



FL MANAGED CARE ARRANGEMENT
PROVIDER REFERENCE MANUAL



Florida Managed Care Arrangement (MCA)

Provider Reference Guide

Pursuant to Rule (440 F.S. and 59A F.A.C.)

Introduction to Coventry Workers' Comp Services

With over 25 years of experience in the workers' compensation industry, Coventry Workers' Comp Services ("Coventry") is a leader in cost and care management services for workers' compensation insurance carriers, employers and third-party administrators. Coventry offers a network of health care providers ("Coventry Integrated Network") which consists of hospitals, physicians and ancillary providers. To learn more, visit www.coventrywcs.com.

Being a participating provider in the Florida MCA increases the potential for channeling patients to your practice because worker's compensation insureds must see a network provider to receive maximum benefits.

Mission/Goal/Purpose

Coventry has created this "Provider Reference Manual" as one of several tools to assist in understanding the provider's role and responsibility under the FL MCA program and the 13 Provider Education guidelines (WC 52). Coventry and its customers must manage to demonstrate compliance with Rule 440.134, F.S. and 59-A23, F.A.C.

In addition, the Provider Reference Manual supplies valuable resources to assist providers in the daily interactions with injured workers accessing the Coventry Integrated Network.

While Coventry makes every effort to maintain accurate and up-to-date information, this document is subject to change. Please check the Florida MCA Legislation requirements for Chapter 440.134 workers' compensation managed care arrangement at <http://www.leg.state.fl.us/Statutes>.

Coventry's Network for the MCA & Participating Providers

In the State of Florida, Coventry is an approved "Plan of Operations" for customers who wish to participate in the FL MCA. One component of the MCA program is the Network. The First Health and Focus Networks were combined on January 5, 2009 to form the Coventry Integrated Network for the FL MCA. The Coventry Integrated Network used for the Florida MCA program includes owned and leased/delegated arrangements contracted through Coventry National, First Health and/or Focus Networks.

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Compliance with Interpretive Guidelines

The following sections are in response to the requirements found under the State's Interpretive Guidelines.

WC52 -SECTION A

Evidence that appropriate health care providers and Administrative Staff of the payer's MCA program have received training and education.

Providers participating in the Florida WC MCA network must be Florida licensed and WC certified. Information is located in the Provider Reference Manual, pages 4-8, 14 and 19.

Evidence that providers receive training and education that govern the provision of remedial treatment, care, and attendance of injured workers.

Information is located in the Provider Reference Manual, pages 4-8, 14 and 19.

Provider Education - itemized section

1. The mission and goals of workers' compensation managed care;

Information is located on the Coventry WC website, www.coventrywcs.com. In addition, it is found in this Florida MCA Reference Manual on pages 2 and 3.

2. Roles, Rights and Responsibilities

Information is located in this document under "the MCC role and responsibility of the MCC and the PCP provider types" on pages 1-23.

3. Provider Network Procedures

Reference to provider network procedures are made throughout this Reference Manual on pages 2, 3, 10-23 and include reference to Provider Education, Return to Work, MCC, Referral practices and Case Management as noted under 440 F.S. and 59 F.A.C. Your Coventry contract, however, remains the same.

4. Case Management Procedures

The Provider Reference Manual, pages 3, 11, and 19, and the Coventry worker's compensation website, www.coventrywcs.com, include information on the Case Management procedures.

5. Practice Guidelines

The Provider Reference Manual has reference to Practice Guidelines statutes and regulations in the treatment of Florida injured workers on pages 3 and 13. In

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addition, reference is made throughout this Reference Manual for Return to Work, MCC, Referral practices and Case Management as noted under 440 F.S. and 59 F.A.C.

6. Utilization Management Procedures

The Provider Reference Manual on pages 4, 10 and 19 include information on UM procedures.

7. Peer Review Procedures

Peer Review as a component of Coventry's Medical Chart Audits is noted on page 11.

8. Dispute Resolution and Grievance Procedures

The Provider Reference Manual, pages 16 and 17, includes information on the dispute resolution and grievance procedures.

9. Communication Procedures between managed care components;

The State-Specific FL MCA reference Manual and the Employee Notice work in tandem to let both the injured workers and providers know who/where to contact. Should you have further questions regarding this program, please contact the toll free number listed at the bottom of this page.

10. Medical records and case file procedures

Information is located in the Provider Reference Manual, pages 11-12 and 19-23.

11. Workers' compensation managed care statutes and regulations relating to remedial treatment and the statutes and regulations.

