



FLORIDA MCA Provider Education Bulletin Spring 2015

A semiannual educational newsletter dedicated to Aetna providers participating in the Coventry Integrated Network® for Workers' Compensation injuries under the Florida Managed Care Arrangement (MCA).

FL MCA COMPLIANCE CORNER

This section identifies key components of the FL MCA program which require compliance.

- **Network Access** – Thank you for your continued participation in the Coventry FL MCA Network. Coventry successfully submitted and received approval for its January filing. We remain certified in all 67 counties. Your participation in the program helps us maintain that certification.
- **Credentialing** - Coventry monitors network providers on a 3-year cycle. All credentialing must be completed within that timeframe in order for a provider to participate in the Network. Coventry uses its parent company, AETNA, to support Credentialing for its owned contracts. To expedite the process, Coventry recommends providers submit their information to CAQH for the uniform credentialing application at www.CAQH.com. Coventry will pull provider information directly from CAQH, 6 months prior to the credentialing due date to ensure compliance.
- **Demographic Changes** – Coventry conducts verification calls quarterly but may miss verifying 100% of the providers from quarter to quarter. Please advise Coventry of any changes to an address, federal tax identification numbers, specialty or physician roster by calling Coventry at 800-937-6824.
- **Medical Chart Audits & Peer Review** – Coventry must review its network via a Medical Chart Audit to ensure providers are documenting appropriately in the medical charts and making sound medical decision based on acceptable national treatment standards. Coventry requests medical charts from providers in all FL counties who have treated workers' compensation patients. Upon receipt, Coventry performs an evaluation on the Medical documentation. If Coventry identifies any problems in the medical documentation, the charts are automatically sent to a Coventry Medical Director to be subjected to Peer Review of the medical decisions made within the case.

Our most common issues we find missing in the medical charts, include:

- Reference to whether the patient has any known allergies and whether that has an impact on the injury or illness;
- Clearly marked pages that include minimum information like the patient's date of birth, employer, home and work telephone numbers which if accidentally lost would be difficult to identify if not clearly marked;
- Limited details defining the "Initial plan of care" and reference to the treating physician or profession of practitioner to allow anyone reviewing the file to clearly understand the course of action.
- Reports that are not completed in a timely fashion to allow Adjusters to set expectations for claim loss dollars, wage loss and indemnity;
- No Date of MMI and Permanent Impairment Ratings (PIR) at MMI or 104 weeks are set;
- Notation on the date when the injured worker was released to "return to work."

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In the event any of the findings occur as part of our Chart Audits, Coventry may approach the provider with recommendations for change.

- **Provider Satisfaction** – Coventry conducts quarterly Satisfaction surveys. Any provider who rendered medical care to Coventry's Florida patients during the prior year are sent a provider satisfaction card to determine where Coventry may need to focus additional efforts in its network and with its FL MCA program.

The FL MCA Network has approximately 10,000 unique providers in it. This year, overall, Coventry surveyed 2,000 providers. By the end of the year, 17% responded with a 98% overall satisfaction with Coventry's Network and Services. Providers rated Coventry with the following:

- 97% rating for Coventry's Network Representatives being courteous and professional
- 100% rating for Coventry's Nursing Staff being courteous and professional
- 97% rating for Coventry's Overall Call Handling
- 99% rating for participation in Coventry's overall FL MCA program

- **How to identify FL MCA Clients** – Providers can easily see which clients fall under the FL MCA program by going to Direct Provider at the following address: www.DP.com. Once in Direct Provider, the data will identify which clients use the provider within their network.
- **Referrals** – Providers must use their best efforts to refer within the Network. Injured Workers must seek approval to use a Non-Network provider or they may face paying for the services themselves.

From the desk of Melissa Bean, D.O., MBA, FACOEM - Coventry Medical Director Utilization Review

Under the Florida MCA program, all hospital inpatient stays and surgeries must be reviewed for medical necessity to prevent unnecessary, inappropriate and investigative medical treatment of injured workers. For all other treatment, Florida law allows voluntary utilization review of requested medical procedures and DME.

Coventry Workers' Comp Services is URAC accredited and has multiple policies and procedures in place to assure best practices. To achieve this certification, URAC does periodic desk top audits and site visits verifying our compliance with best practice. Our services are overseen by our comprehensive quality assurance programs which track turn around time on utilization review and monitor nurse and peer review involvement in the medical recommendations we present to clients.

The adjuster may initiate review or the provider may call in to Coventry to obtain approval for the requested services. Cases are reviewed by nurses. If a nurse cannot approve the request for medical services based on medical necessity, the case is sent to a physician for review and determination. Coventry uses Peer Review physicians who have met the

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same credentialing standards as our Network participating providers. Peer Reviewers are board certified and carry multiple State licenses. The peer review doctor will try to contact the requesting doctor to discuss the individual facts of the case if he/she cannot approve the request upon the initial review.

There is a standard and expedited appeal process for the FL MCA when Coventry's first Peer Reviewer renders a non-certification recommendation and the treating doctor disagrees with the first peer review decision. Appeal peer reviews are performed by the same specialty Peer Reviewer as the requesting provider.

Tips for a successful outcome for Utilization Review:

1. Keep your treatment requests concise, clear and complete. Be specific about the body part to be treated. For instance, indicating whether it is on the left versus right side and defining the specific level of intervention planned.
2. Provide supporting rationale for the procedure or DME when you expect the care to be non-certified. All documentation should be concise and clear. It should also explain why the procedure is medically necessary. If the employee previously benefited from this procedure then document how much benefit the injured worker received. Quantify the benefit, pain relief, how function and activities of daily living improved and how treatment changed [including decrease in pain medications].
3. Provide medical records, imaging reports and lab reports that document the medical facts of the case and the need for the procedure, surgery or DME.
4. Be informed about the current recommendations of national guideline such as Official Disability Guidelines. Provide the documentation to explain why the injured worker requires medical treatment that falls outside of guideline recommendations.
5. Provide name and specialty of the health professional requesting the treatment. Provide hours that the provider is available for phone contact with the peer reviewer.
6. Take the call from the peer review Doctor. Be sure the front office receptionist knows how to handle peer review calls. Take peer to peer calls so that the questions and missing information is quickly provided so that the correct decision for the injured worker is made without delay.
7. If the first review is denied then you may request an appeal. Understand what information might have been missing from first review. Provide additional information and rationale for the review with the request for the appeal.
8. The majority of requests are approved, so if your office has frequent UR denials and appeals are upheld, then review national guidelines to make sure your office documentation is complete and rationale is clear when requesting procedures or DME services

Helpful information

Have you visited the state's Workers' Compensation website lately?

Go to: <http://www.myfloridacfo.com/WC/provider/index.html>

The state offers helpful topics and information for providers like:

- Contact information
- District office locations
- Provider billing form instructions



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- Proposed rule development
- Minimum/maximum compensation rate table

NEED TO REACH COVENTRY'S WORKERS COMPENSATION SERVICES?

Go to www.coventrywcs.com and select the "Provider Services" link or contact our Provider Services Number at 1(800) 937-6824.