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Provider Reference Manual

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SECTION 1



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Introduction

Coventry Corporate Overview

Coventry Health Care, Inc. (Coventry) is a national managed health care company operating health plans, insurance companies, network rental services companies and workers' compensation services companies. Through its Commercial Business, Individual Consumer and Government Business, and Specialty Business divisions, Coventry provides a full range of risk and fee-based managed care products and services to a broad cross section of individuals, employer and government-funded groups, government agencies, and other insurance carriers and plan administrators.

Over the years, Coventry has produced a solid record of outstanding customer service, financial security and consistent growth in all areas of business. At Coventry, we are driven to ensure that every person and organization we serve receives the greatest possible value for their health care investment. We do this by bringing together members, employers, and providers, making available the best possible information, and together devising solutions that help people enjoy optimal health.

Currently, Coventry serves more than 5 million members in all 50 states. We are committed to delivering our products and services to an ever-widening base of customers. Coventry has the expertise, the experience, and the agility to craft the new products, the new processes, and the new services needed to make health care more accessible and affordable to all Americans.

Coventry provides a full range of products and services, including group and individual health insurance, Medicare and Medicaid programs, and coverage for specialty services such as workers' compensation and behavioral health care. Coventry National Accounts provide Administrative Services Only (ASO) coverage to national employers, including the Federal Employees Health Benefits (FEHB) Program.

For more information on our products and services, please visit us on the web at <http://www.coventryhealthcare.com/company-profile/operating-segments/index.htm>

Key Events in Coventry's History

Coventry's roots can be traced back to November 21, 1986, the date the company's predecessor company, Coventry Corporation, was incorporated. Coventry Health Care, Inc. became a public company in 1991, and is currently listed on the New York Stock Exchange with ticker symbol CVH.

Since the company's inception, the building blocks of "The Coventry Model" have remained financial discipline and service excellence. The company's senior management team has long understood those two objectives need not be mutually exclusive, helping Coventry demonstrate consistent growth. As an organization, our long-term success depends on the ability to translate our commitment to affordable and accessible health care into real change.

Introduction, continued

Coventry Timeline:

As a provider, you may have known us by one or more of our historical company names. The following chronology summarizes key events in our history:

1986	<ul style="list-style-type: none"> ▪ Coventry Corporation Incorporated
1987	<ul style="list-style-type: none"> ▪ Acquired American Service Life Insurance Company
1988	<ul style="list-style-type: none"> ▪ Acquired HealthAmerica Pennsylvania
1989	<ul style="list-style-type: none"> ▪ Acquired Group Health Plan in St. Louis, MO
1994	<ul style="list-style-type: none"> ▪ Acquired Southern Health Services in Richmond, VA
1995	<ul style="list-style-type: none"> ▪ Acquired HealthCare USA in Jacksonville, FL
1998	<ul style="list-style-type: none"> ▪ Merged with Principal Health Care ▪ Corporate office moves to Bethesda, MD ▪ Company name changed to Coventry Health Care, Inc.
1999	<ul style="list-style-type: none"> ▪ Acquired Kaiser in Charlotte, NC ▪ Acquired Carelink in Charleston, WV
2000	<ul style="list-style-type: none"> ▪ Acquired PrimeONE and merged with Carelink ▪ Acquired WellPath Community Health Plans in Chapel Hill, NC
2001	<ul style="list-style-type: none"> ▪ Acquired Qualchoice in Charlottesville, VA ▪ Acquired Kaiser Permanente Membership in Kansas City, MO
2002	<ul style="list-style-type: none"> ▪ Acquired New Alliance in Erie, PA ▪ Acquired Mid America Health Plan in Kansas City, MO
2003	<ul style="list-style-type: none"> ▪ Acquired PersonalCare in Champaign, IL ▪ Acquired Altius Health Plan in South Jordan, UT
2004	<ul style="list-style-type: none"> ▪ Acquired OmniCare in Detroit, MI
2005	<ul style="list-style-type: none"> ▪ Acquired First Health Group Corp., more than doubling the company's total assets and total employees
2007	<ul style="list-style-type: none"> ▪ Acquired group health business from Mutual of Omaha, Omaha, NE ▪ Acquired VISTA Health Plans in Sunrise, FL ▪ Acquired the Focus network and certain other managed care assets and arrangements from Concentra
2008	<ul style="list-style-type: none"> ▪ Acquired MHNet Behavioral Health in Austin, TX ▪ Acquired Group Dental Services (GDS) in Rockville, MD
2009	<ul style="list-style-type: none"> ▪ Divested First Health Services, the fee-based Medicaid services company which was acquired as a piece of the First Health Group Corp. acquisition in 2005

For detailed information about Coventry Health Care, Inc., please visit: www.coventryhealthcare.com

SECTION 2



COVENTRY HEALTH CARE
NATIONAL NETWORK

www.coventrynational.com

Provider Reference Manual

Coventry National Network Overview

Coventry Health Care National Network, Inc. (Coventry National), a wholly owned subsidiary of Coventry Health Care, Inc. (Coventry), provides health benefits services to self-funded national employers across the country, federal employee benefit programs and as well our Coventry Health plans. The Coventry National Network is essentially the network for our Coventry National administered health plan.

We take great pride in our network of physicians and related professionals who serve our members with the highest level of quality care and service. We are absolutely committed to making sure our providers receive the best possible and latest information, technology and tools available to ensure their success and their ability to provide for clients.

At Coventry National, we focus on operational excellence, constantly striving to eliminate redundancy and streamline processes for the benefit and value of all of our partners. Easy and simple experience, operation excellence, financial discipline and empowering environment are why providers have chosen to join us as their partners in managed health care.

Coventry National Network Product Description

Coventry National addresses all drivers of health care costs through a multi-faceted approach. Our solution offers employers fully integrated quality health care services at a reasonable cost. Coventry National offers the flexibility of a locally managed solution with the resources of a large national carrier.

Optimal outcomes through the right programs

We provide seamless, fully integrated and flexible managed care solutions that help clients to manage medical costs, ease administrative burdens and promote optimal member outcomes and satisfaction. Coventry National's medical management services encompass integrated programs that work together for optimal outcomes.

Savings, access and stability

Coventry National consistently delivers competitive savings and comprehensive access in all urban and rural markets in all 50 states, as well as in the District of Columbia and Puerto Rico. Coventry National offers the advantages of availability and choice, consistency, specialty networks for improved outcomes and competitive cost controls on both network and non-network claims.

Coventry National Network Product Description, continued

Smart. Flexible. Easy to Understand.

Although the majority of members accessing the Coventry National Network have typical types of Preferred Provider Organization (PPO) design benefit plans, we are able to offer a variety of types of plan design to meet the needs of all types of consumers. For example, Consumer-directed health plans (CDHPs) may be the wave of the future, but they're anything but easy for consumers to use or understand. That's why Coventry built its own solution to benefits administration, Coventry Consumer Choice (C3), a smarter CDHP option. Coventry Consumer Choice presents a full suite of options, including Flexible Spending Accounts (FSAs), Health Reimbursement Arrangements (HRAs), Health Savings Accounts (HSAs) and Coventry Combinations along with the single-source advantage. For FSAs and HRAs the employer has the option of supplying the member with a Debit Card for purchasing Health Care Services. For HSAs each member is always issued a Debit Card for use for him/her and his/her family for Health Care Services. Coventry Consumer Choice (C3) is administered entirely in-house, leveraging our expertise in claims administration and member services.

Member Identification

For members accessing the Coventry National Network, inclusive of our Administrative Services Only (ASO) and federal employee benefit plan members, the Coventry torch appears on these ID cards with the following image:



The members accessing the Coventry National Network are associated with health plans administered by Coventry. Accordingly, we directly issue identification cards to these members that bear the Coventry Torch. All of our regional Coventry owned health plan commercial ID cards bear the Coventry Torch logo, along with names and logos of the individual health plans.



Member Identification, continued

Identification Card Examples

Please visit our website for examples of Identification Cards that are specific to our Coventry National Network: <http://coventrynational.coventryhealthcare.com/providers/identifying-our-members/index.htm>

We want to make it easy for you to know how to identify members as well as how to assist in administering their benefit, so we've created the [Coventry's Claim Submission Guide](#), located in Section 6 of this manual, which shows the variations of how to identify our members at your office.

Although there may be some slight variation in where certain information appears on ID cards, these cards typically include the following:

- *Member Name, Group Number and Member Date of Birth*
- *Summary of Key Member Co-pay/Co-insurance Responsibilities*
- *How to Contact Coventry National for Eligibility, Benefits, Precert and Utilization Management (information also available via www.directprovider.com)*
- *Claims Submission Information (electronic and postal address)*
- *Pharmacy and Behavioral Health Services contacts*

Coventry National makes it easy for you to identify affiliation of members accessing the Coventry National Network during your registration process. Additionally, on the payments we issue to network providers we also include a reference on the explanation of benefits form (both member and provider copies) that the bill was processed in accordance with the providers' Coventry National Network contract.

In-Network Referral Process

As a Participating Provider in the Coventry National Network, we appreciate your efforts to refer members to other Participating Providers. Use of our network providers help members maximize their medical benefits and reduce their related out of pocket expense. Please note that not all members have preferred access to all Coventry National Network Providers. For example, some members have Coventry National access only in certain geographic areas or may have special program arrangements for certain types of services.

With Coventry National's web-based and automated information system, information can be accessed in a variety of ways. Looking for a participating specialist? Need to know if a provider or facility is participating? *Find out quickly and easily at any time at the Coventry National website, www.coventrynational.com, by selecting "Providers" then "Locate a Provider"*. This powerful tool allows you to generate very specific provider directories right online whenever you need them.

In-Network Referral Process, continued

With this tool, you can quickly:

- Search for a specific provider by name
- Search by Specialty
- Search by Hospital Affiliation
- Create directories by county, city, or state
- Multi-criteria capabilities including provider type
- Create PDF versions for download or emailing
- Save your searches
- List up to 25,000 providers in one directory
- Verify participation at a glance, for a specific provider
- And much, much more

If you have any questions about Coventry National Network providers and their availability to you, please call the Coventry National Provider Information Line located on the back of the member ID card.

Claims Administration Information

Determining Eligibility & Benefits

The first step in the claims process is determining member eligibility for coverage and if their member contract (plan) provides benefits for specific services. We encourage our providers to utilize www.directprovider.com to complete these verification steps. We also can provide you eligibility and benefit verification telephonically if you contact the phone number referenced on the member ID card. To safeguard against fraud and protect your interest in getting paid for the services you provide, Coventry National asks that you also verify the identity of the patient by cross checking the members ID card with a current and government issued photo ID.

