In September 2018, the Affinity Health Plan Medical Policy and Benefits Committee approved the first eight external medical policies for providers and members. These policies supplement the MCG and eviCore guidelines, and the Medicare and Medicaid policies and rules which help Affinity Health Plan determine the medical necessity of a requested treatment.

The new policies are:

1. Admission Review with Minimal Information
2. Pediatric Multidisciplinary Feeding Therapy
3. Interspinous and Interlaminar Stabilization/Distraction Implants
4. Gender Dysphoria
5. Cryotherapy
6. Cosmetic Services
7. Allergy Immunotherapy
8. Manipulation Under Anesthesia (MUA)

The policies can be found at http://www.affinityplan.org/Providers/Support/Medical-Policies/Medical-Policies.

Providers are encouraged to bookmark this page and revisit often for updates.
Message from the Chief Medical Officer
Dr. Scott Breidbart

As the Chief Medical Officer at Affinity Health Plan, I am pleased to announce the revival of our provider newsletter, Synergy. In this issue, we feature an explanation of our new medical policies, an article on the importance of getting the flu vaccine, information on the 2018 provider incentive program and announcements/updates about Affinity.

We understand that our providers have many options among insurance plans, and we thank you for your partnership. At Affinity, we have been working hard to eliminate redundancy, expedite claims payments and appeal decisions, and accurately answer your questions and concerns.

Thank you again for your continued participation in our provider network and for helping us improve the quality of care for our members. We look forward to collaborating with you to achieve optimal outcomes for your patients, our members.

We invite your feedback regarding Synergy. Please feel free to contact us with suggestions for upcoming issues at synergy@affinityplan.org.

QUALITY INCENTIVE PROGRAM 2018

Affinity Health Plan’s 2018 Provider Quality Incentive Program (2018 QIP) includes key indicators of focus for our primary care providers (PCPs). Affinity is offering the incentive program for all our lines of business – Medicaid, CHPlus, HARP, Essential Plan and Medicare.

The 2018 QIP addresses the following Quality Incentive Program goals:

1. To ensure the QIP is aligned with the Plan’s HEDIS/QARR goals;
2. To maximize the Plan’s potential to improve year-over-year performance in a cost effective manner, and;
3. To ensure that the right measures and stakeholders are appropriately and effectively rewarded for meeting and exceeding the Plan-defined benchmarks.

MEDICAID QIP

Eligibility Requirements

• Provider must have a minimum of 150 Medicaid/CHPlus members in their panel and at least 10 members within a given measure’s eligible population.
• Provider must have an active Provider Portal account.
• Provider must be enrolled in EFT/ERA.
• Provider must have electronic medical records.
• Provider must have capability of exchanging data electronically with the Plan (e.g., supplemental data submissions, HL7 data exchange, etc.)

QIP Measures

• For pediatric practices, the pediatric measures are used to determine bonuses. Click here to view pediatric measures.
• For adult practices, the adult measures are used to determine bonuses. Click here to view adult measures.
• Practices that treat pediatric and adult members are eligible for both pediatric and adult measures for bonuses.
• The target for payment is the 90th HEDIS level for all measures.

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**MEDICARE QIP**

**Eligibility Requirements**
- Provider must have a minimum of 50 Medicare members in their panel and at least 10 members within a given measure’s eligible population.
- Provider must have an active Provider Portal account.
- Provider must be enrolled in EFT/ERA.
- Provider must have electronic medical records.
- Provider must have capability of exchanging data electronically with the Plan (e.g., supplemental data submissions, etc.)
- The target for payment is the Medicare 4-Star level for all measures.

**BONUS PAYOUT STRUCTURE**

For the Medicaid QIP measures the potential bonus amount is $100 per compliant member for target HEDIS rate obtained.

The sample below illustrates how that would be calculated:
Practice A has 1,200 Medicaid members, all adults. Of that number, 200 were eligible for the colorectal cancer screening measure. A total of 130 members met the measurement.
- Denominator: 200
- Numerator: 130
- Percentage: 65
- Threshold: 64.23% (met)

Payout is earned and calculated as 130 compliant members X $100 = $13,000 for that measure.

