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NOTICE: NETWORK CONSOLIDATION

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

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

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

REBRANDING

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

To Coventry Health Care and the First Health® Networks

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

The Quick Reference Guides are one of several tools intended to make your job easier and to provide you with a summary of available resources.
## Quick Reference Guide
### To Coventry Health Care and The First Health® Networks

**CONTACT LIST**

<table>
<thead>
<tr>
<th>YOUR QUESTIONS</th>
<th>COVENTRY HEALTH CARE</th>
<th>FIRST HEALTH</th>
<th>FIRST HEALTH WORKERS COMPENSATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is this?</td>
<td>Where Coventry Health Care prices, and in many instances, actually adjudicates the claim.</td>
<td>Our clients are other payors that use our provider network for members. We may price the claim or the payor might use our systems remotely or our data. Our client will adjudicate and pay the claim.</td>
<td>Carriers and employers sponsoring/underwriting WC plans that are priced by First Health</td>
</tr>
<tr>
<td>Billing/Claims Submission for Coventry Health Care Administered Clients</td>
<td>See Benefit Card or Payor Guide on our website: coventrynational.com</td>
<td>See Benefit Card as #s vary depending on administrator</td>
<td>Contact Employer</td>
</tr>
<tr>
<td>EDI#</td>
<td>See Benefit Card or Payor Guide on our website: coventrynational.com</td>
<td>See Benefit Card as #s vary depending on administrator</td>
<td>Contact Employer</td>
</tr>
<tr>
<td>Billing/Claims Submission for clients that pay their own claims such as: NALC, APWU and Boilermakers</td>
<td>See Benefit Card or Payor Guide on our website: coventrynational.com</td>
<td>See Benefit Card as #s vary depending on administrator</td>
<td>Contact Employer</td>
</tr>
<tr>
<td>Mail Handlers Billing/Claims Submission</td>
<td>See Benefit Card or Payor Guide on our website: coventrynational.com</td>
<td>See Benefit Card as #s vary depending on administrator</td>
<td>Contact Employer</td>
</tr>
<tr>
<td>EDI#</td>
<td>See Benefit Card as #s vary depending on administrator</td>
<td>Contact Employer</td>
<td></td>
</tr>
<tr>
<td>Eligibility/Benefits/Compensability</td>
<td>See Benefit Card as #s vary depending on administrator</td>
<td>Contact Employer</td>
<td></td>
</tr>
<tr>
<td>UM/Pre-certification and/or Referral Management</td>
<td>See Benefit Card as #s vary depending on administrator</td>
<td>Contact Employer</td>
<td></td>
</tr>
<tr>
<td>Billing/Claims Status</td>
<td>See Benefit Card as #s vary depending on administrator</td>
<td>Contact Employer</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>See Benefit Card as #s vary depending on administrator</td>
<td>Contact Employer</td>
<td></td>
</tr>
<tr>
<td>Provider Inquiry: Member Eligibility, MBR Benefits, Claims Questions</td>
<td>See Benefit Card as #s vary depending on administrator</td>
<td>Contact Employer</td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.coventrynational.com">www.coventrynational.com</a></td>
<td><a href="http://www.firsthealth.com">www.firsthealth.com</a></td>
<td>Contact Employer</td>
</tr>
</tbody>
</table>

OCN Provider Reference Manual revised 3-07
Prepared by Suzan C Cady
Quick Reference Guide

CONTACTS AND SOURCES

<table>
<thead>
<tr>
<th>REGISTRATION/FRONT OFFICE QUESTIONS</th>
<th>CONTACTS AND SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Benefit Card</td>
</tr>
<tr>
<td>Identifying Coventry Health Care Group Health Patients</td>
<td>X</td>
</tr>
<tr>
<td>Verifying Benefits and Eligibility</td>
<td></td>
</tr>
<tr>
<td>Pre-certification of Inpatient/Outpatient Services</td>
<td>X*</td>
</tr>
<tr>
<td>Payor/Employer Network Participation</td>
<td></td>
</tr>
<tr>
<td>Referring to other Coventry Health Care Providers (Preferred Provider Directory)</td>
<td></td>
</tr>
<tr>
<td>Identifying Coventry Health Care clients</td>
<td>X</td>
</tr>
</tbody>
</table>

