Important Telephone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Services</td>
<td>1-800-504-2766</td>
</tr>
<tr>
<td>Eligibility Verification, Claims, Utilization Management, Language and Provider Complaints</td>
<td>1-800-504-2766</td>
</tr>
<tr>
<td>Nurse Advice Line</td>
<td>1-800-919-8807</td>
</tr>
<tr>
<td>Members may call this number to speak to a nurse 24 hours a day, 7 days a week.</td>
<td>1-800-919-8807</td>
</tr>
<tr>
<td>TTY</td>
<td>1-877-650-0952</td>
</tr>
<tr>
<td>Member Services</td>
<td>1-800-608-8158</td>
</tr>
<tr>
<td>Disease Management Referrals</td>
<td>1-877-393-3090</td>
</tr>
<tr>
<td>Specific Disease Management Programs for asthma, CHF and diabetes</td>
<td>1-866-635-7045</td>
</tr>
<tr>
<td>Risk Management</td>
<td>1-866-678-8355</td>
</tr>
<tr>
<td>Harmony’s Fraud, Waste and Abuse Hotline</td>
<td>1-877-305-5145</td>
</tr>
<tr>
<td>Care Management Referrals</td>
<td>1-866-635-7045</td>
</tr>
<tr>
<td>Behavioral Health Crisis Line</td>
<td>1-855-591-7135</td>
</tr>
<tr>
<td>CommUnity Assistance Line</td>
<td>1-866-775-2192</td>
</tr>
<tr>
<td>LTSS services</td>
<td>1-866-407-9292</td>
</tr>
</tbody>
</table>

Claim Submission Inquiries

For inquiries related to your electronic submissions to Harmony, please contact our EDI team at EDI-Master@wellcare.com.

Electronic Funds Transfer & Electronic Remittance Advice:
Register online using the simplified, enhanced provider registration process: PaySpan.com or call 1-877-331-7154. For more details on PaySpan®, please refer to your Provider Manual.

Clearinghouse Connectivity Setup & Connection Support:
Harmony has partnered with Change Healthcare, formerly known as RelayHealth, as our preferred EDI Clearinghouse. You may connect directly to Change Healthcare or, in some cases, your existing clearinghouse, billing service, or trading partner may maintain existing reciprocal agreements with Change Healthcare. We encourage you to contact your claims vendor and determine if they have connectivity to Change Healthcare. If not, you may want to consider contacting Change HealthCare to establish free connectivity to Harmony for your EDI transactions.

Change Healthcare offers Submitter/Client Connectivity Services at 1-877-411-7271. All Clearinghouses, Practice Management Vendors, or Billing Services may call Change Healthcare, formerly known as RelayHealth at 1-800-527-8133 for connectivity services.

ConnectCenter™ for physicians offers a web browser for direct data entry (DDE) and the upload ability to submit electronic submissions at no cost to you. To sign up go to: https://connect.relayhealth.com. For registry questions, submitter/clients may contact Provider Connectivity Services at 1-877-411-7271. Any questions regarding functionality of ConnectCenter should be directed to the Clearinghouse at 1-800-527-8133 opt 2.

- Providers will be required to enter a credit card upon initial enrollment to verify them as a valid submitter.
- Only WellCare submissions are free of charge and please ensure you use vendor code 212750 when you register.

CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDS)

<table>
<thead>
<tr>
<th>Claim Type</th>
<th>Fee-for-Service</th>
<th>Encounter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>1844</td>
<td>3211</td>
</tr>
<tr>
<td>Institutional</td>
<td>8551</td>
<td>4949</td>
</tr>
</tbody>
</table>

HARMONY PAYER IDS If your clearinghouse or billing system is not connected to Change Healthcare and requires a 5-digit Payer ID, please use the following according to the file type (Fee-for-Service or Encounters):

<table>
<thead>
<tr>
<th>Claim Type</th>
<th>Fee-for-Service</th>
<th>Encounter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional or Institutional</td>
<td>14163</td>
<td>59354</td>
</tr>
</tbody>
</table>

Paper Submission Guidelines:
Harmony follows the Centers for Medicare & Medicaid Services’ (CMS) guidelines for paper claim submissions. Since Oct. 28, 2010, Harmony accepts only the original “red claim” form for claims and encounters submissions. Harmony no longer accepts handwritten, faxed or replicated claim forms.

