



Affinity Health Plan
Dedicated to Excellence

Synergy

In this Issue:

- Charles B. Wang
Community Health Center:
Where Health & Human
Development Meet
- Medicaid Redesign
Team Initiatives
- Affinity's Web Portal
Offers Convenience, Ease
of Use
- 2011 Provider Performance
Monitoring Charts
- Submitting Medicare Claims

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Charles B. Wang Community Health Center: Where Health & Human Development Meet

Chinatown, a vibrant neighborhood in Lower Manhattan, is home to the Charles B. Wang Community Health Center. Caring for approximately 40,000 patients annually, this community-oriented, patient-centered practice offers high quality medical services coupled with an impressive level of personalized attention, accounting for their multidimensional brand of primary care.

The Health Center's longstanding tradition of *head-to-toe, heart-and-soul* care began over 40 years ago in July 1971, when Mott Street, a major thoroughfare in Manhattan's Chinatown, was closed for 10 days to hold the community's first health fair. Physicians, dentists, social workers and other providers volunteered their services to approximately 3,000 local residents – most of whom were recent Chinese and other Southeast Asian immigrants. This grassroots initiative proved successful, as it demonstrated the value of primary health care and laid the foundation for the Chinatown Health Clinic. "Many people saw the importance of providing care on an ongoing, permanent basis," said Jane Eng, Chief Executive Officer of the Charles B. Wang Community Health Center. "This was important, because many patients at that time didn't speak English or have access to health care," she said. After a few years of operating in a church, the fledgling clinic received a planning grant and was able to secure federal funding to expand the clinic's services, including, for example, flu shots and a health education program. The clinic eventually evolved into the Charles B. Wang Community Health Center.

Since then, the Health Center has been on a mission to make a difference not only in people's health, but in the overall quality of their lives. Two considerations underpin this mission: attention to the cultural values of the community, and a care model that places the primary care provider at the hub of all patient care activities. "Our goal is to be a leader in primary care in the community," said Perry Pong, MD, Chief Medical Officer.

"We center on the patient as a whole, listen to them and try to help the person in all dimensions, including their medical care, dental care, psychosocial needs, etc., providing competent and culturally relevant services. I firmly believe the primary care provider has to be the leader in coordinating care."

Open 7 days a week, 10 to 12 hours a day, the Health Center assures as much access as possible to their wide array of services for infants, children and adults. The extended hours, explained Dr. Pong, encourage patients to keep well-care and other non-urgent appointments, while sending a message to patients about the importance of preventive care in maintaining health.

Continued on next page

Charles B. Wang Community Health Center: Where Health & Human Development Meet



Betty Cheng, COO; Perry Pong, MD, CMO; Jane Eng, CEO

Programs that heal and uplift

A large part of the Health Center's practice consists of their pediatric programs. A few such initiatives include the Birth to 5-year-old Development Program that closely monitors children's development and evaluates their readiness for school. As children grow, they participate in Project Jump. Funded through the New York City Department of Health, the program encourages physical activity and healthy eating habits through discussions with dietitians and sessions with the Center's health educators. The Teen Resource Center affords adolescents an opportunity to develop work and life skills. For instance, teenagers help review and lend advice on the content of patient brochures and they produce their own newsletter.

And, as a personal and encouraging touch, doctors make a point of giving their littlest patients books during annual well-child visits through the "Reading is Fundamental" program. Encouragement is also found in their

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Bridge Program, which integrates medical treatment with mental health care, enabling patients to receive all services under one roof, eliminating any stigma attached to receiving mental and behavioral health care services in a separate psychiatric facility.

