

ENCOUNTER DATA SUBMISSION REQUIREMENTS

In recent years, many of the ATA-FL providers have participated in audits conducted by ATA-FL at the request of our health plan partners, the State Agency and our internal QI team to ensure that our claim data, known as encounters, reflect the Plans of Care (POC) approved by ATA-FL. These activities have revealed that compliance to the POC may not be reflected in the claims encounters that ATA-FL is receiving from our participating providers for approved services. As providers are required to submit claims encounters for all services rendered, each and every visit and service are to be reported in the form of a claim to ATA-FL. This claim encounter ensures that the health plans' members are receiving therapy services as authorized by ATA-FL per the POC. ATA-FL uses this claim data to pay claims to our providers and monitor adherence to the POC, but also to submit as encounters to our health plan partners. Our health plans are required to submit this same encounter data to the state's Medicaid program. The state uses the encounter data to review and ensure that therapy services are delivered to the health plans' Medicaid members.

For Developmental Delay cases, case rate payments to our providers are based on the Contract and also as stated below in the current ATA-FL Provider Manual and Training Materials located on our website at <https://www.ataflorida.com/training>.

Payment of Levels for Developmental Delay may result in a maximum of three (3) Level payments during the episode of care (180 days).

- After receipt of the first claim encounter after issuance of the level by ATA-FL the first case rate will be paid to the rendering provider.
- After receipt of the claims encounters during the initial sixty day period, and after receipt of the first claim encounter following day 60 of the 180 day authorization period, the second case rate will be paid. Payment of levels will be contingent upon the performance of services and receipt of encounters consistent with the Plan of Care.
- After receipt of the claims encounters during the second sixty day period, and after receipt of the first claim encounter following day 120 of the 180 day authorization period, the third case rate will be paid. Payment of levels will be contingent upon the performance of services and receipt of encounters consistent with the Plan of Care.

As noted above, the payment of levels is contingent upon the performance of services and receipt of claims encounters consistent with the Plan of Care.



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Beginning June 15, 2019, ATA-FL will apply a payment rule for Developmental Delay cases. Additional payments during the episode of care will be issued based on the provider's compliance with the approved POC and ATA-FL's receipt of claim encounters. ATA-FL is also adding minimum visit requirements.

You may still receive one payment per span, for a maximum of three (3) payments, but in order to receive payment for a particular span, there must be service date claim encounters submitted within that span. The payment amount and the assignment of levels remain the same; however, we are applying a minimum visit threshold. If the minimum visit thresholds are not met, based upon the claim encounters received, you will not receive the subsequent level payments during each of the 60 day spans.

The payment(s) of the approved levels during the episode of care will be issued as follows:

1. Three (3) payments may be issued per episode of care.
2. One (1) payment may be issued for each 60 day span in an episode of care.
3. Receipt of the first claim for services rendered during an episode of care will trigger the first payment.
4. The second span payment will be triggered once the minimum number of service visits is met, and no other payment has been issued for services in the second span. If there is no service visit in span 2, no payment will be made.
5. The third span payment will be triggered once the minimum number of service visits is met, and no other payment has been issued for services in the third span. If there is no service visit in span 3, no payment will be made.
6. Please refer to the grid below for the minimum number of service visits required:

Assigned Impairment Level	Minimum Required Visit For First Payment	Minimum Required Visits from Evaluation Date for Second Payment with at least one visit occurring in the Second or Third Span	Minimum Required Visits from Evaluation Date for Third Payment
Level 2	1	6	11
Level 3	1	9	17
Level 4	1	11	21
Level 5	1	13	25

To increase your encounter compliance, ATA-FL encourages all providers to submit their claims encounters as services are rendered.

Thank you for your continued support and for the quality therapy services that you provide. If you have any questions regarding this information, please contact ATA-FL at 888-550-8800, Option 2; or contact your assigned provider relations representative listed below.

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