If you would like to skip to a specific section of the manual, please click on a logo.

Coventry Health Care makes every effort to maintain accurate and up-to-date information. However, changes can occur at anytime. For the most up-to-date information, please visit us on the web.
Table of Contents

SECTION 1  ______________________________________________________________________  5

Introduction  6
  Coventry Corporate Overview  6
  Key Events in Coventry’s History  6
  Coventry Timeline:  7

SECTION 2  9

Coventry National Network Overview  10

Coventry National Network Product Description  10
  Optimal outcomes through the right programs  10
  Savings, access and stability  10
  Smart. Flexible. Easy to Understand.  11

Member Identification  11
  Identification Card Examples  12

In-Network Referral Process  12

Claims Administration Information  13
  Determining Eligibility & Benefits  13
  Claims Filing Information  13
  Claims Editing Information  15

Clinical/Utilization Management Programs  16
  Disease Management  16
  Complex Case Management  17
  Utilization Management  18
  Preauthorization Requirements  18

Electronic Solutions  19
  Provider Services  19
  DirectProvider.com  20
  Fee Schedule Distribution Module  21
  How Do I Sign Up?  22
  EDI Documentation  22
  Provider Inquiries  22
  Emdeon Real-time Transaction Services  22
  Electronic Remittance Advices (ERAs)  23
  Electronic Fund Transfer (EFT)  23

Responsibilities  24
  Responsibilities of Provider Participation  24
  Member Responsibility Payment  25
  When to collect co-pays, co-insurance and deductibles.  25
  Helping Coventry National Maintain Accurate Information On My Practice  26
  Credentialing  26

Pharmacy Management  27

How to Contact Coventry National Network  27

SECTION 3  29
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Health Overview</td>
<td>30</td>
</tr>
<tr>
<td>First Health Network Product Description</td>
<td>30</td>
</tr>
<tr>
<td> Savings, Access and Stability</td>
<td>31</td>
</tr>
<tr>
<td>Member/Client Identification</td>
<td>31</td>
</tr>
<tr>
<td> Client List</td>
<td>32</td>
</tr>
<tr>
<td>In-Network Referral Process</td>
<td>32</td>
</tr>
<tr>
<td>Claims Administration Information</td>
<td>33</td>
</tr>
<tr>
<td> Billing / Payment / Claims</td>
<td>33</td>
</tr>
<tr>
<td> Billing Follow-up</td>
<td>33</td>
</tr>
<tr>
<td> Claim Appeals</td>
<td>33</td>
</tr>
<tr>
<td> Contracted Amounts/PPO Allowable</td>
<td>33</td>
</tr>
<tr>
<td> Coordination of Benefits</td>
<td>34</td>
</tr>
<tr>
<td> Co-Payments, Co-Insurance and Deductibles Vary by Payer</td>
<td>34</td>
</tr>
<tr>
<td>Clinical/Utilization Management</td>
<td>34</td>
</tr>
<tr>
<td> Utilization Management</td>
<td>34</td>
</tr>
<tr>
<td> Early Medical Assessment</td>
<td>35</td>
</tr>
<tr>
<td> Case Management</td>
<td>35</td>
</tr>
<tr>
<td>Electronic Solutions</td>
<td>36</td>
</tr>
<tr>
<td> Fee Schedule Distribution Module</td>
<td>37</td>
</tr>
<tr>
<td> How Do I Sign Up?</td>
<td>37</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>38</td>
</tr>
<tr>
<td> Responsibilities of Provider Participation</td>
<td>38</td>
</tr>
<tr>
<td> Credentialing</td>
<td>38</td>
</tr>
<tr>
<td>How to Contact First Health, a Coventry Health Care Company</td>
<td>39</td>
</tr>
<tr>
<td>SECTION 4</td>
<td>40</td>
</tr>
<tr>
<td>Coventry Workers’ Comp Services Overview</td>
<td>41</td>
</tr>
<tr>
<td>Coventry Workers’ Comp Services Product Overview</td>
<td>41</td>
</tr>
<tr>
<td> Network Solutions</td>
<td>41</td>
</tr>
<tr>
<td> Care Management</td>
<td>41</td>
</tr>
<tr>
<td> Technology and Claim-Related Services</td>
<td>42</td>
</tr>
<tr>
<td> Pharmacy and Durable Medical Equipment (DME) Solutions</td>
<td>42</td>
</tr>
<tr>
<td>Injured Worker/Client Identification</td>
<td>42</td>
</tr>
<tr>
<td>In-Network Referral Process</td>
<td>43</td>
</tr>
<tr>
<td>Claims Administration Information</td>
<td>43</td>
</tr>
<tr>
<td> Explanation of Review (EOR)</td>
<td>43</td>
</tr>
<tr>
<td>Clinical/Utilization Management</td>
<td>44</td>
</tr>
<tr>
<td> Coventry NT24</td>
<td>44</td>
</tr>
<tr>
<td> Field Case Management</td>
<td>44</td>
</tr>
<tr>
<td> Independent Medical Examinations</td>
<td>44</td>
</tr>
<tr>
<td> Physician Review</td>
<td>44</td>
</tr>
<tr>
<td> Telephonic Case Management</td>
<td>44</td>
</tr>
<tr>
<td> Utilization Review</td>
<td>45</td>
</tr>
<tr>
<td> Return-to-Work Services</td>
<td>45</td>
</tr>
<tr>
<td> Cost Projections Services</td>
<td>45</td>
</tr>
</tbody>
</table>
Specialty Services