Claim forms and guidelines may be found on our website: www.wellcare.com/Illinois/Providers/Medicaid/Claims

Mail paper claim submissions to:
Harmony Health Plan, Inc.
Attn: Claims Department
P.O. Box 31372
Tampa, FL 33631-3372

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 and non-covered codes, etc. Claim payment disputes must be submitted in writing to Harmony within 90 days of the date on the EOP.

Mail or fax all claim payment disputes with supporting documentation to:
Harmony Health Plan, Inc.
Attn: Claim Payment Disputes Dept.
P.O. Box 31370
Tampa, FL 33631-3370

Fax 1-877-277-1808

Note: Any appeals related to a claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification must be sent to the Appeals (Medical) address in the section below. Examples include Explanation of Payment Codes DN001, DN004, DN005, DN016, VSTEX, DMINNE, HRM16, and KYREC; however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization, or medical necessity that is in question should be sent to the Appeals P.O. Box. Include all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member specific information.

For your convenience, items on this QRG in bold, underlined fonts are links to supporting Harmony Provider Job Aids, Resource Guides and Forms when the Quick Reference Guide is viewed in an electronic format.
**Claim Payment Policy Disputes**

The Claim Payment Policy Disputes Department has created a mailbox for provider issues related strictly to payment policy. Disputes for payment policy-related issues must be submitted to Harmony in writing within 90 days of the date of denial on the EOP. Please provide all relevant documentation (please do not include image of Claim), which may include medical records, in order to facilitate the review.

Mail or fax all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:

**Harmony Health Plan, Inc.**
Fax 1-877-277-1808
Attn: Claims Payment Policy Disputes
P.O. Box 31426
Tampa, FL 33631-3426

Mail all medical records and first level disputes related to Explanation of Payment Codes beginning with CPIXX:

**OPTUM**
P.O. Box 52846
Philadelphia, PA 19115

**By Delivery Services (FedEx, UPS)**
OPTUM
458 Pike Rd
Huntingdon Valley, PA 19006

Mail all disputes related to Explanation of Payment Codes LTXXX:

**WellCare of Kentucky**
CCR Pre-pay
P.O. Box 31394
Tampa, FL 33631-3394

Mail all disputes related to Explanation of Payment Codes RVLTX:

**WellCare of Kentucky**
CCR Post-pay
P.O. Box 31395
Tampa, FL 33631-3395

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**Recovery/Cost Containment Unit (CCU)**

Refund(s) in response to a WellCare overpayment notification should include a copy of the overpayment notification as well as a copy of attachment(s) and sent to:

**WellCare Health Plans, Inc.**
Attn: CCU Recovery
P.O. Box 31584
Tampa, FL 33631-3584

If you do not agree with this proposed WellCare overpayment notification related to adjustments RVXX (Except RV059 which should refer to the Claim Payment Disputes section above), you may request an Administrative Review by submitting your request in writing within 30 days of the date of this letter. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe is pertinent to your position. Your Administrative Review request should be sent to:

**WellCare Health Plans, Inc.**
Attn: CCU Recovery
P.O. Box 31658
Tampa, FL 33631-3658

Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within 30 days of the date of WellCare’s receipt of your request. If you do not object or render payment within such time period we will take action to recover the above listed amount as allowed by law, or applicable, the contract between you and WellCare.

Administrative Reviews related to Explanation of Payment Codes and Comments beginning with DN227, DN228, or RV213 must be submitted in writing and include at a minimum: a summary of the review request, the member’s name, member’s identification number, date of service(s), reason(s) why the denial should be reversed and copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered. Your dispute should be sent to:

**COTIVITI HEALTHCARE**
Fax: 1-203-529-2985
Attn: WellCare Medical Review Unit
555 North Lane, Suite 6125
Conshohocken, PA 19428

Provider Identified Refund(s) without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the member and WellCare Claim ID and can be sent to:

**WellCare Health Plans, Inc.**
Attn: CCU Recovery
P.O. Box 31584
Tampa, FL 33631-3584

Note: For single claim checks, please use the Refund Check Informational Sheet to help Recovery post accurately and timely. For checks in excess of 25 claims, please complete the Refund Referral Grid and email all supporting documentation, including the grid, to OverpaymentRefunds@wellcare.com to assist with expedited posting. Please note that only check referrals will be accepted by this email box; anything other than check referrals will not be responded to and will be closed.