BILLING/ COLLECTIONS QUESTIONS

| Group Health Claims Submission Address | X | X | X |  |
| Status Information |  |  | X |  |
| Benefit Coverage/Payment |  |  | X |  |
| First Health Contract Allowable |  |  |  | X |
| Coventry Health Care Contract Allowable |  |  |  | X |
| Coventry Health Care Contract Allowable Appeals |  |  |  | X*** |
| Electronic Claims Submission | X | X | X |  |
| Payor/Employer Network Participation | X | X | X |  |
| Provider Updates/Changes (Address, Phone, Tax ID Number, Etc.) |  |  |  | X |

UTILIZATION REVIEW QUESTIONS

| Pre-Certification or Concurrent/Ongoing Review | X* | X* | X* |  |
| Appeal of Review Recommendation | X* |  |  |  |

* Check benefit card for Utilization Management/Pre-Certification telephone numbers.

Written appeals should be sent to: Coventry Health Care Attn: QA Department 3200 Highland Avenue Downers Grove, IL 60515

** These materials may be requested through Provider Services or by e-mail at: healthprofessionals@firsthealth.com

*** Send claims appeals to: Coventry Health Care Appeal Unit P.O. Box 348412 Sacramento CA 95834-8412

Coventry Health Care Provider Services Department (800) 937-6824
### Quick Reference Guide

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<tr>
<th>REGISTRATION/FRONT OFFICE QUESTIONS</th>
<th>Benefit Card</th>
<th>First Health Comprehensive Client List**</th>
<th>Call Patient’s Payor/Employer</th>
<th>Call First Health Provider Services</th>
</tr>
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<tbody>
<tr>
<td>Identifying <strong>First Health</strong> Group Health Patients</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Identifying <strong>First Health</strong> Workers’ Compensation Patients</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Verifying Benefits and Eligibility</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Cert. of Inpatient/Outpatient Services</td>
<td>X *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payor/Employer Network Participation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Referring to other <strong>First Health</strong> Providers (Preferred Provider Directory)</td>
<td></td>
<td></td>
<td></td>
<td>**</td>
</tr>
<tr>
<td>Identifying <strong>First Health Direct</strong> clients</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### BILLING/ COLLECTIONS QUESTIONS

| Group Health Claims Submission Address                                 | X            | X                                        | X                            |                                   |
| Workers’ Compensation Claims Submission Address                        | X            | X                                        | X                            |                                   |
| Status Information                                                    | X            |                                          |                               |                                   |
| Benefit Coverage/Payment                                              | X            |                                          |                               |                                   |
| **First Health** Contract Allowable                                    | X            |                                          |                               |                                   |
| **First Health** Contract Allowable Appeals                            | X ***        |                                          |                               |                                   |
| Electronic Claims Submission                                          | X            |                                          |                               |                                   |
| Payor/Employer Network Participation                                   | X            | X                                        | X                            |                                   |
| Provider Updates/Changes (Address, Phone, Tax ID Number, Etc.)          | X            |                                          |                               | X                                 |

#### UTILIZATION REVIEW QUESTIONS

| Pre-Certification or Concurrent/Ongoing Review                        | X *          | X *                                      | X *                          |                                   |
| Appeal of Review Recommendation                                       | X *          |                                          |                               |                                   |

* Check benefit card for Utilization Management/Pre-Certification telephone numbers.

** Written appeals should be sent to: First Health Attn: QA Department 3200 Highland Avenue Downers Grove, IL 60515

*** These materials may be requested through Provider Services or by e-mail at: healthprofessionals@firsthealth.com

** Send claims appeals to: First Health Appeal Unit, P.O. Box 348412 Sacramento CA 95834-8412
First Health Provider Services Department (800) 937-6824
# EMAIL Reference Guide

