Affinity Health Plan
Dedicated to Excellence

Synergy

In this Issue:

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The Acacia Network:
Where the Underserved is First Served

In today's health care environment where providers are met with struggles at every turn in providing first-rate, cost effective care to society's most vulnerable and underserved individuals, the Acacia Network has quite a few lessons and tried-and-true approaches to share.

In its 50+ years in operation, this Bronx-based health network boasts a service delivery model integrating primary care, mental health services, care of chronic illnesses and housing issues within a single system. The Acacia Network's leadership believes fragmented, siloed methods to patient care are ineffective. "You can't improve a person's physical health without taking into account family structure, mental health, housing and nutrition," said David Collymore, MD, the Acacia Network's Chief Medical Officer. "Primary care is the entire support team supporting a provider; that includes case managers, specialists, health educators and others."

This holistic approach to overall care is rooted in the health network's history. The Acacia Network was founded by two men recovering from substance abuse, who noticed many patients falling through the cracks between primary care services and substance abuse treatment. Today, the Acacia Network successfully bridges this gap in care, as well as other *disconnects* that most communities in crisis encounter while attempting to access services and resources necessary for general wellness. As a result of the network's *plug-the-holes* philosophy to health care, the Acacia Network ultimately – and willingly – assumes care for the neediest and sickest individuals in our communities. "Our care of very ill and vulnerable patients far exceeds that of other health centers," proudly said Dr. Collymore.

Managing the health and social services systems on behalf of patients

For instance, the network serves as a liaison in helping primary care and behavioral health providers forge strong alliances so that patients may experience seamless medical treatment. "We integrate behavioral and primary care so that the patient has easy access," said Pam Mattel, Acacia Network's Chief Operating Officer. "This way we manage the system, and the patient doesn't have to."

The inherent links within the Acacia Network's care model facilitate patients' smooth movement from primary care services to the treatment of chronic illnesses to transitional housing. A prime example of this care continuum is an Acacia Network facility at 1776 Clay Avenue in the Bronx, which provides homeless people with transitional housing, as well as mental health care, detoxification and substance abuse services, primary care, an onsite gastroenterologist and other specialists.

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The Acacia Network:

Where the Underserved is First Served

Currently, the Acacia Network provides temporary housing for 730 families (approximately 2,300 individuals). The network also offers emergency housing for homeless HIV patients. "We take care of patients' entire needs – medical, physical and psychosocial," said Dr. Collymore, emphasizing their notable capacity to coordinate patients' social services needs with their composite medical care requirements. They are also making a significant impact through their affiliate, Urban Bronx Parents, Inc., a multi-program organization providing a comprehensive range of treatment programs and social and housing services. The Acacia Network was recently designated as a Health Home Services Provider by the New York State Department of Health.

In their conscientious effort to identify and conveniently meet the needs of patients, the Acacia Network has become "patient obsessed," said Ms. Mattel. They continually seek ways to make accessing all levels of care easier, as well as transitioning power to the community, rather than foster traditional, institutionalized health care. Their mobile primary health care clinic (van) is an example of patient-friendly health care accommodations, whereby they deliver services, including immunizations, asthma treatment, HIV testing and other medical care, throughout their community. Also, the Acacia Network's use of social media platforms and texting to connect with the community and encourage patients to support one another is just one way that the health network empowers patients to take charge of their health. They also have a burgeoning speakers' bureau and will soon launch a patient portal for heightened patient communication.

David Collymore, MD, CMO

Pam Mattel, COO

Meeting the challenges ahead

Patients' involvement in self care is a critical element to enhancing the health network's capacity for effective care delivery, as certain medical issues have presented significant challenges to the Acacia Network, as well as the health care industry at large. HIV/AIDS and the upsurge of Type 2 diabetes are two such conditions, said Dr. Collymore. This is particularly true as the local and national health care landscapes experience rapid changes, including the State's Medicaid redesign initiatives and health care reform. But the health network insists that they are well prepared to meet those challenges and looks forward to the next chapter in their development.

The next frontier for the Acacia Network is advancing their women's health and pediatric practices. In addition, on the public policy front, they are looking forward to collaborating with health organizations of like minds. "If you're brave enough to go across the aisle and have a dialogue with people who were once seen as competitors, that pushes us into some real intimate [health care] models," said Dr. Collymore. "That presents some unique opportunities to partner around delivery of care. I'm encouraged by that."