Claims Filing Information

General Information

Information on how to file a claim can be obtained on the member identification card, on the [Coventry's Claim Submission Guide](#), located in Section 6 of this manual, or by accessing www.directprovider.com. To facilitate efficiency and speed in payment, Coventry National encourages our providers to submit claims electronically. For more information on electronic submission and related topics, please refer to the "[Electronic Solutions](#)" section of this manual.

Claims Data Submission

The provider is responsible for ensuring data being submitted is accurate, complete and reflects their standard charges for services rendered. At minimum, this would mean that the bill must include all information required on a bill submitted to CMS for consideration, including the appropriate NPI numbers.

Claims Administration Information, continued

In general, the term clean claim means the bill has no defect or impropriety (including any lack of any required substantiating documentation) or particular circumstance requiring special treatment that prevents timely payment from being made. A clean claim requires no outside request for additional information. Providers should submit their claim within the time frame specified in their contract to avoid the potential of denial due to untimely filing under the member's benefit plan. Of course, this section, including the definition of clean claim is superseded by applicable law and your provider contract with Coventry / Coventry National.

Electronic Claims

The **payer IDs** for electronic claim filing can be found in the [Coventry's Claim Submission Guide](#), located in Section 6 of this manual. Electronic claims require the same information as paper. Coventry National accepts the submission of claims with attachments. Coventry National accepts all claims submissions electronically. For more information, please refer to the "[Electronic Solutions](#)" section of this manual. Claims filed electronically are not considered received unless they have passed our system edits and have been accepted into our system. For every claim filed electronically the provider should receive the two reports listed below. Any claims you filed electronically that show up on these reports have been rejected. Any claims you filed electronically that do not show up on these reports are considered accepted.

1. A report that identifies all claims that are rejected by the clearinghouse.
2. A second level report that identifies any claims that are rejected by Coventry National (Second Level Reject report).

If you do not receive both reports, please check with your clearinghouse. It is important to review rejection reports and ensure all rejected claims are re-filed timely. A claim must be received by Coventry National within the time frame specified in your contract or it will be denied for untimely filing. A claim that is filed and rejected is not considered received.

Monitoring Your EDI Reports

Please note that claims appearing on the **Initial Reject Report** have not met the initial clearinghouse criteria approved by Coventry National and have not been sent to Coventry National for adjudication. Any claims appearing on this report must be corrected and should be re-submitted electronically as soon as possible to avoid timely filing issues. Claims displayed on the **Initial Accept Report** have passed the clearinghouse edits and have been forwarded to Coventry National for additional payer editing. It is also important to note that a claim can pass the clearinghouse edits and be displayed on the Initial Accept Report, but still be rejected by Coventry National. Claims rejected by Coventry National will appear on the **Payer Reject Report**. Any claims appearing on this report should be corrected and re-submitted electronically as soon as possible to avoid timely filing issues.

Claims Administration Information, continued

Coventry National must accept a claim within its timely filing limit or it will be denied for untimely filing. If you are not receiving the described clearinghouse and payer reports on a regular basis, please contact your clearinghouse or Emdeon. A provider can avoid timely filing issues through understanding and regular monitoring of EDI reports. This process will help to ensure all rejected claims are refiled timely and electronically.

How To Follow Up On Your Claim

Prior to sending in a claim resubmission or claim reconsideration you should check the status of the claim. We provide a number of different outlets in order to assist you in your claim follow up process. All of the following resources are available to make your job easier:

- www.DirectProvider.com
- Emdeon Office
- Additionally, Emdeon has a new web-based application, Vision for Claim Management, that compiles information received and generated during claim filing and processing. It is an easy to use application for tracking EDI claim submissions. For more information and registration for Vision for Claim Management, go to: http://transact.emdeon.com/editrx_services.php
- CSO by telephone (At the number listed on the back of the member ID card)
- Interactive Voice Response System (IVR)

Claims Editing Information

Coventry National accepts the American Medical Association's (AMA) guidelines that state the code(s) reported/billed "accurately identifies the service performed". Coventry National also requires compliance with the HIPAA standardized code sets and thus only considers valid and current ICD-9, CPT-4, and HCPCS codes with their appropriate modifiers, for reimbursement. We also agree with AMA's statement in their introduction to the CPT-4 manual, that, "inclusion or exclusion of a procedure does not imply any health insurance coverage or entitlement to reimbursement." Consistent with today's industry standards, Coventry National applies edits including but not limited to those that are defined under the CMS Correct Coding Initiative Guidelines (CCI).

At Coventry National, we value the providers who take care of our members. Our improved website offers you new tools as well as some electronic tools to assist in claims administration: <http://coventrynational.coventryhealthcare.com/providers/electronic-solutions/electronic-solutions-documents/index.htm>

Clinical/Utilization Management Programs

Disease Management

Coventry National's Disease Management Program concentrates its efforts on the 10% to 20% of our Members with chronic conditions through:

- Timely interventions powered by integrated medical management, claims review, prior authorization, eligibility and member service information
- Coordinated support for high-risk members by a single nurse case manager
- Educational resources that teach members about self-care

We currently offer disease/condition management for the following conditions:

- | | |
|--|----------------------------|
| • Asthma | • Transplant |
| • Coronary Artery Disease | • Congestive Heart Failure |
| • High Risk Maternity | • Low Back Pain |
| • Chronic Kidney Disease | • Multiple Sclerosis |
| • Depression | • Crohn's Disease |
| • Chronic Obstructive Pulmonary Disease (COPD) | • Hemophilia |
| • Diabetes | |

Complex Case Management

We offer special assistance to members with serious and complex long term health care needs. Our nurse case managers serve as a single point of contact with members, their physicians and families to support compliance with the physicians' treatment plans, to assist with community resources that may be available to support member needs, goals and outcomes based on the health plan benefits available to them.

Utilization Management

Coventry National focuses its review activities on opportunities that impact the most prevalent and costly services. Our unique advantages include:

- Customized programs allowing employers to choose varying levels of review for select services
- Both Nurses and Medical Directors representing a full range of specialties are closely involved in the review process

Clinical/Utilization Management Programs, continued

Preauthorization Requirements

Although there are variances in what specific services may or may not require or benefit from preauthorization, Coventry National provides the following information to assist you and your office staff in understanding what services typically require such action. Accordingly, the following services, surgeries and procedures may require preauthorization. **The information below may not include all services requiring preauthorization and is subject to change. Please call the preauthorization number on the member ID card to confirm requirements.** Additionally, if there are any questions regarding benefits or authorization that may be unusual or that you or the member have reason to believe an authorization is required, Coventry National encourages you to contact us in advance of a non-emergency service

Services typically requiring preauthorization include hospital inpatient or observation care, selected outpatient surgery (regardless of type of setting), high cost radiology (such as CT, MRI, IMRT, Bone Density, Whole Body or PET Scans), DME/Prosthetics/Orthotics, Home Care, Pain Management, Rehabilitation (Cardiac/Pulmonary/PT/OT/Speech), Sleep Studies, and services related to Infertility or Transplants.

Also, services related to Psychological or Neuropsychological Testing and Behavioral Health/Substance Abuse services are subject to preauthorization; however, such authorization may be conducted by a non-Coventry National affiliate. For these services it is best to check the member's ID card (or www.directprovider.com) for details, or contact us by phone if you have any questions.

We know your time is valuable and Coventry National wants to make sure we can handle your inquiry as efficiently as possible. Accordingly, please have the following information available to reduce your call and hold time:

- Your name, office you are calling from and call back number
- Member name & ID number

If procedure is related to Motor Vehicle Accident (MVA) or work injury:

- Tests or procedures requested (CPT code) if available
- Diagnoses (ICD-9 codes) if available
- Place of service / Anticipated date of service
- Patient complaints-signs, symptoms
- Findings on physical exam
- Medications tried—pertinent to the request
- Results of previous testing/therapies done that may be pertinent to request such as labs, x-rays, physical therapy, etc.

Clinical/Utilization Management Programs, continue

Providing this information on your initial call decreases office time by reducing the *Lack of Information* denials and allowing our staff to review your request quickly and efficiently. Please keep in mind that Coventry National's decision regarding an authorization is simply a benefit coverage determination. Coventry National's decision is never intended to limit, restrict or interfere with a provider's medical judgment. In all cases, decisions regarding treatment continuation or termination, treatment alternatives or the provision of medical services are between the provider and member.

Electronic Solutions

The Coventry National Electronic Solutions Team is always working for ways to improve the tools it makes available and create a compelling user experience by providing an outstanding level of service for our providers, members and clients. The following section contains information on some of the solutions that we have available for our Providers.

Provider Services

Coventry National values the quality care that our physicians, hospitals, ancillary health care providers, and all health care professionals who participate in our networks, give to our members, because they are key components to the quality plans and service we promise clients, and we are dedicated to meeting our provider needs for ease of use and convenience. To support that effort, Coventry National has multiple options for obtaining the information you need to maximize every patient visit, including our exclusive, free website, www.directprovider.com.

A superior online tool, Coventry National's www.directprovider.com simplifies the historic paper process and accelerates claims processing and information flow management so data is readily available to providers, when they need it. Coventry National online services also includes the services and connectivity we have provided in the past through our relationship with Emdeon Business Services, their product line, and their Channel/Vendor Partners, who provide the software, support and services for the provider community.

Emdeon, a recognized leading clearinghouse in the healthcare Electronic Data Interchange (EDI) industry, provides EDI claim services, Electronic Remittance Advice/ERA delivery, and real-time connectivity for all the Coventry National Payer IDs. Emdeon supports connections into the most comprehensive list of Practice Management System (PMS) and Hospital Information System (HIS) vendors, as well as other EDI clearinghouses, and provides the largest network of Channel Partners from which to receive our EDI services.

In addition, the new and improved Coventry public websites offer new tools and other valuable Coventry National and health plan specific information to assist the providers who take care of our members. Go to the Provider section of the Coventry websites, under Electronic Solutions, to view EDI Documentation and other pertinent information and options that are available to you or via this direct link: <http://coventrynational.coventryhealthcare.com/providers/electronic-solutions/electronic-solutions-documents/index.htm>

Electronic Solutions, continued

DirectProvider.com

Coventry National supports a free online provider portal, www.directprovider.com, designed and maintained to the highest standards, which allows providers to securely access critical information for their Coventry National patient membership. We have recently enhanced and expanded our existing portal to improve usability and provide additional features and functionality to increase usage and further reduce costs. This innovative and secure tool provides access for all Coventry and Coventry National plans and returns information pulled directly from the payer data management for up-to-date information on a variety of healthcare related transactions and needs including:

- Eligibility & Benefits
- Member ID Cards
- Claims Inquiry / Online Claim Reconsideration
- Remittance Advices
- Authorization Submissions / Inquiry / Update / Reconsiderations
- Resource Library
- Secure Messaging
- Fee Schedules for PPO Products
- Provider News...and much more

Manage all your Coventry National needs at our secure, one-stop, multi-functional provider portal. For more information on www.directprovider.com, please visit the 'Providers' section of this website, and go to 'Secure Provider Portal'.

