

# The First Health.® Network



COVENTRY  
Health Care

A Coventry Company

## Provider Reference Manual



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## **NOTICE: NETWORK CONSOLIDATION**

First Health Group Corp., owner and operator of CCN and The First Health Network and a subsidiary of Coventry Health Care, Inc., has recently announced the Integration of its rental networks. We will begin to use the “First Health” name to specifically distinguish this line of business for all rental networks, including group health, workers’ compensation, and auto liability.

As of January 1, 2007, the following networks will be consolidated under the First Health name: CCN, Healthcare Value Management (HCVM), and PPO Oklahoma. Member ID cards will change upon each customer’s renewal date throughout calendar year 2007.

Accordingly, during 2007 plan ID cards bearing the names or logos of CCN, HCVM, PPO Oklahoma, or First Health will be recognized as accessing the First Health Network. Healthcare Preferred and SouthCare will consolidate into The First Health Network on January 1, 2008.

## **REBRANDING**

Providers have requested that we differentiate our directly administered commercial business from our First Health PPO network rental business. For this reason, we will begin to treat our First Health national account business in the same fashion as the rest of our Coventry-branded health plan business, and package it under the “Coventry” name. Beginning January 1, 2007, we will re-issue new patient ID cards bearing the name Coventry Health Care National Network to replace the current First Health Direct ID cards for the national accounts business we administer.

## Quick Reference Guides

To Coventry Health Care and the First Health® Networks



COVENTRY  
Health Care



First Health®

As a staff member of a **Coventry Health Care** or **First Health** network physician office, we provide you with valuable resources to assist you in your day-to-day interactions with patients using **Coventry Health Care** or **First Health**.

The Quick Reference Guides are one of several tools intended to make your job easier and to provide you with a summary of available resources.

Quick Reference Guide  
**To Coventry Health Care and The First Health<sup>o</sup> Networks**



**CONTACT LIST**

| YOUR QUESTIONS  | COVENTRY HEALTH CARE  | FIRST HEALTH  | FIRST HEALTH WORKERS COMPENSATION (WC)  |
|---|---|---|---|
| What is this?   | Where Coventry Health Care prices, and in many instances, actually adjudicates the claim.   | Our clients are other payors that use our provider network for members. We may price the claim or the payor might use our systems remotely or our data. Our client will adjudicate and pay the claim. | Carriers and employers sponsoring/underwriting WC plans that are priced by First Health |
| Billing/Claims Submission for Coventry Health Care Administered Clients<br><br>EDI# | <b>Coventry Health Care Administered Claim<br/>PO Box 8400<br/>London, KY 40742</b><br><br>87043 – Standard ID<br>62413 – MHBP ID<br>Check Benefit Card or Payor Guide for exceptions on our website:<br>coventrynational.com | See Benefit Card  | Contact Employer  |
| Billing/Claims Submission for clients that pay their own claims                     | See Benefit Card or Payor Guide on our website:<br>coventrynational.com   | See Benefit Card as #s vary depending on administrator  | Contact Employer  |
| Mail Handlers Billing/Claims Submission<br><br>EDI#                                 | <b>PO Box 8402*<br/>London, KY 40742</b><br><br>62413 – Check Benefit Card  | See Benefit Card as #s vary depending on administrator  | Contact Employer  |
| Eligibility/Benefits/Compensability   | See Benefit Card  | See Benefit Card  | Contact Employer  |
| UM/Pre-certification and/or Referral Management                                     | See Benefit Card  | See Benefit Card  | Contact Employer  |
| Billing/Claims Status   | See Benefit Card  | See Benefit Card  | Contact Employer  |
| Behavioral Health   | See Benefit Card  | See Benefit Card  | Contact Employer  |
| Provider Inquiry: Member Eligibility, MBR Benefits, Claims Questions                | See Benefit Card  | See Benefit Card  | Contact Employer  |
| Website   | <a href="http://www.coventrynational.com">www.coventrynational.com</a>  | <a href="http://www.firsthealth.com">www.firsthealth.com</a>  | Contact Employer  |

# Quick Reference Guide

## CONTACTS AND SOURCES



|   | CONTACTS AND SOURCES |  |                               |   |
|---|----------------------|--|-------------------------------|---|
|   | Benefit Card         | Coventry Health Care Comprehensive Client List** | Call Patient's Payor/Employer | Call Coventry Health Care Provider Services |
| <b>REGISTRATION/FRONT OFFICE QUESTIONS</b>  |                      |  |                               |   |
| Identifying <b>Coventry Health Care</b> Group Health Patients                           | <b>X</b>             | <b>X</b>   | <b>X</b>                      |   |
| Verifying Benefits and Eligibility  | <b>X</b>             |  |                               |   |
| Pre-certification of Inpatient/Outpatient Services                                      | <b>X*</b>            |  |                               |   |
| Payor/Employer Network Participation  |                      | <b>X</b>   |                               | <b>X</b>                                    |
| Referring to other <b>Coventry Health Care</b> Providers (Preferred Provider Directory) |                      |  |                               | <b>X **</b>                                 |
| Identifying <b>Coventry Health Care</b> clients   | <b>X</b>             | <b>X</b>   |                               |   |
| <b>BILLING/ COLLECTIONS QUESTIONS</b>   |                      |  |                               |   |
| Group Health Claims Submission Address  | <b>X</b>             | <b>X</b>   |                               |   |
| Status Information  | <b>X</b>             |  |                               | <b>X</b>                                    |
| Benefit Coverage/Payment  | <b>X</b>             |  |                               |   |
| <b>First Health</b> Contract Allowable  |                      |  |                               | <b>X</b>                                    |
| <b>Coventry Health Care</b> Contract Allowable  |                      |  |                               | <b>X</b>                                    |
| <b>Coventry Health Care</b> Contract Allowable Appeals                                  |                      |  |                               | <b>X ***</b>                                |
| Electronic Claims Submission  | <b>X</b>             | <b>X</b>   | <b>X</b>                      |   |
| Payor/Employer Network Participation  |                      | <b>X</b>   | <b>X</b>                      | <b>X</b>                                    |
| Provider Updates/Changes (Address, Phone, Tax ID Number, Etc.)                          |                      |  |                               | <b>X</b>                                    |
| <b>UTILIZATION REVIEW QUESTIONS</b>   |                      |  |                               |   |
| Pre-Certification or Concurrent/Ongoing Review  | <b>X *</b>           | <b>X *</b>                                       | <b>X *</b>                    |   |
| Appeal of Review Recommendation   | <b>X *</b>           |  |                               |   |

