

## **Zenith Health Care Network Participating Provider Requirements**

Zenith monitors and evaluates provider performance using economic analysis and assessments for compliance with Zenith expectations and to determine inclusion and ongoing participation in the Zenith Health Care Network (ZHCN). The ZHCN Participating Provider Requirements may change. You are responsible for periodically reviewing this document to remain informed of and compliant with all ZHCN Participating Provider Requirements. Failure to comply with ZHCN Participating Provider Requirements may result in removal from the ZHCN. You can access and review the ZHCN Participating Provider Requirements online at [www.thezenith.com](http://www.thezenith.com) (under Medical Providers, select Information for Providers, then Policies and Procedures). Please contact us at (800) 841-3988 should you have any questions.

Zenith's requirements for continued participation in the ZHCN include, but are not limited to:

1. Treat within the scope of your specialty and maintain your medical license in good standing at all times. This includes loss of eligibility to participate in a federal or state insurance program for cause including but not limited to Medicare, Medicaid or MediCal. Providers who do not maintain medical licensing or lose eligibility to participate in a federal or state program will be removed from the ZHCN. Providers charged with fraudulent activities will be subject to utilization review on all services. Providers who admit to facts of wrongdoing, enter a plea, or are convicted of charges will be removed from the ZHCN.
2. You are responsible for the oversight and supervision of Nurse Practitioners and Physician Assistants working for you. Therefore, you will be held accountable for their actions including failure to comply with the ZHCN Participation Requirements.
3. Provide treatment in a manner that is compatible with the ZHCN goal of working collaboratively with Zenith, injured employees and other providers to deliver appropriate, timely and cost effective care to attain optimal outcomes and return injured employees to work as soon as medically appropriate. Treat injured employees, Zenith employees and other providers with respect and ensure that communications are appropriate and professional at all times.
4. Deliver care to the Zenith injured employee within ODG, ACOEM or other applicable evidence based medicine guidelines where appropriate. If the requested treatment is outside the scope of applicable guidelines, the treatment request should explain the medical necessity and rationale for the request and supporting documentation should be submitted with the treatment request to expedite review of the treatment request.
5. Provide advance notice to Zenith before extending the originally approved course of treatment based on a clinical assessment.
6. Provide advance notice to Zenith before adding body parts beyond those originally approved.
7. Request authorization utilizing appropriate forms when applicable, and provide supporting documentation for the medical necessity of the requested treatment, participate in peer-to-

- peer as requested and provide additional information requested in a timely manner. Zenith may deny reimbursement for treatment that is determined not to be medically necessary or for failure to obtain authorization. Emergency health care services may be subject to retrospective review; however, failure to obtain prior authorization for emergency health care services shall not be an acceptable basis for refusal to cover medical services provided to treat and stabilize an injured employee presenting for emergency health care services. Zenith expects providers to abide by utilization review requirements and determinations, including appeal and independent medical review processes.
8. Obtain authorization for specific medical technology, medical devices, medical implants or intraoperative monitoring that will be used during requested treatments and services. Failure to do so will subject the technology or service to retrospective review and may result in denial of the technology or service and will not be in compliance with Zenith requirements. For example, approval of a surgery does not include approval for robotic surgery. Services requiring specific approval include but are not limited to robotic surgery, intraoperative neurophysiological monitoring, stem cell infused mesh, and amniotic stem cell infusion.
  9. Provide approved surgical services all in a single surgical event unless you have specifically requested surgical services be provided as staged surgeries and Zenith has previously approved the requested staged provision of surgical treatment.
  10. Submit required medical reports, updates or requested reports and documentation pursuant to Texas requirements or as required by the ZHCN. Zenith requires medical reports for office visits to be submitted no later than the end of business the second working day after the office visit. Work Status reports must be received within the requirements established by 28 TAC 129.5.
  11. Promptly communicate with, and respond to, Zenith employees and agents, such as but not limited to Zenith's utilization review organization and medical directors, to help ensure that there is no delay in care for the injured employee or in the management of the claim. This includes responding timely to requests for additional information and participating in peer-to-peer conversations as part of Zenith's claim review, quality review, and utilization review/independent medical review processes. This also includes following Zenith and its vendor's workflows for scheduling, providing and billing for medical services when applicable.
  12. Comply with the Texas formulary requirements and Zenith's Pharmacy Benefit Management (ZPBM) program requirements, which include the use of generics and over-the-counter medications as appropriate. Prescriptions should comply with state and federal regulations in both form and substance. The ZPBM listing is available online at [www.thezenith.com](http://www.thezenith.com) (under Medical Providers, select Pharmacy, then Find a Non-California PBM Pharmacy). Assistance locating a pharmacy or compounding pharmacy, or accessing mail order services, is available by contacting the Tmesys Help Desk at 866-599-5426. Office dispensing must be in compliance with applicable laws, rules and regulations.
  13. Prescribe generic medications and medical devices and equipment whenever a generic equivalent is available. If a generic equivalent is not medically appropriate due to medical

