



MEDICARE LINE OF BUSINESS

New Health Plan Implementation – CarePlus

Effective **JANUARY 1, 2020** American Therapy Administrators of Florida/Health Network One (ATA-FL/HN1) will be the mandatory specialty network for Outpatient physical therapy, speech therapy and occupational therapy services provided in a free-standing Facility or office setting (i.e. POS 11), for CarePlus' Medicare enrolled members.

Medicare Coverage Area

Hillsborough, Pasco, Pinellas, Polk, Orange, Osceola, Seminole, Sumter, Marion, Lake, Duval, Clay and Volusia counties.

Continuation of Care (COC)

Continuation of Care (COC) period is up to 30 days from the date that the member switched to CarePlus Medicare from another Medicare Advantage plan. The COC period ends when the old auth expires or when the 30 days ends; whichever comes first. You are not required to obtain an authorization from ATA-FL to continue providing these services during the Continuation of Care Period. If you are NOT a participating provider with HN1/ATA-FL, please refer the member to their Primary Care Physician or ordering Physician so that they may refer the member to a participating therapist. Members may also contact the health plan to locate a participating therapist.

Service Exclusions

Tertiary cases, School based Therapy, Hospital based and/or Inpatient Therapy, Home Health, Partial Day Rehabilitation, Spinal Cord Injuries, Non-traditional free-standing rehabilitation Therapy services including but not limited to hippo therapy, art therapy,

music therapy, vision therapy, aquatic therapy, ABA and cognitive therapy are not covered by ATA-FL. Our UM team will assist providers in referring any patients identified as such to the health plan for appropriate authorization and services.

Claims Submission

If you were issued an authorization by CarePlus, please submit your claims for dates of service on or after January 1, 2020 to ATA-FL/HN1. 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.

Patient Responsibility

Providers may confirm co-pays, deductible, co-insurance and MOOP details through CarePlus' website at: <https://careplushealthplans.com/careplus-providers>.

For any questions regarding patient responsibilities, please contact CarePlus' Provider Operations Inquiry Line at 1-866-220-5448.

Questions?

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