



# *Provider News*



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## Dear Amida Care Providers,

From day one of planning until today, Amida Care has worked diligently to be a Medicaid health plan that fosters access to quality care so members can be well and go about the business of “living,” “being” active in their community and “achieving” their personal life goals.

To facilitate this kind of success, Amida Care instituted a health plan structure that: 1) informs, educates and supports members, 2) values partnerships with medical and behavioral health providers, and 3) focuses on more than just the clinical and treatment issues. Assisting members to access community programs, housing and supportive services is central to fostering regular primary and mental health care, and to reducing substance use on a personal path toward recovery.



Partnering with providers (like you) to address multiple chronic conditions – from a holistic and whole-person perspective – ultimately raises satisfaction, improves health outcomes, and saves money by reducing the need for more costly services.

But work with dually and triply diagnosed clients can be challenging. Poverty and homelessness often complicate the medical picture – even a diagnostically clear one. So, New York State is introducing a “Health Home” benefit for this population. Comprehensive and coordinated care – especially when co-located in someone’s community – can further improve health, stabilize families, while simultaneously lowering costs. Health Homes will offer centralized care coordination from one comprehensive plan. Amida Care is working diligently to partner with provider-led Health Homes. We believe that options and choice are good for our members, and for providers like you.

Actually, Amida Care is one of the first health homes in NYC. 90% of our members get regular outpatient HIV primary care. Medical costs have been steadily declining for years. But Amida Care welcomes the additional care coordination by Health Home Care Managers who can help the 10% of members who: 1) drop out of care, 2) are re-admitted to the hospital, 3) lose their home or support systems, or 4) decompensate after stopping psychiatric medications or using drugs/ alcohol.

In this issue, read more about other special services offered by Amida Care, including our: Better Days Program, HIV Continuing Medical Education, Retention In Care Unit activities, LIVE YOUR LIFE events and now the availability of Amida Care’s Pharmacy Formulary on your mobile device.

Thanks for your partnership.

Yours in health,  
**Doug Wirth**  
President & CEO

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### Photographic image disclosure:

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**Amida Care's**

# **Better Days Program**

**Serving Formerly Incarcerated Members**

**We are pleased to announce that Amida Care's Better Days program will be accepting referrals as of April 1st, 2012. The program has been established to assist formerly incarcerated men and women who are returning to the community from jail or prison.**

The program will assist members with referrals to community-based services, housing providers, substance abuse and mental health treatment, and establishing relationships with PCPs and medical specialists immediately after release. Our program staff is familiar with the many obstacles people face when they are newly released, and can help members navigate institutional barriers and other obstacles, ensuring a smoother reentry transition.

Often times, mental health, substance abuse, limited access to transportation, financial constraints and other substantial barriers may prevent releasees from following up on any referrals or appointments that are arranged for them pre-release. Pre-release discharge planning frequently does not include physician referrals and there is often little post-release follow up. Many barriers exist when leaving prison to receive appropriate treatment, and we hope to help mediate these obstacles via our Better Days program.

We have cultivated partnerships with community organizations that provide legal assistance, help with housing, basic necessities such as food, clothing and toiletries, help in obtaining identifying documents, addiction treatment and other goods and services specifically tailored for formerly incarcerated persons.

Being connected to health care and other essential services helps prevent the reentry transition from negatively impacting treatment adherence, improves quality of life and health outcomes, and supports progress towards self-sufficiency.

**Interested in finding out more about the Better Days Program at Amida Care, and how we can be of assistance to your patients?**

**Contact Karalyn Shimmyo, 646-532-2973 or [kshimmyo@amidacareny.org](mailto:kshimmyo@amidacareny.org).**



## ... for our provider network

In our effort to contribute to the continuing medical education of our providers, Amida Care has introduced several exciting opportunities for our Provider Network.

