In an effort to clarify the pre-authorization requirements, Affinity Health Plan has developed a complete list of treatments and procedures that require providers to obtain pre-authorization. The new list, which goes into effect on April 8, 2019, can be found at Affinityplan.org/Providers/Resources/Pre-Authorization-Codes/Pre-Authorization-Codes/ and/or under the Resources tab in the provider portal at https://providerportal.affinityplan.org/.

According to Scott Breidbart, MD, Affinity’s Chief Medical Officer, “We heard from our providers that finding pre-authorization requirements was cumbersome and sometimes not accurate, and we have worked hard to rectify this situation. We are in the process of removing any pre-authorization requirements that do not add value. Our hope is this new list will ease the burden for providers and their staff. In addition to the list, we have included the links to eviCore and our pharmacy pre-authorization pages.”

Providers should review the new list carefully as some codes may have changed.

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It’s time again for the annual Healthcare Effectiveness Data and Information Set (HEDIS®) and NYS DOH Quality Assurance Reporting Requirement (QARR) medical record review. As you know, the HEDIS®/QARR medical record review process can improve your quality scores and our quality scores by accurately reporting the services you have rendered to our members, your patients. If we improve these scores, both Affinity and our providers benefit.

Affinity Health Plan continues our partnership with its vendor, Change Healthcare, for medical records retrieval and abstraction. Change Healthcare is currently contacting providers with the list of members selected for the medical record review. Affinity Health Plan and Change Healthcare appreciate your cooperation in making these records available.

You will have the flexibility of sending the requested medical records via secure email or fax, scheduling an onsite medical record retrieval appointment or notifying Change Healthcare of your copy center affiliation.

At a minimum, for quality reporting, the following medical record elements must be present and legible:

- First and last names
- Date of birth or member identification number
- Date of service
- Service provider’s name and title

If you or your staff have questions regarding the retrieval of medical records and the HEDIS® data collection process, please notify Change Healthcare at 855.767.2650.

Thank you in advance for your assistance with the 2019 HEDIS®/QARR medical record review process.
The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey is an important tool to advance our understanding of patients’ experiences. CAHPS® reveals various aspects of the care given by doctors, nurses and staff in hospitals, physician practices and other healthcare facilities. Positive patient feedback is one of the components used to determine the quality of care you deliver to your patients, our members.

Annually, the NYS Department of Health administers the CAHPS® survey to Medicaid adults and children enrolled in managed care. The CAHPS® survey responses are used to improve the delivery of services, identify key areas to provide better clinical care and elevate the standards of patient-provider relationships. The CAHPS® survey is one of the four components of Affinity’s overall quality score.

The areas of consumer satisfaction that are assessed by the CAHPS® survey are:

- Ease of access to needed care
- How well doctors communicate
- Shared decision-making
- Customer service
- Rating of personal doctor
- Rating of all health care

More information will follow regarding CAHPS® from Affinity Health Plan’s Quality Management Department’s “Focus on Quality” News Blast this spring.
Affinity Health Plan is offering providers more choices in payment methods. On January 1, Affinity partnered with Change Healthcare and ECHO Health, Inc. to provide new electronic methods for quicker reimbursement and more efficient payment reconciliation.

Based on Medicaid legislation, Affinity can no longer offer paper checks as payment. The following link outlines providers’ electronic payment options: https://providerportal.affinityplan.org/

Providers can log onto www.providerpayments.com to access a detailed payment explanation for each transaction.

Call ECHO Health at 833.629.9725 for more information.

Gary Rosario has joined Affinity Health Plan as the director of Provider Relations. Mr. Rosario comes to Affinity with more than 20 years of experience in health care, sales, business development and implementation of critical processes at health plans and hospitals.

Prior to joining Affinity, Mr. Rosario founded Rev 3.0, served as its chief strategist and led its provider relations, business development and contracting activities. He also was the senior director of provider relations at CareConnect, the North Shore-LIJ Health Insurance Company. While at CareConnect, he led all provider relations and contracting activities for the MLTC and FIDA product lines for the entire New York service area in Suffolk, Nassau, Queens and Brooklyn for the commercial lines of business.

Mr. Rosario also served in leadership roles at Bronx Health Home, Bronx Health Access PPS, BronxCare Health System, HealthFirst and the New York City Health and Hospital Corporation.

Affinity Health Plan has launched a new brand platform to emphasize its unique position in the marketplace as a community-based managed care plan. Affinity understands that our success begins with our providers. It starts with you – caring for our members in partnership with Affinity. We thank you for your participation in our network. The launch of our new brand is coming soon!