The Acacia Network says they anticipate further collaboration with Affinity, as they are encouraged by their shared commitment to community care and are hopeful about the relationship growing even stronger in the future. "I found Affinity Health Plan to be more concerned with the outcome and the care of the individual than just the dollar amount of the expenditure…. I appreciate that clinically and the patients appreciate that," said Dr. Collymore. He added: "Affinity is challenging us to meet the needs of patients and we're challenging them. We have a synergistic relationship that can blossom into a model demonstrating how to work with providers."

To view a video about the Acacia Network, go to *www.affinityplan.org/videos.*

"Our care of very ill and vulnerable patients far exceeds that of other health centers."

The Importance of Screening Adolescents for Depressive Disorders

Depression is one of the most common chronic conditions of adolescence. Studies estimate the prevalence of depression among older adolescents to be as high as 8.3 percent, with much less known about prevalence of, and risk factors for, depression among younger adolescents (ages 11-15). Often depressive symptoms among teens are attributed to the normal stress of adolescence; misdiagnosed as conduct, attentional, or substance use disorders; or seen as a stage the teenager is going through.

However, there is a known association between depression and increased risk of suicide, with major depressive disorder conferring a 20-fold increased suicide risk over the general population. The past 50 years have seen an almost three-fold increase in the rate of adolescent suicide. The Centers for Disease Control and Prevention (CDC) has determined suicide to be the third leading cause of death for adolescents 15 to 19 years of age. Adolescent males commit suicide at a rate six times greater than the rate of females. For every completed suicide, an estimated one to two hundred (100-200) attempts are made. In 2003, 8 percent (approximately 1 million) U.S. teenagers attempted suicide. The CDC data indicate that one in five U.S. teenagers seriously considers suicide annually.

Early recognition is a critical step to reduce the prevalence of depression among older adolescents. Teen screening for early detection allows for more timely and effective management of depression and prevention of such negative outcomes.

Risk factors for suicide

While there are no absolute predictors of suicide, several factors are known to correlate with increased suicidal risk. Such factors include the following:

- a history of previous suicide attempt(s);
- current depression;
- other mental illness (e.g., severe panic disorder, psychotic illness with command auditory hallucinations);
- alcohol or drug use;
- family history of suicide;
- certain physical illnesses; and
- being or feeling alone

The World Health Organization (WHO) has identified additional risk factors for adolescent suicide, including being a victim of physical/sexual/emotional abuse or peer bullying; availability and access to weapons or means to complete suicide; exposure to others who have committed suicide; psychosocial stressors; recent loss through death; divorce or break up of a romantic relationship; feeling worthless and hopeless; poor coping skills; impaired judgment; lack of impulse control; self-destructive behaviors; struggles with sexual identity; and rejection by family and peers.

Warning signs of suicide risk

Warning signs of acute suicide risk include threats to hurt or kill one-self; looking for ways to hurt or kill oneself; and/or talking or writing about death, dying or suicide. Depression, feelings of sadness, lethargy, anxiety, irritability, or symptoms of sleep and eating disturbances, should alert all providers to the potential risk of suicide. “Risk is greatest when an individual has the means, opportunity, a specific plan and clear intent to carry out the suicide, and when there is no compelling deterrent,” according to the World Health Organization.

Adolescent screening recommended

Beacon Health Strategies, Affinity’s mental health partner, concurs with the AACAP Practice Parameter for the Assessment and Treatment of Children and Adolescents with Depressive Disorders, as well as, the Guidelines for Adolescent Depression in Primary Care (GLAD-PC) written by the American Academy of Pediatrics: All children, particularly those ages 13-18, should be screened for depressive symptoms, and other potential behavioral health conditions. Any child with a positive screen for depression, or other potential behavioral health condition, should be immediately assessed for the presence of suicidal ideation, plan, intent and means.

Beacon can assist providers in screening for mental health conditions as well as in finding mental health services for their patients. You may call Beacon’s 24-Hour Clinical Access Line at 800.974.6831 or go to their website’s provider section at *www.beaconhealthstrategies.com* for more information.

Go online at affinityplan.org/Affinity/Providers/For_Providers/Publications_Manuals_and_Handbooks.aspx to view article sources.

