



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



ATRIO/CIM Transition Questions and Answers

How will I check eligibility and benefits for members?

Members will show termed in CIM as of 6/3/2019 at 11:59:59. Providers can contact ATRIO customer service at 877-672-8620 to obtain accurate member eligibility. The eHealthSuite provider portal is also available to check eligibility.

The benefits feature will be an enhancement from our previously utilized CIM system. However, this feature will not be available on 6/4. You will want to contact ATRIO customer service to obtain accurate member benefits.

See communication sent to office/facility administrator, to attain registration PIN and instructions for the provider portal.

Will I be able to check claims status, or send a communication in CIM?

On 6/4/2019, Providers, ATRIO staff, and Service Area Contractors (WVP/UH/CCC) will have read-only CIM access for ATRIO accounts in CIM. As of 6/30/2019 at 11: 59:59 pm, ATRIO staff, and Service Area Contractors will have no access to any information regarding ATRIO accounts in CIM. Effective 8/1/2019, Providers will no longer have any access to information regarding ATRIO accounts.

The eHealthSuite provider portal will contain claims with received dates after 6/4/2019 to check for status and send communication regarding claims in the next couple of weeks.

Claims history for services received by 6/3/2019 will be available internally if there are any questions. These claims will be converted into the new claims system within the next few weeks and will be available for viewing status in the provider portal.

What does read-only CIM access mean?

Providers, ATRIO staff, and Service Area Contractors will not be able to submit/edit Prior Authorizations, attach documents to member accounts or claims, email through member accounts or claims, create reports, etc. Read-only access will only allow you to search records and view information such as eligibility, Prior Authorization data (status will not be updated after 6/3/19), claims data (received dates up to 6/3/19), and notes.

Will I be able to use CIM after 6/3/2019 for other plans like WVCH, UHA, etc?

Yes, as far as ATRIO is aware this termination is only impacting ATRIO lines of business. ATRIO's service area contractors are aware of this termination as well.

How will I submit a request for Prior Authorizations?

You will still have the ability to submit prior authorization requests via paper and fax after 6/3/2019. You no longer have access to submit requests via CIM. The eHealthSuite provider portal is currently available PA submissions.

See communication sent to office/facility administrator, to attain registration PIN and instructions for the provider portal.

How will I check the status of current requests for Prior Authorizations?

You can contact ATRIO customer service at 877-672-8620 to check the status of prior authorization requests. The eHealthSuite provider portal is available to submit and view new Prior Authorizations. Open and historical PA's are not yet available in the provider portal but will be very soon.

What services will be available in the ATRIO Provider Portal on 6/4/2019?

Providers will be able to view Provider data, member eligibility, enter and view new Prior Authorizations, create and submit new Professional claims. In order to access the ATRIO Provider Portal and use these features, you will have to utilize the PIN and registration instructions provided to your office/facility administrator. Additional functionality will be available and communicated throughout July.

What if I have a claim that was submitted prior to 6/3/2019, and has not paid?

We apologize for the delay, PH Tech has agreed to process claims based on a received date through 6/3/2019. The final claim payment run with PH Tech will occur on 7/1/2019.

Claims are currently being processed and validated in the new claims system. The first claims payment run is slated for 7/12/2019 for received dates 6/4/2019 through 6/19/2019.

Can I expect delays in claims payment?

The ATRIO and RAM Technologies teams are vehemently working to eliminate as many delays as possible to avoid interruptions in revenue cycles. A default payment structure at Medicare allowable will be implemented across the board for any provider whos contracts have not yet been built into our system. This will be temporary as we work to create and implement claims payment structures based on individual contracts. Once the claims payment structures are implemented, ATRIO will reconcile all claims for correct contractual payments. As we move further in building this new system we expect it will provide more timely and accurate claims payment based on individual contracts, Medicare/ATRIO benefits, and Medicare coding/billing guidelines.

Where do I send claims after 6/3/2019?

ATRIO/RAM Technologies has been working to secure the same Electronic Data Interface connections that are currently connected to CIM. We have transferred over existing Claims Payer ID's (CPID) so this will be a seamless transition for electronic claims submissions. It will not be necessary to hold claims or drop to paper.

Paper claims should now be submitted to **PO Box 8030, Kalispell, MT 59904**. PH Tech has agreed to allow ATRIO a 30 day period to pick up mail to the old PO Box. ATRIO will

work to communicate this new claims mailing address with providers. Effective July 1, 2019 PH Tech will return mail received at PO Box 5490 to sender.

I had EFT set up with PH Tech, will that work with the new claims vendor (RAM Technologies)?

Initial payments from with our new claims system will be made with a physical check and RA. Electronic Funds Transfer (EFT) and ERA (835) will be available based on completion and submission of the EFT form and W-9 securely submitted via encrypted email to ATRIO_FINANCE@atriohp.com or you can mail to attention ATRIO Finance, 2965 Ryan Drive SE, Salem, OR 97301.