Reference to remedial treatment and the statutes and regulations are made throughout this Reference Manual specifically on pages 3, 4 and 8 and include reference to Provider Education as noted under 440 F.S. and 59 F.A.C., and the AHCA interpretive guideline WC51. In addition, information is available on the bill submission process as required under FAC Rule 38F-7.020. Amendments to Fla. Stat. § 440.13 emphasizes the use of practice guidelines/parameters and protocols as adopted by the U.S. Agency for Healthcare Research and Quality (AHRQ) in effect as of January 1, 2003.

12. The health care provider's role in successful return to work.

Information is located in the Provider Reference Manual, pages 3, 4, 11-13 and 18-23. Notably, Senate Bill 50A requires certain standards of care in providing medical

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care to injured workers. Your contract with Coventry, however, remains the same.

WC52 -SECTION B

- 13. The payer or delegated entity shall identify those physician & ancillary providers who require training on the provisions of workers' compensation medical services and shall provide and document the staff training and education program (59A-23.009(2) (a) (b), F.A.C.).**

All providers that provide medical services for ill/injured workers must be certified. This also includes the following "Ancillary" providers: PTs, OTs, DCs, Acupuncturists, Naturopaths, Psychologists, Dentists (general and maxillofacial), Home Health providers, etc. (Note - Facilities are "exempt" from the certification requirements. Facilities are required to meet their specific facility type licensing and credentialing directives)

WC 55 - PROVIDER NETWORK

- A. The WCMCA shall be authorized to operate within a defined geographic service area which may be a single or multiple counties. Each county requested for authorization by the payer or its contracted entity will be reviewed for compliance with minimum provider network requirements (see AHCA Form # 3160-0005) and compliance with the 30/60 minute travel time access requirements for medical services.**

- i. Average travel time in a geographic services area boundary to the nearest general acute care hospital is no longer than 30 minutes under normal circumstances.**

Coventry has designed its MCA networks to support the 30-minute requirement for the General Acute Care Hospital. This is confirmed in its semi-annual submission to the State. Coventry's MCA program, Coventry Integrated Network, is certified in all 67 counties. In the event the state gave a waiver in the county, injured workers would be able to seek care outside of the network and the carrier or employer would agree to pay the provider's fee for service in conjunction with the Florida Provider Reimbursement manual.

- ii. Average travel time in a geographic service area boundary to the nearest specialty, ancillary services, specialty inpatient hospital services is no longer than 60 minutes under normal circumstances. The agency shall waive this requirement if the payer provides sufficient justification as to why the average travel time is not feasible or necessary in a particular geographic service area. 59A-23.003(7), F.A.C.**

Coventry has designed its network to support the 60-minute requirement for specialty, ancillary services and specialty inpatient hospital services. This is confirmed in its semiannual submission to the State and the state's response

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letter. The Coventry Integrated Network is certified in all 67 counties. In the event the state gave a waiver in the county, injured workers would be able to seek care outside of the network and the carrier or employer would agree to pay the provider's fee for service in conjunction with the Florida Provider Reimbursement manual.

B. The WCMCA shall establish a policy and procedure regarding timely access to services which shall address access times for emergency, urgent, and routine care including referral to specialty services and which reflects usual and customary practices in the community. 440.134(5)

I. Emergency care is available 24 hours a day and 7 days a week.

Coventry has contracted with Hospitals and urgent care centers to make services available 24/7. Additionally, within the Injured Worker's Employee Notice, injured workers are instructed to seek emergency treatment whenever necessary, including after hours.

II. All required medical services are available and accessible;

The Coventry Integrated Network is certified in all 67 counties. In some counties, the State has waived certain specialties because it is not available. In these circumstances the injured worker may go outside the network and the carrier/employer has agreed to pay the provider's fee for services in conjunction with the Florida Provider Reimbursement Manual.

III. Appropriate referrals are provided within the network;

Providers are contractually required to refer in network.

C. There are written agreements describing specific responsibilities for provision of medical services. If the MCA's responsibilities for the provision of medical services are to be performed by another entity, then that arrangement must be documented in a written agreement.

Coventry holds written agreements with its providers that define the responsibilities of the Florida MCA. In addition, providers can access 24/7 the Provider Reference Manual, that define the provider's responsibilities, that can be accessed by either of the websites located at the bottom of this page. Copies of Coventry agreements (e.g. Coventry, First Health and Focus) have been submitted and approved by the State.

The MCA also sends the injured worker communication within the Injured Worker Employee Notice that defines the roles and responsibilities under the MCA. A section of this Notice lists the services that require prior authorization and approval. Copies of this communication have been submitted and approved by the State.

Coventry contracts with its customers including carriers, third-party administrators, self-insured employers and other managed care entities. Copies of all agreements

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have been submitted and approved by the State.

- D. In the case of covered services, there are written agreements with providers prohibiting such providers from billing or otherwise seeking reimbursement from or recourse against any injured employee. 440.134(5), F.S.**

Coventry's contracts with its MCA providers include a provision which prohibits billing or otherwise seeking reimbursement from or recourse against any injured employee. Copies of these agreements have been submitted and approved by the State.

