



ILLINOIS

Member Handbook

Welcome to the **plan** that
gives your family more.





WELCOME TO HARMONY HEALTH PLAN

We want to give you and your family quality health care coverage and the respect you deserve. Harmony Health Plan has been designed for families who are in an Illinois Medical Assistance program. You will have 24-hour medical coverage for a wide range of care and services at no cost to you with doctors' offices close to where you live.

This handbook will tell you more about your benefits. We hope it will answer most of your questions. Visit the Web at www.harmonyhpi.com if you need more help. The Web provides an easy way for you to learn more about us and your benefits and to manage your care with our plan. You can also call Member Services at 1-800-608-8158 (TTY 1-877-650-0952). We have friendly staff trained to answer all your questions. As you work with everyone at Harmony, you will see that we put you and your family first, so you get better health care. Again, welcome to Harmony. We wish you good health!

When you have a question, any question, just pick up the phone!

IMPORTANT PHONE NUMBERS

Harmony Member Services1-800-608-8158 (TTY 1-877-650-0952)

Harmony Transportation Hotline 1-888-684-2026

Harmony Hugs Program.....1-866-776-9876

Step 1—Complete a Health Risk Assessment form for every family member. You can use the forms that came with the ID cards or use the forms in this Welcome Packet. Send them back as soon as possible in the envelope provided. These forms will help us make sure you get the services you need.

Step 2—Set up an appointment with your PCP within 90 days and make sure you and your family are up to date with these services:

- Immunizations
- Cervical cancer screening
- Maternity and prenatal care
- Diabetes care
- Asthma medicine
- Well-child visits

Step 3—Always carry your ID card with you. It has important phone numbers and will help doctors and hospitals get you covered services.

To request a provider directory or certificate of coverage, visit our Web site at www.harmonyhpi.com or call Member Services at 1-800-608-8158 (TTY 1-877-650-0952).



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YOUR PRIMARY CARE PHYSICIAN

Set up a time to see your Primary Care Physician (PCP) as soon as you get your Harmony membership ID card(s). Remember that your PCP must arrange all health care services for your family.

Your Primary Care Physician:

Name _____

Phone _____

Address _____

City _____

State _____

ZIP _____

After-Hours Phone _____

Your Child's Primary Care Physician:

Name _____

Phone _____

Address _____

City _____

State _____

ZIP _____

After-Hours Phone _____

Women's Health Care Provider:

Name _____

Phone _____

Address _____

City _____

State _____

ZIP _____

After-Hours Phone _____

IMPORTANT! Always bring your Harmony membership ID card with you when you or your children visit the doctor!



KEY WORDS FOR YOU TO KNOW

Advance Directive

A document that tells your doctor and family how you wish to be cared for. It goes into effect when you are so ill that you cannot make decisions for yourself.

Appeal

A request you make when you do not agree with our decision to deny, reduce and/or end a service. Someone who represents you can also ask for an appeal.

Benefits

Health care that is covered by Harmony.

Co-pay or Co-payment

Harmony does not charge any co-pays.

Disenrollment

Steps to follow to leave Harmony.

Durable Medical Equipment

Items such as wheelchairs and oxygen tanks.

Emergency

A very serious medical condition. It must be treated right away.

EPSDT (Early and Periodic Screening, Diagnosis and Treatment)/Well-Child Visits

Regular health exams for children. They are used to find and treat medical problems.

Grievances

When you let us know you are not satisfied with a provider, the plan or a benefit. You can do this in writing or tell us verbally. Someone you appoint can file a grievance for you.

Home Health Agency

A company that provides health care services in your home.

Identification Card

A card that shows you are a member of Harmony.

Immunizations

Shots that keep a child safe from many serious diseases. There are some shots your child has to get before they can start day care or school in Illinois.

Inpatient

A person who stays in a hospital for a period of time.

Managed Care Plan

A plan like Harmony. The plan works with health care providers. The goal is to keep you and your family well. Providers include clinics, doctors, hospitals, pharmacies and others.

Medically Necessary Services

Medical services that are needed for you to get well and stay healthy.

Member

A person who has joined Harmony.

Outpatient

A person who gets treated at a hospital, but does not need to stay overnight.

Prescription Medicine

A drug for which your doctor writes an order.

Primary Care Provider (PCP)

Your personal doctor. He or she manages all your health care needs.

Prior Authorization

When Harmony needs to approve medical treatment or medicines in advance.

Provider

Those who work with Harmony to give medical care. This includes doctors, hospitals, pharmacies, laboratories or other medical people.

Referral

When your PCP or Case Manager sends you to see another health care provider.

Specialist

A doctor who practices in a specific field of medicine.

Treatment

The care you get from doctors and facilities.

Women's Health Care Provider (WHCP)

A plan doctor specializing in obstetrics, gynecology, or family practice selected by a female member to see as needed and with no referral necessary.

WIC (Women, Infants and Children)

A program that works with women, babies and children. It helps them with nutrition.

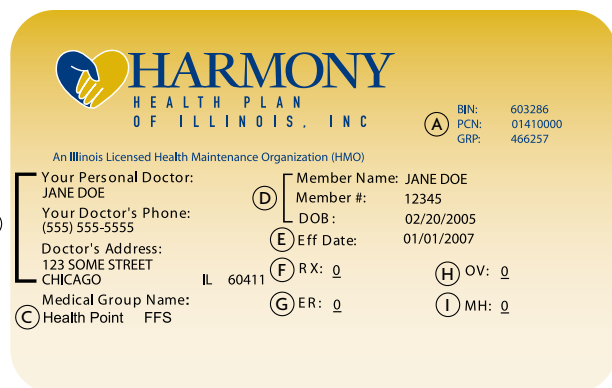


GETTING STARTED

It's easy to get started. Follow these steps. You will be on your way to getting the care you need.