To register on directprovider.com, your portal to better health care delivery, go to: www.directprovider.com. For Directprovider.com functional issues, please call Net Support at 1-866-629-3975.

Fee Schedule Distribution Module

The Fee Schedule distribution module was launched in July 2009. This functionality allows 'Administrators' of www.directprovider.com accounts access to request fee schedule information. It is limited to the following Coventry PPO Products: Workers' Compensation, Auto, Client Enhanced Savings, Group Health (First Health Network – Rental PPO), and the Coventry National Network.

NOTE: At this time, fee schedules are not available for traditional Coventry HMO plans.

Electronic Solutions, continued

What rate/fee schedule information is available?

- ‘Current’ and ‘Future’ Fee Schedules
 - Full Schedule
 - Sample Schedule
 - Procedure Code Range
 - Single Procedure Code
 - Changed Values (Future Fee Schedule ONLY)

Fee Schedule requests can be made for the Coventry National products for which the provider is contracted and the information is returned to the Message Center via the secure messaging functionality.

‘Administrators’ will have access to see the Fee Schedule link in the left Navigational Bar. They will also see the information below at the bottom ‘Home’ page screen listed in the above section.

- If you are currently registered with www.directprovider.com for access to Coventry National information and functionality and would like to add access to fee schedule information for the Coventry National products you are contracted with, please click the Fee Schedule link in the left navigation bar on www.directprovider.com and follow the instructions.
- If you are currently registered with www.directprovider.com for access to Coventry National product fee schedule information only and would like access to Coventry National for eligibility, claim inquiry, remittance advice and other health care information, you must register a separate www.directprovider.com account for that access.

How Do I Sign Up?

If your organization has not yet signed up, simply identify who will be the account administrator and go to: www.directprovider.com “**Click Here to Register Your Practice**” complete steps 1-5. You will be provided a registration number for future reference, along with a User Name and a temporary password will be forwarded to the email address provided in Step 4 of the registration process.

If your organization has already registered on www.directprovider.com, simply contact your account/site administrator to have additional users added to the account to begin managing all of your Coventry health plan needs at our secure, one-stop, multi-functional provider portal. For Directprovider.com functional issues, please call Net Support at 1-866-629-3975.

Electronic Solutions, continued

EDI Documentation

For specific information concerning EDI claims and other claim matters please refer to the EDI documentation area of the Coventry public websites, in the Providers section. Below is the link to documents that include information that will prove helpful with supporting your Coventry National transaction needs:

<http://coventrynational.coventryhealthcare.com/providers/electronic-solutions/electronic-solutions-documents/index.htm>

Provider Inquiries

For provider support questions, please refer to the following contact and support information available below:

- For Coventry National Customer Service questions call the telephone number located on the back of the member ID card
- For Directprovider.com issues, please call Net Support at 1-866-629-3975
- For problems with Coventry National electronic claims transactions, call Front-End Operations (FEO) at 302-283-6570 or email EDIclaims@cvty.com
- For questions about Electronic Remittance Advice/ERAs, go to: ERAquestions@cvty.com
- For claim issues thru Emdeon products, call Batch Help Desk at 1-800-845-6592

Emdeon Real-time Transaction Services

Emdeon *Office* is one of several options available for Coventry National providers for completing transactions electronically via the Emdeon relationship. *Office* is an internet based product that provides batch claims & ERA functionality, as well as real-time transactions for several payers including the Coventry plans.

Coventry National is committed to improving the provider services available for performing transactions with the Coventry health plans and partnered with Emdeon because it is the country's largest clearinghouse for many of the country's largest payers and supports the largest group of Vendors/Channel Partners that provide integrated solutions to the provider market, as part of the Practice Management System offerings.

Electronic Remittance Advices (ERAs)

Coventry National uses the ASC X12 Health Care Claim Payment/Advice (835) transaction version 4010A1 mandated by HIPAA for the transfer of Electronic Remittance Advice (ERA) information to health care providers.

Coventry National adheres to the HIPAA Implementation Guide for the ASC X12 Health Care Claim Payment/Advice (835) transaction, version 4010A1. A copy of the HIPAA Implementation Guide is available at: <http://www.wpc-edi.com/products/publications>.

Electronic Solutions, continued

Currently Coventry National utilizes Emdeon to route 835 transactions to Practice Management System (PMS), Hospital Information System (HIS) vendors or other EDI clearinghouses. Emdeon distributes 835s to providers who are enrolled with Emdeon, or through other vendors and/or clearinghouses, to obtain Coventry National transactions. For more information contact your PMS/HIS vendor or EDI clearinghouse.

Electronic payments are made separately via Electronic Funds Transfer (EFT).

NOTE: Providers can view a PDF copy of the paper remittance advice via the Remittance Advice section of www.directprovider.com.

Electronic Fund Transfer (EFT)

Overview

Electronic Fund Transfer (EFT) is a service offered by Coventry National that allows for the immediate transfer of funds to a Provider's bank account. It is the same concept as your direct deposit for your paycheck. This service is available for most claims and capitation payments.

Benefits:

- Improved cash flow/immediate deposit of funds
- Decrease in accounts receivable and days in A/R
- Fewer lost or misplaced checks
- Decreased costs associated with check handling

How To Enroll

The provider must complete the Electronic Fund Transfer Authorization Form, which is available through your Provider Relations Representative, or on our provider portal www.directprovider.com and return it to:

Coventry Health Care, Inc.
Attn: PC&I-EST
P.O. Box 67103
Harrisburg, PA 17106-7103

The provider must also enclose a voided check or deposit slip for the depositing account.

It typically takes about 45 days before the first deposit is made. The Provider will continue to receive paper checks until that time. There are no costs associated with EFTs with the exception of minimal banking fees (the Provider must check with his/her banking institution regarding EFT fees). For questions about Coventry EFTs please email CoventryEFTrequest@cvty.com.

Electronic Solutions, continued

Effective 9/1/2009: Coventry and Coventry National are **Going Green** and have announced a new Paperless Policy associated with all new EFT enrollees. Providers who submit an EFT Authorization form on or after 9/1/09 also agree to go paperless and will no longer receive the paper copy of the RA. Existing EFT Providers who receive the paper copy of the RA sent via U.S. Mail are not affected by this new policy. Future communications will determine next steps.

Responsibilities

Responsibilities of Provider Participation

Although Coventry National's providers may have unique responsibilities defined in their agreements and/or other requirements required by law, in general key actions and attributes we require of our providers include:

- Accepting members accessing Coventry National as patients and provide the same high quality health care in the same manner as you provide for all your patients
- Billing your normal charges on an assigned basis for services rendered in accordance with current CMS guidelines. Claims, including any appeal, must be submitted as per your contract from the date of service to be considered as eligible for reimbursement
- Accepting your Coventry National contract rate as payment in full (see section below regarding Member Responsibility Payment)
- Referring our members, as medically appropriate, to other participating Coventry National providers
- Proactively and responsively participating in pre-certification and utilization management processes as applicable to a specific case
- Proactively notifying Coventry National of changes to any practice or administrative information that could impact how we market your services or consider your claims
- Working with Coventry National to quickly resolve network related issues should such arise
- Safeguarding the privacy of any information that identifies a particular member in accordance with state and federal laws and to maintain the member records in an accurate and timely manner
- Cooperating with Coventry National by participating in any Centers for Medicare and Medicaid Services (CMS) and Health and Human Services (HHS) quality improvement initiatives related to Medicare Beneficiaries

Responsibilities, continued

- Maintaining all medical records, patient care documentation and other records relating to services furnished to members in accordance with state and federal retention requirements
- Keeping your licenses and certifications in good standing and cooperate with our recertification program
- Having members agree in writing to be financially responsible for your associated charges in advance of performing any service not covered under that patient's benefit plan
- Obtaining a copy of a Coventry National policy referenced in your contract, please contact your provider relations representative

Member Responsibility Payment

Coventry National Participating Providers should look solely to Coventry National for payment of covered services furnished to members, and will not bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have claim or recourse against a member, or anyone acting on behalf of a member, under any circumstance unless explicitly approved for reason of coordination of benefits or subrogation. This will not prohibit collection of co-pays made in accordance with the terms of the agreement between Coventry National and the member.

Providers can collect from members charges for services that are not covered services as defined in the agreement between Coventry National and the member provided that the patient has been informed in advance of delivery of services that the services are not covered.

When to collect co-pays, co-insurance and deductibles.

A co-payment is a fee paid by a member at the time a service is rendered. For most benefit plans, all types of office visits require a co-payment. Co-payments vary by provider specialty and the services rendered. Co-pays generally apply to office visits billed with Evaluation and Management (E & M) codes. They do not apply to blood pressure checks and laboratory services where an E & M codes are not billed. Obstetrical patients are to make one co-pay at the time of the initial visit and should not be charged additional co-pays for subsequent visits. Do not subtract the co-payment from the total billed charges. The co-payment will be deducted from the total allowed amount.

Responsibilities, continued

Coventry National currently offers plans where the member is responsible for a co-insurance and/or deductible rather than a co-pay. Coventry National has developed recommendations for participating providers regarding the collection of co-insurance and deductibles. We would prefer you bill the member for the co-insurance/deductible after Coventry National makes payment on the claim. However, we understand that some of these benefit plans have large deductibles and that you may want to require a member to pay up front before Coventry National makes a payment. The member deductible information is available for most on www.directprovider.com. Upon receiving a remittance advice and payment from Coventry National, all payments in excess of the Allowable under the terms of your agreement must be reimbursed to the member. In general, we allow participating providers to develop and administer their own policies or procedures in relation to the collection of member financial responsibility amounts.

Nonetheless, Coventry National expects its participating providers to maintain a fair and nondiscriminatory policy in regards to the collection of member financial responsibility from its members. A provider should not vary his or her collection policy or practices on the basis of age, race, color, creed, religion, gender, status as a member accessing the Coventry National Network, or other criteria prohibited by law or the provider's participation agreement with Coventry National.

Helping Coventry National Maintain Accurate Information On My Practice

It is critical to your practice, our shared members and to Coventry National that we have up to date, accurate and comprehensive information on your practice. Having this information in our systems assists all three parties to maximize the efficiency of care coordination. Additionally, having the right information on file helps to avoid payment errors or delays.

We ask that you proactively inform Coventry National of any changes to practice names, addresses, phone numbers of tax identification numbers, as well as any additional notifications required under your agreement. Please refer to the [Coventry's Contact Grid](#), located in Section 6 of this manual, to determine how best to send us any changes or address questions of what we currently have in our records.

