



# The AMIDACARE View



**in this issue**

**Pharmacy Benefits** | **Diabetes**  
Insulin Resistance

**Summer** | **Secondhand**  
Celebration 2011 | **Smoke**



## Dear Amida Care Members,

This is a special issue of our Member Newsletter dedicated largely to important changes in New York State's Medicaid program. As you may be aware, effective October 1st, your pharmacy benefits will be coordinated by Amida Care. And, members will now secure personal care services (or home attendants) through their health plan as well.

Change – especially when its health related – can be confusing, even scary. So we want you to know that you don't have to navigate these changes alone. Your primary care provider (MD or NP) can help you, and your case manager is also available to assist you. And your health plan is here for you too!

You should have received a letter from us that started to explain these changes. This newsletter is our second step to provide you with more information about how to secure these services within your health plan. Within the next few days, you should receive your new Amida Care ID Card – in the tougher plastic card format you've asked for. In addition to these efforts, we'll hold a special Member Town Hall Meeting in October where members will get their questions answered by our clinical and member services team. Flyers and post-cards will be coming out soon!



We're working hard to make sure that the State's Medicaid program changes don't negatively impact your care, services or well-being! We're taking actions to create a smooth transition that we hope will be practically unnoticeable to you.

Our pharmacy vendor, Express Scripts, provides excellent service and has a huge network of pharmacies to choose from – from big chains to smaller neighborhood stores.

Our commitment to you – our members – is strong . . . We're your partner in making sure that health care works for you! Please take the time to read this newsletter and let us know if you have any questions by calling 1-800-556-0689 or coming to our Town Hall Meeting.

This issue also includes photos and member comments from our successful Summer Celebration which took place on August 11th. It was really an event to remember (see page 6). We have upcoming monthly events, and I invite you to participate in them (see listing on the back cover). These special events are designed to celebrate you and enhance your life. Have a great autumn!

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

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# Exciting News

**EFFECTIVE OCTOBER 1, 2011**

## Amida Care Will Provide Your Pharmacy Benefit

Beginning October 1, 2011, you will get your pharmacy benefit through Amida Care and not through the Medicaid Program, as you do today. This is exciting news for many reasons but the most important is that for the first time we can coordinate all of your care. This allows us to treat your whole person and achieve even better health outcomes as you, your providers, your pharmacist and Amida Care work more closely together.

We are issuing a new ID card that will combine both medical and pharmacy benefits. You should have received your new Amida Care ID card in the mail. **Be sure you use your new card starting October 1, 2011 to fill your prescriptions.** You will not be able to use your Medicaid benefit card for prescriptions after September 30, 2011.

Amida Care will be working in partnership with **Express Scripts** to provide your pharmacy benefit. We selected Express Scripts because of their large pharmacy network. We wanted to make sure that all of the pharmacies you use today are in the network. Starting October 1, 2011, when you need to fill your prescription, you must go to a pharmacy in the Express Scripts network. To check if your pharmacy is in our network, call us at 1-800-556-0689.

**... and the excitement continues...**

Amida Care has a list of covered drugs, also called a formulary. **Amida Care's formulary includes all of the medications you are now using that are covered by Medicaid - and more.** We added nutritional supplements that are medically necessary, such as Ensure and other supplemental food products, to our list. To get the nutritional supplements, you will need a prescription, and your provider will need to call Express Scripts to get prior approval before the pharmacy will give them to you.

**... but there is more!**

As an Amida Care member, you will no longer have a copayment for any generic or preferred brand drug, over-the-counter drugs or medical supplies. You will, however, still be asked to pay the current \$3.00 copayment for non-preferred drugs. Your pharmacy cannot deny you your medications because you are unable to pay the \$3.00.

**If you have any questions about your pharmacy benefit, please call Member Services at 800-556-0689. Our Member Services staff are available to assist you 24 hours a day, 7 days a week.**

# NEW PHARMACY BENEFIT

## frequently asked questions

### Do I have to change pharmacies?

Practically all of the city's pharmacies that accept Medicaid will be in our network. We have worked hard to include all the pharmacies our members are currently using, so that you can continue using your preferred pharmacy. In the unlikely case that you are using a pharmacy that is not in the Amida Care pharmacy network, call us and we will work with you to find a network pharmacy that is convenient for you. You can also call to recommend a new pharmacy to be added to our network.

### How can I find out if my pharmacy is part of the network?

Simply call us at 1-800-556-0689 with the name and address of your current pharmacy and we will let you know if you can continue to go there for your medications. You can also ask your pharmacist if they are part of the Express Scripts network.

### How do I get my medications?

Starting on October 1, instead of the Medicaid card, you will present the new ID card at your pharmacy to receive your medications. Please be aware that your pharmacy will not accept your Medicaid card after September 30.

### What happens if my medications are not in the formulary?

Amida Care's formulary includes all of the medications you are now using that are covered by Medicaid. In the unlikely case that your medications are not in the formulary, you will get a 30 day refill the next time you get your prescription refilled (only between 10/1/11 – 12/31/11). However, if you are taking a medication that is not on the Amida Care formulary, we will send you and the doctor who prescribed that medication a letter in September. This will give your doctor time to change your medication to one in the formulary. There will always be another medication on the formulary that is used for treating your medical condition.

### Is there any way I can continue on a medication that is not on the formulary?

You and your physician have the right to provide medical information to Amida Care to tell us why you should continue to take the medication that is not on our formulary. We will review the information and provide a decision as to when we can make an exception to the formulary. We will make this decision within 3 business days of receipt of all the information but no more than 14 days after your request.

