AMERICAN THERAPY ADMINISTRATORS OF FLORIDA

Provider Newsletter

2021 Q1

Therapy Assistants and Their Role in Evaluations & Reevaluations

In a recent bulletin, ATA clarified the role of Therapy Assistants in relation to patient screening, evaluation, and reevaluation. Given the feedback we've received, it appears we created some confusion and concern within our network, rather than meeting our objective of providing clear direction.

We apologize for any issues our communication may have caused. However, we also feel it's important to note the reason ATA sent out the bulletin in the first place. Specifically, our detailed intake process revealed that Therapy Assistants were signing evaluations. This practice is not only a violation of ATA's standards, but also those of the main Speech, Occupational, and Physical Therapy Associations.

Our objective in the prior bulletin, as well as in this one, is to reinforce that Therapy Assistants may continue to contribute to screenings, evaluations, and re-evaluations. Likewise, we're reinforcing that only a licensed Therapist can complete, interpret, sign, and communicate the outcome of the collected data.

The full policy language for each individual specialty can be found at:

https://ataflorida.com/pdf/assistants-clarification.pdf

As always, thank you for your continued performance and adherence to both our policies and to industry standards.

Aetna Better Health - Florida Healthy Kids

aetna

Aetna Better Health continues to waive copayments for Florida Health Kids members for Speech, Physical and Occupational Therapy services.

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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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 Provider Relations Department 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

Devoted Health Will Be Expanding Effective January 1, 2021

Effective JANUARY 1, 2021 American Therapy Administrators of Florida/ Health Network One (ATAFL) 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 Devoted Health's expansion counties for Medicare enrolled members.

Medicare Expansion Counties

Clay, Duval, Hernando, Lake, Manatee, Marion, Nassau, and Sumter counties.

Continuation of Care (COC)

Continuation of Care (COC) period is up to 30 days from the date that the member switched to Devoted Health 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 ATAFL to continue providing these services during the Continuation of Care Period. If you are NOT a participating provider with ATAFL, 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.

Provider Manual

The ATAFL Devoted Health Provider Manual can be located on our website under provider resources https://www.ataflorida. com/provider-resources. php.

Claims Submission

If you were issued an authorization by Devoted, please submit your claims for dates of service on or after January 1, 2020 to ATAFL. Please submit your paper claims to ATAFL 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, deductibles, co-insurance and MOOP details through Availity's website at https://apps.availity. com/availity/web/public.elegant.login.

For any questions regarding patient responsibilities, please contact Devoted's Provider Services Department at 1-877-762-3515.
If you have any further questions, please contact ATA-FL Provider Relations at 1 (888) 550-8800 Option 2, or at: atafl@ healthnetworkone.com

Effective 10-1-21: Claims will Deny if Referring, Ordering, Prescribing, and Attending Providers are Not Enrolled

Effective October 1, 2021, any fee-for-service (FFS) claim submitted with a National Provider Identifier (NPI) for a provider not enrolled with Florida Medicaid will deny, and the provider will not receive reimbursement for services. This includes claims that list a Referring, Ordering, Prescribing, or Attending (ROPA) provider. ROPA providers must be enrolled with Florida Medicaid in accordance with Title 42, Code of Federal Regulations, Section 455.410(b).

Starting October 1, 2021, claims will not pay for any practitioner, group practice, facility, or pharmacy providing services to Florida Medicaid recipients based on a ROPA provider's referral, order, prescription, or attending services, unless the ROPA provider identified by NPI on the FFS claim is actively enrolled with Florida Medicaid.

Florida Medicaid features a quick and easy, automated ROPA provider enrollment application on the Florida Medicaid Web Portal Enrollment Application Wizard link below.

https://portal.flmmis.com/flpublic/Provider_ProviderServices/Provider_Enrollment/ Provider_Enrollment_EnrollmentApplication/tabid/67/desktopdefault/+/Default.aspx

Please visit the Agency Initiatives page of the Web Portal for updated ROPA information, including the ROPA Providers Frequently Asked Questions and Quick Reference Guides on ROPA provider enrollment and claims billing. Providers may call the Provider Services Contact Center at 1-800-289-7799, option 7, for billing assistance and option 4 for enrollment assistance.

Required Annual Provider Training

All providers with ATA-FL, are required to complete the Provider Trainings, within thirty days of their contract effective date and annually thereafter. The trainings can be located via the web at:

https://ataflorida.com/trainings

You may complete the trainings on any desk top or mobile device for ease of access and completion. Your attestation will confirm that your office has received all mandatory trainings for the year.

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.