



August 2, 2019

RE: Claims Transition update

Dear Valued Provider,

ATRIO Health Plans and its partners are working through a number of important claims benefit, payment, and Remittance Advice (RA) issues that have been identified within July payment runs. This communication is intended to give a better understanding of each issue we are working to resolve or alleviate the impact on providers and members. Thank you to those providers that have brought these issues to our attention. ATRIO's top priority remains our members and their care.

Online RA

At this time, ATRIO is directing providers to obtain RA's through our online provider portal. We are aware this option does not reflect any contractual withholds you may have with ATRIO. This could result in your check payment total not matching your online RA payment total. If you are experiencing this discrepancy, you can identify the withhold amount by subtracting the check payment total from the online RA payment total.

To view the online RA, you will want to log into the provider portal, select "View Remittance Advice", then enter either the "member ID" or "check number". Only one field is required in your search options to access the RA. If you search by check number, you will need to enter "0" values before the check number to reach the 9 digit field requirement.

Sequestration can be identified on the online RA in the farthest column to the right, shown as "Rsn 2560". This is an indication that the 2% sequestration has been applied to your claim, but you will not see it as a separate amount listed on the RA.

Paper RA

ATRIO is working with a new vendor who will be supporting our paper check and RA printing functions. We expect to go live with paper RAs by August 23rd, the RA and check payment total will match. The withhold amount will not be reflected at the claim level.

Sequestration can be identified on the paper RA in the farthest column to the right, shown as "Message code 2560". This is an indication that the 2% sequestration has been applied to your claim, but you will not see it as a separate amount listed on the RA.

835 ERA/EFT

The 835 process is related to the EFT conversion, as the information is tied together in the conversion files. Knowing the issues we have seen with the online and paper RA, we have increased the priority for both EFT and 835. We are currently in the process of reaching out to our clearinghouses to determine if there will be any additional pieces needed for providers to begin receiving the 835 files.

The EFT forms that have been submitted are in process and are being entered by way of a conversion file. In addition to converting EFT information into HealthSuite, we are working with our banking system to mitigate funding issues.

While these two processes have become a higher priority to ATRIO, we do not have a timeline for the 835/EFT processes to commence.

Claims Benefit Application

We are aware there have been a number of benefit application issues that directly impact members. These issues are ATRIO's highest priority, and we will be reconciling claims as soon as the matter is resolved. ATRIO understood these benefit issues could occur, however, we made the decision to relieve revenue cycle concerns. Low revenue flow to providers servicing our members has the potential to interrupt patient care, and patient care remains our top priority.

Claims Payment

A default payment structure at Medicare allowable has been implemented across the board for any provider contracts that have not been configured in our system. This is temporary as we work to create and implement claims payment structures based on individual contracts.

The Merit-based Incentive Payment System (MIPS) adjustments are in the process of being configured and are not reflected in the allowed amount on the claims payment.

During our claims validation process, we found there are code groups that are applying \$0 allowed amounts due to the different pricing methodologies having not been configured with some of our contracts. We are working through those contracts and configuring the correct pricing methodology.

ATRIO will reconcile all claims with benefit or payment issues as we work to apply the correct configuration. As we move further in building this new system, we expect it will provide more timely and accurate claims payments based on individual contracts, Medicare/ATRIO benefits, and Medicare coding/billing guidelines.

The scanning system for paper claims has recently been employed. All paper claims received after 6/4/19 are in the entry process and will be added to payment runs as they are adjudicated.

If you have any questions or concerns regarding this communication, please feel free to email CustomerService@atriohp.com or contact ATRIO Customer Service at (877) 672-8620, Monday through Friday, 8 am to 8 pm. TTY/TDD users should call (800) 735-2900.

Thank you for your support as we continue to operate our Medicare Advantage plans.

ATRIO Health Plans