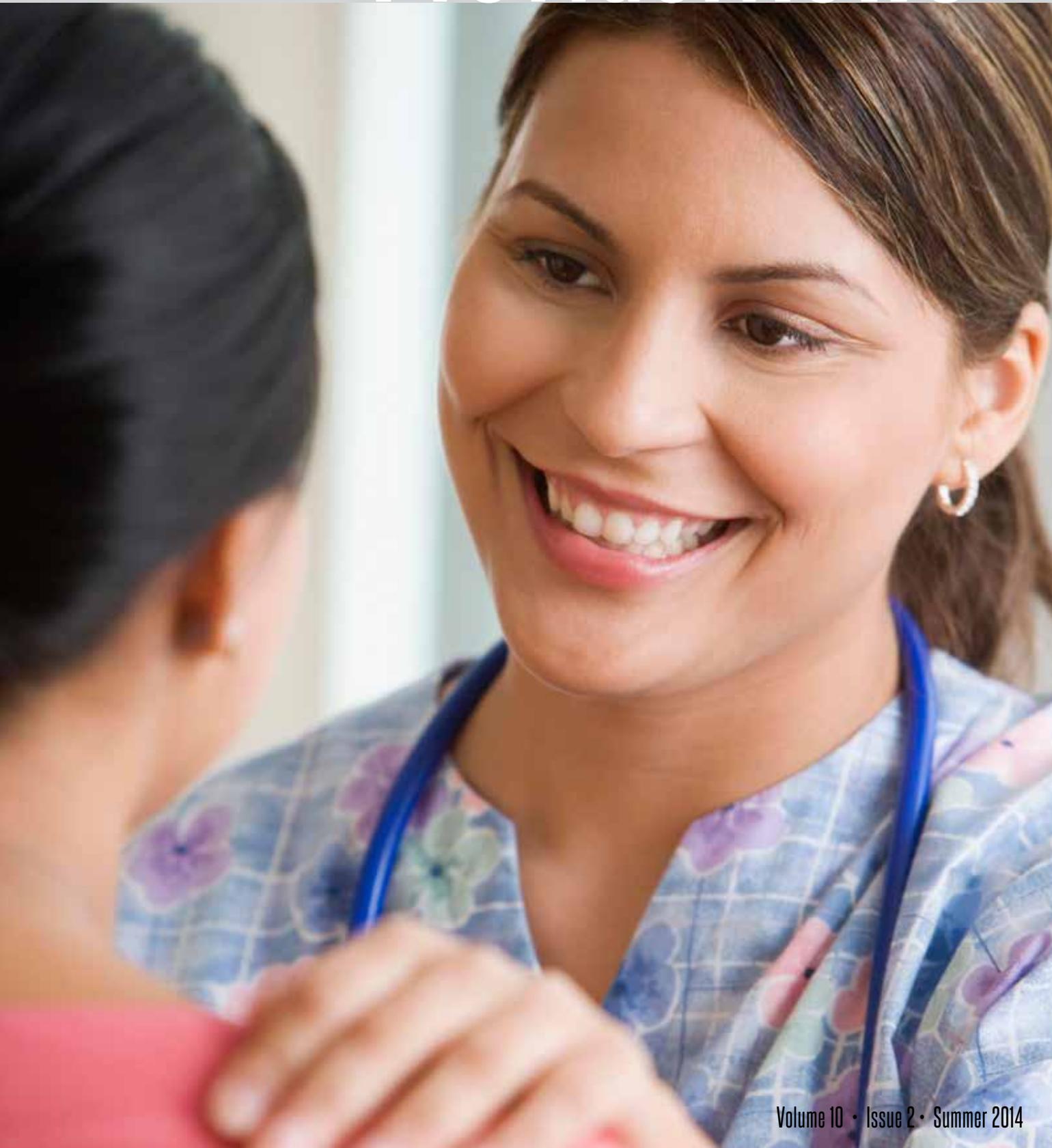




ProviderNews



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OUR FAMILY OF PLANS

Amida Care Live Life Plus

Amida Care Home Life Plus (MLTC)

Amida Care True Life Plus (HMO)

Amida Care Live Life Advantage (HMO SNP)

Amida Care True Life Advantage (HMO SNP)



Dear Amida Care Providers,

Welcome to the Summer 2014 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, as of January 1, 2014, Amida Care has added three Medicare Advantage Prescription Drug Plans to our product portfolio within the five NYC boroughs. Read about these exciting new products on pages 4 - 7.

We are also pleased to announce on page 9, that Amida Care is now participating in the Council for Affordable Quality Healthcare's (CAQH) online Universal Provider Data (UPD) source. Be sure to give CAQH authorization to release your CAQH form to Amida Care to meet your credentialing and recredentialing needs.

Our congratulations go out to Douglas M. Brooks, who President Barack Obama has appointed as the new Director of the White House Office of National AIDS Policy (ONAP), on page 10.

Read our article "Housing is Healthcare for People Living with HIV/AIDS" on page 12. Providing housing assistance to people with HIV/AIDS is crucial to a quality outcome.

You will find more exciting news on page 13, which announcing that the New York State Department of Health has approved Special Needs Plans (SNP) in NYC to enroll homeless people regardless of their HIV status, which attests to the success of the SNP model of care.

You will also read about Amida Care's successful Fraud, Waste, and Abuse program on page 14, Amida Care's authorization criteria for the prescribing of Sofosbuvir, the new agent for treating Hepatitis C, on page 16, and "Amida Care's Vision for Health and Recovery Plans" (HARPs) on page 18.

After other news, we close this issue with a reminder of the importance of counseling Medicaid members to stop smoking, on pages 26 -27. This is an issue we hope all of our participating providers will discuss with their patients, particularly our PCPs.