More online

Go to www.affinityplan.org/videos for video of a live discussion with executives of the Charles B. Wang Community Health Center

Also, the Health Center's ability to garner significant grants has supported some of their more impactful programs, including a grant from Avon to increase breast cancer screening and a \$100,000 grant from the Chia Foundation for navigation and support services. Funds earmarked for navigation services will be used to offer patients general assistance in working through the twists and turns inherent in the health care system. This includes escort services to specialists and other health facilities. In

addition, explained Dr. Pong, this kind of hands-on support is vital to a patient population that doesn't speak English and that often encounters health literacy issues. Betty Cheng,

Chief Operating Officer, concurred, noting health literacy not only relates to language comprehension, but also involves making sense of its impact. "I often provide an additional layer of translation where I explain not only what documents mean, but also how the information affects the patient," said Ms. Cheng, offering as an example the need to clarify how changes in healthcare laws and benefits may require adjustments in patients' routines or habits.

Adopting electronic health records (EHRs) has also helped the center improve its care and quality ratings. "EHRs have been a great benefit to the health center," says Ms. Eng. "On an individual patient basis, we can view conditions and tests immediately, and see who needs immunizations or mammograms." The use of EHRs has raised the Health Center's quality of care and service as evidenced, in part, by their 2010 NCQA Level 3 Patient-Centered Medical Home designation.

The level of concern and care extended by the Health Center does not end with their patients. The Center is also committed to the development of their staff – a team of people that shares a profound connection with the patients, said Dr. Pong. "They're [staff] working for the community; they're from the community and they're for the community," he said. The Health Center offers training in medical interpretation, computers and other courses, with many front-line staff (receptionists and medical assistants) later becoming LPNs or RNs. "Some [employees] stay, some move on, but we feel we made an important investment in the care of the community by doing this," said Dr. Pong.

Moving above ... and beyond challenges

The Health Center's training program stands as a beacon of light amid today's financial crisis and strained labor

market. Chinatown's local economy was hard hit by 9/11 and the huge job loss that followed. Also, there is the uncertain environment of the healthcare industry with the potential for additional cuts in Medicaid funding looming large. "The Affordable Care Act is potentially a source of patients for us, but a cloud hangs over everyone's head including health plans," said Dr. Pong. "Funding for indigent and special needs populations is really up in the air."

Despite the uncertainties, Dr. Pong and his colleagues are hopeful – if not excited – about the Health Center's opportunities for growth and enhanced patient services in the future.

The Charles B. Wang Community Health Center continues to broaden its capacity to serve current and new patients. Focusing their expansion in Queens, the fastest growing borough for Asian Americans, the Center plans to add additional services at their satellite site in Flushing, a practice where – among other accomplishments last year – its maternity service accounted for 400 newborns.

The Health Center also looks forward to becoming further engaged in the Medical Home Movement. It plans to develop new education and care strategy programs for conditions that are particularly prevalent in the populations it serves, such as diabetes, hepatitis B and pediatric asthma.

As it advances its efforts in caring for Asian-American New Yorkers, given the unique challenges they face in accessing quality and timely care, the Charles B. Wang Community Health Center looks forward to continuing their partnership with Affinity – an organization that shares their dedication to community health. "Affinity relates to the care we provide; it's a synergy between us," said Ms. Eng. "We're both mission-focused and both strive to be centers of excellence in providing care to our communities."

Medicaid Redesign Team Initiatives

Overviews of the various Medicaid Redesign Team's (MRT) initiatives were published in the 2011 Summer and Fall issues of *Synergy*. In those articles, we outlined efforts which are intended to reduce medical costs and improve health outcomes, including adjustments to the pharmacy and personal care benefits, as well as the Restricted Recipients Program (RRP).

The MRT has since implemented additional changes. Here is a snapshot of all benefits revisions to date.

End Stage Renal Disease (ESRD) Patients

Effective April 1, 2012, recipients with ESRD were no longer exempt from enrolling in a Medicaid managed care plan. The state is informing such recipients that they have 30 days to choose a health plan or be automatically assigned to one.

Affinity is currently developing a case management program for ESRD, spearheaded by Munish Khaneja, MD, MPH, Affinity's Senior Vice President and Chief Medical Officer.

