Amida Care (formerly VidaCare)

PROVIDER NEWS

Volume 6, Issue 3
Spring 2010

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For more information, contact:

Provider Services
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"EVERYTHING MUST CHANGE"

DOUG WIRTH, PRESIDENT/CEO

As we went to press, many new developments in health care policy and financing are unfolding, which reminds me of the song lyrics. "*Everything Must Change - Nothing Stays the Same*," soulfully sung by Ms. Oleta Adams - no stranger to New York City. While change can be mysterious - if not scary - for almost anyone or any organization, it can also be a good sign of being "ALIVE."

For us, after six years as "VidaCare," change meant a new name. The Plan launched under ***AMIDA CARE*** on April 1st. We liked this name for the many meanings within the word *Amida*:

- "**To Stand Up**" - which speaks to our mission of advocating with/for and empowering members to get what they need from the health care system;
- "**Compassionate Care & Healing**" - which we hope members experience at sites and with providers like you; and
- "**Friend/Advocate**" (Ami) - while we know this is rarely applied to an insurance company, we recognize that having someone to trust and rely on is pivotal and this is our commitment to members and providers.

While achieving wellness can bring about "joy," and the opportunity to choose among thousands of quality providers definitely feels great, our new logo also expresses the reality that many people living with HIV/AIDS have so much to "juggle and balance."

With your partnership, Amida Care staff and peers will continue to assist members with navigating the complex health care delivery system in New York City and work to address the barriers/obstacles that could contribute to members dropping out of care. Visit our new website at www.AmidaCareNY.org for more information and new programs. And, thank you for your continued partnership!

Managed Care Reform Act of 2009:

Did you know that the timeframe for the Plan to pay claims submitted electronically and by fax decreased to 30 days starting 1/1/10? Did you know that timeframes for providers to submit claims increased starting 4/1/10? A summary of these and other changes reflected in the Managed Care Reform Act of 2009 can be found in the insert to this newsletter and on the Amida Care website at www.amidacareny.org.

AMIDA CARE NETWORK EXPANSIONS

ROSEMARIE GATES, DIRECTOR OF PROVIDER SERVICES AND NETWORK DEVELOPMENT

Amida Care met its 2009 network development goals with the expansion into additional Designated AIDS Centers (DACs), Community Health Centers (CHCs), hospitals and private practice offices. The chart on Page 4 lists our most significant network development accomplishments in 2009 and early 2010. Provider Services staff have provided orientations for all new sites/providers. Just how large is the Amida Care provider network? Here are some key statistics:

	Bronx	Brooklyn	Manhattan	Total
HIV PCPs	32	36	74	141
Primary Care Sites	24	32	34	90
Specialists	2059	1247	2212	5518
Hospitals	5	9	6	20
DACs	1	5	3	9

Immunization Schedule for Adults 2010 Guidelines and Recommendations

Nick Cannone, Associate Medical Director

The CDC's Advisory Committee on Immunization Practices (ACIP) annually reviews the recommended Adult Immunization Schedule to ensure that it reflects current recommendations for the licensed vaccines. In October 2009, ACIP approved the Adult Immunization Schedule for 2010, which includes several changes. We would like to highlight the changes and recommendations that have the greatest impact on our patient population. For a list of child and adolescent vaccine recommendations as well as a full discussion of adult vaccine recommendations please visit www.cdc.gov/vaccines/recs/schedules/.

Tetanus, diphtheria, and acellular pertussis (Td/Tdap): Tdap should replace a single dose of Td for adults aged 19–64 years who have not received a dose of Tdap previously. The booster dose of tetanus and diphtheria toxoid-containing vaccine should be administered to adults who have completed a primary series and if the last vaccination was received >10 years previously. Tdap or Td vaccine may be used, as indicated. For patients who have an incomplete or uncertain history of primary vaccination series we should begin a complete primary vaccination series. A primary series for adults is 3 doses of tetanus and diphtheria toxoid-containing vaccines; administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second; Tdap can substitute for any one of the doses of Td in the 3-dose primary series.

Pneumococcal polysaccharide (PPSV) vaccination: We should be vaccinating all of our patients with PPSV. One-time revaccination after 5 years is recommended for persons with HIV/AIDS unless vaccinated >65 years old. For persons aged >65 years, one-time revaccination is recommended if they were vaccinated >5 years previously and were aged <65 years at the time of primary vaccination.

Hepatitis B vaccination: We should be vaccinating all of our patients with Hepatitis B vaccine. Administer or complete a 3-dose series of Hepatitis B vaccine to those persons not previously vaccinated. The second dose should be administered 1 month after the first dose; the third dose should be administered at least 2 months after the second dose (and at least 4 months after the first dose). If the combined Hepatitis A and Hepatitis B vaccine (Twinrix) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule, administered on days 0, 7, and 21–30 followed by a booster dose at month 12 may be used.

Immunocompromising conditions: Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, influenza [inactivated influenza vaccine]) and live vaccines generally are avoided in persons with immune deficiencies or immunocompromising conditions. Information on specific conditions is available at www.cdc.gov/vaccines/pubs/acip-list.htm.