We hope you will find this Newsletter a handy communication tool between us. We encourage you to call our Provider Relations Department at 646-757-7100 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

Doug Wirth
President & CEO

Provider Services
1-800-556-0674

Amida Care Offices

Main Office

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

Brooklyn Borough Office

81 Willoughby Street
Brooklyn, NY 11201
Mon – Fri (9am-5pm)
(347) 560-2822

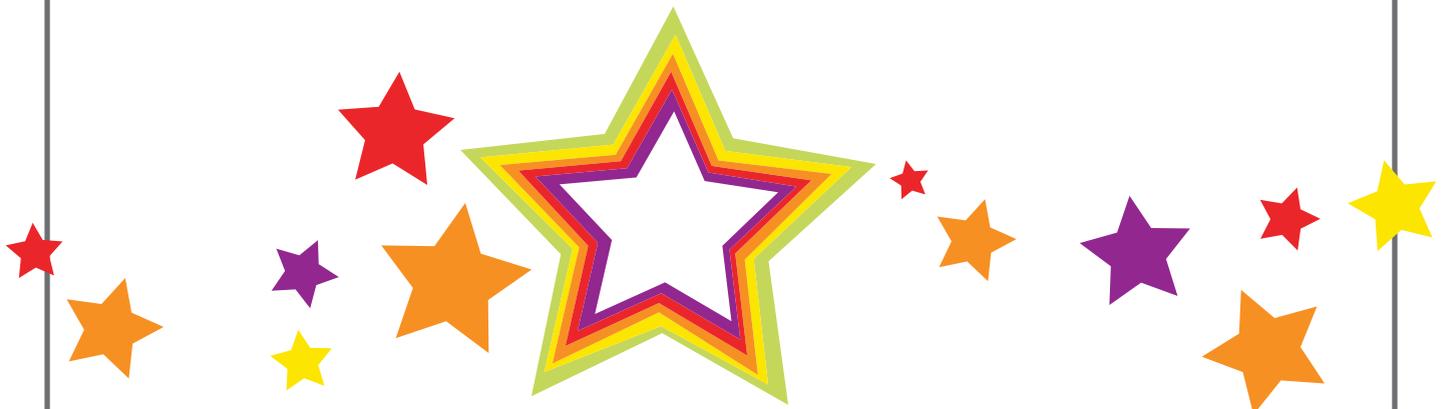
Bronx Borough Office

349 East 149th Street
Bronx, NY 10451
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www.amidacareny.org

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The photographs used herein are for illustrative purposes only; they do not imply any particular professional credential or health status on the part of any person depicted. Some of the persons depicted are models, who are neither employees nor enrolled members of Amida Care.



On January 1, 2014,
AMIDA CARE EXPANDED
ITS NETWORK OF PROVIDERS
TO INCLUDE MEDICARE ADVANTAGE.

Chances are, if you have heard one thing about Amida Care, it is of our extraordinary reputation for going above and beyond for our members and the providers who care for them.

This approach to coverage and delivery of health care not only sets Amida Care apart, it is the reason we achieve exceptional results in care management, with individualized quality health care for our members.

It's also responsible for our rapid word-of-mouth growth and unparalleled member retention.

Amida Care includes an extensive network of quality health care providers and pharmacies.



Amida Care True Life Plus^(HMO)

Medicare Advantage Prescription Drug Plan

Amida Care True Life Plus is a Medicare Advantage HMO plan. Coverage for our members includes zero co-pays for:

- Primary care physicians and hospital care in our large network
- Generic prescription drugs until coverage gap begins
- Laboratory services
- Medicare-covered home health care services
- Outpatient surgery center
- Routine transportation
- Emergency response alert device
- Diabetes monitoring supplies
- Preventive dental services, routine vision and hearing exams
- A personal Care Coordinator for each member to facilitate access to care
- Nursing Hotline
- A card to purchase over-the-counter health-related items
- Preventive care screenings such as annual exams and immunizations
- Health Club membership and fitness classes

There are reasonable co-pays for specialist visits, skilled nursing facilities, ambulance services, emergency services with worldwide coverage, cardiac rehabilitation services, chiropractic services, physical and occupational therapy, mental health care, outpatient diagnostic and therapeutic radiologic procedures and tests, Part D prescription drugs, and other services.



Amida Care

Live Life Advantage

(HMO/SNP)

Medicare Special Needs Plan

Amida Care Live Life Advantage is a Medicare Advantage Prescription Drug Plan for those individuals diagnosed with HIV/AIDS. Coverage for our members includes zero co-pays for Dental and Vision benefits, Home Health and Nursing Hotline, Medicare-covered home health care services, Outpatient diagnostic and Therapeutic radiologic procedures and tests, Routine transportation, Emergency response alert device, Preventive Services, Over the counter card, Personal care coordinator, and Acupuncture along with coverage for:

- Primary care doctors and specialist visits
- Hospital care
- Lab services and diabetic supplies
- Skilled nursing facilities
- Ambulance service
- Emergency service with worldwide coverage
- Cardiac rehabilitation services
- Chiropractic services
- Physical and occupational therapy
- Mental health care and other services
- Part D prescription drugs

Cost sharing applies to these benefits. However, if the member is also receiving Medicaid, the cost sharing for the member will be zero co-pays for all benefits except prescription drugs.