- E. An updated list of providers must be filed with the agency at least semi annually. 440.134(13), F.S. The WCMCA shall file an updated Provider Network directory listing by county by specialty with the Agency by January 1st and July 1st of each year in the state mandated format.**

Coventry files semi-annually with the State the necessary documentation to demonstrate adequate access by county and specialty. Upon approval, Coventry delivers the information and approval letters to its customers.

- F. The payer is responsible for the performance of all functions associated with the delivery of compensable medical services to injured workers under section 440.134, F.S., regardless of whether these functions have been delegated via contract to other entities. If functions of the WCMCA have been delegated by the payer to other entities, the WCMCA shall specify in contract the oversight and reporting requirements for monitoring the performance of these delegated functions. Reports of subcontractors shall be evaluated at least quarterly, and the findings incorporated into the MCA's quality assurance program.**

A copy of the credentialing policies and procedures has been filed and approved by the State. Copies of the credentialing policies and procedures are available upon request.

WC 56 - CREDENTIALING

- A. Initial credentialing of all providers contracted to deliver patient care and evidence of an ongoing credentialing process that is implemented at least every two (2) years; 59A23.004(3)(b). F.A.C. AHCA ("Agency") in February 2009 waived for all approved MCA's the 2 year requirement to 3 years for the MCA's WC providers. The WCMCA shall have policy and procedure and implement a process for credentialing and re-credentialing network providers at least every three years. The credentialing criteria shall be specified in policy and shall include verification of education of appropriate providers as required by 440.134(8), F.S. The re-credentialing process shall incorporate quality assurance findings and complaints and grievances regarding individual providers.**

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Coventry has credentialing providers participating in the FL MCA. Recredentialing of workers' compensation providers in Florida occurs at a minimum every 3 years. Credentialing policies are available upon request. The process includes but is not limited to: Primary verification of licenses, DEA, malpractice insurance, education of appropriate providers and review of quality improvement findings and complaints and grievances.

- B. Evidence that appropriate health care providers and administrative staff of the payer's workers' compensation managed care arrangement have received training and education on the provisions of chapter 440 and the administrative rules that govern the provision of remedial treatment, care, and attendance of injured workers. 440.134(8), F.S.**

Coventry has made its Provider Reference Manual available to all providers as part of the education process for providers to define their role and responsibilities under the Florida MCA. This manual is available 24/7 via the websites listed below.

Coventry also supplies its customers with training materials about the Florida MCA. Copies of these training materials have been submitted and approved by the State. More information about training is found on page 7.

- C. If the WCMCA delegates all or part of the credentialing process to other organizations, the WCMCA shall specify the responsibilities of the contracted entity and reporting requirements in the delegated credentialing agreement and shall perform oversight of the delegated activities at least annually.**

Reports on credentialing are reviewed quarterly within the Florida MCA QI meeting. Clients, as the certified entity, have delegated the credentialing process to Coventry. FL MCA QI meeting minutes are distributed to Coventry Florida MCA customers quarterly to support oversight.

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Key Florida MCA Program Elements

Below is important information for the provider to assist in understanding the role and responsibility under the FL MCA and about participation in the Coventry Integrated Network

BACKGROUND

Coventry's MCA is enacted by Section 440.134 Florida Statutes to assist workers' compensation payers in controlling health care costs while maintaining quality medical standards. Network providers are qualified health care professionals who have met stringent credentialing standards and are approved to participate in the Florida MCA. The Florida MCA increases the potential for channeling patients to your practice because worker's compensation insureds must see a network provider to receive maximum benefits.

The Florida MCA Legislation is a voluntary program for employers or their payers, who provide workers' compensation. The Florida MCA requires certification by the state which we received in January 1997. Additionally, the Florida issued the Health Care Provider Certification Rule, which became effective March 14, 1995. State law requires that all physicians providing workers' compensation medical services must be certified and educated on the Program in order to provide these services and be eligible for payment.

On July 15, 2003, Gov. Bush of Florida signed into law Senate Bill 50A. The new law became effective on October 1, 2003. Amendments to Fla. Stat. § 440.13 emphasizes the use of practice guidelines/parameters and protocols as adopted by the U.S. Agency for Healthcare Research and Quality in effect as of January 1, 2003. (U.S. Agency for Healthcare Research and Quality will henceforth be referred to as AHRQ.). In 2007, AHCA ("Agency") made an internal process change in 2007 that allowed Managed Care Arrangements (MCA) to waive the mandated 2 year credentialing and recredentialing requirements to 3 years for WC providers as long as they are NCQA, JACHO and URAC accredited. And in February 2009, the Agency expanded the waiver to include all MCA's, regardless of accreditation status, to waive the 2 year requirements. In addition, the Agency determined that an MCA is not required to mandate WC provider certification or is required to retain proof of WC certification in provider files. But still require such practice to be embedded in MCA's credentialing and recredentialing policy and procedures.