- \* Check benefit card for Utilization Management/Pre-Certification telephone numbers.  
Written appeals should be sent to: Coventry Health Care Attn: QA Department 3200 Highland Avenue Downers Grove, IL 60515
- \*\* These materials may be requested through Provider Services or by e-mail at: [healthprofessionals@firsthealth.com](mailto:healthprofessionals@firsthealth.com)
- \*\*\* Send claims appeals to: Coventry Health Care Appeal Unit P.O. Box 348412 Sacramento CA 95834-8412  
Coventry Health Care Provider Services Department (800) 937-6824

# Quick Reference Guide

## CONTACTS AND SOURCES



|   | CONTACTS AND SOURCES |  |  |                                     |
|---|----------------------|--|--|-------------------------------------|
|   | Benefit Card         | First Health Comprehensive Client List** | Call Patient's Payor or Employer if related to Workers' comp | Call First Health Provider Services |
| <b>REGISTRATION/FRONT OFFICE QUESTIONS</b>                                      |                      |  |  |                                     |
| Identifying <b>First Health</b> Group Health Patients                           | <b>X</b>             | <b>X</b>                                 | <b>X</b>   |                                     |
| Identifying <b>First Health</b> Workers' Compensation Patients                  |                      | <b>X</b>                                 | <b>X</b>   |                                     |
| Verifying Benefits and Eligibility  |                      |  | <b>X</b>   |                                     |
| Pre-Cert. of Inpatient/Outpatient Services                                      | <b>X *</b>           |  | <b>X</b>   |                                     |
| Payor/Employer Network Participation  |                      | <b>X</b>                                 | <b>X</b>   | <b>X</b>                            |
| Referring to other <b>First Health</b> Providers (Preferred Provider Directory) |                      |  |  | <b>X **</b>                         |
| Identifying <b>First Health Direct</b> clients                                  | <b>X</b>             | <b>X</b>                                 |  |                                     |
| <b>BILLING/ COLLECTIONS QUESTIONS</b>   |                      |  |  |                                     |
| Group Health Claims Submission Address  | <b>X</b>             | <b>X</b>                                 | <b>X</b>   |                                     |
| Workers' Compensation Claims Submission Address                                 |                      | <b>X</b>                                 | <b>X</b>   |                                     |
| Status Information  |                      |  | <b>X</b>   |                                     |
| Benefit Coverage/Payment  |                      |  | <b>X</b>   |                                     |
| <b>First Health</b> Contract Allowable  |                      |  |  | <b>X</b>                            |
| <b>First Health</b> Contract Allowable Appeals                                  |                      |  |  | <b>X ***</b>                        |
| Electronic Claims Submission  | <b>X</b>             |  | <b>X</b>   |                                     |
| Payor/Employer Network Participation  |                      | <b>X</b>                                 | <b>X</b>   | <b>X</b>                            |
| Provider Updates/Changes (Address, Phone, Tax ID Number, Etc.)                  |                      |  |  | <b>X</b>                            |
| <b>UTILIZATION REVIEW QUESTIONS</b>   |                      |  |  |                                     |
| Pre-Certification or Concurrent/Ongoing Review                                  | <b>X *</b>           | <b>X *</b>                               | <b>X *</b>   |                                     |
| Appeal of Review Recommendation   | <b>X *</b>           |  |  |                                     |

- \* Check benefit card for Utilization Management/Pre-Certification telephone numbers.  
Written appeals should be sent to: First Health Attn: QA Department 3200 Highland Avenue Downers Grove, IL 60515
- \*\* These materials may be requested through Provider Services or by e-mail at: [healthprofessionals@firsthealth.com](mailto:healthprofessionals@firsthealth.com)
- \*\*\* Send claims appeals to: First Health Appeal Unit, P.O. Box 348412 Sacramento CA 95834-8412  
First Health Provider Services Department (800) 937-6824

