



Affinity Health Plan
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Synergy

In this Issue:

- Affinity Health Plan Names Bertram Scott New President and CEO
- CVS Caremark: Affinity's New PBM for CHP & Medicare
- Introducing Electronic Prior Authorizations
- Pharmacy Update: HIV Antiretroviral Coverage Rules
- Child Health Plus Asthma Management Project

...& more

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Affinity Health Plan Names Bertram Scott New President and CEO

Effective November 1, 2012, Bertram "Bert" Scott became the new President and Chief Executive Officer of Affinity Health Plan. Mr. Scott succeeds Maura Bluestone, who founded and led Affinity for 30 years.



Bertram Scott, President and CEO

Mr. Scott comes to Affinity with close to 25 years of senior executive level experience. He most recently served as President-US Commercial Markets for CIGNA, a health service company serving more than 11 million customers. Prior to CIGNA, he served as Executive Vice President and Chief Development Officer at TIAA-CREF, a Fortune 100 privately held pension company. During his 10 years with TIAA-CREF, he also served as Executive Vice President, Strategy, Integration and Planning where he was responsible for leading the development and implementation of company strategy, and all merger and acquisition activities.

He joined TIAA-CREF from Horizon-Mercy where he was President and CEO. This public sector health plan grew to become the largest Medicaid managed care program in the State of New Jersey. Previously, he was with Prudential Insurance Company where he served as Regional Vice President of Managed Care.

"With his values, experience and interests, Bert will carry on the legacy that Maura nurtured since the earliest days of Medicaid managed care in New York," says Nanette Falkenberg, Chair of Affinity's Board of Directors. "Bert's rich and extensive knowledge and experience puts him in an eminent position to lead Affinity at this exciting and increasingly challenging time for the public health insurance industry."

"...I have a deep passion for programs that provide greater access to care and improve quality for the underserved. The opportunity to lead an organization like Affinity is very exciting to me."

"Affinity has a long successful history and distinguished reputation for serving those in need", says Scott. "And I have a

deep passion for programs that provide greater access to care and improve quality for the underserved. The opportunity to lead an organization like Affinity is very exciting to me."

Medication Therapy Management Program Helps You Help Patients

Patients with complex conditions, including a few chronic diseases, are often prescribed multiple medications. It is vitally important that patients taking various drugs are carefully monitored to assure they receive the greatest benefits from their pharmaceutical therapy and reduce risks for contraindications.

Affinity's Pharmacy Department, in collaboration with Mirixa, has just the program to assist you as you care for your Medicare patients who are prescribed various drugs: our Medication Therapy Management Program (MTMP). If your eligible Affinity patients sign up for this free service, a pharmacist will partner with you to review your patients' prescribed drugs, as well as any vitamins or herbal products they may be taking and address any questions or



concerns they may have. A pharmacist will assess adherence, screen for drug-drug interactions, medication errors and any adverse drug reactions.

Affinity Medicare Members Who Qualify (based on pharmacy claims data):

- Take eight or more Medicare Part D covered maintenance drugs;
- Have three or more targeted conditions (i.e., heart failure, cardiovascular disorders, diabetes, asthma, depression, osteoporosis)
- Spend more than \$3,144 a year on drugs

Please help us spread the word about this important initiative in drug therapy management to your patients. If you or your patients are interested in learning more about this program, contact Caremark Customer Service at 866.362.4002.

Introducing Electronic Prior Authorizations

First prescriptions go electronic, now prior authorizations can be requested online! Affinity is pleased to introduce our electronic prior authorization (ePA) tool. ePA is now available for Affinity Members through our pharmacy benefits manager, CVS Caremark.