Council for Affordable Quality HealthCare (CAQH)

- **CAQH is a not-for-profit alliance of health plans and networks.** The CAQH credentialing solution is completely free for providers to use and the participating organizations are charged a standard fee per **applications** that are complete and authorized for release.
- **CAQH offers a better way to supply credentials to Coventry Health Care.** Now you can enter information one time, online or by fax, to satisfy the credentialing and recredentialing requirements for Coventry Health Care.

Responsibilities, continued

- **CAQH can benefit your practice by:**
 - Saves time by eliminating the need to fill out redundant recredentialing 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
- **Provide the information one time.** Changes you supply via the CAQH website are available weekly to Coventry Health Care once you authorize.
- **Authorizing Coventry Health Care is easy.** While completing the CAQH application users will complete the Healthcare Organization Authorization page. The user will have to choose one of the following options in order for Coventry to be authorized access to the application:
 - Select the option “To ALL of the healthcare organizations listed above AND to any healthcare organization that in the future represents...”; **or**
 - Select the option, “To only the healthcare organizations I indicate below...”. The user will then have to specifically release Coventry Health Care/First Health Network (West Sacramento, CA) from the list of Authorized Plans

For more information, please visit CAQH's website at www.caqh.org.

Pharmacy Management

Our integrated pharmacy programs allow us to promote cost and quality outcomes. With a strong focus on service and technology, we offer:

- Numerous systematic edits for quality and cost control mechanisms, including prior authorization, step therapy and quantity limits
- Specialty drug management
- Single customer service contact for customers who have medical and pharmacy benefits through Coventry National

Please see our website for the current Prescription Drug formulary to ensure the maximum benefit level for our members:

<http://coventrynational.coventryhealthcare.com/providers/prescription-benefits/index.htm>

How to Contact Coventry National Network

As a staff member of a Coventry National Network provider office, we provide you with valuable resources to assist you in your day-to-day interactions with patients. You may already have an established liaison with Coventry and if so, we encourage you to continue to work with those established contacts. If not, you can also contact our general Provider Services number listed below for assistance related to the Coventry National Network.

The Provider Services Department, the Customer Service Department and the Direct Provider website are just some of the tools intended to make your job easier and to provide you with available resources.

We have also included an [Coventry's Contact Grid](#), located in Section 6 of this manual, that provides you with more specific contact information that may be of further assistance.

Provider Services – Please Call the Number Listed on the Member ID Card

The Provider Services Department can answer your questions about Provider Issues. Below are just a few of the questions that our dedicated team can answer.

- Contracting Issues
- Fee Schedule Requests
- Credentialing and Recredentialing Applications that are in Process
- Electronic Filing Issues (EFTs and ERAs)
- Capitation Issues
- Authorization Issues that involve Medical Management
- Member and Physician Relationships
- Provider Education
- On Call Covering Physician Issues
- And many more Provider Relations Issues

Customer Service Operations – Please Call the Number Listed on the Member ID Card

For Customer Service Issues please check for the Customer Service Phone Number listed on every member ID Card. This Department will be able to help you with the below issues as well as many more.

- | | |
|------------------------------|---------------------------------|
| • Corrected Claims Issues | • Benefit and Member Issues |
| • Itemized Bills | • Initial Balance Billing Calls |
| • Timely Filing | • New Provider Inquiries |
| • Adjudication Issues | • Provider Manual Requests |
| • Requests for EOB and RAs | • Non Par Demographic changes |
| • Authorization Requirements | • NPI Questions |
| • Check and Refund Issues | |

SECTION 3



www.firsthealth.com

Provider Reference Manual

First Health Overview

First Health Group Corp. (First Health), a wholly owned subsidiary of Coventry Health Care, Inc., provides national PPO network access and other cost containment programs to help our clients manage their benefit plans.

First Health is a national managed care organization that provides comprehensive, cost-effective managed care services for group health plans, including one of the nation's largest PPO networks. The First Health Network is the PPO of choice for Third Party Administrators (TPAs), insurance carriers and other payers looking for quality, affordable health care.

The development of the PPO network began in 1984 by CCN Managed Care, Inc. Initially, the network was available in California, but through negotiations and acquisitions, the network expanded rapidly to other parts of the country. First Health Group Corp. acquired CCN Managed Care in 2001.

As a result of the 2005 acquisition of First Health Group Corp. by Coventry Health Care, Inc., a comprehensive strategy was developed to integrate all of the rental PPO networks (CCN, SouthCare, HealthCare Preferred, HCVM, PPO Oklahoma) to ensure that clients were getting the best possible access offered. All integration efforts were completed in January 2008 to establish the First Health Network.

We take great pride in our network of physicians and related professionals who serve our members with the highest level of quality care and service. We are absolutely committed to making sure our providers receive the best possible and latest information, technology and tools available to ensure their success and their ability to provide for patients.

First Health Network Product Description

The First Health Network is one of the nation's largest proprietary PPO networks, offering access to quality, affordable health care. First Health serves over 400 clients and 4 million individuals nationally, with a major focus on insurance carriers and Third Party Administrators (TPAs).

We serve the needs of Student Plans, Unions, and Health Plans, as well as Self-Insured Employer Groups. First Health's product offerings include a national PPO, flexible re-pricing options and robust medical management services. We provide seamless, flexible managed care solutions that help clients to manage medical expenditures ease administrative burdens and promote optimal member outcomes and satisfaction.

We are a national network, with directly held contracts to providers and hospitals throughout the United States, including DC and Puerto Rico.

Savings, Access and Stability

First Health has a proven record of managing costs while providing superior service to clients and their members. Our fully integrated solution manages total plan costs by addressing every element in the health care cost equation. We underline our total cost management solution with service to educate and support members as they make decisions about their health care. As a full-service company, First Health simplifies the benefits experience for you and the health plan members.

Currently, the network includes approximately 5,000 hospitals and more than 600,000 physicians and ancillary care professionals. In addition to general acute care hospitals, we contract with rehabilitation, psychiatric/chemical dependency and specialty hospitals. We have board-certified physicians representing more than 100 specialties and a wide array of ancillary providers.

Our network is built to last on the strength of our relationships with our providers – 96% of doctors and 99% of hospitals participating in the First Health Network choose to remain with us, year after year. Our rigorous credentialing criteria ensures that only qualified providers are invited and retained within the First Health Network.

Member/Client Identification

Payers using the First Health Network for Group Health services distribute benefit cards to members. Both the payer 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 his/her file.

The following image will appear on the ID cards of members accessing the First Health Network.



If the patient does not bring the benefit card, or you need to verify the information on the card, you may use the Comprehensive Client List (CCL). For each payer, the list provides a claim submission address, eligibility and benefits verification telephone number, and a utilization management/precertification telephone number, if applicable. The most current Client List is available on our internet site at www.firsthealth.com.

To obtain access to the client listing, please refer to the appropriate link below. As a participating provider, it is necessary for you to have a login to access this area. In order to obtain the login, you may contact us via the web and submit a written request: <http://firsthealth.coventryhealthcare.com/contact-us/request-more-information/index.htm>. Include your phone number so that our customer service representative may contact you, or you can contact the customer service department directly at **800-937-6824**.

Client List: <http://firsthealth.coventryhealthcare.com/providers/claims-information/index.htm>

In-Network Referral Process

As a Participating Provider in the First Health Network, we appreciate your efforts to refer members to other Participating Providers. Use of our network providers helps members maximize their medical benefits and reduce their related out of pocket expense. Please note that not all members have preferred access to all First Health Network Providers. For example, some members have First Health preferred network access only in certain geographic areas or may have special program arrangements for certain types of services.

With First Health's web-based and automated information system, information can be accessed in a variety of ways. If you are looking for a participating specialist or need to know if a provider or facility is participating, find out quickly and easily anytime at the First Health website, www.firsthealth.com. Select "Locate a Provider" then "Locate a First Health Network Provider Now." This powerful tool allows you to generate very specific provider directories right online whenever you need them. With this tool, you can quickly:

- Search for a specific provider by name
- Search by Specialty
- Search by Hospital Affiliation
- Search by Gender
- Search by Languages Spoken
- Create directories by county, city, or state
- Multi-criteria capabilities including provider type
- Create PDF versions for download or emailing
- Save your searches
- Verify participation at a glance, for a specific provider
- And much, much more

If you have any questions about First Health providers and their availability to you, please call the First Health Network Provider Information Line toll-free at (800) 937-6824.

Claims Administration Information

First Health values the quality care that health care providers give to our members, and it is our goal to provide prompt reimbursement for those services.

A key factor in getting claims processed in a timely manner is correct claims submission. Submitting a claim correctly the first time increases the cash flow to your practice, prevents costly follow-up time by your office or billing staff, and reduces the uncertainty members feel with an unresolved claim.

Claims Administration Information, continued

For First Health Network business this is especially true since First Health does not adjudicate or pay the actual claims. The First Health Network acts as a pricer/re-pricer for their clients and the type of relationship the client has with the First Health Network will determine with which electronic payer ID the claim should be submitted. In support of that effort, the First Health Network has provided information below that should help clarify which payer ID applies for the patient being serviced, as well as sample ID cards, and other pertinent documentation. For specific information concerning EDI claims and other First Health Network claim matters, please refer to the EDI documentation information on our website:

<http://firsthealth.coventryhealthcare.com/providers/claims-information/index.htm>

Billing / Payment / Claims

Send us your claims electronically. Refer to the patient's ID card and use the electronic payor ID indicated on the patient's ID card. Most benefit cards identify one 5-digit route code. Or, you may also refer to the payor list found at www.emdeon.com for electronic submission instructions. If you still use paper, submit on a CMS 1500 or a UB-04 to the address listed on the patient's ID card. Incomplete forms or claims sent to the incorrect address may cause delays in payment. Be sure to include the client name as indicated on the patient's ID card so that we can appropriately return pricing information sheets to the proper client for payment.

Billing Follow-up

Initial billing follow-up calls should be directed to the payer or administrator. The billing follow-up telephone number is on the patient's benefit card or the Client List found on www.firsthealth.com.

Claim Appeals

- **Benefit Plan Provisions Appeals:** Contact the actual client/payer
- **Payment Appeals:** Submit the appeal to the payer address listed on the member's ID card
- **Disputing a Claim Allowable or Have Contracting/Rate Issues:** Call the number listed for providers under the First Health logo on the member's ID card.

Contracted Amounts/PPO Allowable

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

Coordination of Benefits

If the payer using First Health is billed as a secondary payer, reimbursement is the difference between the primary payers' reimbursement and allowable charges, up to the First Health contract amount.

Co-Payments, Co-Insurance and Deductibles Vary by Payer

You should collect any **co-insurance and deductible amounts** from the patient. For questions, please contact the customer service number listed on the patient's ID card.

Clinical/Utilization Management

First Health performs utilization management for many of its clients/payers. However, not all First Health payers use our Utilization Management (UM) services. If you are a physician or other outpatient care network provider, check your First Health Client List (CCL) or the patient's benefit card to identify the correct number to call for utilization management.