# EMAIL Reference Guide To Coventry Health Care and The First Health<sup>®</sup> Networks



## QUICK REFERENCE GUIDE

| FUNCTION  | WEBSITE ADDRESS  | DESCRIPTION  |
|---|--|--|
| First Health Website                                      | <a href="http://www.firsthealth.com">www.firsthealth.com</a>   | Main First Health Website to learn about the many services we provide.   |
| Coventry Health Care Website                              | <a href="http://www.coventrynational.com">www.coventrynational.com</a>   | Main Coventry Health Care Website to learn about the many services we provide.   |
| Electronic Services Information                           | <a href="http://www.firsthealth.com/networkservices/webmd.html">www.firsthealth.com/networkservices/webmd.html</a>   | Helpful information about the electronic services we offer and how to work with us through WebMD.                            |
| First Health  | <a href="http://transact.webmd.com/edi_fact_sheet_87043.php">http://transact.webmd.com/edi_fact_sheet_87043.php</a>  | <b>Payer-specific information you need to file your claims electronically.</b>   |
| Electronic Claims Resource Center                         | <a href="http://transact.webmd.com">http://transact.webmd.com</a>  | A general guide to filing your claims electronically.  |
| Electronic WebMD training                                 | <a href="http://www.firsthealth.com/networkservices/training/online.html">www.firsthealth.com/networkservices/training/online.html</a>   | <b>WebMD Online Training</b>   |
| Participating Provider Directory                          | <a href="http://www.firsthealth.com/networkservices/referraltools.html">www.firsthealth.com/networkservices/referraltools.html</a><br><a href="http://www.coventrynational.com">www.coventrynational.com</a> | Use for Patient Referral to identify other First Health healthcare professionals.  |
| Client Lists for Hospital Providers                       | <a href="http://www.firsthealth.com/NETWORKSERVICES/pir.jsp">www.firsthealth.com/NETWORKSERVICES/pir.jsp</a><br><a href="http://www.coventrynational.com">www.coventrynational.com</a>                       | Current First Health Payor Information Reports   |
| Client Lists for Outpatient Care Network Providers        | <a href="http://www.firsthealth.com/NETWORKSERVICES/ccl.jsp">www.firsthealth.com/NETWORKSERVICES/ccl.jsp</a><br><a href="http://www.coventrynational.com">www.coventrynational.com</a>                       | Current First Health Comprehensive Client List- updated on a monthly basis   |
| CAQH (Council for Affordable Quality Healthcare)          | <a href="http://www.caqh.org">www.caqh.org</a>   | Information about CAQH (Council for Affordable Quality Healthcare)   |
| CAQH Credentialing Online                                 | <a href="https://caqh.geoaccess.com/oas/">https://caqh.geoaccess.com/oas/</a>  | Completing the application   |
| First Health Pharmacy Drug Guide                          | <a href="http://www.firsthealth.com/pdf/form_pdg_standard.pdf">www.firsthealth.com/pdf/form_pdg_standard.pdf</a>   | First Health Drug Formulary  |
| First Health Participating Pharmacies                     | <a href="http://www.firsthealth.com/networkservices/pdfs/Phrlst01.pdf">www.firsthealth.com/networkservices/pdfs/Phrlst01.pdf</a>   | 2005 list of Participating Pharmacies  |
| The First Health <sup>®</sup> Care Support Program        | <a href="http://www.firsthealth.com/networkservices/clinical.html">www.firsthealth.com/networkservices/clinical.html</a>   | First Health's proactive approach to provide support and personalized health education for chronically ill patients.         |
| CA WC PROGRAM Medical Provider Network (MPN) Requirements | <a href="http://www.firsthealth.com/networkservices/pdfs/mpn_manual.pdf">http://www.firsthealth.com/networkservices/pdfs/mpn_manual.pdf</a>  | Requirements to participate in the CA Medical Provider Network for one or more of First Health's workers compensation payers |





## Insurance Card Samples For Coventry Health care and the First Health<sup>o</sup> Networks

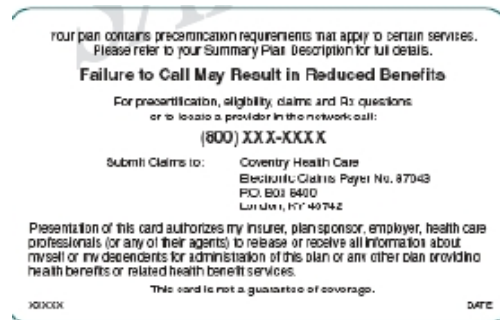
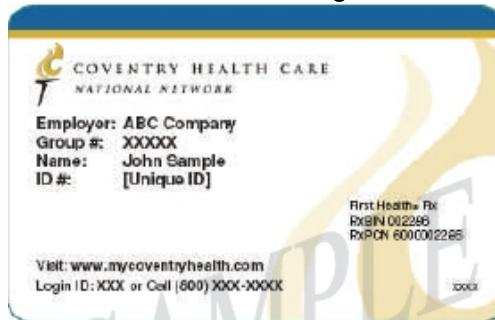
- These brand names reflect our different customer base •

### The First Health<sup>o</sup> Network

Customers using The First Health Network<sup>o</sup> price and pay their own bills.  
The ID card of members using The First Health Network<sup>o</sup> looks like this:



### Coventry Health Care Network





## Insurance Card Samples For The First Health<sup>®</sup> Networks

- These brand names reflect our different customer base •

### Mail Handlers

The Mail Handlers Benefit Plan (MHBP) is open to ALL federal and postal employees and annuitants who are eligible for the Federal Employee and Health Benefits (FEHB) program.

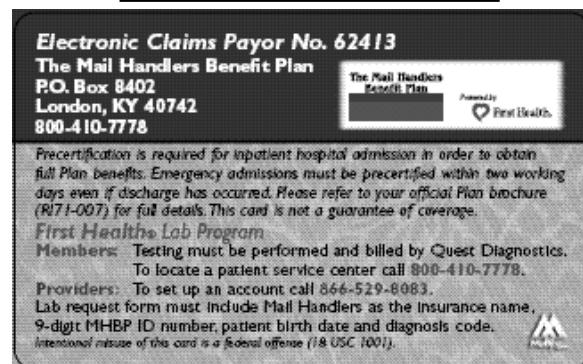
The MHBP is the second largest nationwide PPO health plan in FEHB, offering comprehensive health care coverage across the United States and overseas. No matter where you live, work or travel, you can count on MHBP to be there for you with services including:

- The First Health<sup>®</sup> Network of PPO Providers, available in all 50 states, the District of Columbia and Puerto Rico
- 24 hour, 7 day a week toll-free Member Service, whether you are in the U.S. or overseas. You will always speak to a live person.
- The First Health<sup>®</sup> Care Support Program offering disease and pharmacy management Online tools including Network Fee Lookup and My Account

MHBP ID Card - Front



MHBP ID Card - Back





## **INTRODUCTION**

**To The Coventry Health Care and First Health<sup>o</sup> Networks**

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## **THE FIRST HEALTH WEBSITE**

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Visit the  website  
for Doctors, Hospitals and  
other Healthcare Professionals  
at: **[www.firsthealth.com](http://www.firsthealth.com)**

The  **First Health** website has:

- Client Lists for Outpatient Healthcare Providers (CCL) and Hospital Providers(PIR)
- Update your Practice Information from your listing in the Electronic Directory
- Electronic Directory
- Workers Compensation – California HCO/MPN and Texas HCN
- Electronic Claims Processing information
- Clinical Guidelines
- First Health Prescription drug formulary
- Information about the Mail Handlers Benefit Plan
- Client Specific Publications
- First Health owned and Leased networks

Some of the web applications are secure, and require login with a valid username and password.

If you are an individual provider, enter your First Health provider identification number to obtain a username and password by mail. If you do not know your First Health provider identification number, send an email to [providerrelations@firsthealth.com](mailto:providerrelations@firsthealth.com).

