



Affinity Health Plan
Dedicated to Excellence

Synergy

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The Institute for Family Health: Providing Training, Treatment and Transformation

As we prepare for gradual – and perhaps seismic – shifts in how health care is delivered in this country, the Institute for Family Health is at the center of such change, that envelops innovation, cost-effectiveness and, certainly, quality. With a focus on training clinical staff for forward-thinking models of care, their treatment of patients from a cross section of society offers promise and a broader, new way of thinking about community health care.

The Institute, headquartered in Manhattan, comprises a network of 20 sites, approximately 1,000 employees and 100,000 patients. The Institute's key priorities are addressing complex community health concerns and health care disparities. In pursuit of this, it has garnered a number of grants and has established critical staff training programs. "We view health care as a way of transforming the lives of people in communities, not just about good measures," said Robert Schiller, MD, Senior Vice President for Medical Affairs at The Institute. Dr. Schiller said this goal is especially significant in providing the highest quality of care to communities that have been marginalized and victimized by discrimination.

Growth over the Years

The Institute for Family Health began in 1983 as the Institute for Urban Family Health. Their focus on training started early on with the acquisition of a grant to train family physicians at Bronx Lebanon Hospital. "Our mission is just as focused on education and training as on health care," said Dr. Schiller.

The Bronx Lebanon grant was one of many that the Institute would receive over the years to conduct research and enhance provider capacity for dealing with complex health cases and delivering primary care more effectively.

The Institute became a federally qualified health center (FQHC) in 1998. Over the years, the center continued to grow. In addition to a partnership with Beth Israel Medical Center, that enabled it to train Beth Israel doctors in family medicine, the Institute experienced significant expansion through a series of mergers and acquisitions. This included a 2007 merger with the Mid-Hudson Institute for Family Health in upstate New York and the takeover of Manhattan's North General Hospital ambulatory care unit in 2010.

Training Providers to Dig Deep

Its large primary care practice is supported by the attention to developing physicians' clinical and critical thinking skills. The Institute has three residency programs and boasts a grassroots Family Training Program. "We look for people who have a passion for social justice and a sense of moral outrage," said Dr. Schiller

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The Institute for Family Health: Providing Training, Treatment and Transformation



Robert Schiller, MD, Senior Vice President for Medical Affairs

of the program's residents. He added: "We encourage our doctors to ask, for example, 'How did you cut yourself? Could that have been prevented?' In other words, what's the story behind the injury?" Dr. Schiller emphasizes the importance of medical care reaching beyond an illness's obvious features and concerns to seek more targeted solutions. "It's not only knowing what the medical problem is, it's also figuring out who can help you."

With more than 130 graduates from the Institute's Family Medicine Training Program, the doctors at these integrative medical facilities are pleased to continue their provider educational initiatives with the help of Teaching Health Centers, a national program through the Affordable Care Act, offering funds to community health centers to train residents. The Institute was one of the first centers to be accepted into this inaugural program in 2010.

Providers trained by the Institute are poised to care for and treat a broad

"Our mission is just as focused on education and training as on health care."

range of primary care issues and chronic conditions. For instance, the Institute focuses on quality reproductive health care services for women, assuring patients have access to the full spectrum of contraceptives and prenatal care. Another example of their commitment to community-based outreach and care is their work with approximately 40 local faith-based organizations to combat obesity and diabetes.

Rich Potential of Community Health Centers

Dr. Schiller insists that the Institute's commitment to patients, staff development, collaboration with community-based entities and outside-the-box thinking demonstrates the rich and diverse solutions that community health centers can offer as health care reform unfolds.

He said that while community health centers have traditionally been perceived as too inefficient to take on the training of residents, he sees enormous potential in them as classrooms for providers' ongoing education and research. "If we can get medical students from day one to work in community health centers, they would see this as being an attractive and rewarding career choice," said Dr. Schiller.

Further, Dr. Schiller believes community health centers offer a welcome and essential alternative to hospital and specialty-based medicine – a traditionally costly and often inefficient model of care. "Specialists and hospitals need to play a more diminished role," explained Dr. Schiller. "Piecemeal care is still reimbursed at

preferred rates. Providers should get paid for keeping people healthy, not just for what they do (e.g., run tests, exams)."