MCA CERTIFICATION

The carrier or self-insured employer must become the FL MCA certified entity. Coventry offers two types of services under the FL MCA:

- **Fully Bundled** - The carrier or self-insured employer is the certified entity and uses Coventry's approved "Plan of Operations" to support the required components of the FL MCA.
- **Network Only** - The carrier or self-insured employer is the certified entity and solely

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uses the Coventry Integrated Network for their program. All other elements of the FL MCA Plan of Operations are supported by the certified entity or its selected vendors.

For a comprehensive list of certified FL MCA customers using the Coventry Integrated Network for their certified program, go to the Coventry website noted below. Select Provider Services and look at the specific FL page for a list of Coventry FL MCA customers.

NETWORK APPROVAL

Coventry's MCA is currently certified in all 67 counties. Some counties have provider specialties that are not available and where the state has granted an exception/waiver. Injured Workers may seek care with non-network providers when the State has approved county or specialty waivers. The carrier agrees in these circumstances to approve care with these non-network providers and pay services at the Provider's fee for services in conjunction with the Florida Fee for Service Reimbursement Manual.

REFERRAL MANAGEMENT

Per Florida state law, providers must obtain prior approval from the carrier to refer a injured worker to another primary care physician (PCP) or specialty care provider. Our payers, in conjunction with state law, mandate that before treatment, the following services need prior authorization:

- Referral to another primary care physician (PCP) or specialist
- Admission to a hospital (acute rehabilitation Coventry contract hospital)
- Surgery
- Ancillary care (except for routine laboratory and x-rays)
- Attendant Care: Under Senate Bill 50A, attendant care is only available with a written prescription from the physician. Such prescriptions must outline time periods for the attendant care, level of required and type of assistance required. SB 50A also outlines reimbursement for family members providing attendant care.

Some payers require that all services be certified through their utilization management (UM) program prior to treatment. Please refer to your Comprehensive Client List to contact the payer directly with questions regarding utilization management certification.

Once you see an injured worker, please be sure to immediately call the referral telephone number for each individual MCA payer noted in your Comprehensive Client List (use the number in the UM/pre-certification column) or the Employee Notice. This will assist you with program compliance.

**Remember: All referrals should be made to other Coventry Florida MCA contracted providers whenever possible. Coventry Florida MCA directory can be accessed*

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Key Florida MCA Program Elements

through our website www.coventrywcs.com

CASE MANAGEMENT

When injuries or illnesses occur, a Case Manager may be assigned. The Case Manager's role will be to work with all parties to assist in the coordination of the medical and return-to-work challenges presented by the participants.

MEDICAL CHART & PEER REVIEW AUDITS

As an approved FL MCA Plan of Operations, Coventry is required to conduct Medical Chart & Peer Review Audits to confirm providers are adhering to State required Treatment standards and Practice Guidelines. Coventry randomly selects FL Network providers who have rendered services to injured workers during the last year. Coventry requests their medical records in order to conduct an audit of the documentation. Once received, Coventry's Quality Improvement medical staff audits the charts for compliance. Findings are communicated to the Coventry FL MCA Quality Improvement Committee and Corporate Workers' Comp Quality Improvement Committee. Coventry sends educational letters to the providers advising them of the missing components. Depending on the severity of the missing component, Coventry may submit the medical records for peer review by a medical director. Providers are notified either in writing or telephonically of adverse peer review findings outlining needed corrective action.

It is important to check your Medical Charts. Coventry has found over the last 10 years that providers frequently miss the following:

- Sending timely reports to payers
- keeping medical notations consistent from one record to another
- Checking Medical Records to make sure key elements are completed
- Documenting known allergies or checking for drug interactions

REQUESTS FOR PRE- PAYMENT

It is important to note that requests for prepayment are not appropriate in Florida. Most of the billing codes are defined under the FL Reimbursement Manual. In addition, the FL WC health care delivery system requires a provider to bill rendered services for reimbursement as defined under section 440.13(3) and (4), Florida Statutes. Specifically, providers may not, due to nonpayment of moneys by the MCA, insolvency of the MCA, or breach of the agreement, bill, charge, collect a deposit, seek compensation, remuneration, or reimbursement from, or have any recourse against the subscriber, dependent of subscriber, enrollee, or any persons acting on their behalf, for services provided in the treatment of a workers' compensation illness or injury.

