



(800) 504-2766 TTY/TDD (877) 247-6272

**QUICK REFERENCE GUIDE
ILLINOIS MEDICAID
May 2009**

Harmony Office Hours: Monday through Friday, 8 a.m. – 5 p.m.
Web site: www.harmonyhpi.com

Office Locations and Important Telephone Numbers

Chicago 200 W. Adams, Suite 800 Chicago, IL 60606 Telephone: (312) 630-2025	Southern Illinois 13 Wolf Creek Drive, Suite #4 Swansea, IL 62226 Telephone: (888) 860-1607
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Provider Services Center Transportation Services Mental Health & Substance Abuse Case and Disease Management Providers may call this toll-free number for case and disease management referrals. Specific disease management programs exist for asthma, CHF and diabetes.	(800) 504-2766 (888) 684-2026 (888) 684-2026 (866) 635-7045	Personal Health Advisor Members may call this number to speak with a health advisor. Member Services FTP Reporting Password/IT Assistance Harmony Web Site: www.harmonyhpi.com 24-hour access, eligibility verification and claims inquiries	(800) 608-8158 24 hours a day, 7 days a week (800) 608-8158 (800) 960-2530 ext. 2222
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Appeals & Grievances

A provider may file an appeal on behalf of the member with the member's written consent. A provider may also seek an appeal through the Appeals department when a claim is denied for lack of prior authorization, the service exceeds authorization, insufficient supporting documentation or late notification. A request for an expedited appeal or grievance may be made by calling Provider Services or by writing to the addresses below. The request must state it is a request for "an expedited process" and include reasons why the case should be expedited. It must be shown that not applying the expedited process could seriously jeopardize the member's life, health or ability to regain maximum function.

Mail or fax an appeal with supporting clinical documentation to: Harmony Health Plan Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368 Fax: (866) 201-0657	Grievances may be addressed to the Customer Service department. Harmony Health Plan Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384 Fax: (866) 388-1769
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Risk Management

iCare – WellCare Corporate Compliance **(866) 678-8355**

Provider Complaints

Provider Complaints
 Provider complaints related to any administrative issue such as Harmony's policies and procedures or authorization/referral process must be submitted within 45 calendar days of the event giving rise to the complaint. You may submit your complaint in writing by mail or fax to:

Harmony Health Plan
 Attn: Customer Service
 P.O. Box 31370
 Tampa, FL 33631-3370 Fax: (877) 297-3112

Claims

Claims Department (800) 504-2766 Mail medical paper claim submissions to: Harmony Health Plan P.O. Box 31372 Tampa, FL 33631-3372 Behavioral Health/Substance Abuse Claim Submissions: Harmony Behavioral Health P.O. Box 31402 Tampa, FL 33631-3402	EDI Questions and Assistance (800) 960-2530 x4096 Email Address EDI-Master@wellcare.com Fax Number (813) 464-8735 EDI Partners EDI Payer ID Contact ACS EDI Gateway, Inc. 77004 (800) 987-6720 Availity 14163 (800) 282-4548 Emdeon 14163 (800) 845-6592 RelayHealth (McKesson) 14163 (800) 522-6562 SSI Group 14163 (800) 880-3032 ZirMed 14163 (877) 494-7633 Encounter Data Submissions 59354
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Claim Appeals

Claim Appeals (800) 504-2766 The Claims Appeal process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unbundling, non-covered codes, etc. Claim appeals must be submitted to Harmony, in writing, within 90 days of the date of denial on the EOB. To initiate this process, please mail written Claims Appeals and documentation to: Harmony Health Plan Attn: IL Claim Appeals P.O. Box 31372 Tampa, FL 33631-3372	Claim Appeals Fax (877) 297-3112 Providers may also fax written Claim Appeals and documentation to the number listed above, attention of IL Claim Appeals . There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Appeals section on this guide for instructions.
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Utilization Management

General Referral and Authorization Guidelines: Call (800) 504-2766

- Physician and hospital providers may request notification and/or authorizations.
- When generating a referral, be very specific and the reason for the referrals and the number of visits.

