

CLAIM AND ENCOUNTER DATA SUBMISSION

HN1/ATA-FL is required to submit Encounters to each Health Plans for each claim that is received by a contracted provider.

Why are Encounters so Important?

- Encounter data is the record of service that is delivered to beneficiaries.
- Encounter data is essential for measuring and monitoring each Health Plan's quality, service utilization, finances, and compliance with contract requirements.
- Your claim encounter represents the care and services that as a Provider, have delivered to the eligible beneficiary.
- Your claim encounter must reflect the same data that you have documented in beneficiary's medical notes as services rendered.
- Without a record of your claims encounter – it is as if the beneficiary never received the service from you.

Note: Please ensure that you are submitting the correct codes for the specialty that you are rendering. Example: Providing Speech therapy. Therefore, your CPT codes should only reflect Speech Therapy procedural codes.

HN1/ATA-FL contains a global case rate reimbursement model, however, all providers are required to submit a claim to reflect all services that they provided:

- All dates of service
- All Procedure codes
- Each type of visit (PT-OT-ST)
- All units for each visit:
 - 1 unit** = 15 minute visit
 - 2 units** = 30 minute visit
 - 3 units** = 45 minute visit
 - 4 units** = 60 minute visit

Note: A unit of service consists of a minimum of 15 minutes of face-to-face therapy treatment between the therapist or therapy assistant and the recipient.



For more details on your role as a provider, please refer to your Provider Service Agreement.

Article III. OBLIGATIONS OF PROVIDER

- Section 3.3 Claims
- Section 3.6 Records and Reports; Encounter Data.

If you have any further questions, please contact us at 1 (888) 550-8800 Option 2, or at: atafl@healthnetworkone.com