If you represent a Group, facility, or hospital contracted with First Health, call the First Health Provider Services Department at (800) 937-6824 or send an email to us at [providerrelations@firsthealth.com](mailto:providerrelations@firsthealth.com). We can send you a username and password by mail.



## **CAQH Introduction**

**The First Health<sub>o</sub> Networks**

**CAQH is as easy as 1 • 2 • 3**

**Council for Affordable Quality HealthCare**

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### **1. CAQH offers a better way to supply credentials to your health plan.**

Now you can enter information one time, online or by fax, to satisfy the credentialing and recredentialing for First Health and other CAQH participating health plans.

### **2. CAQH can benefit your practice by:**

- § Saves time by eliminating the need to fill out redundant credentialing forms
- § Saves money by reducing the need for credentialing software or services
- § Minimizes recredentialing paperwork by allowing you to make updates online
- § Ensures your data stays current for credentialing, claims pricing and channeling tools
- § Helps your office work more efficiently, giving you more time for patient care

### **3. Provide the information one time and updates are a breeze!**

A few mouse clicks is all it takes to confirm or update your information anytime. Changes you supply via the CAQH website are available weekly to First Health and other healthcare organizations that you authorize. So there is no need to contact each organization individually.

**For more information, please visit  
CAQH's website at [www.caqh.org](http://www.caqh.org).**



## WebMD Introduction

### The First Health® Networks

# What we offer to YOU...our healthcare professionals

## Electronic Services Information

First Health understands your need to have accurate information quickly so you can provide needed services to your patients. Below you will find helpful information about the electronic services we offer and how to work with us through WebMD.

Your journey begins with Electronic services by clicking on our website:

[www.firsthealth.com/networkservices/training/online.html](http://www.firsthealth.com/networkservices/training/online.html)

**Did You Know?**  
You can view patient eligibility and  
claims status through WebMD® Office  
[Find out more](#)

**Would you like an idea of how much you can save submitting your claims electronically?  
Would you like to find resources to help calculate your savings?**

- **CONTACT INFORMATION** •

Start here for key contact information

- **ESTIMATE YOUR SAVINGS** •

Get an idea of how much you can save submitting claims electronically.

Check eligibility online

Resources to help calculate your savings

- **TRANSACT.WebMD.COM** •

Guide to submit claims electronically

EDI Fact Sheets for First Health and Mail Handlers Benefit Plan

- **TRAINING** •

The WebMD Office User's Guide and online training for you and your staff

- **WebMD OFFICE TECHNICAL REQUIREMENTS** •



**INTRODUCTION**  
**To The Coventry Health Care and First Health<sup>o</sup> Networks**  
**GROUP HEALTH**

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## **Group Health IDENTIFYING GROUP *HEALTH* PATIENTS**

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### ***Responsibilities as a NETWORK Partner***

- **Accept assignment of benefits**  
(i.e., bill claims on behalf of plan participants)
- **Accept PPO allowable as payment in full**  
(refrain from balance billing or collecting payments up-front)
- **Participate with individual payors' utilization management/pre-certification programs**
- **Notify Coventry of demographic changes/information updates**  
(e.g., address or federal tax identification number changes)
- **Work with Coventry and their payors to resolve issues**
- **Use best efforts to refer patients to other network hospitals, physicians, and other outpatient care providers** (use Electronic Directory)
- **Respond promptly to requests for information related to recredentialing or database updates**



## The Patient Benefit Card


The most useful tool for identifying a patient using the Coventry National PPO or The **First Health**® Network is the benefit card. Look for either the Coventry or The **First Health**® Network logo on it. The logo may look like any of the following examples.

**REMEMBER:** Photocopy the front and back of the card and keep it with the patient's records.

## Samples of Payors benefit cards


### Front Back

ABC Co.



045X  
Group Number

I.D. Number



Member Since: 1999

Prerecertification is required prior to hospitalization in order to obtain full Plan benefits. Emergency admissions must be certified within two working days even if discharge has occurred.

EDI Payor I.D. is 62413, or:

- **Submit Non-PPO medical and dental claims to:**  
P.O. Box 45118, Jacksonville, FL 32232-5118
- **PPO providers submit PPO claims to:**  
P.O. Box 44242, Jacksonville, FL 32231-4242

For prerecertification, claims inquiries, or to verify coverage, CALL 1-800-410-7778.

If you have any questions about your health benefits, a PPO provider, a PCS pharmacy, or a LabCorp service center, please call the Mail Handlers Benefit Plan at 1-800-410-7778.

**Performance Lab® Providers:** Providers must indicate Performance Lab on the request form. Provide the patient's date of birth, diagnosis (number and PCSIN on the request. Testing must be performed. Call 1-888-LABCORP (522-2677) to establish a LabCorp account.

Intentional misuse of this card is a federal offense (18 USC 1001).

### Front Back



Employer: **Tandy Corporation PPO Plan**

Group #: **147066**

Employee: **ABC Company**

SS #: \_\_\_\_\_

Please use this card for Medical, Dental & Pharmacy benefits.

**Co-Payment:**  
Office Visit: \$15.00

Brand with no generic substitute 20% of cost  
Brand with Generic substitute \$10 Co-pay plus difference between the cost of Generic and Brand



(Formerly Alta Rx)

You must notify **First Health** prior to receiving any of the following services:

- Non-emergency hospital admissions
- Chemical dependency and mental health services
- Transplant services
- Emergency admissions within two business days
- Pregnancy when confirmed (for Specialized Maternity Services)

**Failure to Call May Result in Reduced Benefits**

Submit Medical/Dental Claims to:  
**First Health**  
Electronic Claims Payer No. 87043  
P.O. Box 23070  
Tucson, AZ 85734


For eligibility/claims questions or prerecertification questions Call (800) 280-6658

Presentation of this card authorizes any insurance company, prepayment organization, employer, hospital or physician to release all information with respect to myself or any of my dependents which may have a bearing on the benefits payable under this or any other plan providing benefits or services.

This card is not a guarantee of coverage. T2 J99


### Front Back

ABC Co.