Amida Care True Life Advantage

(HMO/SNP)

Dual Special Needs Plan

Amida Care True Life Advantage is our Medicare Advantage Prescription Drug Plan for those eligible for Medicare and Medicaid. This Plan is a Dual Eligible Special Needs Plan for people with Medicare and full Medicaid. Individuals eligible to enroll in this plan include the Full Benefit Dual Eligible (FBDE), the Qualified Medicare Beneficiary Plus recipient (QMB+) and the Specified Low Income Medicare Beneficiary Plus recipient (SLMB+) Coverage for members includes zero co-pays for:

- Primary care physicians, specialists, and hospital care in our large network
- Laboratory services
- Medicare-covered home health care services
- Outpatient diagnostic and therapeutic radiologic procedures and tests
- Routine transportation
- Emergency response alert device
- Diabetes supplies and self-management training
- Preventive dental services, vision and diagnostic hearing exams
- Emergency service with worldwide coverage
- A card to purchase over-the-counter health-related items
- A personal Care Coordinator for each member to facilitate access to care
- Acupuncture coverage
- This plan also covers Part D prescription drugs with low co-pays



To learn more about all Amida Care Medicare Plans, please contact the Provider Services Department at **(646) 757-7100**

Join **Douglas M. Brooks**, White House Office of National AIDS Policy Director and hundreds of local AIDS organizations and advocates for a

DIALOGUE for *Life*

Manhattan

The Schomburg Center
515 Malcolm X Blvd
New York, NY

Thursday, August 7, 2014

1 PM-4 PM

Subway
2 or 3 train to 135th Street
MTA Bus: M7, M102 to 135th Street.

On the Agenda

- The National HIV/AIDS Strategy
- Medicaid Expansion and State Exchanges For PLWH
- Ryan White Program
- Housing/HOPWA Funding Needs
- NYC Consumer Experience with Health Care

Brooklyn

Brooklyn Law School
205 State Street, 20th flr.
Brooklyn, NY

Friday, August 8, 2014

1 PM-4 PM

Subway
2, 3, 4, 5 to Borough Hall Station
M, R to Court Street Station
A, C, F to Jay Street-Borough Hall Station.

Please RSVP: rsvp@amidacareny.org or 844-304-8765

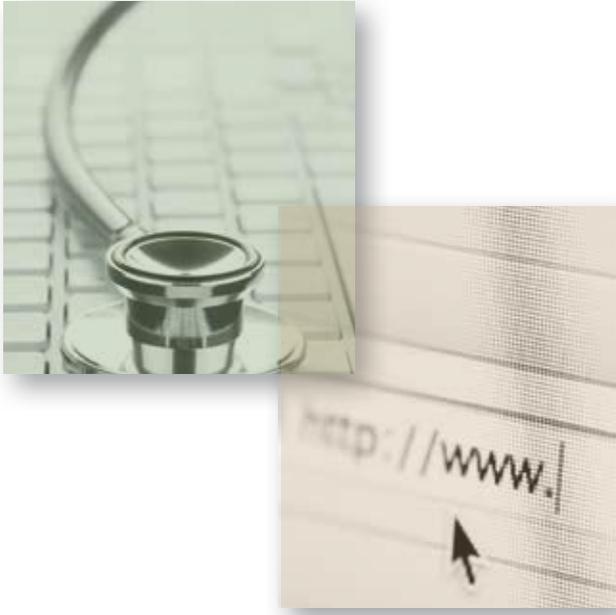
ID REQUIRED FOR ADMISSION



... because every voice is important.

S P O N S O R S (list in formation)

ACRIA / ACT UP / ASCNY / Bailey House / BOOM! Health / Callen Lorde / CHASI / FPWA / HAF-Latino Pride Center / Harlem United / Housing Works / Iris House
Legal Action Center / Legal Services NYC / Pride Agenda / Project Hospitality / St Mary's / The William F. Ryan Center / Village Care



AMIDA CARE MOVES TO CAQH FOR CREDENTIALING

Amida Care would like to announce that providers can now utilize **Council for Affordable Quality HealthCare's** (CAQH) online Universal Provider Data source® (UPD). Providers that are eligible to join the Amida Care provider network may now use CAQH's UPD for the initial provider credentialing and re-credentialing. The CAQH process provides a more streamlined and paperless approach to credentialing. Amida Care will be able to collect provider's credentialing information on CAQH's UPD. Overall, this new process will reduce paperwork and save time and effort for providers and their staff.

Benefits of CAQH:

- Eliminates the need to fill out redundant, time-consuming forms.
- Entirely free to providers.
- Credentialing and other updates are conveniently fulfilled online in a matter of minutes. UPD has eliminated more than 3.42 million legacy credentialing applications to date.
- Keeps practice information current — no need to fill out information forms over and over again.

The provider must also give authorization to Amida Care to release their application in order for the application to become available to the health plan for credentialing and recredentialing. Amida Care continues to go **above and beyond** for its providers and members!

For more information about CAQH, please visit their website at
www.caqh.org

Amida Care Applauds



Appointment of Douglas M. Brooks, MSW, as Director of the White House Office of National AIDS Policy



Amida Care welcomes Douglas M. Brooks as the new Director of the White House Office of National AIDS Policy (ONAP). Mr. Brooks' appointment was announced by President Barack Obama

on March 24, 2014. As the new leader of ONAP, Douglas Brooks will coordinate the ongoing implementation of the National HIV/AIDS Strategy and the HIV Care Continuum initiative. Along with his responsibilities to propel policies that improve HIV treatment and reduce the number of infections in the United States, Mr. Brooks will also work with our national security agencies and international bodies to coordinate America's response to the global HIV/AIDS pandemic. Douglas Brooks is a national leader in HIV/AIDS prevention, a policy expert, and person living with HIV. He most recently served as the Senior Vice President for Community, Health and Public Policy at the Justice Resource Institute in Boston. In 2010, Brooks was appointed to the Presidential Advisory Council on HIV/AIDS (PACHA) and served as its liaison to the CDC/HRSA Advisory Committee. He also served as Chair of the Board of Trustees of AIDS United, a national policy and advocacy organization dedicated to ending AIDS as an epidemic in the United States. Mr. Brooks has a long history, throughout his career, of managing federally funded HIV/AIDS programs and meeting or exceeding performance goals. He will be a welcome addition to the Obama Administration.

