Health Law (PHL) for members living in Manhattan, Brooklyn, Bronx, Queens, and Staten Island. We expect to be operational during the 1st quarter of 2014. Amida Care will cover benefits for members who meet the following eligibility requirements:

- Eligible for Medicaid,
- 21 years and over,
- Eligible for MLTC by using the Uniform Assessment System of New York,
- Assessed as needing more than 120 days of long term services, such as home health care, personal care, adult day health care, and/or private duty nursing,
- Health care needs can be safely met in the home

**Some of the MLTC patient benefits will include:**

- Care Management
- Home Care (i.e. - nursing, home health aide, occupational, physical and speech therapies)
- Optometry/Eyeglasses
- Dental Services
- Rehabilitation Services
- Audiology/Hearing Aids
- Respiratory Therapy
- Personal Care
- Home Delivered Meals (including in a group setting such as a day center)
- Social/Environmental Supports (i.e. - chore services or home modifications)
- Personal Emergency Response System
- Nursing Home Care
- Social Day Care
- Consumer Directed Personal Assistance Services

Amida Care looks forward to supporting providers in the coordination of care and resource management of their patients.





# Amida Care Seeks CMS Approval to Launch Three Medicare Products in

# 2014

Amida Care is growing and we are especially excited to inform our providers – our partners – about our new suite of products. The Plan received conditional approval for three Medicare plans that are projected to launch in 2014.

“Our providers understand how hard we have all worked to achieve a standard of care that is hands-on, holistic and provides superior care to every single member. Now we are looking forward to expanding our brand into the general Medicare marketplace next year in the New York City area,” said Doug Wirth, CEO of Amida Care. “Of course,

we will continue to care for our HIV members, and this product extension gives them a home when they become Medicare eligible.”

Over the years Amida Care has worked diligently to refine a member-centered model of care that results in an innovative approach to healthcare. A core element of this strategy has been the partnership bond of working side-by-side with our providers. This approach not only sets Amida Care apart, it is the reason the organization achieves exceptional results.

Amida Care also is rolling out a new tagline next to the logo and in all marketing materials to better communicate the overall member and provider experience. Market research revealed that Amida Care has an excellent reputation for providing superior care and service, which has been responsible for rapid word-of-mouth growth and unparalleled member retention.

“Our new tagline is: **‘Above and beyond for you’** - and is intended to convey what we

*“We continue to demonstrate that a smaller health plan can effectively serve members and develop solutions that result in high quality care.”*

JERRY ERNST, MD  
CMO OF AMIDA CARE





Amida Care is growing and we are especially excited to inform our providers – *our partners* – about our new suite of products.

**True Life Plus**  
(HMO)

**True Life Advantage**  
(HMO SNP)

**Live Life Advantage**  
(HMO SNP)

strive to accomplish every day,” said Doug Wirth. “We think this statement says it all. We continue to demonstrate that a smaller health plan can effectively serve members and develop solutions that result in high quality care,” added Dr. Jerry Ernst, CMO

Amida Care’s care coordination approach is proven to increase quality in care. A 2010 survey of HIV members by the New York State Department of Health found that a surprising 92% of Amida Care members at that time received regular outpatient primary care services. Another study showed a

97% member retention rate.

The tenets of service to Amida Care providers will not change for the new products being rolled out:

- Competitive compensation
- Open, respectful, receptive communication
- Knowledgeable and helpful staff
- Comprehensive orientation, training and educational programs
- Timely processing of provider applications
- Timely payment for covered services rendered.

*“Our new tagline is:  
‘ABOVE AND BEYOND FOR YOU’  
- and is intended to convey what we  
strive to accomplish every day.”*

DOUG WIRTH  
CEO OF AMIDA CARE



# Fraud, Waste, Abuse - Prospective Pharmacy Edit to Address Fills of Discontinued ARV Medication Regimes

The pharmacy department at Amida Care is continuing to refine our efforts to decrease fraud, waste and abuse of medications. Due to the potential effects of contraindicated medications and high cost of overutilization, it is imperative that we continuously monitor and implement strategies to limit and control overutilization. We recently have employed a new technique to address this issue.

