



ATA of Florida  
**PROVIDER RESOURCE**

## Claims Submissions

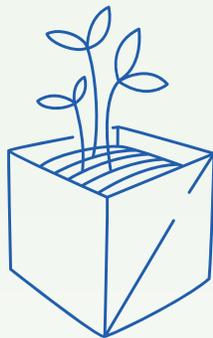
HN1/ATA-FL is required to submit an encounter to the all plans for each claim that is received by a contracted provider.

### Why are Encounters so Important?

Your claim represents the care that you are delivering to your patient; therefore your claims must reflect your clinical documentation. While HN1/ATA-FL administers a global case rate reimbursement model all providers must submit every claim to reflect all services that they are providing:

- A. All tests
- B. Each type of visit
- C. All units for each visit

## Go Green: Electronic Payor ID's



Sunshine	<b>65062</b>
Sunshine (Institutional)	<b>12k89</b>
Amerigroup	<b>65062</b>
Amerigroup (Institutional)	<b>12k89</b>
Humana	<b>65062</b>
Coventry Medicaid & HK	<b>65062</b>
Coventry Medicare & Commercial	<b>ATHAL</b>
Aetna	<b>ATHAL</b>



## Exclusion Provisions

(Article adapted from CMS.gov)

Under Section 1128 of the Social Security Act, HHS-OIG has authority to exclude individuals from participating in Federal health care programs, including Medicaid, for various reasons. Exclusions can be mandatory, meaning the HHS-OIG has no choice about whether to exclude, or discretionary, which means the HHS-OIG does have a choice. Exclusion is mandatory for convictions of program-related crimes, convictions relating to patient abuse, felony convictions relating to health care fraud, and felony convictions relating to controlled substances. Exclusion is discretionary for loss of license due to professional competence or financial integrity, convictions relating to fraud, convictions relating to obstruction of an investigation or audit, misdemeanor convictions relating to controlled substances, and participation in prohibited conduct such as kickbacks and false statements.

As a Federal health care program, Medicaid will not pay for items or services furnished, ordered, prescribed, or supplied by an excluded individual or entity. If someone on a provider's staff has been excluded from participation in a Federal health care program, the provider should not bill any Federal health care programs for any items or services furnished, ordered, or prescribed by the excluded individual. "Furnished" is a key word that refers to items or services provided or supplied, directly or indirectly, by an excluded individual or entity.

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This Article was kindly shared with us by one our In-Network providers and an ATA-FL Medical Advisory Committee Member; Pamela K. Rowe, MA, CCC-SLP. Located in Orlando Florida. Thank you for your contribution!

## 5 Ways to Involve Parents More in Their Kids' Treatment

Article written by: Amanda Rhodes Fyfe, MS, CCC-SLP



As a speech-language pathologist, I know how much successful treatment relies on parent involvement and home practice. We might work miracles during our treatment sessions, but we have only a couple hours with our clients each week. If a child spends one hour per week with us, they spend 167 hours per week OUT of treatment. Typically, the majority of this non-session time gets spent with mom and dad.

Think about it in terms of a jar full of jelly beans (we can all relate to candy, right?). Fill a jar with 168 jelly beans—one for every hour in a week. Now remove one jelly bean to symbolize the hour you as a clinician spend addressing your client's communication goals. Look at the alarming amount of jelly beans left. In fact, it's safe to say, the lay person might not even notice the single missing bean! Getting parents or caregivers involved in the treatment process and designing home programs they can manage in their typically busy schedules is critical for successful carryover. We know this.

Before  
my



children were born, I subscribed to the "more equals better" mentality and absolutely loaded my families down with speech-language assignments. Now I realize families simply can't spare much time.

So how can we create programs that families can weave into their already hectic schedules? First things first: **Involve parents in sessions.** Sometimes they prefer a waiting room to settling into teeny tiny chairs, but try to persuade them to join you. And I mean join you at the table. Talk to them about the activity and why you chose it. Deal them into the Go Fish game. Involving caregivers in your sessions and establishing a comfortable, open line of communication leads a solid rapport. Assure them your treatment room offers a safe environment where learning is your number-one goal for clients and caregivers.