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For your convenience, items on this QRG in **bold, underlined** fonts are links to supporting Harmony Provider Job Aids, Resource Guides and Forms when the Quick Reference Guide is viewed in an electronic format. **NOTE:** This guide is not intended to be an all-inclusive list of covered services under Harmony Health Plan, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised April 2018)
**Urgent Authorizations and Provider Services**

Member eligibility and authorization request materials may be accessed via the 
HealthHelp Portal. A searchable Authorization Lookup and Eligibility Tool is also available online and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services 1-888-333-8641

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**Grievances**

Member grievances may be filed verbally by contacting Member Services or submitted by mail or fax. Providers may also file a grievance on behalf of the member with his or her written consent. Expedited grievances may be requested verbally by contacting Provider Services or submitted by mail or fax. These submissions must indicate that “expedited processing” is needed and include the reason(s) that expedited processing has been requested. 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.

Mail or fax all member grievances to:
Harmony Health Plan, Inc.
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384

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**WellCare Partners**

**eviCore fka CareCore National**

**HealthHelp**

**Contracted Networks**

**Harmony Hugs Program**

The program includes high-risk screening, care management, prenatal and infant education, and gift incentives for keeping prenatal appointments. Please fax referrals to 1-866-480-0857.
Drugs not listed on the Preferred Drug List (PDL)

Authorization Lookup Tool

Outpatient authorizations for urgent and time-sensitive services may be requested by phone.

Pharmacy Services Forms

Pharmacy Services Overview

Please call the number above to obtain precertification for Inpatient behavioral health services.

Drugs that have a step edit (ST) and the first-line therapy is inappropriate

Notify the plan of unplanned inpatient hospital admissions and observations

Drugs listed on the PDL with a prior authorization (PA)

Harmony Health Plan PDL

Duplication of therapy

Obtaining authorization does not guarantee payment, but rather only confirms whether a service meets Harmony's determinations.

Participating Pharmacies

Most self-injectable and infusion drugs (including chemotherapy) administered in a physician’s office

Obtained Multi-ingredient compounds exceeding $300.00 cost (PA)

Inpatient concurrent review is done by telephone or fax. Psychological testing requests are to be submitted via fax. All other levels of care requiring authorization process may be different. Please contact your IPA for clarification.

Authorization  Required

PROCEDURES and SERVICES

Electroconvulsive Therapy (ECT) Yes

Emergency Behavioral Health Services No

Intensive Outpatient Program (IOP) Yes

Non-contracted(nonparticipating) Provider Services Yes All services from nonparticipating providers require prior authorization.

Authorization Required Comments

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PRO_13502E_Internal Approved 05302018 Page 4 of 7
**PROCEDURES and SERVICES** | **Authorization Required** | **Comments**
--- | --- | ---
Partial Hospitalization Program (PHP) | Yes |  
Pharmacological Management | No |  
Psychological Testing | Yes |  
Residential Treatment Services | Yes |  

**Emergency Services**

**PROCEDURES and SERVICES** | **Authorization Required** | **Comments**
--- | --- | ---
Emergency Behavioral Health Services | No |  
Emergency Room Services | No |  
Emergency Transportation | No |  
Urgent Care Services | No |  

**Inpatient Services**

Harmony Web Submission Portal

Inpatient Authorization Requests and Clinical Documentation Fax 1-877-431-8860

Inpatient Discharge Planning Requests Fax 1-855-591-7136

**PROCEDURES and SERVICES** | **Authorization Required** | **Comments**
--- | --- | ---
Elective Inpatient Procedures | Yes | Clinical updates required for continued length of stay.  
Inpatient Admissions | Yes | Clinical updates required for continued length of stay.  
NICU/Sick Baby Admissions | Yes | Notification is required by the next business day following admission. Contact ProgenyHealth at fax #1-888-873-4267 to submit clinical updates for initial and continued length of stay.  
Non-contracted(nonparticipating) Provider Services | Yes | All services from nonparticipating providers require prior authorization.  
Observations | See Comments | Elective procedures that convert to an Observation stay are subject to Outpatient authorization requirements. See Authorization Lookup Tool. Services performed during a non-elective Observation stay, such as Advanced Radiology or Cardiology, do not require authorization.  
Rehabilitation Facility Admissions | Yes | Clinical updates required for continued length of stay.  
Skilled Nursing Facility Admissions | Yes | Clinical updates required for continued length of stay.  