To Coventry Health Care and The First Health® Networks

## QUICK REFERENCE GUIDE

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<tr>
<th>FUNCTION</th>
<th>WEBSITE ADDRESS</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td><strong>First Health Website</strong></td>
<td><a href="http://www.firsthealth.com">www.firsthealth.com</a></td>
<td>Main First Health Website to learn about the many services we provide.</td>
</tr>
<tr>
<td><strong>Coventry Health Care Website</strong></td>
<td><a href="http://www.coventrynational.com">www.coventrynational.com</a></td>
<td>Main Coventry Health Care Website to learn about the many services we provide.</td>
</tr>
<tr>
<td>Electronic Services Information</td>
<td><a href="http://www.firsthealth.com/networkservices/webmd.html">www.firsthealth.com/networkservices/webmd.html</a></td>
<td>Helpful information about the electronic services we offer and how to work with us through WebMD.</td>
</tr>
<tr>
<td>Electronic WebMD training</td>
<td><a href="http://www.firsthealth.com/networkservices/training/online.html">www.firsthealth.com/networkservices/training/online.html</a></td>
<td>WebMD Online Training</td>
</tr>
<tr>
<td>Participating Provider Directory</td>
<td><a href="http://www.firsthealth.com/networkservices/referraltools.html">www.firsthealth.com/networkservices/referraltools.html</a></td>
<td>Use for Patient Referral to identify other First Health healthcare professionals.</td>
</tr>
<tr>
<td>Client Lists for Hospital Providers</td>
<td><a href="http://www.firsthealth.com/NETWORKSERVICES/pir.jsp">www.firsthealth.com/NETWORKSERVICES/pir.jsp</a></td>
<td>Current First Health Payor Information Reports</td>
</tr>
<tr>
<td>Client Lists for Outpatient Care Network Providers</td>
<td><a href="http://www.firsthealth.com/NETWORKSERVICES/ccl.jsp">www.firsthealth.com/NETWORKSERVICES/ccl.jsp</a></td>
<td>Current First Health Comprehensive Client List- updated on a monthly basis</td>
</tr>
<tr>
<td><strong>CAQH</strong></td>
<td><a href="http://www.caqh.org">www.caqh.org</a></td>
<td>Information about CAQH (Council for Affordable Quality Healthcare)</td>
</tr>
<tr>
<td><strong>CAQH Credentialing Online</strong></td>
<td><a href="https://caqh.geoaccess.com/oas/">https://caqh.geoaccess.com/oas/</a></td>
<td>Completing the application</td>
</tr>
<tr>
<td>First Health Participating Pharmacies</td>
<td><a href="http://www.firsthealth.com/networkservices/pdfs/Phrlst01.pdf">www.firsthealth.com/networkservices/pdfs/Phrlst01.pdf</a></td>
<td>2005 list of Participating Pharmacies</td>
</tr>
<tr>
<td>The First Health® Care Support Program</td>
<td><a href="http://www.firsthealth.com/networkservices/clinical.html">www.firsthealth.com/networkservices/clinical.html</a></td>
<td>First Health’s proactive approach to provide support and personalized health education for chronically ill patients.</td>
</tr>
<tr>
<td>CA WC PROGRAM Medical Provider Network (MPN) Requirements</td>
<td><a href="http://www.firsthealth.com/networkservices/pdfs/mpn_manual.pdf">http://www.firsthealth.com/networkservices/pdfs/mpn_manual.pdf</a></td>
<td>Requirements to participate in the CA Medical Provider Network for one or more of First Health’s workers compensation payers</td>
</tr>
</tbody>
</table>
Insurance Card Samples
For Coventry Health care and the First Health® Networks

• These brand names reflect our different customer base•

The First Health® Network
Customers using The First Health Networks® price and pay their own bills. The ID card of members using The First Health Networks® looks like this:

Coventry Health Care Network
Check your plan benefits and coverage requirements. Not all services are covered. Review your Summary Plan Description for details.

Failure to Call May Result in Reduced Benefits
Follow instructions, fill out claims and send to:
Coventry Health Care
Davenport/Claims P.O. Box 17947
Des Moines, IA 50304
(800) XXX-XXXX

Claim Limitation:
Notwithstanding the terms and conditions of this card, only the insurance benefits that have been included in the Summary Plan Description as shown on the back of this card shall apply to any covered service provided.