The focus of our clinical management program is on the quality of patient care, optimal outcomes and medical cost. We are distinctly different in that we do not outsource any components of our clinical services. All of our clinical management activities are supported by an in-house staff of nurses, pharmacists and Medical Directors.

For those clients who utilize our Clinical/Utilization Management services, the program includes:

Utilization Management

First Health, through its affiliate company Coventry Health Care National Accounts, is accredited by the Utilization Review Accreditation Commission (URAC). Utilization management services facilitate the utilization of cost-effective inpatient and outpatient services and promote optimal outcomes through channeling to network providers, identifying potentially unnecessary services and supporting appropriate discharge planning.

- **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.
- **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.
- **Services that require Utilization Management:** Call First Health for precertification for all hospital inpatient procedures covered in the patient's benefit plan. Some payers may also require pre-certification on certain outpatient/office procedures/services. If the member is followed through 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 provides the guidelines to call First Health for precertification of utilization management services.
- **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 payer. If such a review is requested, the payer 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.

Clinical/Utilization Management, continued

- **Emergency or special situations:** Although a requirement to call before services begin is assumed with our precertification process, we consider each situation individually. In an emergency or special situation, such as a delivery, First Health should be contacted with the appropriate medical information within two business days after the emergency admission.
- **Calling First Health after hours or during weekends:** First Health's utilization management telephone lines are supported by staff 6am to 6pm CT Monday through Friday.

Early Medical Assessment

This progressive approach to medical management assures early identification of high-risk patients that would benefit from case management through a detailed data collection process. Our early medical assessment program offers all of the advantages of typical utilization review programs, as well as early identification of case management and increased collaborative and education opportunities with providers.

Case Management

When patients with severe, chronic conditions are identified, we initiate more intensive case management activity. The level of our interactions with patients corresponds to the specific needs of the individual. This approach allows our clinical staff to maintain sensitivity to the individual needs of the patient while promoting cost-effective and quality care. For severe cases requiring intensive assistance and supervision, the members work with a single nurse case manager to receive coordinated information and oversight for all the member's conditions.

Electronic Solutions

We value the providers who take care of our members. Our improved website offers you new tools and more effective electronic solutions to assist with patient care, regardless of which network option is utilized.

Explore the supporting EDI documents on our website to discover the useful information available to you: <http://firsthealth.coventryhealthcare.com/providers/electronic-solutions/index.htm>

Electronic Solutions, continued

Fee Schedule Distribution Module

The Fee Schedule distribution module was launched in July 2009. This functionality allows 'Administrators' of www.directprovider.com accounts access to request fee schedule information.

What rate/fee schedule information is available?

- 'Current' and 'Future' Fee Schedules
 - Full Schedule
 - Sample Schedule
 - Procedure Code Range
 - Single Procedure Code
 - Changed Values (Future Fee Schedule ONLY)

Fee Schedule requests can be made for the First Health products for which the provider is contracted and the information is returned to the Message Center via the secure messaging functionality.

'Administrators' will have access to see the Fee Schedule link in the left Navigational Bar. They will also see the information below at the bottom 'Home' page screen listed in the above section.

- If you are currently registered with www.directprovider.com for access to Coventry information and functionality and would like to add access to fee schedule information for the First Health products you are contracted with, please click the Fee Schedule link in the left navigation bar on www.directprovider.com and follow the instructions.

How Do I Sign Up?

If your organization has not yet signed up, simply identify who will be the account administrator and go to: www.directprovider.com "**Click Here to Register Your Practice**" complete steps 1-5. You will be provided a registration number for future reference, along with a User Name and a temporary password will be forwarded to the email address provided in Step 4 of the registration process.

If your organization has already registered on www.directprovider.com, simply contact your account/site administrator to have additional users added to the account to begin managing all of your Coventry health plan needs at our secure, one-stop, multi-functional provider portal. For Directprovider.com functional issues, please call Net Support at 1-866-629-3975.

Responsibilities

Responsibilities of Provider Participation

- **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 payers' utilization management/pre-certification programs**
- **Notify First Health of demographic changes/information updates** (e.g., address or federal tax identification number changes)
- **Work with First Health and their payers to resolve issues**
- **Use best efforts to refer patients to First Health Network hospitals, physicians, and other outpatient care providers** (You may access the First Health Network Provider Search via the web at <http://firsthealth.coventryhealthcare.com/locate-a-provider/index.htm>)
- **Respond promptly to requests for information related to recredentialing or database updates**
- **Know and comply with state specific regulations**

Council for Affordable Quality HealthCare (CAQH)

- **CAQH is a not-for-profit alliance of health plans and networks.** The CAQH credentialing solution is completely free for providers to use and the participating organizations are charged a standard fee per **applications** that are complete and authorized for release.
- **CAQH offers a better way to supply credentials to Coventry Health Care.** Now you can enter information one time, online or by fax, to satisfy the credentialing and recredentialing requirements for Coventry Health Care.
- **CAQH can benefit your practice by:**
 - Saves time by eliminating the need to fill out redundant recredentialing 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

Responsibilities, continued

- **Provide the information one time.** Changes you supply via the CAQH website are available weekly to Coventry Health Care once you authorize.
- **Authorizing Coventry Health Care is easy.** While completing the CAQH application users will complete the Healthcare Organization Authorization page. The user will have to choose one of the following options in order for Coventry to be authorized access to the application:
 - Select the option “To ALL of the healthcare organizations listed above AND to any healthcare organization that in the future represents...”; **or**
 - Select the option, “To only the healthcare organizations I indicate below...”. The user will then have to specifically release Coventry Health Care/First Health Network (West Sacramento, CA) from the list of Authorized Plans

For more information, please visit CAQH's website at www.caqh.org.

How to Contact First Health, a Coventry Health Care Company

For First Health provider support questions, please contact us at **1-800-937-6824 (Option 3)** or by visiting us online at www.firsthealth.com. Our Provider Services department is open Monday through Friday from 7am-7pm Central Standard Time.

Below is a list of inquiries that Provider Services is available to assist you with:

- All inquiries pertaining to the First Health Network
- Claim Status Inquiries (**Please call payor/employer first**)
- Inquiries related to Contract Allowables
- Provider Demographic Updates
- Provider Credentialing or Contract Requests
- Provider Participation Verification

You may also submit a request for more information on line using the “**Request More Information**” link at: <http://firsthealth.coventryhealthcare.com/contact-us/index.htm>

SECTION 4



www.coventrywcs.com

Provider Reference Manual

Coventry Workers' Comp Services Overview

Coventry Health Care Workers' Compensation, Inc. (Coventry Workers' Comp Services), a division of Coventry Health Care, Inc. (Coventry), is the leading provider of cost and care management solutions for property and casualty insurance carriers, (workers' compensation and auto insurers), resellers, managed care organization, third-party administrators and employers. We design best-in-class products and services to help our partners restore the health and productivity of injured workers and insureds as quickly and as cost effectively as possible. We accomplish this by developing and maintaining consultative, trusting partnerships with our clients and stakeholders, built on a foundation of innovative and customized solutions that support the claims management process.

Coventry Workers' Comp Services Product Overview

Coventry Workers' Comp Services is a leader in cost and care management services offering care management, pharmacy benefit management, and network solutions to property and casualty insurance carriers, resellers, managed care organizations, third-party administrators (TPAs), and employers. Through these proven medical management services, Coventry Workers' Comp Services works with clients to help drive industry-leading medical outcomes and identify appropriate cost savings throughout the claims process. For more information, please visit www.coventrywcs.com.

Coventry Workers' Comp Services offers an integrated suite of care management, pharmacy benefit management, technology, and network services.

Network Solutions

Our workers' compensation network, known as the Coventry Integrated Networksm is the largest national network in the workers' compensation industry, comprised of The First Health Network, FOCUS, MetraComp and other top aligning PPOs. For providers participating in the Coventry Integrated Networksm, Coventry Workers' Comp Services actively markets your practice to insurance carriers, resellers, managed care organizations, third-party administrators and employers within your area.

Additionally, Coventry Workers' Comp Services provides Managed Care Organization (MCO) services in a number of states where MCO programs are supported by statute. Our MCOs are designed to manage medical costs and return-to-work outcomes without compromising quality of care. In addition, Coventry monitors legislative and regulatory changes in these states in order to ensure continued compliance and to identify opportunities to improve outcomes.

To help support the network, Coventry Workers' Comp Services offers workers' compensation payers and employers access to online directories and worksite posters to help direct injured workers to identify participating network providers via our website at www.coventrywcs.com.

Coventry Workers' Comp Services Product Overview, continued

Care Management

We offer a suite of care management solutions that advocate for appropriate, high-quality medical treatment while helping facilitate prompt return to work. We serve the workers' compensation and disability markets by providing medical case management, vocational case management, utilization reviews, return-to-work programs, medical examinations, disability management, and a range of specialty services.

Additionally, Coventry Workers' Comp Services offers employer clients our Nursing Telephone 24 hours per day (NT24) service which provides clients with direct access to our expert nurses 24/7 to assess and manage on-the-job injuries. Based on a thorough assessment of the injured worker's symptoms, our nurses provide education and information to assist the injured worker to access the correct treatment setting and care for his/her injury.

Technology and Claim-Related Services

Coventry Workers' Comp Services offers state-of-the-art technology solutions that help promote effective and efficient ways to process information, analyze data, and communicate with various parties throughout different stages of the workers' comp process. These solutions include:

- Coventry Connect, our adjuster desktop tool that provides a single web-based interface between the adjuster's desktop and Coventry's Workers' Comp Services bill review, care management and pharmacy benefit management systems.
- Scanning and Imaging whereby Coventry Workers' Comp Services provides clients with an electronic method of imaging, data capture, storage of medical bills, Explanation of Review (EORs) and billing attachments.

Pharmacy and Durable Medical Equipment (DME) Solutions

First Script is the Pharmacy Benefit Management (PBM) program offered by Coventry Workers' Comp Services. Our First Script PBM program offers not only an extensive pharmacy network, but also a fully integrated first fill and mail order program that provides complete control of pharmacy utilization throughout the life of a claim. Our next generation DME and ancillary services program, DMEplus, provides a national network of local medical providers for all types of workers' compensation claimant products and services. For both First Script and DMEplus, national networks, industry leading processes, integration, and superior customer support combine to provide programs that have proven to be more convenient and cost effective than any other.

Injured Worker/Client Identification

Coventry Workers' Comp Services is dedicated to providing information important to our network doctors and hospitals. As such, Coventry Workers' Comp Services has provided a detailed list with payer contact information about Coventry Workers' Comp Services clients / payers who access the Coventry Integrated Networksm for workers' compensation:

The list can be found online under the provider tool section of the workers' compensation website, www.coventrywcs.com, or can be accessed directly by clicking here: <http://www.coventrywcs.com/provider-services/client-payor-listing/index.htm>.

