A NOTE FROM HARMONY’S MEDICAL DIRECTOR, DAVID J. SAND, MD, MBA

In my conversations with many of you, I come to the same conclusion over and over again: Your patients trust you, and you know them best.

With that in mind, I’d like to partner with you so your patients get the care they need and deserve. First, I think we all agree we’d rather see your patients in your offices than in emergency rooms or hospitals. As mandatory Medicaid expands and more individuals are receiving benefits under the Affordable Care Act, we see many people going to ERs for care. Without a primary care physician or coverage previously, this has been their only source of care and has become habit. A call from your office to schedule an appointment is more effective than all the letters and notices we could send combined – multiple studies confirm this.

Having extended hours and scheduling timely appointments not only helps your patients, it helps your consumer satisfaction, or Consumer Assessment of Healthcare Providers and Systems (CAHPS®), scores as well. Face it, none of us calls our physician until we want to be seen and then, we want to be seen. Access and availability are critical.

I also know there are times you don’t have accurate contact information for your patients. Harmony-WellCare has contracted with a vendor to help find your patients and schedule appointments and transportation. Let’s work together to make sure they keep those appointments and stay out of the ER.

On another topic, Harmony-WellCare would like to give you credit for what you do.

We are continuing our initiative to provide you not only more information, but more timely information regarding your quality performance and your patients’ care gaps. These care gaps are simply the recommendations for care according to evidence-based best practices. Please let our Clinical HEDIS® Practice Advisors (CHPAs) or me know if you have any concerns providing these services, and we’ll do our best to help.

(continued on page 2)
HARMONY-WELLCARE’S COMPASSIONATE CARE PROGRAM

Harmony-WellCare has partnered with Allied Health to offer the new Compassionate Care Program, a palliative care case management service available to Medicare Advantage members. The program promotes collaboration between primary care and specialty providers in their treatment and decision making for members with serious to terminal illness.

Harmony-WellCare encourages providers to refer patients who would benefit from a palliative care program. To refer a patient, or to learn more about the Compassionate Care Program, call 1-855-294-6578.

A NOTE FROM HARMONY’S MEDICAL DIRECTOR, DAVID J. SAND, MD, MBA: WELLNESS AND PREVENTION

Risk adjustment is also a part of getting credit for what you do in financial terms. Please do your best to code accurately and completely based on your appointments with your patients. Ask any of your Provider Relations representatives or your CHPAs for more information about RAPS.

Lastly, I want to direct your attention to the coding advice regarding E&M billing: The state of Illinois will not allow you to bill 2 E&M codes on the same date of service, even if you use the 25 modifier. So, particularly for well-child visits during a sick visit, use the sick visit E&M and the V-code diagnosis for the well-child visit along with your other diagnosis codes.

Thanks again for all you do and for working with us!
David J. Sand, MD, MBA, FACS, CHCQM

AMBULATORY AND NON-AMBULATORY PROCEDURES LISTING SUBMISSIONS

The state of Illinois requires all non-ambulatory procedures listing (APL) submissions for institutional providers to be billed as a professional submission.

Harmony Health Plan, a WellCare company, requires all institutional providers to submit all non-APL outpatient claims or encounters by 5010 ANSI X12 837P electronic data interchange (EDI) submission or paper CMS 1500 02/12 submission to adhere to this state requirement.

APL SUBMISSIONS

If the service is part of an APL service group, the revenue code and CPT/HCPCS code should be billed by EDI submission on an 837I submission. If you are unable to submit EDI, a paper claim can be submitted on an original red and white UB04 or its successor if they are included in one of the following groups.

- Group 1 Surgical
- Group 2 Diagnostic and therapeutic
- Group 3 Emergency room procedures
- Group 4 Observation services
- Group 5 Psychiatric services

NON-APL SUBMISSIONS

If the CPT/HCPCS is not included in the APL fee schedule, providers should bill by 837P EDI submission. If unable to submit EDI, a paper claim can be submitted on an original red and white CMS 1500 (02/12 version) or its successor. Harmony cannot accept and will reject any submissions sent on the HFS 837P (PDF).