In addition to the edits that we have in place to prevent the use of contraindicated drugs from being adjudicated at the pharmacy level, we are also applying pharmacy edits to prevent refills of discontinued ARV medication regimes from being adjudicated at the pharmacy level. Often times such prescriptions are on automatic refill and the

pharmacy has adjudicated a claim without the member's knowledge or authorization. Though many providers are proactive in calling pharmacies to inform them of discontinuation



of a particular drug regimen, we understand that this practice is time consuming and many times does not occur as a standard of practice.

If a member is identified as no longer being on a certain ARV regimen, we will be outreaching to the prescriber to obtain a verbal or written confirmation that the old regimen should be discontinued. A block will then be placed on those discontinued medications for a period of 1 year preventing them from adjudication. In the case that a member is reinitiated on a discontinued regimen, the prescriber can call the Amida Care Pharmacy Director at (646) 786-8665.

We encourage prescribers to continue to outreach pharmacies in cases where a member's regimen has been changed. This outreach establishes a line of communication between the prescriber and pharmacist and decreases the potential for fraud, waste and abuse.

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*Due to the potential effects of contraindicated medications and high cost of overutilization, it is imperative that we continuously **monitor and implement strategies to limit and control overutilization.***

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PHARMACY UPDATES

# Pharmacy and Therapeutics Committee Update



The Amida Care Pharmacy and Therapeutics Committee recommended the following formulary changes:

## Imiquimod 5% Cream:

- **Quantity Limit** that reflects FDA dosing guidelines and sets maximum amount of drug that can be dispensed over a set period of time (48 units per 16 weeks).
- Requests for quantities that exceed 48 units per 16 weeks will require PA documenting medical necessity.

## Stribild:

- Assigned status of **Formulary requiring Prior Authorization**.
- Prescriber must issue a letter of medical necessity to Amida Care highlighting the specific clinical reasons why the member cannot use either Atripla or Complera to receive approval for coverage of the medication.
- Letter of medical necessity must be faxed to 646-786-0997.

## Sklice:

- Assigned status of **Formulary requiring Step Therapy**
- Must use OTC pediculicide (permethrin, pyrethrin) , malathion or spinosad first line.

## Qsymia:

- Assigned status of **Nonformulary\***

## Rectiv:

- Assigned status of **Formulary**

## Bydureon:

- Assigned status of **Nonformulary\***

## Picato:

- Assigned status of **Formulary**

## The **Amida Care** Pharmacy and Therapeutics Committee

*If you would like to become a member of the Amida Care Pharmacy and Therapeutics Committee please contact **John Moore, PharmD** [jmoore@amidacareny.org](mailto:jmoore@amidacareny.org).*

*An honorarium of \$100 is provided and it is a great opportunity to learn about new drugs and participate in formulary decision making.*

*\*Not included in the formulary*



# Generic Antiretroviral Availability

The availability of A-rated generic antiretroviral medications has allowed Amida Care to incur significant reductions in overall drug spend. Often times it is assumed that the lower costs of generic medications are attributable to a lower quality product, but the FDA requires all drug products regardless of manufacturer to undergo the same tests for quality and effectiveness. The introduction of generic drugs into the market allows the costs for medications to decrease due to increased manufacturer competition after a drug's patent expires.

Due to competition in the market for the drug lamivudine-zidovudine for instance, the Average Wholesale Price difference between the brand and generic equivalent is close to \$400 per 30 day supply. Other drugs with generic equivalents also demonstrate similar reductions in price.

New York State **requires** the dispensing of generic substitute medications in place of more expensive brand medications unless the prescriber clearly indicates to the pharmacist that the brand medication should be dispensed. A generic substitute drug must be identified in the Orange Book as pharmaceutically and therapeutically equivalent to the brand medication and having no actual or potential bioequivalence problems.