In-Network Referral Process

As a Participating Provider in Coventry Integrated Networksm, we appreciate your efforts to refer Injured Workers to other Participating Providers. Use of our network providers helps Injured Workers maximize their medical benefits and reduce their related out of pocket expense.

To determine who to refer to in-network, visit the Provider Tools section of our website at <http://www.coventrywcs.com/provider-tools/index.htm> or call our provider relations line at 800-937-6824

With this tool, you can quickly:

- Search for a Provider by Name
- Search by Address
- Search by Region
- View the Directory Library – Pregenerated statewide / region wide directories

Claims Administration Information

Explanation of Review (EOR)

Varies from Payer to Payer

- **Verification of Compensability:** Verify the injured worker's compensability status by calling the injured worker's payer or claims administrator.
- **Utilization Management / Pre-Certification:** Utilization management requirements for workers' compensation patients also vary from state to state. Contact the payer or claims administrator to verify utilization management or pre-certification requirements.
- **Billing / Payment / Claims:** Provider/clinic claims for patients are typically billed on the CMS 1500 and UB-04 forms and submitted by the provider's office to a payer. Incomplete forms or claims sent to the incorrect address may cause delays in payment.
- **Contracted Amounts / PPO Allowable:** In accordance with state workers' compensation laws, 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 payer or its administrator.

Clinical/Utilization Management

Coventry Workers' Comp Services offers a variety of clinical services including medical case management, vocational case management, utilization review, return-to-work programs, medical examinations, disability management, and a range of specialty services. Coventry is URAC accredited in Workers Compensation case management and utilization review.

Coventry NT24

NT24 provides Coventry's Workers' Comp Services employer clients with direct access to our expert nurses 24/7 to assess and manage on-the-job injuries. Based on a thorough assessment of the injured worker's symptoms, our nurses provide education and information to assist the injured worker to access the correct treatment setting and care for his/her injury. Our goals include reduced claim exposure, less time off work, increased network penetration, coordination with other workers' comp services such as Pharmacy and improved employee morale.

Clinical/Utilization Management, continued

Field Case Management

Coventry's Workers' Comp Services are dedicated with expert Field Case Management staff in setting a new industry standard for quality, proven outcomes and customer satisfaction. With over 675 case managers in 47 states, we hold to the same standards of excellence while providing broad, national coverage to our clients. We keep case costs and treatment durations down, while at the same time achieving and documenting some of the best case management outcomes in the industry.

Independent Medical Examinations

Coventry Workers' Comp Services Independent Medical Examinations is the nation's largest national Independent Medical Examination (IME) program that offers our extensive network of over 12,000 pre-screened, board-certified health care professionals. Our national scope and service expertise enables us to provide our clients with faster, more efficient turn around times and access to health care providers specializing in all areas of medicine.

Physician Review

Coventry's Workers' Comp Services Coventry Physician Review service, staffed with a comprehensive physician advisory panel, provides a wide range of staff, consulting physicians and other health care professionals, who provide peer-to-peer review of treatment requests in support of our URAC and state-certified utilization review program. Physicians review for medical necessity only, and our service is in full compliance with all required regulations and review guidelines.

Telephonic Case Management

Our Telephonic Case Management service works to ensure that appropriate treatment and return-to-work plans are established and implemented for all work-related injuries referred to Coventry Workers' Comp Services. Supported by our state-of-the-art proprietary software system, our highly qualified and experienced nurse case managers effectively negotiate with injured workers, their provider and employers to achieve timely and cost-effective outcomes. We provide comprehensive outcome reporting to measure and document the quality and effectiveness of the services we provide. Via electronic data interfaces (EDI), we download case process documentation directly into our clients' claims management systems, facilitating the claims management process.

Utilization Review

Coventry's Workers' Comp Services URAC and state-certified Utilization Review service provides prospective, concurrent and retrospective review of the medical necessity of services requested. Nurses complete reviews based on national, evidence-based guidelines. When the nurse is unable to certify the request against guidelines, the request is then forwarded to Coventry's Workers' Comp Services Physician Review. Registered nurses perform both Utilization Review and Telephonic Case Management as regulations permit, providing a seamless and efficient process to facilitate timely and appropriate treatment.

Clinical/Utilization Management, continued

Return-to-Work Services

Coventry's Workers' Comp Services Return-to-Work programs promote healthy employees, and when injured or disabled on the job, our medical and vocational case managers return them to work with their previous employers or alternative employers in a safe and timely manner. Our expert staff is committed to achieving positive outcomes for all stakeholders, including payers, injured/disabled workers, employers and providers. We work in close cooperation with these parties, coordinating early return to work through in-person meetings, active follow up and timely reporting.

Cost Projections Services

Cost Projection Services provide dynamic reporting for individuals who have experienced catastrophic injury or have chronic health needs. These reports use published evidence-based standards of practice, comprehensive assessment, data analysis and research as the basis for each document. They provide an organized concise plan for current and future medical needs and associated costs.

Cost Projection Services include: Life Care Plans, Medical Cost Projections that include Limited and Short Term Cost Projections and other related services that provide a non-biased prediction of future costs. A Cost Projection is a useful tool for setting accurate reserves while a Life Care Plan can be a key component for settlement negotiations.

Reports are based on medical records from all treating sources, payment history and pharmacy payout information. Cost Projection includes a comprehensive assessment that provides a blueprint of current and future services, equipment, and care based upon the individual's needs. Appropriate levels of care are identified by a credentialed professional. Equipment maintenance and replacement issues are addressed. Reports take into account life expectancy when calculating anticipated costs, potential complications and where appropriate recommendations for medication reconciliation. These reports are defensible in court.

Clinical/Utilization Management, continued

Integrated Choice

Coventry's Workers' Comp Services Integrated Choice line of product provides return to work (RTW) and productivity management solutions to return employees to "active" status after a disability/absence. The Integrated Choice model uses a clinical case management model to deliver non-occupational disability management services (advice-to-pay) to the self-insured employer market. This includes Short Term Disability (STD), Long Term Disability (LTD), and Family Medical Leave Act (FMLA) services which can be integrated with workers' compensation disability.

Specialty Services

Coventry's Workers' Comp Services expert national care management staff provides high level specialty services to meet the unique needs of our clients and the injured workers they serve. Specially trained knowledgeable case managers provide Catastrophic Case Management, Crisis Response, Behavioral Assessments and Maritime Case Management. Credentialed case managers also provide specialized evaluative services, including Life Care Plans, Medical Cost Projections and Legal/Liability Nurse Reviews. Our skilled case managers have the training and required tools to meet the needs of our customers.

Electronic Billing

Coventry Workers' Comp Services launched its electronic billing system for health care providers and payers on January 1, 2008. This system compiles the workers' compensation electronic billing (eBilling) requirements mandated by the Texas Department of Insurance, and will respond to the industry's request for a streamlined, paperless billing process.

Coventry Workers' Comp Services has partnered with Jopari Solutions to create a comprehensive end-to-end eBilling solution. This solution:

- Allows payers to receive bills directly from providers (via agent) in an American National Standards Institute (ANSI) compliant format;
- Allows providers to receive basic status of bills being processed;
- Allows providers to receive 835 remittance advice from payers within required state timelines;
- Allows providers to submit appeals/reconsiderations in paper or electronically;
- Is expandable to allow Coventry Workers' Comp Services to act as eBill gateway for all client eBill transactions;
- Is expandable to accommodate eBill requirements for new states as they adopt eBilling requirements;
- Wraps around existing client workflow model to minimize client development and workflow change.

Electronic Billing, continued

Coventry Workers' Comp Services will manage all eBilling requirements for Texas and all other states which require eBilling in the future, which at this time, are expected to include California, Oregon, New York and Minnesota.

If you are a provider, and wish to become a Coventry Workers' Comp Services eBilling partner, please contact Jopari Solutions at 1-866-269-0554.

Responsibilities

Responsibilities of Provider Participation

Responsibilities of providers depends largely on the state in which the provider operates. Information about state specific requirements and state specific provider manual (if applicable) is available on our website at <http://www.coventrywcs.com/provider-services/index.htm>. Under this section you will be able to access information required by specific states by using the state drop down box located on the right hand side of the page (For Example: TX).

As a participant in the Coventry Integrated Networksm you need to:

- See referred workers' compensation patients as soon as possible
- Obtain prior authorization when required by applicable laws from the workers' compensation payer for 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 payers and accept PPO contract allowable as payment in full (to avoid balance billing)
- Help Coventry Workers' Comp Services Maintain Accurate Information on your practice. (e.g. changes in address, federal tax identification number, etc.). To do this you may call our Provider Relations line at 1-800-937-6824 or us the update feature located on our website at <http://www.coventrywcs.com/provider-tools/index.htm>.
- Work with Coventry Workers' Comp Services and its payers to resolve issues
- Comply with the requirements for filing a complaint or grievance: <http://coventrywcs.com/provider-services/provider-education/index.htm>
- Understand clients' utilization management/pre-certification programs

Responsibilities, continued

- Refer injured workers to other Coventry Workers' Comp Services providers. You may use the "Referral Search and Directory Information link" online at: <http://www.coventrywcs.com/provider-tools/index.htm>
- Respond promptly to requests for information related to recredentialing 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 workers' compensation regulations
- Contact your state workers' compensation agency for updated treatment/disability management guidelines and available state training information

Council for Affordable Quality HealthCare (CAQH)

CAQH is a not-for-profit alliance of health plans and networks. The CAQH credentialing solution is completely free for providers to use and the participating organizations are charged a standard fee per applications that are complete and authorized for release.

CAQH offers a better way to supply credentials to Coventry Health Care. Now you can enter information one time, online or by fax, to satisfy the credentialing and recredentialing requirements for Coventry Health Care.

- **CAQH can benefit your practice by:**
 - Saves time by eliminating the need to fill out redundant recredentialing 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

Responsibilities, continued

- **Provide the information one time.** Changes you supply via the CAQH website are available weekly to Coventry Health Care once you authorize.
- **Authorizing Coventry Health Care is easy.** While completing the CAQH application users will complete the Healthcare Organization Authorization page. The user will have to choose one of the following options in order for Coventry to be authorized access to the application:
 - Select the option “To ALL of the healthcare organizations listed above AND to any healthcare organization that in the future represents...”; **or**
 - Select the option, “To only the healthcare organizations I indicate below...”. The user will then have to specifically release Coventry Health Care/First Health Network (West Sacramento, CA) from the list of Authorized Plans

For more information, please visit CAQH's website at www.caqh.org.

State Specific Requirements

Information about state specific requirements is available on our website at <http://www.coventrywcs.com/provider-services/index.htm>.