Smoking Cessation Counseling: Expanded Medicaid Benefits

According to the Centers for Disease Control and Prevention, more than 45 million Americans smoke cigarettes. Nearly 9 million of those people develop at least one serious illness due to smoking. Primary care providers play a major part in helping people to quit smoking. As of April 1, 2011, Medicaid expanded its smoking cessation counseling coverage to include ALL Medicaid beneficiaries.

New parameters for Smoking Cessation Counseling benefits

Medicaid Members

1. Non-pregnant/non postpartum Medicaid and Family Health Plus Members who smoke:

- 6 smoking cessation counseling sessions per calendar year

2. Pregnant/postpartum Medicaid and Family Health Plus Members who smoke

- 6 smoking cessation counseling sessions during pregnancy
- 6 smoking cessation counseling sessions during the 6-month postpartum period

3. Coverage is dependent on:

- Smoking cessation counseling must be provided face-to-face by a physician, registered physician assistant, registered nurse practitioner, or licensed midwife during a medical visit
- Use of CPT codes 99406 (intermediate counseling, 3-10 minutes) or 99407 (intensive counseling, greater than 10 minutes)
- Inclusion of ICD 9 diagnosis code 305.1 - Tobacco Use Disorder
- Inclusion of the appropriate E&M CPT code (99201 – 99205) and/or Preventive Medicine code (99383-99386, 99393-99396)
- Smoking cessation counseling must be billed by a physician, registered physician assistant, registered nurse practitioner, or licensed midwife, OR Article 28 outpatient department, diagnostic and treatment center, or FQHCs that bill using APGs.
- Affinity covering smoking cessation classes (group sessions) for Medicaid, Family Health Plus, and Child Health Plus Members

Medicare Advantage Members

1. Services must be ordered by a participating provider

2. Coverage includes:

- 2 counseling attempts within a 12-month period if Member is diagnosed with a smoking-related illness or is taking medications that may be affected by tobacco.
- Each counseling attempt includes up to 4 face-to-face visits

Smoking cessation products that are covered by Affinity Health Plan

	Nicotine Replacement						
	Gum	Patch	Lozenge	Spray	Inhaler	Bupropion (Generic for Zyban)	Chantix
FHP Medicaid	Yes	Yes				Yes	Yes
CHP	Yes	Yes	Yes			Yes	Yes
Medicare				Yes	Yes	Yes	Yes
Quit Line	Yes	Yes	Yes				

Use the **"5As"** as a tool for conversations with your patients who smoke about smoking cessation options.

- **Ask –** ask all patients about tobacco use at every visit
- **Advise –** advise all tobacco users to quit
- **Assess –** assess readiness to quit. If willing to quit, provide resources and assistance. If not, ask what would have to happen to have the person quit. Build patient's confidence in quitting
- **Assist –** work with patient to develop a quit plan. Refer to 1-800-QUIT NOW (784.8669)
- **Arrange –** arrange follow up visits

Also, New York State offers a Fax-to-Quit Program that gives direct counseling to referred people. After receiving the faxed referral form from a provider, the Quitline will follow up with a phone call to the patient. The Quitline will then fax a feedback form to the provider. Visit *www.nysmokefree.com* for more information about the form and the program.

Read about Affinity Health Plan's partnership with the New York State Tobacco Control Program on page 7.

FORMULARY ALTERNATIVES & COVERAGE RULES

Non-Formulary Product	Formulary Alternative(s)	Notes
Advair Diskus	• Advair HFA (aerosol covered) • Symbicort	
Avelox	• ciprofloxacin (generic Cipro)	levofloxacin is the respiratory quinolone alternative that requires prior authorization
Diovan, Diovan HCT	• losartan (generic Cozaar) after ACEI failure/intolerance	
Lansoprazole (Rx)	• generic omeprazole • OTC omeprazole • OTC lansoprazole • generic OTC omeprazole/sodium bicarbonate (branded as Zegerid OTC)	Quantity limits
Lantus SOLOSTAR (Pen)	• Lantus VIALS	
Levemir FLEX PEN	• Levemir VIALS	
Nasonex	• flunisolide nasal solution • fluticasone nasal spray (generic for Flonase)	
Nexium	• generic omeprazole • OTC omeprazole • OTC lansoprazole • generic OTC omeprazole/sodium bicarbonate (branded as Zegerid OTC)	Quantity limits
One Touch Test Strips (Blood Glucose)	• TruTest test strips	Quantity Limit of 300 strips per 30 days
Pataday, Patanol	• (Rx) Cromolyn Sodium eye drops • (OTC) ketotifen eye drops (Zaditor, Claritin Eye, Zyrtec Itchy Eye)	
PrevPac	*Separate prescriptions for:* • amoxicillin (generic Amoxil) • clarithromycin (generic (Biaxin) • OTC generic lansoprazole (generic Prevacid 24HR OTC)	Quantity limit for OTC PPI
Proventil HFA	• ProAir HFA • Ventolin	Quantity Limit
Seroquel/XR	*STEP through:* • risperidone	
Test Strips (Blood Glucose)	• TruTest test strips	• Quantity Limit of 300 strips per 30 days
Triamcinolone Acetonide (Nasal)	• flunisolide nasal solution • fluticasone nasal spray (generic for Flonase)	
Tricor	• fenofibrate • gemfibrozil (generic Lopid)	
Xopenex HFA	• ProAir HFA • Ventolin	Quantity Limits are in effect