Passage of Historic Excellence in Mental Health Act

Enactment will invest \$900 Million in Community Behavioral Health Services

On March 31, 2014, legislation was passed by Congress and signed into law by President Obama that includes \$900 million to fund the Excellence in Mental Health Act. This historic measure will launch a two-year demonstration program to increase access to community-based mental health and substance use services in eight states. Through the Excellence in Mental Health Act, criteria will be established to designate "Certified Community Behavioral Health Clinics" as entities to provide comprehensive behavioral health services to individuals with serious mental illness and substance use disorders. Among the supports specified are 24 hour crisis mental health services, care coordination across various settings and providers (including FQHC's, inpatient psychiatric facilities, substance use detoxification, post-detoxification step-down services, residential programs, schools and criminal justice agencies), along with intensive, person-centered, outpatient and peer support services. In addition, the Act will improve Medicaid reimbursement for these services. We hope that the Excellence in Mental Health Act can also be used to leverage the integration of behavioral health and primary care services, making possible one entry point to care. Amida Care urges New York State to pursue and plan for this opportunity. Should New York be selected as a participant, we will keep you informed on how to apply for certification.



Keeping your provider information current is important to you, your patients and to the Amida Care health plan.

Amida Care strives to *go above and beyond* for our clinicians and our members. Please assist us by assuring that provider addresses, phone numbers, specialties and office hours are current. This is key to the accuracy of the Amida Care web-portal and Provider Directory.

You may verify your provider demographic by going to the Amida Care Provider Portal at **amidacareny.org** and clicking on Provider Directory or by calling Amida Care at **646-757-7100**.

Provider file updates can be made via phone or by emailing us at **provider-services@amidacareny.org** or faxing Amida Care at **646-786-1803**.

Amida Care values your participation and commitment to our members.



Housing is Healthcare for People Living with HIV/AIDS

Providing housing assistance to people living with HIV/AIDS is an effective healthcare intervention. Living in safe and stable housing creates an environment that is more suitable for treatment adherence and prevention of new infections. In fact, results have shown that people living with HIV/AIDS who live in permanent housing are more likely to access care, have improved health outcomes and follow life-saving antiretroviral treatment regimens. Housing programs also significantly reduce the use of expensive emergency and inpatient services.

A lack of housing makes it more difficult for anyone to prioritize healthcare, follow treatment schedules and avoid at-risk behavior. Fortunately, there are now greater opportunities to interlock HIV treatment with housing. For one, New York City and State have agreed to cap the rental contribution paid by individuals enrolled in the HIV/AIDS Services Administration (HASA) rental assistance program at 30%. This is welcoming news, and we will continue to advocate for all unstably housed people with HIV to qualify for HASA rental assistance regardless of disease progression. In addition, New York State's Medicaid Redesign Team (MRT) has recognized that housing makes for better healthcare policy and saves tax payer dollars. Through the MRT Affordable Housing Work



ARTWORK BY JUDY S., MEMBER

Group, New York State is developing new initiatives for high need Medicaid enrollees that lack stable housing.

With about 40% of Amida Care members experiencing homelessness since their diagnosis, and more at-risk of becoming homeless at some point in their lives, we champion housing as healthcare, and look forward to expanding our participation in HIV/AIDS housing policy discussions, whether through the MRT or in other venues. Representatives from our sponsor agencies already sit on the MRT Affordable Housing Work Group: **Steve Bussey**, CEO at Harlem United Community Aids Center; and **Charles King**, President and CEO at Housing Works. Additionally, **Jason Lippman** recently joined Amida Care as the Director of Public Policy and Government Relations, and will continue his work on the MRT as well.

AS OF MARCH 1, 2014

Special Needs Plans in NYC will be allowed to enroll homeless people

Regardless of their HIV status

Expanding SNP eligibility to HIV negative homeless people attests to the success of the Medicaid SNP model to overcome the barriers to accessing health care faced by communities characterized by high disease burden, lack social connectivity, and face discrimination and stigma, which includes housing instability. Anyone can become homeless including adult individuals, non-parental adult families, and families with children. Homeless is often defined as having no regular place to sleep. Yet, all homeless people exhibit sufficient similarity in the above deficits, and combined with the high health care costs associated with homelessness, merit the attention of health care policy decision makers.

Even before the Affordable Care Act allowed states to expand Medicaid to all people below 138% of the federal poverty, New York State was one of only seven states to extend Medicaid to low income single adults. Coordinated care for everyone, a basic tenet of NYS Medicaid Redesign, eliminated all exemptions from managed care, including for people who are homeless. In 2012, more than 10,000 homeless people who were in fee for service Medicaid transitioned into managed care plans. To ameliorate the administrative barriers created by the lack of housing and transitions within

the NYC homeless shelter system, the NYS Department of Health made several policy decisions embodied in what is known as “the homeless guidance.” The guidelines facilitated the continued relationship between homeless people with their shelter-based medical providers. Best practices for outreach, engagement, treatment, and retention in care developed specifically for homeless people by specialists in homeless health care, were not included.

The federal Health Care for the Homeless program [PHSA §330(h)] began as a demonstration program sponsored by the Pew Charitable Trust, and was the basis for Title VII of the federal Stewart B McKinney Homeless Assistance Act [1987]. Key tenants of the program flow from the barriers to accessing health insurance and health and social services, transience, medical and behavioral health needs, and social deficits of people who are homeless. SDOH has issued an updated version of the homeless guidance which incorporates the SNP model of care. The similarity with the Health Care for the Homeless model makes clear that the NYS DOH made a wise decision in expanding NY’s Medicaid SNP model to homeless people.