# HIV CME Dinner Series

On October 5th, 2011 at Morton's Steakhouse in midtown, Amida Care & ACRJA kicked off their HIV CME Dinner Meeting Series with the program **HIV and Coronary Heart Disease** featuring guest speaker:

**Marshall Glesby, MD**

*Associate Chief, Division of Infectious Diseases,  
Director of the Cornell HIV Clinical Trials Unit,  
Weill Cornell Medical College, New York, NY*

The meeting was both well attended and well received by our Provider Network. Thanks to the positive reception of our pilot program and a partnership with the NY & NJ AETC, we were able to expand the next HIV Dinner Meeting to provide both CME & CNE credits to the attendees.

Our second event, held on December 14th, 2011 at Thalassa Restaurant in Tribeca was titled:

**Hepatitis C Therapy: It's a New Era**, featuring guest speaker:

**Donald P. Kotler, MD**

*Chief, Division of Gastroenterology and Liver Disease,  
St. Luke's Roosevelt Hospital Center, New York, NY*

As with our previous event, providers who attended the event gave us excellent feedback on the speaker, content and the venue. We look forward to continuing this series in 2012 and hearing your thoughts on potential topics or speakers.

Amida Care is excited to continue this series in 2012. By polling meeting attendees, we identified several topics that are of interest to our providers. Currently, we are developing programs that will address hot button issues affecting our network such as:

- Effective Pain Management
- HIV & Anal Cancer Screening.

**We welcome your participation in our future events & hearing your thoughts on potential topics or speakers.**

**For more information please contact Carey Brandenburg at 646-745-1020**







## Journal Access

Through Ovid, Amida Care has secured a series of medical journals that we hope you will take the time to access.

The following journals are free for viewing to our Provider Network, accessible through the web link: [www.ovidsp.ovid.com](http://www.ovidsp.ovid.com):

- AIDS: (1997-2011)
- JAIDS - Journal of Acquired Immune Deficiency Syndromes (1999-2011)
- Journal of Acquired Immune Deficiency Syndromes & Human Retrovirology (1996-1999)
- New England Journal of Medicine (1993-2011)

While the initial response was favorable, in recent months the number of providers accessing the journals has dropped off dramatically.

To continue providing this resource, we need to know that it is something our providers value and appreciate. Please let us know that you are invested in this program, by accessing the journals.

## New Behavioral Health Vendor for Amida Care

We are pleased to announce that Amida Care, Inc. will be partnering with Beacon Health Strategies, LLC (BHS) to provide behavioral health benefits to our membership. BHS will manage all inpatient behavioral health and provide us with a network of inpatient and outpatient providers. The transition from Value Options' CHCS IPA provider network to BHS is effective on April 1, 2012.

Amida Care will be updating both its printed and web based directories with providers that are participating with Beacon Health Strategies. Amida Care will continue to honor any prior authorizations that are in effect during this transition. Providers who are currently rendering behavioral health services will also be notified of this transition. Amida Care is working hard with Beacon Health to prevent disruption through continued network expansion of the Behavioral Health network. Members who are currently in care with a behavioral health specialist are entitled to continuity of care and are allowed to continue to see their provider for up to ninety (90) days. It is our goal to have minimal disruption in the behavioral health network.



If you have any questions about this transition, please feel free to contact our **Provider Services Department at 1-800-556-0674**.

Do you have a provider you would like to recommend? Please reach out to your Borough Network Manager with your referral. They will work with Beacon Health to initiate recruitment efforts. You can also send us your questions via email by going to [www.amidacareny.org](http://www.amidacareny.org) and clicking on the "Contact Us" tab.

# Our Continous Quality Improvement Department

*Helping Providers  
Improve Health  
Outcomes*



**Amida Care's Continous Quality Improvement (CQI) department supports our network providers in delivering timely preventive and primary care services to our Members, as guided by local, State and federal health care standards, including the New York State Quality Assurance Reporting Requirements.**

The provider role in meeting quality indicators is paramount. NYSDOH uses, as a first step to measure accountability, validated and published quality of care measures. It is felt that incorporating treatment information into intermediate outcome indicators will indicate how practices can improve management of risk factors by identifying and reducing therapeutic variances.