This card is not a guarantee of coverage.
Mail Handlers

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

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

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

To The Coventry Health Care and First Health® Networks
THE FIRST HEALTH WEBSITE

Visit the First Health website for Doctors, Hospitals and other Healthcare Professionals at: www.firsthealth.com

The First Health website has:

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

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

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

If you represent a Group, facility, or hospital contracted with First Health, call the First Health Provider Services Department at (800) 937-6824 or send an email to us at providerrelations@firsthealth.com. We can send you a username and password by mail.
CAQH Introduction
The First Health® Networks
CAQH is as easy as 1 • 2 • 3
Council for Affordable Quality HealthCare

1. CAQH offers a better way to supply credentials to your health plan.
Now you can enter information one time, online or by fax, to satisfy the credentialing and recredentialing for First Health and other CAQH participating health plans.

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

3. Provide the information one time and updates are a breeze!
A few mouse clicks is all it takes to confirm or update your information anytime. Changes are instantly made available to First Health and other healthcare organizations that you authorize. So there is no need to contact each organization individually.

For more information, please visit CAQH’s website at www.caqh.org.
Electronic Services Information

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

Your journey begins with Electronic services by clicking on our website:
www.firsthealth.com/networkservices/training/online.html

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

• CONTACT INFORMATION •
Start here for key contact information

• ESTIMATE YOUR SAVINGS •
Get an idea of how much you can save submitting claims electronically.
Check eligibility online
Resources to help calculate your savings

• TRANSACT.WebMD.COM •
Guide to submit claims electronically
EDI Fact Sheets for First Health and Mail Handlers Benefit Plan

• TRAINING •
The WebMD Office User’s Guide and online training for you and your staff

• WebMD OFFICE TECHNICAL REQUIREMENTS •
INTRODUCTION
To The Coventry Health Care and First Health® Networks
GROUP HEALTH
Responsibilities as a NETWORK Partner

- Accept assignment of benefits  
  (i.e., bill claims on behalf of plan participants)

- Accept PPO allowable as payment in full  
  (refrain from balance billing or collecting payments up-front)

- Participate with individual payors’ utilization management/pre-certification programs

- Notify First Health of demographic changes/information updates  
  (e.g., address or federal tax identification number changes)

- Work with First Health and their payors to resolve issues

- Use best efforts to refer patients to The First Health Network hospitals, physicians, and other outpatient care providers (use Electronic Directory)

- Respond promptly to requests for information related to recredentialing or database updates
The Patient Benefit Card

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

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

Samples of Payors benefit cards

Front Back

ABC Co.

CNA

045X

Member Since: 1999

First Health.

Front Back

ABC Company

Tandy Corporation PPO Plan

ABC Co.

MEDICAL PLAN A Self-Insured Plan

For Hourly Employees

Group #: 17585

Employer: Burger King Corporation

Failure to Call May Result in Reduced Benefits

IMPORTANT: You or your doctor are required to call First Health for pre-certification of at least two days prior to non-emergency hospital admissions. Major medical diagnostic tests or services within 48 hours after an emergency admission, and during the 90-day inpatient admission.

Submit Claims to:

First Health

P.O. Box 9790

Corpus Christi, TX 78464

Failure to Call Will Result in Reduced Benefits

Pre-certification, Claims Information & Eligibility Verification: (800) 340-8954

To locate a First Health provider: (800) 340-8954

Burger King Employee Benefits Department

A-G: (905) 378-3100

H-Z: (905) 378-7217

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

This card is not a guarantee of coverage.
Group Health
IDENTIFYING GROUP HEALTH PATIENTS

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

First Health:  www.firsthealth.com/NETWORKSERVICES/ccl.jsp
Coventry Health Care:   www.coventrynational.com

THE EOB – EXPLANATION OF BENEFITS:  Just as the payors are required to include a First Health logo on the benefit card, payors should identify First Health on the EOB. Payments will be accompanied by an EOB from the payor or its administrator, and should indicate First Health as the PPO.

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

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

UTILIZATION MANAGEMENT PRE-CERTIFICATION
Utilization management/pre-certification requirements are considered part of the patient’s benefit plan. Payors require pre-certification calls for inpatient procedures, and on certain outpatient procedures. Patient benefit cards usually identify the procedures requiring pre-certification. You can also verify by calling the eligibility telephone number on the patient’s benefit card and the number identified on the First Health Client List.
BILLING/PAYMENTS/CLAIMS
Send us your claims electronically! Most benefit cards identify one 5-digit route code. If you still use paper, submit on a HCFA 1500. Incomplete HCFA forms or claims sent to the incorrect address may cause delays in payment.