1 Check your ID card and put it in a safe place

You should have received your Harmony member ID card in the mail. Keep this card with you at all times.



Information on your ID card

- A. BIN—beneficiary identification number
PCN—primary care number
GRP—group number
- B. Your doctor's information (name, address, phone)
- C. Your medical group name
- D. Your personal information—your name, member number and date of birth
- E. The date your membership in our plan became effective
- F. RX—prescription co-pay
- G. ER—emergency room co-pay
- H. OV—office visit co-pay
- I. MH—mental health co-pay

You will need your ID card each time you get medical services. This means that you need your card when you:

- See your primary care provider (PCP)
- See a specialist or other provider
- Go to an emergency room

- Go to an urgent care facility
- Go to a hospital for any reason
- Get medical supplies
- Get a prescription
- Have medical tests

Call Harmony Member Services as soon as possible at 1-800-608-8158 (TTY 1-877-650-0952) if:

- You have not received your card(s) yet.
- Any of the information on the card(s) is wrong.
- You lose your card(s).

Someone can help you weekdays, 8am to 5pm Central.

2 Choosing your primary care provider (PCP)

Each member of the plan must pick a primary care physician (PCP). They are listed in our provider directory. Your PCP is your personal doctor.

Our PCPs are trained in different areas. They include:

- Family medicine
- General practice
- Internal medicine
- Pediatrics
- OB/GYN (obstetrics/gynecology)

You can choose an OB/GYN (obstetrics/gynecology) as your PCP if you are pregnant.

Your PCP will arrange your health care. He or she will do your checkups. They will treat you for most of your health care needs. If you need it, your PCP will send you to other doctors (specialists) or admit you to the hospital.

You can reach your PCP by calling their office. Your PCP's name and telephone number are printed on your ID card. You can even call your doctor's office after hours and the doctor on call can call you back and tell you what to do.

3 Changing your PCP

If you want to change your PCP, call Member Services. You can change your PCP at any time. Just call 1-800-608-8158 (TTY 1-877-650-0952).

For a list of our PCPs:

- Visit our Web site at www.harmonyhpi.com, or
- Call Member Services at 1-800-608-8158 (TTY 1-877-650-0952)

4 Learn how to use your benefits

It's easy to use your benefits. Please read the How to Get Medical Services section of this handbook. It will tell you about your covered services. It will tell you how to access care. You will also find information on extra benefits you receive as a member.

5 In an emergency

For a MEDICAL EMERGENCY, go to the hospital or call 911. Please read the Emergency Care section of this book. It tells you how you get care. It also gives examples of emergencies.

6 Call with your monthly Harmony +10 Personal Care Items order

Be sure to read the Harmony +10 Personal Care booklet in this packet. It tells you about the items you can get with this benefit. Each month you can pick \$10 in items. They will be mailed to you. Call 1-800-608-8158 (TTY 1-877-650-0952) to order. You can also order online. Go to www.harmonyhpi.com, click on "Member sign up," and follow the simple steps to register. You can use the site 24 hours a day to...

- View your previous orders
- Reorder items
- Check the status of your order
- And much more

7 Your enrollment in Harmony is your choice

Joining Harmony is your choice. Being eligible for Medicaid will not change, whether you join or not. Call us with any questions you have. Call 1-800-608-8158 (TTY 1-877-650-0952).

8 Harmony members have certain rights and responsibilities

You have certain rights as a plan member. You also have some responsibilities. This booklet tells you what they are. Please make sure to read them.

9 Call Harmony Member Services if you need help

Call us if you have any questions. We can arrange for translators for all languages. We have materials available in large print, audio tapes and Braille.

We can also arrange services for visual- or hearing-impaired members. Call 1-800-608-8158

(TTY 1-877-650-8158) weekdays from 8am to 5pm.

You can:

- Ask for ID cards
- Change your doctor
- Request your Personal Care Items
- Get a list of doctors in the plan
- Answer questions you have about your benefits

You are now ready to begin using all of the benefits you get with Harmony. We look forward to serving you.



MEDICAL SERVICES

Here is a list of some of the medical services and benefits that are covered by Harmony Health Plan. You can also look in your Certificate of Coverage for a complete list. You can find a copy on our Web site at www.harmonyhpi.com if you do not have one. You can also have a copy sent to you. Just call Member Services at 1-800-608-8158.

COVERED

- Hospital inpatient services
- Home health care services
- Physical therapy
- Speech and language therapy
- Laboratory and X-ray services
- Transportation
- Emergency services
- Transplant services (non-experimental)
- Family planning services (also at non-affiliated providers covered by the Illinois Medical Assistance program)
- Contraceptive devices

- Durable and non-durable medical equipment and supplies
- Whole blood and blood products
- Physician services
- Hospital outpatient services
- Mental health and substance abuse services
- Preventive services
- Alcohol and substance abuse treatment services
- Early periodic screenings and diagnostic testing services
- Maternity care services
- Well-child care services
- Health education
- Skilled nursing care (first 90 days)
- Immunizations
- Hospice
- Chiropractic services
- Podiatric services
- Orthotic/prosthetic devices, including prosthetic devices or reconstructive surgery incident to mastectomy
- Nurse midwife services
- Medical procedures performed by a dentist
- Ophthalmologist (eye specialist)

NOT COVERED

- Elective cosmetic surgery
- Custodial care services
- Elective abortions

COVERED BY HFS MEDICAL CARD

- Optical / Vision
- Dental services
- Pharmacy

HARMONY ADDITIONAL BENEFITS

- HFS pharmacy co-pays covered*
- No co-pays for doctor visits
- Dental care for adults (21 years and older)*
 - One Periodic Oral evaluation every 12 months
 - One Adult Prophylaxis (cleaning) every 12 months
- Harmony Hugs—Harmony Hugs is our special program for pregnant women. You'll work with a case manager who will make sure you stay healthy

and get all your needed exams. These exams are important for you and your baby.