It is important that you/your organization comply with these submission requirements in order for your claims/encounters to be processed in a timely manner and to avoid rejections.

Sources: www2.illinois.gov/hfs/MedicalProvider/MedicaidReimbursement/Pages/AmbulatoryProceduresListing.aspx
www.hfs.illinois.gov/assets/121714n1.pdf
THE IMPORTANCE OF COORDINATION OF CARE

People with mental and substance abuse disorders may die decades earlier than the average person. A 2006 report cites research showing that adults with serious mental illness die an average of 25 years earlier than the general population. The report also states that the rate of illness and death in this population is on the rise, partially because of disproportionately high rates of cardiovascular disease. Individuals with a mental illness may develop cancer at a rate 2.6 times higher on account of late stage diagnosis and inadequate treatment and screenings. Members having schizophrenia and/or those receiving long-term antipsychotics need diabetes screening.

Fragmentation of the health care system can create inappropriate care, health care gaps and increased health care costs. Effective communication is dependent upon clear and timely interaction among providers and facilities. Doing so allows for better decision making regarding treatment interventions and decreases the potential for adverse medication interactions among those with comorbid conditions.

Unfortunately, individuals with behavioral health (BH) disorders are often reluctant to discuss those issues with their primary care physician (PCP) and other medical providers, stating they have difficulties establishing relationships with PCPs. They see the medical field as compartmentalized where BH care is separate from their general/medical health care. These individuals may have self-perceived stigma issues and might be more sensitive to disclosing their BH issues to their PCP than they would to a BH provider.

Members need to understand that signing and giving consent to release BH information to their PCP may not only improve appropriate and timely medical care management, but also prevent possible serious complications from medication interactions and reduce avoidable emergency room visits and hospital admissions.

Pertinent BH information will improve PCP understanding of issues which may impact treatment adherence, health monitoring, and ability to communicate and understand complex medical information. Educating these members on the importance of sharing this information needs to be a routine practice. These members may possibly suffer disorganized thoughts, cognitive deficits and compromised memory, so involvement of the family and/or community advocates may be indicated to assist.

Sources: Mortality and Morbidity in People with Serious Mental Illness, National Association of State Health Program Directors National Council of Behavioral Health 2014

EFT/ERA GO GREEN INITIATIVE

Harmony-WellCare, in partnership with PaySpan Health, is pleased to announce an enhanced online provider registration process, which simplifies the user experience when registering for electronic funds transfer (EFT) and electronic remittance advice (ERA) services.

The benefits of enrolling in EFT/ERA are many:

- Improves cash flow with faster deposits to provider bank accounts
- Reduces paper handling and administrative costs
- Eliminates errors due to rekeying
- Supports multiple practices and accounts
- Allows transfer of enrollment information to multiple payers, who can be assigned to different bank accounts

Providers can use this no-cost service to settle claims electronically, without investing in expensive EDI software. After completing a simple online enrollment, providers have a number of options for viewing and receiving remittance details.

Providers can receive ERAs and import the information directly into their practice management or patient accounting system, eliminating the need to rekey remittance data. Explanations of Payment (EOPs) can be viewed and/or downloaded and printed from PaySpan’s website once registration is completed.

Multiple practices and accounts are supported. Providers can reuse enrollment information to connect with multiple payers. Different payers can be assigned to different bank accounts.

To register using PaySpan’s enhanced provider registration process, visit payspan.com. Providers can also view PaySpan’s Webinar anytime at: payspan.webex.com.

PAYSPAN SUPPORT

PaySpan Health Support can be reached via email at providersupport@payspanhealth.com, by phone at 1-877-331-7154 or on the Web at payspanhealth.com.
PAYMENT POLICY NOTICE

This notice is to clarify a segment of WellCare’s payment policy language applicable to all WellCare Medicare markets. WellCare’s payment policies are based on publicly distributed guidelines from established industry sources such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state health care agencies and medical specialty professional societies.

