



## **Important Notice to Coventry Health Care of Florida Participating providers through Health First Network Agreement**

Coventry Health Care of Florida (CHC) and Health First Network (HFN) mutually agreed to terminate the existing Agreement for commercial products effective December 31, 2011. A new agreement between CHC and HFN is effective January 1, 2012.

To help you understand how these important changes impact your office, we included Frequently Asked Questions (FAQ's) below:

### **1. What does this mean to HFN providers participating in CHC Commercial products?**

- Existing participating status will not change.
- HFN will continue to credential providers for Commercial products.
- Providers will have direct access to CHC network management staff including local or regional provider relations representatives. If you have questions or need assistance, please call 800-470-3555, select option 1, then select option 3.
- Providers will have access to the CHC provider website, [www.directprovider.com](http://www.directprovider.com). This website will allow you to verify eligibility, benefits, check claim status, and provides access to other important features and information. We encourage you to visit [www.directprovider.com](http://www.directprovider.com) to learn more about this service and enroll without delay. Please follow the online instructions for enrolling in this service.
- Providers will have direct access to CHC's Customer Service Operations (CSO). Your office may contact CSO for claim or member related questions by calling (800) 441-5501.

### **2. Where do providers file claims for medical services rendered to commercial members?**

- All claims for medical services rendered to commercial members on or after January 1, 2012 must be submitted for payment to:

Coventry Health Care  
P. O. Box 7807  
London, KY 40742

Electronic claim submission: Emdeon (WebMD/Envoy) Payor ID: 25133

- Claims received by Med3000 with dates of service rendered on or after January 1, 2012 will be returned to the provider via the electronic process for electronic submissions, or by regular mail for re-filing to CHC for paper claims. Med3000 will not transmit or forward your claims to CHC for processing.
- Providers may authorize electronic fund transfers for electronic claim payment of claims by submitting a completed Electronic Fund Transfer Authorization Form. Providers may also contact EDI Help Desk for additional information by calling 866-883-7623. If you choose to receive payment through EFT, the paper remittance advices will no longer be generated.

**3. How do providers submit Requests for Prior Authorizations for commercial members?**

- All requests for authorizations must be submitted to CHC via fax: (800) 528-2705  
Providers may also contact CHC's authorization department at: (800) 447-3725  
Please refer to the enclosed Prior Authorization Quick Guide for further information.
- PCPs will continue to refer members to network physicians for specialty care. An authorization is not required for a PCP to refer a member to a participating specialist.

**4. I am a specialist physician with members under active treatment. What do I need to do to ensure a seamless transition for patients under my care?**

- Review the enclosed authorization guidelines to ensure you have an appropriate CHC issued authorization on file. This is important to ensure proper payment of claims. Please fax your requests for authorization to: (800) 528-2705
- If your office currently has active HFN or Med3000 authorizations on file, please submit this information to the CHC authorization department using the enclosed Medical Prior Authorization Request form. Complete and fax the authorization request to: (800) 929-5842. Please include the authorization number issued by HFN or Med3000 in the Clinical information section.

**5. Where do I locate the forms or guides referenced in this document?**

- The most up to date forms are located on the provider portal at [www.directprovider.com](http://www.directprovider.com).
- Electronic Fund Transfer Authorization form is included with this correspondence.
- Medical Prior Authorization Request form is included with this correspondence.
- Prior Authorization Quick Guide is included with this correspondence. You may also access additional documents and information at [www.directprovider.com](http://www.directprovider.com).

**6. What does this mean for Florida Healthy Kids providers?**

- Existing participating status will not change for Florida Healthy Kids Products.
- All physician claims for physician services rendered to Healthy Kids enrolled under CHC will continue to be submitted to and processed by Med3000 on behalf of HFN.
- HFN will continue to credential providers on behalf of CHC for the Florida Healthy Kids product.
- Authorization requirements will not change.

**7. What is HFN's role under the new Agreement terms?**

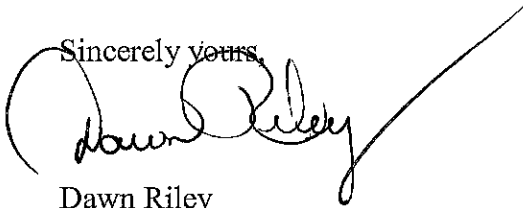
- Commercial Claims for dates of service on or after January 1, 2012, will no longer be processed through Med3000. Claims must be submitted to CHC for payment. HFN, through its contracted vendor, Med3000, will continue processing and paying commercial claims for physician services rendered on or before December 31, 2011.
- Authorizations for Commercial members will no longer be issued by HFN on or after January 1, 2012. All authorizations must be requested through CHC.