- Harmony Healthy Kids Club
- Harmony +10 Personal Care items can be ordered online at www.harmonyhpi.com
- Additional transportation to WIC offices, pharmacies, unlimited DME visits, including siblings, and visits to hospitalized family members.
- NurseLink toll-free 24-hour access for routine medical advice.
- Hospital to Home—complete aftercare visits after seven days and then again within 30 days of your behavioral health hospital stay. We'll send you a \$10 gift card after each visit.

** At participating providers.*

Service, service, service! You can call Member Services any time you have a question. Just call 1-800-608-8158 (TTY 1-877-650-0952).

SEEING A SPECIALIST

You must see or contact your PCP first. Your PCP will arrange for you to see a specialist when you need one. You can request a standing referral if you see a specialist on a regular basis. A standing referral would let you go to the specialist before you have to get another referral from your PCP.

If you have any questions about a referral, call your PCP. You can also call Member Services at 1-800-608-8158 (TTY 1-877-650-0952).

HOSPITALIZATION

Your PCP or treating physician will make sure you can be admitted to a hospital when needed. He or she will see to it that you get the proper care you need.

NEW ENROLLEE—TRANSITION OF CARE

If you are in a treatment plan by a doctor who is not in Harmony's network, you can ask to keep seeing that doctor for up to 90 days after becoming a member of Harmony under the following conditions:

- You must keep seeing the same doctor regularly to get treated for a medical condition or disease.

- You are in your 7th, 8th or 9th month of pregnancy. You can ask to keep your doctor until after your baby is born and all follow-up care is completed.
- Your doctor agrees to follow the plan's rules and payment.

You must make this request in writing. Call Member Services and they will help you. Harmony will respond in writing within 15 days with approval or, if denied with the specific reason.

APPOINTMENTS

It is very important that you keep all appointments you make for doctor visits, lab tests or X-rays. Not showing up or getting there late makes it hard for your doctor to give you all of the time you need and deserve. Please call your PCP at least one day ahead of time if you cannot keep a scheduled appointment. If you are having trouble scheduling an appointment, call Member Services. Call 1-800-608-8158 (TTY 1-877-650-0952).

PRESCRIPTIONS

Your prescriptions will be covered by the Illinois Medical Assistance Program. You must use your HFS Medical Card to get your prescriptions filled at a pharmacy. Harmony will cover any co-pays if you show your ID card to a participating pharmacy. Please see the Harmony Web site, www.harmonyhpi.com, for details. Or contact Member Services to see if your pharmacy is participating. The number is 1-800-608-8158 (TTY 1-877-650-0952). You will go through the Illinois Medical Assistance program when filing your prescription by mail order or other methods.

HARMONY +10 PERSONAL CARE ITEMS

You can get some personal care items delivered to your home. (Products will be generics. The list of available items is subject to change.) Every month you simply review the list in the booklet that came with this packet and identify the items you want. You can select up to \$10 in products for your household. Place your order by calling toll-free on weekdays 1-800-608-8158 (TTY 1-877-650-0952).

Your order will be shipped directly to you within 10 business days. Any unused portion of your allowance does not carry over to your next order. You can also order online. Simply go to www.harmonyhpi.com for more details.

NURSELINK (24-HOUR NURSE HOTLINE)

NurseLink is our nurse advice line. It is offered at no cost to you. You can call the line 24 hours a day, 7 days a week. It is available every day of the year. Call 1-800-608-8158. Call anytime someone in your family is sick or hurt or needs medical advice. You will get friendly, helpful advice. The nurse will ask you some questions about your problem. Tell the nurse where it hurts, what it looks like, and what it feels like. The nurse can help you decide if you need to:

- Go to the hospital
- Go to the doctor
- Care for yourself at home

You can get help with problems like:

- Back pain
- Burns
- Colds/flu
- Coughing
- Crying baby
- Cuts
- Dizziness
- Feeling sick

A nurse is there to help. **If you think it is an emergency, go the hospital or call 911 first.**

CASE MANAGEMENT

Harmony has case management programs. These help members who have chronic diseases. These include asthma, diabetes, HIV/AIDS and others. Our case managers work with you. They help coordinate your health care needs. You may be contacted if:

- You ask for case management.
- You meet the conditions for one of our case management programs.

- Your PCP asked that you be put into case management.

You can learn more about these programs by calling your PCP. Or call Member Services.

Call weekdays from 8am to 5pm Central at 1-800-608-5158 (TTY 1-877-650-0952).



OTHER HEALTH CARE PROVIDERS

IT'S YOUR RIGHT

Illinois law allows you to select a Women's Health Care Provider (WHCP) in addition to a PCP. A WHCP specializes in obstetrics or gynecology or in family practice. A WHCP may be seen for care without referrals from your PCP. You may select a WHCP at any time. However, you are not required to. You may keep seeing your PCP and he or she can refer you to an obstetrician or gynecologist when necessary.

Your WHCP must be a part of our network. To get a list of participating doctors in our network call Member Services. The number is 1-800-608-8158 (TTY 1-877-650-0952) or visit our Web site at www.harmonyhpi.com.

FAMILY PLANNING

You may get Covered Family Planning Services from any provider in the Illinois Medical Assistance Program. These services include:

- Information
- Physical exam and counseling during a visit
- Annual physical exam for family planning purposes
- Pregnancy testing
- Voluntary sterilization
- Related laboratory and diagnostic testing
- Instruction and medical counseling services on family planning issues like the use of contraceptive devices and birth control medication
- Birth control medication
- Contraception devices

- Physician services for the insertion and removal of an intra-uterine device (IUD)

Members may receive family planning services out of network, without a referral. Family planning services obtained out of network are covered by HFS.