## Amida Care's new medical and pharmacy ID card



Your new Amida Care ID Card was mailed on September 23. It's our goal that every member have her/his new ID card before October 1, 2011. If you have not received your new card yet, please call us as soon as possible at 1-800-556-0689 and be sure that we have your correct address! We will process your new card and mail it to you within 5 working days.

# Our New Dermal Filler Program

*Amida Care is proud to announce its dermal filler program to treat facial lipoatrophy or facial "wasting." Amida Care is aware of the emotional/psychological impact that facial lipoatrophy can cause. Currently, the FDA approves two dermal fillers, Radiesse and Sculptra, for the treatment of HIV associated facial lipoatrophy. The dermal filler requires pre-authorization and is based on medical necessity. Members must be evaluated by a psychiatrist and/or psychotherapist who determine that the facial lipoatrophy has caused an emotional or psychiatric condition in the patient. Sculptra or Radiesse must be given by a medical provider certified in administering the dermal filler. For more information regarding the Dermal Filler Program please call 646-786-1800.*



**Amida Care's**

# **Hormone Replacement Therapy Program**

Having access to reliable and safe hormone replacement could be a big challenge for our transgender community. To address this issue and to respond to the needs of our members of transgender experience, Amida Care covers either injectable or oral estrogen treatment for male-to-female transgender members, and injectable testosterone for our female-to-male transgender members.

With the inclusion of the pharmacy benefit beginning October 1, 2011, Amida Care will provide hormonal drug treatment to our transgender females for a period of six months with prior authorization. During this time, it is expected that the member begins or continues to work towards a permanent change of their gender marker with the Medicaid office. After six months, members can continue receiving hormones, provided they send in a brief update form explaining the progress made towards a change in gender marker. This form can be completed by the member, her PCP, or case manager, and faxed directly to our Care Coordination department at 646-786-1802. This is important because the Medicaid office only allows



**Homage to Nora**

estrogen treatment for individuals whose gender marker is female in their records.

Currently, Medicaid does not require a gender marker change for female-to-male transgender members to receive testosterone, but prior authorization is needed.

Changing the gender marker with the Medicaid Office could be difficult, intimidating and frustrating, but help is available. Please talk to your case manager or one of the agencies in the *Transgender Resources* (page 5) for guidance with the gender marker change. For more information on our Hormone Replacement Therapy (HRT) Program, please call us at 646-786-1800 and ask for the HRT Coordinator. It will be our pleasure to help.



## Transgender Resources

These great organizations can help you with your gender marker change.

### **Sylvia Rivera Law Project (SRLP)**

Tel: 212-337-8550

Provides free legal services for low income people and people of color who are trans, intersex, or gender non-conforming. This collective organization also works on issues related to housing, employment, foster care, welfare, benefits, immigration, school, and the criminal justice system.

### **Transgender Legal Defense & Education Fund (TLDEF)**

Tel: 646.862.9396

Provides free legal services, as well as a name-change project, education, and advocacy, for transgender and gender non-conforming people.

### **Housing Works**

Tel: 718-827-8700 (Brooklyn)

Tel: 212-645-8111 (Manhattan)

Transgender Evening Program and Transgender Transitional Housing Program provides legal services, in addition to HIV/AIDS, homeless and support services, food, detox, referrals, and more.

### **The Lesbian, Gay, Bisexual and Transgender Law Association of Greater NY (LeGal)**

Tel: 212-353-9118

Sponsors the West Village Trans-Legal Clinic: Name Change Project, which offers assistance in filing name change petitions. Operates the first Monday of each month, sign in is from 6-6:30pm (*clients should arrive before 6:30pm to ensure they will be seen that night*) at 208 West 13th Street (*between 7th and 8th Avenues*).

# We added Nutritional Supplements to Our Benefits

## **Amida Care's Enteral Formula and Nutritional Supplement Therapy Program**

Amida Care has developed a nutritional supplement therapy program to benefit our members who are in need of this service. Nutritional Supplement Therapy is a program that we have designed to provide assistance to our members who have difficulty in maintaining a balanced diet.

We all know the importance of good nutrition and having healthy meals. Unfortunately, we also understand the struggles that some of our members have in eating enough good, healthy food to be able to meet daily nutritional needs.

Improving your nutritional intake might be as simple as using a product such as Ensure® or more complicated such as getting your nutrition through a feeding tube. Whatever the severity of your particular situation, Amida Care's Nutritional Supplement Therapy Program is designed to help you live a healthy life.

If you think you may be eligible for this program, speak to your Primary Care Provider (PCP). Your PCP will need to determine your medical need for this therapy and get a prior authorization from our pharmacy vendor, Express Scripts, by calling 1-800-417-8164.

# WHAT A DIFFERENCE A DAY MAKES!

## SUMMER CELEBRATION 2011

On August 11, Amida Care hosted our first Summer Celebration at the penthouse terrace of Rivington House in the trendy Lower East Side of Manhattan. And what a celebration it was! Over 200 members and employees gathered to celebrate, build community and break bread together. The day was gorgeous! We savored the magnificent sunny day, with its cool breezes and some spectacular views of Manhattan. We feasted on non-alcohol frozen Daiquiris and Piña Colodas, a generous summer buffet, great music and a group of the nicest people you will ever meet. In a city where most of us are busy, running round, dealing with life's minor and major challenges, it was so refreshing to slow down, relax, enjoy the scenery, meet old and new friends, and have our bodies and souls nourished. By the end of the day we left with our bellies full and our spirits fuller. What a difference a day makes, indeed.





