AMERICAN THERAPY ADMINISTRATORS OF FLORIDA

Provider Newsletter

2021 Q2

Required Annual Provider Trainings

All providers with ATAFL are required to complete the Provider Trainings, within thirty days of their contract effective date and annually thereafter. Your attestation will confirm that your office has received all mandatory trainings for the year. Should you want a copy of the trainings for your office, they can be downloaded from the attestation page. The trainings can be located at:

https://ataflorida.com/trainings

Region 9 Medicaid Termination for Humana

Updated termination date of the MEDICAID line of business in REGION 9 ONLY, which includes Indian River, Martin, Okeechobee, Palm Beach and St. Lucie counties. **The new termination date is effective July 31st, 2021.** Please note that this does not impact the Humana Medicaid membership assigned in Region 6 (ages 0-21), Region 10 (all ages) and Region 11 (all ages).

Aetna Better Health - Florida Healthy Kids

We would like to inform you that **effective July 1, 2021, ABHFL will no longer waive copayments** for Speech, Physical and Occupational Therapy for services rendered on or after July 1, 2021.

Simply Healthcare Plans and Lighthouse Health Plan: Contract acquisition

Effective February 1, 2021, Simply Healthcare Plans, Inc. (Simply) will serve the health care coverage needs of eligible Medicaid recipients in regions 1 and 2, including the recipients previously enrolled in Lighthouse Health Plan (Lighthouse). 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 outpatient setting for these eligible Medicaid recipients of all ages.

This notice serves to remind providers of the correct submission methods for authorizations and claims.

Continuation of Care (COC)

Continuation of Care (COC) period is up to 60 days from the date that the member switched to Simply Healthcare Plans, Inc. (Simply). The COC period ends when the old auth expires or when the 60 days ends; whichever comes first. You are not required to obtain an authorization from HN1/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

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Provider Code of Conduct

ATAFL's vision is to "develop and market products, through our family of companies that facilitates access for consumers and payers to quality and cost effective healthcare". Our extensive network of providers help to support this vision by providing quality service to our clients. To ensure that we meet this goal, the Organization has established a set of business conduct guidelines based on the Organization's code of ethics.

Providers Conduct

ATAFL has built an all-encompassing specialty delivery system of quality physicians, providing the full service of benefits that meet our client's population. Our providers shall not abuse, neglect, exploit or maltreat members in anyway, whether by omission or through acts or by failing to deter others from acting. If the provider becomes aware that a member has been subjected to any abuse, neglect, exploitation or maltreatment, the Provider's first duty is to protect the member's health and safety.

Provider Education and Support

The provider network representatives, in addition to the provider manual, conducts ongoing training which may include webinars, and web based tutorials as deemed necessary by the Client or state agency to ensure compliance with client or state agency program standards. These standards include annual distribution of general compliance, HIPAA, Cultural Competency, FWA and any health plan specific trainings as applicable. ATAFL maintains evidence of annual training and all providers within our network are required to complete the training.

Provider Cultural Competency

ATAFL's participating providers, and their staff, will ensure that services are provided in a culturally competent manner to provide to all contracted health plan's members and practitioners specific to local cultures, demographics, and ethnicity. ATAFL has created the cultural competency policy to ensure that effective medical services are provided. ATAFL's participating providers, and their staff shall not discriminate on the basis of religion, gender, race, color, age or national origin, health status, pre-existing condition or need for health care services, and shall not use any policy practice that has the effect of such discrimination. This policy recognizes Section 1557 of the Affordable Care Act (ACA) and all other applicable national, state and/or local laws that prohibit the practice of discrimination.

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Simply Healthcare Plans and Lighthouse Health Plan: Contract acquisition

refer the member to a participating therapist. Members may also contact the health plan to locate a participating therapist.

Authorizations

Authorizations for date-of-service on or after February 1, 2021, can be requested via: Our Provider Web Portal at ataflorida.com/hs1portal/. Fax is available as an emergency backup via ATA-FL fax at 1-855-410-0121.

Claims

For services rendered on or after February 1, 2021, 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 will 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.

Questions?

For more information, please visit our website at www.ataflorida.com and download the ATA-FL Simply Healthcare Provider Manual. If you have any questions regarding this communication, please contact ATA-FL/HN1's w at 1-888-550-8800, Option 2.