AUTHORIZATION REQUIRED

Standard Authorization Requests

Fax your request to the numbers listed below. Please include CPT and ICD-9 codes with your authorization request.

- All out-of-network and non-contracted services (physician, hospital, ancillary and outpatient) require an authorization.

Ancillary Services Request Form - Fax: (877) 431- 8859

- Durable medical equipment, orthotics, prosthetics over \$200
- Hearing services
- Home health care services
- Occupational, physical and speech therapy (after initial three visits)
- Respiratory therapy services

Inpatient Authorization Services – Fax: (877) 431-8860

- Hospital observation and admissions
- Inpatient mental health and alcohol/substance abuse

Outpatient Authorization Services – Fax: (866) 867-9953

- Air ambulance in non-emergent situations
- Cardiac/pulmonary rehabilitation programs
- Chiropractic care
- Court-ordered services
- Dental services
- Formula (medically necessary)
- Genetic testing
- Health education programs
- Hospice care services
- PET and SPECT scans
- New technology and experimental procedures
- Nutritional counseling
- Pain management
- Rehabilitation facility admissions
- Skilled nursing facility admissions
- Sterilization procedures (consent form required)
- Surgical procedures, including but not limited to, ambulatory surgery, cosmetic surgery or oral surgery
- Termination of pregnancy

OB Notification/Harmony Hugs – Fax: (866) 480-0857

Telephone: (866) 776-9876

- Report all confirmed pregnancies to Harmony's UM staff as soon as you become aware of them.
- Harmony offers a case management program for expectant members called *Harmony Hugs*, which includes high-risk screening and case management, prenatal and infant care education and gift incentives for keeping prenatal appointments.
- Members may self-refer to any contracted OB provider in the network.

Note: Authorizations are for medically necessary services only; they are not a guarantee of payment. Eligibility will be investigated prior to payment. Payment is subject to limitations and exclusions of the member's contract.

Notification Required

For services with contracted, participating provider only. No authorization number is given by the Plan nor required for claims payment.

- Dialysis (first visit only)
- Outpatient physical, occupational and speech therapy (initial three visits with notification only; additional therapy subject to authorization)

NO AUTHORIZATION REQUIRED

The following services do not require notification or authorization:

Primary Care

- Primary care provider office visits
- Routine immunizations
- Routine non-surgical outpatient services at contracted hospitals
- EKGs

Specialists

- Participating specialist visits

Laboratory

- Routine office laboratory tests

Radiology

- Routine office X-rays

PLEASE NOTE: Failure to obtain the required prior approval/pre-certification from Harmony will result in a denied claim. This guide is not intended to be an all-inclusive list of covered services but it substantially provides current referral and prior authorization instructions. All services/procedures are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

Dental, Laboratory, Pharmacy and Vision Services

For authorizations and customer service related to these services, please contact the Illinois Department of Healthcare and Family Services (HFS):

Dental and Vision

(800) 226-0768

Pharmacy

(866) 468-7543

Laboratory Services

Harmony has contracted with several laboratories including its participating hospitals. To establish a Harmony laboratory account, please contact any of the following laboratories. To obtain a list of additional laboratories, contact Harmony Provider Services.

- Diagnostic Cytology Laboratories** (Southern IL Only)
(618) 222-1759
- LabCorp** **(800) 597-8026**
- Quest Diagnostic Laboratories** **(800) 323-5917**

Reminder: Please ask your laboratory representative to inform you about their services including, but not limited to, turn-around time for test results, stat tests and routine tests. Also inquire about draw sites and/or patient service centers available and schedule specimen pick-up times.

Providers in Cook and Kane counties: If you are part of an IPA contract the referral and authorization processes may be different. Please contact your IPA for clarification.