## MIGUEL

Member since 2011

I did not know that Amida Care has these activities. I like learning something new everyday. Today I learned about this, Amida Care's Summer Celebration. This is my second Live Your Life event. This event is really good. When I came in I felt the caring - that humanity. People smile at you and say hello. That makes me feel good. My wife is having a great time. She loves to dance!



## SABRINA

Member since 2003

I love this party! I love all the Amida Care parties. I go to most of them. Love the day, beautiful! This roof top view is like medicine. It's a place that allows you to feel better. The people are wonderful. Coming together with people is very uplifting. I am here with my friends from Housing Works East 9th Street, we are having a good time. I invite other Amida Care members to come and join us in these celebrations. You will love it!

## FRED

Member since 2011

I learned about Amida Care through my doctor at Callen Lorde. I love them. Amida Care really understands the needs of the community. This is my first event. Rivington House is amazing. I am looking forward to other events. Everybody has a really good attitude. They are in good spirits. It's a beautiful day. This fabulous penthouse rooftop in Lower Manhattan - it can't get any better than this. I was trepidatious, I really did not know what to expect. I am pleasantly surprised. I definitely will be back for some more. It's really a positive environment with a lot of fun people. The music is amazing, the food is awesome, and everybody who works here has been really accommodating.

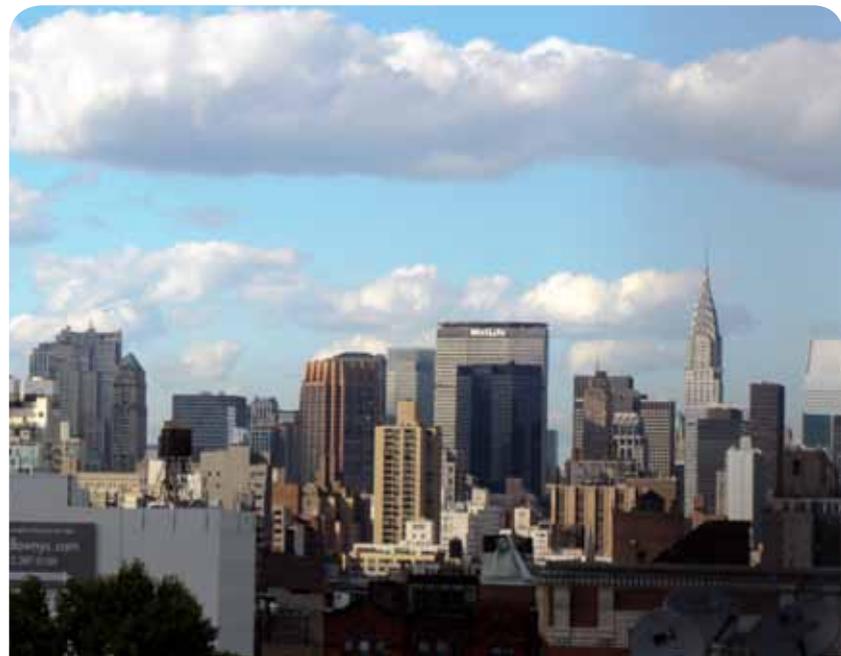
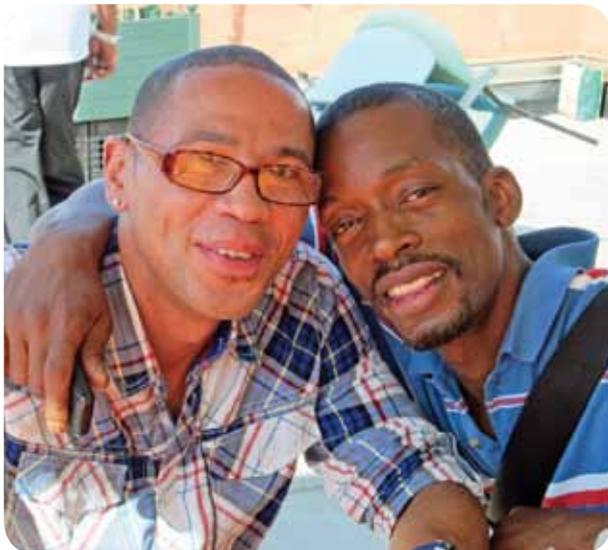




# RADAMES

Member since 2011

I've never seen this kind of activity in my life - I feel good, relaxed, not stressed. I feel comfortable. I am meeting people I did not know. I like the energy, the music. I receive these invitations to Amida Care events. I thought about it for a while and finally decided to come to one. This is a wonderful thing. The place is gorgeous; you could see the city, so beautiful. This is my first time on a roof top. I like the place, love the food. My friends did not show up, but I met new nice people.





## DENISE

Member since 2011

This party is so nice! It's my first party with Amida Care. The roof top is beautiful. I took pictures of the skyline and sent them to my friends. I met the staff. They feel like family. They treat me as a person, not like a number or a line on a page. Amida Care was there when I was sick, and they are still here now, that I am well. I feel so happy today, it is a blessed day! Today, I feel like a STAR!



## MICHELLE

Member since 2011

Amida Care is really good. I get what I need. It also gives me guidance on what steps to take to have access to other services. This is my first Live Your Life event. It is good to get together with a group of people that share the same cause. You meet different people, from different places – but we come together under the same umbrella. These days, we need that. The food was great; the entertainment is awesome. The people are nice, kind. No rudeness, no bullying. It's like "WELCOME!" My favorite part is the dancing! I love the place! It would be great to live in a place like this. The scenery is great. I invite the members that did not come today to come and join us, – You wont regret it!!!