**MEDICAL PLAN**  
A Self-Insured Plan  
For Hourly Employees

Submit Claims to:  
**First Health**  
Electronic Claims Payer No. 87043  
P.O. Box 9500  
Coraopolis, PA 15108



Group #: W2910  
Employer: Burger King Corporation

To receive maximum plan benefits, use only preferred doctors and hospitals (refer to the First Health Network Directory).

**IMPORTANT:** You or your doctor are required to call **First Health** for prerecertification at least two days prior to non-emergency hospital admissions; major out-patient diagnostic tests or services; within 48 hours after an emergency admission; and during the first trimester of pregnancy.

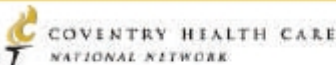
**FAILURE TO CALL WILL RESULT IN REDUCED BENEFITS**

Prerecertification, Claims Information & Eligibility Verification: (800) 345-8994  
To locate a **First Health** provider: (800) 345-8994  
Burger King Employee Benefits Department: A-G (305) 378-3190  
H-Z (305) 378-7217

Submit Claims to:  
**First Health**  
P.O. Box 9500  
Coraopolis, PA 15108

This card is not a guarantee of coverage. 9/98

### Front Back



Employer: ABC Company  
Group #: XXXXX  
Name: John Sample  
ID #: [Unique ID]

First Health Rx  
RxPIN 062298  
RxPCN 600002268

Visit: www.mycoventryhealth.com  
Login ID: XXXX or Call (800) XXX-XXXX

Your plan contains prerecertification requirements that apply to certain services. Please refer to your Summary Plan Description for full details.

**Failure to Call May Result in Reduced Benefits**

For prerecertification, eligibility, claims and Rx questions or to locate a provider in the network call:  
**(800) XX X-XXX X**

Submit Claims to:  
**Coventry Health Care**  
Electronic Claims Payer No. 87043  
P.O. Box 8400  
Lynchburg, VA 24042

Presentation of this card authorizes my insurer, plan sponsor, employer, health care professionals (or any of their agents) to release or receive all information about myself or my dependents for administration of this plan or any other plan providing health benefits or related health benefit services.

This card is not a guarantee of coverage. DATE



## Group Health IDENTIFYING *GROUP HEALTH* PATIENTS

### **THE CLIENT LIST FOR OUTPATIENT CARE NETWORK PROVIDERS - CCL**

If the patient does not bring the benefit card, or you need to verify the information on the card, use the Comprehensive Client List. For each payor, the list provides a claim submission address, eligibility/benefits/compensability verification telephone number, and a utilization management/pre-certification telephone number. The most current Client List is available on the Internet.

First Health: [www.firsthealth.com/NETWORKSERVICES/ccl.jsp](http://www.firsthealth.com/NETWORKSERVICES/ccl.jsp)  
Coventry Health Care: [www.coventrynational.com](http://www.coventrynational.com)

**THE EOB – EXPLANATION OF BENEFITS:** Just as the payors are required to include a Coventry or **First Health** logo on the benefit card, payors should identify Coventry or **First Health** on the EOB. The payor or its administrator will send payment along with the EOB in the event the member has benefits for the service your office provided, and should indicate Coventry or **First Health** as the PPO.

• **VARIES FROM PAYOR TO PAYOR** •  
THE EOB – EXPLANATION OF BENEFITS  
ADMINISTRATIVE DETAILS  
UTILIZATION MANAGEMENT PRE-CERTIFICATION

**ADMINISTRATIVE DETAILS:** To ensure network eligibility/ benefits/compensability, verify the patients using The Coventry Health Care or The **First Health**® Network. Either the provider's office or the patient can call to confirm coverage for scheduled services. The benefit/eligibility verification telephone number is found on the patient's benefit card or the Coventry Network or First Health Client Lists.

### **UTILIZATION MANAGEMENT PRE-CERTIFICATION**

Payors consider utilization management/pre-certification requirements part of the patient's benefit plan. Payors require pre-certification calls for inpatient procedures, and on certain outpatient procedures. Patient benefit cards usually identify the procedures requiring pre-certification. You can also verify by calling the eligibility telephone number on the patient's benefit card and the number identified on the Client List.



## Group Health

### Administrative Details – Billing/Payment/Claims

Claims payment to your office will be expedited if the appropriate address is used.

#### **BILLING/PAYMENTS/CLAIMS**

Send us your claims electronically! Most benefit cards identify one 5-digit route code.

If you still use paper, submit on a CMS (HCFA) 1500. Incomplete forms or claims sent to the incorrect address may cause delays in payment.

#### **BILLING FOLLOW-UP**

If you have follow-up calls, contact the health plan or it's administrator identified on the member's ID card.. You can do billing and follow-up as well by using the electronic route card number.

#### **CLAIM APPEALS**

Contact the actual health plan payor for any appeal related to a benefit plan provision.

Appeals related to the contract allowables should be sent to: **First Health** Claim Appeal Unit, P.O. Box 348412, Sacramento, CA 95834-8412.

#### **CONTRACTED AMOUNTS/PPO ALLOWABLE**

Do not balance bill for the difference between the contracted amount and the total billed charges.

#### **COORDINATION OF BENEFITS**

If you bill a payer using either the Coventry or First Health networks as a secondary payer, reimbursement is the difference between the primary payors' reimbursement and allowable charges, up to the **First Health** contract amount.

#### **CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES VARY BY PAYOR**

You should collect any **coinsurance and deductible amounts** from the patient after you receive the explanation of benefit.



**WORKERS' COMPENSATION**  
**The First Health<sup>o</sup> Networks**

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## **CERTIFIED WORKERS' COMPENSATION NETWORKS**

Coventry offers a certified Workers' Compensation network in many states. As each state's certification requirements are different, check with your state's Department of Health for more information on specific workers' compensation requirements that may affect you and your patients. You can also view state specific details on First Health's website at: <https://www.firsthealth.com/networkservices/protected/wcsd.html> (Note: This site is password protected).