Dr. Schiller says the future of health care reform lies within two areas that community health centers are more suited to address: flexibility in the way health care is delivered and the capacity to explore innovative reimbursement models. Currently, the Institute offers team-based care at a few of its sites to provide prenatal, diabetic and post-discharge care. With this model, patients meet in a group for consultations. This approach both lowers medical costs and provides a support system for patients with similar conditions.

The Institute serves an ethnically and economically diverse population. "Homeless people as well as people making \$150,000 a year are seen in our center," said Dr. Schiller. "Our health care model is if you have an appointment, you get the same level of care." This egalitarian focus on delivering health care to the community is a value that the Institute shares with Affinity.

"The legacy of Affinity is unique as an independent health plan that has its roots in community service," said Dr. Schiller. "We feel Affinity is a great partner. We're working with its leadership on innovative reimbursement models and managing information to get better health results." Dr. Schiller notes that this transitional time in health care, while challenging, offers a wonderful opportunity for the Institute, other community health organizations and, most importantly, patients. "I think it's important to take advantage of this unique time," he said. "While there is concern about what is going on in Albany and in D.C., I am optimistic. I think we can have a very good outcome."

LabCorp: Affinity Health Plan's Exclusive Outpatient & Specialty Lab Provider (Effective September 1, 2012)

Effective September 1, 2012 LabCorp, including its specialty laboratories DIANON Systems, Integrated Oncology, and Integrated Genetics, is Affinity Health Plan's exclusive provider of outpatient and specialty laboratory services. You may have already received a notice in the mail informing you of this change. To access a copy of the letter, please visit our website at www.affinityplan.org/Affinity/Providers/Providers.aspx.

Also, on September 1, Affinity Health Plan's network participation agreements with all other non-hospital labs (e.g., Quest Diagnostics, Bio Reference Laboratories, Shiel Medical Laboratory, and all other regional labs), terminated and may no longer be used. Affinity claims from these labs will be denied after September 1, 2012.

Please note you may continue to administer in-office CLIA STAT services as long as they are properly coded pursuant to Medicare guidelines. Go to www.affinityplan.org/Affinity/Providers/Providers.aspx for a list of these tests. Additionally, specialty lab tests may no longer be performed as in-office procedures; they must be referred to a LabCorp specialty lab, as noted above.

LabCorp is one of the nation's largest clinical lab networks, with more than 60 patient service centers in our service area. Also, they are adding 12 more sites throughout the New York Metro area by the end of this year.

The use of LabCorp as our exclusive provider for outpatient and specialty lab services enables us to better manage utilization, cost and quality while still providing you and your patients with easy access to lab services. LabCorp offers an array of convenient features and time-saving resources including, but not limited to:

- A broad test menu and specialized testing laboratories that offer you single-source laboratory services.
- A variety of test ordering and results delivery solutions including several electronic options, such as:
 - Web-or Windows®-based electronic solutions.
 - Bidirectional and unidirectional interfaces – LabCorp integrates with more than 350 HER, EMR, and PMS systems.
 - Connections to patient health records (PHRs), allowing physicians to send test results to patients after their review.
- Local STAT testing capabilities.

- Specimen pickup schedules customized to meet your office needs.
- Online billing tools

For additional information, please speak with your Provider Relations Representative. Also, listed below are resources for further details and assistance:

- Affinity Health Plan Customer Service (general questions): 1-866-247-5678 (prompts "1" then "3")
- LabCorp related materials (e.g., office signage, brochure, frequently asked questions, etc.): www.affinityplan.org/Affinity/Providers/Providers.aspx
- LabCorp (more information about LabCorp): www.LabCorp.com
- LabCorp (set up an account): 1-888-522-2677 ext. 3, or email NENewaccounts@labcorp.com
- DIANON Systems (specialty lab questions/set up account): 1-800-328-2666 ext. 3
- Integrated Oncology (specialty lab questions/set up account): 1-800-710-1800
- Integrated Genetics (specialty lab questions/ set up account): 1-800-848-4436

Provider Web Portal: Register Today

Please be sure to register to Affinity's provider web portal if you have not done so already. The revamped portal offers a host of services, including assistance with claims information and Member eligibility.