BILLING FOLLOW-UP
Initial billing follow-up calls should be directed to the payor or administrator. The billing follow-up telephone number is on the patient’s benefit card or the Comprehensive Client List. You can do billing and follow-up as well by using the route card number.

CLAIM APPEALS
Contact the actual health plan payor for any appeal related to a benefit plan provision. Appeals related to the contract allowables should be sent to: First Health Claim Appeal Unit, P.O. Box 348412, Sacramento, CA 95834-8412.

CONTRACTED AMOUNTS/PPO ALLOWABLE
Do not balance bill for the difference between the contracted amount and the total billed charges.

COORDINATION OF BENEFITS
If the payor using First Health is billed as a secondary payor, reimbursement is the difference between the primary payors’ reimbursement and allowable charges, up to the First Health contract amount.

CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES VARY BY PAYOR
You should collect any coinsurance and deductible amounts from the patient after you receive the explanation of benefit.
CERTIFIED WORKERS’ COMPENSATION NETWORKS

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

CALIFORNIA MPN

The MPN (Medical Provider Network) has been certified by the State of California Division of Workers’ Compensation, and The First Health Network providers are an integral part of the certified MPN. We have met specific access and healthcare delivery standards for providers in the MPN.

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

You can locate a list of all state approved MPNs at the following web-site: http://www.dir.ca.gov/dwc/MPN/DWC_MPN_Main.html

TEXAS HCN

The HCN (Health Care Network) has been certified by the Texas Department of Insurance (TDI) to provide workers’ compensation health care to injured workers for their work-related injuries or illnesses. The network will be certified by the TDI and meet specific access and health care delivery standards for participation.

A summary of HB7, frequently asked questions and the latest updates can be located at the TDI website at http://www.tdi.state.tx.us/wc/transition/twcc.html
RETURN-TO-WORK FOCUS
A provider with a “Return-to-Work” focus is one that implements definitive treatment plans that:
• Focus on minimum duration of treatment needed
• Promote earliest feasible self-improvement
• Facilitate employee/employer modified work evaluation
• Facilitate quality health care outcomes

ACCUSTOMED TO WORKERS’ COMPENSATION ENVIRONMENT
The provider and staff understand their state workers’ compensation laws/rules, and comply with adopted billing and treatment guidelines. They also understand workers’ compensation reporting requirements. General reporting requirements include:
• Timely, accurate and complete reports
• Consistency with professional standards
• Protection of confidentiality of patient records

MANAGED CARE RESPONSIVE
The provider:
• Follows pre-authorization protocols
• Refers in-network whenever possible
• Minimizes unnecessary referrals and duration of care
• Returns calls promptly

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

promotes positive relationships with injured workers and payors

WORKERS’ COMPENSATION GUIDELINES FOR PROVIDERS

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

• See referred workers’ compensation patients as soon as possible
• Obtain prior authorization from the workers’ compensation payor for all proposed services
• Communicate treatment plans to injured workers clearly
• Respond promptly to requests for injured worker status and medical records
• Familiarize yourself with the workers’ compensation payors using First Health and accept PPO contract allowable as payment in full (to avoid balance billing)
• Notify First Health of important demographic changes/information updates (e.g. changes in address, federal tax identification number, etc.)
• Work with First Health and its payors to resolve issues
• Participate with clients’ utilization management/pre-certification programs
• Refer injured workers to other First Health providers (use the Electronic Directory)
• Respond promptly to requests for information related to 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 state workers’ compensation regulations
• Contact your state’s workers’ compensation agency for updated treatment/disability management guidelines and available state training information

Check with your state’s Department of Health for more information that may affect you.
EXPLANATION OF REVIEW
In addition to identifying injured workers using The First Health® Network through the OCN or Hospital Client List, you can also identify First Health via the Explanation of Review (EOR). This varies by payor, and indicates First Health as the PPO.

VERIFICATION OF COMPENSABILITY
Verify the injured worker’s compensability status, by calling the injured worker’s employer.

