



FALL 2007

ILLINOIS PROVIDER Newsletter

ACCESS AND AVAILABILITY REQUIREMENTS FOR PRIMARY CARE PROVIDERS

It is the Plan's policy to follow access and availability standards set by federal and state requirements. To assure our members have adequate access to their physicians, the following criteria have been adopted for our Medicaid and Medicare Primary Care Physicians:

1. Provide medical coverage 24 hours a day, seven days a week.
2. See scheduled appointments within 30 minutes of the appointment time.
3. Schedule and see emergent referral appointments immediately.
4. Schedule and see urgent referral appointments within 24 hours.
5. Schedule and see routine "sick" care appointments within one week or five business days, whichever is earlier.
6. Schedule and see "well" care appointments within 30 days of a member's request.

And for our specialty care providers:

1. Schedule and see emergent referral appointments immediately.
2. Schedule and see urgent referral appointments within 24 hours.
3. Schedule and see routine "sick" care appointments within one week or five business days, whichever is earlier.
4. Schedule and see "well" care appointments within 30 days of a member's request.

Remember that it is a requirement for providers to be available to patients 24 hours a day, seven days a week. The Plan will monitor appointment and after-hours availability of network providers on a routine basis to ensure that access and availability standards are met. The PCP must be available after regular office hours to offer advice and to assess any condition which may require immediate care. This includes referral to the nearest hospital emergency room in the event of a serious illness.

HARMONY HUGS PROGRAM

If you are a participating Harmony health care professional who services women of childbearing age, you may be eligible to receive a \$25.00 incentive for providing us with OB notification.

In order to receive the \$25.00 incentive, you must:

- Be a network provider
- See a pregnant Harmony member in her first trimester or within 45 days of a member's enrollment into Harmony Health Plan (if member is in her 2nd or 3rd trimester when she enrolled into the plan)
- Complete an OB notification form in its entirety
- Fax the form to us at 1-866-480-0857 within 7 days of seeing the member the first time, with a copy of either a claim or an encounter for the visit. Harmony will pay one \$25.00 incentive per member.

Based on your submission of the OB notification form, we are able to identify pregnant members early in their pregnancy and provide outreach to them. To find out more about the Harmony Hugs program, please contact Sheila Yousuf (COOK) or Teresa Soria (SIL), the Harmony Hugs Program Coordinators, at 1-866-776-9876 or 1-312-630-2025.

Please be aware that a new form will be used for our OB incentive program. Please refer to www.harmonyhpi.com or www.wellcare.com to obtain a copy or contact your Provider Relations representative.

FRAUD AND ABUSE: WHAT YOU CAN DO

Health care fraud costs the country millions of dollars every year. It can show up in many different forms. Examples include:

- Members sharing ID cards
- Members selling prescription drugs
- Providers billing for services not provided
- Providers up-coding services to enhance revenue
- Providers prescribing drugs or services that are not medically necessary

The Plan has established a program to identify, investigate and address fraud and abuse by members, non-members and providers. We are asking for your help to identify fraud and abuse by reporting questionable situations.

Once reported, situations are investigated. If the allegation is confirmed, action is taken and the consequences may include loss of member eligibility, loss of provider participation, legal pursuit for overpayment, reporting to the National Practitioner Data Bank or prosecution.

You can report fraud by contacting the Trust Hotline at 1-866-678-8355. When submitting a report, please provide as many details as you can, including names and telephone numbers.



PROVIDE UPDATED INFORMATION

As a reminder, please provide any updated information or changes to WellCare/Harmony which would affect your status with the Plan.

Inform the Plan in writing within 24 hours of:

- Any revocation or suspension of your DEA number, and/or
- Suspension, limitation or revocation of your license, certification or other legal credential authorizing you to practice in the state of Illinois.

Inform the Plan in writing immediately of changes to:

- Licensure status
- Tax identification numbers
- Telephone numbers
- Addresses
- Status at participating hospitals
- Loss of liability insurance

By keeping your information up to date, you are helping to improve member accessibility. Any changes to your data should be sent to:

WellCare/Harmony Health Plan
Attention: Provider Relations
200 W. Adams, Suite 800
Chicago, IL 60606

A copy should also be sent to your IPA if you are contracted with us through an IPA relationship.

IMPORTANT NOTICE:

BEHAVIORAL HEALTH SERVICES CHANGE

WellCare and Harmony Health Plan have contracted with Harmony Behavioral Health (HBH), replacing our current vendor PsychHealth, Ltd. The behavioral health services for eligible Medicaid and Medicare members will be managed by HBH beginning September 1, 2007.