If you have questions about this information, please contact your Provider Relations representative.

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
<th>Claim Type</th>
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<tbody>
<tr>
<td>Local Coverage Determinations (LCDs)</td>
<td>WellCare relies on guidance published in Local Coverage Determinations, respective to the state in which the service is rendered, to determine coverage requirements</td>
<td>Facility and Professional</td>
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<tr>
<th>Description</th>
<th>Xcelys Denial Reason</th>
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<tr>
<td>FE LCD – Patient age requirements not met</td>
<td>CE188</td>
</tr>
<tr>
<td>FE LCD – Procedure-to-procedure requirements not met</td>
<td>CE173</td>
</tr>
<tr>
<td>FE LCD – Deny per LCD</td>
<td>CE174</td>
</tr>
<tr>
<td>FE LCD – Procedure frequency exceeded</td>
<td>CE175</td>
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</tbody>
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CHLAMYDIA AND GONORRHEA TESTING PAYMENT POLICY

Effective for claims received on or after July 1, 2015, chlamydia (87491) or gonorrhea (87591), when billed on the same date of service for any one patient, will deny.

If both procedures are performed on the same date of service, procedure code 87801 INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE should be billed with one of the following ICD-9/ICD-10 codes representing chlamydia screening:

- V73.98 Special screening exam for unspecified chlamydial disease
- V73.88 Special screen exam for other specified chlamydial diseases
- Z11.8 Encounter for screening for chlamydia and one of the following ICD-9/ICD-10 codes representing gonorrhea screening

- V74.5 Screening exam for venereal disease representing gonorrhea testing
- Z11.3 Encounter for screening for infections with a predominately sexual mode of transmission

APPOINTMENT ACCESS AND AVAILABILITY AUDITS

Harmony-WellCare is required by the Centers for Medicare & Medicaid Services (CMS) and state regulations to administer appointment access and availability audits. The audits are conducted by a third-party vendor, SPH Analytics, and keep us compliant with NCQA and other accreditation entities. Auditors identify themselves when calling providers’ offices, and provide appointment examples for existing members.

If an audit of your office reveals areas for improvement, you will receive a notification letter and an outline of the appointment types and standards. You will be provided an opportunity to respond, and will be re-audited in 90 days.

For more information on appointment access and availability audits, please contact your Provider Relations representative or call one of the Provider Services phone numbers at the end of this newsletter.
WELLCARE WEBSITE RELAUNCH TO ENHANCE PROVIDER EXPERIENCE

In an effort to significantly improve online user experience, Harmony-WellCare is launching a new website!

All of WellCare’s websites will be consolidated into a new wellcare.com site that will go live this fall. The overhaul brings enhanced navigation and a modern, intuitive design, allowing providers and members to move more quickly and efficiently through the website.

A key component of WellCare’s mission is to enhance its members’ health and quality of life, and to make it easier for providers to do business with the company. The Web redesign will do just that by getting users to information with fewer clicks. Online tools such as “Authorization Lookup” and “Find a Provider” have been revamped, while other health plan information and online forms will be more easily accessible and modernized.

Harmony-WellCare’s new website will also support mobile devices for users on the go. Other key components of the redesign:

• Easy-to-find resources and information for providers
• Onboarding information for providers new to Harmony-WellCare
• Enhanced multimedia, such as video, infographics, images and audio
• Reorganization of content so providers can better locate what they need
• Visually appealing, smart design

That’s not all. In or around early 2016, Harmony-WellCare will also unveil enhanced provider tools in the secure online portal.

Check www.wellcare.com this fall to see the upgraded website!

UTILIZATION MANAGEMENT ENSURES THE RIGHT CARE

Harmony-WellCare’s Utilization Management Program includes components of prior authorization and prospective, concurrent and retrospective review activities. Each component is designed to provide for the evaluation of health care and services based on Harmony-WellCare members’ coverage, and the appropriateness of such care and services, and to determine the extent of coverage and payment to providers of care.