Go to <https://affinityportal.affinityplan.org/portal/PreLogin/ProviderRegistration.aspx> and register today. If you have any questions, please speak with your Provider Relations Representative.

2011 Clinical Guidelines Online

To access the 2011 Clinical Guidelines, you may visit our website at https://www.affinityplan.org/Affinity/Providers/For_Providers/Publications_Manuals_and_Handbooks.aspx. If you have any questions about the content or finding information, please speak with your Provider Relations Representative.

Please note the 2012 version of the Clinical Guidelines will be formatted as an electronic document, compiling various links pointing to the original, authoritative sources (e.g., NYSDOH and CMS websites, etc.). We will advise you when this has been completed.

New Address for Paper Claims Submissions

Affinity Health Plan has changed the address for paper claims submissions.

Effective April 1, 2012, all professional and institutional paper claim submissions for non-Medicare Members should be sent to:

Affinity Health Plan
PO Box 981726
El Paso, TX 79998 – 1726

Please continue to send claims submissions for Medicare Members to:

PO Box 4018
Scranton, PA 18505 – 6018

Benefits of PCP and Behavioral Health Provider Communication

Continuity and coordination of care between medical and behavioral health is an important aspect in the delivery of quality health care, as behavioral and medical disorders can interact to affect an individual's health. Up until recently the role of the primary care physician (PCP) had been to address medical issues and not necessarily to focus on their patients' mental health issues. However, today many mental health medications (e.g., for Depression and Attention Deficit Disorders) are prescribed by a PCP. Because of this, it is extremely important that communication and collaboration exists between the medical and behavioral health professional.

There are a few easy steps that you can take in order to communicate with your behavioral health professional:

1. Have your patient sign a Release of Information form that allows you to communicate with their behavioral health provider
2. Send any pertinent lab results or prescribed mental health medications to their behavioral health provider and,
3. If you should receive the BH/PCP Communication Form from a behavioral health provider, please fill in your section and return it.

Thank you in advance for your efforts to coordinate your patients' care with their behavioral health provider.

Dr. Munish Khaneja Promoted to Affinity CMO



Earlier this year, Affinity named Munish Khaneja, MD, MPH, to the position of Senior Vice President and Chief Medical Officer. In this capacity, Dr. Khaneja is responsible for overseeing the clinical care of Affinity's membership, and directing the quality management, including collaborations with participating providers on continuous quality improvement.

Prior to this role, Dr. Khaneja served as Affinity's Senior Medical Director. "Dr. Khaneja has significantly improved the

organization and functioning of the Office of the CMO," said Maura Bluestone, Affinity President & CEO. "He has contributed to the transformation of our medical management program and has represented Affinity well in a range of outside venues. We look forward to his continued leadership, as we anticipate broader and deeper relationships with our network providers, and seek to make even greater strides in our medical and quality management initiatives."

Adolescent Preventive Care

The primary care provider plays a vital role in helping teens recognize that their present behavior can affect their future health. Teaching your teen patients about preventive health is as important as diagnosing and treating their medical problems. Preventive care usually falls into four categories: screening, counseling to reduce risk and teach injury prevention, providing immunizations, and giving general health guidance. Establishing an ongoing conversation with your adolescent patients is the most effective way to gain their trust and have a positive impact on their lifestyle habits.

Often, you will only see your teen patients when they are sick, need immunizations, or need a school physical. Take advantage of those visits by giving the preventive services listed below. Adolescent Preventive Care is a QARR measure whose information is obtained through chart review. So it is imperative to document in your patient's medical record the care you give.