**LTSS / Waiver Services**

Harmony Web Submission Portal

Email HarmonyCMLTSS@ilshealth.com

Authorization Requests Fax 1-630-368-0062

Authorization Requests Phone 1-866-407-9292

**PROCEDURES and SERVICES** | **Authorization Required** | **Comments**
--- | --- | ---
LTSS / Waiver Services | Yes |  

**Outpatient Services**

Harmony Web Submission Portal

Durable Medical Equipment (DME) Requests Fax 1-877-431-8859

Home Health Service Requests Fax 1-866-886-4321

Inpatient Discharge Planning Requests Fax 1-855-591-7136

Outpatient Authorization Requests Fax 1-866-867-9953

Speech Therapy Requests 1-877-709-1698

Transplant Services Fax 1-813-283-5320

**PROCEDURES and SERVICES** | **Authorization Required** | **Comments**
--- | --- | ---
Select Outpatient Procedures | Yes – See Comments | Please refer to the Authorization Lookup Tool for prior authorization requirements. See Harmony Web Submission Portal.

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<table>
<thead>
<tr>
<th>PROCEDURES and SERVICES</th>
<th>Authorization Required</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Radiology Services</td>
<td>Yes – See Comments</td>
<td>Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 No authorization is required for the first 3 OB ultrasounds. Advanced Radiology Program Criteria Radiology Request Forms</td>
</tr>
<tr>
<td>Cardiology Services</td>
<td>Yes – See Comments</td>
<td>Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Cardiology Program Criteria Cardiology Worksheets</td>
</tr>
<tr>
<td>Dialysis</td>
<td>No</td>
<td>All DME rentals require authorization. DME purchase items reimbursed at OR below $500 per line item do NOT require authorization.</td>
</tr>
<tr>
<td>Durable Medical Equipment Purchases and Rentals</td>
<td>Yes – See Comments</td>
<td>Please initiate requests through Coram: Phone: 1-800-423-1411 or Fax 1-866-462-6726</td>
</tr>
<tr>
<td>Home Infusion/Enteral Services</td>
<td>Yes</td>
<td>See Clinical Coverage Guidelines Harmony Web Submission Portal</td>
</tr>
<tr>
<td>Hospice Care Services</td>
<td>No</td>
<td>All services from nonparticipating providers require prior authorization.</td>
</tr>
<tr>
<td>Investigational &amp; Experimental Procedures and Treatment</td>
<td>Yes</td>
<td>Purchase items reimbursed at OR below $500 per line item do NOT require authorization.</td>
</tr>
<tr>
<td>Laboratory Management (Certain Molecular and Genetic Tests)</td>
<td>Yes – See Comments</td>
<td>Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Harmony Lab Management Criteria Molecular and Genetic Testing QRG</td>
</tr>
<tr>
<td>Medical Oncology Services</td>
<td>Yes – See Comments</td>
<td>Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Medical Oncology Program Services</td>
</tr>
<tr>
<td>Non-contracted(nonparticipating) Provider Services</td>
<td>Yes</td>
<td>All services from nonparticipating providers require prior authorization.</td>
</tr>
<tr>
<td>Orthotics and Prosthetics</td>
<td>Yes – See Comments</td>
<td>Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Pain Management Program Criteria Musculoskeletal Management Request Forms</td>
</tr>
<tr>
<td>Pain Management Treatment</td>
<td>Yes – See Comments</td>
<td>Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Physical and Occupational Therapy Criteria PT/OT Worksheets</td>
</tr>
<tr>
<td>Physical and Occupational Therapy (including home-based therapy)</td>
<td>Yes – See Comments</td>
<td>Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Radiation Therapy Management Program Resources</td>
</tr>
<tr>
<td>Radiation Therapy Management</td>
<td>Yes – See Comments</td>
<td>Contact HealthHelp for authorization: HealthHelp Portal Phone Number 1-888-210-3736 Radiation Therapy Management Program Resources</td>
</tr>
<tr>
<td>Sleep Diagnostics</td>
<td>Yes – See Comments</td>
<td>Contact eviCore for authorization: eviCore Provider Web Portal Phone Number 1-888-333-8641 Sleep Diagnostics Program Criteria Sleep Management Worksheets</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>Yes</td>
<td>Please submit clinical records for prior authorization for all transplant phases.</td>
</tr>
<tr>
<td>Sterilization Procedures</td>
<td>No</td>
<td>Sterilization Consent Form</td>
</tr>
<tr>
<td>Termination of Pregnancy</td>
<td>No</td>
<td>Abortion Payment Application Form</td>
</tr>
<tr>
<td>Transplant Services</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
## Prenatal Notifications

Harmony Web Submission Portal  
Prenatal Notification Forms Fax  1-877-647-7475

<table>
<thead>
<tr>
<th>PROCEDURES and SERVICES</th>
<th>Authorization Required</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric Global Care</td>
<td>No</td>
<td>Prenatal Notification Form</td>
</tr>
</tbody>
</table>