UTILIZATION MANAGEMENT/ PRE-CERTIFICATION
Utilization management requirements for workers’ compensation patients also vary from state to state. Contact the employer to verify utilization management requirements. (The First Health Hospital or Outpatient Care Network Client List may provide the appropriate utilization management telephone number to call.)

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

CONTRACTED AMOUNTS/ PPO ALLOWABLE
The injured worker should not be balance billed for the difference between the contracted amount and the total billed charges.

COVERED SERVICES NOT MEDICALLY NECESSARY
Injured workers will not be billed for services that are determined to be “not medically necessary.”

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

CLAIMS APPEALS
Send appeals related to the contract allowable to: First Health Claim Appeal Unit, P.O. Box 348412, Sacramento, CA 95834-8412.
Workers’ Compensation
BILLING GUIDELINES QUESTIONS

• **What is First Health’s role in the utilization management process?**
  Our role is to recommend certification of the need for hospital admission and length of stay, and for certain outpatient procedures. These certifications are recommendations only. Final payment decisions are made by the payor based on its employee benefits plan. Your responsibility as a network provider is to comply with requests for necessary medical information for patients utilizing our UM services.

• **What are First Health’s guidelines for certification?**
  Certification for inpatient medical and surgical care is based on the patient’s clinical status, as well as relevant scientific information concerning the utilization of inpatient resources. Cases may be recommended for non-certification or certified on a limited basis if the site of care is inappropriate to the intensity of service, or if the patient’s clinical status does not substantiate the need for active inpatient medical surgical care. For more detailed information on First Health’s certification guidelines, call the AnswerLine at (800) 262-6122.

• **What does a First Health certification recommendation mean?**
  A recommendation has been made to the payor of health care benefits regarding whether a hospitalization or outpatient service meets the benefit plan’s definition of “medical necessity.” This recommendation does not confirm or verify eligibility for benefits or coverage by a patient’s insurance plan. All decisions about eligibility for coverage or exclusions from payment are the responsibility of the plan, the insurance company or the employer. A certification recommendation does not guarantee that the benefit plan will pay for the services.

• **Who is notified of the certification recommendation?**
  Whenever First Health performs utilization management for a given procedure, a certification or non-certification notification is sent to the patient, payor, network physician and hospital business office. In the case of a non-certification recommendation, First Health will place a call to the attending physician and hospital.

• **What is a First Health non-certification recommendation?**
  **Administrative** non-certification recommendations are issued whenever a patient or physician fails to participate in the UM process and the appropriate medical information cannot be obtained. **Clinical** non-certification recommendations are issued whenever inpatient days or medical services are not found to be medically necessary under the provisions of the patient’s benefit plan.

• **How is a First Health non-certification recommendation appealed?**
  An expedited (or telephonic) appeal of a non-certification recommendation is available to you up to 14 days after patient discharge by calling the UM 800 number listed in the First Health Outpatient Care Network or Hospital Client List. If you are appealing a recommendation of non-certification more than 14 days after discharge, send a completed First Health appeal form to First Health - 3200 Highland Avenue, Downers Grove, Illinois 60515
  Attn: QA Department.

These appeals are also handled through the First Health UM AnswerLine, found on the non-certification
notification that is sent to hospital and physician business offices.
Auto Managed Care
IDENTIFYING AUTO MANAGED CARE PATIENTS

Check the Client Lists for Auto Insurance Clients active in your state
The First Health Auto Managed Care is not available in all states.

First Health services offered to Auto insurance payors:
• The First Health® Network providers
• Bill Review services
• First Health Clinical Management

Eligible Auto insurance patients include:
• Auto insureds with medical payments coverage (check with auto carrier on benefit amount)
• Patients who settled a third party claim with their agreement to seek medical care only from
  The First Health® Network providers

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

Provider payment for care rendered to auto insurance patients using The First Health®
Network is:
• Based on your group health rates (subject to usual and customary adjustments) unless your state has
  mandated an auto insurance medical fee schedule. Payment to Network providers in those states are
  based on the discount contained in your provider agreement
• Hospital inpatient trauma services excluded from program in most states
**First Health** performs utilization management (UM) for many of its clients/payors.

However, not all **First Health** payors use our 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.