BEHAVIORAL HEALTH CARE

If you need mental health or substance abuse help, call 1-888-684-2026. You do not need a referral to call this number. You will be given a choice of doctors and help in finding one in your area.

What to do if you need help

If you have any of the feelings below, call 1-888-684-2026. They will give you names of doctors who can help.

- Always feeling sad
- Feeling hopeless and/or helpless
- Feelings of guilt or worthlessness
- Problems sleeping
- No appetite
- Weight loss or gain
- Loss of interest in things you like
- Problems paying attention
- Being upset
- Your head, stomach or back hurts, and your doctor hasn't found a cause
- Drug or alcohol problems

HOSPITAL TO HOME PROGRAM

There is still more to do after you leave a behavioral health hospital. Follow-up care is a big part of your well-being. It gives you a chance to make sure you are on the right track. That's why we offer aftercare visits to members.

Make sure to follow up with the doctor after a hospital stay. Do this within seven days of getting out of the hospital. Follow-up care can reduce the chance of going back to the hospital for an emotional problem. If you miss the appointment within the first week, make sure you schedule another as soon as you can. See your mental health provider within 30 days of leaving the hospital. Please call us today at 1-888-684-2026 to set up your visit.

Remember to complete aftercare visits after seven days and then again within 30 days of your behavioral health hospital stay. Then we'll send you a \$10 gift card after each visit. These gift cards are good for Walgreens.

GET CHECKUPS REGULARLY

It is important to get checkups from your doctor on a regular schedule. This is true even if you feel healthy. There are many reasons to get preventive care checkups. The information you will learn will help you take charge of your health!

Checkups will help you:

- Get immunizations (shots) that can help keep you from getting sick
- Check if your child is growing and developing at the right pace
- Catch early warning signs before a disease or illness gets worse
- Check “vital statistics” so your doctor can compare them when you do get sick
- Get advice on eating better, quitting smoking, or other healthy living tips

CHECKUPS FOR CHILDREN

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a program for children and adolescents under the age of 21. The EPSDT program checks children for medical problems early and as they grow. These checkups help to make sure your child is growing up healthy. If the doctor finds a problem, it is treated and watched. These benefits are available to your child with Harmony Health Plan.

Children should get checkups regularly on or before the ages listed below:

- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- Every year age 4-20

Well-Visits or EPDST checkups include:

- Medical history and physical exam
- Growth and development checks (social, personal, language, and motor skills)
- Vision screens
- Hearing screens
- Dental screens
- Nutrition
- Lab tests including blood lead level
- Mental health and substance abuse
- Immunizations (shots)
- Health education for parents include information on prevention, safety and risk behaviors
- Referrals for diagnosis and/or treatment when needed

It is important for children to have all of the EPSDT visits.

IMMUNIZATIONS

Immunizations are shots that help the body fight disease. Children will receive immunizations (shots) during some of the well child checkups. Children must have all the shots they need before they can start school. Check with your child's doctor to be sure that your child has all the needed shots. The following is the recommended childhood and adolescent immunization schedule.

2010 RECOMMENDED IMMUNIZATIONS FOR BABIES

AGE	RECOMMENDED IMMUNIZATION
At birth	Hepatitis B (HepB)
2 months	Diphtheria, Tetanus and Pertussis (DTaP), HepB, Polio (IPV), Pneumococcal (PCV), Haemophilus influenzae type b (Hib) shots, Rotavirus (RV)
4 months	DTaP, Hib., PCV, Polio, RV
6 months	DTaP, HepB, Hib. IPV, PCV, RV, Influenza (Flu)
12 months	Measles, Mumps, Rubella (MMR), Hib, 2 Hepatitis A (HepA) Shots, Varicella (Chicken Pox), PCV, Flu
15 months	DTaP, Flu
18 months	Flu
24 months	Flu

VACCINE DESCRIPTIONS:

- **HepB:** protects against hepatitis
- **DTaP:** a combined vaccine that protects against diphtheria, tetanus and pertussis (whooping cough)
- **PCV:** protects against pneumococcal disease
- **Hib:** protects against Haemophilus influenzae Type b
- **Polio:** protects against polio, the vaccine is also known as IPV
- **RV:** protects against infections caused by the Rotavirus
- **MMR:** protects against measles, mumps and rubella (German measles)
- **Varicella:** protects against varicella, also known as chickenpox
- **HepA:** protects against hepatitis A
- **Influenza:** protects against influenza (flu)

2010 RECOMMENDED IMMUNIZATIONS FOR CHILDREN AND TEENS

AGE	RECOMMENDED IMMUNIZATION
4-6	Diphtheria, Tetanus and Pertussis (DTaP), Polio (IPV), Measles, Mumps, Rubella (MMR), Varicella (Chicken Pox), Influenza (Flu)
11-12	DTaP, 3 HPV Shots, MCV4, Flu
13-18	DTaP, Flu

VACCINE DESCRIPTIONS:

- **DTaP/Tdap:** a combined vaccine that protects against diphtheria, tetanus and pertussis (whooping cough)
- **Polio:** protects against polio, the vaccine is also known as IPV
- **MMR:** protects against measles, mumps and rubella (German measles)
- **Varicella:** protects against varicella, also known as chickenpox
- **HPV:** protects against cervical cancer
- **MCV4:** protects against meningococcal conjugate vaccine
- **Influenza:** protects against influenza (flu)

This may seem like a lot of shots, but the shots are needed to prevent disease. The visits also help the doctor make sure your child is growing and learning on schedule. If you are not sure if your child needs a shot, please talk to your child's doctor right away. Your doctor can also tell you what to do if your child misses a shot.



