



# Provider Newsletter

## New Medicare Line of Business Health Plan



Effective July 1, 2018 American Therapy

Administrators of Florida/Health Network One (ATA-FL/HN1) will be the mandatory specialty network for physical therapy, speech therapy and occupational therapy services provided in a free-standing Facility or setting (i.e. POS 11), for Simply Healthcare Plan's Medicare enrolled members.

### COVERAGE AREA:

Miami-Dade County, Broward County, Polk County, Seminole County, Orange County, Osceola County, Pinellas County, Pasco County, St. Lucie County, Martin County, Hernando County, and Hillsborough County.

### PATIENT RESPONSIBILITY DETAILS:

Providers may confirm co-pays, deductibles, and MOOP details through the Simply Health Plan website at [www.simplyhealthcareplans.com](http://www.simplyhealthcareplans.com). Under "Providers", login to the Provider Portal to obtain the information. For any questions regarding patient responsibilities, please contact Simply's Provider Relations Department at 1 (877) 915-0551, option 4.

### CLAIMS SUBMISSION:

If you were issued an authorization by Simply, please submit your claims to ATA-

**CONTINUED ON PAGE 1**



## AGREEMENT

## New Medicaid LOB Health Plans

**Better Health, Clear Health Alliance, and Simply Healthcare Plans**

Effective July 1, 2018 American Therapy Administrators of Florida/Health Network One (ATA-FL/HN1) will be the mandatory specialty network for physical therapy, speech therapy and occupational therapy services provided in a free-standing facility or office setting (i.e. POS 11), for Better Health, Clear Health, or Simply Healthcare Medicaid enrolled members.

### COVERAGE AREA

**Clear Health Alliance**      **Regions 1, 2, 3, 5, 6, 7, 8, 9, 10 & 11**

**Better Health**              **Region 6 & 10**

**Simply Healthcare**      **Region 11**

### CLAIMS SUBMISSION:

If you were issued an authorization by Simply, please submit your claims to ATA-FL/HN1 as of July 1, 2018. Please submit your paper claims to ATA-FL/HN1 at **P.O. Box 350590, Fort Lauderdale, FL 33335-0590**; or submit your Electronic Claims (EDI) via Professional Payer ID 65062 or Institutional **Payer ID 12k89**. Along with your submittal of claims, providers may be required to submit written documentation such as prior existing orders, prior authorizations and treatment plan/plan of care, in order to receive payment on their claim.

### Continuation of Care (COC)

If you are currently treating a Simply Healthcare Medicaid enrolled member as of July 1, 2018 in the coverage area listed above, you can continue to see the member under the authorization that was issued by Simply. as of September 1, 2018 or when the authorization that Simply issued has expired, whichever comes first, you are required to obtain an authorization from ATA-FL/HN1 to continue providing these services For issues related to services prior to July 1, 2018, providers may contact Provider Services at Clear Health Alliance, Better Health or Simply Healthcare.

## Who is my ATA-FL Provider Rep?

If you have any questions about this information, changes to your practice, including demographic or provider additions/terminations, please notify your ATA of Florida Provider Relations Representative at: **1.888.550.8800**

**Luis Martinez** Cell: 786-681-9840 | Tel: 1.888.550.8800 Ext: 4223  
(South Florida) Email: martinezl@healthnetworkone.com

**Region 8:** Charlotte, Collier, DeSoto, Glades, Hendry, Lee & Sarasota

**Region 9:** Palm Beach

**Region 10:** Broward

**Region 11:** Miami-Dade & Monroe

**April Jung** Cell: 912.245.0998 | Tel: 1.888.550.8800 Ext: 4211  
(Central Florida) Email: junga@healthnetworkone.com

**Region 5:** Pasco & Pinellas

**Region 6:** Hardee, Highlands, Hillsborough, Manatee & Polk

**Region 7:** Brevard, Orange, Osceola & Seminole

**Region 9:** Indian River, Martin, Okeechobee & St. Lucie

**Rosanna Briggs** Cell: 386.898.1151 | Tel: 1.888.550.8800 Ext: 4215  
(North Florida) Email: briggsr@ataflorida.com

**Region 1:** Escambia, Okaloosa, Santa Rosa

**Region 2:** Bay, Calhoun, Franklin, Gadsen, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla & Washington

**Region 3:** Hernando, Lake, Sumter, Alachula, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwanne & Union

**Region 4:** Flagler, Volusia, Nassau, Baker, Duval, Clay & St. Johns

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## New Medicare LOB Health Plan