Providers may be subject to fines or penalties as described under Florida Rule FL 69L-34.001 for non-compliance with the Workers' Compensation Act and Division rules for:

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Key Florida MCA Program Elements

- Failing to submit medical records and reports;
- Failing to refund an overpayment of reimbursement;
- Collecting or receiving payment from an injured worker in violation of the Workers' Compensation Act;
- Failing to follow standards of care, including overutilization of services; or
- Failing to properly bill medical services which means failing to comply with the Division's billing and reporting requirements and the applicable reimbursement manual(s).

****Note** - Recommending treatment that would constitute overutilization, in and of itself, is not an instance of overutilization.

PRIMARY CARE PROVIDERS

Primary Care Providers (PCP) manage the overall treatment plan of the injured workers. PCPs are defined as practicing in at least one of the following disciplines:

- **MEDICAL CARE COORDINATOR (MCC)**

The Medical Care Coordinator (MCC) must be a primary care physician. Section 440.134, states "Medical Care Coordinator means a primary care provider within a provider network who is responsible for managing the medical care of an injured worker. A medical care coordinator shall be a physician licensed under chapter 458 or an osteopath licensed under chapter 459. Those physician types licensed under chapter 458 or chapter 459, F.S., which are allowed by the agency to be primary care providers may also be designated as a Medical Care Coordinator."

The MCC's role includes facilitating referral authorizations for evaluation and/or treatment provided by other health care professionals/facilities. MCCs are also responsible for responding to requests for disability ratings. Other key qualifications are that they participate in the Coventry Integrated Network and have either M.D. or D.O. credentials (physician specialties other than Family Practice, General Practice or Internal Medicine may be utilized as an MCC based on the individual treatment needs of the injured worker). Licensed chiropractors and podiatrists can also be 'medical care coordinators as of October 1, 2003. (SB50A amended Fla. Stat. § 440.134).

In some instances, the MCC may also be the Primary Care Physician that initially treats the injured worker.

- **PRIMARY CARE PHYSICIAN**

A Primary Care Physician (PCP) is defined as being the initial treating physician. The PCP is responsible for the continued care of injured workers once specialist services have been completed. PCPs include the following specialty types: Internal Medicine, Family/General Practice, Chiropractic Medicine, Occupational Medicine

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Key Florida MCA Program Elements

and Urgent Care. (Other specialty physicians may be designated as PCPs based on the individual needs of the injured worker).

• CHIROPRACTOR TREATMENT

Chiropractic treatment limits were increased to 24 treatments (up from 18) or rendered 12 weeks (up from 8 weeks), whichever comes first. (SB50A amended Fla. Stat. § 440.134).

MEDICAL RECORD STANDARD

Maintaining medical records should be handled in a manner consistent with professional medical record-keeping guidelines. This means that patient records are legible, complete, accurate, and easily retrievable. Additionally, the handling of these records should be done in such a manner to protect the confidentiality of the patient. Whenever possible and if requested, providers must provide patient data electronically to the State.

Medical records should include significant procedures, past and current diagnosis, and patient demographics (i.e. patient name, employer name, date of birth, etc). Additionally, documentation for each visit should include the following:

- Chief complaint
- Therapies administered/prescribed
- Providers signature/initials/
- Objective findings of Practitioner
- Studies Ordered (i.e. labs, x-rays)
- Diagnosis or Medical Impressions
- Name and profession of practitioner

PRACTICE GUIDELINES

Florida statutes § 440.13 emphasizes the use of practice guidelines/parameters and protocols as adopted by the U.S. Agency for Healthcare Research and Quality in effect as of January 1, 2003. (U.S. Agency for Healthcare Research and Quality will henceforth be referred to as AHRQ.)

Referrals to specialists must be consistent with practice parameters. Compliance with practice parameters is an explicit objective of utilization review and provider audits. Providers that deviate from practice parameters risk their authorization from the state to treat injured workers. Carriers have an obligation to report to AHCA any determination it makes that treatment provided is “in excess of” adopted practice parameters. The AHRQ maintains a clearinghouse of practice protocols at www.guidelines.gov.

CHANGE OF PROVIDERS

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Key Florida MCA Program Elements

An injured worker is allowed one change to another provider within the same specialty and provider network as the authorized treating physician during the course of treatment in a work related injury.

CONTINUITY OF CARE

All continuing care must be received from the same Primary Care Network provider that supplied initial covered services, except when services from another provider are authorized by the medical care coordinator.

OUT OF NETWORK REFERRALS

An injured worker may see a non-network provider under the following circumstances:

- For any emergencies;
- When services from another provider are authorized by the MCC;
- When authorized by the carrier prior to the treatment date;
- When the state has waived county or specialty access.

Under these circumstances, the carrier will pay the provider's fee for services according to the FL Fee Reimbursement Manual.

