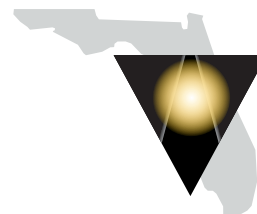




2018

AETNA HEALTHY KIDS

SPECIFIC INFORMATION



American Therapy
Administrators
of Florida

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Address:

2001 South Andrews Ave
Ft. Lauderdale , FL 33316

Toll Free:

(888) 550-8800

Fax:

(855) 410-0121

Authorizing Services - Aetna Healthy Kids

ATA-FL can receive an authorization request via facsimile for Aetna Healthy Kids at 1 (855) 410-0121.

Initial Authorization of post-evaluation, subsequent visits: Based on the information provided, visits for Healthy Kids members subsequent to the evaluation (noted as “subsequent visits” in your contract reimbursement section) will be authorized based on Category as follows (methodology for assigning Categories and visits authorized, may change as determined by ATA-FL):

Healthy Kids

Category 1 (3 visits): most acute and shorter-term diagnoses

An authorization number will be provided which can be used as a reference for the entire episode of care. The initial authorization period for the subsequent visits will be given for duration of 60 days for Healthy Kids. The initial authorization period for subsequent visits is valid until the last authorized visit, or the end of the authorized period, whichever comes first.

Reimbursement for any authorized visit will be the same regardless of the time spent with the Member by the treating provider for that particular visit. In addition, authorized visits shown do not include the evaluation and are not intended to be a limit on compensated care but is the next step in the authorization process.

Note: Healthy Kids is allowed a maximum of 24 visits in a 60 day period per injury/episode.

Authorization of Extended Episode Fees (EEF):

Therapy services will be authorized after submission of the Patient Intake form as described in this manual. An authorization does not need to be obtained prior to performing an initial Therapy evaluation on a member but will need to be obtained prior to submitting claims for performing any additional Therapy service and/or in order to be reimbursed for any Therapy services provided, including the initial evaluation. Claims submitted prior to obtaining an authorization will be denied.

After completion of initial approved number of subsequent visits within the initial authorization period, additional therapy will

Authorization Process (cont'd)

be approved if required in the Plan of Care and if provided, will be compensated through an Extended Episode Fee (EEF) or otherwise based on the contractual terms of your provider services agreement with ATA-FL. For obtaining EEF assignment, please secure authorization for additional medically necessary covered services by submitting an updated Patient Intake Form with the following information:

- Number of visits scheduled, number of visits completed and date of last visit;
- Any changes/updates from the original Patient Intake Form: diagnosis, patient deficits, school treatment information, etc... should be noted in the section provided under **“Additional information”**

Based on this information, an EEF level will be assigned. After the evaluation, the EEF Level is paid and processed once a claim for services within the authorization period of the EEF Level is received. For example, on a Category 1 case the provider will complete the evaluation, then three subsequent visits. An EEF level is then assigned after submission of the Patient Intake form. An EEF level is paid and processed upon submission of a claim for the first visit during the EEF authorization period. The EEF

is payment for all eligible services provided during the term of the authorization period. You will receive confirmation via fax from ATA-FL of the assigned Extended Episode Fee (EEF) after submitting the updated Patient Intake form.

Duration of EEF

For medically necessary services that an additional EEF level may be paid under most circumstances. If you have provided services continuously for four months after the evaluation, then update the Patient Intake form where indicated and submit for consideration for another EEF payment (the additional EEF payment).

Claims & Reimbursement

Preferred Method of Submission

Our preferred method of claims submission is through our Clearinghouse. Our Clearinghouse for Healthy Kids is Change Healthcare (f.k.a Emdeon). Our Payer ID is 65062 for professional claims and 12k89 for institutional claims. Providers may contact Change Healthcare (f.k.a Emdeon) and for submittal details.

Providers may also use our web portal to submit claims for Healthy Kids at: <http://ataflorida.com/hs1portal>

If you still prefer to submit via paper, please send CMS 1500 forms or other approved billing forms (i.e. UB-92) to:

Healthy Kids

American Therapy Administrators of Florida
Claims Processing Center
P.O. Box 350590
Fort Lauderdale, FL 33335-0590

The HS1 Web Portal provides your office the ability to check the status of your submitted claims 24/7 regardless of the method of submission (paper, electronic, Web Portal entry). For Healthy Kids status of claims, please call Claims Customer Services at 877-372-1273 option 6. Please listen carefully to the voice prompts.

Do Not Send Any Claims To The Health Plan.

Payments inadvertently made to your practice by the health plan for members assigned to ATA-FL are overpayments and have to be returned to them.

Services are reimbursed as described in Attachment A and/or the applicable Payor's Plan Addendum of your contract. Any Extended Episode Fee payments cover all services provided over a period of time and, therefore, will cover multiple dates of service. However, **it is still necessary for a claim to be submitted for each date of service for a patient.** Submittal of all claims allows ATA-FL to meet data reporting responsibilities to the health plan, enables ATA-FL to give you accurate reports and profiles, and provides ATA-FL with information we need for internal monitoring and review.

Claims & Reimbursement (cont'd)

Please note that failure to submit all claims data may also impact a provider's compensation under their ATA-FL agreement.

Extended Episode Fees are fixed rates over a period of time for all necessary and appropriate treatment, which is inclusive of the number and duration of the visits. Patients are entitled to all covered medically necessary care under the Extended Episode Fee, as determined by the treating therapist in consultation with the referring physician's office. ATA-FL does not dictate or specify exact treatment requirements or visit limitations. It is expected that the therapist will provide appropriate care, delivered efficiently and with the necessary patient (or parent/caregiver, as applicable) education to allow the patient to meet their goals from activities both in a clinical setting and during their activities of daily living

outside of the clinic. If the therapist feels at any time during the patient's treatment that the Extended Episode Fee does not adequately compensate them for the therapy services needed, the therapist should contact ATA-FL and request an Upgrade as outlined in this manual. The therapist must at all times provide the appropriate care they have determined is needed in the patient's plan of care.

Timing of Claims Payment:

Our Claims Department processes claims as they are received. ATA-FL of Florida strictly adheres to state and federal claims processing guidelines for Healthy Kids.

Co-Payments & Eligibility

Please refer to the Health Plan issued member ID card to find co-payment information or you may obtain the co-payment information when verifying eligibility with Aetna directly. Please refer to the member ID card for the phone number of Aetna's eligibility department.

Other Services & Providers

Durable Medical Equipment, Orthotics and Prosthetics, other specialized services: refer the member back to the Health Plan.

Covered Members

Under the Aetna ATA-FL agreement, ATA-FL serves as the mandatory Therapy (PT/OT/ST) outpatient network for all of Aetna Healthy Kids Florida members. See below for details.

MEDICAID	COVERAGE AREA
Healthy Kids	Region 1, 2, 3, 5, 6, 7, 8, Okeechobee & Indian River Counties