Electronic Billing

Responsibilities
  Responsibilities of Provider Participation
  Credentialing

State Specific Requirements
  California MPN
  Delaware
  Texas HCN

Pharmacy Management
  First Script Pharmacy Benefit Management Program

Durable Medical Equipment and Ancillary Services

How to Contact Coventry Workers’ Comp Services

SECTION 5
  Coventry Auto Solutions

SECTION 6
  Coventry’s Claim Submission Guide
  Coventry’s Contact Grid
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 received 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

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.
**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:

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>Coventry Corporation Incorporated</td>
</tr>
<tr>
<td>1987</td>
<td>Acquired American Service Life Insurance Company</td>
</tr>
<tr>
<td>1988</td>
<td>Acquired HealthAmerica Pennsylvania</td>
</tr>
<tr>
<td>1989</td>
<td>Acquired Group Health Plan in St. Louis, MO</td>
</tr>
<tr>
<td>1994</td>
<td>Acquired Southern Health Services in Richmond, VA</td>
</tr>
<tr>
<td>1995</td>
<td>Acquired HealthCare USA in Jacksonville, FL</td>
</tr>
</tbody>
</table>
| 1998 | Merged with Principal Health Care  
Corporate office moves to Bethesda, MD  
Company name changed to Coventry Health Care, Inc. |
| 1999 | Acquired Kaiser in Charlotte, NC  
Acquired Carelink in Charleston, WV |
| 2000 | Acquired PrimeONE and merged with Carelink  
Acquired WellPath Community Health Plans in Chapel Hill, NC |
| 2001 | Acquired Qualchoice in Charlottesville, VA  
Acquired Kaiser Permanente Membership in Kansas City, MO |
| 2002 | Acquired New Alliance in Erie, PA  
Acquired Mid America Health Plan in Kansas City, MO |
| 2003 | Acquired PersonalCare in Champaign, IL  
Acquired Altius Health Plan in South Jordan, UT |
| 2004 | Acquired OmniCare in Detroit, MI |
| 2005 | Acquired First Health Group Corp., more than doubling the company’s total assets and total employees (First Health had previously acquired by HealthCare Compare and in turn had acquired several other companies including CCN and HealthCare Value Management) |
| 2007 | 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 | Acquired MHNet Behavioral Health in Austin, TX  
Acquired Group Dental Services (GDS) in Rockville, MD |
<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>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</td>
</tr>
</tbody>
</table>
| 2010 | Acquired Preferred Health Services in Wichita, KS  
      | Acquired Mercy Health Plans, Inc. and subsidiaries in a six-state Midwestern Region |
| 2012 | Acquired Children’s Mercy’s Family Health Partners |
| 2013 | Coventry Health Care Inc. acquired by Aetna, Inc. |

For detailed information about Coventry Health Care, Inc., please visit:  [www.coventryhealthcare.com](http://www.coventryhealthcare.com)
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:

![Coventry Torch Logo]  

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 in-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 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](http://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](https://www.directprovider.com), located in Section 6 of this manual, or by accessing [www.directprovider.com](http://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.
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: www.emdeon.com/visionforpartners
- 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 required 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
Disease Management

Coventry National’s Disease Management Program concentrates its efforts for 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 to improve the management of their condition
- Case management engagement with treating physicians as appropriate to discuss and collaborate the best support for members.

As a participant in the Disease Management Program(s), members have the following rights and responsibilities:

Member rights include:

- The right to know about philosophy and characteristics of the disease management program;
- The right to have personally identifiable health information shared by the disease management program only in accordance with state and federal law;
- The right to identify the staff member and their job title, and to speak with a supervisor of the staff member if requested;
- The right to receive accurate information from the disease management program;
- The right to receive administrative information regarding changes in or termination of the disease management program;
- The right to decline participation, revoke consent or dis-enroll at any point in time;

Member responsibilities include:

- The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law;
- The responsibility to give accurate clinical and contact information and to notify the disease management program of changes in this information; and
- The responsibility to notify their treating provider of their participation in the disease management program (if applicable).
We currently offer disease/condition management for the following conditions:

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

**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. Case managers may reach out to the member’s treating physician offices to discuss and collaborate how to best support unique member needs. Case Management is a voluntary program provided at no cost to the member. As a participant in the case management program, members have the following rights and responsibilities:

Members have the right to:

- Be educated about their rights;
- Be informed of choices regarding services;
- Have input into the case management plan;
- Refuse treatment or services, including case management services and the implications of such refusal relating to benefits eligibility and/or health outcomes;
- Use end of life and advance care directives;
- Obtain information regarding the organization’s criteria for case closure;
- Receive notification and a rationale when case management services are changed or terminated; and
- Obtain information on alternative approaches when the consumer, family and/or caregiver are unable to fully participate in the assessment phase.
- File a complaint regarding the case management program.