ADULT PREVENTIVE CARE GUIDE

The following chart lets you know what care or screening you may need for someone your age and gender. For example, if you are a 25 year old female, please find that row for the preventive care you may need. Your PCP will also know what preventive services you need.

IF YOU ARE	YOU NEED
Male age 21-34	Annual Physical Exam, Tetanus-Diphtheria Booster
Female age 21-34	Annual Physical Exam, Pap Smear, Chlamydia Screening (18-25 years of age), HPV Vaccine (if you are under 26), Tetanus-Diphtheria Booster
Male age 35-49	Annual Physical Exam, Cholesterol Testing, Tetanus-Diphtheria Booster
Female age 35-49	Annual Physical Exam, Pap Smear, Cholesterol Testing (if you are over 44), Mammogram, Tetanus-Diphtheria Booster
Male age 50-64	Annual Physical Exam, Cholesterol Testing, Tetanus-Diphtheria Booster, Colonoscopy, Flu Shot
Female age 50-64	Annual Physical Exam, Pap Smear, Cholesterol Testing, Mammogram, Tetanus-Diphtheria Booster, Colonoscopy, Flu Shot

CARE BEFORE YOU GET PREGNANT

Being a parent is a full-time job. Before you get pregnant, think about the emotional and lifestyle issues you will face as a parent. It's important for you and your partner to talk about big issues. You both should agree on them or begin talking about your differences. These talks should happen before you get pregnant. Only you can decide if you're ready for a baby.

Also, the physical health of the mom and dad before pregnancy can affect the health of your future baby. There are certain things you can do to help your baby even before you're pregnant.

What you can do:

- Take a multivitamin with **folic acid** every day before you get pregnant
- Get a pre-pregnancy checkup, including a dental checkup
- Eat healthy food, maintain a healthy weight and get fit
- Stop smoking and avoid secondhand smoke
- Stop drinking alcohol
- Don't use illegal drugs
- Avoid infections because some can harm a fetus
- Avoid hazardous substances and chemicals
- Talk to your health care provider about your family history
- Avoid stress

PRENATAL VISITS

When you are pregnant you need to visit your doctor. The number of visits changes during pregnancy. From months one to six: one visit a month. From months seven to eight: two visits a month. Month nine: one visit a week. **Remember that the use of alcohol, tobacco and illicit drugs may lead to low birth weight babies and birth defects.**

PRENATAL PROGRAM

HARMONY HUGS PROGRAM

Harmony Hugs is our special program for pregnant women. It's Harmony's way to make sure our mothers-to-be get the care they need before and

after they have their baby. We want our members to seek care very early in their pregnancy. This allows us to arrange for tests that look for any risks you may face. We will also assign someone who will work with you to manage your pregnancy. Our members decide if they want to join Harmony Hugs. Harmony will assign a case manager to you. The case manager calls you based on your risk level and your needs. When the case manager calls, he or she will ask about your pregnancy and give you educational information. Harmony will also send you educational materials during your pregnancy. We'll encourage you to schedule exams for yourself and your baby. Newborn babies need a series of regular checkups.

You may also be eligible for our Prenatal Reward Program and get a new baby stroller. Just be sure to visit your doctor as recommended while you are pregnant. Also, you must be enrolled with Harmony when you deliver your baby and at the time the stroller is mailed to you.

To join the Harmony Hugs Program and learn more about our Prenatal Reward Program, please call Harmony Hugs at 1-866-776-9876 (TTY 1-877-650-0952) as soon as you find out you are pregnant.

You Should Know: Stay close to your doctor and the hospital where you will have your baby during your ninth month of pregnancy. Check with your doctor to make sure it is safe to leave if you need to go out of town. Your medical bills may not be covered if your doctor tells you to stay in town but you have your baby out of town.

Before Another Pregnancy (Intraconceptual Care)

You may not be thinking about having another baby right now, but that might change in the future. So it's important to stay healthy.

What you can do:

- Leave time between pregnancies. For most women, it's best to wait at least 18 months before getting pregnant again. This gives your body enough time to get ready for another pregnancy. Babies are born healthier when there is plenty of time between pregnancies.

- Use birth control until you're ready to get pregnant again. Your provider will help you choose the best one for you.
- Take a multivitamin every day before you get pregnant. Make sure it has folic acid.
- Get a checkup before getting pregnant again.

HARMONY HEALTHY KIDS CLUB

The Harmony Healthy Kids Club is intended for children 5–10 years of age. Kids are taught how to live healthy. The club holds monthly birthday parties. All that kids need to attend the party is their most recent record of shots.

EMERGENCY CARE

Call 911 in an emergency. Call an ambulance if no 911 service is available in your area. Or go to the nearest hospital emergency room right away. An emergency medical condition is very serious. It could even be life-threatening. It means there are signs of severe pain, injury or illness. An average person would think that care is needed right away. Someone would be in danger without care. He or she would suffer long-term injuries or damage to body parts. This would include someone's unborn child. Some examples of emergency conditions are:

- Heart attacks
- Severe bleeding
- Poisoning
- Strokes
- Unconsciousness
- Significant difficulty in breathing
- Broken bones

Call your PCP within 24 hours of getting emergency care. Remember that it has to be for something that an average person would consider an emergency. Otherwise, it may not be covered. If you are admitted to a non-plan hospital through the emergency room, you may be transferred to a Harmony network hospital when it is safe to do so. **Prior authorization is not required for emergency services.**

URGENT CARE

Urgent care includes issues that need care right away. But they are not life-threatening. Examples include minor cuts and scrapes, colds, the flu, etc. Call your doctor for urgent care. Or call Harmony Member Services at 1-800-608-8158.