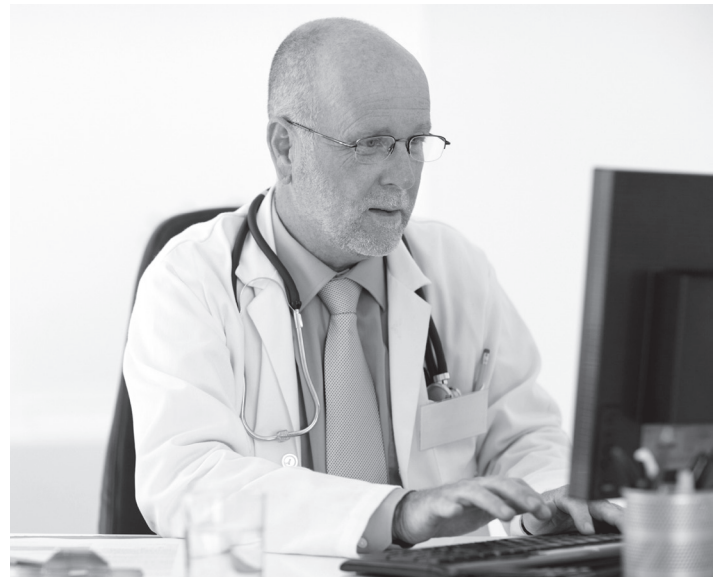
With this new electronic method, we are making the prior authorization process easier and faster. To learn more or to get started, visit www.caremark.com/epa.

Simply type in the patient's name and medication information, and request prior authorization criteria electronically. You will receive responses to electronic prior authorization requests electronically. If your prior authorization request is not approved immediately, you will receive an electronic response after the prior authorization submission is reviewed by a clinician. In addition to receiving approval and denial messages through your ePA tool, you will continue receiving fax notices so that you may easily update your patient charts.

ePA is available through Allscripts, ePrescribe and NaviNet, and we are looking to add new systems that provide ePA

support. If your e-prescribing tool doesn't support ePA today, there is also a portal version available.

Please contact your Provider Relations Representative if you have any questions.



2012 CAHPS Member Satisfaction Survey Results

The CAHPS® survey (The Consumer Assessment of Healthcare Providers and Systems survey) is a comprehensive tool designed to assess consumers' experiences and satisfaction with access to care, health care providers and health plans. In New York, the CAHPS® survey is administered to Medicaid managed care plan members every other year.

Almost 14,000 surveys were sent to a random sample of Affinity Medicaid Members. The response rate of Affinity Members was 31.7%. This compares to 35.1% of the response rate across the state and 33.4% response rate in New York City.

Affinity scores were compared to other plan scores statewide and in New York City. The surveys help us to understand where we are doing well and where we need improvement. Overall, according to the 2012 survey results, Affinity Members' satisfaction with their care is trending upwards.

The categories that were addressed in the survey were:

- Member demographics
- Member rating of their overall health
- Overall ratings including rating of personal doctor, specialist seen most often, rating of all health care and rating of health plan
- A composite score calculated for each of five domains of member experience: getting needed care, getting care quickly, how well doctors communicate, customer service and collaborative decision making.

Results Highlights

Demographics

- Membership increased most in the 18-24 and 65+ age groups
- Proportion of females increased by almost 3 percentage points while males showed a proportional decrease
- Highest percentage of members had education level 8th grade and lower, and some college or a two-year degree.
- The percentage of white and Black or African American members decreased by about 2 percentage points each, while American Indian, Pacific Islander and "other" increased. Hispanic and Latino numbers stayed steady at about 45%.

Rating of overall health

- The percentage of members who rated their health excellent (up 1 percentage point to 17.6%) and good (up 5 percentage points to 35.9%) increased
- Members who rated their health fair (down 4 points to 18.3%) or poor (down 1 point to 2.7%) decreased. Thus, members are rating their health better than in previous years.

Overall ratings (personal doctor, specialist, all health care, health plan)

- Affinity rates have trended upward over the last three CAHPS surveys (2008, 2010, 2012).
- Our ratings are above or at state levels
- Our ratings have surpassed New York City rates
- Members were significantly more satisfied with their personal doctors and specialty care than they were in 2008 and 2010 surveys

Composite scores (getting needed care, getting care quickly, communication, customer service, collaborative decision making)

- All composite scores increased from results of the 2010 CAHPS survey indicating that Affinity Members' satisfaction with their doctors is trending upward.
- All composite scores exceeded 2012 state results. In 2010, no scores exceeded state results.
- Affinity doctors showed an impressive increase between 2010 and 2012 in the following domains:
 - How well doctors communicate with their patients: 85% in 2010, 90% in 2012. State rating in 2012 is 87%.
 - Collaborative decision making: 54% in 2010, 64% in 2012. State rating in 2012 is 58%.

