ATA of Florida
2016 Q4

Provider Newsletter

NETWORK DEPARTMENT

Address Updates: WonderBox PWP URL and PO BOX for Paper Claims

This information is intended only for Coventry/Aetna Commercial & Coventry Medicare

Effective November 7, 2016 the Provider Web Portal will have a new web address https://ata.therapyadmin.com/pwp. This will be the URL for you to use to access remittance statements, submit claims, view status of any claims and Patient Responsibility letters dated November 7, 2016 or later.

This does not affect the HS1 Web Portal which administers Sunshine MMA/ CW, Coventry HK/Medicaid, Humana & Amerigroup.

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Our Medical Advisory Committee (MAC) — *What is it and what do they do?*

American Therapy Administrators of Florida (ATA-FL) is a provider network that has a network of Physical, Speech, and Occupational Therapists in Florida. These networks enter into Provider Agreements with local Health Plans in Florida having a local Medical Advisory Committee (MAC). ATA-FL recognizes the essential role of local specialty-specific input in order to provide quality clinical, service, and operational issues that can affect both the local network providers and the health plan members.

The local subsidiary MACs are authorized by ATA-FL 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 who render therapy services.

Committee Goal

To identify with local providers areas of concern, for the continued improvement of the quality of care to health plan members, and provider satisfaction of the participating subsidiary ATA-FL network of providers.

Scope of Committee Activities

The Medical Advisory Committee chaired by the subsidiary Medical Director, will provide recommendations to the ATA-FL Executive Committee from local provider practitioners for provider credentialing input, clinical

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UM DEPARTMENT

Tips for a Productive Peer to Peer Review

Written by: Amy Baez, MOT, OTR/L OT Clinical Advisor

Occasionally an upgrade request may result in a provider or consultant requesting a Peer to Peer Review with the treating therapist. This is an opportunity to provide additional information or clarify any confusion regarding a patient that may not be clear to both parties involved. Here are 5 helpful ways to prepare the treating therapist for the call so the review is a productive and positive experience:

Notify the Therapist in Advance

Both parties can reduce the time spent on a call if both parties are aware and prepared. Reviews are conducted with the evaluating or treating therapist, not the clinic staff or owner.

Schedule the Call during Downtime

It can be challenging to find a time when a therapist is not busy, but patients deserve the undivided attention of their therapist. The call should not be during a treatment time with another patient.

Have Reports Ready

The therapist should have any documentation readily available including assessment scores, short and long-term goals, and the treatment plan.

Educate the Therapist about Case Model

The therapist will be better prepared to understand the reimbursement of the case model if explained in advance of the call.

Advocate for the Patient

The call is the time to discuss the patient's individual care. The call is more productive and outcomes are more positive when the therapist remains focused on patient for which she or he is treating.

NETWORK DEPARTMENT

Address Updates: *WonderBox PWP URL and PO BOX for Paper Claims*

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Remittances and Patient Responsibility letters dated prior to November 7, 2016 is not being transferred to the new web address. You will still be able to access historical data with current user name and password on the existing URL of https://atafl.therapyadmin.com/pwp through 2017.

Providers will not be able to enter claims on the portal after 5:00 PM EST Friday 11/4/16, the module will be disabled at that time. Providers who are all set up on the new web address and login will be able to start submitting claims on Monday 11/7/16. If you encounter any issues please contact Holly Cartwright: hacartwright@therapyadmin.com or Scott Gale: dsgale@therapyadmin.com and they will be able to assist in claim entry.

All paper claim submissions should be sent to:

PO BOX 592
Milwaukee, WI 53201

What you need to know

We will begin reaching out to your office to assist with getting you registered for this new web address starting November 3, 2016.

At this time the only thing changing is the web address. The features and the functions of the portal will be the same. However, an enhanced Provider Web Portal will be launched in 2017 that will be sporting a fresh new look and include even more time-saving features for your office including:

- *Authorization entry*
- *Creating a "member on the fly" for new patients*
- *Updating office contact information*
- *A new roster feature to make submitting authorizations and claims even easier*

Three Revised — *Document Requirements for Therapy Services*

Plan Of Care

- Establishes a rehabilitation diagnosis
- Individualized plan for each patient based on the evaluation/examination
- Establish a treatment program — Specific interventions to be used to treat the patient's needs (i.e. Therapeutic exercise, functional training, manual therapy techniques, adaptive devices/ equipment needs, modalities)
- Establish anticipated goals, expected outcomes, any predicted level of improvement — Short term goals (optional), Long term goals, Determine the intensity, frequency and duration for care
- The plan of care includes the anticipated discharge plans
- If there is a change in the frequency, length or duration of therapy within the current treatment period, a POC modification order must be completed and you MUST submit the modification order to the referring provider for signature approval. Please keep the physician signed POC modification order in the member's clinical documentation record.
- Provider must document that the POC was reviewed/discussed with member/ caregiver.