OUT-OF-TOWN CARE

You are covered for emergency care even when you travel. You may go to a hospital or doctor out of town. But it must be for a true emergency.

HOW TO GET AFTER-HOURS MEDICAL CARE

If you get sick or hurt when your doctor's office isn't open, and it is not an emergency, call your doctor. The number is on your ID card. Your doctor's office will have a doctor on call to call you back and tell you what to do.



OTHER INFORMATION

ELIGIBILITY

You can be a member in the Harmony Health Plan as long as you are in an Illinois Medical Assistance program. However, you can decide to leave the plan. You may leave the plan by calling Member Services. Call 1-800-608-8158. You will be forwarded to the Client Enrollment Broker to make another health care choice. This usually takes about 4 to 6 weeks. You will also lose your membership if:

- You move out of the service area
- Harmony Health Plan stops covering the Illinois Medical Assistance program
- You let someone else use your membership card
- You no longer have coverage from the Illinois Medical Assistance program

WEB SITE

Log on to our Web site at www.harmonyhpi.com. Some of the things you can get or do on our Web site are:

- Provider search by county or ZIP Code
- Online member handbook
- Online provider directory (to request a printed provider directory please contact Member Services).
- Benefit information
- Contact us with a question or concern
- Find important phone numbers
- Read frequently asked questions (FAQs) from members
- Find a doctor
- Find a pharmacy for co-pay coverage
- Report a case of fraud and abuse
- Online certificate of coverage (To request a printed certificate of coverage, please contact member services.)
- Harmony +10 Personal Care items

Please call Member Services with any questions you may have. Call 1-800-608-8158 Monday through Friday, from 8am to 5pm Central. TTY users may call 1-877-650-0952.

The screenshot shows the Harmony Health Plan website interface. At the top left is the Harmony Health Plan logo. To its right is a search bar with the text "Search Site:" and a "Go" button. Further right is a "Need Help?" section with contact information: "Call: 1-800-608-8158" and "TTY/TDD(All Plans) Call: 1-877-650-0952" with hours "Monday - Friday, 8:00 a.m. - 5:00 p.m. CT". Below the search bar is a "Your Location:" section with a "Change" button and a "Text Size" selector. The main content area features a large heading "Your Source for Medicaid Plans" with a background image of a doctor and a patient. Below this heading are three tabs: "Medicaid", "For Members", and "For Providers", each with a help icon. Under "Medicaid" are links for "Programs for Children and Families", "Is This Plan Right for Me?", and "Community Service Organizations". Under "For Members" are links for "Harmony Member Information", "Frequently Asked Questions", "Resource Materials", and "Register for Access today!". Under "For Providers" are links for "Become a Harmony Provider", "Not Registered? Sign Up Today!", and "Provider Resources". On the right side of the page is a "Member / Provider Secure Sign-In:" section with fields for "Username" and "Password", a "Login" button, and links for "Forgot Your Password?", "Not Registered?", "Member sign up", and "Provider sign up". At the bottom right is a "Help me find a ..." search bar with a dropdown menu showing "Doctor" and "Hospital".

MEDICAL RECORDS

You may need to sign a release form to have your medical records sent to a doctor. There is no charge for you to transfer medical records.

EVALUATION OF NEW TECHNOLOGY

We look at our technology every year. The findings are reviewed to:

- Determine how new advancements can be included in the benefits that members receive
- Ensure that members have equitable access to safe and effective care
- Ensure awareness of changes in the industry

The review of new technology occurs in the following areas:

- Medical procedures
- Behavioral health procedures
- Pharmaceuticals
- Medical devices

You can learn more by calling Member Services at 1-800-608-8158 (TTY 1-877-650-0952).

FRAUD AND ABUSE

Fraud occurs when your health care plan gets billed for a service that costs more than the service received. Fraud also happens when your health care plan pays for a service that someone never used. If you know that fraud occurred, tell us. Call our 24-hour hotline at 1-866-678-8355.

To learn more, call 1-800-608-8158 (TTY 1-877-650-0952).

ADVANCE DIRECTIVES

The law says your doctor or hospital has to ask if you have made an “advance directive.” This is a paper that tells the doctor and hospital what type of care you want to get or not get if you are so sick you will not get better. This care may include things like feeding tubes or restarting your heart if it stops beating. Advance directives can state your wishes to donate specific organs or your entire body. This is sometimes called a “Living Will.”

You also can name a person to make those decisions for you if you are not able to. This is called “durable power of attorney” for health care decisions.

You should provide a copy of your advance directive to your PCP. Your local hospital can give you a copy of the advance directive form.

BILLS

You pay nothing for covered medical services when your PCP refers you for the care. These services may not be covered if you use a health care provider without a referral from your PCP. Neither Harmony nor the Illinois Department of Healthcare and Family Services will pay these charges. The exception is when you need care for an emergency. (This is discussed under “Emergency Care.”) What if you get a bill in error? Call Member Services. The number is 1-800-608-8158 (TTY 1-877-650-0952).

HEALTH CARE SERVICE APPEALS

You may not agree with a decision or an action made by the plan about its services. For example, you may disagree if we do not cover a treatment or service. In such cases, you may appeal within 30 days of when he or she gets notice of the decision. Your request should be made in writing. An exception is when your situation needs an urgent decision. Someone you appoint may ask for an appeal for you. This could be your PCP or guardian.

Non-urgent Situation

If your situation is NOT urgent, submit a written request for an appeal to:

**Member Services Department
Harmony Health Plan of Illinois, Inc.
P.O. Box 31368
Tampa, FL 33631-3368**

- We will let you know what information we need to work on your appeal.
- We will make a decision within 15 business days of getting the information. We will tell you and your provider orally and in writing of the decision.