CVS Caremark: Affinity's New PBM for CHP & Medicare

Affinity has chosen CVS Caremark as its Child Health Plus pharmacy benefit manager (PBM) to administer the prescription drug benefits commencing on October 1, 2012. Also, effective January 1, 2013, CVS Caremark will serve as the PBM for Affinity's Medicare Part D prescription drug benefits. CVS Caremark currently provides PBM services to our Medicaid and Family Health Plus Members. With the addition of CHP and Medicare Part D, CVS Caremark will be Affinity's sole PBM.

The following is an overview of the Affinity-CVS Caremark PBM program.

- **Uninterrupted Prescription Transition:** Affinity Health Plan and CVS Caremark will work together to ensure your patients have uninterrupted access to required medications. Physicians and Members will be notified by letter if a medication they are currently taking is not on the formulary, and instructions will be provided.
- **Retail Pharmacy Network (all medications excluding Specialty Medications):** Prescriptions for Affinity Members may be filled at any retail pharmacy participating in the CVS Caremark network.
- **CVS Caremark website:** www.caremark.com
- **CVS Caremark Specialty Pharmacy** is designed for individuals with rare, complex or genetic conditions. The CVS Caremark specialty pharmacy offers convenient delivery of specialty medications to the preferred Member location, personalized service and educational support for your patients' specific disease condition. CHP patients will need to fill specialty medications at a CVS Caremark Specialty Pharmacy. The CVS Caremark Specialty Pharmacy line (800.237.2767) is available Monday – Friday, 7:30 a.m. to 9:00 p.m. EST, to answer questions related to your patients who are on specialty medications. You and your patients will also be contacted by a CVS Caremark staff

member to assist in transitioning your patients to a CVS Caremark Specialty Pharmacy for future refills.

- **Formulary:** The formulary is posted on the Affinity Health Plan website at affinityplan.org/Affinity/Providers/Drug_Formularies_Step_Therapies.aspx.
- **Clinical Management:** CVS Caremark's clinical team will assist you in step therapy, prior authorization and other management tools to ensure your patients receive optimal pharmacy care. CVS Caremark has the ability to manage these programs via phone, fax or online. For more information, please go to the CVS Caremark website.

Affinity and CVS Caremark will provide further detailed information about the new program in the coming weeks when changes to the benefit may impact your patients and our Members.

Pharmacy Update: HIV Antiretroviral Coverage Rules

Starting **September 4 2012**, antiretroviral coverage rules will be implemented in an effort to safeguard our Members and prevent medication misuse. Prior authorization will be required for an exception to be made based on the list to the right.

Documentation of confirmation of HIV status will be requested. Please confirm HIV status whenever Members are transferring into your care. Do not rely on patient history alone, CD4 cell count or viral load.

Antiretroviral Regimens or Components That Should NOT Be Offered At AnyTime

REGIMEN	RATIONALE	LEVEL OF EVIDENCE
Atazanavir + Indinavir	Grade 3 to 4 hyperbilirubinemia and jaundice.	AIII
Emtricitabine + Lamivudine	Similar resistance profiles and no potential benefit.	AIII
Triple-NRTI regimens	High rate of early virologic nonresponse with some combinations and others have not been evaluated. Acceptable exceptions include: abacavir/zidovudine/lamivudine or tenofovir/zidovudine/lamivudine	AI BII
Didanosine + Tenofovir	Increased didanosine toxicity. Potential for immunologic nonresponse. High rate of virologic failure. Rapid selection of resistance mutations at failure.	All
Didanosine + Stavudine	Dual-NRTI backbone can result in a high incidence of toxicities, particularly peripheral neuropathy, pancreatitis, and lactic acidosis.	All
Stavudine + Zidovudine	Antagonism demonstrated in vitro and in vivo.	All
Etravirine + Ritonovir boosted Tipranavir	Etravirine concentrations significantly reduced.	All
Etravirine + Ritonovir boosted Atazanavir OR Etravirine + Ritonovir boosted Fosamprenavir	Etravirine may alter concentrations of these PIs and appropriate doses have not yet been established.	All
Etravirine + Unboosted PI	Etravirine may induce the metabolism and significantly reduce the drug exposure of unboosted PIs.	All
Unboosted PI (Darunavir, Saquinavir or Tipranavir without Ritonavir)	Inadequate bioavailability.	All
Two NNRTI combinations	Higher frequency of adverse reactions leading to treatment discontinuation.	AI
Duplicative Therapies (same generic ingredient in combination products)	Combinations will result in additive toxicity	