Your role in the referral process is very important. HBH can assist you with referrals for patients who have

a mental health need. For more information, or if you have questions on how HBH can help you refer your patients to the appropriate mental health/substance abuse providers, call **1-888-684-2026**.



We believe this change will increase the communication between our health services and the behavioral health professional community. The Plan and Harmony Behavioral Health will work cooperatively to assist our members.

We encourage you to visit www.harmonybehavioralhealth.com to learn more about us. If you have questions, please contact Harmony Behavioral Health at **1-888-684-2026**.

JOIN THE HBH NETWORK

HBH invites mental health substance abuse professionals to join the HBH network and continue to serve the WellCare and Harmony Health Plan membership. If you are interested in becoming a provider in the Behavioral Health Network, call **1-877-712-5340**.

HARMONY SMILES

A MEDICAID DENTAL EDUCATION PROGRAM

Harmony Smiles is Harmony's new dental education program for Medicaid providers and members that focuses on dental hygiene along with proper brushing and flossing. The program is geared toward children in pre-kindergarten through second grade. Highlights include a five-minute video featuring "Dudley Goes to Camp Brush and Floss," an interactive exercise that identifies healthy snacks vs. unhealthy snacks, and Harmie the Hip Hop Hound, who leads the children in a dental jingle to the tune of "Wheels on the Bus."

The program has been a huge success, visiting over 22 schools and educating more than 2,300 children. For more information on *Harmony Smiles*, please contact Regina Sullivan with Harmony Health Plan at **1-800-608-8156**.



NEW CLAIMS FORMS AND GUIDELINES

As you may already be aware, CMS has changed its standard claims submission forms. Please familiarize yourself with the changes to ensure a seamless transition for your practice and our systems so that there are no delays in processing your claims going forward.

To allow for the inclusion of HIPAA-mandated unique National Provider Identifiers (NPIs), the CMS 1500 (formerly HCFA 1500) is being updated to a new version, and the UB-92 is being replaced by the UB-04. The Plan is ready to accept both of these new forms from providers.

CMS 1500

On the new CMS 1500, several fields have been added to accommodate the NPIs for referring, rendering, facility and billing providers. While CMS has not yet said when it will begin rejecting the old version of the form, it is best to begin using the new version as soon as possible to ease the transition to the use of NPI in claims submissions.

CAUTION

CMS has published two iterations of the new CMS 1500 form. The most effective way to know that you have a current CMS 1500 form is to refer to the footer and locate the form control number. The proper control number is: **OMB-0938-0999**.

CMS 1500

PROVIDER TYPE	NPI FIELD	TYPES OF IDs TO INCLUDE
Referring Provider	17B	Medicaid, Medicare, Harmony, or Tax IDs; State License Number; or Taxonomy with respective NPI
Rendering Provider	24J, Lines 1-6	Medicaid, Medicare, Harmony, or Tax IDs; State License Number; or Taxonomy
Facility	32A	
Billing Provider	33A	



UB-04

The new UB-04 contains several new fields for the submission of NPIs for billing, attending, operating, and other providers. The UB-92 is no longer being accepted as of May 23, 2007, so please always use the UB-04 going forward.

UB-04

PROVIDER TYPE	NPI FIELD	TYPES OF IDs TO INCLUDE
Billing	56	NPI
Attending	76	Medicaid, Medicare, Harmony, or Tax IDs; State License Number; or Taxonomy with respective NPI
Operating	77	
Other	78, 79	

As a result of these HIPAA-mandated changes, please follow the guidelines below when submitting claims to the Plan.



Required Information on the New CMS 1500 and UB-04 Claims Forms

1. **NPI** – The new form has fields to include NPI numbers for the attending, operating, and billing providers.
2. **Federal Tax ID** – WellCare/Harmony requires the inclusion of the tax ID for validation purposes. Claims without a tax ID cannot be processed and will be returned.
3. **WellCare/Harmony Provider ID** – The WellCare/Harmony ID is still very useful to us. Please include it on all claim submissions. Non-participating providers should include their federal tax ID, NPI, state license number or taxonomy.
4. **Medicaid Provider ID** – Must include the Medicaid Provider ID for proper adjudication and for Harmony submission to the state.
5. **Less is NOT more.** As we transition, please include as many identifiers, along with their qualifiers, as you may have available to ensure your claim is adjudicated properly.

QUALIFIERS

So that identifier types may be differentiated in the processing of claims forms, distinct qualifiers must be attached to the IDs provided on the UB-04 and CMS 1500 forms. Please refer to the list below and make sure to attach the proper qualifier to the provider identifier so that the claims process can go as smoothly as possible.

