



**ILLINOIS MEDICAID QUICK REFERENCE GUIDE
March 2011**

Harmony office hours: Monday through Friday 8:00 am – 5:00 pm
Web Address: www.harmonyhpi.com

Office Locations

Chicago 200 West 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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Important Telephone Numbers

Provider Services (800) 504-2766 Eligibility verification, Claims, Utilization Management and Language Line	Personal Health Advisor (800) 608-8158 Members may call this number to speak to a Health Advisor 24 hours a day, 7 days a week.
FTP Reporting Password (IT Assistance) (800) 960-2350	Case and Disease Management Referrals (866) 635-7045 Specific Disease Management programs exist For Asthma, CHF and Diabetes.
iCare (866) 364-1350 Hotline for suspected fraud and abuse	
Member Services (800) 608-8158	How to Become a Registered Web User

Pharmacy Services

Pharmacy Services (877) 647-7473	Drug Evaluation Review (DER) Fax (866) 825-2884
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Injectable drugs and infusion products administered in a physician's office may require a DER and are supplied by a specialty vendor arranged by the Plan. Retail pharmacy services are covered by the State Medicaid program on a Fee-for-Service basis. For retail pharmacy authorizations and customer service, please contact the Illinois Department of Healthcare and Family Services (HFS): (800) 252-8942.

[Medical Injectables – No Authorization Required List](#)

[Injectable Infusion Request Form](#)

[Enteral Nutrition Request Form](#)

Claim Submissions

Claims Department (800) 504-2766 Including EDI questions and assistance																								
<table border="0"> <thead> <tr> <th><i>EDI Partners</i></th> <th><i>EDI Payer ID</i></th> <th><i>Contact</i></th> </tr> </thead> <tbody> <tr> <td>ACS EDI Gateway, Inc.</td> <td>77004</td> <td>(800) 987-6720</td> </tr> <tr> <td>Availity</td> <td>14163</td> <td>(800) 282-4548</td> </tr> <tr> <td>Emdeon</td> <td>14163</td> <td>(800) 845-6592</td> </tr> <tr> <td>Legacy Consulting</td> <td>14163</td> <td>(888) 751-3271</td> </tr> <tr> <td>RelayHealth (McKesson)</td> <td>14163</td> <td>(800) 522-6562</td> </tr> <tr> <td>SSI Group</td> <td>14163</td> <td>(800) 880-3032</td> </tr> <tr> <td>ZirMed</td> <td>14163</td> <td>(877) 494-7633</td> </tr> </tbody> </table>	<i>EDI Partners</i>	<i>EDI Payer ID</i>	<i>Contact</i>	ACS EDI Gateway, Inc.	77004	(800) 987-6720	Availity	14163	(800) 282-4548	Emdeon	14163	(800) 845-6592	Legacy Consulting	14163	(888) 751-3271	RelayHealth (McKesson)	14163	(800) 522-6562	SSI Group	14163	(800) 880-3032	ZirMed	14163	(877) 494-7633
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Encounter Data Submissions 59354 Mail paper claim submissions to: Harmony Health Plan Claims Department PO Box 31372 Tampa, FL 33631-3372 How to Check the Status of a Claim Registering for EFT/ERA Services																								

Claim Payment Disputes

The Claim Payment Dispute Process is designed to address claim denials for issues related to untimely filing, incidental procedures, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted in writing to WellCare within 90 days of the date on the EOP.

Mail or fax all claim payment disputes with supporting documentation to:

Harmony Health Plan Fax (877) 277-1808
 Attn: Claim Payment Disputes
 PO Box 31370
 Tampa, FL 33631-3370

Claim Payment Policy Disputes

The Claims Payment Policy department has created a new mailbox for provider issues related strictly to payment policy issues. Disputes for payment policy related issues (Explanation of Payment Codes beginning with IHXXX, MKXXX or PDXXX) must be submitted to Harmony in writing within 90 days of the date of denial on the EOP.