We at Amida Care are proactively enforcing the New York State requirement to dispense less expensive generic medications when available. Prescriptions that do not specify that the brand medication be dispensed must be filled using a generic substitution

or the claim will reject at the point of sale. While we fully support the use of A-rated generic drugs when appropriate, in the case that a prescriber feels that it is medically necessary to have a member use a brand drug that has a generic equivalent, we allow their professional judgment to take precedence. It is most important that our members get the medications that will be most effective for them.

*We at Amida Care are proactively enforcing the New York State requirement to dispense less expensive generic medications when available.*



# PHARMACY UPDATES

# New State Provisions

## Prescriber Prevails

New language in the 2013-2014 NYS DOH budget has required that drugs in the anti-depressant, anti-retroviral, anti-rejection, seizure, epilepsy, endocrine, hematologic and immunologic therapeutic classes be subject to the prescriber prevails provision with an implementation date of July, 1 2013. Upon demonstration by the prescriber, after consulting with the managed care plan, that such drugs, in the prescriber's reasonable professional judgment, are medically necessary and warranted, managed care plans must cover medically necessary medications.

Amida Care will continue to apply criteria which prevent members from obtaining relatively or absolutely contraindicated ARV medications unless the prescriber has attested to the medical necessity of that specific medication regimen. In most cases this edit flags and prevents members from obtaining regimens from two distinct providers or members obtaining refills of regimens that have been discontinued.

All of the other classes of drugs covered under this provision will allow for non formulary drugs within the class to be dispensed upon acknowledgment by the provider that they have reviewed our

formulary and understand that the drug is not part of our formulary, but they still wish to prescribe it. Certain non formulary medications may also require the prescriber to provide supporting evidence to establish medical necessity.



Currently, Amida Care **does not require** use of mail order pharmacies for any medications. Members have the option of obtaining all of their medications at the pharmacy of their choice.

## Specialty Pharmacy

New language in the 2013-2014 NYS DOH budget has required that managed care plans allow for certain specialty medications to be dispensed at a retail pharmacy upon request by a member to receive such drugs at said pharmacy in lieu of a mail order pharmacy.

Currently, Amida Care does not require use of mail order pharmacies for any medications. Members have the option of obtaining all of their medications at the pharmacy of their choice. Because other managed care plans have implemented a mail order requirement, it is often a source of confusion for our members and providers as to

what our policy is. If a member is being required to use mail order to obtain their medications, please direct them to contact Amida Care Member Services so that we can perform the necessary outreach for them to obtain their medications from the pharmacy of their choice.





Harlem United, Housing Works and HELP/PSI were honored with the “Supporting the Safety Net” Award, a national recognition presented by the Association for Community Affiliated Plans.

## ACAP Honored Amida Care Partners

FROM LEFT TO RIGHT:

Douglas Wirth, President and CEO of Amida Care;  
Linney Smith, COO for Health Services of Housing  
Works and Margaret A. Murray, CEO of ACAP.

Amida Care is proud to announce that Harlem United, Housing Works and HELP/PSI were honored at a ceremony in Washington, D.C. with the “Supporting the Safety Net” Award, a national recognition presented by the Association for Community Affiliated Plans (ACAP). The three organizations partnered with one another and with Amida Care, to employ an innovative method to effectively serve the hardest-to-reach HIV-positive populations in Manhattan, Brooklyn and the Bronx. Amida Care is a Medicaid Special Needs Plan (or SNP) designed for persons with multiple chronic conditions such as HIV, mental illness and substance abuse. “In New York, HIV/AIDS disproportionately affects people with low incomes. It’s a real challenge—and understandably so—for anyone who’s wondering where they’ll sleep tonight to stick to the care regimen that effective treatment of HIV requires,” said Doug Wirth, Amida Care President and CEO. “Harlem United, Housing Works and HELP/PSI have made a real difference in the lives of HIV-positive New Yorkers and their work has undoubtedly saved lives and saved money from improved health outcomes.”