# DIABETES, INSULIN RESISTANCE AND HIV

by Octavio Vallejo

**Diabetes is the sixth leading cause of death in the United States. It is a chronic disease characterized by persistent high levels of glucose (sugar) levels. It is estimated that 6% of the total population in the United States have been diagnosed with diabetes, and the number of cases is increasing rapidly. Recent data from the CDC estimates that one in three children born in the United States will have diabetes as an adult. Some studies have found that African Americans and Latinos are between 1.2 and 2.2 times more likely to have diabetes than Caucasians.**

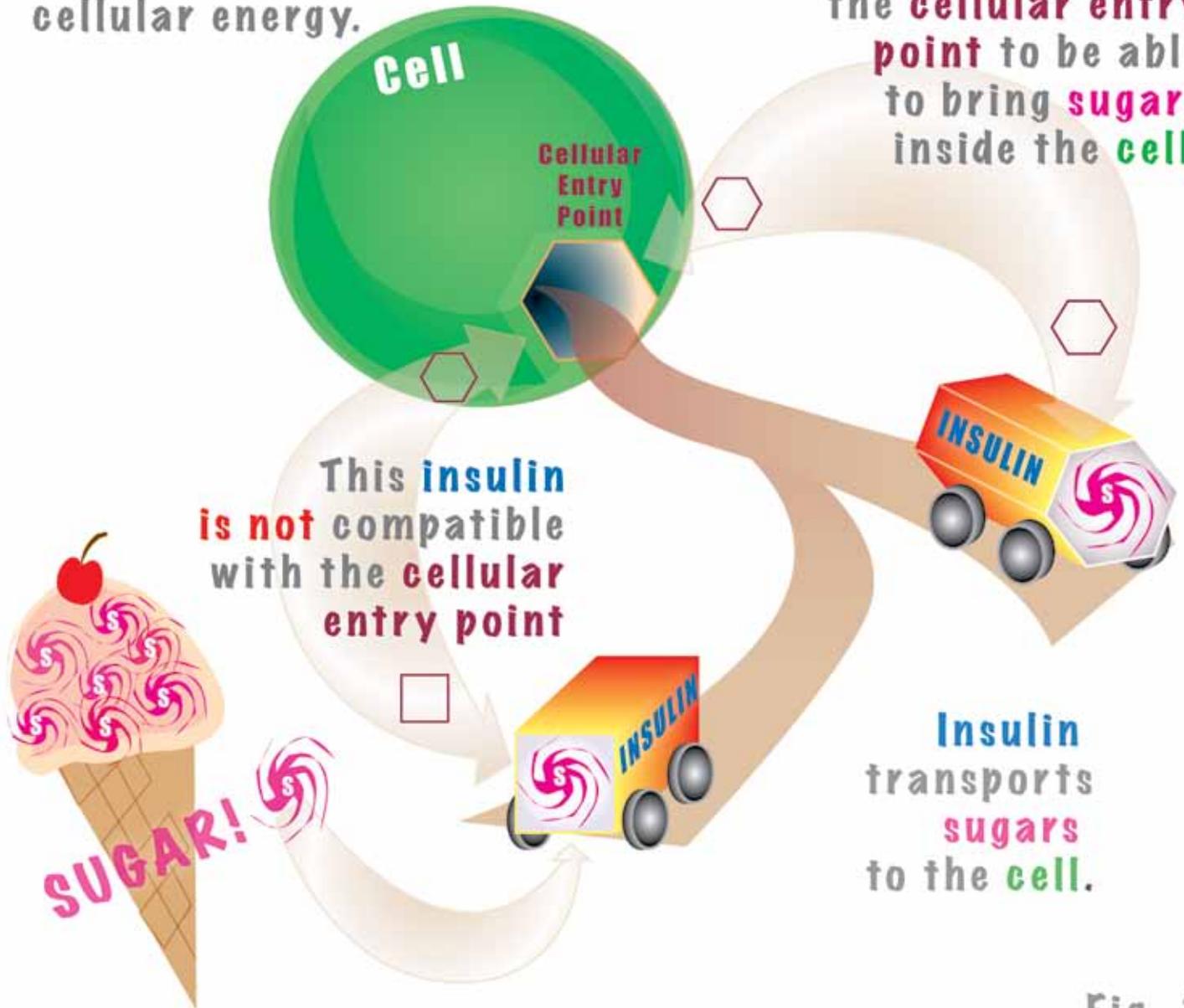
To explain the relationship between diabetes and HIV disease it is necessary to fully understand why and how the level of **glucose** (sugar) in the blood increases. The first concept we need to understand is that glucose is the primary source of energy for our body. Most of the energy our body needs to function comes from glucose. Our body converts carbohydrates into glucose. The main carbohydrates in our diet are starches and sugars. We also need fats and proteins as nutrients.

When we eat bread or tortillas (starches) our digestive system converts them into very tiny particles (molecules of glucose). These small particles are absorbed in the intestines and thus

enter the blood. Our blood distributes this glucose to all the organs of our body so that they function well and gives the energy we need to breathe, walk, think, etc. The same thing happens when you eat sweets like fruits, jams and sugary drinks. Carbohydrates - such as starches (breads, rice, potatoes, etc.) - are processed by our body into glucose, which can be used as an energy source. To generate energy, glucose has to enter the cell. Once in the cell, it must pass through a combustion process that generates the energy (calories) our bodies need. Imagine the sugar or glucose as fuel for our cars. Interestingly, glucose needs a means of transportation to enter the cell, and this transport is provided by the **insulin**.