Urgent Situation

Call Member Services in an URGENT situation. The number is 1-800-608-8158. The TTY number is 1-877-650-0952. Ask for an urgent appeal.

- Harmony will let you know within 24 hours if we need more information.
- Harmony will make a decision within 24 hours after getting all the needed information. We will notify you and the provider orally and in writing of the decision.

External Independent Review

If your appeal is denied, you can ask for a review. This review would be done by people outside of the Harmony Health Plan. You have the right to help select the organization that would perform the review.

GRIEVANCES

You have the right to complain to the plan about your doctor or anything about Harmony Health Plan. You can make your complaint on the phone, in person or in writing. You can also complain if you think you have been treated badly or discriminated against in any way.

Please call Harmony's Member Services department at 1-800-608-8158 (TTY 1-877-650-0952) to express your complaint or write to:

**Member Services Department
Harmony Health Plan of Illinois, Inc.
P.O. Box 31384
Tampa, FL 33631-3384**

If you are not satisfied with the outcome of your complaint, you may then file the grievance with the Grievance Committee. If you need help with this just call Member Services at 1-800-608-8158 (TTY 1-877-650-0952).

- Grievances to the Committee must be in writing.
- Grievances must be submitted within one year of the occurrence.
- Harmony will notify you within 5 days of getting your grievance.
- You will be given a formal hearing before

Harmony's Grievance Committee. You may bring a person of your choice to the hearing. The person can be an attorney.

- The Grievance Committee must give you a decision in writing within 30 days after the receipt of your grievance.
- If you are not satisfied with the resolution, you may appeal to the Illinois Department of Healthcare and Family Services and request a Fair Hearing at the address below. The resolution by the Illinois Department of HFS is final.

**Illinois Department of Healthcare
and Family Services
Bureau of Contract Management
Prescott E. Bloom Building
201 S. Grand Avenue East
Springfield, IL 62763**



YOUR RIGHTS AND RESPONSIBILITIES

YOUR RIGHTS

As a member of Harmony Health Plan you have the following rights:

- To be treated with respect and courtesy by your PCP, all office staff members and staff members of Harmony Health Plan.
- To choose your own doctor within the Harmony Health Plan network.
- To be told about your treatment plan, before treatment begins.
- To receive care consistent with sound nursing and medical practices.
- To refuse treatment to the extent of the law and to be told of the outcome.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To voice concerns or complaints about the program and receive prompt answers.
- To request information relating to Harmony's Physician Incentive Plan.

- To request a description of the financial relationships between Harmony and any health care provider. You can also ask for the percentage of total premiums spent on health care related expenses and the percentage of total premiums spent on other expenses, including administrative expenses.

You have the right to request the following information from Harmony's participating health care providers:

- Copy of the total bill for services you received from your health care provider.
- Educational background, experience, training, specialty and board certification.
- The names of the licensed facilities in Harmony's network where the health care provider presently has privileges for the treatment, illness or procedure you are inquiring about.
- Information about the health care provider's participation in continuing education programs.
- Compliance with licensure, certification or registration requirements.

YOUR RESPONSIBILITIES

As a member of Harmony Health Plan you have the following responsibilities:

- To treat your PCP and office staff with courtesy and respect.
- To fully inform your doctor about your medical problems.
- To decide about having a medical treatment or procedure before it begins.
- To help your PCP obtain your medical records.
- To not seek care from a specialist, unless referred by your PCP.
- To not seek care in an emergency room for conditions that are not life-threatening without contacting your PCP.
- To keep all scheduled appointments and be on time.
- To follow the rules and regulations of Harmony Health Plan.

WELLCARE NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date of this Privacy Notice: July 15, 2010

We are required by law to protect the privacy of health information that may reveal your identity. We are also required by law to provide you with a copy of this Privacy Notice which describes not only our legal duties and health information privacy practices, but also the rights you have with respect to your health information.

This Privacy Notice applies to the Following WellCare Entities:

WellCare of Florida, Inc.	WellCare Health Plans of New Jersey, Inc.
HealthEase of Florida, Inc.	Harmony Health Plan of Illinois, Inc.
WellCare of New York, Inc.	WellCare Prescription Insurance, Inc.
WellCare of Connecticut, Inc.	WellCare Health Insurance of Arizona, Inc.
WellCare of Louisiana, Inc.	WellCare Health Insurance of Illinois, Inc.
WellCare of Georgia, Inc.	WellCare Health Insurance of New York, Inc.
WellCare of Ohio, Inc.	WellCare Specialty Pharmacy, Inc.
WellCare of Texas, Inc.	

We may change our privacy practices from time to time. If we make any material revisions to this Notice, we will provide you with a copy of the revised Notice which will specify the date on which such revised Notice becomes effective. The revised Notice will apply to all of your health information from and after the date of the Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

1. Treatment, Payment, and Business Operations. *We may use your health information or share it with others to help treat your condition, coordinate payment for that treatment, and run our business operations. For example:*

Treatment. We may disclose your health information to a health care provider that provides treatment to you. We may use your information to notify a physician who treats you of the prescription drugs you are taking.

Payment. We will use your health information to obtain premium payments, specialty pharmacy payments, or to fulfill our responsibility for coverage and the provision of benefits under a health plan, such as processing a physician claim for reimbursement for services provided to you.

Health Care Operations. We may also disclose your health information in connection with our health care operations. These include fraud and abuse detection and compliance programs, customer service and resolution of internal grievances.

Treatment Alternatives and Health-Related Benefits and Services. We may use and disclose your health information to tell you about treatment options or alternatives, as well as health-related benefits or services that may be of interest to you.

Your Authorization. In addition to our use of your health information for treatment, payment or health care operations, you may give us written authorization to use your health information or to disclose it to anyone for any

purpose. You may also revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those as described in this Notice.