Hospitals should consult the **First Health** Hospital Client List (PIR) or the patient’s benefit card.
Utilization Management
This is specific to First Health’s UM program

• Calling FIRST HEALTH for Utilization Management •

• What are the benefits of working with First Health’s Utilization Management program?
By working with First Health for UM, a network provider can confirm that certification has been recommended for a given admission or outpatient service.

• What are the qualifications of First Health’s utilization management staff?
First Health’s Clinical Management Services staff includes Board-certified physicians, Registered Nurses, Licensed Practical Nurses, and Allied health professionals.

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

• What happens if the utilization management call is not made prior to or during the patient’s hospital stay or outpatient procedure?
Retroactive review is determined on a case-by-case basis by each payor. If such a review is requested, the payor must obtain the necessary medical records in order for First Health to conduct the review. If the procedure is not recommended for certification, or if it is not covered under the patient’s benefit plan, payment may be delayed.

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

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

• What I do if I have questions about the utilization management program?
Call the AnswerLine at (800) 262-6122 for First Health network providers and patients using First Health to obtain information about the First Health UM process.
**Utilization Management**

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

- **Calling FIRST HEALTH for Utilization Management**

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

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

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last) (First)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birthdate: Relationship to employee:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured Name:</td>
<td></td>
</tr>
<tr>
<td>(Last) (First)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insured Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Street Address) (City)</td>
<td>(State) (Zip)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insured SS #: Insured Phone #:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ins. Carrier:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Company/Unit/Policy #:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician: Specialty: Office Phone #:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Street Address) (City)</td>
<td>(State) (Zip)</td>
</tr>
</tbody>
</table>

**First Health** Reviews for Patient(s):

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th></th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Admitting Diagnosis: Treatment Plan:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Length of Stay (# of Days):</td>
<td>Proposed Admission Date:</td>
</tr>
<tr>
<td>Date of Surgery:</td>
<td></td>
</tr>
<tr>
<td>Admission Planned To:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Facility Name)</th>
<th>(Phone #)</th>
</tr>
</thead>
</table>

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

You can also fax this information, using the **First Health** UM form, to our Clinical Management Services department. To obtain the appropriate fax number, call the UM/pre-certification number, which you can find on the
patient’s benefit card, the First Health CCL or the First Health Payor Information Report.

WEB ELECTRONIC DIRECTORY
• Identifies other First Health physicians and outpatient care providers •

The Electronic Directory helps you find providers participating in The First Health® Network. Please try to refer your patients to other providers in The First Health® Network.

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

View the Electronic Directory and the Practice Profile from our website: www.firsthealth.com
• Choose the “Doctors and Hospitals” tab
• Choose “Login”
• Enter your user name and password
• Bookmark this page for future reference
(If you do not know your user name, call our Provider Services Department)

This document is also available upon request by e-mail: healthprofessionals@firsthealth.com, or call First Health Provider Services at (800) 937-6824
The First Health® Network