REQUESTS FOR INDEPENDENT MEDICAL EXAMS (IME)

Under 440.13(5), an injured worker may have one IME per accident. Costs for the IME will be paid by the carrier if performed by a physician in the Network. Otherwise, such costs shall be paid in accordance with 440.13(5). An IME requested by a claimant and paid for by the carrier shall constitute the claimant's one IME per accident.

TRAINING & EDUCATION

As part of the FL MCA program, the MCA is required to present training and education to staff, providers and injured workers. Coventry accomplishes this in multiple ways:

- **PROVIDERS:**

Coventry supplies this Reference Manual at the time of joining the Network and via the website at www.coventrywcs.com to define how the MCA program works. In addition, Coventry sends provider communications periodically about changes in the program or other key items that affect providers. Finally, Coventry has staff within WC Provider Services and Network Operations who are responsible for managing the daily activities with providers including support for contractual questions, assistance with understanding the program and assistance with resolving issues pertaining to the program, clients or reimbursement.

- **CLIENTS:**

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Key Florida MCA Program Elements

Coventry supplies prospective and current clients with educational materials about how the FL MCA program works via a presentation, implementation meeting and client bulletins. Samples of these materials are available upon request.

- **INJURED WORKERS:**

Carriers and employers supply communication to employees at the time an employer joins the FL MCA and an Employee Notice to injured workers at the time of injury to assist the injured worker in understanding the roles and responsibilities of the FL MCA. Samples of these materials are available upon request.

- **COVENTRY EMPLOYEES:**

Educational materials about how the FL MCA program works are reviewed with Coventry employees within Network Operations, Provider Services, Client Services, Clinical Management (TCM/UM), Quality Improvement (QI), Credentialing, Network Management, Compliancy, Legal, MCO Product Development and any other department responsible for managing the daily activities with injured workers, providers, and clients.

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Complaints & Grievances

COMPLAINTS AND OTHER ISSUES

Complaints are defined by the State as any dissatisfaction concerning the MCA, initiated by, about or on behalf of an injured worker's medical care as defined under Section 440.134. Coventry reviews and resolves complaints within 10 days of receipt of the complaint, unless all affected parties, including but not limited to, the injured worker, complainant (if other than the injured worker), provider and the certified/delegated entity mutually agree to an extension. Written notification is provided to all affected parties of the right to file a grievance when a complaint remains unresolved more than 10 calendars days after receipt.

All other issues (not involving the injured worker) are not classified as a complaint. Coventry will receive and resolve these issues within 30 days.

WRITTEN GRIEVANCE (REQUIREMENTS & PROCESS)

Coventry's Grievance Procedure is available to any participating provider, injured worker, carrier, or third-party administrator ("TPA"). Below is a summary of the requirements for filing a grievance. A copy of the full policy and procedure for grievances is available upon request.

Coventry will address employer and employee grievances as applicable to Coventry and when appropriate, assist in redirecting the inquiry to the certified MCA.

Pursuant to the state's definition of a grievance, Coventry does not consider the following items as grievances:

- Indemnity benefits;
- Vocational benefits;
- Maximum medical improvement;
- Impairment;
- Medical mileage reimbursement;
- Provider payments;
- Attorney's costs and fees;
- Compensability;
- Causation.

If a provider wishes to file a grievance, the provider must complete the grievance form (AHCA Form 3160-0019). Upon request, Coventry will provide this AHCA Form 3160-0019 within 7 days. Providers should send the form directly to the certified FL MCA entity.

For grievances involving the Coventry FL MCA program or the Coventry Integrated Network, send the grievance form to Coventry Grievance Coordinator, Quality

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Complaints & Grievances

Improvement, 3200 Highland Ave., Downers Grove, IL 60515.

Coventry's Grievance Coordinator is accessible by calling 800-262-6122. The toll-free telephone number provides reasonable access to the Grievance Coordinator without undue delays. This telephone number is routinely provided to the provider/carrier/TPA via Client Communication. Providers are given this information through Provider Updates, Provider Manuals, and through any written correspondence regarding the grievance.

Written grievances will be resolved within the following time frames:¹

- **Expedited Grievances** – An expedited grievance procedure is available to any participating provider, carrier, or TPA. Coventry will resolve urgent grievances within 3 calendar days of receipt. Coventry defines an urgent grievance as a matter where the injured employee's clinical condition requires a response within 72 hours, and the clinical condition is at significant risk of deterioration if a response is not made within that timeframe. A grievance initiator will be considered to have exhausted all managed care grievance procedures after 3 days from receipt.
- **Standard Grievances** – For standard grievances, there will be a consultation with the appropriate parties and Coventry will render a determination on the grievance within the 14 allotted calendar days of initial receipt of the grievance.