IDENTIFIER	QUALIFIER
Tax ID	24 (if used as an identifier in fields other than those specified for the TIN)
WellCare/Harmony ID	G2
Medicaid ID	1D
Medicare ID	1C
Taxonomy	ZZ
State License	0B

The Plan has issued guidance directly to providers on the use of the new claims forms. Please refer to this guidance in the completion and submission of these forms to ensure a seamless transition to the new standards for your practice and our systems and to ensure that there are no delays in the payment of claims.

More information on the new claims forms standards may be found on our Web site at www.wellcare.com or www.harmonyhpi.com, and on the CMS Web site at www.cms.gov.

HFS TRAINING MODULES FOR MEDICAID PCPS

Healthcare and Family Services (HFS) partners with the Illinois Academy of Family Physicians to offer Web-based training

As part of the Enhancing Developmentally Oriented Primary Care (EDOPC) project, the Illinois Academy of Family Physicians (IAFP) has developed Web-based training modules on screening for maternal depression in new mothers and the social and emotional development of young children.

Log on to www.iafp.com/education and register free-of-charge for:

1. Maternal Depression and Child Development: Strategies for Primary Care Physicians
2. Social and Emotional Development: Screening Strategies for Primary Care Providers

These courses include:

- An overview of the respective conditions
- The use of recommended objective screening tools
- When, and to whom, a primary care provider should refer a mother or child when concerns about maternal depression, or the social/emotional health and well-being of young children are identified

Providers may also request on-site training in medical offices, clinics and hospitals. If you have questions, please e-mail info@edopc.org or call 1-888-270-0558.

The University of Illinois at Chicago (UIC) Perinatal Mental Health Consultation Service also offers free training and consultation services to Illinois perinatal health care providers serving HFS participants. Call 1-800-573-6121 or log on to www.psych.uic.edu/clinical/HRSA/index.htm.

PATIENT SAFETY: IDENTIFYING AND REPORTING SENTINEL EVENTS

Patient safety is everybody's business. Everyone, from the patients watching out for their own well-being and that of fellow patients, to the hospital CEO managing hundreds of hospital employees, needs to be aware of potential flaws in health care systems that could lead to medical errors.

These *sentinel events* in care can cause harm to patients. Operating on the wrong limb, dispensing the wrong medication and other such adverse events can have a tremendous impact on our credibility as physicians and, in a larger sense, our health care institutions. As medical students, we were all taught "do no harm." As physicians, we have an expanded responsibility to look for potential sources of harm and to make every effort to prevent them.

The Joint Commission on Accreditation has made patient safety and the reporting of sentinel events one of its highest priorities.

Sentinel events are defined and described as the following:

- A *sentinel event* is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.
- Such events are called *sentinel* because they signal the need for immediate investigation and response.
- The terms *sentinel event* and *medical error* are not synonymous; not all sentinel events occur because of an error and not all errors result in sentinel events.

In 1999, The Institute of Medicine (IOM) published its landmark report, *To Err Is Human: Building a Safer Health System*. In it, the IOM reported that perhaps as many as 98,000 people die in hospitals as a result of medical errors. This leads to lost income and productivity in the range of \$17–\$29 billion dollars. In addition, while the loss of trust in the health care system due to these medical errors is difficult to estimate, it is truly significant.



The top 10 sentinel events are identified as:

1. Inpatient suicide
2. Operative/postoperative complication
3. Wrong-site surgery
4. Medication error
5. Delay in treatment
6. Patient fall
7. Patient death or injury in restraints
8. Assault, rape, or homicide
9. Transfusion error
10. Perinatal death/loss of function

Most of these events occur as the result of systems failures where a number of errors occur simultaneously that, in combination, lead to an unfortunate, unwanted and unexpected negative outcome.

As you can see, several of these events seem relevant to psychiatrists and psychiatric facilities. We are obligated to report such events to state and federal agencies. Many agencies and certainly physicians balk at reporting these primarily because of the medicolegal climate in which we now find ourselves. Nevertheless, by law, **they must be reported**, and most government agencies now understand that the goal of identifying these events is to **prevent** future unwanted events, not to punish a single physician or facility.

When you see something that you believe could lead to a patient injury, or an unwanted outcome, bring it to the attention of your Quality Committee or Medical Staff office. **Reporting sentinel events to the Joint Commission on Accreditation (JCOA) is mandatory per the Centers for Medicare and Medicaid Services (CMS). Facilities and providers can call the Sentinel Event Hotline at 1-630-792-3700.** The JCOA will ask that the facility do a root cause analysis to identify weaknesses in the facility's systems and processes. Once identified, these can be rectified, and patient safety enhanced. Just like attending to patients, we must attend to our systems of care, insuring the best possible systems that will reliably, and consistently, deliver quality care.