FL/HN1 as of July 1, 2018. Please submit your paper claims to ATA-FL/HN1 at **P.O. Box 350590, Fort Lauderdale, FL 33335-0590**; or submit your Electronic Claims (EDI) via Professional Payer ID **65062** or Institutional Payer ID **12k89**. Along with your submittal of claims, providers may be required to submit written documentation such as prior existing orders, prior authorizations and treatment plan/plan of care, in order to receive payment on their claim.

### CONTINUATION OF CARE (COC)

If you are currently treating a Simply Healthcare Medicare enrolled member as of July 1, 2018 in the coverage area listed above, you can continue to see the member under the authorization that was issued by Simply. as of September 1, 2018 or when the authorization that Simply issued has expired, whichever comes first, you are required to obtain an authorization from ATA-FL/HN1 to continue providing these services For issues related to services prior to July 1, 2018, providers may contact Provider Services at 1-877-577-0115.

If you have any further questions, please contact ATAFL Provider Relations at 1 (888) 550-8800 Option 2, or at: [atafl@healthnetworkone.com](mailto:atafl@healthnetworkone.com)

## Humana Medicaid termination date has been lifted

**Humana** Effective immediately, providers participating in the ATA-FL network in regions 6, 9, 10, and 11 may continue rendering services to Humana Medicaid beneficiaries. All authorization requests and claims payments will continue to be processed by ATA-FL.

If you have any questions regarding this notification, please contact your ATA-FL Provider Relations Department at 1-888-550-8800, Option 2.

### Please Note:

If you have a prior authorization that is affected by the former termination date of February 28, 2018, please contact our Utilization Management Department at 888-550-8800, Option 1, for assistance.

## 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**

## Our New Enhanced UM Model

The Enhanced Utilization Management Model effective date was changed to 6/1/2018. Our enhanced Utilization Management Model will reduce the administration burden for our provider network from multiple submissions of similar documentation to one submission per episode care.

### What is changing?

**NEW** As we continue to improve our UM model, we have recently adopted use of standardized test scores in conjunction with Milliman Care Guidelines to authorize levels of service.

**NEW** Using the submitted diagnosis, the evaluation results, Milliman Care Guidelines, and the clinical record, ATA-FL will authorize a level of service.

After the evaluation, an authorization must be obtained from ATA-FL before treatment begins. You do not need to request authorization to complete the evaluation. However, remember that all services rendered, including an evaluation only, must have a certification number in order for the claims to process.

**NEW** The manner of payment under the new model is a pure case rate model. We will cease issuing an initial number of visits at a FFS rate. The evaluation will fall under the first level assignment along with all of the other DOS as set forth in the plan of care in the first 60 days of the certification period.



## The Four Critical Elements:

All treating providers must submit the following 4 Critical Elements with the authorization request.

1. Prescription or Referral Form (N/A for re-evaluations).
2. A completed ATA-FL Intake Form (N/A to Providers using the Provider Web Portal) including 3 attestations.
3. POC with diagnosis signed/dated by the referring physician and/or Letter of Medical Necessity (LMN)
  - The Plan of Care must include the evaluation and the start and stop dates.
  - The Plan of Care must include the Signature of the referring physician recorded on or after the recorded date of the treating therapist
  - The therapist that develops the POC must sign and date the document on the date it is completed. The therapist must sign and date the POC prior to the PCP's signature and date. The PCP may sign and date the POC on the same date the therapist signs and dates the POC.
4. Standardized Assessment Scores clearly denoted.

## Schedule Your Training

Please contact your Provider Relation Representative to schedule your Enhanced Utilization Management Model training. The Enhanced UM Model Provider Education material can be found at:

[www.ataflorida.com/provider-resources.php](http://www.ataflorida.com/provider-resources.php)

