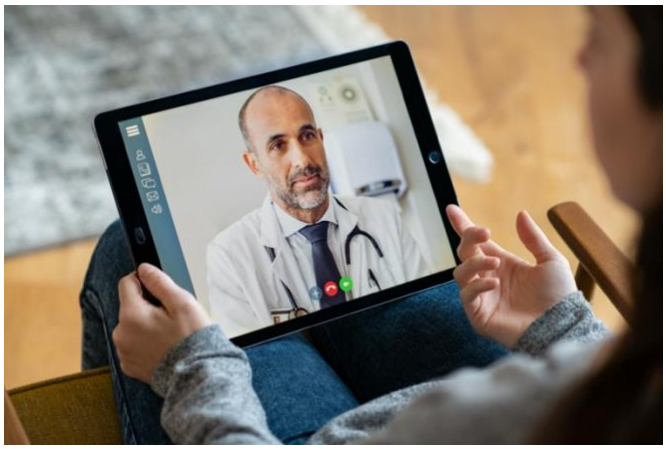
THERAPY NETWORK OF GEORGIA

Medicare
Provider Newsletter

2021 Q2

Searching for a Telehealth Solution for Your Practice?

With dozens of vendors to choose from, selecting a telehealth solution can be an overwhelming task. Many of our providers have asked for our assistance in identifying an approved platform. We're pleased to announce a partnership with AllHealth CHOICE, a leader in telehealth. Utilizing telehealth, you can transform your practice into a 24/7 virtual care office without adding staff or equipment. In addition, you can video call patients on a HIPAA-compliant platform, while avoiding sick or at-risk patients visiting your office.



MyCharlie from AllHealth CHOICE is available today...

- Quick Set Up: Onboarding takes less than 24 hours.
- Multi-Communication Channels: Use screen shares with patients/family members/specialty physicians and online chats during the virtual consultation.
- Revenue Generation: Most telehealth visits are reimbursed like an in-office visit.
- Easy to Use Dashboard: Patients access the platform via an app for both Android and iOS. Providers access their dashboard to add people to a virtual consult; screen share, chat, broadcast messages and use other functions.

... and at no cost to you until November 30, 2021*

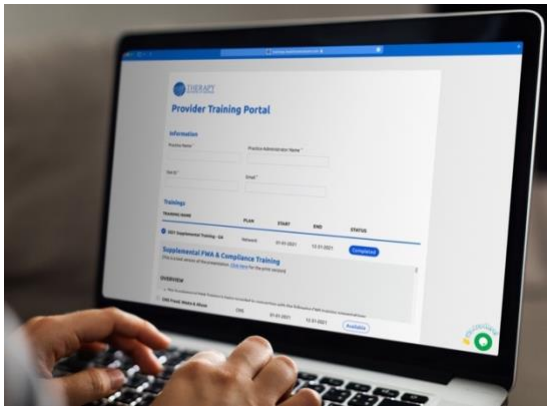
We understand that many providers continue to endure long wait times to get started with telehealth, while others are concerned about the cost or compatibility. Our partnership with AllHealth CHOICE helps eliminate those barriers.

Get started immediately. Get on-boarded in 24 hours.

You are under no obligation to use MyCharlie by AllHealth CHOICE, but if you choose to, we'll cover the cost of a standard package until November 30, 2021. And the package is anything but standard - it includes everything you need to effectively and immediately deliver telehealth services. Your commitment is to care for your patients. And our commitment is to enable your success - providing free access to an approved telehealth solution is one more way we do it.

For more information, please contact an AllHealth CHOICE representative at 844-334-0456 and let them know you are a TNGA provider to receive this offer. You may also contact your TNGA provider relations representative at 1-855-825-7818 for additional questions regarding this partnership. *Add-ons or customizations are excluded from this offer.

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.

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

Affirmative Statement

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.

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 any services, even if it is for an eval-only authorization.

In cases, where you have only evaluated the patient and will be submitting a claim, an auth is also required for the eval-only claim to properly adjudicate. Claims that are received, where no approved authorization has been issued, will be denied.

Clinical Practice Guidelines

TNGA uses Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines (depending on the line of business) 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.

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 joining / leaving the practice
- Opening 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 practice for services. Please contact your TNGA Provider Relations Rep if you have any questions.

Receiving your payment via vPay

Therapy Network of Georgia pays all our provider using electronic payments via vPay. The vCard gives providers a secure method to quickly receive payments. The 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 if you are interested in either of those options. If you have any questions about vPay, please contact vPay directly at 1-855-388-8374. If you have any questions specific to your claims payment, please contact TNGA at 877-372-1273.

Provider Code of Conduct

TNGA's vision is to "develop and market products, through our family of companies that facilitates access for consumers and payers to quality and cost effective healthcare". Our extensive network of providers help to support this vision by providing quality service to our clients. To ensure that we meet this goal, the Organization has established a set of business conduct guidelines based on the Organization's code of ethics.

Providers Conduct

TNGA has built an all-encompassing specialty delivery system of quality physicians, providing the full service of benefits that meet our client's population. Our providers shall not abuse, neglect, exploit or maltreat members in anyway, whether by omission or through acts or by failing to deter others from acting. If the provider becomes aware that a member has been subjected to any abuse, neglect, exploitation or maltreatment, the Provider's first duty is to protect the member's health and safety.

Provider Education and Support

The provider network representatives, in addition to the provider manual, conducts ongoing training which may include webinars, and web based tutorials as deemed necessary by the Client or state agency to ensure compliance with client or state agency program standards. These standards include annual distribution of general compliance, HIPAA, Cultural Competency, FWA and any health plan specific trainings as applicable. TNGA maintains evidence of annual training and all providers within our network are required to complete the training.

Provider Cultural Competency

TNGA's participating providers, and their staff, will ensure that services are provided in a culturally competent manner to provide to all contracted health plan's members and practitioners specific to local cultures, demographics, and ethnicity. TNGA has created the cultural competency policy to ensure that effective medical services are provided. TNGA's participating providers, and their staff shall not discriminate on the basis of religion, gender, race, color, age or national origin, health status, pre-existing condition or need for health care services, and shall not use any policy practice that has the effect of such discrimination. This policy recognizes Section 1557 of the Affordable Care Act (ACA) and all other applicable national, state and/or local laws that prohibit the practice of discrimination.