Level of Evidence/Rating Scheme for recommendations

STRENGTH OF RECOMMENDATION	QUALITY OF EVIDENCE FOR RECOMMENDATION
A: Strong recommendation for the statement B: Moderate recommendation for the statement C: Optional recommendation for the statement	I: One or more randomized trials with clinical outcomes and/or validated laboratory endpoints II: One or more well-designed, nonrandomized trials or observational cohorts studies with long-term clinical outcomes III: Expert opinion

Reference

- Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Updated 3/27/12. Available at <http://www.aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf> downloaded on 8/30/2012.

Role of Primary Care Doctor in the Prevention of Diabetic Retinopathy

Diabetic retinopathy is the number one cause of legal blindness in the United States. There has been an 89% spike in diabetic eye disease between 2000 and 2010. Factors that may be the cause of this increase include: an aging population, growing trends of obesity and sedentary lifestyles, and an increase in minority populations that are at high risk for developing diabetes and diabetic retinopathy, particularly Hispanics. New York State is among the top seven states with the highest prevalence of diabetic eye disease.

The primary care doctor plays a vital role in the prevention of diabetic retinopathy by managing systemic issues:

- **Glucose Control:** To reduce the risk of microvascular complications, diabetic patients must maintain an A1c under 7%. In general, primary care doctors should test their patients with diabetes for A1c every three months, depending on how controlled the glucose level is. For every 1% decrease in A1c, there is a reduced risk of complications by 35% - 40%.
- **Blood Pressure:** According to the CDC, control of hypertension reduces the risk of microvascular complications by about 33%. The recommended target blood pressure for people with diabetes is 130/80 mmHg. Only about one fifth of people with diabetes maintain that blood pressure level.
- **Lipids:** Control of lipid levels reduces the presence of retinal hard exudates. Patients with diabetes should have an LDL-c level of <100 mg/dL.

Refer your patients annually for ophthalmic evaluations, even if they are not experiencing symptoms. By the time patients experience eye problems, it is too late to reverse any damage. Early diagnosis is imperative to prevent blindness. Screening guidelines are:

- Screen patients with Type II diabetes shortly after diagnosis
- Screen patients with Type I diabetes 3-5 years after diagnosis

When you make referrals to the eye care professional, consider speaking to the doctor directly or writing information on the referral as to why you are referring this patient for care. Include the latest A1c measure and be sure to ask for a follow-up report.

Communicating with and educating your patients is also essential to good diabetes control. Many patients don't understand the

importance of an annual retinal eye exam because they are not yet experiencing any symptoms and don't see the need. Some of the barriers to screening compliance are:

- Patient misunderstanding of the consequences of non-compliance
- Fear of discovering that something is wrong
- Reluctance to scheduling an additional appointment

Finally, ensure that your patients with diabetes get the following care:

- An annual retinal screening
- A1c blood glucose testing, preferably every three months
- An annual LDL-c measure
- Blood pressure readings at every visit
- Medical attention for diabetic nephropathy

Sources: "Clinically Speaking: Primary Care Doctors Play Vital Role in Preventing Blindness", John Bonner, MD. <http://eastmedicalnews.com>

"New Report: Diabetic Retinopathy Rates Spike", Jane Cole, Review of Optometry, 8/15/2012. www.revoptom.com

"The Internist Role in Managing Diabetic Retinopathy: Screening for early detection", Stephen H. Sinclair, MD; Cherie Delvecchio, BS, Cleveland Clinic Journal of Medicine, Volume 71, Number 2, February, 2004.