Members have the responsibility to:

- Accurately and completely disclose relevant information and notify Coventry Health Care of any changes.
- Become involved in individually specific health care decisions.
- Work collaboratively with Coventry Health Care representatives in developing goals and implementing interventions to manage their condition.
Clinical/Utilization Management Programs, continued

- Work collaboratively with health care providers in developing and carrying out agreed-upon treatment plans.
- Make a good-faith effort to maximize healthy habits, such as exercising, not smoking and eating a healthy diet.
- Abide by the administrative and operational procedures of our case management program

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

Denials for medical necessity are only made by physicians. The criteria used to review for medical necessity are available by calling First Health/Coventry Health Care’s Medical Management Department at 1-800-445-5145. Or, send a request for a paper copy to 3200 Highland Avenue, Downers Grove, IL 60515.

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.
Clinical/Utilization Management Programs, continued

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 & date of birth
- Tests or procedures requested (CPT code) if available
- Diagnosis codes (ICD-9) 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.
- Information if services involve a Motor Vehicle Accident (MVA) or work injury

Providing this information on your initial call decreases office time by reducing the Lack of Information administrative 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
Electronic Solutions, continued

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)/835 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

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’.
**Electronic Solutions, continued**

To register on directprovider.com, your portal to better health care delivery, go to: [www.directprovider.com](http://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](http://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.

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](http://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](http://www.directprovider.com) and follow the instructions.

- If you are currently registered with [www.directprovider.com](http://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](http://www.directprovider.com) account for that access.

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**Coventry National Network**
**Electronic Solutions, continued**

**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](http://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](http://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.

**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:


**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, 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 & 835 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**

Coventry National uses the ASC X12 Health Care Claim Payment/Advice (835) transaction version 5010 mandated by HIPAA for the transfer of Electronic Remittance Advice (ERA) information to health care providers.


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](http://www.directprovider.com).*

**Electronic Fund Transfer**

**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 may enroll for EFT via our provider portal at www.directprovider.com. In order to sign up for EFT, via www.directprovider.com, Administrator access is required.

The provider may also obtain a paper form from the forms section of the resource library and submit the completed form to Coventry at EFTrequest@cvty.com or fax to 717-541-5991.
Electronic Solutions, continued

It typically takes 15-30 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.

Remittance Advice (RA) e-mail notifications are available when enrolled for EFT. During the online EFT enrollment, providers can supply an e-mail address for which they would like to receive their RA notifications when an EFT transaction has occurred. The RA is available on www.directprovider.com.

Effective September 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 September 1, 2009 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 notify Coventry National of changes to any practice or administrative information that could impact how we market your services or consider your claims
Responsibilities, continued

- Work with Coventry National to quickly resolve network related issues should such arise

- Safeguard 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

- Cooperate 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

- Maintain all medical records, patient care documentation and other records relating to services furnished to members in accordance with state and federal retention requirements

- Keep your licenses and certifications in good standing and cooperate with our recredentialing program

- Have 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

- To obtain 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
Responsibilities, continued

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.

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
indiscriminate 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.

Credentialing

As a result of its acquisition of Coventry, all provider credentialing activities will be completed
by Aetna. Aetna uses the Council for Affordable Quality Healthcare (CAQH) as its single source
of all required provider credentialing information. Under the CAQH program, providers use a
standard application and a common database to submit one application to one source to meet the
needs of all of the health plans and hospitals participating in the CAQH effort. To learn more
about CAQH visit them at www.caqh.org.
Authorizing Aetna access to your application is easy. The CAQH application includes the Healthcare Organization Authorization page. On this page the user will have to choose one of the following options in order for Aetna to be granted 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 Aetna from the list of Authorized Plans.

For more information on Aetna’s credentialing process visit us at: http://www.aetna.com/healthcare-professionals/join-aetna-network/how-to-apply.html

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.
How to Contact Coventry National Network, continued

We have also included 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
- Itemized Bills
- Timely Filing
- Adjudication Issues
- Requests for EOB and RAs
- Authorization Requirements
- Check and Refund Issues
- Benefit and Member Issues
- Initial Balance Billing Calls
- New Provider Inquiries
- Provider Manual Requests
- Non Par Demographic changes
- NPI Questions
First Health Overview

First Health Group Corp. (First Health), an affiliate of Aetna 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.

First Health’s Group Health network also originated in the early 1980’s, when it was known as Affordable Health Care Concepts. Affordable was acquired by HealthCare COMPARE in the late 1980’s and eventually became First Health. At the time of the CCN acquisition, First Health’s network was used primarily by clients for whom First Health also provided claims administration, rather than on a rental basis.

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 (First Health, 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. In 2013, Aetna acquired Coventry Health Care.

