



## HealthPartners Worksite Health Workers' Compensation Program FAQ

### **Provider Reimbursement**

#### **Q. What are the reimbursement rates for this Workers' Compensation Product?**

A. Provider reimbursement is 100 percent of the fee schedule amounts established by the Minnesota Department of Labor and Industry (DOLI).

Fee schedule amounts are determined based on the application of a conversion factor and Relative Value Unit (RVU) as defined by the state. The following is a sample calculation based on a June 1, 2010 date of service in Minnesota:

	Conversion Factor	x	Relative Value Units	=	Allowed Amount
99212	\$58.78		.73		\$42.89
98940	\$58.78		.69		\$40.54
97032	\$58.78		.37		\$21.74
<b>TOTAL</b>					<b>\$105.17</b>

The conversion factor allowed by Minnesota is listed at: <https://www.revisor.mn.gov/rules/?id=5221.4020>

The chiropractic relative value units are listed at: <https://www.revisor.mn.gov/rules/?id=5221.4060>

#### **Q. How often do these rates change and how will I know when that occurs?**

A. Rates are adjusted by the state on October 1<sup>st</sup> of each year. When available, the state will post the updated rate information to the web sites listed above.

#### **Q. Will the reimbursement rate always be 100 percent of the allowed rates?**

A. As of now, all services eligible for reimbursement through HealthPartners' Workers' Compensation product will be paid at 100 percent of the allowed rate. DOLI has recently published notice of its intent to revise rules that would allow Managed Workers' Compensation Plans to execute provider contracts that pay less than 100 percent, however, final approval of those rule changes has not yet been obtained. If later approved, each payor that contracts with HealthPartners for Workers' Compensation administration would determine the reimbursement levels associated with their insured groups.

### **Patient Identification**

#### **Q. How will I identify patients who are eligible for coverage through the HealthPartners Workers' Compensation product?**

A. In most cases, you will be able to identify eligibility through one of two methods:

- Your office will receive a phone call or fax from HealthPartners notifying you of the patient's eligibility.
- The patient may present a "HealthPartners Workers Compensation Managed Care Plan Employee Guide" at the time of care.
- If eligibility is determined after care has begun, a retro review can be conducted (see detail below).

#### **Q. How many employees are eligible for Workers' Compensation benefits through this program?**

A. Approximately 60,000 employees are eligible for benefits through HealthPartners Workers' Compensation Program.



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### **Care Authorization**

**Q. Does care rendered through this Workers' Compensation product require authorization?**

A. Yes, the HealthPartners Workers' Compensation Product is a managed program so authorization from HealthPartners is required for care. ChiroCare will **not** coordinate authorizations for the Workers' Compensation program.

**Q. What is the care authorization process?**

A. Care authorizations for this program will continue to be coordinated by HealthPartners, not ChiroCare. In many cases, patients will have obtained authorization from HealthPartners prior to their first visit. You will be able to identify these patients when HealthPartners contacts your office via phone or fax. If a patient presents in your office without coordination from HealthPartners, you must call the HealthPartners Worksite Health Case Management Line at (952) 883-5396 or (888) 779-3625 to initiate the authorization process and ensure coverage.

**Q. Who conducts the clinical reviews?**

A. HealthPartners conducts the reviews and utilizes a team of nurse case managers who specialize in workers' compensation to coordinate care associated with employee injuries.

**Q. What documentation must be submitted to obtain authorization?**

A. In most cases, providers will be asked to submit a **Report of Work Ability form** and SOAP notes to support the review.

**Q. Where do I submit the required documentation?**

A. All documentation required to support a review is to be submitted to HealthPartners:  
HealthPartners: Workers Compensation Case Management  
P.O. Box 1309  
Mail Stop 21106A  
Minneapolis, MN 55440  
FAX: (888) 303-1079

When submitting any documentation, please be sure the employee is clearly identified on each page.

**Q. What guidelines are applied by HealthPartners when processing an authorization request?**

A. The Practice Guidelines developed by HealthPartners are consistent with the uniform treatment standards developed by Minnesota's Commissioner of Labor and Industry. Those guidelines are available at **[www.dli.mn.gov](http://www.dli.mn.gov)**.

**Q. What if I disagree with the case manager's clinical decision?**

A. Through the HealthPartners Worker's Compensation Dispute Resolution Process, a clinical determination will be reviewed by a chiropractic peer. This process can be initiated through a phone call, fax, email or letter to HealthPartners' Case Management team and may be submitted by the provider, employee or other representative.

