## What is the difference between the Coventry Medical Provider Network and other networks available to us?

We believe the most critical component to the success of our California Medical Provider Network (MPN) will be that we have built the network with providers that have experience in occupational medicine and that have consistently produced successful claim results. Coventry has 20 years of experience in managing a network of providers that treat workplace injuries. They select and manage their network physicians by researching the physicians' experience and treatment results. Coventry's outcomes have been independently validated using empirical data, and they will build and manage our network based on that experience.

## Describe the composition of the MPN. How many providers and what counties are adequately represented for the 75% – 25% MPN requirement?

Coventry used the Health Care Organization (HCO) certification requirements as a guide in building the MPN. These guidelines approach geographic distribution by zip code rather than by county. According to these guidelines, Coventry has been certified in 2,604 of approximately 2,950 potential CA zip codes, representing a large percentage of the workforce population and 99.9% of the locations where our bill review claims were treated in 2003 and year-to-date 2004. As it relates to the composition of the MPN, we currently anticipate that the specialists in the network will meet the 25% requirement.

## How did Coventry select the specific providers it has included in the MPN?

Primary care providers were included based on a number of factors. The Coventry Medical Centers and the Expanded Medical Center Network locations were included because the treatment protocols they employ have been determined through empirical data to produce successful claim results. Coventry has included other physicians because of their experience with occupational medicine, their geographical location and their experience treating the injuries of our customers' employees.

## Will we need to add our company physicians to the network? If the company physicians are not in the network, will the employer lose medical control?

While the Administrative Director has not specifically addressed this issue, it is likely that any physician that the company wants to use can be included in the MPN. Thus, at this time, we believe we may consider including company physicians, if requested.

## How does Coventry plan to manage statutory caps of services?

The limit of 24 chiropractic, physical therapy and occupational therapy visits is automated in Coventry's bill review system. In addition, we believe customers will want to perform utilization review on certain types of claims where extended treatment would be involved.

## Does Coventry plan to revise the current network to either add or eliminate providers? If so, what criteria will be used and what is the timeframe for these revisions?

Coventry is open to revising their network, either to add or eliminate providers, in order to meet the specific needs of our customers. Providers in the Medical Provider Network who are not meeting treatment standards can and will be removed from the network.

## Describe the process to nominate or recommend providers to the Medical Provider Network.

Providers can be nominated via the Web site link: http://www.talispoint.com/cna/campn. These recommendations are screened separately based on healthy network concepts, Medical Provider Network certification requirements, available profiling data, and other factors before contacting the physician for potential inclusion in the Medical Provider Network.

## Is it possible to customize a network for a specific large employer?

Due to state regulatory and administrative requirements, we will not at this time offer customized MPNs for our larger employers.

## How do you plan to provide specialty physician coverage to our employees?

Coventry was required to substantiate its specialty physician coverage in order to receive HCO certification in each zip code. Among the specialties required were chiropractics, orthopedics, psychiatry/psychology and neurology. Coventry will use particular specialists in each of these groups to provide specialty coverage. In addition, Coventry is paying particular attention to those specialists that our primary care physicians utilize in the process of rendering care. In addition to these specialties, Coventry will also have other specialties included in our network that are required for other types of injuries, including cardiologists, radiologists, immunologists, etc.

## Any recommendations as to how we can make certain that an employee chooses a provider from the MPN?

Yes. The most critical element in controlling which provider an employee visits is educating the employee to make sure that he/she goes to the provider that the employer has chosen for the initial visit. Beyond the initial visit, ensure that the employer has access to the MPN Web site (or appropriate direction of care tools), and that the employee also has access to a copy of the network of physicians from which they can choose.

## We have several clients who are integrated healthcare delivery systems or hospital groups. Can these clients continue to treat their employees in-house? What about using a Nurse Practitioner in lieu of a physician for treatment? What about client-contracted physicians? Is this a conflict?

The regulations define "provider" as a "physician," which is defined separately under California labor law. Thus, a Nurse Practitioner cannot be used in lieu of a physician for treatment within the MPN. Client-owned hospitals and contracted physicians/physician groups will need to be added to the Medical Provider Network and contracted with FOCUS.

## How do you assure compliance and measure effectiveness of AMA/ACOEM guidelines?

All of Coventry's Medical Centers and Expanded Medical Center Network locations have a copy of the ACOEM Guidelines and will be receiving a copy of the AMA Guidelines. Coventry has begun a regular and active program of physician training that will be ongoing at these locations. Coventry is also notifying its other MPN providers of the requirement to follow ACOEM. Individual provider monitoring will be addressed by specific Utilization Review programs provided for under SB228, and through other case management or provider intervention programs.

## Has Coventry made comparisons with other clients to determine best/worst practice scenarios?

Coventry has performed client-specific studies to validate the outcomes derived from practice patterns as compared to those of other physician practice organizations. Under SB899, they believe this is an even more critical component in the overall injury management process.

## Does Coventry have any compensation arrangements with network providers based upon reducing, delaying or denying medical treatment?

No, they do not.

## How will Coventry providers identify potential opportunities for apportionment?

In the course of care, treating physicians investigate for evidence of pre-existing and other conditions that might affect the outcome, particularly disability. This begins with the initial interview and documentation of medical history. During this process, documentation of any such condition becomes even more important in order to address apportionment inquiries.

## Will CNA be able to offer an Internet site for clients to produce MPN worksite posters?

This is currently available through our Web site link: http://www.talispoint.com/cna/campn which is customized for the California MPN. Customers can produce worksite posters directly and print them in their own offices.

## Will CNA provide communication and/or an implementation plan for us?

CNA has included the required elements of the MPN application and the parties responsible for those elements in their internal workflow and procedures. CNA will provide the required educational materials to each employer and, as necessary, will work with you in the development of an implementation plan. These materials are available at http://www.cna.com/claims/campn.

## Will the broad-based network be available in a secondary position for those claimants already treating?

Yes. We will segregate claims based on dates of injury.

## Will we deny payment for treatment rendered outside the approved MPN?

We believe this is the intention of SB899, but this will need to be addressed by the Administrative Director and the WCAB.

## If an employer does not get the injured employee to an MPN physician for the first visit, do they lose the ability to direct care for the life of the claim?

No, you still have medical control for the first 30 days. After 30 days you will lose medical control unless the medical treatment is transferred into the MPN. At any point in time (even after 30 days), an employee's care can be transferred into the MPN on a case by case basis unless it meets pre-established criteria which indicates the care cannot be transferred into the MPN.

## If a worker lives in a state adjacent to California, but the worksite is in California, can we direct that worker to a provider in the MPN?

The MPN regulations currently state that the Primary Care Provider must be either 15 miles OR 30 minutes from the employee's workplace OR home. As such, the Primary Care Provider should be in general proximity to the work location. Thus, since the MPN does not include providers outside the state, the focal point for workers who live outside California would be proximity to the workplace.





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