A first step will be to measure the extent to which opportunities for improvement exist among patients with poorly controlled disease management and adherence to a therapeutic regimen and other intermediate outcomes, and whether this varies by practice and by patient characteristics such as age and socioeconomic status.

Subsequent identification of opportunities for improving treatment will require multiple methods including prompts and decision support for healthcare providers to make treatment systematic changes together with suitable interventions to promote patient involvement in decision making and to enhance adherence.

Use of electronic medical records and linked computerized clinical decision support systems will be central to this integrated approach. This approach also increases accountability by showing improvement to intermediate outcomes.

Attached you will find a Quick Reference Guide, that can be used as a tool to identify the effectiveness of care measures used in HEDIS/QARR.

## HEDISQARR Measures Quick Reference Guide 2011 -2012

MEASURE	SERVICE	CODING
<b>HIV/AIDS Comprehensive Care Measure</b>	<ul style="list-style-type: none"> <li>· <b>Engaged in Care</b> – two outpatient visits for physician services of primary care or HIV related care per year.                             <ul style="list-style-type: none"> <li>○ One visit occurring on or between January 1 and June 30.</li> <li>○ The second visit occurring on or between July 1 and December 31 of the measurement year.</li> </ul> </li> <li>· <b>Viral Load Monitoring</b> – two viral load tests per year.                             <ul style="list-style-type: none"> <li>○ <b>The first test</b> conducted on or between January 1 and June 30.</li> <li>○ <b>The second test</b> occurring on or between July 1 and December 31 of the measurement year.</li> </ul> </li> <li>· <b>Syphilis Screening Rate</b> – one syphilis screening test performed within the measurement year for members 19 years of age or older.</li> <li>· <b>Cervical Cancer Screening</b> – one cervical cancer screen performed during the measurement year for female members between the ages of 19 and 64.</li> </ul>	<p><b>Engaged in Care</b> CPT-4: 99201-99205, 99211-99215, 99241-99245, 99354-99355, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420-99429, 99499; ICD-9 codes: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9</p> <p><b>Viral Load Monitoring</b> CPT-4: 87534-87536</p> <p><b>Syphilis Screening</b> CPT-4: 86592-86593; 86780</p> <p><b>Cervical Cancer Screening</b> CPT-4: 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175 ICD-9 codes: V72.32, V76.2</p>
<b>Chlamydia Screening</b>	Chlamydia screening annually for sexually active women 16 to 24 years of age	<p>CPT-4: 87110, 87270, 87320, 87490, 87491, 87492, 87810 *Use CPT-4 code 87491 for Chlamydia screening using urine specimen</p>
<b>Cervical Cancer Screening</b>	Women between 21 and 64 years of age should have a cervical cancer screening at least once every 3 years.	CPT-4: 88141-88143, 88150, 88175 HCPCS: G0123, Q0091
<b>Breast Cancer Screening</b>	Women between 40 and 69 years of age should have a mammogram screening for breast cancer every 1 to 2 years.	<p>Mammogram: CPT-4: 77055-77057 HCPCS: G0202, G0204, G0206</p>
<b>Follow-Up After Hospitalization for Mental Illness</b>	<p>(&gt;6 yr olds) Outpatient visit follow-up with a mental health practitioner</p> <p>* On the day of discharge, up to 7 days after discharge from hospital</p> <p>* 30 days after discharge from hospital</p>	<p>Note: follow-up on the day of discharge counts towards this measure but must be with MH practitioner.</p> <p>ICD-9 codes to ID MH Dx: 295-299; 300.3; 300.4; 301; 308; 309; 311-314</p>
<b>Antidepressant Medication Management</b>	Member compliance: Members must remain on medication for a minimum of 84 days and optimally at least 180 days.	ICD-9 codes to ID Depression: 296.20-296.25; 296.30-296.35; 298.0; 300.4; 309.1; 311
<b>Dental Visit</b>	Annual preventive dental visit for members age 2 to 21 years old	Please refer all members for an annual dental exam.
<b>Controlling High Blood Pressure</b>	Document BP reading <b>every</b> visit for members 18 years of age and older	<p>Goal: &lt;140/90 mm/Hg</p> <p>ICD-9 code to ID HTN: 401</p>