For determinations not in favor of the aggrieved party, the grievance coordinator will advise the aggrieved party that the issue will be sent to the grievance committee unless withdrawn in writing by the griever. This Grievance Committee is composed of three individuals, including a physician who is licensed in Florida and has professional expertise relevant to the issue. The committee must render a decision within 30 days, unless all parties mutually agree to an extension and documents that communication in writing.

If the grievance involves collection of additional information outside the service area, an additional 14 calendar days will be allowed to render a determination. Coventry will notify the griever of the need for additional information in writing within 7 days of receipt of the grievance by the Grievance Committee.

If supportive documentation is not received from the griever within the required timeframe, Coventry will terminate the grievance. The grievance can be reopened should the supportive documentation become available. Providers who are non-responsive to requests for information within the grievance process are removed from the network.

¹ This period may be extended if delays occur as a result of Coventry's inability to obtain appropriate documents or records necessary to reach a decision on the grievance; or by written agreement between Coventry and the griever.

**For any questions regarding the MCA program, please see Coventry WC website
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Complaints & Grievances

The griever will be considered to have exhausted all managed care grievance procedures if a determination has not been rendered within the required timeframe or other timeframe, as agreed to the parties in writing.

A full copy of the grievance procedure and a copy of the Grievance Form are available upon request by calling Coventry's Grievance Coordinator noted above or Coventry's toll-free Provider Services number noted below.

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Frequently Asked Questions (FAQs)

What is the FL Workers' Compensation Managed Care Arrangement (MCA)?

Florida's MCA is enacted by Section 440.134 Florida Statutes to assist workers' compensation payers in controlling health care costs while maintaining quality medical standards. Network providers meet stringent quality criteria and are qualified health care professionals. The Florida MCA increases the potential for channeling patients to your practice because workers' compensation insureds must see a network provider to receive maximum benefits.

Am I a participating provider in the FL MCA?

Yes. As a contracted Coventry provider, you are part of the MCA because you have agreed to serve workers' compensation patients.

Is the FL MCA Currently Active?

Yes. In your Comprehensive Client List you will receive notice of which clients are effective. Currently, the Coventry Integrated Network is approved in all 67 counties.

Is certification required to treat workers' compensation injured workers under the FL MCA?

Yes. The state of Florida issued the health provider Certification Rule (440.13(1), F.S.), which became effective March 14, 1995. This rule establishes the process whereby health care providers are educated and informed about the Florida MCA in order to receive payment for treating work-injured employees.

In relation to my current contract with Coventry, what will I need to do differently for insureds participating in the FL MCA?

The only difference is that you must call a toll-free referral line whenever referring an insured patient of an MCA payer to another provider.

What are the services that require approval or precertification for care or referrals to specialists?

Per Florida state law, you must obtain prior approval if you need to refer a patient to another PCP or specialty care provider. Our payers, in conjunction with state law, mandate that the following services require prior authorization:*

- Referral to a specialist or new PCP
- Admission to a hospital (acute or rehabilitation contract hospital)
- Surgery
- Ancillary care (except for routine laboratory and x-rays)
- Attendant Care: Under Senate Bill 50A, attendant care is only available with a written prescription from the physician. Such prescriptions must outline time periods for the attendant care, level of required and type of assistance required. SB 50A also outlines reimbursement for family members providing attendant care.

**Some payers require that all services be certified through their utilization management program prior to treatment. Please contact the payer directly with*

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Frequently Asked Questions (FAQs)

questions regarding Utilization Management certification of services.

Our MCA payers require that injured workers use primary care physicians in the Coventry Integrated Network. Once you see an injured worker, please be sure to immediately call the referral telephone number for each individual MCA payer noted in the Comprehensive Client List or the Employee Notice. This will confirm program compliance. During the call, you will be asked to provide information on the injured worker's current medical status, return-to-work status, and treatment plan.

What are my contractual requirements?

- Provide workers' compensation services with a return-to-work focus
- Accept the contract rate as payment in full
- Work with our clients' utilization management programs (call to initiate review after the patient's first visit and return utilization and medical management calls)
- Comply with requests for patient records
- Whenever possible, providers must provide patient data electronically to the State when requested.
- Refer to other network providers when available

What does it mean to provide care with a "Return-To-Work" focus?

All treatment proposed and rendered is focused on preparing the injured worker to return to productivity as soon as medically feasible. Treatment plans require active involvement of the provider, injured worker, employer, adjuster and case manager from initiation of treatment through release-to-work and/or settlement. Treatment plans should be practical and implementable. "Reasonable necessary medical care" must:

- Utilize a high intensity, short duration treatment
- Include treatment plan reassessment every 30 days; and
- Focus on treatment of specific clinical dysfunction and not be based on "nondescript diagnostic labels" (SB50A amended Fla. Stat. § 440.134).

