



Medicare Provider Newsletter

2020 Q4

Telemedicine Guidance and Attestation

In response to guidance issued by both the Center for Medicare and Medicaid Services (CMS) for administration of medical service during the COVID-19 pandemic, we implemented telemedicine programs to closely align our operations with CMS.

The Medicare Telemedicine Guidance and Attestation can be found at:

<https://mytnga.com/pdf/Telemedicine-Guidance-Attestation-Medicare-TNGA.pdf>

If you are providing telemedicine services for Wellcare Medicare members and have not submitted an attestation, please access the link(s) above and send us your attestation to email address provided in the attestation. For group practices, you may send us an attestation that covers all practitioners in the group.

Free Telehealth Solution For YOUR Practice

TNGA has partnered with AllHealth CHOICE to offer you access to a telehealth solution that is secure, simple, and effective. This telehealth platform will be free of charge to be used on all your patients (not just ours) until May 31, 2021.

The telehealth platform is HIPAA-Compliant, HiTrust Certified, User-Friendly and Free-of-charge to be used on all your patients until May 31, 2021.

The Future of Healthcare

Easily deliver care while keeping yourself, your staff, and your patients safe. In today's COVID-19 environment, it's the new normal and it's the future of healthcare. MyMDCare is the perfect platform to help you stay connected to your patients.

Receiving your payment via vPay

TNGA Providers asked for an electronic payment solutions, and we listened. In late 2018, TNGA moved to electronic payments via vPay. Now, all provider payments are managed by vPay. The vCard gives providers a secure method to quickly receive payments. vCard is fast, pays in real time, improves revenue flow and is up to 10 days faster than checks. vPay also offers check and EFT options. If you have any questions about vPay, please contact vPay at 1-855-388-8374. If you have any claims questions, please contact TNGA at 877-372-1273.

COVID-19 Survey and PPE Assistance

On April 6, 2020, HN1/TNGA and its family of companies began a survey outreach to providers to assess current operational status as a result of COVID-19 and to address any needs of our providers. In response to the survey results, HN1/TNGA began purchasing PPE supplies for network providers. The first package of supplies was delivered to providers in our Florida network beginning April 29, 2020. The purchase and distribution of PPE supplies is on-going and at no cost to our providers. The link to our survey is below. Please take the time to complete our survey to update us on the status of your practice during these critical times. You will also be able to let us know about any PPE needs that you have while completing the survey.

<https://mytnga.com/covid19survey>

COVID-19 Update

As of March 11, 2020, our Organization declared the COVID-19 situation as an emergency and has since activated the Disaster Recovery Plan related to this infectious disease pandemic. At this time, our operations remain fully operational and functional.

The safety and well-being of our employees is of great concern, and the Organization has made the decision to close our physical offices in both Florida and Puerto Rico to all non-essential personnel. Employees not reporting to the office will continue to work via remote access until further notice and will have full access to computer systems and telephone systems to operate as they do every day. To be clear, we do not anticipate any impact to our daily operations, but we wanted to be transparent about the steps we are taking to minimize any disruptions in the wake of this pandemic.

Please continue to submit your authorizations and claims as normal, and reach out to your Provider Relations Representatives, as needed. Should you need to speak to someone via telephone, you can continue to utilize the same phone numbers to contact us.

We are also encouraging you to follow and to stay up to date on the guidance from the: Centers for Disease Control and Prevention (CDC). Please immediately report any incidents involving a COVID-19 infection, including but not limited to not being able to service a member due to a COVID-19 infection or your office closures due to a possible COVID-19 infection, by contacting us at 855-825-7818.

Thank you for your support and understanding during these unprecedented times and we hope everyone remains safe and healthy.

Provider Training

All providers with TNGA are required to complete the Provider Trainings, within thirty days of their contract effective date and annually thereafter. The trainings can be located via the web at

<https://mytnga.com/trainings>.

You may complete the trainings on any desktop or mobile device for ease of access and completion. Your attestation will confirm that your office has received all mandatory trainings for the year. Should you want a copy of the trainings for your office, they can be downloaded from the attestation page. Note: For providers who function under more than one Tax ID, please be sure to complete an attestation for each Tax ID that is contracted with TNGA.

TNGA Medical Advisory Committee (MAC)

The TNGA MAC meeting was held November 12, 2020 at 6PM, via teleconference. The meeting was attended by the MAC members, TNGA local staff, the Executive Committee, multi-specialty clinical consultants, and the TNGA Medical Director.

As a part of the on-going effort to incorporate the ideas and recommendations of network providers, TNGA has established a medical advisory board comprised of providers representing all therapy disciplines throughout the state. TNGA recognizes the essential role of local specialty-specific input in order to provide quality clinical service, and address operational issues that can affect both the local network providers and the health plan members. The MACs is authorized by the TNGA Executive Committee to review and provide recommendations that will continuously improve the quality of care and services provided to the Health Plan(s), their members and the providers.

There were a variety of topics covered at the last TNGA MAC. The committee discussed:

- Updates on the on-going growth and GEO compliance of both the Medicare and Medicaid Networks
- Updates on on-going compliance with UM/QI metrics.
- Synopsis of current status of network during COVID-19, including input from provider about how they are continuing to fare with their practices.
- Update on the company-sponsored telemedicine option for provider (AllHealth Choice) and the extension of the access into mid-2021
- PPE continuing being offered to providers to assist with practice re-opening or remaining open.