### **CALIFORNIA MPN**

the State of California Division of Workers' Compensation, certified the First Health MPN (Medical Provider Network). We have met specific access and healthcare delivery standards for providers in the MPN. Many of our clients have chosen to customize our MPN so if you are part of the First Health MPN, either the Primary or Select network, you still may not be part of a specific carrier's MPN. We advise you to contact the injured employee's employer to determine who the carrier is and if the carrier considers you part of their MPN. Carriers may not pay for care you provide if you are not part of their MPN. You may also call our provider services number and we can advise you whether a carrier considers you in their MPN.

Coventry offers its Clients access to its California HCO Primary and Select Networks for their MPN as the HCO configurations is deemed approved by the State of California under the document called "SB899 Methodology Network Criteria". In addition, some workers' compensation clients have elected to "design their own custom network" using providers participating in The **First Health** Network.

You can locate a list of all state approved MPNs at the following web-site:  
[http://www.dir.ca.gov/dwc/MPN/DWC\\_MPN\\_Main.html](http://www.dir.ca.gov/dwc/MPN/DWC_MPN_Main.html)

### **TEXAS HCN**

The Texas Department of Insurance has certified the First Health, "Health Care Network" (HCN) to provide workers' compensation health care to injured workers for their work-related injuries or illnesses. You can locate a summary of HB7, frequently asked questions and the latest updates at the TDI website at <http://www.tdi.state.tx.us/wc/transition/twcc.html>



# Workers' Compensation RESPONSIBILITIES AS A NETWORK HEALTHCARE PROFESSIONAL

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## **RETURN-TO-WORK FOCUS**

A provider with a "Return-to-Work" focus implements definitive treatment plans that:

- Focus on minimum duration of treatment needed
- Promote earliest feasible self-improvement
- Facilitate employee/employer modified work evaluation
- Facilitate quality health care outcomes

## **ACCUSTOMED TO WORKERS' COMPENSATION ENVIRONMENT**

The provider and staff understand their state workers' compensation laws/rules, and comply with adopted billing and treatment guidelines. They also understand workers' compensation reporting requirements.

General reporting requirements include:

- Timely, accurate and complete reports
- Consistency with professional standards
- Protection of confidentiality of patient records

## **MANAGED CARE RESPONSIVE**

The provider:

- Follows pre-authorization protocols
- Refers in-network whenever possible
- Minimizes unnecessary referrals and duration of care
- Returns calls promptly

## **AVAILABLE TO EMPLOYEES**

The provider is available during employee work hours and can facilitate rapid follow-up appointments. Some urgent-care clinics may offer extended/after-hour and walk-in services. Common injury services are also available on-site (including lab, x-ray and minor surgery).



# Workers' Compensation

## RESPONSIBILITIES AS A NETWORK PARTNER

*promotes positive relationships with injured workers and payor*

### WORKERS' COMPENSATION GUIDELINES FOR PROVIDERS

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**As a participant in the First Health Workers' Compensation network you need to:**

- See referred workers' compensation patients as soon as possible
- Obtain prior authorization from the workers' compensation payor for all proposed services
- Communicate treatment plans to injured workers clearly
- Respond promptly to requests for injured worker status and medical records
- Familiarize yourself with the workers' compensation payors using **First Health** and accept PPO contract allowable as payment in full (to avoid balance billing)
- Notify **First Health** of important demographic changes/information updates (e.g. changes in address, federal tax identification number, etc.)
- Work with **First Health** and its payors to resolve issues
- Participate with clients' utilization management/pre-certification programs
- Refer injured workers to other **First Health** providers (use the Electronic Directory)
- Respond promptly to requests for information related to recertification or database updates
- Submit bills on behalf of injured workers
- Encourage injured workers' return to work as medically appropriate
- Report detailed information about the capabilities and limitations of the injured worker
- Comply with all requests for verbal and written reports
- Keep informed of current state workers' compensation regulations
- Contact your state's workers' compensation agency for updated treatment/disability management guidelines and available state training information

**Check with your state's Department of Health for more information that may affect you.**



## Workers' Compensation EXPLANATION OF REVIEW (EOR)

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- VARIES FROM PAYOR TO PAYOR •
- THE EOR – EXPLANATION OF REVIEW  
VERIFICATION OF COMPENSABILITY  
UTILIZATION MANAGEMENT PRE-CERTIFICATION

### EXPLANATION OF REVIEW

In addition to identifying injured workers using The **First Health**® Network through the OCN or Hospital Client List, you can also identify **First Health** via the Explanation of Review (EOR). This varies by payor, and indicates **First Health** as the PPO.

### VERIFICATION OF COMPENSABILITY

Verify the injured worker's compensability status, by calling the injured worker's employer.

### UTILIZATION MANAGEMENT/ PRE-CERTIFICATION

Utilization management requirements for workers' compensation patients also vary from state to state. Contact the employer to verify utilization management requirements. (The **First Health Hospital or Comprehensive Client List** may provide the appropriate utilization management telephone number to call.)

### BILLING/ PAYMENT/CLAIMS

Provider/clinic claims for patients using The **First Health**® Network are typically billed on the CMS (HCFA) 1500 forms and submitted by the provider's office to a payor-specific claim address, found on the First Health Client List and by contacting the payor/employer. Incomplete HCFA forms or claims sent to the incorrect address may cause delays in payment.

### CONTRACTED AMOUNTS/ PPO ALLOWABLE

The injured worker should not be balance billed for the difference between the contracted amount and the total billed charges.

### COVERED SERVICES NOT MEDICALLY NECESSARY

Injured workers will not be billed for services that are determined to be "not medically necessary."

### BILLING FOLLOW-UP

Initial billing follow-up calls should be made to the payor or its administrator.

### CLAIMS APPEALS

Send appeals related to the contract allowable to: **First Health** Claim Appeal Unit,  
P.O. Box 348412, Sacramento, CA 95834-8412.





## Workers' Compensation Utilization Review Questions

- **What is First Health's role in the utilization management process?**

Our role is to recommend certification of the need for hospital admission and length of stay, and for certain outpatient procedures. These certifications are recommendations only unless otherwise stated by state law. The payer makes the final payment decisions. Your responsibility as a network provider is to comply with requests for necessary medical information for patients utilizing our UM services.