- HFN will continue contracting and credentialing providers for Commercial and Healthy Kids products.
- HFN and CHC may conduct joint or individual provider education, provider mailings, messaging, provider visits, or other initiatives.
- HFN will continue to support CHC with HEDIS, provider audits, and other important initiatives.

CHC and HFN look forward to continuing our relationship and serving your needs. We appreciate your continued support of our business relationship and your demonstrated support for members in the communities we serve. Please reach out to either CHC or HNF if you have any additional questions.

Thank you for your attention to this important matter.

Sincerely yours,

A handwritten signature in black ink that reads "Dawn Riley". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

Dawn Riley  
Director Provider Relations  
Coventry Health Care of Florida

cc: Med3000  
Charles Brewer, Health First Network, Inc.  
Marie Carpenter, V.P. Network Management Coventry Healthcare of Florida

**MEDICAL PRIOR AUTHORIZATION REQUEST**



Fax the completed form to: North Florida Market (800) 929-5842 & Central/South Florida Markets (800) 528-2705  
or call (888) 853-2629 for Summit/Advantra & (800) 447-3725 for Medicaid, Healthy Kids, Medicare, Commercial

<b>Priority:</b>	<input type="checkbox"/> Stat (24 hours) <input type="checkbox"/> Urgent Emergent (72 hours) <input type="checkbox"/> Routine Request (4-14 days)
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<b>Product:</b>	<input type="checkbox"/> Commercial/Individual <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Healthy Kids
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Provider Information	Patient Information
Name:	Name:
Address:	Member ID:
City, Zip Code:	DOB:
Phone:	Date of Request:
Fax: <i>(Required to process authorization)</i>	
Contact Person:	

**SERVICE REQUESTED: Fax Clinical / Plan of Treatment for Request**

Service Requested:	DOS:
Diagnosis:	*ICD - 9 Code(s): <i>(Required to process authorization)</i>
CPT Code(s): <i>(Required to process authorization)</i>	Phone Number:

Provider / Facility:

Address:

City, Zip Code:

Procedure:

Inpatient Surgery \_\_\_\_\_ Outpatient Surgery \_\_\_\_\_ Other \_\_\_\_\_

**CLINICAL INFORMATION WITH SUPPORTING DOCUMENT(S) *(Required to process authorization)***

Primary Care Physician Signature: \_\_\_\_\_

**SERVICE PROVIDER INSTRUCTIONS**

- All fields in form MUST be completed for your authorization to be processed
- Authorization is not a guarantee of payment
- Verify member eligibility and benefits prior to rendering service
- Submit claim to the address on the member's ID card
- Specialty network physicians should follow network guidelines

**AUTHORIZATION APPROVAL *(To be completed by the plan)***

Authorization #:	Date Issued:
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**Prior Authorization Quick Guide**

Applicable Products: Commercial/Medicaid/Medicare/Healthy Kids

Authorization information is also available on [www.directprovider.com](http://www.directprovider.com)

Health Services Fax Numbers: North Florida 800-929-5842 & Central/South Florida 800-528-2705

**Contact Numbers**

Prior Authorization (Summit & Advantra)	888-853-2629	Prior Authorization (Medicaid, Medicare, Commercial & Individual)	800-447-3725
Customer Service Medicare	800-847-3994	Provider Relations	800-470-3555
Customer Service Commercial	866-847-8235	Pharmacy Management Prior Authorization	866-847-8279
Customer Service Medicaid	800-441-5501	Mental Health & Substance Abuse	Refer to the back of the member ID Card