Formulary Product	Coverage Rule	Notes
Abilify	*STEP through:* • risperidone	
Crestor	*STEP through:* • lovastatin • pravastatin • simvastatin	
Januvia	STEP through: • metformin • sulfonylurea	
Plavix	Prior Authorization is needed for durations exceeding two weeks.	
Singulair	*STEP through:* • inhaled steroid or • nasal steroid	
Vigamox	*STEP through:* • ciprofloxacin ophthalmic • ofloxacin ophthalmic • levofloxacin ophthalmic	

Medicare Formulary Alternatives

Non-Formulary Product	Formulary Alternative(s)	Notes
Dexilant	lansoprazole dr, omeprazole dr, pantoprazole dr, Nexium (step)	
Flovent	Asmanex, QVAR	
Humulin, Humalog	Novolin, Novolog	
Insulin Pens	vials	
Pataday	azelastine, cromolyn, epinastine	
Ventolin HFA	Pro Air HFA, Proventil HFA	

Formulary Product	Coverage Rule	Notes
Advair	*Prior Authorization:* FDA approved indications, COPD, chronic bronchitis, emphysema, postinfection cough after acute infection resolved.	*Exclusions:* Symptoms of acute respiratory infection i.e. common cold, acute bronchitis, sinusitis, pneumonia.
Ciclopirox Solution	*Prior Authorization:* Noncosmetic uses confirmed with cultures	
Nexium	*STEP through:* • lanosoprazole •omeprazole •omeprazole/sodium bicarbonate •pantoprazole	

HIV Testing Guidelines

New York State requires that all providers offer an HIV test to their patients 13 to 64 years old receiving hospital or primary care services at least once. The offering must be made to Members receiving:

- inpatient or emergency department services at hospitals;
- primary care services through hospital outpatient clinics, diagnostic and treatment centers; and
- primary care services from physicians, physician assistants, nurse practitioners and midwives.

All Members must be offered HIV testing regardless of whether they have risk factors for HIV. Testing should be offered annually to persons whose behavior indicates elevated risk such as sexual activity or drug use, or even more often for those with very high risk behaviors. Providers who see Members on a regular basis may consider incorporating the offer of HIV testing to routine physical exams and well child visits to meet the requirement.

An offer of testing is *not* required:

- When the Member is being treated for a life threatening emergency.
- When the Member has previously been offered or has been the subject of an HIV-related test (unless otherwise indicated due to risk factors).
- When the Member lacks the capacity to consent (though in these cases the offer may also be made to an appropriate person who is available to provide consent on behalf of the Member).

Offer of testing

- All Affinity providers must get Members' consent for HIV testing as part of a general consent to medical care, and specific opt-out language for HIV testing must be included in their consent form.
- All Affinity providers must allow Members the opportunity to provide oral consent for rapid HIV testing.
- Consent can remain in effect for a period of time stipulated by the Member or until revoked by the Member orally or in writing.
- Prior to being asked to consent to HIV testing, Members must be provided the seven points of information about HIV required by the Public Health Law. (For these guidelines, visit *http://www.health.ny.gov/diseases/aids/testing/law/faqs.htm).*
- Health care and other HIV test providers authorizing HIV testing must arrange, with the consent of the Member, an appointment for medical care for those confirmed as positive.
- HIV test requisition forms submitted to laboratories no longer require provider certification of informed consent having been obtained.
- Deceased, comatose or Members otherwise incapable of providing consent, and who are the source of an occupational exposure, can be tested for HIV in certain circumstances anonymously without consent.