Throughout the process, it should be emphasized to the injured worker that the intent of treatment is to allow them to return to the worksite in some capacity. This may include modified duty for a period of time, as soon as they are medically able to do so. Clear communication of the treatment plan, including anticipated time frames to all involved parties, is essential to reaching the treatment goals.

Are there requirements on how soon I will need to see an injured worker when they call for an appointment?

Since these injured workers often require your approval to return to work, please use your best efforts to schedule their initial and consecutive appointments within 48 hours of first contact. Additional lost-time wages and additional medical costs will be avoided by examining and returning a patient to work as soon as possible.

What is the definition and role of Medical Care Coordinator (MCC)?

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Frequently Asked Questions (FAQs)

- Manages the medical care of injured workers including referrals to other health care providers/facilities where the injured worker will be referred for evaluation or treatment.
- Primary Care Provider participating in the Coventry Integrated Network
- Physicians credentialed as M.D. or D.O.
- Physician Specialties other than Family Practice, General Practice and Internal Medicine may be utilized as an MCC based on the individual treatment needs of the injured worker
- Licensed chiropractors and podiatrists participating in the Coventry Integrated Network (SB50A amended Fla. Stat. § 440.134).
- Responds to request for disability ratings

What provider types are considered MCA Primary Care Physicians (PCPs) by Coventry?

Florida MCA PCP specialty types include: Internal Medicine, Family/General Practice, Occupational Medicine, Urgent Care Physicians/Facilities and Chiropractic Medicine, Other Specialty Physicians may be designated as PCPs based on individual treatment needs of the injured worker.

Does prior certification on medical services guarantee payment?

No, compensation remains within the sole discretion of the workers' compensation payer. However, lack of prior certification can result in non-payment for non-emergency services under the law.

Whom do I call with payment and bill submission questions?

Billing and bill submission information can be obtained by calling the injured worker's employer.

For AETNA related bill submission questions, direct your questions to AETNA at (800) 238-6288. Additional AETNA provider educational information can be found at their website:

<http://awca.aetna.com/AWCA/ihtAWCA/r.WSIHW000/st.36443/t.75943.html>

Where do I submit claims?

For the proper claims submission address, please contact the injured worker's employer.

What information do I need to submit with a claim?

In accordance with FAC Rule 69L-7.602, providers must submit office notes with each date of services billed (unless the carrier specifies otherwise). A complete report must be submitted within 15 days of the initial visit and within 21 days (upon a carrier's request) for all follow-up visits. This information is also located in the 2000 Florida Workers' Compensation Health Care Provider Fee for Service Reimbursement Manual.

How will the injured worker know how to find my practice?

For any questions regarding the MCA program, please see Coventry WC website
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Frequently Asked Questions (FAQs)

We work closely with our payers to produce employer educational materials, such as work-site posters, to help channel injured workers to your office. In most cases, an injured worker will receive an Employee Notice from their employer prior to seeking medical care.

Note: To ensure that our directory includes current demographic information regarding your medical practice, please contact your Provider Services Department 800 number listed at the bottom of this page to verify this information.

What are the benefits to participating?

While Florida's workers' compensation MCA is no longer mandated, providers participating in an MCA will benefit from increased patient channeling through:

- Referral management
- A select network of physicians providing workers' compensation services
- Injured worker education
- Employer referrals to network providers

When Should I contact Coventry's Provider Services?

Call Provider Services' toll-free number listed at the bottom of this page for issues concerning:

- Network participation status
- Patient identification
- Payment status
- Other administrative/program issues
- Provider reimbursement

(Please note: Selected contract interpretation issues, including contract rates, may be referred to our Florida Network Operations team for resolution.)

A WC Provider Services Specialist will obtain a description of the problem and gather necessary supporting documentation. Issues unresolved at the specialist level are reviewed by the WC Provider Services supervisor. The WC Provider Services supervisor will continue to clarify and define the scope of the problem and communicate the issues to affected departments within the company and the provider. The supervisor will also set and communicate expected resolution time-frames.

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AETNA (AWCA) Information

Whom do I call with AETNA contract questions?

AETNA related contract questions should be directed to:

1. If you have questions about the rate comparison process, please call 1-800-AETNA88 (2386288) or email AWCABillRepricing@Aetna.com or write to: Aetna, Inc. 151 Farmington Avenue Mail Stop RT 62, Hartford, CT 06156 Attention: Provider Relations Unit
2. If you have any other questions regarding Aetna/ AWCA in general, please call us at 1800-AETNA06 (238-6206) Additional **AETNA** provider educational information specific to Florida MCA can be found at their website:

<http://awca.aetna.com/AWCA/ihtAWCA/r.WSIHW000/st.36443/t.75943.html>

(While Coventry makes every effort to maintain accurate and up-to-date information, some information in this document is subject to change. Please check your Florida MCA Legislation requirements.)

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