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 350 clients and 2.5 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 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, 90,000 ancillary service locations and one million health care professional service locations nationally. 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 or provide an alternate form of network identification. 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.
## Member/Client Identification, continued

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.directprovider.com](http://www.directprovider.com) or at [http://firsthealth.coventryhealthcare.com/providers/client-list/index.htm](http://firsthealth.coventryhealthcare.com/providers/client-list/index.htm).

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](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/client-list/index.htm](http://firsthealth.coventryhealthcare.com/providers/client-list/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 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 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](http://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.

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.
Claims Administration Information, continued

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-payment, 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 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 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. Nursing staff are not allowed to non-certify services for medical necessity. All non-certification outcomes for medical necessity are made solely by physicians. Copies of the specific criteria used to non-certify due to medical necessity are available by calling First Health/Coventry Health
Clinical/Utilization Management, continued

- Care’s Medical Management Department at 1-800-445-5145 or may be requested in writing at 3200 Highland Avenue, Downers Grove, IL 60515.

- **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.

- **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. Case managers may reach out to the member’s treating physician offices to discuss and collaborate.
how to best support unique member needs. Case Management is a voluntary program provided at no cost to the member. As a participant in the case management program, members have the following rights and responsibilities:

Members have the right to:

- Be educated about their rights;
- Be informed of choices regarding services;
- Have input into the case management plan;
- Refuse treatment or services, including case management services and the implications of such refusal relating to benefits eligibility and/or health outcomes;
- Use end of life and advance care directives;
- Obtain information regarding the organization’s criteria for case closure;
- Receive notification and a rationale when case management services are changed or terminated; and
- Obtain information on alternative approaches when the consumer, family and/or caregiver is unable to fully participate in the assessment phase.
- File a complaint regarding the case management program.

Members have the responsibility to:

- Accurately and completely disclose relevant information and notify Coventry Health Care of any changes.
- Become involved in individually specific health care decisions.
- Work collaboratively with Coventry Health Care representatives in developing goals and implementing interventions to manage their condition.
- Work collaboratively with health care providers in developing and carrying out agreed-upon treatment plans.
- Make a good-faith effort to maximize healthy habits, such as exercising, not smoking and eating a healthy diet.
- Abide by the administrative and operational procedures of our case management program.

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](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](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**

Credentialing

As a result of its acquisition of Coventry, all provider credentialing activities will be completed by Aetna. Aetna uses the Council for Affordable Quality Healthcare (CAQH) as its single source of all required provider credentialing information. Under the CAQH program, providers use a standard application and a common database to submit one application to one source to meet the needs of all of the health plans and hospitals participating in the CAQH effort. To learn more about CAQH visit them at [www.caqh.org](http://www.caqh.org).

Authorizing Aetna access to your application is easy. The CAQH application includes the Healthcare Organization Authorization page. On this page the user will have to choose one of the following options in order for Aetna to be granted 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 Aetna from the list of Authorized Plans.
Responsibilities, continued

For more information on Aetna’s credentialing process visit us at:  
http://www.aetna.com/healthcare-professionals/join-aetna-network/how-to-apply.html

How to Contact First Health

For First Health provider support questions, please contact us by visiting us online at www.firsthealth.com where you can locate a provider, review claims, create a directory or request a fee schedule. You can also contact us at 1-800-937-6824 (Option 3). 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 “contact us” 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 Workers’ Comp Services offers workers' compensation cost and care management solutions for employers, insurance carriers, and third-party administrators. With roots in both clinical and network services, we leverage more than 30 years of industry experience, knowledge and data analytics. We offer an integrated suite of solutions, powered by technology to enhance network development, clinical integration and operational efficiencies at the client desktop, with a focus on total claims cost.

Coventry Workers’ Comp Services Product Overview

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 Network® 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 Network, 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 payors 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.

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, a nurse triage program, and a range of specialty services.
Coventry Workers’ Comp Services Product Overview, continued

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 including narcotic management and repackaged medication solutions.

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 payor contact information about Coventry Workers’ Comp Services clients / payors who access the Coventry Integrated Network™ 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 visiting directprovider.com:
https://www.directprovider.com/providerPortalWeb/appmanager/coventry/extUsers
In-Network Referral Process

As a Participating Provider in Coventry Integrated Network®, 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 payor to payor

- **Verification of Compensability:** Verify the injured worker’s compensability status by calling the injured worker’s payor or claims administrator.

- **Utilization Management / Pre-Certification:** Utilization management requirements for workers’ compensation patients also vary from state to state. Contact the payor 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 payor. 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.
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, a nurse triage program, 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.

**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 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...
Clinical/Utilization Management

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.

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.

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 or our customers.
Electronic Billing

Coventry Workers’ Comp Services launched its electronic billing system for health care providers and payors on January 1, 2008 to comply with the workers’ compensation electronic billing (eBilling) requirements mandated by the Texas Department of Insurance, and 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.

Coventry is compliant with all states which require electronic billing.