Service	Details	Comments
<b>Inpatient Admissions</b>	-Acute Care Hospitals -Acute Rehabilitation Hospitals -Long Term Acute Care Hospital -Skilled Nursing Facilities	Please contact Health Services via phone or fax 800-528-2705
<b>Observation</b>	-Acute Care Hospitals	Please contact Health Services via phone or fax 800-528-2705
<b>Hospital Outpatient Services</b>	-All services provided in outpatient hospital setting	Effective 8-1-2011 excludes mammography; colonoscopy; endoscopy; bone density; ileoscopy; sigmoidoscopy; proctosigmoidoscopy; heart catheterization; transvaginal ultrasound
<b>Ambulance</b>	-Transport (Non Emergent) -Air (Non Emergent)	
<b>Durable Medical Equipment (DME)</b>	-Power Mobility Devices -Custom Wheelchairs -Clinitron beds -Liquid Oxygen -Bone Growth Stimulator -Prosthetics & Orthotics	Purchases over \$500 and all rental equipment items except oxygen require authorizations. South Florida Market contact Florida Home Medical Equipment 888-914-2201 or fax 888-914-2202
<b>High Tech Imaging</b>	-CT/CTA/CTTA -MRI/MRA -PET -Nuclear Cardiology -ECHO Stress	National Imaging Associates, Inc 800-447-372 or <a href="http://www.radmd.com">www.radmd.com</a>
<b>Home Health Services</b>	-All Home Health Services -Including Therapy Services -Home vents -Home Infusion	Statewide contact Univeta 888-914-2201 & Specialty Infusion Services 954-217-6055 excluded Central Florida Please visit <a href="http://directprovider.com">directprovider.com</a> for service area details.
<b>Hospice Care</b>		For Commercial Members Only
<b>Drugs</b>	-Replacement -Home/Office	Statewide except Central Florida Market Contact icore 866-522-2469 or fax 866-522-2478
<b>Mental Health/Substance Abuse Services</b>	-Inpatient -Outpatient	Please refer to the back of the member ID card for the preferred mental health vendor
<b>Pain Management</b>		All Pain Management services require authorization including evaluations
<b>Rehabilitation Therapy</b>	-Physical Therapy -Occupational Therapy -Speech Therapy	South Florida Market please contact SFMSC at 954-791-9391
<b>Sleep Studies</b>		
<b>Transplants</b>	-Evaluations and Transplant	
<b>Wound Care Centers</b>	-Wound Care (Non Emergent) -Wound Care Vacs -Hyberbaric Treatments	
<b>Other Services</b>	-Oral Surgery -Reproductive Endocrinology -Automatic Implantable Cardioverter Defibrillator -Enhanced External Counter Pulsation -Extracorporeal Shock Wave Therapy/Orthotripsy -Laparoscopic Hysterectomy -Manipulation under Anesthesia -Neuropsychology -Spinal Fusion -Uvulopalatopharyngoplasty	
<b>Other Procedures</b>	-Genetic Testing -Cosmetic Surgery -Experimental/Investigational Services -Devices -Drugs -Blepharoplasty -Sclerotherapy for Varicose Veins -Removal of Keloid/Lipomas -Gastric Bypass/Banding -Panniculectomy/Abdominoplasty -Rhinoplasty/Septoplasty	Benefit limitations may still apply please contact customer service to confirm coverage details
<b>Non Participating Providers</b>		Please contact Health Services via phone

**COMMERCIAL MEMBERS:** If a POS or PPO members do not obtain a prior authorization, the amount covered by Coventry Health Care of Florida may be reduced depending on the member's specific health benefit plan

**IMPORTANT:** Members should refer to their Summary of Benefits or Evidence/Certificate of Coverage for information regarding their covered health care services.



**ELECTRONIC FUND TRANSFER  
AUTHORIZATION FORM**

Please return to the address below:  
Coventry Health Care, Inc.  
Attn: PC&I-EST  
PO Box 67103  
Harrisburg, PA 17106-7103

Request Type:  New Provider     Update to Existing Provider EFT Information

The undersigned health care provider ("Provider") hereby: (1) authorizes Coventry Health Care, Inc. and its affiliates ("Coventry") to make payments for Provider's services by Electronic Fund Transfer (EFT), (2) certifies that Provider has selected the following depository institution, and (3) directs that all such EFT payments be made as provided below. (4) **Provider also acknowledges and agrees that by completing this form, Provider will no longer receive paper remittance advices by mail rather Provider will obtain the remittance advices on Coventry's provider portal [www.directprovider.com](http://www.directprovider.com).**

Provider Name: \_\_\_\_\_

Provider's Tax ID: \_\_\_\_\_ Provider's Group NPI #: \_\_\_\_\_

Provider Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

Depository Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Type:     Checking     Savings    (must choose one)

This Authorization will remain in effect until Coventry receives notification of termination from Provider. Provider will give thirty (30) days advance notice in writing to Coventry Health Care, Inc. of termination or any changes in its depository institution or other payment instructions. When properly executed, this Authorization will become effective thirty (30) days after its receipt by Coventry Health Care, Inc. Coventry reserves the right to recall an incorrect EFT transaction within 5 days.

Before submitting this Authorization form, Provider should check with its banking institution to verify that it will be able to receive Automated Clearing House (ACH) transactions and if there are any associated fees for this service. To ensure the correct banking information is entered into our system, **please enclose a voided check, deposit slip, or letter from your banking institution indicating the appropriate account and financial institution routing numbers.**

The undersigned person represents and warrants that he/she is authorized to execute this form on behalf of the Provider.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_