Homeless People

As of April 1, 2012, this population consisting of shelter residents and "street homeless" will be phased in from April through September 2012. Phase 1 begins in April with families in homeless shelters in the Bronx and Manhattan; phase 2 extends coverage to homeless single adults and families in the Bronx and Manhattan (in June), extending to those in Brooklyn, Queens and Staten Island in July. The last phase – street homeless individuals throughout New York City – will kick in August/September.

Low Birth Weight Infants

Effective April 1, 2012, two categories of babies will be covered through Affinity: babies weighing less than 1,200 grams, and infants under six months of age who are disabled.

Affinity is currently developing a Neonatal Intensive Care Unit case management program for these infants.

Health Home Program

The Health Home Program enables eligible Medicaid Members to have their social service needs and their health care requirements coordinated by an appropriate health home service provider. **Effective January 8, 2012**, Affinity Health Plan became a designated health home entity in Bronx, Brooklyn, and Nassau counties. As of April 16, 2012, Affinity is a designated Health Home entity in all remaining counties. With the *Health Home Services Program*, Members will have a Care Manager who will work with network doctors to:

- pay special attention to their health care needs,
- make sure they get the medical services they need; and
- help them access the social services they may need, such as housing and food.

These extra services are free. Members will get these services only if they consent for them; the choice is theirs.

Members must meet at least one of the following criteria to be eligible for the health home benefit: a) 2 chronic conditions; b) 1 chronic condition and at risk for another; or c) 1 serious or persistent mental health condition.

Personal Emergency Response Services (PERS)

Effective January 1, 2012, Medicaid Members began receiving Personal Emergency Response Services (PERS) benefits from Affinity, rather than through the Medicaid fee-for-service program. To qualify, a Member must currently be receiving personal care services or be eligible to receive personal care services.

PERS uses a transmitter worn on the wrist or around the neck to notify a central monitoring facility of health problems a wearer may experience. The use of this equipment is an alternative to Members having a full-time home nursing assistant, as normally provided through the personal care service benefit.

Affinity has contracted with providers to deliver PERS to our Members. If you are interested in learning more about PERS, or wish to request PERS for a Member, please contact Affinity's Customer Service Department at 866.247.5678.

Transportation Benefit Carve-Out

Effective January 1, 2012, emergency and non-emergency medical transportation for Medicaid Managed Care Members residing in Orange, Rockland, and Westchester is covered by Medicaid fee-for-service, as opposed to their plans. This means that for dates of service on and after January 1, prior authorizations and claims for non-emergency transportation services should be directed to the State's vendor, Medical Answering Services (MAS), as follows:

County Phone Number

Orange 1-855-360-3543

Rockland 1-855-360-3542

Westchester 1-866-883-7865

You or your patient should call MAS at least *three* days prior to the medical appointment, if possible. MAS will need the patient's:

- Medicaid ID number;
- Appointment date and time;
- Appointment address; and
- Name of provider they are seeing.

If Affinity approved any non-emergency transportation services prior to January 1, for medical appointments as of January 1, they will be honored by MAS, and another approval will not be necessary.

The transportation benefit related to other State product lines of Affinity remains unchanged.

Rehabilitation Limitations

Effective October 1, 2011, outpatient physical, occupational, and speech therapy is limited to 20 visits each per calendar year for Medicaid and Family Health Plus (FHP). Effective January 1, 2012, Members are eligible to receive another 20 rehabilitation visits during the 2012 calendar year.

Restrictions do not apply to enrollees under the age of 21 or the developmentally disabled. Family Health Plus Members were already limited to 20 visits for physical and occupational therapy. Speech therapy was the only benefit that changed for FHP Members. Speech therapy was previously unlimited for two months (i.e., three visits per week for two consecutive months or 10 visits per week for two consecutive months).

Pharmacy Benefit Carve-In

Effective October 1, 2011, Affinity contracted with CVS Caremark to begin administering the pharmacy benefit for Medicaid and Family Health Plus (FHP) Members.