For the Medicare QIP measures the potential bonus amount is $100 per compliant member for the target STARS score achieved. The calculation of the bonus is the same methodology as outlined above for Medicaid.

**UPDATE ON APPEALS AND CLAIMS**

Recently, Affinity Health Plan faxed a notice to all providers clarifying our processes regarding appeals and claims reconsiderations and corrections.

We hope this information helped expedite the process and answered your questions. If you did not receive our fax, further information can be found on the Affinity Health Plan website at http://affinityplan.org/Providers/Publications-and-Training/Claims/Claims/ and http://affinityplan.org/Providers/Resources/Authorizations/Authorizations/.

**AFFINITY NAMES VP OF NETWORK OPERATIONS**

Deana Lawson has joined Affinity Health Plan as the Vice President of Network Operations. Ms. Lawson oversees all network management and provider relations programs. With more than 10 years of experience in senior leadership positions, she brings expertise in contracting, credentialing, quality assurance, plan management and provider relations.

Prior to joining Affinity, Ms. Lawson was the Vice President of Contracting and Provider Relations at Independence Care System. There, she provided senior-level leadership, guidance and oversight for all network management, including provider contracting, strategic relationships, vendor contracting and plan management.

Previously, at Universal American, Ms. Lawson was the Director of Contract Management responsible for contract management, credentialing and quality assurance. She also has held positions at Touchstone, Centene Corporation, National Association of Preferred Providers, CIGNA Healthcare and VNS Choice.

Ms. Lawson has an executive MBA in global management from Kean University in Union, New Jersey and a BA in communications marketing from Prairie View A&M University in Houston, Texas.

Please feel free to contact Ms. Lawson at dlawson@affinityplan.org.
AFFINITY EXITS MEDICARE, TRANSITIONS MEMBERS TO EMBLEMHEALTH

In October, providers received a communication from Affinity Health Plan regarding our exit from Medicare. Effective January 1, 2019, Affinity will no longer offer any Medicare Advantage plans. Affinity’s Medicare membership will transition to EmblemHealth.

The decision to exit Medicare affects only members with the following Affinity Medicare plans:

- Affinity Medicare Passport Essentials (HMO) Plan
- Affinity Medicare Passport Essentials NYC (HMO) Plan
- Affinity Medicare Ultimate (HMO-SNP) Plan
- Affinity Medicare Solutions (HMO-SNP) Plan

Affinity will continue to offer its Medicare plans and provide medical coverage to our Medicare members through December 31, 2018. Additionally, Affinity will continue to provide customer service and pay claims for services rendered in 2018. Your patients will be notified about this decision; our intent is to seamlessly transition affected Medicare members to EmblemHealth.

Over the next few weeks, Affinity will provide additional details, including identification and confirmation of any run-out and/or post-2018 requirements.

We also want to take the opportunity to reassure you that this decision will cause no disruption for members who participate in our other benefit programs – Medicaid, Child Health Plus (CHPlus), Essential Plan and Enriched Health (HARP).

IMPORTANCE OF THE FLU SHOT

Flu season is upon us. Have the talk with your patients about getting an annual flu shot.

While seasonal influenza outbreaks can happen as early as October, influenza activity usually peaks between December and March, although activity can last as late as May. Everyone six months of age and older should get a flu vaccine every season.1

People 65 years and older accounted for approximately 58% of reported laboratory-confirmed influenza-associated hospitalizations. Overall hospitalization rates (all ages) during 2017-2018 were the highest ever recorded in this surveillance system, breaking the previously high recorded during 2014-2015.2

For Affinity providers that would like to participate in the Children for Vaccines (VFC) program, call 800.543.7468 for more information.

1 For those with Medicaid or CHPlus and are under 19 vaccines are covered by the New York State Vaccines for Children (VFC) Program (800.543.7468). [https://www.health.ny.gov/prevention/immunization/vaccines_for_children/](https://www.health.ny.gov/prevention/immunization/vaccines_for_children/)

2 [https://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm](https://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm)