

Harmony Partners

Your partner for better health **Winter 2005**



WellCare

Dear Provider:

We are pleased to announce that Harmony's integration into the WellCare Group of Companies is nearly complete! As part of our shared commitment to improving service to our providers, Harmony would like to announce some changes and enhancements that will take effect January 1, 2005.

Claims Submission:

Providers who have submitted claims electronically in the past can continue to do so. We are pleased to announce that Cook County providers will now have the option of submitting claims electronically for dates of service after January 1, 2005, through WEB MD. Harmony's EDI

payor ID number for Cook County will be 36406. Please call (800) 960-2530, x1342, for questions about electronic billing.

After January 1, 2005, paper claims should be mailed to the following address for Illinois Members:

Harmony Health Plan of Illinois
P. O. Box 31375
Tampa, FL 33631-3375

Claims mistakenly mailed to Harmony's current claim addresses will be redirected to the new address the same day they are received. However, this will only occur for ninety (90) days, therefore it is important you update your materials.

Telephone Inquiries:

Effective January 1, Harmony's telephone system will be modified to route provider calls for eligibility verification, claim inquiry and appeals, medical appeals, and urgent medical appeals directly to the department that handles each inquiry. Please dial 1-800-504-2766 and select the appropriate telephone prompts to speak with a Harmony representative.

Claim Inquiries:

We have enhanced our claim resolution process by staffing our call center, 1-800-504-2766, with claim processors who will research claims and perform simple adjustments immediately for dates of service January 1, 2005, and after. More complex claim inquiries will be researched (and adjusted if necessary) within 48 hours. Research and resolution for claims with dates of service prior to January 1, 2005, will continue to be handled as they are done today.

If you wish to submit a claim appeal by mail, our new appeals address will be:

Attn: Harmony Appeals
P.O. Box 31368
Tampa, FL 33631-3368

Obtaining Authorization:

As of January 1, 2005, Harmony's Health Services department will be

continued on page 4

Walgreens Specialty Pharmacy Is Now a Provider

Effective December 1, 2004, Harmony Health Plan began using Walgreens Specialty Pharmacy as our network pharmacy vendor for certain specialty oral and injectable medications such as growth hormones, biologics, and other complex therapies for our members with complex or critical health conditions.

When you write a new prescription for one of our members after December 1, 2004, for any specialty medication, please contact Walgreens Specialty Pharmacy toll free at 1-888-782-8443 to begin the enrollment process.

In addition, enrollment forms for Walgreens Specialty Pharmacy and all medications included in this program were sent in a separate mailing at the end of November.

If you have any questions about coverage of these medications or questions regarding the specialty pharmacy program, please contact Harmony Health Plan Member Services Department at 1-800-608-8158. **HP**

EPSDT Services

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federally-mandated comprehensive child health program for Medicaid recipients from birth through age 20. It is designed to identify physical and mental defects and provide treatment (or referral when indicated) to correct or ameliorate defects and chronic conditions.

The following EPSDT screening components must be provided and documented:

✔ **A health and developmental history**, including assessment of both physical and mental health development.

✔ **An unclothed physical exam**

✔ **A nutritional assessment**

✔ **A developmental assessment**

✔ **Vision observation at each screen** and direct referral to an optometrist or ophthalmologist starting when objective screen methods indicate a referral is warranted.

✔ **Hearing observation at each screen** and objective testing with audiometer at four years, administered or referred.

✔ **Dental observation at each screen**; direct referral to a dentist starting at 24 months old. Dental referrals may be made as early as 12 months old when indicated.

✔ **Laboratory tests**, including blood lead level assessment appropriate for age and risk factors.

✔ **Immunizations administered or referred**, if needed at time of the screen.

✔ **Health education**, including anticipatory guidance. The Plan asks its network PCPs to encourage parents to schedule their children for EPSDT services.

If members miss an EPSDT appointment, PCPs must document the missed appointment in the medical record and try to reach the member to reschedule.

Documentation of EPSDT Services

Documentation for EPSDT services may be incorporated into the documentation routinely kept for well-child check-ups. However, when a patient receives the EPSDT components or when a patient is referred elsewhere to receive components, it is imperative that the patient record reflects the components that were given and also the components, if any, that were referred elsewhere.

Each physician practice has a preferred method of documentation

in the patient record. Harmony Health Plan of Illinois has developed medical record forms for physician use to simplify documentation of EPSDT screening. You may obtain a copy of these forms by calling 312-516-4938 in Cook County or 618-236-8056 in Southern Illinois.

A complete copy of the Illinois Early Periodic Screening, Diagnosis, and Treatment Provider Manual/PRPR 10005 can be obtained by calling 217-782-0538. The manual can also be found on the Internet at www.dpillinois.com/handbooks. *HP*



Billing for EPSDT Services

When billing for an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) visit, providers are encouraged to include all appropriate codes and to use the preventive health diagnosis code V20.2 as the primary diagnosis code. Any other applicable diagnosis code(s) should be indicated in the second, third, or fourth position on the medical claim form.