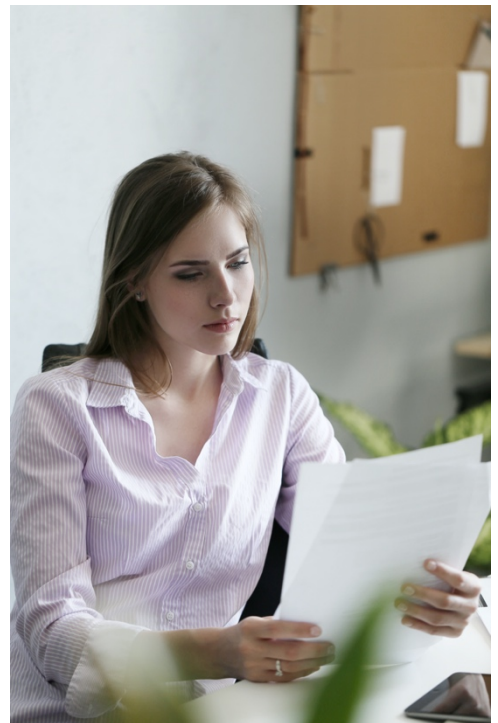
The next TNGA MAC meeting is scheduled for February 11, 2021

Documentation Checklist

It is our goal to make the authorization process as easy as possible. Below is some information that is to be included with the medical records which should help to decrease phone calls and the need for Peer Reviews.

Documentation Checklist:

- Pertinent medical history, not just the treatment Diagnosis
- Prior level of function, if applicable
- Specific level of skills for areas of concern
- Baseline information that is related to the goals
- Objective measures/test scores
- Level of overall impairment
- Short / Long term goals (Measurable and Functional)
- Updated goals (Progress reports/Re – evaluations)
- Specific Frequency and Duration
- Approved abbreviations
- Is your document legible?
- Did you document why there were missed visits?



If you have any questions about approved auth, you can contact the TNGA UM department for a peer to peer review at 855-825-7818, option 1, option 1. You may also contact your TNGA Provider Relations Representative.

Annual Quality Improvement Documents

Annually the Quality Improvement (QI) Department develops Quality documents, which includes a QI & UM Evaluation, Program Description, and Work Plan. The development of the Quality documents satisfies Health Plan and NCQA Accrediting body requirements. The QI & UM Evaluation analyze the QI department's previous year quality indicators, key accomplishments, identify any areas needing improvement, and develop action plans to improve results. The Program Description and Work Plan establish objectives, goals, QI activities, and the QI Program Structure for the current year. Copies of the annual QI documents are available by contacting the QI department at the address below.

2001 South Andrews Avenue Fort Lauderdale, FL 33316 Phone: 800-422-3672 Ext. 4701
Fax: 305-614-0364

Clinical Practice Guidelines

TNGA uses Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines (depending on the LOB) for Medical necessity determinations. These guidelines are based on appropriateness and medical necessity standards; each guideline is current and has references from the peer-reviewed medical literature, and other authoritative resources such as CMS Medicare. For any medical necessity Recommendation of Denial, the Medical Director shall make an attempt to contact the requesting provider for peer to peer consultation.

The Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines are reviewed and approved by HS1 Medical Advisory committee annually, and are available in both electronic and hard copy format. If a provider would like a copy of a specific guideline they may contact their assigned Provider Relations Representative and a copy will be provided.

YOUR TNGA Provider Relations (PR) Representative

Do you have questions that are not addressed in the TNGA Provider Manual? Do you need information that is not available on the TNGA PWP? Do you have changes in practice demographics that you need to report to us? Contact YOUR TNGA PR Rep. Please use your TNGA Provider Relations Rep as your first point of contact for all things TNGA. The relationship TNGA has with its providers is important to the overall operation of the Network. We are always here to assist! When you contact us, your rep will make every attempt to respond back to you within 3 business days. (If you get an Out of Office for your rep, the response time may be a little longer.) Our goal is a speedy resolution to all your inquiries.

Affirmative Statement about UM Decision Making

All clinical staff that makes Utilization Management (UM) decisions is required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support benefit denials.

Addition of Providers To Your Contract

When adding new providers to your practice, please contact your TNGA Provider Relations Rep, as soon as you know that you will be adding a new provider to your TNGA contract. Addition of providers for Medicare will require that they are credentialed by us before providers can be made effective. (NCQA allows up to 120 days for the credentialing process although we typically credential much faster). Until you have received notification from TNGA that your provider is effective for Medicare, please make sure that members are not being seen by the non-par providers that you are adding to your practice. Members should only be seen by par providers. Members being seen by non-par providers will lead to claims denials for your practice. In accordance with your contract, TNGA does not issue retroactive effective dates for provider participation. Please contact your TNGA Provider Relations Rep if you have any questions about the status of providers with your practice.

Demographic Updates

The provider community is a very dynamic community and things are always changing. Some examples of changes that we frequently see are:

- Moving of practice
- Change of phone number or fax number
- Change of Administrator
- Change of Office email address
- Addition of new providers
- Providers leaving the practice
- Opening a new locations
- Change in Pay-To or PO Box Information
- Change of Tax ID Number



When your practice has any of these demographic changes, please be sure to contact your TNGA Provider Relations Rep, to update us with this information. It is important that your provider file is current with us. It is also important that we have the most current directory information for members to be able to contact your practices for services.

Please contact your TNGA Provider Relations Rep if you have any questions.

Claims Authorization Requirement

TNGA does not require prior authorization in order for you to evaluate your patients. However it is imperative that you submit your plan of care (along with all supporting documentation) to obtain an approved authorization prior to submitting your claims for payment, even if it is for an eval-only authorization.

Instances where you have only evaluated the patient and will be submitting a claim also require an auth. Claims that are received, where no approved referral has been issued, will be denied.