Introducing New Credentialing Coordinator: La Kisha Rosario

Amida Care is pleased to introduce you to our new Credentialing Coordinator, La Kisha Rosario. La Kisha comes to Amida Care with many years of credentialing experience in both commercial and Medicaid managed care insurance plans and has streamlined the credentialing process significantly. As a result, turnaround time for provider credentialing applications has been reduced and communication with providers is more responsive. Please note that the following documents can be viewed and downloaded from the Amida Care website (www.amidacareny.org): Provider Applications, Provider Manual, Provider Directory and other important Amida Care information. In addition, La Kisha has kept the credentialing and recredentialing processes moving in the midst of considerable expansion of the network over the last six months and she welcomes your questions and suggestions. Please feel free to contact La Kisha with any questions about credentialing or recredentialing. She can be reached at 646-786-1810 or lkrosario@amidacareny.org. Credentialing documents can be faxed directly to La Kisha at 646-786-1840.

New Marketing Initiative: Phone Enrollment is Here!

Renee Martinez, Director of Memberhip and Marketing

On January 5, 2009; *New York Medicaid Choice/Maximus* began to process phone enrollments for HIV Special Needs Plans (SNPs), including those for Amida Care. This includes new enrollments as well as transfers from other Medicaid managed care plans. Already in place for enrollment into the mainstream managed care programs, this has quickly become a preferred and convenient option for consumers looking to enroll into HIV SNPs. This means that Case Managers, PCPs and others working with PLWHAs can assist those who are interested in Amida Care with phone enrollments.

During the enrollment call, consumers will be asked to complete a Health Risk Assessment survey, as is done for all phone enrollment transactions, after their enrollment choice has been made. The consumer's responses to the Health Risk Assessment are sent to Amida Care and any areas of concern are referred to the Plan's Care Coordinators for follow up with the Primary Care Provider (PCP) as needed. Consumers do have the right to refuse to respond to these questions.

At the end of the enrollment call, NY Medicaid CHOICE facilitates a three-way call with Amida Care Member Services in order to facilitate PCP selection and Care Coordination. Amida Care then sends the applicant important information about the Plan.

Consumers may enroll into Amida Care by:

1. Calling the ***New York Medicaid CHOICE HelpLine*** at **1-800-505-5678.** (For people with hearing impairments - TTY/ TDD:1-888-329-1541). They may call Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is free and anything said will be kept confidential; or
2. Calling Amida Care member services at 1-800-556-0689 to request a phone or in-person meeting with an Amida Care enrollment specialist.

By offering consumers these options, those who are ready to enroll can do so at their convenience by phone. Others may elect to discuss their needs with a Plan representative at a time and place that is convenient for them.

Medical Home … *First in a Series*

Nick Cannone, Associate Medical Director

The concept of a medical home was started in 1967 by the American Academy of Pediatrics. Since then, the medical home idea has evolved into its current definition. The patient centered medical home (PCMH) is a model for care by provider practices that attempts to develop care that is focused on coordination and long-term healing instead of care that is episodic and acute. Eligible physician practices include family practice, internal medicine, geriatrics, general practice, specialty and sub-specialty practices (except where specifically excluded). There are three achievement levels for medical home that are determined by a practice's ability to pass certain standards and elements. The 9 standards that are evaluated are Access and Communication, Patient Tracking and Registry Functions, Care Management, Patient Self-Management Support, Electronic Prescribing, Test Tracking, Referral Tracking, Performance Reporting and Improvement and Advanced Electronic Communications. Practices can gauge their ability to achieve these levels by assessing whether they perform the functions required in each element of each standard. For a review of the standards and elements and further explanation of medical home, please visit www.ncqa.org and follow the links on the website.

Introducing New Provider Services Supervisor:

Yvon Magny

Amida Care is pleased to introduce its first Provider Services Supervisor, Yvon Magny. Mr. Magny comes to the Plan as a seasoned Provider Services Representative and Manager with many years of experience in both positions. Yvon gained his Provider Services experience in Managed Medicaid and has also worked on the hospital side in business development. He will be responsible for supervising Amida Care's team of Provider Services Representatives, and eventually managing a Amida Care territory himself. Currently, Yvon has already hired a new Provider Services Representative for Brooklyn, Rachyl Bislig, whom you will meet in our next issue. Yvon will also play a major role in strategic planning and network development for all of the territories where Amida Care provides services. Please join me in welcoming Yvon into the Amida Care family. He can be reached at 646-786-1844 or ymagny@amidacareny.org. To reach the Provider Services Representative for your borough, call 1-646-786-1800 and ask to be transferred to Provider Services.