Bronx Pharmacy Accused of Giving Patients Cash Instead of HIV Medications

Thanks to the coordinated efforts of providers, members and staff in the Amida Care Pharmacy and Compliance Departments, and our cooperation with a government investigation, a pharmacy that was allegedly committing fraud with members' ARV medications was closed by the authorities on March 11th.

In the summer, one of our providers contacted Amida Care staff regarding some suspicious activity at a pharmacy in the Bronx. A member also reported that he was given cash along with his medications at this same pharmacy; the next time he went to the pharmacy, the member was given more cash with some of his routine medications, **but none of his ARV medications**. The Compliance Department reported this issue to the Medicaid Fraud Control Unit and then worked in cooperation with them for four months. Subsequent to the initial report, staff in the Pharmacy Department received additional reports from members who were switching to this pharmacy after going to other pharmacies for long periods of time and suspicious activity surrounding medication refills. On March 11th, the Attorney General had enough information to issue arrest warrants for the two owners and the supervising pharmacist. Arrests were made, with articles appearing in multiple news outlets with headlines such as:

Police arrested the owners of a Bronx pharmacy, along with its head pharmacist, for bilking millions of dollars from the government by filling phony claims for HIV medications and paying

HIV+ patients not to get their medicine, in order to fund lavish lifestyles.

*The pharmacy paid HIV patients hundreds of dollars in cash on at least eight occasions between October 2013 and February 2014 in exchange for forgoing their medication. They then billed Medicare and Medicaid plans for reimbursements for prescriptions that were never actually filled. The men also paid Medicaid recipients' cash for referring new patients.**

Thank you, Providers & Members.

Amida Care acknowledges the providers and members who supported this investigation. We take very seriously our duty to ensure that members receive lifesaving medications and health care dollars are directed to care/services delivered to our members. Thank you for your partnership!

Remember, compliance is everyone's responsibility. You can report a compliance concern by:

- Contacting Amida Care at **1-800-556-0674**
- Calling Maura McGrath, Chief Compliance & Privacy Officer at **646-757-7504**
- Emailing the compliance mailbox: **compliance@amidacareny.org**
- Emailing Maura McGrath at: **mmcgrath@amidacareny.org**

Or, if you wish to make an anonymous report, you can call the **Compliance Hotline: 888-394-2285**

We take very seriously our duty to ensure that members receive lifesaving medications and that health care dollars are directed to care/services delivered to our members.



Sofosbuvir

A New Agent for Treating Hepatitis



Sofosbuvir is a new oral treatment for patients with chronic hepatitis C virus (HCV) genotype 1, 2, 3, or 4 infection, including those with HCV/ HIV-1 co-infection. Sofosbuvir was approved by the Food and Drug Administration (FDA) in December 2013 and is the first direct-acting antiviral agent in the nucleoside/nucleotide polymerase inhibitor class. Sofosbuvir is indicated for use in combination with peginterferon alfa and ribavirin for HCV genotypes 1 and 4 and in combination with ribavirin (RBV) for genotypes 2 and 3.

FDA approved and recommended treatment regimens are identical for patients with HCV mono-infection or HCV/HIV-1 co-infection. In clinical trials, treatment duration was fixed and not guided by HCV RNA response. Sofosbuvir is dosed 400 mg once daily with or without food. The goal of treatment is undetectable HCV RNA 12 weeks post-treatment (SVR12).

Amida Care has established prior authorization criteria in order to make coverage determinations

for sofosbuvir based on FDA recommendations and guidelines established by the American Association for the Study of Liver Diseases and the Infectious Diseases Society of America. This criteria can be found on the Amida Care website along with a form that can be faxed to Amida Care. Amida Care will outreach providers before, during, and after treatment in order to ensure treatment success. Amida Care will also assist in providing weekly adherence monitoring in the case that a provider feels such assistance will benefit their patient.

It is anticipated that at least two new single tablet regimens which offer better efficacy with a shorter treatment duration and less pill burden will be available by the 4th quarter of 2014. For those patients in whom immediate treatment is not necessary, preliminary data has suggested that these agents will prove to be more beneficial and efficacious than current treatment options. Given the baseline pill burden that many Amida Care members must endure, these forthcoming treatments may be a better option.

Amida Care will outreach providers before, during, and after treatment in order to ensure treatment success.

Published Phase III Trials

SOF = sofosbuvir / PR = peginterferon + ribavirin / RBV = ribavirin / NR=not reported

TRIAL	SUBJECTS	TREATMENT ARMS	OVERALL SVR12 RATE	SVR12 RATE BY GENOTYPE			
				1	2	3	4
NEUTRINO ^{1,2}	327 treatment-naïve adults	SOF + PR x 12 weeks Adjusted historical control	90% 60%	89% NR	--	--	96% NR
FISSION ^{1,2}	499 treatment-naïve adults	SOF + RBV x 12 weeks PR x 24 weeks	67% 67%	--	95% 78%	56% 63%	--
POSITRON ^{1,3}	278 interferon intolerant, ineligible or unwilling adults (81% no prior treatment)	SOF + RBV x 12 weeks Placebo x 12 weeks	78% 0%	--	93% 0%	61% 0%	--
FUSION ^{1,3}	201 adults with prior breakthrough, relapse, or null response with interferon	SOF + RBV x 12 weeks SOF + RBV x 16 weeks	50% 71%	--	82% 89%	30% 62%	--

Sofosbuvir treatment regimen and duration recommendations¹

HCV Mono-infected and HCV/HIV Co-infected	Treatment	Duration
Genotype 1 or 4	SOF + PR	12 weeks
Genotype 2	SOF + RBV	12 weeks
Genotype 1 interferon ineligible or Genotype 3	SOF + RBV	24 weeks

Note: For patients with HCC awaiting liver transplantation, the recommended treatment is SOF + RBV for up to 48 weeks or until transplant, whichever occurs first.