"Diabetic Retinopathy: Covering the Bases", Leslie Burling-Phillips, American Academy of Ophthalmology, www.aaopt.org/publications/eyenet/200605/retoma.cfm

Child Health Plus Asthma Management Project

Affinity Health Plan has an ongoing Pediatric Asthma Initiative using a two-prong approach with education of both the Member/parent and their provider. The goal of this study is to evaluate if a combination of written and oral interventions with Members' parents and their providers improves outcome measures related to asthma management as compared to written notices alone.

Practices have been selected for an opportunity to have a one-to-one consultation with Dr. Stanley Goldstein, Director, Allergy & Asthma Care of Long Island. During the visit, providers will receive medication claims history for their patients and asthma resources including a self-study DVD for continuing medical education (CME). Following the visit, providers will be asked to complete an electronic survey and will receive a flash drive with additional resources.

To view the *Asthma in the Primary Care Practice* CME online, visit <http://jny.ipro.org/files/Asthma/>. This step-by-step tutorial is intended to assist you in applying the key concepts of the updated recommendations of the National Asthma Education Program (NAEPP), Expert Panel Report -3 (EPR-3) into your practice.

Reporting of NDC Required for Medicaid Managed Care and Family Health Plus Plans

Effective September 20, 2012, Medicaid Managed Care and Family Health Plus plans require network providers to report the National Drug Code (NDC) on claims when billing for physician administered drugs in accordance with guidance originally set forth in the June 2008 *Medicaid Update*.

For more information about reporting the NDC, contact your Provider Relations Representative.



**More
Online!**

Please be sure to visit
affinityplan.org/pharmacy/
for important pharmacy information.

Affinity Contact Information

Affinity Health Plan

2500 Halsey Street
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Toll-Free Number: 866.247.5678
Select options 1, 3 and then
5 to speak to a customer
service associate.

Fax Number: 718.794.7808
Website: affinityplan.org

For provider inquiries:
provider@affinityplan.org

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Affinity Resources Community Service Centers (CSCs)

Bringing Affinity Close to Home: Our CSCs offer health screenings, educational materials, and other information and services to our Members and the community. Also, to extend our outreach to the community we serve, Affinity has arranged to share office space at various locations throughout our service area.

Affinity Community Service Centers

Bronx

2831 3rd Avenue
Bronx, NY 10455
1-866-247-5678

305 E. Fordham Road
Bronx, NY 10458
1-718-794-7679

Brooklyn

5221 8th Avenue
Brooklyn, NY 11220
1-718-794-5150/5148

5515 8th Avenue
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709 Brighton Beach Ave.
Brooklyn, NY 11235
1-718-794-5126

2230D Church Avenue
Brooklyn, NY 11235
1-718-469-1464

408 Rockaway Avenue
Brooklyn, NY 11212
1-866-247-5678

Manhattan

239 Grand Street
New York, NY 10002
1-212-219-1789

1386 St. Nicholas Avenue
New York, NY 10033
1-718-794-7281

Queens

1304 Beach Channel Drive
Far Rockaway, NY 11691
1-718-327-6012

41-46 Main Street
Flushing, NY 11355
1-718-794-7870/7872

37-06 74th Street
Jackson Heights, NY 11273
1-718-794-7880

168-22 Jamaica Avenue
Jamaica, NY 11432
1-347-865-5941

Nassau

391B Fulton Ave.
Hempstead, NY 11550
1-866-247-5678

122 North Central Avenue
Valley Stream, NY 11580
1-866-247-5678

Orange

204 North Street
Middletown, NY 10940
1-866-247-5678

149 Broadway
Newburgh, NY 12550
1-866-247-5678

Suffolk

210 Broadway
Amityville, NY 11701
1-866-247-5678

753 Commack Road
Brentwood, NY 11717
1-866-247-5678

353 Horseblock Road
Farmingville, NY 11738
1-516-779-8020

Westchester

10 Palisades Avenue
Yonkers, NY 10701
1-866-247-5678

438A South 4th Avenue
Mount Vernon, NY 10550



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