



Provider Newsletter

2021 Q4

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.

Effective 1/1/2022 Molina Medicaid Specialty Plan SMI Expansion into Regions 4, 5 and 7

Effective January 1, 2022, American Therapy Administrators of Florida/Health Network One (ATA-FL/HN1) will be the specialty network for Physical Therapy, Speech Therapy and Occupational Therapy (PT/ST/OT) services rendered in a free-standing outpatient setting to Molina Healthcare of Florida Specialty Plan members in Regions 4, 5 and 7.

Continuation of Care (COC)

The Continuation of Care (COC) period is up to 60 days from January 1, 2022. The COC period ends when the existing authorization 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 COC 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 Physical Therapist, Speech Therapist, or Occupational Therapist. Members may also contact the health plan directly at 855-322-4076 to locate a participating provider.

Authorizations

Authorizations for dates of service on or after January 1, 2022, can be requested via our Provider Web Portal at ataflorida.com/hs1portal/. Request can also be sent via ATA-FL fax at 1-855-410-0121.

Claims

For services rendered on or after January 1, 2022, 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. In order to receive payment for a claim, providers must submit their claim along with written documentation such as prior existing physician's orders, prior authorizations, and treatment plan/plan of care.

Questions?

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

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**

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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.

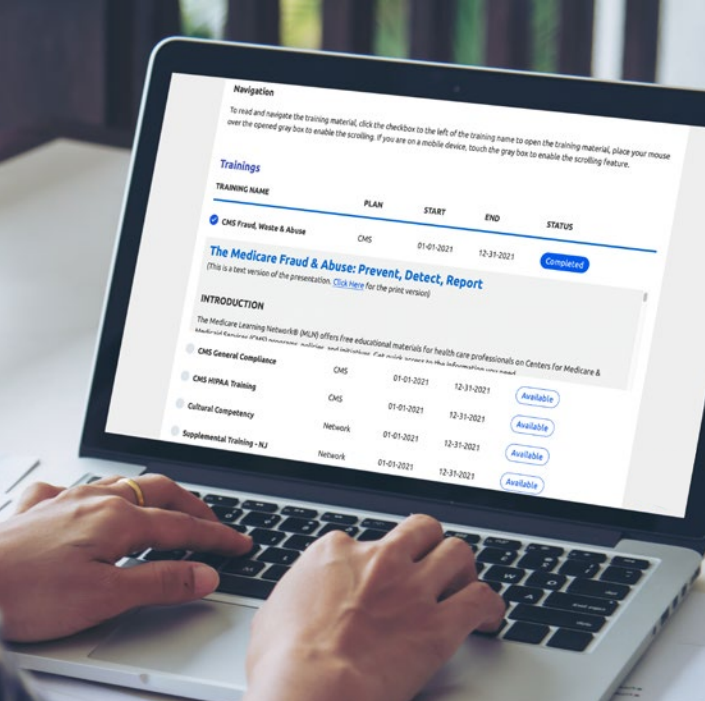
Participating practices may be subject to penalties for noncompliance. Please refer to your provider service agreement for more details.

*****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



Required Annual Provider Trainings

All providers with ATAFI 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. The trainings can be located at:



<https://ataflorida.com/trainings>

Affirmative Statement about UM Decision Making

All clinical staff that makes Utilization Management (UM) decisions is required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
- Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support benefit denials.

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