References: 1. Sovaldi™ product information. Gilead Sciences, 2013. 2. Lawitz et al. NEJM 2013;368(20):1878-87. 3. Jacobson et al. NEJM 2013;368(20):1867-77.

Amida Care's Vision for Health and Recovery Plans (HARPs)

People with serious behavioral health needs frequently have higher rates of complex physical health-related ailments. Yet, in the current Medicaid care delivery system, physical and behavioral health services are not provided in a coordinated manner. The bifurcation between behavioral health and physical healthcare has created a fragmented service delivery system. The highest levels of Medicaid spending accrued by people with the most severe behavioral health needs stems from the unnecessary use of emergency room services and preventable admissions and readmissions to hospital and inpatient care. In addition, people with severe mental illness and substance use disorders are at greater risk of becoming homeless or entangled in the criminal justice system. Care has become extremely expensive to provide and quality public health outcomes are not being achieved.

The HARP Concept

The idea for Health and Recovery Plans (HARPs) grew out of the New York State Medicaid Redesign Team (MRT) initiative. The goal of MRT behavioral healthcare reform is to lower the frequency of high-cost emergency and inpatient services, while improving outcomes and the overall healthcare experience for consumers. To that end, HARPs are being developed to be a specialized, integrated product line to manage both behavioral and physical health care needs. HARPs will also include an enhanced benefit package with access to 1915-like home and community-based services: rehabilitation, habilitation, crisis intervention, educational support services, support services, individual employment services, peer supports and self-directed services. This integrated and recovery-oriented approach to care actually builds upon the HIV SNP model designed to meet the complex needs of individuals with HIV/AIDS.

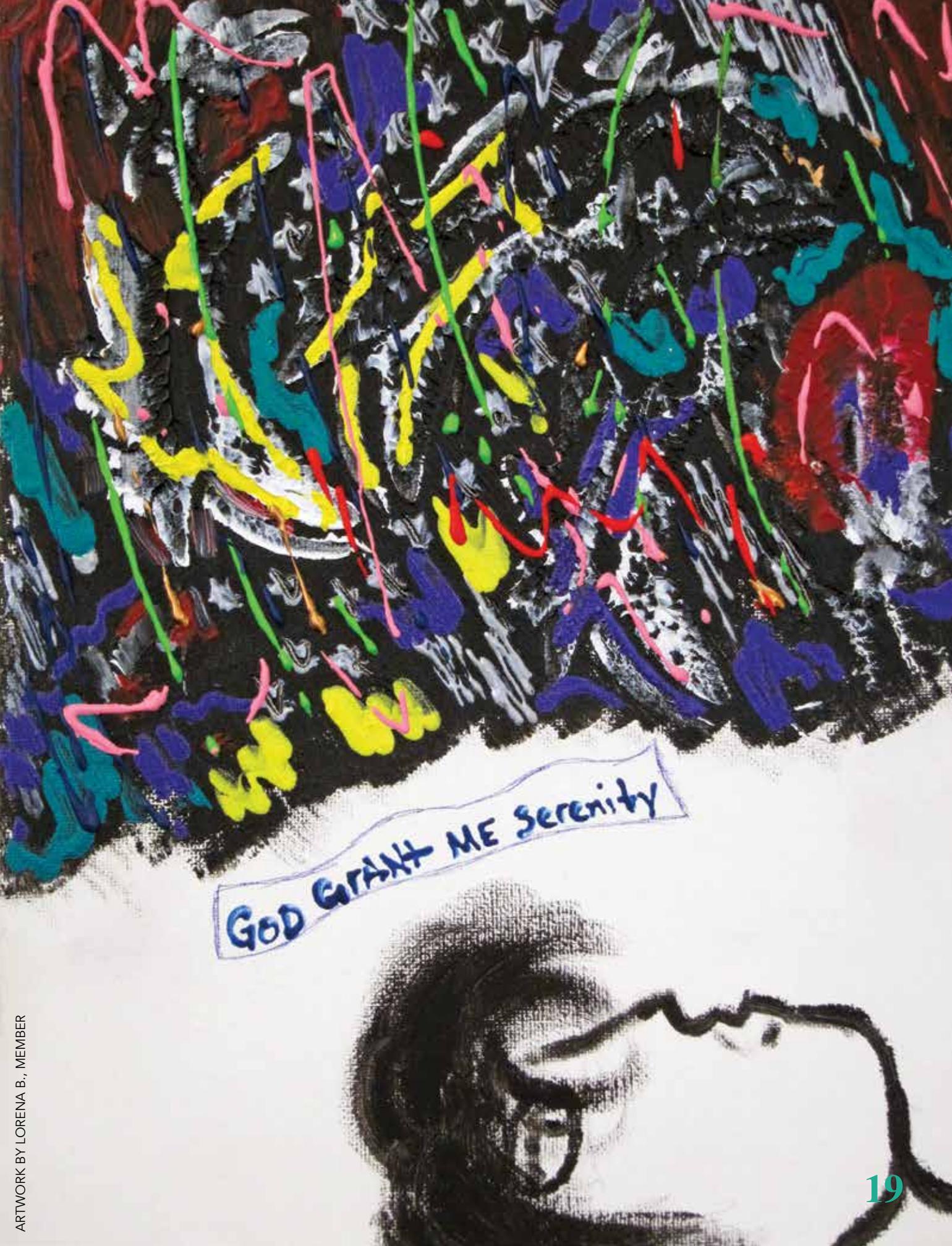
Amida Care's Role in Managing Behavioral Health Special Needs

Empowered by a network of expert providers, Amida Care has created a unique approach to care management that establishes the right environment for individuals with complex needs to receive and manage their care. Growing from a single special needs Medicaid plan into a family of health plan options, we are determined to serve people with multiple chronic conditions: HIV/AIDS, severe mental illness, substance use disorders, homeless or unstably housed—including individuals that are dually eligible or in need of long term care.