The cell needs **glucose (sugar)** as fuel. **Sugar** is a source of cellular energy.

**Insulin** has to be compatible with the **cellular entry point** to be able to bring **sugars** inside the **cell**.



This **insulin** is **not** compatible with the **cellular entry point**

**Insulin** transports **sugars** to the **cell**.

Fig. 1

Imagine insulin as the truck that transports blood sugar into cells for processing into energy. Insulin is produced by the pancreas (factory of trucks). Imagine also that the passage of the truck (from the blood into the cell) must be through a tunnel (entry

point). This tunnel is special in size and shape. To bring its fuel (glucose) inside the cell without a problem, the truck (insulin) has to fit in the tunnel. See Figure 1.

# DIABETES ...

Now, there are several reasons why an individual has diabetes or excess sugar in the blood:

- **Lack of insulin**, because the pancreas does not produce it (the truck factory is not working well), known as **juvenile diabetes** or **Type 1**.
- The pancreas produces insulin but it does not work properly and cannot enter the cell (broken trucks). This is known as **diabetes mellitus** or **Type 2**.
- The entry point of insulin in the cell is not working properly (the tunnel is not open enough in the cell). This is also **diabetes mellitus** or **Type 2**.

There is also a condition known as **insulin resistance**, where the entry point of insulin into the cell (tunnel) has decreased in size or changed its shape, making it difficult for insulin to enter the interior of the cell. Using our analogy, the truck (insulin) with fuel (glucose) has difficulty passing through the tunnel (cellular entry point) and delivering the fuel (glucose) to our cells. This insulin resistance often happens before the development of **Type 2 diabetes**.

We do not know exactly what causes diabetes or causes the pancreas to not produce the quality and quantity of insulin our body needs. What we do know is that it is hereditary. If our parents have diabetes we have a higher risk of becoming diabetic. We also know that there are other factors that increase the risk: obesity, sedentary lifestyle (not enough exercise), alcohol use and poor nutrition (e.g. too many carbohydrates in our diet). It has been identified that even with a high hereditary risk of diabetes we can reduce the risk if we maintain a stable weight, avoid obesity, practice some kind of physical exercise consistently and avoid excess carbohydrates in our foods (sugary soft drinks, desserts, etc.)

It is also known that having insulin resistance or diabetes increases the likelihood of cardiovascular complications such as a thrombus (clot) in the blood, abnormal blood fats (cholesterol and



**We can reduce the risk of diabetes if we maintain a stable weight, avoid obesity, practice some kind of physical exercise consistently and avoid excess carbohydrates in our foods.**

triglycerides) and increased blood pressure. What happens when you have HIV and you are taking some medications that control the virus, that are also known to cause insulin/blood sugar irregularities? The most important thing is to not let panic paralyze us. It is true that some protease inhibitors have adverse side effects such as the development of insulin resistance in some people taking them. However, the number of individuals who go from insulin resistance (caused by medications) to diabetes itself is unknown.

What we do know is that if you already have the traditional risk factors for diabetes mellitus



(diabetic parents, obesity, etc.) you could be at a higher risk of developing diabetes while on protease inhibitors.

The guidelines on clinical management of metabolic complications of the International AIDS Society published in November 2008, state that starting antiretroviral therapy that includes a protease inhibitor could induce or accelerate pre-existing abnormalities in the processing (metabolism) of glucose in our body. In other words, if you already have a predisposition for metabolic alterations of glucose and you will start taking protease inhibitors you should pay attention to the potential risk of having problems with diabetes or insulin resistance. Therefore, it is recommended that before starting antiretroviral therapy that includes a protease inhibitor, your doctor should find out your level of blood sugar during fasting. He/She should also repeat this test 3 to 6 months after starting treatment and then once a year.

In addition to determining the amount of sugar in the blood while fasting, you need other types of laboratory tests. An important one is called the **glucose tolerance test**. This is the best test to determine if you have diabetes, and if it's mild, moderate or severe. This study is recommended in those with the traditional risks of diabetes mellitus or lipodystrophy (body shape changes and metabolic alterations related to HIV.)

And what about treatment and management of this condition? We are very advanced in the control of diabetes. Treatment guidelines already exist to prevent long-term complications that diabetes brings as retinitis (which can lead to blindness), kidney failure and cardiovascular disease. The most important thing to note is that the success of any preventive or therapeutic intervention depends on the attitude of the person. This means that changes in lifestyle and diet (avoiding excess carbohydrates in our diet), increasing physical activity (regular exercise under medical supervision) and weight

control are the most important factors in managing long-term diabetes and insulin resistance. Finally, do not rule out the use of protease inhibitors in the treatment of HIV, although these drugs bring risks of several serious side effects, it is also true that these drugs in combination are part of the reason we are living longer and better with HIV.

*Octavio Vallejo is a Mexican physician currently collaborating with AIDS Project Los Angeles as a Treatment Educator in the field of HIV/AIDS.*

## Glossary

**starch** = the more common starches in our diet are bread, tortillas, rice, pasta, potatoes, and some root vegetables such as yucca/cassava, yam and sweet potato.

**calories** = energy units.

**carbs or carbohydrates** = sugars and starches. These are converted into glucose by our bodies.

**glucose tolerance test** = laboratory analysis that measures the levels of glucose as they diminish in the blood.

**diabetes** = persistently high levels of glucose (sugar) levels.

**glucose** = simple sugar that the body converts into energy.

**insulin resistance** = when insulin has difficulty entering the body's cells.

**thrombus** = "fat clots" and other substances blocking blood flow.

**cardiovascular** = involving the heart and blood vessels (veins, arteries and capillaries).

# Secondhand

Tobacco smoke contains more than 60 chemical compounds that are known or suspected to cause cancer.