Here is some important information to note when prescribing medication to Medicaid and FHP Members:

- **Formularies/Drug Listings** – The Affinity Health Plan formularies and list of Specialty Drugs are available online at affinityplan.org/Affinity/Providers/Drug_Formularies_Step_Therapies.aspx.
- **Pharmacy Listing** – For a full listing of pharmacies in the network, go to affinityplan.org/Affinity/Members/Drug_Information.aspx.
- **Prior Authorization** – Prescribers should prescribe medications from the Affinity formularies or request a prior authorization. Prescribers may call for a prior authorization at 877.432.6793, Monday – Friday, 9 a.m. – 7 p.m. or fax request to 866.255.7569.
- **Transition Period** – As of January 1, 2012, all providers are required to prescribe medications that appear on the new formularies or request a prior authorization, in accordance with our pre-authorization guidelines. The 90-day transition period concluded on December 31, 2011.
- **Specialty Drugs** – All Specialty drugs need to be filled through a CVS Caremark Specialty Pharmacy. To speak with a representative at CVS Caremark Specialty Pharmacy, please call 800.237.2767, Monday – Friday, 7.30 a.m. – 9:00 p.m. or fax request to 800.323.2445.

For all other Medicaid and FHP pharmacy benefit questions, please call CVS Caremark toll-free at 800.237.2767 or visit CVS Caremark's website at www.caremark.com. Customer service issues should be directed to CVS Caremark Customer Care at 855.465.0031, 8:00 a.m. – 7:00 p.m., Monday – Friday, 24 hours/7 days/week. Eligibility issues should be directed to Affinity's Customer Service Department at 866.247.5678.

Durable Medical Equipment (DME) Supplies Carve In

As of October 1, 2011, DME supplies were carved into the Pharmacy Benefit.

- Affinity Medicaid and FHP Members should obtain DME supplies at a participating CVS Caremark Pharmacy.
- DME supplies requiring prior approval will need to be obtained from the CVS Caremark Prior Authorization Line at 877.432.6793, Monday – Friday, 9 a.m. – 7 p.m. or fax request to 866.255.7569.
- Members will still need to present a prescription for the DME supply to receive it at their participating CVS Caremark Pharmacy.
- If a Member cannot find a DME supply from their local CVS Caremark Participating Pharmacy, the Member and/or Prescribing Provider can send the prescription to Integra, Affinity's preferred DME supply provider. Integra can be reached at 888.729.8818 and prescriptions can be faxed to 718.287.1229. If the supply is a covered benefit, Integra will dispense the supply for the Member.
- If a Member finds a DME supply at their local CVS Caremark Participating Pharmacy but it cannot be processed at the point of sale because it does not have a UPC or NDC, the Member and/or Prescribing Provider can send the prescription to Integra, Affinity's preferred DME supply provider. (See additional instructions in the bullet point above.)

Recipient Restriction Program Carve-In (Formerly known as the Restricted Recipient Program)

Effective September 1, 2011, the Recipient Restriction Program (RRP), formerly managed by the State, was included in managed care plans' benefits packages. This program affects enrollees who have demonstrated a pattern of possible fraud or inappropriate or excessive use of health care services. Managed care plans are now responsible for identifying and monitoring such enrollees' restricted utilization and compliance with those restrictions.

Members may be restricted to a specific PCP, clinic, nurse practitioner, dentist, dental clinic, inpatient hospital, health center, pharmacy, prescribing vendor, or DME vendor. Providers who are designated as Restricted Recipient Providers must submit claims for services provided to Affinity.

Personal Care Benefit Carve-In

Effective August 1, 2011, personal care/home attendant services, previously covered through the Medicaid fee-for-service program, are covered by health plans. Please refer our Members only to personal care providers in Affinity's network. Call Affinity at 866.247.5678 to verify that a personal care provider participates in the Affinity network.

Two levels of care are offered:

- Level 1 includes housekeeping, shopping and meal preparation and are limited to 8 hours/week.
- Level 2 includes bathing, dressing, and other personal services and can be more than 8 hours per week.

If you have any questions concerning these changes speak with your Provider Relations Representative.