<b>Cholesterol Management for Patients with Cardiovascular Conditions</b>	LDL-C screening after cardiovascular conditions (AMI, CABG, PCI, IVD) for members between 18 and 75 years of age · Goal: < 100 mg/dL	LDL-C Screening CPT-4: 80061, 83700, 83701, 83704, 83721 CPT II code: 3048F – level less than 100 mg/dL 3049F – level 100-129 mg/dL 3050F – level > or equal to 130 mg/dL
<b>Comprehensive Diabetes Care</b>	· Hemoglobin A1c annually Goal: less than 7.0% · LDL-C screening annually Goal: less than 100mg/dL · Dilated exam by an optometrist/ ophthalmologist every 2 years for members without DM retinopathy; annually with DM retinopathy · Annual Nephropathy screening · urine micro-albumin test · therapy with ACE inhibitor/ARB · Blood pressure control Goal: less than 140/80 mm/Hg	<b>HbA1c Test</b> CPT-4: 83036, 83037 CPT II code: 3044F – level less than 7.0% 3045F* – level 7.0-9.0% 3046F – level greater than 9.0% * CPT II code 3045F indicates most recent HbA1c level 7.0%–9.0% and is not specific enough to denote numerator compliance for this indicator. For members with this code, the organization may use other sources (laboratory data, hybrid reporting method) to determine if the HbA1c result was <8%. <b>LDL-C Screening</b> CPT-4: 80061, 83700, 83701, 83704, 83721 CPT II code: 3048F – level less than 100 mg/dL 3049F – level 100-129 mg/dL 3050F – level > or equal to 130 mg/dL <b>Eye Exam</b> ICD-9: V72.0 CPT II code: 2022F, 2024F, 2026F, 3072F <b>Nephropathy Screening</b> ICD-9: 82042, 82043, 82044, 84156 CPT II code: 3060F, 3061F, 3062F, 3066F, 4009F BP Control CPT II code: 3074F – systolic BP less than 130 3075F – systolic BP 130-139 3077F – systolic BP > or equal to 140 3078F – diastolic BP less than 80 3079F – diastolic BP 80-89 3080F – diastolic BP > or equal to 90
<b>Adult Body Mass Index</b>	All adults between 18 and 74 years old should have a BMI documented at least once a year. <b>Note:</b> Document <b>BMI</b> (noting only height/weight is not sufficient)	ICD-9 codes to identify BMI: V85.0-V85.5 HCPCS: G8417-G8420
<b>Colorectal Cancer Screening</b>	Adults between 50 and 75 years of age should be screened for colorectal cancer by any one of three test: · Fecal occult blood test (FOBT) – every year · Flexible Sigmoidoscopy - every 4 years · Colonoscopy - every 9 years	CPT-4: · FOBT: 82270, 82274 (ICD-9: V76.51) · Flexible Sigmoidoscopy: 45330-45335, 45337-45342, 45345 · Colonoscopy: 44388-44394, 44397, 44355, 45378-45387, 45391, 45392



