

AMENDMENT TO THE AGREEMENT FOR SPECIALTY CARE SERVICES

BETWEEN

AFFINITY HEALTH PLAN, INC.

AND

Effective _____, the Agreement for Specialty Care Services (the “Agreement”) between Affinity Health Plan, Inc. (“Affinity” or “Plan”) and “Contractor” or “Provider”[, as amended,] is amended as follows:

WHEREAS, the Plan and Contractor entered into the Agreement, pursuant to which Contractor became obligated to provide and arrange for the provision of certain health care services to Members (as defined in the Agreement); and

WHEREAS, the Contractor agree to provide Primary Care Services to specific mutually agreed members; and

WHEREAS, the Contractor will abide by the Primary Care provider roles and responsible as outlined below:

HIV Experienced Provider-the contractor must meet the criteria listed below to be considered an HIV Experienced provider. Documentation of meeting criteria can be provided through signed provider attestation (bullet #1) or documentation (bullet #2).

- An MD or Nurse Practitioner providing ongoing direct clinical or ambulatory care of a least 20 HIV infected persons who are being treated with antiviral therapy in the proceeding 12 months.
- A provider who has met the criteria of one of the following accrediting bodies:
 - a. The HIV Medicine Association (HIVMA) definition of an HIV experienced provider.
 - b. HIV Specialist status accorded by the American Academy of HIV Medicine (AAHIVM).
 - c. Advanced AIDS Credited Registered Nurse Credential given by the HIV/AIDS Nursing Certification Board (HANCB).

Office Hours-The Contractor must maintain a minimum of 16 practice hours a week in any office in which they are seeing members as a PCP.

Appointments - The Contractor shall have procedures, acceptable to Affinity, for appointments, follow-up for broken appointments, and prompt Member contacts when there are abnormal test results. The Contractor shall have the ability to provide appointments for (i) urgent visits within twenty-four (24) hours of request (ii) non-urgent

"sick" visits within forty-eight (48) hours of request, as clinically indicated; (iii) routine visits within four (4) weeks of request; (iv) initial prenatal visits (if prenatal care is within the Contractor's scope of practice) within three (3) weeks of request during first trimester, two (2) weeks during the second trimester, and one (1) week thereafter; (v) adult baseline and routine physicals within twelve (12) weeks from enrollment (if adult services are within the Contractor's scope of practice); (vi) initial family planning visits within two (2) weeks of request; (vii) initial primary care office visits for newborns (if newborn care is within the Contractor's scope of practice) within two (2) weeks of hospital discharge, and (viii) specialist visits within four (4) to six (6) weeks of request. The Contractor shall make best efforts to assure that Members who arrive within fifteen (15) minutes of their appointed time are seen by a provider within thirty (30) minutes of arrival, and shall contact each Member within forty-five (45) days of the effective date of enrollment to encourage the Member to schedule an appointment for a baseline physical, if the Member is not already an established patient of the Contractor.

On-Call System - The Contractor shall maintain on-call arrangements that assure access for Members twenty-four (24) hour a day, seven day a week by telephone answered with a live voice, using same the telephone number to contact the provider during normal office hours. The Contractor shall arrange for appropriate back-up coverage when the Contractor is unavailable, in accordance with Affinity policies and procedures. The Contractor's on-call system shall return Member calls within thirty (30) minutes. If possible, the Contractor's on-call system shall accommodate languages, other than English, spoken by Contractors Members.

Reimbursement for Primary Care Services will remain Fee for Service in accordance with your Reimbursement Rates in your Specialty Care Agreement.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and date first above written.

AFFINITY HEALTH PLAN, INC.

TAX ID #

Signature

Signature

Joan Russo – Sr. V.P. Care Delivery
Print Name

Print Name

Date

Date