The partnership, called AmidaCONNECT, targeted patients that are aware of their HIV status but may not access treatment or services because they have other needs they regard as more pressing: most are impoverished and many suffer from homelessness, psychiatric issues, substance abuse or a combination of the three. As they typically avoid treatment they are at elevated risk for advanced progression of HIV to AIDS, and rely on emergency departments and inpatient hospitalizations to meet their medical needs.

“Lasting, meaningful relationships between Safety Net Health Plans, their members and providers, are the linchpin to the long-term benefits of Medicaid managed care,” said ACAP CEO Margaret A. Murray. “One of the greatest challenges facing Safety Net Health Plans is engaging health plan members who don’t necessarily want to be engaged. These three organizations, working with Amida Care, have developed a means of getting care to those who need it most. It’s a model for other plans to follow and we’re delighted to honor them.”



## GENERAL INQUIRIES

Provider Services  
**1-800-556-0674**

Member Services  
**1-800-556-0689**

MLTC General Information  
**1-855-897-7904**

## UTILIZATION MANAGEMENT/PRE-CERTIFICATION

Utilization Management Medical (Royal)  
**1-888-364-6061**

Pharmacy (ESI)  
**1-800-753-2851**

Behavioral Health (Beacon)  
**1-866-664-7142**

Dental (Healthplex)  
**1-800-468-9868**

Vision (Davis)  
**1-800-999-5431**

## APPEALS

Inpatient/Outpatient Medical  
**1-888-364-6061**

Behavioral Health  
**1-866-664-7142**

Dental (Healthplex)  
**1-800-468-9868**

Pharmacy (ESI)  
**1-800-753-2851**

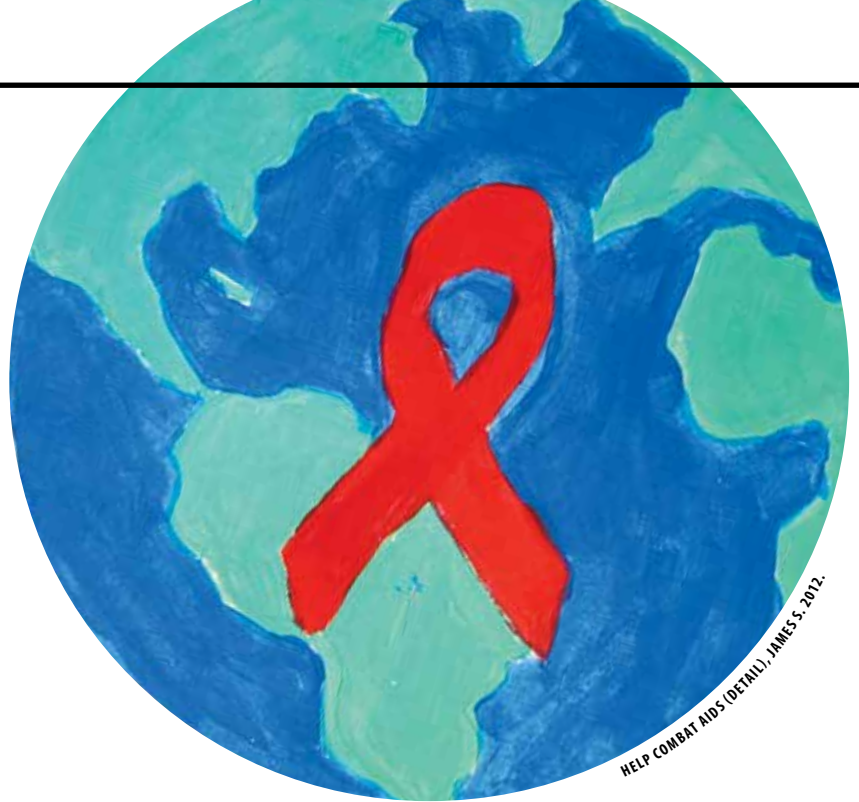
Administrative / Claims  
**1-800-556-0674**

