The Affinity Health Plan Shared Savings Program is designed to create greater alignment between Affinity and its participating providers in the areas of quality of services and cost effectiveness provided to members. The objectives of the program are for participating providers to earn incentive payments based on their level of quality achieved and level of shared savings generated. The Shared Savings Program is part of New York State Department of Health’s Value Based Payment requirement.

Providers in existing Value Based Payment (VBP) arrangements can now view their financial reports on Affinity’s provider portal at AffinityPlan.org/Providers/Portal/Portal-Landing/ under the performance tab using the PopAction Analytics tool. Providers whose performance is at or below the Per Member Per Month (PMPM) or Medical Loss Ratio (MLR) performance target stipulated in their contracts are eligible for savings for the quarter. The shared savings are modified by the provider’s performance on potentially preventable events (PPEs) (e.g., readmissions, admissions, emergency room visits) and/or quality.

Affinity welcomes the participation of all our primary care providers in a VBP arrangement.

On the portal, providers can access VBP-related information on:
- Financial reports
- Provider dashboard with access to key metrics related to:
  - Total cost of care
  - Potentially preventable events
  - Utilization

To view Affinity’s PopAction Analytics webinar on the VBP program, visit https://www.youtube.com/watch?v=WQDh4FMD044&feature=youtu.be.
Quality Incentive Program 2020

Affinity Health Plan’s 2020 Provider Quality Incentive Program (2020 QIP) includes key indicators for our primary care providers (PCPs). Affinity is offering the incentive program for all our lines of business – Medicaid, CHP, Essential Plan and Enriched Health (HARP).

The 2020 QIP continues to address the following corporate quality goals:
• To ensure the QIP is aligned with Affinity’s HEDIS®/QARR goals;
• To maximize Affinity’s potential to improve year-over-year performance in a cost-effective manner, and;
• To ensure that the right measures are chosen and that stakeholders are appropriately and effectively rewarded for meeting and exceeding Affinity-defined benchmarks.

QIP Provider Eligibility Requirements
• Provider must have an active provider portal account.
• Provider must have electronic medical records.
• Provider must be able to exchange data electronically with Affinity (e.g., supplemental data submissions, HL7 data exchange, etc.).

Medicaid/CHP/Essential Plan:
• Provider must have a minimum of 500 combined Medicaid/CHP/EP members in their panel and at least 10 members within a given measure’s eligible population.

Enriched Health (HARP):
• Provider must have a minimum of 50 HARP members in their panel and at least 10 members within a given measure’s eligible population.

What’s New in the 2020 QIP
• No changes from the 2019 QIP.

Bonus Payout Structure
For all QIP measures, the potential bonus amount is $100 per compliant member for target HEDIS® rates obtained.

The sample below illustrates how that would be calculated:
Practice A has 1,200 combined Medicaid/Child Health Plus/Essential Plan members. Of that membership, 200 were eligible for the colorectal cancer screening measure. A total of 130 members met the measurement.
• Target: 64.23%
• Denominator: 200
• Numerator: 130
• Percentage: 65% (target met/exceeded)
Payout is earned and calculated as 130 compliant members X $100 per member = $13,000 for that measure.

The 2020 QIP report cards and gaps-in-care lists will be available on the Affinity provider portal beginning July 2020 for your convenience and continued patient outreach.

QIP Measures
Click here to view measures, incentive award amount and target rate for Medicaid/CHP/Essential Plan.
Click here to view measures, incentive award amount and target rate for HARP.
Affinity Health Plan Publishes 2020 Provider Manual

The 2020 Affinity Health Plan Provider Manual is now available on our website and provider portal at AffinityPlan.org/Providers/Publications-and-Training/Publications-and-Manuals/Publications-and-Manuals/ and at AffinityPlan.org/Providers/Portal/Portal-Landing/.

Providers and their staff can access important information on Affinity’s key policies, procedures and expectations related to your network participation.

Please bookmark these pages and reference them for answers to your questions. If you have any additional issues or questions, please contact your provider relations representative or email ProviderRelations@Affinityplan.org.

Updated Medical Policies

The Affinity Health Plan Medical Policy and Benefits Committee added a new policy and revised the current ones for providers and members, effective June 2020. Providers should review all policies. These policies supplement the MCG and eviCore guidelines, as well as the Medicare and Medicaid policies and rules, all of which help Affinity Health Plan determine the medical necessity of a requested treatment.

The policies are:
- Admission Review with Minimal Information
- Allergy Immunotherapy
- Cosmetic Services
- COVID-19 Testing (NEW) – This policy reviews the circumstances under which different COVID-19 tests are medically necessary.
- Cryotherapy
- Gender Dysphoria
- Interspinous and Interlaminar Stabilization/Distraction Implants
- Manipulation Under Anesthesia
- Pediatric Multidisciplinary Feeding Therapy

The policies can be found at AffinityPlan.org/Providers/Support/Medical-Policies/Medical-Policies.

Providers are encouraged to bookmark this page and revisit often for updates.
Provider Portal Enhancement

New Appeals Submission Tool
Affinity Health Plan will now be accepting medical necessity appeals on our provider portal. This enhancement comes at a time when there is a critical need for providers to be able to remotely submit and view appeals and appeal status online rather than having to mail in their requests.

Some benefits of submitting appeals online include:
- Provider can submit medical necessity appeals and upload medical records and supporting documents anytime online.
- Providers can select appeal urgency and type.
- The overall turnaround request time may be reduced by eliminating mail delay.
- Provider will receive immediate confirmation of receipt and an email with an appeal reference number.
- Provider will be able to view the appeal status online.

This new tool can be found on the provider portal home page under the authorizations tab.

To submit a medical necessity appeal online, providers need to enter the authorization number and member ID, and then follow the instructions to complete the request. Providers can view the status of an appeal submitted electronically or manually (by mail) by entering the appeal number at any time.

New Claims Submission Tool
Affinity Health Plan is now accepting claim inquiries on our provider portal. Please visit Affinityplan.org/provider portal for details on the types of claims that can be submitted electronically.

Some benefits of submitting requests online include:
- Providers can submit request for reconsideration and upload related documents anytime online.
- The overall turnaround request time may be reduced by eliminating mail delay.
- Providers will receive immediate confirmation of receipt and a tracking number.
- Providers will be able to check statuses online.

When a request has been completed, providers will receive a tracking number displayed on the provider portal submission window. Affinity Health Plan also will send the tracking information via email to the email address provided. Providers can use this number to search request statuses.

If you have any questions, please feel free to contact our customer service department at 866.247.5678.