Harmony-WellCare does not reward practitioners, providers or associates who perform utilization reviews, including those of the delegated entities, for denials. No one is compensated or otherwise given incentives to encourage denials that result in underutilization. Utilization reviews are based on appropriateness of care and existence of coverage. Utilization denials (adverse determinations) are based on lack of medical necessity or lack of covered benefits.

If you have questions about this program, please refer to your Quick Reference Guide at www.wellcare.com/Illinois/Providers/Medicaid for contact information.

UPDATED CPGS

The following Clinical Practice Guidelines (CPGs) have been reviewed and posted to www.wellcare.com/Illinois/Providers/Clinical-Guidelines/CPGs:

ADHD and Bipolar Disorder. Updates have been made to the following chronic and preventive CPGs: Asthma, Cholesterol Management, Congestive Heart Failure, COPD, Coronary Artery Disease, Diabetes in Adults and Children, Hypertension, Sickle Cell Disease, and Smoking Cessation.

In addition, new CPGs are available: Behavioral Health Conditions in High Risk Pregnancy, Motivational Interviewing and Health Behavior Change, Palliative Care, Persons with Serious Mental Illness and Medical Comorbidities, and Substance Use Disorders in Pregnancy.
NEW HARMONY-WELLCARE CLINICAL COVERAGE GUIDELINES (CCGS) FOR VISCOSUPPLEMENTATION

Viscosupplementation therapy is part of the therapy used in the treatment of osteoarthritis of the knee. Synthetic hyaluronic preparations used as a viscosupplement are indicated for the treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics such as acetaminophen or nonsteroidal antiinflammatory drugs (NSAIDS). Ultrasound guidance for viscosupplement injections is considered experimental and investigational when billed with hyaluronan or a derivative due to a lack of efficacy supporting improved health outcomes.

In addition, viscosupplementation (CPT code 76942) will not be covered for any of the following:

- When the diagnosis is anything other than osteoarthritis (e.g., TMJ)
- For intra-articular injection in joints other than the knee
- As the initial treatment of osteoarthritis of the knee
- When failure of/or contraindication to conservative therapy and/or corticosteroid injections are not documented in the medical record
- When the dose and treatment regimen exceeds those approved under the FDA label
- When a repeat series of injections is initiated prior to six months after completion of the previous course of treatment
- When a repeat series of injections is administered when there was no symptomatic/functional improvement evidenced from the previous series of injections
- For topical application of hyaluronate preparation
- After the second course of therapy

For more information on Harmony-WellCare viscosupplementation CCGs, visit www.wellcare.com/en/Illinois/Providers/Clinical-Guidelines/CCGs.

BALANCE BILLING GUIDELINES

Participating providers are required to accept payment directly from Harmony-WellCare. This includes payment in full, with the exception of applicable co-payments, deductibles, coinsurance and any other amounts listed as member responsibility on your Explanation of Payment (EOP). Any bill generated to a member to collect for cost sharing other than those outlined above is prohibited. Balance billing of “zero cost-share” dual eligibles is prohibited, including co-payments, etc., as listed above.

Please consider the following scenarios that may unintentionally create a balance billing problem:

- You have a billing/practice management system that automatically generates a bill to a member if you have not received an EOP from the plan within a certain time frame or if the expected amount received (in some cases zero, for denials) is less than the remitted amount.
- You have sent a lab test or other services out of network without proper authorization, creating a situation where our member may be inappropriately billed.
- You have not confirmed eligibility with Harmony-WellCare, resulting in the incorrect classification of a member as self pay, which in turn generates a bill to the Harmony-WellCare member for services rendered. You can avoid this scenario by requiring all patients to present their ID cards at the time of their visit.

The generation of a balance bill to a Medicaid or Medicare Managed Care enrollee is not only against Harmony-WellCare policy, but is also strictly prohibited according to CMS guidelines.

If you have any questions or concerns regarding claims, please call one of the Provider Services phone numbers at the end of this newsletter or your Provider Relations representative.