California MPN

The State of California Division of Workers' Compensation has certified the First Health MPN (Medical Provider Network). We have met all the specific access and healthcare delivery standards for providers in the MPN. Some of our clients have chosen to customize our MPN. 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 specific 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. You can locate a list of all state approved MPNs on the California Department of Workers Compensation's web-site: http://www.dir.ca.gov/dwc/MPN/DWC_MPN_Main.html

Coventry offers its Clients access to its California Primary and Select Networks for their MPN as the configuration 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 find additional information about the Coventry and First Health MPN on the Coventry Workers Comp Website at: <http://coventrywcs.com/provider-services/california/index.htm>

State Specific Requirements, continued

Texas HCN

House Bill 7 was enacted to reform a workers' compensation system that has experienced double-digit cost increases at the same time it has seen injury decreases. Like most sweeping legislation, the bill has numerous requirements and provisions, but its "bottom line" is straightforward: employers choose a network of medical providers experienced in treating occupational injuries, and injured employees choose from those providers for treatment. Coventry Workers' Comp Services offers a Texas Health Care Network option to help meet these regulatory requirements. You can locate a summary of HB7, frequently asked questions and the latest updates at the Texas Department of Insurance (TDI) website at: <http://www.tdi.state.tx.us/wc/indexwc.html>

The TDI has certified the Coventry and First Health, "Health Care Networks" (HCN) to provide workers' compensation health care to injured workers for their work-related injuries or illnesses. You can locate specific information regarding the Coventry and First Health networks and requirements on the Coventry Workers' Comp Services website at: <http://coventrywcs.com/provider-services/texas/index.htm>

Pharmacy Management

Coventry Workers' Comp Services offers our First Script Pharmacy Benefit Management (PBM) program, which understands the unique requirements of workers' compensation. First Script combines the finest in pharmacy benefit and utilization management services. Our First Script PBM program offers not only an extensive pharmacy network, but also a fully integrated first fill and mail order program that provide complete control of pharmacy utilization throughout the life of a claim.

First Script Pharmacy Benefit Management Program

The First Script PBM program offers a closed loop solution that consistently monitors injured worker prescription activity and pulls non-compliant workers into the First Script program. By integrating with a claim management and bill review system, the First Script program maximizes savings and consistently delivers higher network penetration levels. Our drug utilization control programs provide a complete set of utilization control tools to manage pharmacy costs effectively and efficiently with limited impact on Claim Manager workflows.

Pharmacy Management, continued

Program Benefits:

- First fill program with no out-of-pocket expense to injured worker and no financial risk to client
- Progressive and customizable drug lists that can include National Counsel on Compensation Insurance (NCCI), ICD-9, and proprietary codes
- Point-of-Sale Drug Utilization Review ensures only appropriate work-related prescriptions are filled
- Program updates and online reporting monitor performance and demonstrate measurable results
- Integration into Claim Management systems and workflows
- Drug utilization tools notify Claims Managers when a drug is being filled that has been identified for retrospective drug utilization review

For the most up-to-date information on First Script, please visit our website:

<http://www.coventrywcs.com/client-solutions/first-script-network-services/pharmacy-benefit-manager/index.htm>

Drug Utilization Assessment (DUA) & Peer-to-Peer (P2P) Review

For claims that warrant additional drug utilization investigation, Coventry Workers' Comp Services offers a Drug Utilization Assessment (DUA) program that examines a claimant's current pharmaceutical medication regimen based upon thorough review of medical records and pharmacy claim data. This program recommends alternatives, if necessary, to current regimen based on medical necessity, current official guidelines, and best practice medical guidelines. Once a DUA has been completed, a Medical Peer-to-Peer (P2P) Review can be performed in order to facilitate the adoption of the pharmacy recommendations.

Program Benefits:

- Identifies utilization issues
 - Brand/Generic substitution
 - Overuse/Underuse of prescribed medications
 - Duplicative therapies
 - Unnecessary or contraindicated medications
- Prepared by a licensed clinical pharmacist
- Comprehensive summary based on 12 months of medical records
- Offers analysis of prescription regime to be shared with prescribers
- P2P report summarizes the discussion and outlines the agreements

For the most up-to-date information on DUA /P2P, please visit our website:

<http://www.coventrywcs.com/client-solutions/care-management/drug-utilization-advisory/index.htm>

Durable Medical Equipment and Ancillary Services

Our next generation Durable Medical Equipment (DME) and Ancillary Services program, DMEplus, provide a national network of local medical providers for all types of workers' compensation claimant products and services. DMEplus is an easy to use and highly efficient program that produces significant cost savings. DMEplus works exclusively with dedicated, cost effective home health product and service vendors to provide Claim Managers and their injured workers with the most user-friendly, flexible and responsive claimant program available. Once a referral is submitted, the dedicated DMEplus team coordinates all the arrangements for services, equipment, and supplies. DMEplus contracts with a broad range of cost-effective local and national healthcare providers that cover many specialties. This extensive network ensures we meet the needs of virtually any type of workers' compensation case

Program Benefits:

- Our clients receive exemplary customer service, immediate communication and competitively priced products and services.
- We have one of the largest national networks of DME and ancillary providers.
- We are a “one stop shop” for our clients, offering efficient & timely service.
- We have a national team of dedicated network recruiters that actively recruit general and specialty providers into our network.
- All of our network providers are required to participate in a detailed credentialing process.
- We provide our clients with a dedicated team of knowledgeable account managers and supporting personnel.

For the most up-to-date information on First Script, please visit our website:

<http://www.coventrywcs.com/client-solutions/first-script-network-services/dme-and-ancillary-services/index.htm>

How to Contact Coventry Workers' Comp Services

We have extended the network access agreement currently in place between Aetna Workers' Comp Access and our Coventry Workers' Comp Services / FOCUS customers in select states. To minimize disruption to your office, there is no change in how you submit your bills for workers' compensation business nor who you should contact for claims processing or customer service questions.

We value your feedback; and ask that you contact one of the following Provider Services 800# with any questions or concerns that you may have:

- For questions about your Coventry Workers' Comp Services / First Health participation, please contact Coventry Workers' Comp Services at 800-937-6824.
- For questions about your Coventry Workers' Comp Services / Focus participation contact 800-243-2336.
- For questions about your Aetna participation or contract, please contact Aetna at 800-238-6288.

SECTION 5



Coventry Auto Solutions

Coventry Auto Solutions

Coventry Auto Solutions offers cost containment solutions to assist with the rising medical costs associated with auto-related injuries. We design best-in-class products and services to help our partners restore the health and productivity of parties injured as a result of auto injury as quickly and as cost effectively as possible. We accomplish this by developing and maintaining consultative, trusting partnerships with our clients, providers and other stakeholders, built on a foundation of innovative and customized solutions that support the claims management process.

Coventry Auto Solutions Product and Service Overview

Coventry Auto Solutions (“CAS”) offers an integrated suite of network, care management and pharmacy benefit management solutions.

- **Network Solutions**

Our auto network, known as the Coventry Integrated Networksm is comprised of The First Health Network, FOCUS, MetraComp and other top aligning PPOs. For providers participating in the Coventry Integrated Network, CAS actively markets your practice to automobile insurance carriers, third-party administrators and employers within your area.

To help support the network, CAS offers payers and injured parties access to online directories to help injured parties identify participating network providers via our website at www.coventryautosolutions.com.

- **Care Management**

We offer a suite of care management solutions that advocate for appropriate, high-quality medical treatment while helping recovery. We serve the automobile insurance market by providing medical case management, vocational case management, utilization reviews, independent medical examinations, and a range of specialty services.

- **Pharmacy and DME Solutions**

CAS offers pharmacy benefit management services and durable medical equipment services through our First Script subsidiary. Our First Script PBM program offers not only an extensive pharmacy network, but also a fully integrated first fill and mail order program that provide complete control of pharmacy utilization throughout the life of a claim. Our next generation DME program DMEplus provides a national network of local medical providers for all types of durable medical equipment needs. Our national networks, industry leading processes, integration, and superior customer support combine to provide programs that have proven to be more convenient and cost effective than any other.

SECTION 6



Quick Reference Guides







Coventry's Claim Submission Guide

For the most up-to-date information, please refer to the website listed below.

Member ID Card Logo	Plan Name	Payer ID	Claims Address	Plan Contact	Website
	Coventry Health Care National Network (Multiple corporate and national clients)	25133	P.O. Box 8400 London, KY 40742	Refer to Member ID Card	www.coventrynational.com
	First Health Network (Multiple corporate and national clients)	Refer to Member ID Card	Refer to Member ID Card	800-937-6824	www.firsthealth.com
	Mail Handlers Benefit Plan (a Coventry Health Care plan)	25133	MHBP P.O. Box 8402 London, KY 40742	800-410-7778	www.mhbp.com
	Altius (a Coventry Health Care plan)	25133	P.O. Box 7147 London, KY 40742	800-377-4161	www.altiushealthplans.com
	Carelink (a Coventry Health Care plan)	<u>Commercial</u> 25133	P.O. Box 7373 London, KY 40742	800-348-2922	www.carelinkhealthplans.com
	Coventry Health Care of Delaware	25133	P.O. Box 7713 London, KY 40742	800-833-7423	www.chcde.com







Coventry's Claim Submission Guide

For the most up-to-date information, please refer to the website listed below.

Member ID Card Logo	Plan Name	Payer ID	Claims Address	Plan Contact	Website
	Coventry Health Care of Florida	25133	P.O. Box 45-9011 Sunrise, FL 33345-9011	866-847-8235	www.chcflorida.com
	Coventry Health Care of Georgia	25133	P.O. Box 7711 London, KY 40742	800-395-2545	www.chcga.com
	Coventry Health Care of Iowa	25133	P.O. Box 7709 London, KY 40742	800-257-4692	www.chciowa.com
	Coventry Health Care of Kansas	25133	P.O. Box 7109 London, KY 40742	800-969-3343	www.chckansas.com
	Coventry Health Care of Louisiana	25133	P.O. Box 7707 London, KY 40742	800-341-6613	www.chcla.com
	Coventry Health Care of Nebraska	25133	P.O. Box 7705 London, KY 40742	800-288-3343	www.chcnebraska.com






Coventry's Claim Submission Guide

For the most up-to-date information, please refer to the website listed below.