**Q. Does HealthPartners coordinate retro reviews?**

A. Yes, HealthPartners understands that in some cases, the provider may not initially be aware that the injury being treated is work-related. In these cases, providers are to contact HealthPartners' Case Management Team at (952) 883-5396 or (888) 779-3625 to initiate a retro review.



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### **Claims**

#### **Q. What is the submission process for Workers' Compensation claims?**

- A. Claims are to be submitted to the applicable payor which may or may not be HealthPartners. Claims for this program are not to be submitted to ChiroCare. Payor information can be collected one of three ways:
1. from the HealthPartners Case Manager making the initial outreach to the provider.
  2. from the Employee Guide, which will often be presented by the patient at the initial visit.
  3. by calling HealthPartners Worksite Health's Care Line at (952) 883-5396 or (888) 779-3625.

### **Participation Overview**

#### **Q. If I already treat HealthPartners Workers' Compensation patients, am I automatically enrolled as a par provider for this new product?**

- A. No, ChiroCare and HealthPartners have executed a new agreement for the Workers' Compensation product effective September 1, 2010. Any provider not contracted with ChiroCare for this specific product will not be considered par and/or eligible for Workers' Compensation referrals as of that date.

#### **Q. Why does this product require an **addendum to my current ChiroCare Contract**?**

- A. ChiroCare's current Participating Provider Agreement is only applicable to health insurance. Because this program is workers' compensation, a new product, different contractual language is required. Going forward, ChiroCare's base agreement will be adjusted to incorporate all necessary language into a single agreement.

#### **Q. Am I required to participate in this Workers' Compensation network?**

- A. No, participation in the Workers' Compensation network is optional. As a contracted ChiroCare provider, you are being invited to participate but you are not required to do so.

#### **Q. If I agree to participate in this Worker's Compensation network but later would like to terminate from it, can I do so without terminating my ChiroCare contract for health plan business?**

- A. Yes, as outlined in section 7.2 of the Addendum to Agreement Between Chiropractic Care of Minnesota, Inc and Provider (Addendum), providers currently contracted with ChiroCare may choose to terminate their participation with this program but continue their ChiroCare contract for health plan business.

#### **Q. What happens if I do nothing?**

- A. Providers who want to participate in this Workers' Compensation program must agree to do so by signing and returning the **Workers' Compensation Addendum** to ChiroCare's corporate office at:  
1000 County Road E, Suite 230  
Shoreview, MN 55126

Providers who do not return the signed addendum will not be considered participating and/or eligible for referrals related to this program.



## HealthPartners Worksite Health Workers' Compensation Program FAQ

**Q. What are the ramifications if I choose not to participate in this Workers' Compensation network?**

- A. Choosing to not participate in this Workers' Compensation network will not affect your contracted status with ChiroCare. You will continue to be a par provider for all ChiroCare health plan programs, i.e. UCare, Patient Choice and HealthPartners/CIGNA.

If you are currently treating any HealthPartners Workers' Compensation patients, effective 9/1/10 you will no longer be a par provider for that program and those patients will be directed to obtain care from another chiropractor who does participate in the Workers' Compensation network.

In some cases, non par providers may be able to obtain authorization for services but all eligible patients will first be referred to a Workers' Compensation contracted provider.

**Q. If I choose to not participate in this Workers' Compensation network now, may I do so later?**

- A. Yes, ChiroCare providers who do not participate now may choose to do so at a later time.

### **Phone Resources**

**Q. Where do I call with questions related to this Workers' Compensation program?**

- A. Since ChiroCare is only providing a network for this program (not authorization or claims services), your calls should be directed as follows:

Provider Credentialing Provider program participation	ChiroCare Provider Services at (888) 638-7719
Patient Eligibility Patient Benefits	HealthPartners Case Management line at (952) 883-5396 or (888) 779-3625
Care Authorizations Clinical Reviews	HealthPartners Case Management line at (952) 883-5396 or (888) 779-3625
Claim Submissions	The applicable payor. If the payor is unknown, call HealthPartners Case Management line at (952) 883-5396 or (888) 779-3625 to obtain that information.
Claim Payment Status	The applicable payor. If the payor is unknown, call HealthPartners Case Management line at (952) 883-5396 or (888) 779-3625 to obtain that information.