



A Message from the Medical Director

MetroPlus is always looking at ways to improve. In this edition of our MetroMonitor, we would like to tell you about some of the programs and services that are available to you from the New York City Department of Health. In addition, we have information on enrollment and coverage for newborns and HIV infection in older persons. As always, thank you for being a partner with MetroPlus in the care of our members

Arnold Saperstein, M.D

HIV Infection in Older Persons



Approximately ten percent of individuals living with HIV infection are over the age of fifty (50) years . The prevalence of

HIV in older persons is likely to increase as the incidence of new infections has not recently decreased and more importantly, the effectiveness of Highly Active Antiretroviral Therapy (HAART) has prolonged survival among those individuals living with HIV. This is the era of preventive medicine and thinking of and diagnosing HIV infection among older persons is often overlooked by medical providers. Physicians should not exclude older patients when they assess and address sexual risk behavior among their patients.

For many people, the use of condoms is associated with pregnancy prevention rather than preventing sexually transmitted diseases, such as HIV. Physicians should discuss sexual behavior with all of their patients. The widespread availability, promotion and use of enhancement drugs (such as sildenafil) suggests that as the US population ages, the safe sex message should not exclude older persons.

HIV infection generally undergoes a prolonged period of clinical latency after the individual has contracted it. The individuals infected in their forty's and fifty's (40's 50's) may not show signs and symptoms of HIV/AIDS until a decade or more after acquiring the disease. Symptoms and signs related to HIV disease (such as fatigue, anorexia, weight loss) should not be dismissed as characteristics associated with the normal aging process. Furthermore, many symptoms of diseases associated with HIV may resemble those of other common conditions and delay HIV diagnosis. Older persons with HIV are more likely to progress more rapidly to AIDS and more likely to have a shorter survival time after an AIDS diagnosis than younger persons. Also, older persons diagnosed with HIV infection are more likely to have an AIDS diagnosis at the time of presentation than younger persons, therefore is essential to diagnose HIV infection

as early as possible in older persons.

The good news is that once an HIV diagnosis is made, older persons are as likely as younger HIV infected persons to benefit immunologically from HAART initiated by an HIV Specialist and have similar rates of CD cell count increase and virologic suppression.

New York City Department of Health and Mental Hygiene

Programs and Services

NYC MED is the single point of entry for providers to access all New York City Department of Health and Mental Hygiene (NYCDOHMH) online applications. If you are not currently a NYC MED member, you may log on to www.nyc.gov/health/nycmed to register. If you have problems accessing NYC MED, you may email nycmed@health.nyc.gov or call 1-888-NYCMED9. You may use NYC MED to access the following applications:

- **Health Alert Network :** Public health information for medical providers, including: up-to-date health alert information delivered to your inbox and archived on the Web, an online document library on public health topics, and an online community to exchange information and ideas with your colleagues.
- **City Health Information Continuing Education:** NYCDOHMH is accredited by the Medical Society of the State of New York to sponsor continuing medical education for physicians.
- **Citywide Immunization Registry (CIR):** Look up and report online. The Registry is available



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through the website. Providers no longer need a modem and dial-up-connection to access and report to the Registry online. Plus, the new and improved CIR application offers convenient features, such as a Patient List for easy access to your patients' immunization records and a Add History section for updating immunization events.

- **Medical Reserve Corps:** The Medical Reserve Corps/New York City is an emergency preparedness structure of specialized health-related expertise/skills volunteers to assist , NYCDOHMH during a large- scale local emergency.
- **Universal Reporting Form (URF) Online:** The URF should be used to report all diseases and conditions previously reported on the 395V/VDH341 (Report of Communicable/Sexually Transmitted Diseases) and TB76 (for reporting Tuberculosis).
- **Influenza Sentinel Physician Surveillance:** Enroll now to be part of an important public health initiative to conduct surveillance for influenza-like illness (ILI). Your data is combined with other influenza surveillance data to provide a national picture of influenza virus and ILI activity in the U.S. Approximately one thousand one hundred (1100) physicians in forty-six (46) states were enrolled in this network during the 2002-2003 influenza season.

Enrollment and Coverage for Newborns

Hospitals are required to report live births for women who receive, Medicaid, Family Health Plus, or Prenatal Care Assistance Program (PCAP) to the New York State Department of Health (SDOH), or its designee, within five (5) business days of the birth. Failure to fulfill the reporting requirements may result in a financial penalty imposed on the hospital if found non-compliant.

When a birth occurs in the hospital, the person in charge of such hospital or his/her designated representative must obtain the personal data, prepare the certificate, get the signatures required by the certificate and file it with the registrar. The attending physician or a physician acting on his/her behalf must certify to the facts of the birth and provide medical information required by the certificate within five (5) days after the birth.

An infant is entitled to Medicaid for at least twelve (12) months from the date of birth, if the mother is receiving Medicaid at the time of the infant's birth. Therefore, if a woman with an infant in need of care presents with her active Medicaid card, providers should assume that the infant is also eligible, even though the infant may not yet have a Medicaid card.

Providers must also check the woman's Medicaid Managed Care status. In most cases, an infant born to a woman who is enrolled in a managed care plan is considered enrolled in the same plan from the date of birth, even if the managed care enrollment is not yet reflected on the system. Providers must not bill Medicaid fee for services, but must bill the plan for the infant's care.

You may access past SDOH articles that address this issue, October 1999, July 2000, December 2001, June 2003, and October 2003 by logging onto:
<http://www.health.state.ny.us.nysdoh/manicare/omm/main.htm>

Co-payments for Family Health Plus (FHP) Members

Members with FHP coverage will, in the future, be responsible for making co-payments for certain health and medical services. The effective date of this change has not yet been finalized.

Co-payments will be applied to, brand name and generic prescription drugs, clinic, physician and dental visits, lab tests, radiology services, Inpatient hospital stays, non urgent emergency room visits, over the counter drugs, and medical Supplies.

Certain FHP members will not have to pay the co-payments specifically these:

- Under the age of 21 years old
- Pregnant
- A permanent resident of a nursing home
- A resident of community based residential facility license by the Office of Mental Health or the Office of Mental Retardation and Development Disability.

Providers may not deny services to FHP members based on member's inability to pay the co-payment amount.

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