Affinity Earns 4-Star Quality Rating from DOH

Affinity Health Plan received an overall 4-star designation in New York City, Long Island and Hudson Valley from the New York State Department of Health’s 2019 Consumer’s Guide to Medicaid and Child Health Plus Managed Care Plans. The statewide guide provides an annual rating of managed care plans on quality of care delivered and members’ satisfaction with the care and services they receive. Affinity Health Plan’s 2019 overall rating includes four stars in the following clinical areas: Child and Adolescent Care, Women’s Preventative Care, Maternal Care, Adult Care, and Diabetes Care.

Ratings of 0 to 5 stars are based on a comparison of plan rates to statewide averages. Quality ratings are based on information submitted by health plans. Patient satisfaction ratings are from a member survey conducted for the Department of Health.

“Affinity Health Plan’s 4-star designation is a sign that we have successfully achieved some of the highest standards of quality and member satisfaction in our industry,” said Michael Murphy, Chief Executive Officer. “This upgraded quality rating is a reflection of the operational and strategic restructuring that Affinity Health Plan has undertaken the past two years, and our unwavering commitment to serving our members and the community.”

The Consumer’s Guide is designed to help New Yorkers choose a managed care plan that meets their health care needs and the needs of their families. The complete 2019 Consumer’s Guide to Medicaid and Child Health Plus Managed Care Plans can be found at: https://www.health.ny.gov/health_care/managed_care/consumer_guides/docs/2019_medicaid_and_child_health_plus_new_york_city.pdf
The Member Rewards Program has returned for 2020!

As part of our efforts to encourage members to get necessary preventive care services, Affinity Health Plan has re-launched its wellness program. Members are encouraged to receive preventive screenings and follow up with their providers for care of chronic conditions. In doing so, eligible members can receive rewards.

Services received throughout 2020 are eligible for incentives as per the chart below:

<table>
<thead>
<tr>
<th>Quality Measures</th>
<th>Product Line</th>
<th>Incentive Award Amount</th>
<th>Compliance Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effectiveness Of Care</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Prevention and Screening</td>
<td></td>
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<td>Breast Cancer Screening</td>
<td>Medicaid</td>
<td>CHP</td>
<td>HARP</td>
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<td>Cervical Cancer Screening</td>
<td>Medicaid</td>
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<td>Colorectal Cancer Screening</td>
<td>Medicaid</td>
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<tr>
<td><strong>Behavioral Health</strong></td>
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<td>Follow-Up After Hospitalization for Mental Illness (7-Day)**</td>
<td>Medicaid</td>
<td>CHP</td>
<td>HARP</td>
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<tr>
<td>Follow-Up After Emergency Department (ED) Visit: Mental Illness (7-Day)</td>
<td>Medicaid</td>
<td>CHP</td>
<td>HARP</td>
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<tr>
<td>Follow-Up After ED Visit: Alcohol/Substance Abuse Disorder (7-Day)</td>
<td>Medicaid</td>
<td>CHP</td>
<td>HARP</td>
</tr>
<tr>
<td><strong>Access and Availability of Care</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Annual Dental Visit</td>
<td>Medicaid</td>
<td>CHP</td>
<td>HARP</td>
</tr>
<tr>
<td>Postpartum Care</td>
<td>Medicaid</td>
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<td><strong>NYS QARR</strong></td>
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<tr>
<td>Viral Load Suppression</td>
<td>Medicaid</td>
<td>CHP</td>
<td>HARP</td>
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Continued on page 4
Prior Authorization Waiver—COVID-19

Affinity Health Plan has implemented changes to our prior authorization requirements in response to the New York State of Emergency to help contain the spread of COVID-19. Affinity will suspend prior authorization requirements for hospital admissions, hospital surgeries, hospital stays, and discharges to inpatient rehabilitation, skilled nursing facilities, and home health services following an inpatient admission.

This change will apply to dates of service starting March 20, 2020. It will extend for 90 days. During this time period, Affinity will not require prior authorization approval to be obtained in advance of the service being provided. Instead, Affinity will perform retrospective authorization reviews for those cases after the above time period ends. Unless authorization is requested by the provider for the services listed above, claims will be paid without prior authorization. After such time as the state regulators deem appropriate, claims previously paid without a required authorization will be reviewed for medical necessity.