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 Network® you need to:

- See referred workers’ compensation patients as soon as possible
Responsibilities, continued

- 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 use the update feature located on our website at [http://www.coventrywcs.com/provider-tools/index.htm](http://www.coventrywcs.com/provider-tools/index.htm).

- Work with Coventry Workers’ Comp Services and its payors to resolve issues

- Comply with the requirements for filing a complaint or grievance: [http://coventrywcs.com/provider-services/provider-education/index.htm](http://coventrywcs.com/provider-services/provider-education/index.htm)

- Understand clients’ utilization management/pre-certification programs

- 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](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
Responsibilities, continued

Credentialing
As a result of its acquisition of Coventry, all provider credentialing activities will be completed by Aetna. Aetna uses the Council for Affordable Quality Healthcare (CAQH) as its single source of all required provider credentialing information. Under the CAQH program, providers use a standard application and a common database to submit one application to one source to meet the needs of all of the health plans and hospitals participating in the CAQH effort. To learn more about CAQH visit them at www.caqh.org.

Authorizing Aetna access to your application is easy. The CAQH application includes the Healthcare Organization Authorization page. On this page the user will have to choose one of the following options in order for Aetna to be granted 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 Aetna from the list of Authorized Plans

For more information on Aetna’s credentialing process visit us at: http://www.aetna.com/healthcare-professionals/join-aetna-network/how-to-apply.html

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 CompAmerica Select HCO and the First Health CompAmerica Primary HCO to be filed as MPNs (Medical Provider Networks). In addition we offer the Coventry MPN as another state certified MPN network option to our clients. We have met all the specific MPN access and healthcare delivery standards for providers in our Select, Primary and Coventry MPNs.

Some of our clients have chosen to customize their MPN. If you are part of the First Health Select, Primary or Coventry MPNs, 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.

Delaware
Based on an amendment to the Delaware Administrative Code, 19 De. Admin. Code 1341 4.9.6.2.1, as published in Delaware’s Register of Regulations: Volume, 18, Issue 9, March 1, 2015, the time frame for bill submission for inpatient services has now changed in Delaware. Facilities must submit bills for inpatient services within 30 days after discharge. For cases involving extended hospitalization, interim bills must be submitted every 30 days.

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.

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

Coventry Workers’ Comp Services

Pharmacy Management, continued

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

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

Coventry Workers’ Comp Services

Durable Medical Equipment and Ancillary Services

Coventry Workers’ Comp Services

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 or 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 first party medical payments and Personal Injury Protection (PIP) 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, clinical management and cost projection services

*Note: AUTO payers do not provide ID cards to insureds. Providers may access the Client/Payer list on [www.directprovider.com](http://www.directprovider.com) in order to determine whether they are participating in the Auto Network for a particular member.*

- **Network Solutions**
  
  Our auto network, known as the Coventry Integrated Network® is comprised of The First Health Network, FOCUS, and other top aligning PPOs. To help support the network, Coventry Auto Solutions offers payers and injured parties’ access to our toll free number, 800-793-6074 and to our online directories via our website at [http://www.coventryautosolutions.com/](http://www.coventryautosolutions.com/) to help injured parties identify participating network providers.

- **Steerage**
  
  Although payers may not actively encourage their injured parties to seek treatment through a Coventry Auto Solutions participating provider, injured parties may locate you in a variety of ways: through their group health plan, after being treated by you through Coventry’s network for a prior workers’ comp injury, by locating you through an online provider directory or toll free number, or by recommendation of a trusted associate or family member.

- **Clinical Management**
  
  We offer a suite of clinical management solutions that advocate for appropriate, high-quality medical treatment while helping recovery. We serve the automobile insurance market by providing medical case management, independent medical examinations, and a range of specialty services including legal liability nurse review.
Coventry Auto Solutions, continued

- **Cost Projection Services**

  Coventry Auto Solutions offers life care planning, medical cost projections and limited medical cost projection services to assist with reserve setting, anticipating future medical costs, and claim settlement. All of these services are completed by Certified Life Care Planners or Certified Nurse Life Care Planners.
SECTION 6

Quick Reference Guides
Coventry’s Claim Submission Guide
For the most up-to-date information, please refer to the website listed below.