Submitting Medicare Claims

For efficient and quick processing of your claims, Affinity recommends that you submit your claims electronically.

If you are submitting a CMS-1500 paper claim, please be advised that effective January 1, 2012, any claims that are illegible or missing information will be rejected. As a reminder, the address for submitting paper claims is:

**Affinity Health Plan (HMO)
P.O. Box 4018
Scranton, PA 18505-6018**

2011 MEDICAID PROVIDER PERFORMANCE MONITORING

Affinity's Quality Management Department regularly monitors the clinical care our providers give to Members. Below are overviews of the 2010 plan year results.

2011 PROVIDER PERFORMANCE MONITORING (© = Chart Review)	WHAT SHOULD I DO?	CURRENT PERFORMANCE RATE (2010 Report Year)
Communicable Diseases Reported	Report to the State and County any new cases for diagnoses on the Reportable CD List. Please code accurately and do not use disease codes for testing (incl. HIV or TB)	PCP: 60%* TB Cases = 100% reported * MDs: "treated, did not diagnose"
Sexually Transmitted Infections Treated/Reported ©	Treat all cases of positive STIs and report them to the State and County (as above)	No cases of positive STIs identified during monitoring process
Early Intervention Program Referrals (0-3 yo)	Screen for developmental delay at well child visits and if diagnosed, refer to the EIP	PCP: Appropriate Referrals = 100%
Abnormal Lead Levels Followed Up © (1-2 yo)	Follow up on all lead levels ≥ 10 mcg/dL as per NYSDOH requirements	Lead Test measure rotated off 2010 QARR
City-wide Immunization Registry Reporting (1-2 yo)	In NYC Counties: Report all immunizations, by history or administered, to the Childhood Immunization Registry	PCP: Full Immunization Rate = 32.7% (â17%) 2009 Rate = 27.9% Match Rate = 94.6% No Immunization Rate = 0.85% (â29%) 2009 Rate = 1.2% Decrease of 63% in past 2 years
Depression Screening (≥ 14 yo) ©	Screen all Members at initial visit and annually using PHQ 2; if pos. screen, assess with PHQ-9 and implement treatment plan	PCP: 28% screened screening documented on tool = 35% treatment plan for positive screen = 70% Prenatal Providers: 67% screened screening documented on tool = 25% Medicare PCP: 30% screened screening documented on tool = 45% treatment plan for positive screen = 69%
2011 PROVIDER PERFORMANCE MONITORING (© = Chart Review)	WHAT SHOULD I DO?	2011 PROVIDER PERFORMANCE MONITORING (© = Chart Review)
Domestic Violence Screening (!14yo) ©	Screen all Members at initial visit and annually; if positive screen, do assessment, intervene, report	PCP: 8% screened screening documented on tool = 8% treatment plan for positive screen = N/A Prenatal Providers: 65% screened screening documented on tool = 29% Medicare PCP: 8% screened screening documented on tool = 19% treatment plan for positive screen = 100%
Substance Abuse (!14yo) ©	Screen all Members at initial visit and annually on CAGE-AID or other validated tool; if positive screen, assess and implement treatment plan	PCP: Substances = 49% screened screening documented on tool = 19% treatment plan for positive screen = 25% Prenatal Providers: 80% screened screening documented on tool = 26% Medicare PCP: 50% screened screening documented on tool = 16% treatment plan for positive screen = N/A
Adult Overweight/Obesity Management © Clinical Guideline Monitor	Record BMI annually; conduct diet and exercise assessment annually; for BMI >25, conduct diet and exercise counseling annually and employ self-management strategies	PCP: 72% BMI Assessment Diet / Exercise Counseling = 54% / 47% Self-Management = 39% Medicare PCP: 77% BMI Assessment Diet / Exercise Counseling = 56% / 46% Self-Management = 44%
Hypertension Management © Clinical Guideline Monitor	Document BP at every visit; evaluate/manage medications at every visit; record BMI annually	PCP: BP documented every visit = 92% Meds addressed every visit = 87% BMI documented annually = 71% Medicare PCP: BP documented every visit = 93% Meds addressed every visit = 92% BMI documented annually = 87%
Prenatal Quality Indicators © Clinical Guideline Monitor	Conduct all prenatal screenings within appropriate time frames	Prenatal Providers: Global Performance = 69% Tobacco Use = 78% Nutrition Screening = 81% Oral Health Assessment = 51%