Diagnosis Codes	Code Description
V20.2	Routine infant or child health check
V70.0	Routine general medical examination at a health care facility
V70.3	Other medical examination for administrative purposes
V70.5	Health examination of defined subpopulations
V70.6	Health examinations in population surveys
V70.8	Other specified general medical examinations
V70.9	Unspecified general medical examination

These codes can be used to bill for EPSDT visits. Reimbursement for the initial patient exam is limited to the first EPSDT screen performed by the screening provider during the participant's lifetime.

Age	Initial Patient Exam	Established Patient Exam
Less than one year	99381	99391
One to four years	99382	99392
Five to 11 years	99383	99393
12 to 17 years	99384	99394
10 to 20 years	99385	99395

If a patient is evaluated and treated for a problem during the same visit as an EPSDT annual exam or well child service, the problem-oriented exam can be billed separately accompanied by the -25 modifier (separate significantly identifiable E/M service). The problem must require additional moderate level evaluation to qualify as a separate service on the same date.

These codes can be billed for Evaluation and Management Codes.

New Patient	Established Patient
99201	99211
99202	99212
99203	99213
99204	99214
99205	99215

*Remember: Utilizing appropriate billing codes for EPSDT and preventive services helps maximize reimbursement. **HP***

Tonsillectomy, with or without adenoidectomy, is one of the most common surgical procedures performed on children. Immediately upon receipt of a request for authorization of a tonsillectomy, Harmony Health Plan begins the review process. Harmony Health Plan uses industry-standard guidelines in making service request determinations (example: American Academy of Otolaryngology—Head and Neck Surgery).

Harmony's Health Services Management staff may need to request additional clinical information from either the PCP or specialist in order to make the final determination. Review of the member's medical history is an integral part of the decision-making process. Including the history with the initial referral request from the PCP will expedite the process.

A decision will be made and communicated within five (5) days (or less) of the receipt of all required information. Clinical indications for **tonsillectomy** include **ANY ONE** of the following:

- Pharyngitis with either:
 - Six (6) or more group A beta-hemolytic streptococcal tonsillar infections in one (1) year, documented by culture or test; or
 - Three (3) to four (4) such infections annually over a two (2) year period, despite appropriate antibiotic treatment; or

- Documented obstructive sleep apnea associated with enlarged tonsils.

Clinical indications for **adenoidectomy** include **ANY ONE** of the following:

- Otitis media, acute and chronic with *either*:
 - Recurrent otitis media, generally after failure of tympanostomy tubes alone; or
 - Adenoids identified as nidus of infection
- Documented obstructive sleep apnea associated with adenoid enlargement. **HP**

WellCare

continued from page 1

located in Tampa. You will be able to reach a Health Services representative by dialing 1-800-504-2766 and selecting the appropriate phone prompts. All faxes for the Health Services department should be faxed to 1-800-960-1623. For the first couple of months, Harmony will redirect to Tampa, documents erroneously submitted to Harmony's current fax number.

Other Changes:

In 2005, Harmony members will be presenting new identification cards to your office. You will notice that changes have been made to the Harmony member identification number. Providers should begin to use the member's new identification number to access information about the member and for claims submission. Once you have the new member identification number please discontinue the use of the member's state recipient identification number (RIN).

We at Harmony understand that you have systems in place that will need to be slightly altered in order to accommodate these changes. We appreciate your efforts and assure you that once in place, you will enjoy the enhancements we have gained from our new parent WellCare.

Sincerely,
Harmony Health Plan

Harmony Requires Encounter Data Submission

The importance of submitting encounter data to the health plan has been emphasized throughout the year. As you know, IDPA is considering associating premium payments to MCOs with the encounter data received.

All providers that are paid by capitation are required to submit encounter data to the health plan each month. The encounter data must include all UB-92 and CMS-1500 services. This is a contractual requirement that must be met by all capitated providers. **HP**

Survey Reveals PCPs Doing a Great Job

Harmony is pleased to announce that the 2003 Adult and Child Customer Satisfaction Surveys reveal that Harmony members are highly satisfied with their PCPs and have found the physicians' office staff to be helpful, courteous, and respectful. More than 83% of the respondents felt they had no trouble obtaining medical help from their doctors during weekday, evening, or weekend hours; felt their physician explained things well and that they had a voice in decisions concerning their health and well-being.

One area targeted for improvement regards promoting preventive health care. Only 55% of those responding to the child's survey and 67% of the adults surveyed felt their physicians were providing enough encouragement or education related to preventive measures. While these percentages reflect improvement over the 2002 outcomes for the same indicator, it is clear that more attention needs to be focused on preventive health education. Harmony can assist you in placing brochures, pamphlets, and/or flyers related to preventive health care in your office. Interested physicians should call their Provider Representative for more information. **HP**

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Change Service Requested

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