<table>
<thead>
<tr>
<th>Member ID Card Logo</th>
<th>Plan Name</th>
<th>Payer ID</th>
<th>Claims Address</th>
<th>Plan Contact</th>
<th>Website</th>
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</thead>
<tbody>
<tr>
<td>Coventry Health Care National Network (Multiple corporate and national clients)</td>
<td>25133</td>
<td>P.O. Box 8400 London, KY 40742</td>
<td>Refer to Member ID Card</td>
<td><a href="http://www.coventrynational.com">www.coventrynational.com</a></td>
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</tr>
<tr>
<td>First Health Network (Multiple corporate and national clients)</td>
<td>Refer to Member ID Card</td>
<td>Refer to Member ID Card</td>
<td>800-937-6824</td>
<td><a href="http://www.firsthealth.com">www.firsthealth.com</a></td>
<td></td>
</tr>
<tr>
<td>Mail Handlers Benefit Plan (a Coventry Health Care plan)</td>
<td>25133</td>
<td>MHBP P.O. Box 8402 London, KY 40742</td>
<td>800-410-7778</td>
<td><a href="http://www.mhbp.com">www.mhbp.com</a></td>
<td></td>
</tr>
<tr>
<td>Altius (a Coventry Health Care plan)</td>
<td>25133</td>
<td>P.O. Box 7147 London, KY 40742</td>
<td>800-377-4161</td>
<td><a href="http://www.altiushealthplans.com">www.altiushealthplans.com</a></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care of West Virginia, Inc.</td>
<td>Commercial 25133</td>
<td>P.O. Box 7373 London, KY 40742</td>
<td>800-348-2922</td>
<td><a href="http://chcwv.coventryhealthcare.com/">http://chcwv.coventryhealthcare.com/</a></td>
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<tr>
<td>Coventry Health Care of Delaware</td>
<td>25133</td>
<td>P.O. Box 7713 London, KY 40742</td>
<td>800-833-7423</td>
<td><a href="http://chcdelaware.coventryhealthcare.com/">http://chcdelaware.coventryhealthcare.com/</a></td>
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<th>Plan Contact</th>
<th>Website</th>
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<td><img src="image1.png" alt="Florida Logo" /></td>
<td>Coventry Health Care of Florida</td>
<td>25133</td>
<td>P.O. Box 45-9011 Sunrise, FL 33345-9011</td>
<td>866-847-8235</td>
<td><a href="http://www.chcflorida.com">www.chcflorida.com</a></td>
</tr>
<tr>
<td><img src="image2.png" alt="Georgia Logo" /></td>
<td>Coventry Health Care of Georgia</td>
<td>25133</td>
<td>P.O. Box 7711 London, KY 40742</td>
<td>800-395-2545</td>
<td><a href="http://www.chcga.com">www.chcga.com</a></td>
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<tr>
<td><img src="image3.png" alt="Iowa Logo" /></td>
<td>Coventry Health Care of Iowa</td>
<td>25133</td>
<td>P.O. Box 7709 London, KY 40742</td>
<td>800-257-4692</td>
<td><a href="http://www.chciowa.com">www.chciowa.com</a></td>
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<tr>
<td><img src="image4.png" alt="Kansas Logo" /></td>
<td>Coventry Health Care of Kansas</td>
<td>25133</td>
<td>P.O. Box 7109 London, KY 40742</td>
<td>800-969-3343</td>
<td><a href="http://www.chckansas.com">www.chckansas.com</a></td>
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<tr>
<td><img src="image5.png" alt="Louisiana Logo" /></td>
<td>Coventry Health Care of Louisiana</td>
<td>25133</td>
<td>P.O. Box 7707 London, KY 40742</td>
<td>800-341-6613</td>
<td><a href="http://www.chcla.com">www.chcla.com</a></td>
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<tr>
<td><img src="image6.png" alt="Nebraska Logo" /></td>
<td>Coventry Health Care of Nebraska</td>
<td>25133</td>
<td>P.O. Box 7705 London, KY 40742</td>
<td>800-288-3343</td>
<td><a href="http://www.chcnebraska.com">www.chcnebraska.com</a></td>
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<th>Claims Address</th>
<th>Plan Contact</th>
<th>Website</th>
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<tr>
<td></td>
<td>Coventry Health Care of Nevada</td>
<td>25133</td>
<td>P.O. Box 7801 London, KY 40742</td>
<td>866-370-2336</td>
<td><a href="http://www.chcnevada.com">www.chcnevada.com</a></td>
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<td></td>
<td>Coventry Health and Life of Oklahoma</td>
<td>25133</td>
<td>P.O. Box 7153 London, KY 40742</td>
<td>866-219-7695</td>
<td><a href="http://www.chcoklahoma.com">www.chcoklahoma.com</a></td>
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<td>Coventry Health and Life - Tennessee</td>
<td>25133</td>
<td>P.O. Box 7170 London, KY 40742</td>
<td>866-765-7747</td>
<td><a href="http://www.chctn.com">www.chctn.com</a></td>
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<td></td>
<td>Coventry Missouri (Missouri Department of Transportation/ MoDOT &amp; Missouri Highway State Patrol/MHSP)</td>
<td>25133</td>
<td>P.O. Box 7401 London, KY 40742</td>
<td>800-627-6406</td>
<td><a href="http://www.modot-mshp-cvty.com">www.modot-mshp-cvty.com</a></td>
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<tr>
<td>SAINT LOUIS UNIVERSITY</td>
<td>Coventry Missouri (Saint Louis University)</td>
<td>25133</td>
<td>P.O. Box 7401 London, KY 40742</td>