- **Body Mass Index (BMI):** BMI percentile for children 12-15, value for children 16-18
- **Nutrition/Diet:** current behaviors, counseling, referral or educational handouts
- **Physical Activity/Exercise** (specific to **physical** activities/sports) current behaviors, counseling, referral or educational handouts
- **Sexual Activity:** current behaviors, abstinence, family planning, condom use, contraceptives, HIV, STDs, pregnancy prevention and/or safe sex.
- **Depression** (must be specific to **depression** only) Screen for depression (yes/no, symptoms, mood, suicidal ideation) for members 12 years and older, referral to or in treatment for depression, **or** notation that depression is addressed as part of counseling
- **Tobacco Use/Smoking:** current behaviors, counseling or educational handouts
- **Substance Abuse:** current behaviors, counseling or educational handouts

One of the greatest barriers to care for adolescents is the fear that you will tell others, especially their parents, what you talked about in the visit. Allay your patients' fears by emphasizing the confidentiality of the visit. If your patient is over 13 years old, tell them that if they don't want you to tell their parents what you talked about, the law says that is okay. There are some exceptions to this general rule, which can be found by accessing www.nyclu.org.¹

Visit these websites for up-to-date guidelines for adolescent preventive care:

- The United States Preventive Services Task Force – Guide to Clinical Preventive Services, 2010-2011. www.ahrq.gov/clinic/pocketgd.htm
- American Medical Association – Guidelines for Adolescent Preventive Services (GAPS) www.ama-assn.org/ama/pub/category/1980.htm
- American Academy of Family Physicians – Age Charts for Periodic Health Examinations www.aafp.org
- Maternal and Child Health Bureau, US Public Services and American Academy of Pediatrics – Bright Futures: Guidelines for Health Care Supervision of Infants, Children and Adolescents www.brightfutures.org
- American Academy of Pediatrics – Recommendations for Pediatric Preventive Health Care, 2008 <http://practice.aap.org>

For additional information about adolescent care, contact Judith Frederic, RN, Quality Improvement Coordinator, at 718.794.6037.

Sources: "Guidelines for adolescent preventive services", Author: Arthur Elster, MD; Section Editor: Amy B. Middleman, MD, MPH, MS, Ed

American Medical Association, Department of Adolescent Health, 1997, "Guidelines for Adolescent Preventive Services (GAPS)" www.ama-assn.org

1 "A Guide to the Law on Minor's Rights in New York State". The New York Civil Liberties Union (NYCLU). Reproductive Rights Project. July 2002, www.nyclu.org.

Formulary Information for Cholesterol Lowering Medications

Therapeutic Interchange and Suggested Dose Conversion for Statins ¹					
LDL % Reduction	Atorvastatin	Simvastatin	Lovastatin	Pravastatin	Crestor (Non Formulary)
≤ 39%	10 mg	20 mg	40 mg	40 mg	5 mg
40-45%	20 mg	40 mg	80 mg	80 mg	5 mg
46-52%	40 mg	80 mg Only if receiving chronically without muscle toxicity. Do not escalate to 80mg if not at LDL goal.			10 mg
53-60%	80mg				20 mg
Interactions with Statins ²⁻³					
Interacts with	Atorvastatin	Simvastatin	Lovastatin	Pravastatin	Crestor (Non Formulary)
Amlodipine Ranolazine		20mg MAX			
Amiodarone Diltiazem Verapamil		20mg MAX with amiodarone 10mg MAX with others	40mg MAX with amiodarone. 20 mg MAX with others.		
Fibrates or Niacin > 1gm/day		Contraindicated with gemfibrozil Caution with others	Avoid with gemfibrozil Caution with others	Avoid with gemfibrozil Caution with others	10mg with gemfibrozil Caution with others
Protease Inhibitors	Avoid with some. 20-40mg MAX with some PI. ²	Contraindicated ²	Contraindicated ²		10mg MAX with some PI ²
Erythromycin		Contraindicated	Contraindicated		
Clarithromycin	20mq MAX	Contraindicated	Contraindicated	40mq MAX	
Itraconazole Ketoconazole Posaconazole	20mg MAX with Itraconazole	Contraindicated	Contraindicated		
Cyclosporine	Avoid	Contraindicated	Avoid	20mg MAX	5mg MAX
Danazol		Contraindicated	20mq MAX		
Nefazodone		Contraindicated	Contraindicated		
Grapefruit Juice		Avoid	Avoid		