# Smoke

## What is secondhand smoke?

Secondhand smoke is also known as environmental tobacco smoke (ETS) or passive smoke. It is a mixture of two forms of smoke that come from burning tobacco: sidestream smoke (smoke that comes from the end of a lighted cigarette, pipe, or cigar) and mainstream smoke (smoke that is exhaled by a smoker). Even though we think of these as the same, they aren't. The sidestream smoke has higher concentrations of cancer-causing agents (carcinogens) than the mainstream smoke. And, it contains smaller particles than mainstream smoke, which make their way into the body's cells more easily.

When non-smokers are exposed to secondhand smoke it is called involuntary smoking or passive smoking. **Non-smokers who breathe in secondhand smoke take in nicotine and other toxic chemicals just like smokers do.** The more secondhand smoke you are exposed to, the higher the level of these harmful chemicals in your body.

## Why is secondhand smoke a problem?

**Secondhand smoke causes cancer.**

Secondhand smoke is classified as a "known human carcinogen" (cancer-causing agent) by the US Environmental Protection Agency (EPA), the US National Toxicology Program, and the International Agency for Research on Cancer (IARC), a branch of the World Health Organization.

Tobacco smoke contains over 4,000 chemical compounds. More than 60 of these are known or suspected to cause cancer.

**Secondhand smoke causes other kinds of diseases and deaths**

Secondhand smoke can cause harm in many ways. In the United States, each year it is responsible for:

- An estimated 46,000 deaths from heart disease in people who are currently non-smokers

- About 3,400 lung cancer deaths as a result of breathing secondhand smoke
- Other breathing problems in non-smokers, including coughing, mucus, chest discomfort, and reduced lung function
- 50,000 to 300,000 lung infections (such as pneumonia and bronchitis) in children younger than 18 months of age, which result in 7,500 to 15,000 hospitalizations annually
- Increases in the number and severity of asthma attacks in about 200,000 to 1 million children who have asthma
- More than 750,000 middle ear infections in children
- Pregnant women exposed to secondhand smoke are also at increased risk of having low birth-weight babies.



### **Secondhand smoke may be linked to breast cancer**

Whether secondhand smoke increases the risk of breast cancer is an issue that is still being studied. Both mainstream and secondhand smoke contain about 20 chemicals that, in high concentrations, cause breast cancer in rodents. And we know that in humans, chemicals from tobacco smoke reach breast tissue and are found in breast milk.

But a link between secondhand smoke and breast cancer risk in human studies is still being debated. This is partly because breast cancer risk has not been shown to be increased in active smokers. One possible explanation for this is that tobacco smoke may have different effects on breast cancer risk in smokers and in those who are exposed to secondhand smoke.

A report from the California Environmental Protection Agency in 2005 concluded that the evidence regarding secondhand smoke and breast cancer is “consistent with a causal association” in younger women. This means that the secondhand smoke acts as if it could be a cause of breast cancer

in these women. The 2006 US Surgeon General’s report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, found that there is “suggestive but not sufficient” evidence of a link at this point. In any case, women should be told that this possible link to breast cancer is yet another reason to avoid being around secondhand smoke.



### **Secondhand smoke kills children and adults who don’t smoke, and makes others sick (Surgeon General’s report)**

The 2006 US Surgeon General’s report reached some important conclusions:

- Secondhand smoke causes premature death and disease in children and in adults who do not smoke.
- Children exposed to secondhand smoke are at an increased risk of sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma.
- Smoking by parents causes breathing (respiratory) symptoms and slows lung growth in their children.
- Secondhand smoke immediately affects the heart and blood circulation in a harmful way. Over a longer time it also causes heart disease and lung cancer.
- The scientific evidence shows that there is no safe level of exposure to secondhand smoke.
- Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite a great deal of progress in tobacco control.

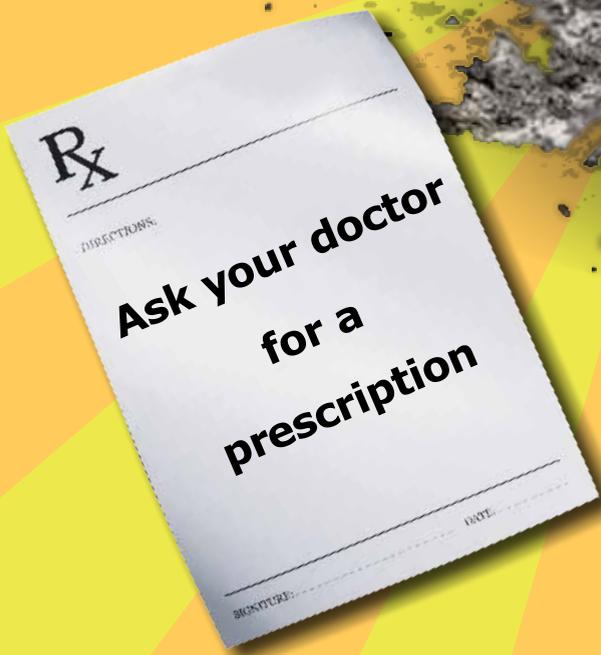
The only way to fully protect non-smokers from exposure to secondhand smoke indoors is to prevent all smoking in that indoor space or building. Separating smokers from non-smokers, cleaning the air, and ventilating buildings cannot keep non-smokers from being exposed to secondhand smoke.