2011 MEDICARE PROVIDER PERFORMANCE MONITORING

2011 PROVIDER PERFORMANCE MONITORING (© = Chart Review)	WHAT SHOULD I DO?	CURRENT PERFORMANCE RATE (2010 Report Year)
Depression Screening ©	Screen all Members at initial visit and annually using PHQ-2; if pos. screen, assess with PHQ-9 and implement treatment plan	PCP: 30% screened screening documented on tool = 45% treatment plan for positive screen = 69%
Domestic Violence Screening ©	Screen all Members at initial visit and annually; if positive screen, do assessment, intervene, report	PCP: 8% screened screening documented on tool = 19% treatment plan for positive screen = 100%
Substance Abuse Screening ©	Screen all Members at initial visit and annually on CAGE-AID or other validated tool; if positive screen, assess and implement treatment plan	PCP: 50% screened screening documented on tool = 16% treatment plan for positive screen = N/A
Adult Overweight/Obesity Management © Clinical Guideline Monitor	Record BMI annually; conduct diet and exercise assessment annually; for BMI >25, conduct diet and exercise counseling annually and employ self-management strategies	PCP: 77% BMI Assessment Diet / Exercise Counseling = 56% / 46% Self-Management = 44%
Hypertension Management © Clinical Guideline Monitor	Document BP at every visit; evaluate/manage medications at every visit; record BMI annually	PCP: BP documented every visit = 93% Meds addressed every visit = 92% BMI documented annually = 87%

Affinity's Web Portal Offers Convenience, Ease of Use

Affinity launched a new web portal on September 1, 2011. The platform offers network providers greater ease and access to claims, Member eligibility information and PCP rosters.

“The new portal puts key Member information at providers’ fingertips,” says Margaret Bogert, Director of Provider Relations. “We’ve gotten very positive feedback concerning convenience and ease of use when accessing Member eligibility and claims.”

Portal features include:

- Self-registration
- Provider administration of portal account and managing access to their employees
- Simplified navigation to the portal
- Access to up-to-date claim information
- Convenience in checking Member eligibility
- Providers’ ability to grant access to billing companies

If you haven't registered yet, please do so today by going to <https://affinityportal.affinityplan.org/portal/PreLogin/ProviderRegistration.aspx>. A user guide for providers is available on our website (https://www.affinityplan.org/Affinity/Providers/Web_Portal_Info_Center_-_Providers.aspx) and on the web portal. In addition, please advise your Affinity patients

that a corresponding Member web portal is also available. They may register at <https://affinityportal.affinityplan.org/Portal/Prelogin/MemberRegistration.aspx>.

If you have any questions about the portal, please contact your Provider Relations Representative.

Synergy Spillover!

Along with printed issues of *Synergy*, from time to time we bring you additional provider information online with *Synergy Spillover*. You can find these articles on Affinity's website at affinityplan.org/Affinity/Providers/For_Providers/Synergy_Spillover.aspx.

One of the more recent articles posted is “2011 QARR Measures.”

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

Munish Khaneja, MD, MPH

Senior Vice President & CMO
718.794.6419
mkhaneja@affinityplan.org

Margaret Bogert

Director, Provider Relations
718.794.7183
mbogert@affinityplan.org

Suzanne Columbus

Director, Health
Information Technology
718.794.7591
scolumbus@affinityplan.org

Lance Small

Director, Contracting
718.794.3134
lsmall@affinityplan.org

Editor

Faith W. Smalls, DM
Communications Manager
718.794.5776
fsmalls@affinityplan.org

Art Director

Billy Pennant

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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