<td>800-977-3246</td>
<td><a href="http://chcmissouri.coventryhealthcare.com/">http://chcmissouri.coventryhealthcare.com/</a></td>
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<tr>
<td></td>
<td>Coventry Health Care of Missouri</td>
<td>25133</td>
<td>P.O. Box 7374 London, KY 40742-7374</td>
<td>800-755-3901</td>
<td><a href="http://chcmissouri.coventryhealthcare.com/">http://chcmissouri.coventryhealthcare.com/</a></td>
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<td><img src="healthamerica.png" alt="HealthAmerica Logo" /></td>
<td>HealthAmerica / HealthAssurance (a Coventry Health Care plan)</td>
<td>25133</td>
<td>P.O. Box 7088 London, KY 40742</td>
<td>West PA 800-691-9984, East PA 800-788-8445</td>
<td><a href="http://www.healthamerica.cvty.com">www.healthamerica.cvty.com</a></td>
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<td><img src="coventry.png" alt="Coventry Health Care Logo" /></td>
<td>Coventry Health Care of Illinois</td>
<td>25133</td>
<td>P.O. Box 7141 London, KY 40742</td>
<td>Fully Insured 800-431-1211, ASO 866-557-8751</td>
<td><a href="http://chcillinois.coventryhealthcare.com/">http://chcillinois.coventryhealthcare.com/</a></td>
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<td><img src="coventry.png" alt="Coventry Health Care Logo" /></td>
<td>Coventry Health Care of Virginia</td>
<td>25133</td>
<td>P.O. Box 7704 London, KY 40742</td>
<td>800-627-4872</td>
<td><a href="http://chcvirginia.coventryhealthcare.com/">http://chcvirginia.coventryhealthcare.com/</a></td>
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<td><img src="ummedcvty.png" alt="University of Missouri Choice Health Care Program Logo" /></td>
<td>University of Missouri</td>
<td>25133</td>
<td>P.O. Box 7799 London, KY 40742</td>
<td>800-613-7721</td>
<td><a href="http://www.ummedcvty.com">www.ummedcvty.com</a></td>
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<td><img src="coventry.png" alt="Coventry Health Care Logo" /></td>
<td>Coventry Health Care of the Carolinas</td>
<td>25133</td>
<td>P.O. Box 7102 London, KY 40742</td>
<td>800-935-7284</td>
<td><a href="http://chccarolinas.coventryhealthcare.com/">http://chccarolinas.coventryhealthcare.com/</a></td>
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<td><img src="image" alt="Association Benefit Plan Logo" /></td>
<td>Association Benefit Plan</td>
<td>25133</td>
<td>P.O. Box 7404 London, KY 40742</td>
<td>800-638-8432</td>
<td><a href="http://www.coventrynational.com">www.coventrynational.com</a></td>
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<td><img src="image" alt="Rural Carriers Benefit Plan Logo" /></td>
<td>Rural Carriers Benefit Plan (NRLCA/National Rural Letter Carriers Association)</td>
<td>25133</td>
<td>P.O. Box 7404 London, KY 40742</td>
<td>800-638-8432</td>
<td><a href="http://rcbp.coventryhealthcare.com/index.htm">http://rcbp.coventryhealthcare.com/index.htm</a></td>
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<tr>
<td><img src="image" alt="Strategic Outsourcing Inc Logo" /></td>
<td>Strategic Outsourcing, Inc.</td>
<td>25133</td>
<td>P.O. Box 241508 Charlotte, NC 28224</td>
<td>888-836-7764</td>
<td><a href="http://www.coventrynational.com">www.coventrynational.com</a></td>
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<tr>
<td><img src="image" alt="First Health Life &amp; Health Ins Co Logo" /></td>
<td>First Health Life &amp; Health Ins. Co.</td>
<td>59140</td>
<td>Health Plan Services PO Box 44199 Las Vegas, NV 89116</td>
<td>800-681-0056</td>
<td><a href="http://www.coventrynational.com">www.coventrynational.com</a></td>
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<thead>
<tr>
<th>Coventry Network</th>
<th>State(s)</th>
<th>Website</th>
<th>General Provider Relations Inquires</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coventry National Network</td>
<td>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, Wisconsin</td>
<td><a href="http://www.coventrynational.com">www.coventrynational.com</a></td>
<td>Please call 800-937-6824; or You may visit us online at: <a href="http://www.coventrynational.com">www.coventrynational.com</a>; or Request More Information via this direct web link: <a href="http://coventrynational.covertyrhealthcare.com/contact-us/request-more-information/index.htm">http://coventrynational.covertyrhealthcare.com/contact-us/request-more-information/index.htm</a></td>
<td>Please call the number on the back of the Member ID card; or You may visit us online at: <a href="http://www.coventrynational.com">www.coventrynational.com</a>; or Request More Information via this direct web link: <a href="http://coventrynational.covertyrhealthcare.com/contact-us/request-more-information/index.htm">http://coventrynational.covertyrhealthcare.com/contact-us/request-more-information/index.htm</a></td>
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<tr>
<td>Altius</td>
<td>ID-Idaho, UT-Utah, WY-Wyoming</td>