**Start every session with some version of "tell me something new you've noticed this week."** This open-ended question affords caregivers the chance to tell you about specific situations related to communication. Remember to check periodically with caregivers about how they feel their child progressed and if they want to work on new or additional goals.

**Ask caregivers to bring a list of the toys and books the child enjoys.** Knowing what your families work with at home helps you provide activities that address the child's goals and assimilate easily into

their routines. For example, my daughter's current favorite activity is splashing around in her baby pool. This gives me ample opportunity to address spatial concepts (in, out, under), comprehension and use of present progressive verbs, increasing use of descriptive terms (cold, wet, slippery), and following directions. Or if you really need your client to work on medial /p/, encourage an extra reading or two per day of "Hippos Go Berserk."

**Ask caregivers when they can set aside time for communication activities.**

Share ideas or strategies to maximize speech and language practice during these times. If mom feels she can only devote the 20-minute morning commute to addressing communication skills, don't despair. Toss out worksheets and sit down with her to create a list of activities they can safely complete in the car. Suggest categorization—"name all the animals you can!"—or expansion techniques to increase length of utterance, or acoustic highlighting and auditory bombardment. Create a speech book with target-sounds pictures to place in those handy-dandy seat-back pockets, so her child can talk about the pictures while practicing her sounds. Coach mom to elicit multiple productions when her little superstar gets it just right and to model and correct if her child struggles.

**Involve the whole family.** It's no secret older siblings motivate little ones. Encourage parents to recruit their big kids to play the role of "speech assistant" and turn speech and language homework into family play time.



## ICD-10 Reminders

In order to comply with federal mandate, ICD-10 codes must be used for all professional claims with dates of service on or after 10/01/2015. All claims and authorization submissions will need to be submitted with the appropriate ICD-10 coding. Claims with Service Dates that occur on or before September 30, 2015 AND on or after October 1, 2015, cannot be submitted on the same claim form. Claims submitted for Service Dates September 30, 2015 or prior, must be submitted using ICD-9 codes. EMDEON will reject any claims based on failure to adhere to ICD-10 requirements. For this reason; it is IMPORTANT that ANY staff handling coding and billing procedures, understand the correct ICD-10 process.

CMS offers a free ICD-10 Code Look up tool which you can utilize by visiting this website <https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx>



## Social Communication Disorder

As clinicians we must consider variations in norms vs variations in a disorder. Social communication can be defined as "the synergistic emergence of social interaction, social cognition, pragmatics (verbal and nonverbal), and receptive and expressive language processing" (Adams, 2005, p. 182). Social communication disorder may include difficulties with social cognition, pragmatics, and social interaction. Children with autism spectrum disorder, ADHD, TBI diagnosis may also have social communication disorder. ASD children also have restrictive, repetitive patterns of behavior and social communication difficulties are a defining feature. Social communication occurs in a variety of relationships or social encounters i.e.: peers, friends, family, colleagues to mention just a few. Eye contact, facial expressions, body language may be influenced by our culture and individual factors. There are cultures around the world where eye contact between a child and adult is not acceptable, or a female shaking

a males hand are unacceptable, also where maintaining personal space varies. There are no reliable data on the prevalence and incidence of social communication disorders. This disorder may be a separate diagnosis or may coexist with other diagnosis and the cause(s) may be defined through specific conditions. Speech Pathologists are critical in the diagnosis and treatment of this disorder. They can also be a part of a team of professionals that treat, diagnose, study and research this condition. Treatment for this condition if diagnosed as a medical condition varies depending on the need of the patient as identified during the initial consultation. Treatment must include guidance/ education to the patient, family, caregiver(s) and other individuals that interact with the patient. Goals are specific to the deficits identified during the assessment. The challenge is having all the tools to properly diagnose/treat social communication disorder and differentiate it from cultural norms and behaviors.