<b>Appropriate Asthma Medications 3 or more Controller Dispensing Events</b>	3 or more controller dispensing events for with persistent members (5 to 50 yrs of age) diagnosed asthma.	ICD-9 code to identify Asthma: 493
<b>Prenatal and Postpartum Care and Frequency of Ongoing Prenatal Care</b>	<p><b>PRENATAL CARE:</b> initial visit must be within first trimester or within 42 days (6 weeks) of enrollment with Plan</p> <p><b>FREQUENCY of PRENATAL CARE:</b></p> <ul style="list-style-type: none"> <li>· Every 4 weeks during first 28 weeks of pregnancy</li> <li>· Every 2-3 weeks until 36<sup>th</sup> week of pregnancy</li> <li>· Following the 36<sup>th</sup> week, every week until birth.</li> <li>· ACOG guidelines recommend 14 prenatal visits for a 40 week gestation</li> </ul> <p><b>POSTPARTUM CARE:</b></p> <ul style="list-style-type: none"> <li>· 3-8 weeks (21-56 days) after delivery</li> </ul>	<p><b>Prenatal Visit</b> CPT-4: 99201-99205, 99211-99215 <b>with</b> ICD-9: V22, V23 CPT II code : 0502F</p> <p><b>Postpartum Care</b> CPT-4: 59430 ICD-9: V24.2 CPT II code: 0503F</p>
<p><b>Well-Child Visits 0-15 months</b></p> <p><b>Well-Child Visits 3-6 and 12-21 years old</b></p>	<p>Initial visit after birth 48hrs. post discharge. Six or more well-child visits from birth through 15 months of age</p> <p>One well-child visit every year</p>	<p><b>0-15 mos. :</b> 99381, 99382, 99391,99392, 99432, 99461 V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9</p> <p><b>3-6 yrs.:</b> 99383-99385, 99393-99395 V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9</p> <p><b>12-21 yrs.:</b> 99383-99385, 99393-99395 V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V7</p>

## Amida Care Formulary Available through FREE Epocrates® References



Amida Care is excited to announce that our formulary can now be accessed through Epocrates® drug reference software using your mobile device or an Internet-connected computer. By downloading the Epocrates application to your handheld or through the Internet, you can check formulary status, prior authorization requirements, formulary alternatives, generic substitutes and quantity limits. Additionally, the software features a drug reference that includes information such as indication, dosing, contraindications, drug interactions, adverse reactions and cost information. This formulary and drug information is available for FREE at **www.epocrates.com**. Premium versions on the mobile and web-based application which include alternative medicines, clinical tables, and medical calculators are also available for an annual fee.

# Opana ER and Preferred Alternatives

by John Moore, PharmD, Director of Pharmacy

Conversion Ratios of Oral Opioids to Opana® ER1

	Current Daily Opioid Dose	Conversion Ratio*		Opana® ER Equianalgesic Total Daily Dose
Oxymorphone	10 mg	X 1	=	10 mg
Hydrocodone	20 mg	X 0.5	=	10 mg
Oxycodone	20 mg	X 0.5	=	10 mg
Methadone*	20 mg	X 0.5	=	10 mg
Morphine	30 mg	X 0.333	=	10 mg

	Current Daily Opioid Dose	Conversion Ratio		Morphine Equivalent Dose	Conversion to Oxymorphone	Opana® ER Equianalgesic Total Daily Dose
Hydro-morphone <sup>2</sup>	12 mg	X 5	=	60 mg	X 0.333	20 mg


- The table provides approximate equivalent doses, which may be used as a guideline for conversion. The conversion ratios and approximate equivalent doses in this conversion table are only to be used for the conversion from current opioid therapy to Opana® ER.
- Sum the total daily dose for the opioid and multiply by the conversion ratio to calculate the oxymorphone total daily dose.
- For patients on a regimen of mixed opioids, calculate the approximate oral oxymorphone dose for each opioid and sum the totals to estimate the total daily oxymorphone dose.
- The dose of Opana ER can be gradually adjusted, preferably at increments of 10 mg every 12 hours every 3-7 days, until adequate pain relief and acceptable side effects have been achieved.
- It is extremely important to monitor all patients closely when converting from methadone to other opioid agonists. The ratio between methadone and other opioid agonists may vary widely as a function of previous dose exposure. Methadone has a long half-life and tends to accumulate in the plasma.

In recent months we have processed a significant number of Opana ER prescriptions. This article is an opportunity for us to provide some education about Opana ER and alternative opiates on the Amida Care formulary.