For more information, visit https://www.affinityplan.org/Providers/Resources/Provider-Notifications/Provider-Notifications/ or Affinity’s Provider Portal at https://www.affinityplan.org/Providers/Portal/Portal-Landing/

You also may contact your provider relations representative or email ProviderRelations@affinityplan.org

Provider Telemedicine/ COVID-19 Question & Answer

Q. Providers are being asked to use telephonic communication with patients who may have COVID-19 related questions and needed services. Are telephonic communication being covered as a Medicaid managed care benefit?
A. Yes, please refer to the link below on Medicaid Update March 2020, Volume 36, Number 4. In addition, Affinity’s delegated behavioral health services vendor, Beacon, has confirmed they will be following the same directive.

Q. Will Affinity reimburse telemedicine at the same rate as in-person office visit?
A. Yes, telemedicine is reimbursed based on the same established CPT codes as face-to-face appointments. Providers must append their encounters with the applicable modifier. For example, if reimbursement for CPT code 99201 is contracted at $40 for face-to-face services and CPT code 99201 is billed for telemedicine services with the applicable modifier, reimbursement will still be $40. In addition, Affinity’s delegated behavioral health services vendor, Beacon, has confirmed they will be doing the same.

Q. Is there a difference between how providers submit claims for telephonic services and telemedicine services? If so, what is the difference?
A. Telemedicine uses two-way electronic audio-visual communications to deliver clinical health care services to a patient. The provider and patient are in separate locations. The exchange of information between the provider and patient in this setting must be similar to and meet the key components and/or requirements of a face-to-face interaction. Telemedicine can be billed with CPT codes like 99201 plus the applicable modifier. Telephonic services use two-way audio communications to deliver healthcare services and are only billed with three specific CPT codes, without modifiers: 99441, 99442 and 99443.

Q. Are Affinity’s systems configured to eliminate all member cost sharing for telemedicine?
A. Yes.

Please refer to the link below on additional information about telemedicine:
Hepatitis A Infection - A Call for Vaccination

In New York State, excluding New York City, the number of hepatitis A virus (HAV) cases reported from January through November 2019 increased 235% compared to the average number of cases reported annually through November 2016-2018.

The virus, which attacks the liver, is passed through contaminated food or water, or from close contact with a person or object that’s infected. The rate of infection is higher among people who report injection and non-injection drug use, are in unstable housing or are homeless, are currently or have been recently incarcerated, and are gay or bisexual or are men who have sex with men. While good hygiene — including handwashing after using the bathroom, changing diapers, and before preparing or eating food — is integral to HAV prevention, the best way to prevent HAV infection is through vaccination with the hepatitis A vaccine.

The Bureau of Communicable Disease Control of the New York State Department of Health (NYS DOH) asks any AIDS Institute-funded organization outside of New York City to:

• vaccinate priority populations, and
• register with the National Prevention Information Network (NPIN).

To learn more review the NYS DOH’s Health Advisory Notice at https://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_a/docs/2019-12-12_health_advisory.pdf.
For other public health reporting requirements relating to communicable diseases and other conditions please visit https://www.affinityplan.org/Providers/Provider-Toolkit/Mandatory-Public-Health-Reporting-Requirements/.

The Member Rewards Program has returned for 2020!

Continued from page 2

To obtain gift card rewards, members need to:
1. Call their primary care physician to make an appointment for one or more of the incentivized services.
2. Print the Rewards Tracking Form for the Affinity line of business in which they are enrolled, whether it is Medicaid, Child Health Plus or Enriched Health, and bring it to their visit; or, ask their provider to print it for them.
3. At the end of their visit, ask their provider to date and sign the Rewards Tracking Form.
4. Send the completed form to Affinity within six months of the date of service. If mailing, members are advised to keep a copy for themselves.

If you or your patients have any questions about Affinity’s member rewards program, please feel free to visit our website at AffinityPlan.org/MDRewards, e-mail Rewards@AffinityPlan.org or call Affinity’s Quality Management Department at 718.794.7764 between 8:30 a.m. and 5:00 p.m., Monday through Friday.