Through our innovative approach to care management, and successful care delivery models being employed in the field, we have achieved the most effective outcomes for populations with the greatest of health care needs. Utilizing proactive outreach and a team of committed providers – social workers, peer outreach workers, health navigators, behavioral health specialists and a designated medical home – the Amida Care model has attained:

- Over 93% member engagement in care;
- A 35% reduction in overall medical expenses (2008-2011);
- A 74% decrease in hospital admissions/re-admissions (2008-2011);
- A 63% drop in emergency room/emergency department visits (2008-2011).

Amida Care is dedicated to a care management standard that is person-centered, integrated, and recovery-oriented, where members also get to participate in our Live Your Life wellness events and Member Advisory Council (MAC). As a small, high-touch plan of 6,000 members, Amida Care is uniquely positioned, and intends to apply for HARP qualification. This will allow us to provide a specialized health plan of robust behavioral health care management services for people with the most serious behavioral and physical health challenges.



GOD GRANT ME serenity

Live Life Plus

Medicaid Special Needs Plan

News



Restricted Recipient Program (RRP) For Medicaid SNP Members

The Restricted Recipient Program (RRP) is an aid for the provider team to manage a member's utilization of medical, psychosocial, and pharmacy services to ensure that they are appropriate and not duplicative, excessive or diverted.

Examples of services that can be restricted include, but are not limited to:

- Excessive requests for drugs, supplies, or appliances
- Duplicative health care services
- Duplicative drugs, supplies, or appliances
- Contraindicated or conflicting care
- Excessive inpatient hospital services
- Abusive practices

RRP Referral Forms are available on the Amida Care website and can be faxed to the Restricted Recipient Fax Line at 646-738-8610. Contact Health Services at **646-757-7600** if you would like to discuss specific member cases or need additional information.



Enhanced Member Incentive Program For Medicaid SNP Members

The Amida Care Healthy Rewards Program encourages members to maintain a healthy lifestyle. We have remodeled our program and are offering up to \$125 annually in gift cards to members who obtain recommended screenings and services. Effective July 1, 2014, you will no longer need to sign any separate forms. Members will automatically be sent gift cards once a coded claim form is received and processed for the member for the eligible services.

Examples of services:

- Yearly Comprehensive Exams which include CD4 and Viral Load Testing
- Cancer Screenings (Mammogram, Colonoscopy, Cervical/ Anal Pap)
- Health Screenings/Services (i.e.- Case Management Assessment, Dental Exam, STD Screenings)
- Immunizations/Vaccines (i.e.- Hepatitis, Pneumonia, Flu, HPV)

If you have any questions, please contact **646-757-7100**.



Hypertension Telehealth Pilot Program

For Medicaid SNP Members

Amida Care is currently offering a telehealth pilot program for members with hypertension. The program provides the member with a blood pressure monitor and medication device which electronically tracks and monitors daily readings from the member's home. All readings are available to the member's primary care provider.

Eligibility Requirements:

- Blood pressure readings greater than 140/90 over the past 12 months
- Hospitalization for a hypertensive crisis over the past 12 months
- Hospitalization with a concurrent diagnosis of Diabetes Mellitus, Coronary Artery Disease, Peripheral Vascular Disease, Chronic Kidney Disease*

**Members who are pregnant, living with malignancy, or on renal dialysis are excluded from the program.*

If you have any Medicaid H-SNP members who you feel may benefit from this program or want additional information, please call **646-757-7609**.

BILLING & REIMBURSEMENT BEHAVIORAL HEALTH

In order to assist you with more accurate billing and reimbursement, please share the information below with the appropriate members of your office staff.

We hope this clarification of which behavioral services are covered and reimbursed by Amida Care(AC) and which services should be billed directly to NYS Medicaid (FFS) will prove useful to you and your billing staff.

Services covered by Amida Care:

- Inpatient Psychiatric Hospitalization (also covered for HIV+ SSI members, whereas this is typically carved out to FFS Medicaid in mainstream plans)
- Inpatient Detoxification (also covered for HIV+ SSI members)
- Chemical Dependence Inpatient Rehabilitation and Treatment Services (also covered for HIV+ SSI members, whereas this is typically carved out to FFS Medicaid in mainstream plans)
- Outpatient Mental Health Services (also covered for HIV+ SSI members)

Claims for the above should be sent to:

Amida Care Claims
500 Unicorn Park Drive, Suite 401
Woburn, MA 01801-3393

Beacon Health Strategies Payor ID# 43323

Currently Covered by NYS FFS:

- Outpatient Chemical Dependence Services (outpatient substance abuse treatment, outpatient alcohol rehab, outpatient alcohol clinic services and services for youth programs)
- All covered alcohol and substance abuse services, (except detox - which is covered by AC) are available for uninfected HIV negative AC members
- Methadone Maintenance

- Intensive Psychiatric Rehabilitation Programs (IPRT)
- Intensive Case Management
- Day Treatment
- Continuing Day Treatment
- Partial Hospitalization
- Assertive Community Treatment (ACT)
- Mental Health clinic services for children with a diagnosis of serious emotional disturbance (SED) at clinics certified by State office of MH
- All covered mental health services for uninfected children or uninfected homeless who receive SSI or who are certified blind or disabled
- Personalized Recovery Oriented Services (PROS)

We value your participation and hope this information is helpful to you and your staff.