While we certainly do not want to discourage you from providing the best possible care to your patients, Also, as you are aware, patients develop tolerance to these medications after they have been taking them chronically over a period of time. This tolerance often necessitates a change from one opioid therapy to another. Opana ER might best be used sequentially for patients that have tried alternative therapy first and documentation of failure to respond to the therapy. We, however, understand the need to maintain those patients who have been stabilized on Opana ER with their current medication regimens and will ensure that these patients will continue to have access to the medications that work best for them.



# Changes To Our Formulary



On the left, there is a chart that compares the potency of Opana ER versus other opioid medications and a conversion chart for the means of substituting this medication for other opiates. Please keep in mind that the active ingredient in Opana ER, oxymorphone, is available as a long acting generic in 7.5 and 15 mg strengths and is an Amida Care formulary drug.

Also, please be aware that the preferred long acting opioid medication is morphine ER which is available in 15, 30, 50, 60, 80, 100, 200 mg strengths.

We want to inform you of changes to the Amida Care formulary effective April 1, 2012. These changes are being made upon recommendation of our Amida Care Pharmacy and Therapeutics Committee based on evidence-based medicine, up to date clinical information and specialist recommendations.

## Effective April 1, 2012:

Valtrex – nonformulary

\*Valacyclovir will be the preferred generic

Marinol – nonformulary

\*Dronabinol will be the preferred generic

Nexium – nonformulary (*requires Step Therapy*)

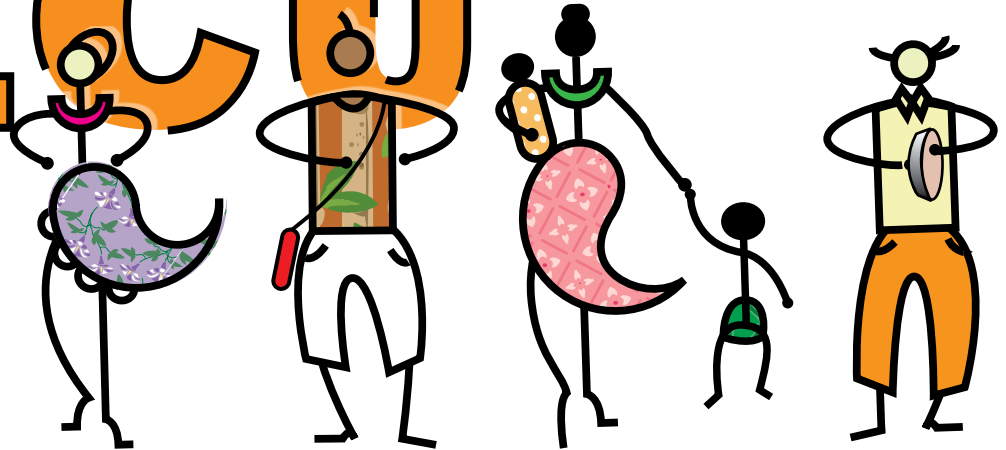
\*several generic Proton Pump Inhibitors are currently formulary, please refer to Amida Care formulary for specific drug information

Avelox (moxifloxacin) – nonformulary  
(requires a Prior Authorization)

\*Levofloxacin will be the preferred substitute for moxifloxacin

If you have any questions about these changes or would like to participate in the Amida Care Pharmacy and Therapeutics Committee, please contact **John Moore**, Pharm D, Director of Pharmacy. He can be reached by phone at (646) 786-8665 or by email at [jmoore@amidacareny.org](mailto:jmoore@amidacareny.org).