Daily Visit Note

Treatment Encounter Note — It is a record of all treatment. Documentation is required for every treatment day, and every therapy service, it must record the:

- Date of treatment
- Treatment, intervention, or activity
- Total timed code treatment minutes and total treatment time minutes (Includes timed codes and untimed codes)
- Provider must document in each daily note the time the therapy session began and the time it ended
- Signature and professional identity of the qualified professional furnishing the treatment
- Additional information may be included (response to treatment, changes)

If a member or parent is non-compliant or no show for appointments this should be documented within the clinical medical record. Services should be appropriate type, frequency, intensity, and duration for the individual needs of the patient:

- The fact that services are billed is not necessarily evidence that they were appropriate
- Documentation of objective measures
- Needs of the patient (Contributing factors i.e. motivation, cognition, onset, psychological stability, social stability)

Consistent and clear documentation is essential to providers' demonstrating their compliance

Therapy Service Discharge

When therapy services have ended due to the achievement of patient goals:

- A discharge summary must be created
- Send it to the referring physician for signature
- Place a copy of the physician signed discharge summary in patient chart as confirmation/attestation that the physician was notified of patient's therapeutic success.
- If therapy services stop for any reason, referring provider must be notified.

For more information on requirements and acceptable practices for Therapy Services, please visit:

American Physical Therapy Association (APTA)
http://www.apta.org

American Occupational Therapy Association (AOTA)
http://www.aota.org

American Speech and Hearing Association (ASHA)
http://www.asha.orgi/default.htm

NETWORK DEPARTMENT

Our Medical Advisory Committee (MAC) — *What is it and what do they do?*

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practice guidelines, quality of care, quality activities, provider Health Plan ongoing education, Fraud, Waste and Abuse Detection, network operations, claims administration and network expansion, and other identified areas of concern.

Committee Membership

The voting members of this committee are:

- Practicing community-based Physical Medicine & Rehabilitation Provider(s) (as needed)
- (2) Practicing community-based Physical Therapists
- (2) Practicing community-based Speech Therapists
- (2) Practicing community-based Occupational Therapists

The non-voting members of this committee are:

Subsidiary Medical Director, Committee Chair, Subsidiary Associate Medical Director, if applicable, Committee Co-Chair, HS1 President, VP Medical Affairs Network VP and Network Director, Subsidiary Administrative Assistant, Committee Secretary & Others, as needed

Membership requirements:

The MAC shall represent a body of individuals who are committed to actively participating in the committee activities that support the goals of ATA-FL, which includes regulatory agencies contracted Health Plans and a Chair, Co-chair, and secretary.

Validating Your Patients Information With Their Health Plan

Please ensure that you are checking eligibility and validating your patients information with their health plan when they come in for treatment. Please ensure that you when you bill your claim to the specialty network you are billing your claims using the member ID number, member name, member address, member date of birth that is reflected in the eligibility file of your patients affiliated health plan.

Claims that are billed with patient information other than what we have received from your patient's health plan results in claims delays to include claim denials if we cannot validate your patient.

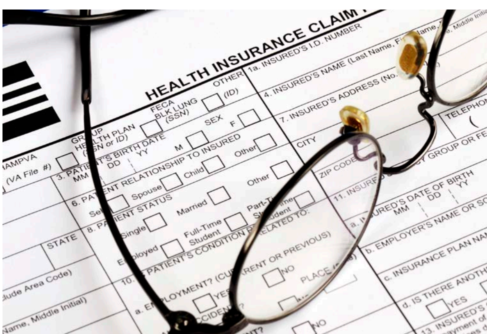
If your patient indicates the information on file with their health plan is incorrect, it is imperative that they are working with their health plan on getting their information corrected. This will assist you in faster turnaround time and avoiding claim denials.

EDI 835 Health Care Payment/Remittance Advice

The 835 EDI remittance advice may at times be limited in the ability to provide the explanation codes specific to your submitted claim. When reviewing your 835 remittance advice and you have question with regards to specific claims, please log into your web portal account. The web portal will contain detailed information with regards to your specific claim inquiry and the specific network rules. If you are not a web-portal user, we encourage you to contact your network representative to find out how to get a web portal account.

