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# NETWORKING

EYE MANAGEMENT | HEALTH NETWORK ONE | THERAPY NETWORK

QUARTER ONE | 2024

## Introducing TherapyNetwork.com: A Streamlined Way to Connect

I'm thrilled to announce the launch of TherapyNetwork.com!

Our new website has been thoughtfully designed to blend ease of use with comprehensive functionality, creating a space that truly supports and enriches your experience with us.

TherapyNetwork.com will become your go-to resource for everything you need.

### Your Comprehensive Online Resource

Our portal provides direct access to essential tools and information, including our Provider Web Portal, engaging Provider Training modules, and "Networking," our quarterly newsletter filled with the latest updates and insights tailored for you.

### Tailored Information at Your Fingertips

Easily navigate to state-specific resources by selecting 'Choose Your State' from the top menu. Here,

you'll find all the necessary forms and documents to comply with the unique requirements of your practice's location like...

- Forms: Patient Intake, Splint and Upgrade
- Manuals
- Annual Trainings
- Clinical Practice Guidelines
- UM Decision Making
- QI Documents
- Claims
- Authorizations
- Provider Relations
- Other Resources

### Stay Connected

For quick and easy access to our resources, consider bookmarking TherapyNetwork.com. It's the simplest way to stay connected to all we have to offer.

### We're Here to Support You

Should you have any questions or need assistance with our site, your dedicated provider representative is always ready to help.

Thank you for being an integral part of our network. We're excited to support you through this enhanced online platform.



Karen Chewning, VP, Network Operations



## 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.

## MCG Health, formerly called Milliman Care, 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