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Leveling Up the Ability to be Understood

How a Trip to McDonald's Made Mom Cry



Sarah Sharpe, M.S., CCC-SLP

One of the most devastating impairments is the inability to communicate—especially for children. When kids cannot make themselves understood, it often leads to frustration, acting out, and isolation.

Such was the case for Joey, a 4-year-8-month-old autistic child diagnosed with a severe articulation disorder.

As therapists know, it's not only our kids who are experiencing this frustration—it can be equally devastating as well as frightening for the parents.

Communication impairments can be exhausting as parents try to guess their child's needs—is he hungry, tired, angry, or does he have a tummy ache?

The communication problem is heightened when parents wonder about the future—if my child can't communicate with me, how will they be able to express their needs out in the world?

When a child shows trouble with communication, one of the biggest fears a parent can have, is believing that communication may never be possible because of mental impairment.

Back in 2020, doctors noticed that Joey wasn't meeting childhood milestones. They suspected autism, but before Joey would have his actual neurology appointment, he was already undergoing evaluations with his therapists at the Ability Learning Center in Florida.

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Speech pathologist Sarah Sharpe performed Joey's initial evaluation in October 2020. Joey was tested using the Goldman-Fristoe Test of Articulation and showed an age equivalency of a three-year-old.

Sarah also made some fascinating discoveries.

Sarah could tell Joey's parents that Joey was talking – a lot.

You can imagine their disbelief because, for Joey's parents, all they heard coming out of their son's mouth was sounds—sometimes they'd catch maybe a word or two—but for someone with a trained ear like Sarah, she understood the problem.

Joey had an immature phonological processing system, and he was demonstrating patterns of sound errors that simplified his speech. For example, he might say "tey" instead of "key" or "toap" instead of "soap."

Although this is common during early development, this should have stopped by his age.

This phonological disorder caused him to be less than 75% intelligible, while a child at this age should be 100% understandable.

Sarah noticed sounds supposed to come from the front of his mouth were coming from the back and sounds that should originate from the back were being made up front.

Sarah was able to give Joey's parents the good news, saying: "This was not a child who was mentally incapable; he just couldn't make himself understood."

Sarah made another significant discovery that led to improvement in speech and helped Joey in his occupational therapy—as we'll soon see.

Listening to the child's speech, she noticed it was particularly nasal. She looked down his throat to discover swollen and infected adenoids.

"They had no idea because he didn't complain," said Sarah. "He didn't act sick; there was no fever."

Sarah heard it.

"They went to the ENT, took out his adenoids, and he immediately improved," said Sarah.

It took a while for Joey to unlearn the nasality, but that's when his parents really noticed a difference in his ability to be understood.

"Working on his nasality and getting him to sound normal was really good," said Sarah. "He still has a lot of errors in articulation, but the ability to understand him is what we worked on the most."

Six months later, Joey is now five and two months old and scores within normal limits on formal standardized testing. He's communicating more effectively, and his ability to be understood by his parents and peers has dramatically improved.

His articulation has gone from an age equivalency of a three-year-old to a child of four years and nine months old.

His impairment level has improved to moderate, and he'll continue his speech therapy.

As Sarah says, "It's not about speaking perfectly but to perfectly function."

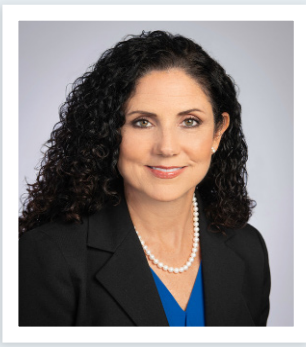
That ability to function in society is everything.

Sarah recalls a touching moment that Joey's mom shared with her.

"His mother said, you know I took him to McDonald's, and he was able to order. I just cried—because they understood what he said. Now I know he can go out in the community and function."



Joey also worked with occupational therapist, Susan Westerfield, who helped him work through his sensory processing issues. Together, both therapies worked in lessening his frustration helping him to communicate his needs and giving him greater control in regulating his emotions.



A Message from our VP of Network Operations Karen Chewning

Hello, Health Network One Providers! We're heading into the new year with excitement and optimism—we're growing!

With the recent acquisition of Premier Eye Care, a leading provider of ophthalmology and optometry services, HN1 further solidifies our position as a top provider of specialty benefit management services.

The acquisition expands our expertise, reach, and our number of network providers—so, to continue to provide the kind of personal support we're known for, we've also expanded our team.

Meet Sydenay Martinez, Joel Garcia, and Marayan Estevez, our Provider Relations Field Representatives.

The three will be bringing their own personal touch as they meet face-to-face with providers helping them with in-person training and education. They'll hit the road, making routine office visits to really get to know you and your staff—to better understand how you operate and evaluate how they can best serve you.

Sydenay will join us in supporting our ophthalmologists for Eye Management in Florida.

Joel will join our team in assisting our speech, occupational and physical therapists for Therapy Network of Florida.

Marayan will support our growing network of podiatrists, urologists and

gastroenterologists in Health Network One Specialty Networks.

Get to know Internal Provider Relations Representatives Idalis Garcia, Yadira De Alba, and Julienne Decius, who are all just a phone call away. The trio will be there to answer all your burning questions concerning credentialing, claims, and authorizations.

They'll be your go-to if you get stuck or have any questions about your Provider Web Portal. Idalis and Yadira will be supporting our speech, occupational and physical therapists for Therapy Network of Florida, Therapy Network of Georgia, and Therapy Network of New Jersey. The pair will also join in supporting our physical medicine rehabilitation providers.

Julienne will be there for our Specialty Networks providers, including podiatrists, dermatologists, gastroenterologists, and urologists.

We know how busy you are taking care of others, and we know how time consuming it can be to get help when you need it. We pride ourselves on giving our providers a personalized, world-class customer experience, easing your administrative burden.

That's what we mean when we say: "You take care of them, we'll take care of you!"

Patient Success is YOUR Success
We continually meet with our health plans to report our success. These meetings usually include a lot of

statistics on compliance—how quickly we answer calls, claim turnaround times, network adequacy, and more.

All important, but something was missing.

We wanted to capture the real nature of what we do—change people's lives, and what better way than to share stories about patient success—which is also provider success!

So, we began including these stories in our meetings—like the dessert at the end of the meal.

These are YOUR Stories about how you set goals, help patients reach milestones, and motivate them through their challenges—we share your amazing high-five moments, those breakthroughs.

In adding these stories, everyone left those meetings smiling, knowing in some small way, they too were part of that success.

Inside, we've included a patient success story. We'd love to share more. If you have one—and I know you have several, reach out to us.

My contact info is below, and as always, I look forward to hearing what you think!

Warm regards,

Karen Chewning
VP Network Operations
(305) 614-0107 / C: (305) 510-5463
Chewningk@healthnetworkone.com



ANNUAL TRAININGS

All providers are required to complete the Provider Trainings, within thirty days of their contract effective date and annually thereafter. Your attestation will confirm that your office has received all mandatory trainings for the year.

FRAUD, WASTE & ABUSE

All providers are required to report concerns about actual, potential or perceived misconduct to our Corporate Compliance Department at: **1 (866) 321-5550**

DEMOGRAPHIC UPDATES

If your practice has any demographic changes, please be sure to contact your Provider Relations Rep, to update us with this information.



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 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.

Clinical Practice Guidelines

The organization 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.

Provider Hotlines

TNGA: 855-825-7818, option 1 TNNJ: 855-825-7818, option 2
TNFL: 888-550-8800 EMI: 800-329-1152
TNPR: 877-614-5056 HN1: 800-595-9631