## CARE MANAGEMENT

**1-888-364-6061**

## NY STATE MEDICAID CHOICE

**1-800-505-5678**

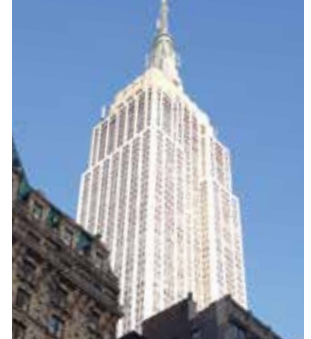


*everyday*  
~~On December 1st~~  
Let's Remember  
Let's Celebrate  
Let's Recommit

Join the fight,  
embrace the responsibility.

**FOR AN AIDS-FREE GENERATION**





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## Amida Care Satellite Offices

Amida Care is pleased to announce that we have satellite offices available to assist your Amida Care patients with any questions or concerns they may have. Our offices are conveniently located in Brooklyn, the Bronx and Manhattan.

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Please feel free to encourage our members to utilize the services we provide at these locations. Our members are free to stop by at anytime to get to know our borough based Member Services staff.

Our goal is to provide excellent service to our membership in the communities in which they live and receive services.

The offices are located at:

**Main Office**

248 W. 35th Street, 8th Fl.  
New York, NY 10001  
Mon – Fri (9am-5pm)  
(646) 757-7000

**Brooklyn Borough Office**

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(347) 560-2820

You can always call us at:

**1-646-757-7000**

Or visit us at:

[www.amidacareny.org](http://www.amidacareny.org)



# Fulyzaq<sup>TM</sup> (crofelemer)

## Now Available for Amida Care Members

- **Fulyzaq<sup>TM</sup>** is an anti-diarrheal indicated for the symptomatic relief of non-infectious diarrhea in adult patients with HIV/AIDS on anti-retroviral therapy.
- **Fulyzaq<sup>TM</sup>** (crofelemer) 125 mg delayed-release tablets normalize the flow of chloride and water in the gastrointestinal tract.<sup>1</sup> The mechanism of action (MOA) of **Fulyzaq** results in an anti-secretory effect that does not affect gut motility.<sup>1,2</sup> Only **Fulyzaq** has been specifically indicated for the relief of diarrhea in HIV+ patients on antiretroviral therapies (ARTs).<sup>1,3,4</sup>
  - The MOA targets and controls dual chloride channels: cystic fibrosis transmembrane conductance regulator (CFTR) and calcium-activated chloride ion channel (CaCC)<sup>1</sup>
  - Chloride channels are key regulators in the intestinal tract that actively transport chloride ions, driving water secretion into the lumen<sup>5,6</sup>
  - **Fulyzaq** acts by blocking chloride secretion and accompanying high-volume water loss in diarrhea<sup>1</sup>
- For additional questions on ordering, please contact the **Fulyzaq<sup>TM</sup>** Reimbursement Helpline at 1-800-933-8312 or go to [www.Fulyzaq.com](http://www.Fulyzaq.com) for more information.
- Please see complete Prescribing Information and Important Safety Information for **Fulyzaq<sup>TM</sup>** at [www.Fulyzaq.com](http://www.Fulyzaq.com)



References: 1. Fulyzaq [prescribing information]. Raleigh, NC: Salix Pharmaceuticals, Inc; 2013. 2. MacArthur RD, DuPont HL. Etiology and pharmacologic management of noninfectious diarrhea in HIV-infected individuals in the highly active antiretroviral therapy era. Clin Infect Dis. 2012;55(6):860-867. 3. Nwachukwu CE, Okebe JU. Antimotility agents for chronic diarrhoea in people with HIV/AIDS. Cochrane Database Syst Rev. 2008;(4):CD005644. doi:10.1002/14651858.CD005644.pub2. 4. Feasey NA, Healey P, Gordon MA. Review article: the aetiology, investigation and management of diarrhoea in the HIV-positive patient. Aliment Pharmacol Ther. 2011;34(6):587-603. 5. Jentsch TJ, Stein V, Weinrich F, Zdebik AA. Molecular structure and physiological function of chloride channels. Physiol Rev. 2002;82(2):503-568. 6. Lipecka J, Bali M, Thomas A, Fanen P, Edelman A, Fritsch J. Distribution of CIC-2 chloride channel in rat and human epithelial tissues. Am J Physiol Cell Physiol. 2002;282(4):C805-C816.