# RICU



**The Retention in Care Unit was developed to prevent members from falling out of care and to re-engage members who have done so. It has been well documented that psychosocial factors such as homelessness, mental illness, substance abuse, and lack of financial resources, among others, can be a significant barrier in establishing and maintaining regular medical care. In addition, ancillary services such as case management, mental health treatment, substance abuse treatment, housing services, transportation, translation, and legal services play a substantial role in keeping HIV-positive patients connected to medical care. The Retention in Care Unit seeks to address barriers to accessing regular medical care with an HIV specialist and link Amida Care members with community service providers who will afford them ongoing management of their biopsychosocial needs.**

## **Community Health Outreach Workers (CHOW)**

Amida Care's Retention in Care Unit uses specially trained, professional peer Community Health Outreach Workers (CHOWs) to assist a select group of members and serve as a bridge between the members, the healthcare and social systems and the health plan. CHOWs provide their assigned members with information and specialized services so that they will engage in their healthcare. CHOWs work with members on a short term basis and

generally have one to two contacts with them.

CHOWs provide the following functions:

- Escort - assist to and from appointments;
- Community Canvasser - outreach to members who have failed to attend their initial appointments;
- Translator- clarify benefits and access; and
- Buddy - check on assigned caseload regularly to assess progress in adherence to care plan and assist with any emerging needs.

Training of CHOWs is completed by the Director of Retention in Care Unit. However, peers already certified as outreach workers by another HIV/AIDS Community Based Organization may have training requirements waived at the discretion of the Director of Retention in Care Unit.

The Director of Retention in Care Unit closely supervises CHOWs. To refer a member for CHOW services, contact Nicole Mylan, Director of RICU at (646) 745-1025.

## **Health Navigators**

Health Navigators work with members who have fallen out of care, as defined by not having a primary care appointment with an HIV specialist in six months or more, or members who have been identified as being at risk for falling out of care by their PCP, Care Coordinator or other community provider. Health Navigators work with members anywhere from 60 days to 6 months, depending on need.







**Our Retention in Care Unit**  
addresses barriers to  
accessing medical care with  
an HIV specialist and link  
Amida Care members  
with community  
service providers

## Helping Members **Be in Care**

Health Navigators provide the following functions:

- Conduct needs assessments to determine what services members need to be connected to
- Develop individualized member goals and objectives
- Refer and connect members to appropriate services/service providers
- Schedule intake/initial appointments at indicated facilities
- Escort members to initial appointments
- Escort members to PCP appointments
- Provide transportation to members when appropriate
- Follow up with service providers
- Follow up with members

Health Navigators are professional staff, all of whom have a background in HIV case management and/or have knowledge of the benefits and services entitled to PLWHA in New York City. To refer a member for Health Navigation services, contact the Health Navigator Supervisor at (646) 784-5469.

### **Mobile Engagement Teams (MET)**

Through the Social Innovation Fund, Amida Care sponsors Mobile Engagement Teams at three community based sites who work with members experiencing co-occurring mental health and/or substance abuse issues. The goal of the program is to stabilize clients in order to engage them in regular primary medical care and mental health/substance abuse treatment. METs provide field

based services to clients using motivational interviewing to incite behavioral change. MET sites include:

- Harlem United-responsible for engaging clients in Manhattan
- Housing Works-responsible for engaging clients in Brooklyn
- Help/PSI-responsible for engaging clients in the Bronx

Each Mobile Engagement Team consists of an Outreach Worker/Health Educator, Intensive Care Manager, and either a Licensed Clinical Social Worker or a Psychiatric Nurse Practitioner. Team staff provides field based services to Amida Care members who have difficulty maintaining regular primary care due to an underlying mental health or substance abuse problem. Services are individualized and intensive and include the following services:

- Assessments and Service Plans
- Psychiatric Evaluation
- Monitoring of Goals
- Case Management
- Housing Assistance
- Arrangement of PCP visits
- Arrangement of Mental Health/Substance Abuse Services
- Appointment Escorts
- Health Education

# We Have Nutritionists In Our Network

Studies have found that eating a diet rich in colorful fruit and vegetables, low-fat dairy products and whole grains can significantly reduce high blood pressure and cholesterol. Eating a handful of nuts (such as almonds, pistachios or walnuts) every day may also help improve cholesterol levels. Reducing the intake of salt helps to lower blood pressure. And limiting the amount of saturated and trans fats helps keep cholesterol down.