<td><a href="http://www.altiushealthplans.com">www.altiushealthplans.com</a></td>
<td><strong>Charleston</strong>&lt;br&gt;800-377-4161</td>
</tr>
<tr>
<td>CHC-West Virginia</td>
<td>WV- West Virginia</td>
<td><a href="http://chcwestvirginia.coventryhealthcare.com/">http://chcwestvirginia.coventryhealthcare.com/</a></td>
<td><strong>Wheeling</strong>&lt;br&gt;800-896-9612</td>
</tr>
<tr>
<td>CHC-Delaware</td>
<td>DE-Delaware, MD-Maryland</td>
<td><a href="http://chcdelaware.coventryhealthcare.com/">http://chcdelaware.coventryhealthcare.com/</a></td>
<td>800-727-9951</td>
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<tr>
<td>CHC-Florida</td>
<td>FL-Florida</td>
<td><a href="http://www.chcflorida.com">www.chcflorida.com</a></td>
<td>866-847-8235</td>
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<tr>
<td>CHC-Iowa</td>
<td>IA - Iowa</td>
<td><a href="http://www.chciowa.com">www.chciowa.com</a></td>
<td>800-470-6352</td>
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<tr>
<td>CHC-Kansas</td>
<td>KS-Kansas, MO-Western Missouri</td>
<td><a href="http://www.chckansas.com">www.chckansas.com</a></td>
<td>866-427-9719</td>
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<tr>
<td>CHC-Louisiana</td>
<td>LA-Louisiana</td>
<td><a href="http://www.chcla.com">www.chcla.com</a></td>
<td>Phone Number: 800-245-8327 Fax Number: 504-834-1308 Mailing Address: Coventry Health Care of Louisiana, Inc. Attn: Provider Relations 3434 North Causeway Blvd, Suite 3350 Metairie, LA 70002</td>
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<tr>
<td>CHC-Nebraska</td>
<td>NE-Nebraska</td>
<td><a href="http://www.chcnebraska.com">www.chcnebraska.com</a></td>
<td>Phone Number: 800-471-0240 Fax Number: 866-602-1249 Mailing Address: Coventry Health Care of Nebraska Attn: Provider Relations 15950 West Dodge Road Omaha, NE 68118-4030</td>
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<tr>
<td>CHC-Nevada</td>
<td>NV-Nevada</td>
<td><a href="http://www.chcnevada.com">www.chcnevada.com</a></td>
<td>Phone Number: 877-233-3561 Fax Number: 702-515-3150 Mailing Address: Coventry Health Care, Inc. Attn: Provider Relations 1140 Town Center Drive, Suite 190 Las Vegas, NV 89144</td>
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<tr>
<td>CHC-Oklahoma</td>
<td>OK-Oklahoma</td>
<td><a href="http://www.chcoklahoma.com">www.chcoklahoma.com</a></td>
<td>Phone Number: 866-219-7659 Fax Number: 405-945-1238 Mailing Address: Coventry Health and Life Attn: Provider Services 3030 NW Expressway, Suite 625 Oklahoma City, OK 73112</td>
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800-755-5242  
University of Missouri  
800-613-7721  
MoDot/MSHP  
800-627-6406 | 866-874-6403 | Coventry Health Care of Missouri, Inc.  
Attn: Provider Services  
550 Maryville Centre Drive, Suite 300  
St. Louis, MO  63141 |
| HAPA-Central     | PA-Pennsylvania, All Other Counties:  
Attn: Provider Relations  
3721 TecPort Drive  
Harrisburg, PA  17106-7103 |
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<tr>
<td>HAPA-Northwest</td>
<td>PA-Pennsylvania Counties: Cameron, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Potter, Venago, Warren</td>
<td><a href="http://www.healthamerica.cvty.com">www.healthamerica.cvty.com</a></td>
<td>Phone Number: 800-255-4281, Fax Number: 866-804-4860, Mailing Address: HealthAmerica Attn: Provider Relations 100 State Street, Suite 320, Erie, PA 16507</td>
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<tr>
<td>HAPA-Southeast</td>
<td>PA-Pennsylvania Counties: Philadelphia, Delaware, Bucks, Chester and Montgomery</td>
<td><a href="http://www.healthamerica.cvty.com">www.healthamerica.cvty.com</a></td>
<td>Phone Number: 800-788-5448, Fax Number: 610-729-7530, Mailing Address: HealthAmerica Attn: Provider Relations 401 Plymouth Road, Suite 350 Plymouth Meeting, PA 19462</td>
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<td></td>
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<td>Fax Number: 217-373-3995</td>
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<td>Mailing Address: Coventry Health Care of Illinois Attn: Provider Relations 2110 Fox Drive, Suite A Champaign, IL 61820</td>
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<td></td>
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<td>Charlottesville: 800-975-1213</td>
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<td>Roanoke: 866-874-3851</td>
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<td></td>
<td>Coventry Health Care, Inc. Attn: Provider Relations 9881 Mayland Drive Richmond, VA 23233-1458</td>
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<td>South Carolina: 888-935-7284</td>
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<td>Morrisville, NC: 919-337-1888</td>
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<td>Coventry Health Care of the Carolinas Attn: Network Management 2801 Slater Road, Suite 200 Morrisville, NC 27560</td>
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