# President Obama's Fiscal Year 2014 Budget Request Continues Focus on HIV Domestic Programs

BY DONNA CREWS

DIRECTOR OF GOVERNMENT AFFAIRS, AIDS UNITED

Last April, President Obama released his budget request for Fiscal Year (FY) 2014. The budget calls for total spending of nearly \$3.8 trillion. The budget proposal reflects the President's continued support for domestic HIV/AIDS programs and the ultimate goal of achieving an AIDS-free generation. Funding levels for the majority of the HIV domestic programs are increased or sustained at FY 2012 levels. The President's budget calls for replacing the automatic spending cuts, known as sequestration, through a more balanced mix of spending cuts and new revenue. This would restore many of the spending cuts made in the current year (FY 2013) as a result of sequestration. AIDS United policy staff has quickly reviewed the President's FY 2014 budget request for domestic HIV and public health funding for the year beginning October 1, 2013 – September 30, 2014. Further analysis will come later when more detailed information is released. Due to the late decisions on the final FY13 appropriations, the President's FY14 budget proposal is compared to FY12 funding levels.

The President's budget increases discretionary funding for the Department of Health and Human Services (HHS) to a total of \$80.1 billion (up \$3.4 million over FY12). Much of the increased funding is targeted for implementation of the Affordable Care Act (ACA). One ACA change called for in the budget is a delay of one year of the phased reduction of the Disproportionate Share Hospital (DSH) payments. DSH payments help hospitals defray the costs of care for uninsured low-income patients. The delay in reducing the DSH payments

would help hospitals in states that will not have accepted Medicaid expansion by Jan. 1, 2014. The budget proposal cuts the base discretionary budget authority for the Centers for Disease Control and Prevention (CDC) by \$432 million. The budget calls for transferring \$755 million from the ACA's Prevention and Public Health Fund to support some of the core CDC programs. With other transfers, total funding for CDC would rise to \$11.3 billion, \$71 million over FY12 funding. The FY14 Budget includes \$9 billion for the Health Resources and Services Administration (HRSA), a net increase of \$841 million above the FY 2012 enacted level. The Substance Abuse and Mental Health Services Administration (SAMHSA) received an increase of \$4 million over FY12 in the request for a total of \$3.6 billion in FY14. The National Institutes of Health FY13 budget is \$31.3 billion, an increase of \$471 million over FY12.

We must acknowledge that we continue to be in a very difficult budget environment with the economic recovery slow and the sequester currently in place for FY13 and the next eight years. Below is a breakdown of major accounts. As additional back-up documents and fact sheets become available, we will provide further analysis of the President's budget and the outlook going forward.

## **Centers for Disease Control and Prevention – National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention**

President Obama's Fiscal Year 2014 budget request for the domestic HIV portfolio continues to show

his commitment to implementation of the National HIV/AIDS Strategy (NHAS) by prioritizing HIV funding. The CDC National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention receives an increase of nearly \$14 million, including \$182,000 for Health Department Prevention. The budget request calls for a transfer of \$40 million from less effective programs to create a new initiative to improve linkage to care for individuals newly diagnosed with HIV. \$40 million of funding will be redirected for national programs to identify and reach high risk populations to link and retain them in care. The budget calls for essentially level funding at \$32.4 million for the Division for Adolescent and School Health (DASH); a small increase of \$128,000 for Viral Hepatitis; and basically level funding of \$161.7 million for

#### **HRSA -- Ryan White Program**

The \$20 million increase to the Ryan White Program also shows commitment to the National HIV/AIDS Strategy (NHAS). The increase also includes the President's World AIDS Day 2011 funding in the base of \$50 million (AIDS Drug Assistance Program [ADAP] and Part C funding by \$35 million and \$15 million respectively) that was transferred in FY12, but not included in the current Continuing Resolution (CR) funding of the government now for the balance of FY13. President Obama's FY14 request builds on those two programs with an additional \$10 million for Part C and \$10 million for ADAP to ensure access to treatment and essential medicine for HIV-positive individuals who are eligible for the Ryan White Program. The rest of the Ryan White Program was flat-funded.