Claim Submission Reminder

It is very important that the specialty network receives all claim encounters to accurately reflect all services that you are providing to your patients.



Please submit claims for each date of service with the services you rendered to your patient. Remember without a record of your claim encounter – it is as if the patient never received a service from you.

New Medicare and Medicaid PT and OT evaluation and re-evaluation procedure codes for 2017

CMS is terminating procedure codes 97001, 97002, 97003, 97004 as of 12/31/2016. These codes are being replaced with procedure codes 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168 effective 1/1/2017.

The official instruction, CR9782, issued to your MAC regarding this change is available at:
https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3654CP.pdf

The therapy code list of "always" and "sometimes" therapy services is available at:
http://www.cms.gov/Medicare/Billing/TherapyServices/index.html

http://ahca.myflorida.com/medicaid/review/Reimbursement/2017_01_01_Physical_Therapy_Fee_Schedule.pdf

http://ahca.myflorida.com/medicaid/review/Reimbursement/2017_01_01_Occupational_Therapy_Fee_Schedule.pdf

Make book time fun and educational for children with speech and language problem

You'll find sharing books together is a great way to bond with your son or daughter and help your child's development at the same time. Give your child a great gift that will last for life—the love of books.

Children with speech and language problems may have trouble sharing their thoughts with words or gestures. They may also have a hard time saying words clearly and understanding spoken or written language. Reading to your child and having her name objects in a book or read aloud to you can strengthen her speech and language skills.

Tips for reading with your infant or toddler

Each time you read to your child, you are helping her brain to develop. So read to your child every day. Choose books that you think your child will enjoy and will be fun for you to read.

Since younger children have short attention spans, try reading for a few minutes at a time at first. Then build up the time you read together. Your child will soon see reading time as fun time!

Check off the things you can try:

- ☐ Read the same story again and again. The repetition will help her learn language.
- ☐ Choose books with rhymes or songs. Clap along to the rhythm and help your child clap along. As your child develops, ask her to fill in words. *("Twinkle twinkle little star. How I wonder what you ___________.")*
- ☐ Point to pictures and talk about them. *("Look at the silly monkey!")* You can also ask your child to point to certain pictures. *("Where's the cat?")*
- ☐ Talk about events in your child's life that relate to the story. *("That bear has blue pajamas just like you do!")*
- ☐ Ask your child questions about the story. *("Is that bunny hiding?")* As your child develops, ask more complex questions. *("What do you think will happen next?")*

Some suggested books for your infant or toddler

- *Mother Goose Rhymes* or *Dr. Seuss books* with their rhyming stories
- *Each Peach Pear Plum* by Allan and Janet Ahlberg
- *Chicka Chicka Boom Boom* by Bill Martin, Jr.

Helping your preschooler or school-age child love books

When you read to your child often and combine reading time with cuddle and play time, your child will link books with fun times together. So continue to read to your child every day. Choose books that are on your child's language level and that your child likes.

Check off the things you can try:

- ☐ Discuss the story with your child. *("Why do you think the monkey stole the key?")*
- ☐ Help your child become aware of letter sounds. (While pointing to a picture of a snake, ask: *"What sound does a snake make?"*) As your child develops, ask more complex questions. (While pointing to a picture of a ball, ask: *"What sound does 'ball' start with?"*)
- ☐ Play sound games with your child. List words that rhyme *("ball," "tall")* or start with the same sound *("mommy," "mix")*.

Some suggested books for your preschooler or school-age child

Funny or silly books are a good choice for this age group. Some titles include:

- *Does a Chimp Wear Clothes?* by Fred Ehrlich, M.D.
- *Hippos Go Beserk!* by Sandra Boynton
- *Mr. Brown Can Moo! Can You?* by Dr. Seuss

How children can learn more about speech and language problems

- *Let's Talk About Stuttering* by Susan Kent (Ages 4–8)
- *Coping with Stuttering* by Melanie Ann Apel (Ages 9–12)

How parents can learn more about speech and language problems

- *Childhood Speech, Language, and Listening Problems* by Patricia Hamaguchi
- *Does My Child Have a Speech Problem?* by Katherine Martin
- *The New Language of Toys: Teaching Communication Skills to Children with Special Needs: A Guide for Parents and Teachers* by Sue Schwartz and Joan Miller
- *The Parent's Guide to Speech and Language Problems* by Debbie Feit and Heidi Feldman

Patient *access* to Medical Records

This article is of a general nature and is not intended to be, nor should it be construed or relied upon, as legal advice.