concerns, submit a request for authorization to request a brand name and include supporting documentation showing why the brand name is medically necessary for the injured employee. Zenith requires all medications, medical devices and equipment to meet Medical Necessity requirements.

14. The Texas Prescription Drug Monitoring Database (PDMP) maintains the Prescription Monitoring Program AWAR<sub>x</sub>E database which is located at <https://texas.pmpaware.net/login>. As a ZHCN provider, it is expected that you register and consult the AWAR<sub>x</sub>E database no earlier than 24 hours, or the previous business day before prescribing, ordering, or administering scheduled and controlled medications to any ZHCN injured employee. You are also required to consult AWAR<sub>x</sub>E at least once every four months when continuing to prescribe a controlled substance to any ZHCN injured employee. Medical reports must note that AWAR<sub>x</sub>E was checked as required. Additional information about the Texas PMP please visit <http://www.pharmacy.texas.gov/PMP/>.
15. Ensure that referrals for care are made within the ZHCN. To locate network providers, utilize the Zenith online directory at [www.thezenith.com](http://www.thezenith.com) (under Medical Providers, select Information for Providers, then Find A Provider then select Medical Provider Directory) or contact Zenith's Provider Relations Department at 800-841-3988. ZHCN participation is specific to the Medical Provider and at the respective listed location. In addition, a list of preferred ancillary services ("Zenith Contact List") is attached to these requirements and can also be found at [www.thezenith.com](http://www.thezenith.com) (under Medical Providers, select Information for Providers, then Find an Ancillary Service Vendor). All services must be provided in network except as permitted by law.
16. Provide treatment only at your practice locations that have been listed in the ZHCN directory. Any location not listed in the ZHCN directory is not included in the ZHCN and treatment rendered at those locations will be subject to denial as out of network.
17. Provide and bill for services only at locations and under Taxpayer Identification Numbers (TIN) selected by Zenith for inclusion in the ZHCN. Other physicians or health care providers who treat workers' compensation patients and who use your TIN are only considered participants in the ZHCN if the medical group or clinic is independently listed. Otherwise, other physicians or healthcare providers sharing your TIN are not included in the ZHCN unless they have been individually selected for participation in the network and individually appear on Zenith's network list.

If you participate in the ZHCN through one of Zenith's ancillary vendors, you must comply with the ancillary vendor's procedures including requirements that treatment requests, coordination of care, and billings be processed through the vendor. Treatment rendered that is not in compliance with the ancillary vendor's procedures is subject to denial as out of network treatment.

18. Submit timely bills to Zenith that accurately reflect the services you provided to Zenith's injured employees and that comply with the state fee schedule and other applicable regulatory requirements. If you are dissatisfied with Zenith's final action on your bill, you may not resubmit the bill to Zenith but instead must request reconsideration. Requests for reconsideration must be submitted timely and in compliance with 28 TAC 133.250. If Zenith



requests additional documentation, the requested documentation must be submitted within 15 days after the date of request pursuant to 28 TAC 133.20(h).

19. Accept the applicable contract rate as payment in full and not pursue reimbursement in excess of the contract rate or file liens in excess of the applicable contract rate.
20. Contact Zenith's Provider Relations Department at 800-841-3988 or email Provider Relations at [providergroup@thezenith.com](mailto:providergroup@thezenith.com) within 10 days of any demographic information change (i.e. address, phone or TIN) or if you are no longer treating workers' compensation injuries and illnesses.