Fraud, Waste & Abuse

All ATA-FL providers are required to report concerns about actual, potential or perceived misconduct to the HN1/ATA-FL Corporate Compliance Department at:

1 (866) 321-5550

Mystery Shopper Calls, Provider Changes and Terminations Notifications

As needed, ATAFL, Health Plans, and Federal agencies perform ad hoc provider practice "mystery shopper" calls or site visits to measure variables including but not limited to provider roster accuracy including; urgent, and routine appointment availability; currently accepting new enrollees, and any barriers to scheduling appointments experienced by enrollees.

Please note: Traveling therapists are still linked to an address on your roster and should be verified accordingly should your practice receive a call requesting roster validation for a therapist who is not stationed at an office.

The accuracy of care provider demographic and practice data plays an important part in the success of a medical practice. Having accurate data helps connect you with members searching for a care provider. It also supports claims processing and compliance with regulatory requirements. Participating practices are required to notify ATA-FL immediately when:

- A Therapist employee has been terminated or is no longer treating patients at a specific location**
- A location is closing or relocating
- Demographic information is changing
- If your practice is or is not accepting new patients
- Changes of ownership
- Changes in hours of operation
- Changes in Languages spoken/written by staff
- Changes in Ages/genders served
- Changes in appointment availability***

**Provider Service Agreement states, you are required to notify ATA-FL of any terminations 90 days prior to the termination.

Participating practices may be subject to penalties for noncompliance. Please refer to your provider service agreement for more details.

*****The appointment availability requirement for the Florida Healthy Kids lines of business for a routine visit is (7) Calendar Days and (24) hours for an urgent visit from the Member's request for services.**

*****The appointment availability requirement for Medicaid, Medicare and Commercial lines of business for routine visits is (30) Calendar Days and (24) hours for an urgent visit from the Member's request for services.**

IMPORTANT: If your office is unable to meet the above appointment requirements, you will not be able to participate in the line of business.

If you have any questions please feel free to contact our Provider Relations Department at : 888-550-8800 Option 2

Enhanced Peer to Peer Process

Effective February 22, 2021, ATAFL has adopted an enhanced Peer to Peer process. ATAFL can no longer accept verbal confirmation of the agreed upon level of impairment, if the documentation submitted does not support the requested level of impairment.

Outcomes of Peer to Peer:

1. If after Peer to Peer, ATAFL clinician is in agreement with the rendering therapist's Level assessment of the patient's level of impairment, authorization is approved. **No Change to current process.**
2. If after Peer to Peer, ATAFL clinician is not in agreement with the rendering therapist's Level assessment of the patient's level of impairment, a recommendation for denial will be offered to rendering therapist. **No change to current process.**
3. If after Peer to Peer, the rendering therapist agrees that the member is at a different impairment level than originally written on the documents:

New

A. The rendering therapist may request to withdraw current request and resubmit documentation with an addendum to the POC, or new POC supporting the updated level of impairment.
B. If the rendering therapists is not able to resubmit documentation to supply an addendum or new POC with the updated level of impairment, then the case will be referred to the Health Plan for a Recommendation for Denial.

Note: If a Peer to Peer review is unable to be completed, the ATAFL clinician will refer the case for Recommendation for Denial to the Health Plan.

REMINDER: Critical Elements Required for Authorization Requests

Based on ATAFL delegated responsibilities, if the Critical Elements are missing or the authorization request is incomplete, the case will be referred to the health plan for a Recommendation for Denial. For more information on the Critical Elements Required for Authorization requests, please visit our website https://www.ataflorida.com/provider-resources.php for Health Plan Specific Provider Manuals.

MyCharlie Extended till 11/30/21

We are pleased to inform you that ATAFL will continue to cover the cost of AllHealth Choice's MyCharlie app basic package through November 30, 2021. This package includes everything you need to provide telehealth services to all your patients in compliance with HIPAA regulations.

For more information, please contact a AllHealth Choice representative at 1-844-334-0456 or ATAFL's Provider Relations Department.

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

Clinical Practice Guidelines

ATA-FL uses Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines (depending on the LOB) for Medical necessity determinations. These guidelines are based on appropriateness and medical necessity standards; each guideline is current and has references from the peer-reviewed medical literature, and other authoritative resources such as CMS Medicare. For any medical necessity Recommendation of Denial, the Medical Director shall make an attempt to contact the requesting provider for peer to peer consultation. The Apollo, Milliman Care, or our Health Plan partner Clinical Guidelines are reviewed and approved by HS1 Medical Advisory committee annually, and are available in both electronic and hard copy format. If a provider would like a copy of a specific guideline they may contact their assigned Provider Relations Representative and a copy will be provided.