Member ID Card Logo	Plan Name	Payer ID	Claims Address	Plan Contact	Website
	Coventry Health Care of Nevada	25133	P.O. Box 7801 London, KY 40742	866-370-2336	www.chcnvada.com
	Coventry Health and Life of Oklahoma	25133	P.O. Box 7153 London, KY 40742	866-219-7695	www.chcoklahoma.com
	Coventry Health and Life - Tennessee	25133	P.O. Box 7170 London, KY 40742	866-765-7747	www.chctn.com
	Coventry Missouri (Missouri Department of Transportation/ MoDOT & Missouri Highway State Patrol/MHSP)	25133	P.O. Box 7401 London, KY 40742	800-627-6406	www.modot-mshp-cvty.com
	Coventry Missouri (Saint Louis University)	25133	P.O. Box 7401 London, KY 40742	800-977-3246	www.ghp.com
	Group Health Plan (a Coventry Health Care Plan)	25133	P.O. Box 7374 London, KY 40742-7374 <u>ASO plans use</u> P.O. Box 7121	800-755-3901	www.ghp.com







Coventry's Claim Submission Guide

For the most up-to-date information, please refer to the website listed below.

Member ID Card Logo	Plan Name	Payer ID	Claims Address	Plan Contact	Website
 HEALTHAMERICA A Coventry Health Care Plan	HealthAmerica / HealthAssurance (a Coventry Health Care plan)	25133	P.O. Box 7088 London, KY 40742	<u>West PA</u> 800-691-9984 <u>East PA</u> 800-788-8445	www.healthamerica.cvty.com
 PERSONALCARE A Coventry Health Care Plan	PersonalCare (a Coventry Health Care plan)	25133	P.O. Box 7141 London, KY 40742	<u>Fully Insured</u> 800-431-1211 <u>ASO</u> 866-557-8751	www.personalcare.org
 COVENTRY Health Care	Southern Health Services (a Coventry Health Care plan)	25133	P.O. Box 7704 London, KY 40742	800-627-4872	www.southernhealth.com
 University of Missouri Choice Health Care Program	University of Missouri	25133	P.O. Box 7799 London, KY 40742	800-613-7721	www.ummedcvty.com
 WELLPATH A Coventry Health Care Plan	WellPath (a Coventry Health Care plan)	25133	P.O. Box 7102 London, KY 40742	800-935-7284	www.wellpathonline.com

Coventry's Claim Submission Guide

For the most up-to-date information, please refer to the website listed below.

Member ID Card Logo	Plan Name	Payer ID	Claims Address	Plan Contact	Website
	Association Benefit Plan	25133	P.O. Box 7404 London, KY 40742	800-638-8432	www.coventrynational.com
	Foreign Service Benefit Plan	25133	1716 N Street Washington, DC 20036	202-833-5751	http://fsbp.coventryhealthcare.com/index.htm
	Rural Carriers Benefit Plan (NRLCA/National Rural Letter Carriers Association)	25133	P.O. Box 7404 London, KY 40742	800-638-8432	http://rcbp.coventryhealthcare.com/index.htm
	Strategic Outsourcing, Inc.	25133	P.O. Box 241508 Charlotte, NC 28224	888-836-7764	www.coventrynational.com
	American Postal Workers Union (APWU) Health Plan* (AK, ID, ND, OR Only)	44444	PPO Hospital: Coventry Health Care APWU HP PO Box 10398 Scottsdale, AZ 85271 All Other: APWU Health Plan PO Box 1358 Glen Burnie, MD 21060	800-222-APWU (2798)	www.coventrynational.com
	First Health Life & Health Ins. Co.	59140	Health Plan Services PO Box 44199 Las Vegas, NV 89116	800-681-0056	www.coventrynational.com

Coventry's Contact Grid

For the most up-to-date information, please refer to the website listed below.

Coventry Network	State(s)	Website	General Provider Relations Inquires		
			Phone Number	Fax Number	Mailing Address
Coventry National Network	Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Hawaii, Indiana, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, New Hampshire, New Jersey, New Mexico, New York, N. Dakota, Ohio, Oregon, Puerto Rico, Rhode Island, S. Dakota, Texas, Vermont, Washington, Washington DC, Wisconsin	www.coventrynational.com	Please refer to the Member ID Card	Please call the number on the back of the Member ID card; or You may visit us online at: www.coventrynational.com ; or Request More Information via this direct web link: http://coventrynational.coventryhealthcare.com/contact-us/request-more-information/index.htm	Please call the number on the back of the Member ID card; or You may visit us online at: www.coventrynational.com ; or Request More Information via this direct web link: http://coventrynational.coventryhealthcare.com/contact-us/request-more-information/index.htm
First Health Network	Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Hawaii, Indiana, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, New Hampshire, New Jersey, New Mexico, New York, N. Dakota, Ohio, Oregon, Puerto Rico, Rhode Island, S. Dakota, Texas, Vermont, Washington, Washington DC, Wisconsin	www.firsthealth.com	800-937-6824	Please call 800-937-6824; or You may visit us online at: www.firsthealth.com ; or Request More Information via this direct web link: http://firsthealth.coventryhealthcare.com/contact-us/request-more-information/index.htm	Please call 800-937-6824; or You may visit us online at: www.firsthealth.com ; or Request More Information via this direct web link: http://firsthealth.coventryhealthcare.com/contact-us/request-more-information/index.htm

Coventry's Contact Grid

For the most up-to-date information, please refer to the website listed below.

Coventry Network	State(s)	Website	General Provider Relations Inquires		
			Phone Number	Fax Number	Mailing Address
Altius	ID-Idaho, UT-Utah, WY-Wyoming	www.altiushealthplans.com	800-377-4161	866-341-0408	Altius Health Plans Attn: Provider Services 10421 S. Jordan Gateway, Suite 400 South Jordan, Utah 84095
Carelink	WV- West Virginia	www.carelinkhealthplans.com	Charleston 877-388-2970 Wheeling 800-896-9612	304-348-2064	Coventry Health Care Attn: Network Management Dept PO Box 1711 Charleston, WV 25326-9901
CHC-Delaware	DE-Delaware, MD-Maryland	www.chcde.com	800-727-9951	866-602-1246	Coventry Health Plan of Delaware Attn: Network Development 2751 Centerville RD, Ste 400 Wilmington, DE 19808
CHC-Florida	FL-Florida	www.chcflorida.com	866-847-8235	866-874-4140	Coventry Health Care, Inc. Attn: Provider Relations 3611 Queen Palm Drive, Suite 200 Tampa, FL 33619
CHC-Georgia	GA-Georgia	www.chcga.com	800-470-2004, ext. 2501	866-341-0359	Coventry Health Care of Georgia Attn: Network Operations 1100 Circle 75 Pkwy, Suite 1400 Atlanta, GA 30339
CHC-Iowa	IA - Iowa	www.chciowa.com	800-470-6352	866-602-1244	Coventry Health Care Inc. Attn: Provider Relations 4320 114th St. Des Moines, IA 50322
CHC-Kansas	KS-Kansas, MO-Western Missouri	www.chckansas.com	866-427-9719	866-874-6401	Coventry Health Care of Kansas Attn: Provider Relations 8320 Ward Parkway Kansas City, MO 64114

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Coventry Network	State(s)	Website	General Provider Relations Inquires		
			Phone Number	Fax Number	Mailing Address
CHC-Louisiana	LA-Louisiana	www.chcla.com	800-245-8327	504-834-1308	Coventry Health Care of Louisiana, Inc. Attn: Provider Relations 3434 North Causeway Blvd, Suite 3350 Metairie, LA 70002
CHC-Nebraska	NE-Nebraska	www.chcnebraska.com	800-471-0240	866-602-1249	Coventry Health Care of Nebraska Attn: Provider Relations 15950 West Dodge Road Omaha, NE 68118- 4030
CHC-Nevada	NV-Nevada	www.chcnevada.com	877-233-3561	702-515-3150	Coventry Health Care, Inc. Attn: Provider Relations 1140 Town Center Drive, Suite 190 Las Vegas, NV 89144
CHC-Oklahoma	OK-Oklahoma	www.chcoklahoma.com	866-219-7659	405-945-1238	Coventry Health and Life Attn: Provider Services 3030 NW Expressway, Suite 625 Oklahoma City, OK 73112
CHC-Tennessee	TN – Tennessee: Memphis Area Only	www.chctn.com	866-765-7747	901-462-2385	Coventry Health and Life Attn: Provider Relations 5350 Poplar Avenue, Suite 390 Memphis, TN 38119

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			Phone Number	Fax Number	Mailing Address
Group Health Plan	MO - Eastern Missouri IL- Illinois	www.ghp.com	GHP/Advantra CMR/GHP-ASO 800-755-5242 University of Missouri 800-613-7721 MoDot/MSHP 800-627-6406 St. Louis University 800-977-3246	866-874-6403	Group Health Plan (GHP) Attn: Provider Services 550 Maryville Centre Drive, Suite 300 St. Louis, MO 63141
HAPA-Central	PA-Pennsylvania, All Other Counties: Adams, Berks, Blair, Bradford, Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzern, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York	www.healthamerica.cvty.com	800-788-5448	866-341-8014	HealthAmerica Attn: Provider Relations 3721 TecPort Drive Harrisburg, PA 17106-7103

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			Phone Number	Fax Number	Mailing Address
HAPA-Northwest	<p>PA-Pennsylvania Counties: Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Potter, Venago, Warren</p> <p>NY Counties: Cattaraugus, Chautauqua</p> <p>Ohio Counties: Astabula, Trumbull and Mahoning</p>	www.healthamerica.cvty.com	800-255-4281	866-804-4860	HealthAmerica Attn: Provider Relations 5473 Village Common Drive, Suite 204 Erie, PA 16506
HAPA-Southeast	<p>PA-Pennsylvania Counties: Philadelphia, Delaware, Bucks, Chester and Montgomery</p>	www.healthamerica.cvty.com	800-788-5448	610-729-7530	HealthAmerica Attn: Provider Relations 401 Plymouth Road, Suite 350 Plymouth Meeting, PA 19462
HAPA-West	<p>PA-Pennsylvania Counties: Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Westmoreland, Washington</p>	www.healthamerica.cvty.com	800-735-4404	866-858-1526	HealthAmerica Attn: Provider Relations 11 Stanwix Street, Suite 2300 Pittsburgh, PA 15222

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Coventry Network	State(s)	Website	General Provider Relations Inquires		
			Phone Number	Fax Number	Mailing Address
PersonalCare	IL-Illinois	www.personalcare.org	800-562-5792	217-373-3995	PersonalCare Attn: Provider Relations 2110 Fox Drive, Suite A Champaign, IL 61820
Southern Health	VA-Virginia	www.southernhealth.com	Richmond 800-424-0077 Charlottesville 800-975-1213 Roanoke 866-240-4345	Richmond 804-527-0717 Charlottesville 866-874-3748 Roanoke 866-874-3851	Coventry Health Care, Inc. Attn: Provider Relations 9881 Mayland Drive Richmond, VA 23233-1458
WellPath	NC-N. Carolina, SC-S. Carolina	www.wellpathonline.com	North Carolina 800-935-7284 South Carolina 888-935-7284	Morrisville, NC 919-337-1888	WellPath Select, Inc. Attn: Network Management 2801 Slater Road, Suite 200 Morrisville, NC 27560