In early 2016, the Office of Civil Rights (OCR) issued guidance for healthcare providers regarding an individual's right to access his/her health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations. The guidance consisted of a fact sheet and FAQs addressing patients' right to access their medical records (collectively, the Access Guidance).

The Access Guidance sets forth requirements healthcare providers must follow when responding to a patient's (or a patient's personal representative's) request for access to his/her medical records. According to OCR, its hope is that the Access Guidance will "engage and empower patients to take control of their healthcare decisions" and put patients in the "driver's seat" regarding their health.

HIPAA provides patients with the right to access their protected health information (PHI) maintained by a healthcare provider in a designated patient record set, such as medical records, billing and payment records, and insurance information. Patients have the right to request, inspect, and/or obtain a copy of their PHI, as well as to direct the healthcare provider to transmit a copy of their PHI to a designed third party or entity of the patients' choice. A patient's right of access is subject to certain exceptions, such as for psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

The Access Guidance was issued because, according to OCR, although HIPAA has always provided individuals with a right to access their health information, healthcare providers have not always understood this right and, in OCR's experience, created obstacles for individuals attempting to exercise their rights. The Access Guidance addresses various aspects of the right to access, including, the mechanics of providing access (e.g., form, format, manner, cost, etc.), an individual's right to direct PHI to another person, and the interplay with state laws.

The Access Guidance clarifies that pursuant to a right to access, an individual can direct the healthcare provider to transmit his/her PHI directly to another person or entity designated by the patient and, importantly, such direction does not require a formal HIPAA authorization. Rather, an individual's right to direct his/her information to a third party is complete so long as it is in writing, signed by the patient, clearly identifies the designated person, and where to send the PHI.

OCR also uses the Access Guidance to clarify how state law and HIPAA interact with respect to fees charged for access requests. Where state law provides individuals a greater right of access to their medical records when compare to HIPAA, then the healthcare provider must also follow state law. This includes state laws that prohibit fees to be charged to individuals for copies of medical records, requires that a free copy of medical records be provided to an individual or requires fees less than HIPAA allows to be charged for copies.

When providing a patient with a copy of his/her PHI pursuant to an access request, a healthcare provider may charge an individual a reasonable, cost-based fee, provided that the fee includes only the cost of: (i) Labor for copying the protected health information requested by the individual, whether in paper or electronic form; (ii) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; [and] (iii) Postage, when the individual has requested the copy, or the summary or explanation, be mailed; (iv) Preparing an explanation or summary of the protected health information, if agreed to by the individual.

On the flip side, HIPAA overrides state laws that authorize higher or different fees from those allowable under HIPAA when a patient requests access to his/her records. Examples of practices that may be permitted under a state law but are prohibited under HIPAA's right of access include: (1) fees for search and/or retrieval and (2) per-page fees for electronic records. For example, HIPAA's prohibition on charging a per-page fee for electronic records would override Ohio law authorizing healthcare providers to charge a per-page fee, dependent on the total number of pages requested, for electronic records.

The challenge faced by healthcare providers when setting fees for records requests is that the fees permitted under a state law for medical records copies may not be aligned with fees permitted under HIPAA. For ease of administration, a healthcare provider may consider implementing a uniform fee structure that is consistent with both the fee limitations under the right of access and any applicable state law requirements.

We're Just A Phone Call Or Click Away

If you have any changes to your practice, including demographic or provider additions/terminations, please notify your ATA of Florida Provider Relations Representative.

Referrals/Authorizations

Sunshine, Humana, Amerigroup, Coventry Medicaid & Health Kids
Tel: 1 (855) 410-0121

Coventry Medicare & Commercial & Aetna
Tel: 1 (888) 560-6855
Fax: 1 (866) 231-6344

Provider Relations

Tel: 1 (888) 550-8800 Option 2
Fax: 1 (305) 620-5973

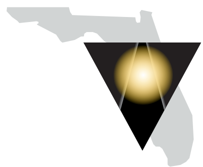
Claims

Sunshine, Humana, Amerigroup, Coventry Medicaid & Health Kids
Tel: 1 (877) 372-1273 Option 6

Coventry Medicare & Commercial & Aetna
Tel: 1 (888) 560-6855 Option 2

Our Website

For our most up to date information and news visit us on our website at: www.ataflorida.com



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