Amida Care recognizes the importance of healthy eating as part of a holistic approach to living well and healthy. It's for that reason that we offer the services of licensed nutritionists as part of our network. If you think that your patient could benefit from the services of a nutritionist, please offer a referral to a nutritionist near them. If you need help identifying a nutritionist call Member Services at 1-800-556-0689



## Live Your Life!

To help our members live better, longer and healthier lives, Amida Care hosts a series of educational and recreational events called Live Your Life. These entertaining workshops are offered twice a month around NYC.

We offer Salsa and African dance classes, yoga, meditation, aromatherapy, art therapy and healthy cooking workshops among others. These events are open to all our members and in most cases, members can bring a guest. Metrocards, food and health educational materials are distributed among the participants.

For more information about our Live Your Life events visit our website [www.amidacareny.org](http://www.amidacareny.org) or call Member Services at 1-800-556-0689.



**Amida Care's Healthy Cooking Class, one of our many Live Your Life events.**



# What's New in **HEPATITIS C** therapy

Many providers know that the past year has brought significant advances in the treatment of Hepatitis C. Standard therapy has usually included injectable Interferon and oral Ribavirin therapy. However, in 2011 the FDA approved **two new oral drugs for Hepatitis C- Incivik (telaprevir) and Victrelis (boceprevir)**. These drugs belong to a class of drugs that target HCV protease enzymes.

In contrast to the Interferon and Ribavirin which are indirectly acting immunomodulatory agents, these HCV protease inhibitors represent the first drugs with directly-acting antiviral activity. They have both been shown to dramatically improve therapeutic response rates in patients with genotype 1 which has been traditionally very difficult to treat. At this point, the HCV protease inhibitors are still given in combination with Interferon and Ribavirin.

**Amida Care does have both drugs available on formulary for the appropriate patients.** Prior authorization requires that the patient have genotype 1 and that they be seen in consultation by a GI or ID specialist with experience in HCV treatment. Providers should bear in mind that studies of efficacy in dually infected HIV/HCV patients are somewhat limited to date. It is also clear that there will be significant drug interactions between the HCV protease inhibitors and HIV protease inhibitors as well as interactions with efavirenz; more study is needed to identify further drug-drug interactions. There are also numerous studies underway to target more HCV viral-specific targets and the increasing expectation that Interferon-free regimens are not far in the future.

## Do You Have a Change to Your Demographic Information?

**If you have a change to your demographic information, you can communicate those changes to Amida Care by filling out a demographic change form and forwarding your request to:**

- The Provider Services fax number: (646) 786-1803
- The Provider Services email box: [Provider\\_Services@amidacareny.org](mailto:Provider_Services@amidacareny.org)
- Your Provider Services Field Representative  
*(A listing of representatives for your area can be found on the backcover)*
- Your Borough Network Manager  
*(A listing of Borough Network Manager for your area can be found on page on the backcover)*
- Amida Care  
Attention: Provider Services/Demographic Changes  
248 West 35th Street, 7th Floor  
New York, NY 10001

A copy of the Amida Care demographic change form can be found on the Amida Care website by accessing the home page for Provider Services.

You may also communicate your changes by sending your request on office letterhead.



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

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.



*For more information on our Domestic Violence Program, please reach out to our DVC, Nicole Mylan at 1-646-786-1800*

## Meet Your Reps!

**You can reach your Provider Services Representative at 646-786-1800**

### ***Borough Network Managers***

Manhattan: Tiffany Antoine

Bronx: Katherine Gil

Brooklyn: Sa'id Abdur-Rahman

Staten Island: Gladys Nwosu-Bleman

### ***Provider Service Field Representatives***

Manhattan: Andrew Newman

Bronx: Amanda Haider

Brooklyn: Patricia Gilbert-Stafford

Staten Island: Yvon Magny

*(Provider Services Field Supervisor)*



**Please call us at 646-786-1800 if you have any concerns or to schedule an onsite visit.**