*Source: American Cancer Society, Secondhand Smoke*

**Got Amida Care?**

**Get Meds FREE**

**To help you  
Quit**



✓ **Nicotine Medications**

✓ **Chantix**

✓ **Zyban**

# Recommended Immunizations for HIV Positive Adults



## Recommended for All HIV Positive Adults

Immunization Name	Associated Disease	Dosage	Comments and Warnings
Hepatitis B virus (HBV)	Hepatitis B	3 shots over a 6-month period	Recommended unless there is evidence of immunity or active hepatitis. Blood test to check for HBV antibody levels should be done after completion of immunization series. Additional shot may be necessary if antibody levels are too low.
Influenza	Flu	1 shot	Must be given every year. Only injectable flu vaccine should be given to those who are HIV positive. The nasal spray vaccine (FluMist/LAIV) should not be used in this population.
Polysaccharide pneumococcal	Pneumonia	1 or 2 shots	Should be given soon after HIV diagnosis, unless vaccinated within the previous 5 years. If CD4 count is $< 200$ cells/mm <sup>3</sup> when the vaccine is given, immunization should be repeated when CD4 count is $> 200$ cells/mm <sup>3</sup> . Repeat one time after 5 years.
Tetanus and Diphtheria Toxoid (Td)	<ul style="list-style-type: none"> <li>• Lockjaw</li> <li>• Diphtheria</li> </ul>	1 shot	Repeat every 10 years.
Tetanus, Diphtheria, and Pertussis (Tdap)	<ul style="list-style-type: none"> <li>• Lockjaw</li> <li>• Diphtheria</li> <li>• Whooping Cough</li> </ul>		Recommended for adults 64 years of age or younger and should be given in place of next Td booster. Can be given as soon as 2 years after last Td for persons in close contact with babies under 12 months and health care workers.

## Recommended for Some HIV Positive Adults

Immunization Name	Associated Disease	Dosage	Comments and Warnings
Hepatitis A virus (HAV)	Hepatitis A	2 shots over a 1 or 1.5 year period	Recommended for health care workers, men who have sex with men, injection drug users, people with chronic liver disease (including chronic hepatitis B or C), hemophiliacs, and people traveling to certain parts of the world.
Hepatitis A/ Hepatitis B combined vaccine (Twinrix)	<ul style="list-style-type: none"> <li>• Hepatitis A</li> <li>• Hepatitis B</li> </ul>	3 shots over a 6 month period or 4 shots over a 1- year period	Can be used in those who require both HAV and HBV immunization.
Haemophilus influenzae type B	Bacterial meningitis	1 shot	HIV positive adults and their health care providers should discuss whether Haemophilus influenzae immunization is needed.
Human papillomavirus (HPV)	Human papillomavirus	3 shots over 6 months	Recommended for females ages 9-26. Not recommended to be given during pregnancy.
Measles, Mumps, and Rubella (MMR)	<ul style="list-style-type: none"> <li>• Measles</li> <li>• Mumps</li> <li>• German Measles</li> </ul>	1 or 2 shots	People born before 1957 do not need to receive this vaccine. HIV positive adults with CD4 counts < 200 cells/mm <sup>3</sup> , a history of AIDS-defining illness, or clinical symptoms of HIV should not get the MMR vaccine. Each component can be given separately if needed to achieve adequate antibody levels.
Meningococcal	Bacterial meningitis	1 or 2 shots	Recommended for college students, military recruits, people who do not have a spleen, and people traveling to certain parts of the world. Repeat after 5 years if still at risk for infection.

## Not Recommended for HIV Positive Adults

Immunization Name	Associated Disease	Comments and Warnings
Anthrax	Anthrax	The currently available smallpox vaccine is a live viral vaccine. Some live vaccines are not recommended for people with HIV. Although the currently licensed anthrax vaccine is not a live vaccine, the Advisory Committee on Immunization Practices does not recommend routine anthrax vaccination.
Smallpox	Smallpox	
Zoster*	Shingles	
* Immunization for adults 60 years of age and older		

source: [www.aidsinfo.nih.gov/ContentFiles/Recommended\\_Immunizations\\_FS\\_en.pdf](http://www.aidsinfo.nih.gov/ContentFiles/Recommended_Immunizations_FS_en.pdf)



# Q&A

with  
Amida

**Q** My doctor gave me a prescription and a referral for physical therapy. Is there anything else I need?

**A** All therapies, physical, occupational and speech, are services that require prior authorization. In other words, your doctor needs to call Amida Care and get authorization first, before you can start therapy. Starting October 1st, all Medicaid Plans are required to provide up to 20 therapy visits per year for members who need it. If you have any questions, call us at 1-800-556-0689.

**Q** My dentist office says that they don't accept Amida Care. What should I do?

**A** Dental services are still covered by Medicaid directly, not by Amida Care. The dental office should take your Medicaid card for coverage. If they have any questions, they can call Medicaid or Amida Care for clarification.

**Q** Do I need a referral from my PCP to see a specialist?

**A** Yes, you should get a prescription or a note from your PCP to bring to the specialist so that they can send them a report of their findings. But you do not need a special referral form. Remember you must see a specialist that is in our network unless you have prior authorization from Amida Care. If you aren't sure if the provider is part of Amida Care or you want to see a list of our providers, you can call us at 1-800-556-0689 or visit our website at [www.amidacareny.org](http://www.amidacareny.org) where you can do a provider search for almost any specialty.