It's "Prime Time to Invest" in Integrated Primary and Behavioral Health Care

Letter to the Editor by Doug Wirth, CEO of Amida Care
Published in Crain's New York Business Makes the
Case for Care Integration

In the April 7, 2014 edition of Crain's Health New York Business, a letter to the editor by Doug Wirth, CEO of Amida Care highlights the need for New York State to integrate primary and behavioral health care services. The letter, entitled "Prime Time To Invest," was written in response to the op-ed by Ronda Kotelchuck of the Primary Care Development Corporation (PCDC), called "Time for NY state to invest in primary care." In our reply, Amida Care agreed with Ms. Kotelchuck's position

to invest the \$8 billion Medicaid waiver into building the health system of the future. At the same time, we highlighted that investments in primary care must be enhanced with commitments to integrate primary care with mental health and substance use services. This will enable better, person-centered and preventive care, as well as realize savings in healthcare-related expenditures, all worthy goals that are in harmony with the reforms now being implemented by New York's Medicaid Redesign Team.



HIV-AGE.org

Your Go-To Site for Aging with HIV

HIV-AGE.org is the “go to” place for information and resources to assist providers, researchers, journalists, clients, and the general public to find resources such as: relevant journal articles, case histories, up and coming HIV & Aging Conferences; and links to other HIV organizations who include aging programs. In addition, the site contains editorials from experts in the field of emerging topics and trends, spotlights on “hot topics,” and users comments to keep the dialogue on HIV & Aging alive and vibrant for the good of all interested in this field of HIV medicine.



Smoking Cessation Counseling to ALL Medicaid Beneficiaries

Effective April 1, 2011 and revised January 1, 2014.

Coverage of smoking cessation counseling (SCC) services includes a maximum of two quit attempts per 12 months, which include up to four face-to-face counseling sessions per quit attempt, for a total 8 per 12 months. Smoking cessation counseling complements the use of prescription and nonprescription smoking cessation products.

Smoking cessation counseling services is reimbursable when provided by the following provider types:

- Office-based practitioners (physicians, registered nurse practitioners [RNP], licensed midwives [LM]); and as of July 1, 2014, NYS has ruled that general dentists will also be authorized to provide smoking cessation counseling.
- Article 28 hospital outpatient departments (OPD), free-standing diagnostic and treatment centers (D&TC) and federally qualified health centers (FQHC) including FQHC school based health centers (SBHC) that bill using Ambulatory Patient Groups (APGs).

Reimbursement for smoking cessation counseling (SCC) must meet the following criteria:

- SCC must be provided face-to-face by a physician, registered physician assistant,

registered nurse practitioner (RNP), or licensed midwife (LM) either with or without an Evaluation and Management procedure code.

- SCC may take place during individual or group counseling sessions. Group sessions will be reimbursable for office-based practitioners and for Article 28 clinics.
- Each Medicaid beneficiary will be allowed eight counseling sessions during any 12 continuous months; including any combination of individual or group counseling sessions.
- Claims for SCC must include the appropriate SCC CPT Procedure Code.
- **99406** - Intermediate SCC, 3 to 10 minutes (billable ONLY as an individual session) OR
- **99407** - Intensive SCC, greater than 10 minutes (billable as an individual or group session; using the 'HQ' modifier to indicate a group SCC session, up to eight patients in a group).

- Claims must include ICD-9-CM diagnosis code, 305.1 tobacco use disorder.

Providers should be aware of the following guidelines for smoking cessation counseling:

The Clinical Practice Guideline, “Treating Tobacco Use and Dependence” recommends that a practitioner should follow the “**Five A’s**” of treating tobacco dependence, which include: **A**sk, **A**dvice, **A**ssess, **A**ssist, and **A**rrange follow-up. For patients not ready to make a quit attempt, clinicians should use a brief intervention designed to promote the motivation to quit. Content areas that should be addressed can be captured by the “**Five R’s**”: **R**elevance, **R**isks, **R**ewards, **R**oadblocks, and **R**epetition.

The following links provide further information regarding evidence-based clinical approaches to SCC and pharmacotherapy:

AHRQ’s Treating Tobacco Use and Dependence Pathfinder-- Resources for Clinicians and Consumers

This site provides the DHHS Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update. (PHSG) and includes evidence-based treatment, provider and patient educational materials. www.ahrq.gov/path/tobacco.htm.

Quick Reference Guide for Clinicians

Here you’ll find the abbreviated version of the PHSG. www.ahrq.gov/clinic/tobacco/tobaqrg.htm.

NYS Smokers’ Quitline

Refer your patients to the NYS Smokers’ Quitline where they can receive free counseling and a two week starter kit of nicotine replacement therapy. Patient and provider education materials and fact sheets are also available. www.nysmokefree.com.

Cessation Centers

New York State’s 19 Tobacco Cessation Centers provide free training and technical assistance for providers on evidence-based cessation treatment. These free services include, on-site staff training, patient educational materials, information on local cessation programs and assistance with the NYS Smokers’ Quitline - “Fax-to-Quit” program. www.health.state.ny.us/prevention/tobacco_control/community_partners/tobacco_cessation_centers.htm.

Smokefree.gov website sponsored by NCI, CDC, and the American Cancer Society

Provides tobacco users with online cessation support and links to other resources. www.smokefree.gov

Smoking cessation counseling complements the use of prescription and nonprescription smoking cessation products.





Meet Your Reps!

You can reach your Provider Services Representative at (646) 757-7100

Contract Administrators

Manhattan: Marina Molina-Lewis

Brooklyn: Patricia Gilbert-Stafford

Provider Field Representatives

Bronx: Sherry Best

Queens/Staten Island: Genroval Whitaker



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