# Medical Record Documentation Guidelines

Medical record documentation guidelines are based on State, Federal, and Contractual requirements. The following guidelines must be followed to ensure Medical Record documentation is compliant with regulations.

A complete medical record for every patient who receives medical services shall be established and maintained in a consistent manner that facilitates coordination of care and permits the prompt retrieval of timely information available to the PCP or Ordering Physician. The following are general medical record keeping guidelines.



## HELPFULL TIPS!

### Remember to make a staff member responsible for clinical records, to assure:

- Each entry in a patient's medical record is legible, neat, and complete.
- Please note: All notes & evaluations must be signed and dated followed by the title of the recorder.
- Each page includes the patient's name or I.D #.
- Documented Start & End time of each treatment issued.

## credentialingNEWS



If you have any questions or concerns, you may contact the Credentialing Director, Amy Long, at (305) 614-0361

### Expiration of documents

As credentialing documents expire, you will receive requests to submit copies of your current licenses, DEA's and Malpractice Insurance. To be proactive, you can fax them to (305) 620-5973 as soon as you receive the new documents and we can update our records accordingly. If you participate with CAQH, you can upload these documents to your profile and we can obtain them directly from the Pro View site.

### Florida Health Care Clinic (HCC)

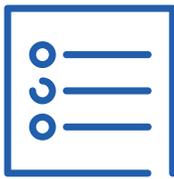
For all Florida therapy facilities contracted with the organization that hold a state of Florida Health Care Clinic (HCC) exempt license and do not hold any documentation verifying a CMS or applicable state on-site quality assessment will need to have site visits completed at initial credentialing and recredentialing. The organization that we have contracted to complete these site surveys on our

behalf is Unival. Please be aware that a Unival staff member or reviewer will be the person contacting your facility to schedule the visit.

### Recredentialing process

In order for your initial or recredentialing process to run smoothly, here are some helpful tips:

- Submit the credentialing applications timely
- Sign and Date the Consent & Release and Attestation pages
- Include all of the requested supporting documents (ie: License, DEA, CV, Malpractice Insurance, Accreditations, etc.)
- Ensure that supporting documents have been uploaded to CAQH, if applicable.
- Ensure that you have authorized HS1 Medical Management, Inc. or have CAQH set to "Global" so that we have access your information
- Ensure that your CAQH attestation is current



## Annual Quality Improvement Documents

Annually the Quality Improvement (QI) Department develops Quality documents that include a QI Evaluation, Program Description, and Work Plan. The development of the Quality documents satisfies Health Plan and NCQA Accrediting body requirements. The QI 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

# Changes Effective 12/1/2015

Effective 12/01/2015, **claims and referral administration** for Sunshine Health Plan's MMA and Child Welfare (CW) products and Coventry/Aetna Health Plan's Commercial/Medicare and Medicaid/Healthy Kids (HK) products will be **migrating to two separate platforms**.

As of 12/01/2015 the **Medicaid products** for Sunshine Health Plan and the Medicaid and Healthy Kids products for Coventry Health Plan will be managed by **Health System One**. Health System One is currently managing the claims and referral administration processes for Humana and Amerigroup Health Plan products. This will not change. As of 12/01/2015 **Medicare and Commercial** products for Coventry/Aetna Health Plan will only be managed by **ATA—WonderBox Technologies**.

As a reminder ATA-FL manages therapy services for all regions for Sunshine Health Plan's MMA and Child Welfare members and ATA-FL manages therapy services for Regions 1, 2, 3, 5, 6, 7 and Okeechobee and Indian River counties in Region 9 for Coventry Health Plan.

Please note that effective 12/1/2015 **Payer ID 65064**, currently used for Sunshine Health and Coventry/Aetna EDI claims submissions, will be retired and all claims submitted to that Payer ID cannot be processed.