**Q** Do I still need to get a healthy rewards form filled out to get my incentives?

**A** We use claims (bills) from your PCP to send you gift cards for these visits. But you still need to send us the form for your annual screenings (PAP, mammogram etc.) and case management assessment. If you need a form, please call us at 1-800-556-0689 or print one from our website at <http://www.amidacareny.org/members-health-promotion-form.htm>

**If you have any questions or need our assistance at any time, please call us at 1-800-556-0689 or send us an email at [member-services@amidacareny.org](mailto:member-services@amidacareny.org)**

# Personal Care

## Home Attendant

**This service will be included as part of your HIV SNP benefit package. Your Personal Care/Home Attendant Benefit must be provided by an agency that has a contract with our plan.**

### **Please note that Personal Care/Home Attendant Services**

- Must be ordered by your Primary Care Provider (PCP).
- Must be medically necessary.
- Provide some or total assistance with personal hygiene, dressing and feeding, assisting in preparing meals and housekeeping.
- Services must be important to keeping you healthy and safe in your own home.

It's important to understand that there are two different types of home care service available to persons with Medicaid in New York City.

**1 Personal Care Services**, also known as the Home Attendant program. This type of home care provides unskilled, custodial care in the home. It is for people with physical or mental impairments that interfere with their ability to independently perform activities of daily living, such as walking or bathing. Home attendant services may be provided for an extended period of time if the member meets certain qualifications. Amida Care will begin paying for this service on



### **A New Benefit from Amida Care**

August 1, 2011. In addition, if you should ever need a higher level care, Amida Care also covers skilled home care.

### **2 Skilled Home Care Services**

from a Certified Home Health Agency (CHHA), provides Home Health Aide and/skilled care from a nurse or therapist. This kind of home care is generally provided for a short or limited amount of time while someone is recovering from an illness or injury. Amida Care has always covered this service for eligible members.

**If you have any questions about this benefit, you can call the Amida Care Member Services Department at 1-800-556-0689.**

Sources: New York State Department of Health, [www.nyc.gov/html/hra/html/directory/personal\\_care.shtml](http://www.nyc.gov/html/hra/html/directory/personal_care.shtml), [wnylc.com/health/entry/7/](http://wnylc.com/health/entry/7/)

**Wednesday, October 19, 2011**

**3:00pm – 5:00pm**

**Transportation:**

Take the D train to 175th Street  
and Grand Concourse, walk three  
short blocks to Clay Avenue

**Casa Promesa**

**308 East 175th Street**

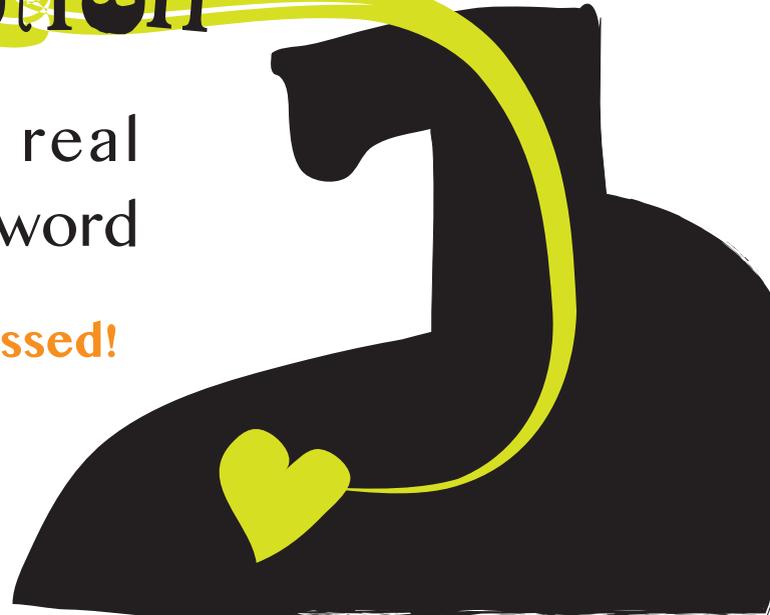
**Bronx, NY 10457**



**Poetry in Motion**

poets sharing their real  
life stories in spoken word

**POWERFUL, not to be missed!**



**Thursday, October 27, 2011**

**3:00pm – 5:00pm**

**Transportation:**

Take #6 train to 116th Street and  
Lexington Ave., and walk to  
building #179 on the 3rd floor.

**El Faro East**

**179 East 116th St., 3rd Flr**

**Manhattan, NY 10035**

**RSVP Required**

**Please Call**

**1-800-556-0689**

**Gift Bags, Great Food  
and Metrocards**



# Upcoming Amida Care Live Your Life Events

## **POETRY IN MOTION**

*(see inside back cover for all the details)*

**Wednesday, October 19, 2011**

**3:00 – 5:00pm**

**Casa Promesa**

**308 East 175th Street, Bronx, NY 10457**

**Thursday, October 27, 2011**

**3:00 – 5 pm**

**El Faro East**

**179 East 116th Street 3rd Floor, NY, NY 10035**

## **MUSIC FOR THE SOUL**

**Tuesday, November 15, 2011**

**3:00 – 5:00pm**

**HELP/PS**

**1545 Inwood Avenue, Bronx, NY 10452**

**Friday, November 18, 2011**

**3:00 – 5:00pm**

**El Faro East**

**179 East 116th Street 3rd Floor, NY, NY 10035**

## **MEDITATION FOR A NEW LIFE**

*More details to follow. Stay tuned!*

**Tuesday, December 15, 2011**

**3:00 – 5:00pm**

**Tuesday, December 29, 2011**

**3:00 – 5:00pm**



**Please call Member Services**

**at 1-800-556-0689**

**for information about  
these or future events.**