- **What are First Health's guidelines for certification?**

The patient's clinical status is the basis for certification for all requests as well as relevant nationally recognized treatment guidelines. For more detailed information on **First Health's** certification guidelines, call the AnswerLine at (800) 262-6122.

- **Who is notified of the certification recommendation?**

Whenever **First Health** performs utilization management for a given procedure, we send a certification or non-certification notify notification to the patient and requesting physician and any other parties mandated by individual state law. In the case of a non-certification recommendation, **First Health** will also provide notification via telephone to the requesting physician.

- **What is a First Health non-certification recommendation?**

A non-certification occurs when we are not able to establish medical necessity. This may include those situations where we are not able to obtain the medical information needed in order to complete the medical necessity review.

- **How is a First Health non-certification recommendation appealed?**

The appeal process time frame varies by state and is specified in the non-certification letter sent to the requesting provider..



**AUTO MANAGED CARE PROGRAM**

**The First Health<sub>o</sub> Networks**

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## **Auto Managed Care**

### **IDENTIFYING *AUTO MANAGED CARE* PATIENTS**

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*Check the Client Lists for Auto Insurance Clients active in your state*

The First Health Auto Managed Care is not available in all states.

#### **Coventry services offered to Auto insurance payors:**

- The **First Health** Network providers
- Bill Review services
- Clinical Management

#### **Eligible Auto insurance patients include:**

- Auto insureds with medical payments coverage (check with auto carrier on benefit amount)
- Patients who settled a third party claim with their agreement to seek medical care only from The **First Health** Network providers

#### **Patients are actively directed to First Health Network providers:**

- Letters and brochures from the auto insurers promoting use of **First Health Network** providers
- Look for the **First Health** logo on auto insurance ID cards (unless prohibited by state)
- Network provider information is available to both auto patients and their agents via a toll free telephonic and electronic directory
- Benefit incentives are provided based on auto coverage purchased

#### **Provider payment for care rendered to auto insurance patients using The First Health<sup>®</sup> Network is:**

- Based on your group (First Health rental) health rates (subject to usual and customary adjustments) unless your state has mandated an auto insurance medical fee schedule. Payment to Network providers in those states are based on the discount contained in your provider agreement
- Hospital inpatient trauma services excluded from program in most states



## **UTILIZATION MANAGEMENT**

This is specific to **First Health's** UM program.

**Coventry** performs utilization management (UM) for many of its clients/payors.

However, not all Coventry payors use our UM services. If you are a physician or other outpatient care network provider, check your **Comprehensive Client List (CCL)** or the patient's benefit card to identify the correct number to call for utilization management.

Hospitals should consult the Hospital Client List (PIR) or the patient's benefit card.



## Utilization Management

This is specific to **First Health's** UM program

- *Calling FIRST HEALTH for Utilization Management* •
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### **• What are the benefits of working with First Health's Utilization Management program?**

By working with **First Health** for UM, a network provider can confirm that certification has been recommended for a given admission or outpatient service.

### **• What are the qualifications of First Health's utilization management staff?**

**First Health's** Clinical Management Services staff includes Board-certified physicians, Registered Nurses, Licensed Practical Nurses, and Allied health professionals.

### **• Which services require utilization management?**

Call **First Health** for a recommendation of certification for all hospital inpatient procedures covered in the patient's benefit plan. Some payors may also require pre-certification on certain outpatient procedures. If the patient is covered under **First Health's** case management program, additional information may be requested of the physician or discharge planning staff to assist in long-term health care planning. The patient's individual benefit plan dictates the guidelines on when to call **First Health** for UM.

### **• What happens if the utilization management call is not made prior to or during the patient's hospital stay or outpatient procedure?**

Retroactive review is determined on a case-by-case basis by each payor. If such a review is requested, the payor must obtain the necessary medical records in order for **First Health** to conduct the review. If the procedure is not recommended for certification, or if it is not covered under the patient's benefit plan, payment may be delayed.

### **• What happens in emergency or special situations?**

Although a general set of criteria is applied to our certification recommendation process, we consider each situation individually. In an emergency or special situation, such as a delivery, **First Health** must be called with the appropriate medical information within two business days after admission.

### **• What is the procedure for calling First Health after hours or during weekends?**

**First Health's** utilization management telephone lines are supported by staff 7a.m. to 7p.m. C.S.T. Monday through Friday. Additionally, the 800 number listed on the patient's benefit card, the **First Health** Hospital (PIR) or Outpatient Care Network Client List (CCL), is connected to a voice mailbox that is accessible 24 hours a day and will receive messages after hours and during weekends. Voicemail messages will typically be returned within one business day from the time they are retrieved.

### **• What I do if I have questions about the utilization management program?**

Call the AnswerLine at (800) 262-6122 for **First Health** network providers and patients using **First Health** to obtain information about the **First Health** UM process.



## Utilization Management

This is specific to **First Health's** UM program

- *Calling FIRST HEALTH for Utilization Management* •

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### • What information do I need when calling First Health for utilization management?

To expedite the certification process, have this information available when calling **First Health** for UM.

Patient's Name:

(Last) (First)

Birthdate: Relationship to employee:

Insured Name:

(Last) (First)

Insured Address:

(Street Address) (City)

(State)  
(Zip)

Insured SS #: Insured Phone #:

Ins. Carrier:

Name of Company/Unit/Policy #:

Physician: Specialty: Office Phone #:

Office Address:

(Street Address) (City)

(State)  
(Zip)

First Health Reviews for Patient(s):

(Employer's Name)

Reason for Hospitalization (Signs/Symptoms, Lab/XRay Results):

Admitting Diagnosis: Treatment Plan:

Proposed Length of Stay (# of Days): Proposed Admission Date:

Date of Surgery:

Admission Planned To:

(Facility Name)

(Phone #)

Facility Address: (Street Address) (City) (State)

(ZIP)

You can also fax this information, using the **First Health** UM form, to our Clinical Management Services department. To obtain the appropriate fax number, call the UM/pre-certification number, which you can find on the



## **WEB ELECTRONIC DIRECTORY**

- *Identifies other First Health physicians and outpatient care providers* •
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The Electronic Directory helps you find providers participating in The **First Health** Network. Please try to refer your patients to other providers in The **First Health** Network.

