



February 14, 2020

RE: Claims Transition update

Dear Valued Provider,

ATRIO Health Plans and its partners are continuing to work through important provider matters that have been identified as needing support or information. This communication will provide a progress update on the resolution of matters impacting providers and members. ATRIO's top priority remains accurately reimbursing providers and ensuring our members receive care.

Eligibility, Benefits and Claim Status

The member Evidence of Coverage (EOC) provides the plan and service benefit information and is now available in the Provider Portal. The EOCs are also available by plan on our website here: <https://www.atriohp.com/medicare/2020-plan-options/>.

The ATRIO Provider Portal is a quick, reliable source to verify member eligibility and check claim status without calling Customer Service. To register or login, please go to: <https://www.atriohp.com/providers/provider-login/>.

Prior Authorization

Last month we provided a current contact list to support medical management needs for all of our service areas. If you are finding issues with Prior Authorizations that need to be escalated to ATRIO's attention for review or education, please email MedicareMM@atriohp.com.

835 ERA/EFT

The EFT process will begin implementation in the second quarter of 2020. We will provide a timeline for this implementation in our March transition communication.

Claims Payment

ATRIO is progressing in the configuration of all 2019 and 2020 contracts and is reconciling claims as these contracts are configured. We are currently in the testing phases of a withhold enhancement that will allow us to correctly configure contracts that have withhold language. Once this enhancement is thoroughly tested, we will begin to implement contracts that have withhold language and reprocess all impacted claims.

Crossover Claims

Crossover claims are in the process of being implemented and tested with our system administrators and service area partners. We are currently working on the identified issues. This effort has been escalated to the highest priority and we will have an update upon the next transition communication.

Claims Benefit Application

Provider inquiries have been beneficial in helping ATRIO identify areas of configuration that need additional review. Specific benefits that are in review for resolution include, but are not limited to the

annual physical examinations denying as non-covered for our PPO members, mammograms applying cost share, certain labs rebundling to procedure code 80050, and double reductions on multiple surgery. We have resolved the incorrect denials on the annual physical exams and claims have been reprocessed to pay out on the next claim payment run. We have also resolved the issue of mammograms applying cost share, however, we are still working on reprocessing the claims. These corrections should be reflected by the last claims run of February. The rebundling of labs and double reduction in multiple surgeries are still being reviewed for configuration changes. Once the system has been updated, impacted claims will be reprocessed.

PDPM/PDGM

Both the Patient-Driven Payment Model and Patient-Driven Groupings Model have been implemented for all Skilled Nursing Facilities and Home Health Agencies. ATRIO has been working to release any aged claims, as well as reprocess any claims that were impacted by this change in payment methodology.

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, 8:00 am to 5:00 pm. TTY/TDD users should call (800) 735-2900.

Thank you for your patience and support as we continue to resolve these issues.

ATRIO Health Plans