**The budget proposal reflects the President's continued support for domestic HIV/AIDS programs and the ultimate goal of achieving an AIDS-free generation.**



Sexually Transmitted Infections (STIs). Funding for TB prevention is increased by \$366,000. HIV programs do not receive any funding from the Prevention and Public Health Funding in FY14. Dr. Tom Frieden, Director of the CDC, continues to say that HIV is a winnable battle for the CDC. The commitment to achieving the goals of the National HIV/AIDS Strategy (NHAS) is evident by the focus that the CDC has put on HIV prevention funding and the importance of linkage and retention in care. The CDC has also increased the HIV surveillance budget by \$10 million.

#### **Syringe Exchange Programs**

AIDS United is pleased that President Obama and the Administration included a provision in the FY14 budget that would allow local communities to use federal funds for the purpose of syringe exchange programs.

#### **Other HHS Programs**

The President's budget includes \$327 million for Title X, demonstrating the commitment to family planning programs and reproductive and preventive health services, as well as an additional \$104.6 million for the Teen Pregnancy Prevention Initiative. The budget "zeros out" the current \$5



million for competitive abstinence-only education grants. The budget does fund Title V abstinence-only at \$37 million.

### **Housing and Urban Development – Housing Opportunities for Persons with AIDS (HOPWA)**

The National AIDS Housing Coalition (NAHC) has produced policy papers demonstrating the connection between the need for affordable housing and HIV prevention. It is also well documented that housing sustains HIV-positive individuals in care and treatment. There is some confusion over the HOPWA allocation. There are two different budget numbers in two different places in the budget. The Housing and Urban Development Budget overview says HOPWA received \$332 million in FY 14, but in the budget appendix it says HOPWA receives \$330 million. The HOPWA budget report language also includes a request to modernize the way the HOPWA formula is allocated by moving from the number of AIDS cases to include the number of HIV cases. This shift will require Congress to change the current law; AIDS United is working with NAHC and other organizations to move this forward. AIDS United is investigating this funding discrepancy with the Administration and will report back once we receive clarification.

### **Corporation for National and Community Service**

President Obama included a \$4 million increase for the Social Innovation Fund (SIF) to \$49 million and a \$5 million increase for the AmeriCorps State and National programs to \$346 million. AIDS United has both a SIF grant and an AmeriCorps grant with a focus on HIV and AIDS that funds local access to care programs and the work of AmeriCorps members on HIV throughout the United States. The SIF grant must be matched by our organization and by the grantees on the local level, thus leveraging \$2 additional dollars for each \$1 federal dollar invested. Often the individuals who serve in AmeriCorps in the HIV arena remain involved

in HIV policy, care, treatment, or research for their careers. This is an important pipeline to new HIV workforce members as much of the HIV workforce begins to retire.

### **Veterans Affairs**

The Department of Veterans Affairs has increased its HIV budget for prevention, care, and treatment of HIV-positive veterans by 16% to \$1.1 billion in funding.

### **Department of Justice**

The Department of Justice will increase its HIV budget by 7.4% to ensure they have additional resources to enforce the laws against stigma and discrimination of HIV-positive individuals.