Testing is mandatory in certain limited circumstances as follows:

1. As of February 1997, all newborns in New York State are tested for HIV antibodies. A newborn's test result also provides information about the mother's HIV status.

2. Blood, body parts, and organ donations are tested for HIV.

3. HIV testing can be required in order to participate in some federal programs, such as the Job Corps and the Armed Forces.

4. Under certain conditions, inmates in federal prisons (but not in state or local correctional facilities) are tested for HIV without their consent.

5. HIV testing can be required for certain types of insurance, like disability or life insurance. However, insurance companies must tell applicants they will be tested for HIV, must provide them with general information, and must have the applicant sign a consent form. In New York State, people cannot be denied health insurance because they are living with HIV or AIDS.

6. Testing may be performed without consent in instances of occupational exposure when the source person is not able to themselves consent and other conditions are met.

7. HIV testing may be required of convicted and indicted sex offenders in certain areas.

Post test counseling is mandatory

Individuals tested ***must*** also be offered counseling that addresses a variety of concerns including patients' coping mechanisms, possible discrimination related to employment, housing, etc., available medical services, transmission risks and contact notification. All Affinity providers ordering an HIV test must offer Members who test HIV positive the test

result and an appointment for follow-up HIV medical care (with the patient's consent).

Negative test results and required information do not need to be provided in person. Other mechanisms such as email, mail, and phone may be used as long as steps are made to ensure the Member's confidentiality. ***It is not appropriate to tell the Member that if he/she is not contacted, he/she may assume test results were negative.***

If you have any questions about these guidelines including additional details about post testing counseling, please contact Anand David at 718.794.6480.

Affinity Health Plan Tobacco Cessation Partnership

Affinity Health Plan is partnering with the New York State Tobacco Control Program's Cessation Centers. This collaboration is based on the mutual goal of ensuring that Affinity's Members have access to research-proven methods to help them become smoke-free. We will adapt best practices of smoking cessation to your practice's unique needs. At no cost to you, these Centers will offer the following services:

- Free Smoking Intervention Training Seminars
  - Pharmacotherapy
  - Counseling
  - Resources
- Multi-Lingual Smoking Cessation Literature
- Local Referral Resources for your Patients

We encourage you to refer **at least five** of your tobacco-using patients to the New York State Smokers' Quitline. The Quitline will assist the patients by providing them with **FREE** counseling and a two-week starter kit for Nicotine Replacement Therapy.

Quality Management Data Exchange Program

Affinity has embarked upon an exciting new initiative — a clinical data exchange with the medical practices in our network. Through this initiative, we hope to create a more efficient and effective QARR/HEDIS review process and produce more accurate and timely reports.

There are a number of participation options to improve our QARR/HEDIS reviews:

1. Affinity would be granted remote access to a practice's EMR in order to review, from Affinity's offices, charts of eligible members/Affinity Members. This option would spare practices a site visit. We are aware of the HIPAA implications of this level of access and are willing to put safeguards against unauthorized access to non-Affinity member charts.
2. Extracts of the eligible member charts to be copied to a CD and reviewed at Affinity offices.

Through an ongoing data exchange, we hope to have timely access to the following information:

1. Regular clinical data feeds (preferably quarterly) on lab data, screenings and clinical values for eligible members
2. Data file of all encounters (sick and well visits) documented in the medical record including diagnosis and procedure codes for Affinity Members

In return, Affinity will be able to provide you with more accurate and timely reports as well as Member-level information. Having the capability to exchange data with Affinity and other healthcare entities will put you in a favorable position to participate in collaborative initiatives like health home, etc. If you would like further information about joining us in this initiative, please contact Judy Leuchter at 718.794.6032 or *jleuchter@affinityplan.org.*

Watch for E-Prescription Deadline

Physicians and other eligible professionals have until June 30, 2012 to either report to Medicare that they have written at least 10 electronic prescriptions or apply for a hardship exemption.

Doctors who don't meet the June 30 e-prescribing deadline face a 1.5% reduction in claims off the Medicare Part B Physician Fee Schedule for 2013.

For more information about this important requirement, visit *https://www.modernhealthcare.com/article/20120504/NEWS/305049953#ixzz1uIBHnwlB* .

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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
Brooklyn, NY 11220
1-866-247-5678

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

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10 Palisades Avenue
Yonkers, NY 10701
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