ALABAMA

Preferred Provider Directory
SAMPLE PAYOR INFORMATION REPORT

February 2007

Outpatient Care Network
<table>
<thead>
<tr>
<th>PAYOR NAME</th>
<th>CLAIMS SUBMISSION</th>
<th>ELIGIBILIT/ BENEFITS/ COMPENSABILITY</th>
<th>UTILIZATION REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Fund Insurance Company of America</td>
<td>Accident Fund Insurance Company of America</td>
<td>Accident Fund Insurance Company of America</td>
<td>(517) 367-1771</td>
</tr>
<tr>
<td>Plan Type: Workers' Compensation</td>
<td>232 S Capitol Ave Lansing MI 48901-7990</td>
<td>(517) 367-1771</td>
<td></td>
</tr>
<tr>
<td>ACCO Management</td>
<td>AMERICAN ADMINISTRATIVE GROUP</td>
<td>AMERICAN ADMINISTRATIVE GROUP</td>
<td>First Health</td>
</tr>
<tr>
<td>Affiliated With: American Administrative Group</td>
<td>PO Box 34297 San Antonio TX 78265</td>
<td>(800) 877-7474</td>
<td>(800) 346-3220</td>
</tr>
<tr>
<td>Plan Type: Group Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACE USA</td>
<td>ACE USA</td>
<td>ACE USA</td>
<td>ACE USA</td>
</tr>
<tr>
<td>Plan Type: Workers' Compensation</td>
<td>950 Cottage Grove Road (North Building)</td>
<td>(860) 731-6868</td>
<td>(860) 731-6868</td>
</tr>
<tr>
<td>Plan Type: Group Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACEC Life/Health Insurance Company Trust</td>
<td>ACEC Health Plan Services, Inc</td>
<td>Health Plan Services</td>
<td>PHCS</td>
</tr>
<tr>
<td>Affiliated With: Trustmark Insurance Company</td>
<td>PO BOX 44109 Las Vegas NV 89116</td>
<td>(800) 237-7767</td>
<td>(800) 454-5073</td>
</tr>
<tr>
<td>Plan Type: Group Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advantage</td>
<td>CONTACT EMPLOYER</td>
<td>CONTACT EMPLOYER</td>
<td>CONTACT EMPLOYER</td>
</tr>
<tr>
<td>Plan Type: Workers' Compensation</td>
<td>6000 Parkland Blvd. CLEVELAND OH 44124</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advantage Consulting Services</td>
<td>CHECK BENEFIT CARD</td>
<td>CHECK BENEFIT CARD</td>
<td>CHECK BENEFIT CARD</td>
</tr>
<tr>
<td>Plan Type: Group Health</td>
<td>6000 Parkland Blvd. CLEVELAND OH 44124</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AEGON USA Inc</td>
<td>First Health</td>
<td>First Health</td>
<td>First Health</td>
</tr>
<tr>
<td>Plan Type: Group Health</td>
<td>PO Box 8400 London KY 40742 ECS Payor ID 87043</td>
<td>(800) 250-6949</td>
<td>(800) 250-6949</td>
</tr>
</tbody>
</table>

- Patients using benefit cards with any AFFORDABLE® logo should be recognized as having access to The First Health® Network.
- * Indicates payor information has been revised since the last reporting period.
- Place ECS Payor ID in field 30-05 of UB92 record 30. Place ECS Group ID in field 30-10 of UB92 record 30.
- Please refer to your hard copy Network Payor List for the complete listing of active payors specific to your facility. Patient eligibility, benefits and compensability coverage MUST be confirmed by calling the telephone numbers and/or employer indicated under the "Eligibility/Benefits/Compensability" section.

Info as of 1/12/2006
Page PIRAL-1
www.firsthealth.com
OUTPATIENT CARE NETWORK

• Questions and Answers •

Network Provider Services is a call away

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

• Receives changes in address, telephone number, Federal Tax ID and other practice information
• Answers questions related to contract allowables
• Checks claim status (call payor/employer first)
• Sample list of CPT codes (20 maximum per request)
• Responds to questions about The First Health® Network
• Facilitates contract allowable appeals can be mailed to:
  *Claim Appeal Unit
  P.O. Box 348412
  Sacramento, CA 95834-8412

**Mail all other correspondence to**
  Provider Services
  P.O. Box 348300
  Sacramento, CA 95834-8300

*Include letter of request for appeal; copy of original claim and attachments; copy of EOB or EOR, and copy of operative report. This report summarizes key contact information for payor/employers. Updates are available at our website, www.firsthealth.com or upon request through e-mail at healthprofessionals@firsthealth.com.
1. What services does First Health provide to its clients?

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

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

2. What type of clients’ does First Health service?

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

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

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

Updates can be found on our website at www.firsthealth.com:

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

3. For patients using The First Health® Network, who do I contact for Eligibility, Benefit information, Utilization/Pre-certification questions and to initiate review verifying compensability status on workers’ compensation situations?

Contact information varies by payor. See benefit card.

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

NOTE:
The Client List can help you verify the appropriate billing addresses and telephone numbers.
OUTPATIENT CARE NETWORK

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

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

Group Health, Auto Managed Care and Workers’ Compensation Services
Payors whose members are using The First Health® Network are also listed on the First Health® Client List.

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

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

6. Where do I send claims for quickest turnaround?

Group health patients:
Use the patient’s benefit card to identify the appropriate “non-hospital” or “other” claims submission address, or check the First Health® Client List for payor-specific claims information.

Workers’ compensation patients:
Call the patient’s employer or check the First Health® Client List for claims submission address.

7. Can we send First Health claims electronically?

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

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

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

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

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

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