Mail all disputes related to payment policy issues to:

Harmony Health Plan Fax (877) 277-1808
 Payment Policy Disputes Department
 PO Box 31426
 Tampa, FL 33631-3426

Contracted Networks

Dental* (800) 436-5286 DentaQuest *Harmony covers the following dental services only for adults 21+: Periodic oral evaluations, one per year; Adult prophylaxis (teeth cleaning), once per year; Molar root canal (excluding final restoration), once per lifetime; Periodontal scaling and root planning, 1 quadrant per 24 months. **Dental services for children are covered by the HFS Medicaid Program: (888) 286-2447.	Transportation (Northern Illinois) (888) 684-2026 Advance Ambulance At the prompt, press #2 and then press #1. Transportation (Southern Illinois) (888) 684-2026 Medical Transportation Management At the prompt, press #2 and then press #2. Vision* (800) 226-0768 *Vision services are covered by the HFS Medicaid Program.
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Appeals (Medical)	Grievances
<p>Providers may file an appeal on behalf of the member with the member's consent. Providers may also seek an appeal through the Appeals department when a claim is denied for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Expedited appeals may be requested verbally by contacting Provider Services or submitted via mail or fax. These submissions must indicate that they are requests for "expedited processing" and include reasons why the request must be expedited. The documentation must demonstrate that not applying the expedited review process could seriously jeopardize the member's life, health or ability to regain maximum function.</p> <p>Mail or fax all medical appeals with supporting documentation to:</p> <p style="text-align: center;">Harmony Health Plan Fax (866) 201-0657 Attn: Appeals Department PO Box 31368 Tampa, FL 33631-3368</p> <p>Non-Medicare Member Appeal Request Form</p>	<p>Member grievances may be filed verbally by contacting Customer Service or submitted via mail or fax. Providers may also file a grievance on behalf of the member with the member's written consent. Expedited grievances may be requested verbally by contacting Provider Services or submitted via mail or fax. These submissions must indicate that they are requests for "expedited processing" and include reasons why the request must be expedited. The documentation must demonstrate that not applying the expedited review process could seriously jeopardize the member's life, health or ability to regain maximum function.</p> <p>Mail or fax all member grievances to:</p> <p style="text-align: center;">Harmony Health Plan Fax (866) 388-1769 Attn: Grievance Department PO Box 31384 Tampa, FL 33631-3384</p> <p>Non-Medicare Member Grievance Form Non-Medicare Member Appointment of Representative Form</p>

Provider Complaints

Provider complaints related to any administrative issues 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.

Mail or fax provider complaints to:

Harmony Health Plan Fax (866) 388-1769
Attn: Grievance Department
PO Box 31384
Tampa, FL 33631-3384

[Provider Complaint Form](#)

Behavioral Health

[Magellan Behavioral Health](#) (888) 684-2026

- Contact Magellan for all Mental Health and Substance Abuse services including Inpatient hospitalization and Outpatient counseling.
- Inpatient admission notification is required within 24 hours.
- Authorization is not required for the first outpatient visit. Prior approval is required for continued services.

Radiology Prior Authorization

[CareCore National](#) is our in-network Advanced Radiology services vendor for places of service (POS): 11, 22 & 24. Contact CareCore for all *authorization* related submissions for services rendered in locations listed above. Providers should continue to submit authorization requests to the IPA for members in the MSG IPA groups.

Urgent Authorizations and Provider Services (888) 333-8641
Authorization Request Submissions Fax (866) 896-2152

Web submissions may also be submitted via the [CareCore Provider Web Portal](#) or www.carecorenational.com.

[CareCore National Frequently Asked Questions \(FAQs\)](#)

OB Notification – Harmony Hugs

Please 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." The Harmony Hugs program includes high-risk screening and Case Management, prenatal and infant education and gift incentives for keeping prenatal appointments. *Hugs* referrals may be faxed to (866) 480-0857. Requests for OB Global Care should be faxed to (877) 647-7475.