NPI REMINDER

Providers should be aware that the federal deadline for National Provider Identifier (NPI) compliance was May 23, 2007. All providers must now have and use their ten-digit NPI numbers. With that in mind, please take note of the following:

SUBMITTING YOUR NPI

- There are NPI submission forms available on the Providers area of our Web site at www.wellcare.com or www.harmonyhpi.com. The forms will allow providers to enter their NPIs directly into our database. In addition, you will find a wealth of NPI information on that Web page.
- The Plan has sent communications soliciting NPI numbers by fax and mail. If you have not submitted your NPI and have received this correspondence, please fill out the submission form and return it as soon as possible or download a copy of the Web form from our Web site as mentioned above.
- Continue to use your WellCare/Harmony ID. The NPI will only replace your WellCare/Harmony ID in HIPAA transactions such as claims processing and will not replace it for daily business transactions with our plan.



GETTING YOUR NPI

If you have not yet obtained your NPI, it is critical that you review the following guidelines and submit your NPI to us as soon as possible.

- Any health care provider or organization defined as a covered entity under HIPAA is required to obtain an NPI. Providers who transmit health care information via HIPAA standard electronic transactions are covered entities under HIPAA, whether they transmit the transactions themselves or use a vendor to transmit them.
- Type 2 (organizational) providers must obtain and submit NPI numbers for the organization as well as all providers subparted within the organization.
- The Centers for Medicare & Medicaid Services (CMS) estimates that once a provider obtains an NPI number, it will take about 120 days to update office systems, coordinate with all of the entities that require the number, and begin using it.

MORE NPI INFORMATION

- Further NPI information can be found on the CMS Web site at www.cms.hhs.gov/NationalProvdentStand/. You can also find information and forms on the Providers area of our Web site, www.wellcare.com or www.harmonyhpi.com. Periodically check the CMS and WellCare/Harmony Web sites for updates.

CHANGE TO THE SITE VISIT PROCESS

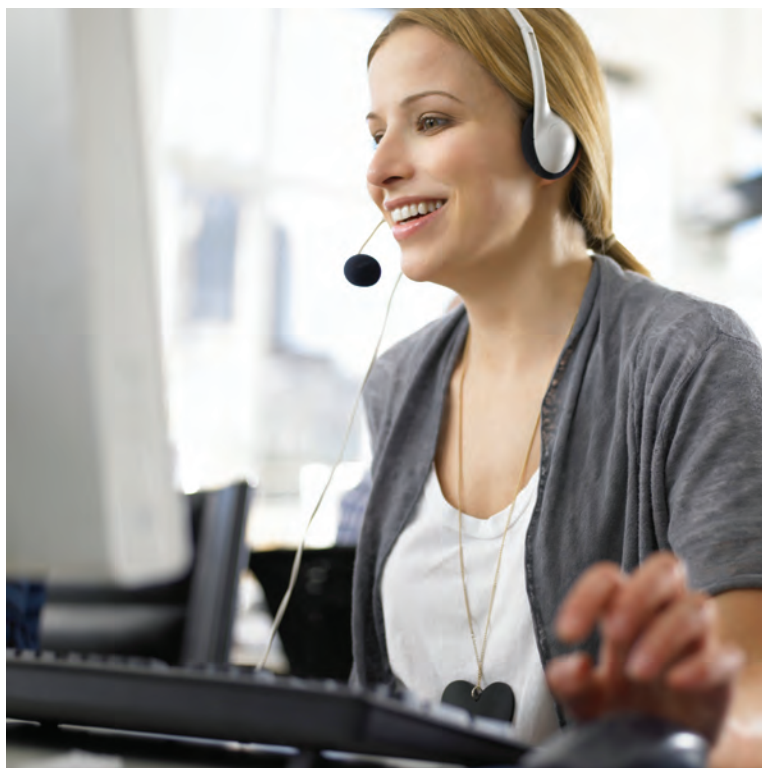
Based on a recommendation from the 2006 external quality review audit, Provider Relations representatives will be verifying appointment access when a site visit is conducted. The OB/GYN and/or high volume behavioral health provider scheduling practices that will be verified are:

- Emergent care
- Urgent care
- Routine care
- Well visits
- Office wait times



LANGUAGE TRANSLATION AND HEARING IMPAIRED SERVICES

The Plan provides language translation and services for the hearing impaired to all of our members and providers. Our Customer Service department is staffed with representatives who speak English and Spanish. Representatives coordinate services for translation of additional languages, as well as specific services for the hearing impaired. To make arrangements for these services, members should contact our Member Services department at 1-866-334-6876 (WellCare) or 1-800-608-8158 (Harmony) (TTY/TDD: 1-877-247-6272). For the Provider Hotline, call 1-866-334-6876 (WellCare) or 1-800-504-2766 (Harmony).



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