Department	Sunshine MMA/CW & Coventry HK/Medicaid & Humana & Amerigroup	Coventry/Aetna Commercial & Coventry Medicare
Provider Relations	<b>888-550-8800 Option 2</b>	
Provider Relations Fax	<b>305-620-5973</b>	
Authorizations	<b>888-550-8800 Option 1</b> 	<b>888-560-6855</b> 
Authorization Fax	<b>855-410-0121</b> 	<b>866-231-6344</b> 
Claims	<b>877-372-1273 Option 6</b>	<b>888-560-6855 Option 2</b> 
Electronic Claims Submissions (EDI)	Direct Data Entry (DDE) through the HS1 Web Portal, or through the Clearinghouse, Emdeon, using: Professional Payer ID: <b>65062</b> Institutional Payer ID: <b>12k89</b> 	Direct Data Entry (DDE) through the WonderBox Provider Web Portal, or through the Clearinghouse, Smartdata Solutions, using: Professional Payer ID: <b>ATHAL</b> 
Electronic Remittance Advice (ERA)	ERA provided via Emdeon. Provider must complete Emdeon ERA Provider Setup 	You can obtain a hard copy of your EOB via the ATA Wonderbox Web Portal.
Paper Claims Submission	<b>P.O. Box 350590</b> <b>Fort Lauderdale, FL 33335-0590</b> 	<b>P.O. Box 511</b> <b>Milwaukee, WI 53201</b> 
Electronic Funds Transfer (EFT)	Initial payment sent via VPay with options for  EFT or check available by calling: 855-388-8374 (Vpay EOB's will be sent via Fax to Providers)	Use form EFT Authorization and fax it to: (866) 231-6344, or Email it to: <a href="mailto:crolejniczak@therapyadmin.com">crolejniczak@therapyadmin.com</a>
Web Portal Access Requests	Administered by Health System One (HS1).  Please complete the form online at: <b><a href="http://ataflorida.com/pwp">http://ataflorida.com/pwp</a></b>	Administered by ATA—WonderBox Technologies. To request access please send an email request to <b><a href="mailto:atafledi@therapyadmin.com">atafledi@therapyadmin.com</a></b>
Provider Web Portals	<a href="http://ataflorida.com/hs1portal">http://ataflorida.com/hs1portal</a>	<a href="http://ataflorida.com/wonderbox">http://ataflorida.com/wonderbox</a>

 = New Update



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## Exclusion Provisions

It is in the best interest of providers to screen potential employees and contractors prior to employment or contracting to ensure they are not excluded from participating in Federal health care programs. In addition, providers should regularly check the exclusions database to ensure that none of the practice's employees or contractors have been excluded.

CMS has issued guidance to State Medicaid agencies that they should require providers to screen their employees and contractors for exclusions by checking the database on a monthly basis. The guidance further advises States to require all providers to immediately report any exclusion information discovered. The List of Excluded Individuals/Entities (LEIE) database is available at <http://exclusions.oig.hhs.gov/> on the HHS-OIG website. Both licensed and unlicensed individuals may be excluded, so it is best to check for both. In addition to checking the LEIE, providers should check the Exclusions Extract, which can be accessed by visiting <https://www.sam.gov/> on the System for Award Management website.

## 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](http://www.ataflorida.com)

### To report suspected Fraud, Waste, and Abuse, or any Compliance issue:

Tel: 1 (866) 321-5550

## 2014 Provider Satisfaction Results:

ATA of Florida completed the first Provider Satisfaction Survey in 2014. The survey included questions about the administrative services TNGA provide to their Providers like Provider Relations, Utilization Management and Claims among others.

In the coming months, you will be receiving via email the 2015 Provider Satisfaction Survey. Please take the time to complete it and return it to us. We look forward to hearing your comments about your experience with ATA of Florida.

### Overall



### Utilization Management



### Provider Relations



### Claims



■ Adequate & Above ■ Poor