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Prior Authorization (PA) Requirements

This Harmony Prior Authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. There are changes to authorization requirements on the list. The authorization changes are denoted by a for easy identification. Requirements that have been edited for *clarification only* are denoted with an . Failure to obtain the required authorization from Harmony will result in a denied claim.

All out-of-network and non-contracted services (physician, hospital, ancillary and outpatient) require an authorization. Failure to obtain the required prior approval/pre-certification from Harmony will result in a denied claim.

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.

WELLCARE'S PRIOR AUTHORIZATION (PA) LIST:

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

- Physician and hospital providers may request notification and/or authorizations.
- When generating a referral, please specify the reason for the referral and the frequency of visits needed.

NOTE: If you are a provider in Cook or Kane county and part of an IPA contract, your referral and authorization processes may be different. Please contact your IPA for clarification.

PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
= New or changed requirement = Clarification of current requirement			
DME Services		Fax (877) 431-8859	
All Durable Medical Equipment rentals	X		Refer to Clinical Coverage Guidelines
Durable Medical Equipment purchases (Includes Orthotics and Prosthetics)	X		DME purchases billed for less than \$200 do not require authorization. Refer to Clinical Coverage Guidelines
Enteral nutrition	X		See Pharmacy Services section on page 1
Home Health Services		Fax (866) 886-4321	
Home health care services	X		
Inpatient Services		Fax (877) 431-8860	
All inpatient hospital admissions	X		Clinical updates required for continued length of stay.
Emergency behavioral health services		X	
Emergency room services		X	
Observations	X		
Rehabilitation facility admissions	X		
Skilled nursing facility admissions	X		
Outpatient Services		Fax (866) 867-9953	
Advanced Radiology services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, OB Ultrasounds, PET & SPECT scans (11, 22 & 24)*	X		Contact CareCore National for authorization. See Radiology Prior Authorization on page 2.
Air ambulance transportation (non-emergent)	X		



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Outpatient Services		Fax (866) 867-9953	
PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
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Ambulatory surgery center services	X		
Cardiac and pulmonary rehabilitation programs	X		Refer to Clinical Coverage Guidelines
Chiropractic care	X		
Cosmetic surgery	X		
Court-ordered services	X		
Cytogenetic, reproductive and molecular diagnostic lab testing	X		Refer to Clinical Coverage Guidelines
EKGs		X	
Health education programs	X		
Hospice care services	X		
Investigational & experimental procedures and treatment	X		Experimental and Investigational Procedures and Devices Clinical Coverage Guideline
Nutritional counseling	X		
OB Global Care (Southern Illinois Market only)	X		Fax Prenatal Notification forms to (877) 647-7475.
OB ultrasounds	X		No authorization is required for the first three (3) OB ultrasounds (per pregnancy)
Oral surgery	X		
Outpatient hospital surgical procedures	X		Routine non-surgical services at contracted hospitals do not require authorization.
Pain management	X		
PCP office visits and treatment		X	
Radiology Anesthesia		X	No Authorization is required for CPT codes 01916 - 01936
Respiratory therapy services	X		
Routine immunizations		X	
Routine office laboratory services		X	
Routine office X-rays		X	
Specialist office visits		X	Participating providers only
Sterilization procedures	X		Sterilization Consent Form
Termination of pregnancy	X		Abortion Payment Application
Urgent care services		X	
Skilled Therapy Services		Fax (877) 709-1698	
Occupational, Physical and Speech therapy services	X		Refer to Clinical Coverage Guidelines No authorization is required for the first 3 visits.
Physical therapy services	X		Refer to Clinical Coverage Guidelines No authorization is required for the first 3 visits.
Speech therapy services	X		Refer to Clinical Coverage Guidelines No authorization is required for the first 3 visits.