Note: A provider may charge a member for services not covered by Harmony-WellCare only when both parties have agreed prior to the service being rendered that the member is being seen as private pay. The provider must obtain the member’s written consent that he or she will be financially responsible for the non-covered service, and that consent must be signed and dated on or before the date of service.
MEMBER RIGHTS AND RESPONSIBILITIES

As a Harmony-WellCare provider, it’s important for you to know what our members’ rights and responsibilities are.

OUR MEMBERS HAVE THE RIGHT TO:
• Be treated with respect and dignity
• Participate with practitioners in making decisions about their health care
• Have a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost and benefit coverage
• Have their privacy protected
• Receive information about our organization, services, practitioners and providers, and member rights and responsibilities
• Voice complaints or appeals about Harmony-WellCare or the care we provide*
• Make recommendations regarding Harmony-WellCare’s member rights and responsibilities policy

*Under Harmony-Wellcare’s grievance process and administrative review process, members may file a grievance/complaint and may appeal medical or administrative decisions.

IN ADDITION, OUR MEMBERS HAVE THE RESPONSIBILITY TO:
• Supply information that Harmony-WellCare, our practitioners and providers need to provide care
• Follow plans and instructions for care that they have agreed on with their practitioners
• Understand their health problems
• Help set treatment goals that they agree to with their practitioners

For more information on member rights and responsibilities, refer to the Provider Manual and Member Handbook.

Q3 2015 PROVIDER FORMULARY UPDATE

MEDICAID:
The Harmony-WellCare Medicaid Preferred Drug List (PDL) has been updated. Visit www.wellcare.com/Illinois/Providers/Medicaid/Pharmacy to view the current PDL and any pharmacy updates.
You can also refer to the Provider Manual available at www.wellcare.com/Illinois/Providers/Medicaid to view more information regarding Harmony-WellCare’s pharmacy Utilization Management (UM) policies and procedures.

MEDICARE:
The Medicare Formulary has been updated. Find the most up-to-date complete formulary at www.wellcare.com/Illinois/Providers/Medicare/Pharmacy.
You can also refer to the Provider Manual available at www.wellcare.com/Illinois/Providers/Medicare to view more information regarding WellCare’s pharmacy UM policies and procedures.

ICD-10 IS COMING. ARE YOU READY?

Just a reminder that Harmony-WellCare and the rest of the industry will be transitioning to the new ICD-10 coding effective October 1, 2015. This is a good time to double check your processes and data requirements to make sure you are prepared. Please contact your Provider Relations representative if you have any questions about Harmony-WellCare’s transition to ICD-10.
Harmony Health Plan, Inc.
29 N. Wacker Drive
Suite 300
Chicago, IL 60606

WE'RE JUST A PHONE CALL OR CLICK AWAY!
WellCare of Illinois, Inc.
Medicare:
1-855-538-0454
www.wellcare.com

Medicaid:
Harmony Health Plan of Illinois
1-800-504-2766
www.wellcare.com/Illinois

WEB RESOURCES
Visit www.wellcare.com (Medicare) or www.wellcare.com/Illinois (Medicaid) to access our Preventive and Clinical Practice Guidelines, Clinical Coverage Guidelines, Pharmacy Guidelines, key forms and other helpful resources. You may also request hard copies of any of the above documents by contacting your Provider Relations representative. For additional information, please refer to your Quick Reference Guide at to https://www.wellcare.com/Illinois/Providers/Medicaid or www.wellcare.com/Illinois/Providers/Medicare.

PROVIDER NEWS
Remember to check messages regularly to receive new and updated information. Visit the secure area of www.wellcare.com (Medicare) or www.wellcare.com/Illinois (Medicaid) to find copies of the latest correspondence. Access the secure portal using the “Member/Provider Secure Sign-In” area on the right. You will see Messages from WellCare located in the column on the right.

ADDITIONAL CRITERIA AVAILABLE
Please remember that all Clinical Coverage Guidelines, detailing medical necessity criteria for several medical procedures, devices and tests are available on our website at www.wellcare.com/Illinois/Providers/Clinical-Guidelines/CCGs.