References

1. GlobalRPh. Accessed April 1, 2012 on: http://www.globalrph.com/statins_comparisons.htm

2. Florida/Caribbean AIDS Education Training Center. Accessed April 1, 2012 on: <http://www.iaetc.org/Newsletter/Care-Link030812.asp>

3. Lipitor, Zocor, Crestor, Mevacor, Pravachol Package Inserts. February 2012.

Formulary Options	Medicaid FHP	*Medicare	**CHP
Formulary	atorvastatin simvastatin lovastatin pravastatin	atorvastatin Crestor 10,20,40mg simvastatin lovastatin pravastatin atorvastatin/amlodipine Advicor Simcor Vytorin 10/20, 10/40, 10/80mg	atorvastatin Crestor 10,20,40 mg simvastatin lovastatin pravastatin Advicor Simcor
Step 2 Prior auth needed		Crestor 5 mg Vytorin 10/10 mg	Crestor 5 mg

* Formulary will change January 1, 2013.

** Formulary will change October 1, 2012.

Affinity Providers Cannot Bill Members

New York State **prohibits** the billing of Affinity Plan Members for covered services. This practice is called “balanced billing”. Balanced billing became a reportable complaint in 2008. Since that time, balanced billing has become the number one category of complaints received by Affinity.

When a provider accepts an Affinity Plan Medicaid enrollee as a patient, the provider agrees to bill Affinity for services covered by the contract. Except for applicable co-payments, providers are prohibited from requesting any monetary compensation from the enrollee or his/her responsible relatives.

Practices **cannot** give any unpaid medical bills or otherwise billed services to a collection agency for collection, except for applicable Medicaid (FHP) co-payments.

Affinity Members should never be required to bear any out-of-pocket expenses for medically necessary inpatient services or medically necessary services provided in a hospital-based emergency room.

Reasons why providers might bill Medicaid recipients:

1. Questions of Member eligibility, including the Member does not have an ID card or the provider does not have that Member on his/her roster.

Example: I am a new Affinity Member. I didn't have my Affinity ID card so the office charged me \$100 and told me that when they are sure that I am an Affinity Member, Affinity will give me a refund.

It is the provider's responsibility to verify coverage prior to rendering services. This can be done through Affinity's revised Web Portal or through Customer Service at 866.247.5678.

2. The provider is not satisfied with the plan payment policy or the processing of claims.

Example: A Member complained that she received a bill from her PCP because the office says that they have not had their claims paid yet; or, the office told a Member that she will be billed until payment received from the plan.

The provider should never bill the Member. Discuss claims issues with your Provider Relations Representative.

3. The provider bills a Member up front and tells the Member that Affinity will reimburse him/her.

Example: My podiatrist said I needed a special insert for my shoes and charged me \$150. He told me to send the receipt to Affinity and they would reimburse me.

The provider should never bill the Member. For questions regarding covered benefits, contact Affinity's Customer Service Department.

4. The provider submits a claim which is denied because no authorization was obtained. The provider bills the Member.

Example: My doctor sent me a bill because he said Affinity won't pay it.

The provider should file an appeal in this case.

The effects of balanced billing on Affinity providers and Affinity Health Plan:

1. Increased Member and provider dissatisfaction.

2. Financial hardship for the Member. It also may affect the Member's credit rating.

3. Financial impact on the plan if we have to reimburse a Member for payments made to a provider.

Provider consequences of balanced billing:

1. Reporting to regulatory agencies.

2. Diminished Member satisfaction may negatively affect the provider's reputation in the community.

For more information on balanced billing, contact your Provider Relations Representative.

Affinity Information at Your Fingertips!

Information about Affinity providers, Members, policies and procedures are easily and conveniently available to you. Simply visit our website at affinityplan.org. If you are unable to find what you are looking for, drop us a quick email at provider@affinityplan.org.

Affinity Contact Information

Affinity Health Plan

2500 Halsey Street
Bronx, New York 10461
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
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

Westchester

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

438A South 4th Avenue
Mount Vernon, NY 10550



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