### **Wrap up**

President Obama's HIV domestic FY14 budget request is an increase of \$1.2 billion over FY12 from \$27.8 billion to \$29 billion. Unusually, his budget is the last to be released in the FY14 process for funding this year, as both houses of Congress have already passed FY14 Budget Resolutions. Although coming last, the President's budget lays out his priorities for the year to Congress. There are reports that the House and Senate Budget Committee Chairs are working to organize a conference committee to reconcile the two budgets. Prospects for a joint budget resolution are considered slight, although House Budget Committee Chair Paul Ryan (R-WI) gave hopeful comments in an interview on Thursday. The House and the Senate appropriations subcommittees will begin the process of hearing from the department secretaries about their priorities in the President's budget as the appropriations process begins. We will continue to advocate with Congress and the Administration for the highest possible funding amount for the HIV domestic portfolio and keep you informed along the process.

( INFORMATION IS GATHERED FROM THE FY 2014 BUDGET, APPENDICES, AND AN OFF THE RECORD CALL WITH THE OFFICE OF NATIONAL AIDS POLICY. )

# Restricted Recipient Program

Effective September 1, 2013

Through its **Restricted Recipient Program**, Amida Care continues to actively monitor and identify individuals that over-utilize covered services, such as prescription drugs and medical services.

As part of the oversight process as outlined by OMIG, Medicaid Managed Care Plans are required to monitor visits to Specialists. We would like to partner with our Primary Care Physicians (PCPs) in an effort to ensure that visits for specialist services are coordinated appropriately. By utilizing our PCPs as the 'gatekeeper' of specialist services, the Plan can confirm that appropriate usage of covered services takes place.

Effective September 1, 2013 Amida Care will require that the NPI number of the member's Primary Care Provider be listed on all specialist claim submissions for services rendered to a Restricted Recipient. This can be obtained from the Primary Care provider by requesting a script from the Primary Care Provider's office. Failure to indicate this information on the claim could result in a denial of payment. Specialists should indicate the primary care provider's NPI number in the appropriate field on the the claim form to ensure appropriate adjudication.

A member can be restricted in one or more of the following areas: primary care provider, clinic, hospital, pharmacy, dentist, podiatrist or DME provider. The restriction follows the member regardless of what Plan the member participates in. It is

important that providers verify if a member is restricted and the type of restriction imposed. This can be done by confirming eligibility before the start of each visit by contacting our Member Services Department at 646-786-1800 or through EPACES. Amida Care will continue to work with its providers in coordination of services for its Restricted Recipient members by providing a detailed summary of the restricted member's over-utilization at the time of restriction.



For your convenience we have posted a **Provider Frequently Asked Questions (FAQs)** document, available on Amida Care's website at [livelifeplus.amidacareny.org/providers-faq.htm](http://livelifeplus.amidacareny.org/providers-faq.htm).

If you have any questions about this program, please don't hesitate to contact our **Member Services Department** at (646)786-1800.

We appreciate your continued support.



For more information on our Domestic Violence Program, please reach out to our DVC, Michele Pedretti-Moussally at 1-646-532-6295



In an effort to address the prevention, education and treatment of domestic violence Amida Care has a **Domestic Violence Coordinator (DVC)** on staff.

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The DVC's responsibilities include, but are not limited to:

- Staff training
- Member and provider education; and
- Domestic violence assistance with members

Dissemination of member health education, including Domestic Violence resource information through a variety of mechanisms, including but not limited to:

- Orientation Package
- Member Handbook
- Member Newsletter; and
- Contact with Care Coordination

The DVC assists the member with information about community resources, including supportive services, safe housing and shelter, and appropriate medical care.



# Meet Your Reps!

**You can reach your Provider Services Representative at (646) 757-7000**

## **Borough Network Managers**

**Manhattan:** Marina Molina-Lewis

**Bronx:** Amanda Haider

**Brooklyn:** Patricia Gilbert-Stafford

**Queens:** Gladys Nwosu-Bleman

**Staten Island:** Douglas Brito

## **Provider Service Field Representatives**

**Manhattan:** John Lee

**Bronx/Brooklyn:** Anthony Mungen (Field Supervisor)

**Queens/Staten Island:** Genroval Whitaker



For member eligibility or claims questions  
**please call us at**

**800-556-0674**