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LIVE YOUR LIFE

Corporate Compliance

For all Corporate Compliance issues or concerns, call Amida Care's anonymous Corporate Compliance line which is staffed 24/7: 888-394-2285

AMIDA CARE NETWORK EXPANSIONS

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Brooklyn:	Interfaith Medical Center Brownsville MultiService Center Brookdale Medical Center (Medisys) SUNY Downstate MedCare
Bronx:	Bronx Leb (DAC) VIP Community Services AllMed Narco Freedom Albert Einstein College of Medicine, Div of Substance Abuse
Manhattan:	ICD APICHA Betances Beth Israel Peter Kreuger Clinic Daytop Village Center for Comprehensive Health Practice Lower East Side Services Heritage Health Center

CHAPTER 237 OF THE LAWS OF 2009: CHANGES AFFECTING PROVIDERS

FUNCTIONAL AREA	EFFECTIVE DATE	DESCRIPTION OF CHANGE
CONTRACTS	1/1/2010	Adverse Reimbursement Changes: Network providers must receive written notice from Amida Care at least 90 days prior to an adverse reimbursement change to the provider's contract; if the provider objects to the change that is the subject of the notice, the provider may, within 30 days of the date of the notice, give written notice to Amida Care to terminate the contract effective upon the implementation of the adverse reimbursement change;
CLAIMS	1/1/2010	Claims Processing Timeframes: Claims submitted electronically must be paid within 30 days and paper or facsimile claim submissions must be paid within 45 days.
		Overpayment Recovery: Amida Care must give providers an opportunity to challenge overpayment recovery. The process for challenging overpayment recovery is as follows: When Amida Care identifies an overpayment, the provider is notified by letter and given 30 days from the date of the letter to challenge the recovery. If the provider does not respond, Amida Care will act to recover the funds.
		Claims from a Participating Hospital Associated with a Non-Participating Provider and Claims from a Participating Provider Associated with a Non-Participating Hospital: Amida Care cannot deny a claim from a network hospital solely because an out-of-network provider treated the member. Likewise, Amida Care cannot deny a claim solely because a network provider treated a member in an out-of-network hospital.
	4/1/2010	Timeframe for Provider Claims Submission: Providers must initially submit claims within 120 days after the date of service, unless a timeframe more favorable to the provider was agreed to by the provider and Amida Care or a different timeframe is required by law. If the agreement between the provider and Amida Care has a claim submission timeframe that is different from 120 days, the agreement will prevail, but the timeframe cannot be less than 90 days; the statute does not supersede contracts in existence on 1/1/2010 except for timeframes with less than 90 days for claims submission.
		Reconsideration of Claims Denied Exclusively for Untimely Submission: Where the provider has submitted a claim late and can demonstrate that the late claim resulted from an unusual occurrence *and* the provider has a pattern of timely claims submission, Amida Care must pay the claim. Amida Care may reduce the reimbursement of the claim by up to 25% of the allowed amount. The right to reconsideration does not apply to claims submitted 365 days or more after the date of service.
		Criteria for Determining What Constitutes an Unusual Occurrence: • EOB from Medicaid FFS or any other insurance carrier stating that member is not eligible with them. The denial EOB must be dated within 90 days of claim submitted to Amida Care. • Certified receipt from post office showing delivery date of claim to be within 90 days of date of service. • NEIC report/printout from EDI submitter. • Documentation showing extenuating circumstances that the member could not advise of insurance carrier.

Alternative Dispute Resolution (ADR)	1/1/10	Alternative Dispute Resolution (ADR): Facilities licensed under Article 28 of the Public Health Law and the Plan may agree to an alternative dispute resolution in lieu of external appeal under PHL 4906 (2). This does not impact a member's external appeal rights or the right of a member to establish the provider as his/her designee.
CREDENTAILING	10/1/2009	Credentialing: Amida Care will allow newly licensed Health Care Professionals (HCPs) and HCPs relocation from other states to apply for provisional credentialing if the Plan does not approve or deny their complete applications within 90 days. NOTE: This applies only to HCPs who have submitted complete applications.
UTILIZATION MANAGEMENT	01/01/2010	Utilization Review - Appeal Rights: • Requests for rare disease treatment are subject to utilization review which include all appeal rights (internal and external appeals); rare disease is defined as a life threatening or disabling condition or disease that is currently or has been subject to a research study by the National Institutes of Health Rare Diseases Clinical Research Network or affects fewer than two hundred thousand United States residents per year, and for which there does not exist a standard health service or procedure covered by Amida Care that is more clinically beneficial than the requested treatment. The following documentation should be submitted with request for rare disease treatment: 1) A physician's attestation (board certified or board eligible) other than the treating physician who specializes in the area of practice appropriate to treat the member's rare disease; the attestation should indicate either that the member's rare disease is currently or has been subject to a research study by the National Institutes of Health Rare Diseases or that the rare disease affects fewer than 200,000 US residents per year; and 2) Two (2) documents of medical and scientific evidence to support clinical trials or rare disease treatment and the reason the treatment is likely to be more beneficial than treatment covered by Amida Care • Internal and external appeal rights are available for out of network requests that were denied if the member, or the provider on the member's behalf, believes that the services provided by the out of network provider is materially different from available services offered within Amida Care's network. Denial notifications include information required for review. External Appeal: • Providers can initiate an external appeal for concurrent and retrospective review. If the external review agent upholds the Plan's adverse determination, the provider is responsible for the cost of the external appeal. This does not include external appeal requests submitted by the provider as the member's designee. • Providers are prohibited from seeking payment from members for administrative costs associated with submission of external appeals or for health care services that the external appeal agent determined were not medically necessary.