It is important to note that use of **First Health** hospitals vary by payor. It is essential that you call Provider Services at (800) 937-6824 and verify hospital status for each patient prior to admission in non-emergency situations.

View the Electronic Directory and the Practice Profile from our website: [www.firsthealth.com](http://www.firsthealth.com)

- Choose the “Doctors and Hospitals” tab
- Choose “Login”
- Enter your user name and password
- Bookmark this page for future reference

(If you do not know your user name, call our Provider Services Department)

This document is also available upon request by e-mail:

[healthprofessionals@firsthealth.com](mailto:healthprofessionals@firsthealth.com), or call

**First Health** Provider Services at (800) 937-6824

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**The  First Health<sup>®</sup> Network**

**ALABAMA**

**Preferred Provider Directory**  
**SAMPLE PAYOR INFORMATION REPORT**

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**February 2007**

**Outpatient Care Network**



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**OUTPATIENT CARE NETWORK**

Questions and Answers

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## OUTPATIENT CARE NETWORK

• *Questions and Answers* •

*Network Provider Services is a call away*

**First Health Provider Services**  
**Provider Services Telephone Number**  
**(800) 937-6824**  
Fax Number **(916) 374-4638**  
**Monday through Friday**  
**7 a.m. to 7 p.m. Central Standard Time**

- Receives changes in address, telephone number, Federal Tax ID and other practice information
- Answers questions related to contract allowables
- Checks claim status (call payor/employer first)
- Sample list of CPT codes (20 maximum per request)
- Responds to questions about The **First Health**® Network
- Facilitates contract allowable appeals can be mailed to:

\*Claim Appeal Unit  
P.O. Box 348412  
Sacramento, CA 95834-8412

\*\*Mail all other correspondence to\*\*

Provider Services  
P.O. Box 348300  
Sacramento, CA 95834-8300

**\*Include** letter of request for appeal; copy of original claim and attachments; copy of EOB or EOR, and copy of operative report This report summarizes key contact information for payor/employers. Updates are available at our website, [www.firsthealth.com](http://www.firsthealth.com) or upon request through e-mail at [healthprofessionals@firsthealth.com](mailto:healthprofessionals@firsthealth.com).



## OUTPATIENT CARE NETWORK

### • *Questions and Answers* •

#### 1. What services does First Health provide to its clients?

**First Health** offers both regional and national payors one or more of the following services:

- Use of a network of preferred hospitals and outpatient care providers
- Utilization management: Pre-certification/case management services
- Workers' compensation bill review services
- Claims administrative services
- Pharmacy Benefit Management Services
- Auto

#### 2. What type of clients' does First Health service?

**First Health's** clients include multi-sited payors who fall into one of the following categories:

- Corporate clients
- Insurance carriers for Group Health, Workers' Compensation and Automobile
- Unions
- Third-party administrators
- Multi-site corporate group health plans (Coventry Health Care Network)
- Federal Employees Health Benefits Program Plans (Coventry Health Care Network)

Participating Group Health, Auto Managed Care and Workers' Compensation payors are listed on the **First Health** Hospital and Outpatient Care Network Client Lists.

Updates can be found on our website at [www.firsthealth.com](http://www.firsthealth.com):

- Choose the "Doctors and Hospitals" link
- Choose the "Network Services Online"
- Choose "Client Information"
- Choose Comprehensive Client List or Payor Information Report located on the top tab
- Bookmark this page for future reference

**3. For patients using The First Health<sup>®</sup> Network, who do I contact** for Eligibility, Benefit information, Utilization/ Pre-certification questions and to initiate review verifying compensability status on workers' compensation situations? Contact information varies by payor. See benefit card.

As part of standard industry practice, patients are typically asked if their injuries are work-related. A benefit card is not used for identification in workers' compensation situations. Contact the patient's employer or check the **First Health** Outpatient Care Network Client List (CCL) for contact information.

**NOTE:**

**The Client List can help you verify the appropriate billing addresses and telephone numbers.**



## OUTPATIENT CARE NETWORK

• *Questions and Answers continued* •

### 4. How do I identify payors whose members are using the First Health® Network?

#### **Group Health and Auto Managed Care Services:**

Payors using The **First Health**® Network for Group Health or Auto Managed Care services distribute benefit cards to members. Both payor's name and The **First Health**® Network logo will be indicated on the front or back of this card. During the initial visit and at least once a year, make a copy of BOTH sides of the patient's benefit card for their file.

#### **Group Health, Auto Managed Care and Workers' Compensation Services**

Payors whose members are using The **First Health**® Network are also listed on the **First Health** Client List.

### 5. What are the referral requirements for patients using The First Health® Network?

Referral requirements vary by payor. Patients referred in-network will maximize their benefit coverage. Check the benefit card for referral instructions or contact the patient's payor for specific referral details. Contact information can be found on the benefit card or the **First Health** Comprehensive Client List.

### 6. Where do I send claims for quickest turnaround?

#### **Group health patients:**

Use the patient's benefit card to identify the appropriate "non-hospital" or "other" claims submission address, or check the **First Health** Client List for payor-specific claims information.

#### **Workers' compensation patients:**

Call the patient's employer or check the **First Health** Client List for claims submission address.

### 7. Can we send First Health claims electronically?

Verify electronic capability with the individual payor and check to insure that the appropriate electronic identifiers are being used for timely turnaround. For more information on electronic claims submission, contact the **First Health** EDI Department at (800) 813-0397.

### 8. Is there anything different I need to do if the patient's injury is workers' compensation related?

It is the physician's responsibility to be aware of state regulations for workers' compensation services. Refer to **The First Health**® Network Reference Manual or the Workers' Compensation section of the web site for more information on return-to-work and other workers' compensation details.

### 9. What is the purpose of the First Health Client List?

This report summarizes key contact information for payors whose members are using The **First Health**® Network.

- Contains claims submission addresses
- Provides telephone numbers for: Eligibility Benefit coverage, billing follow-up and Utilization Review pre-certification
- Identifies participating Group Health, Auto Managed Care and Workers' Compensation payors