Family Members, Relatives or Close Friends Involved In Your Care. Unless you object, we may disclose your health information to your family members, relatives or close personal friends identified by you as being involved in your treatment or payment for your medical care. If you are not present to agree or object, we may exercise our professional judgment to determine whether the disclosure is in your best interest. If we decide to disclose your health information to your family member, relative or other individual identified by you, we will only disclose the health information that is relevant to your treatment or payment.

Business Associates. We may disclose your health information to a “business associate” that needs the information in order to perform a function or service for our business operations. Third party administrators, auditors, lawyers, and consultants are some examples of business associates.

2. Public Need. *We may use your health information, and share it with others, in order to comply with the law or to meet important public needs that are described below:*

- if we are required by law to do so;
- to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities;
- to government agencies authorized to conduct audits, investigations, and inspections, as well as civil, administrative or criminal investigations, proceedings, or actions, including those agencies that monitor programs such as Medicare and Medicaid;
- to a public health authority if we reasonably believe you are a possible victim of abuse, neglect or domestic violence;
- to a person or company that is regulated by the Food and Drug Administration for: (i) reporting or tracking product defects or problems, (ii) repairing, replacing, or recalling defective or dangerous products, or (iii) monitoring the performance of a product after it has been approved for use by the general public;
- if ordered by a court or administrative tribunal to do so, or pursuant to a subpoena, discovery or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain a court order protecting the information from further disclosure;
- to law enforcement officials to comply with court orders or laws, and to assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public, which we will only share with someone able to help prevent the threat;
- for research purposes;
- to the extent necessary to comply with workers’ compensation or other programs established by law that provide benefits for work-related injuries or illness without regarding to fraud;
- to appropriate military command authorities for activities they deem necessary to carry out their military mission;
- to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined;
- in the unfortunate event of your death, to a coroner or medical examiner, for example, to determine the cause of death;
- to funeral directors as necessary to carry out their duties; and
- in the unfortunate event of your death, to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under law.

3. Partially De-Identified Information. We may use and disclose “partially de-identified” health information about you for public health and research purposes, or for business operations, if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you

(such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information.

1. Right to Access Your Health Information. You have the right to inspect and obtain a copy of your health information except for health information: (i) contained in psychotherapy notes; (ii) compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding; and (iii) with some exceptions, information subject to the Clinical Laboratory Improvements Amendments of 1988 (“CLIA”). If we use or maintain an electronic health record (“EHR”) for you, you have the right to obtain a copy of your EHR in electronic format, and you have the right to direct us to send a copy of your EHR to a third party you clearly designate.

If you would like to access your health information, please send your written request to the address listed on the last page of this Privacy Notice. We will ordinarily respond to your request within 30 days if the information is located in our facility, and within 60 days if it is located off-site at another facility. If we need additional time to respond, we will let you know as soon as possible. We may charge you a reasonable, cost-based fee to cover copy costs and postage. If you request a copy of your EHR, we will not charge you any more than our labor costs in producing the EHR to you.

We may not give you access to your health information if it: (1) is reasonably likely to endanger the life and physical safety of you or someone else; (2) refers to another person and your access is likely to cause harm to that person; or (3) a health care professional determines that your access as the representative of another person is likely to cause harm to that person or any other person. If you are denied access for one of these reasons, you are entitled to a review by a health care professional, designated by us, who was not involved in the decision to deny access. If access is ultimately denied, you will be entitled to a written explanation of the reasons for the denial.

2. Right to Amend Your Health Information. If you believe we have health information about you that is incorrect or incomplete, you may request in writing an amendment to your health information. If we do not have your health information, we will give you the contact information of someone who does. You will receive a response within 60 days after we receive your request. If we did not create your health information or your health information is already accurate and complete, we can deny your request and notify you of our decision in writing. You can also submit a statement that you disagree with our decision, which we can rebut. You have the right to request that your original request, our denial, your statement of disagreement, and our rebuttal be included in future disclosures of your health information.

3. Right to Receive an Accounting of Disclosures. You have the right to receive an accounting of disclosures of your health information made by us and our business associates. You may request such information for the six year period prior to the date of your request. Accounting of disclosures will not include disclosures: (i) for payment, treatment or health care operations; (ii) made to you or your personal representative; (iii) you authorized in writing (iv) made to family and friends involved in your care or payment for your care; (v) for research, public health or our business operations; (vi) made to federal officials for national security and intelligence activities and (vii) incident to a use or disclosure otherwise permitted or required by law.

If you would like to receive an accounting of disclosures, please write to the address listed on the last page of this Privacy Notice. If we do not have your health information, we will give you the contact information of someone who does. You will receive a response within 60 days after your request is received. You will receive one request annually free of charge, but we may charge you a reasonable, cost-based fee for additional requests within the same twelve-month period.

4. Right to Request Additional Privacy Protections. You have the right to request that we place additional restrictions on our use or disclosure of your health information. If we agree to do so, we will abide by our agreement except in an emergency situation. We do not need to agree to the restriction unless the information pertains solely to a health care item or service that you have paid for out of pocket and in full.

5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health information by alternative means or via alternative locations provided that you clearly state that the disclosure of your health information could endanger you. If you wish to receive confidential communications via alternative means or locations, please submit your written request to the address listed and how or where you wish to receive communications.

6. **Right to Notice of Breach of Unencrypted Health Information.** Our policy is to encrypt our electronic files containing your health information so as to protect the information from those who should not have access to it. If, however, for some reason we experience a breach of your unencrypted health information, we will notify you of the breach. If we have more than ten people that we cannot reach because of outdated contact information, we will post a notification either on our website (www.wellcare.com) or in a major media outlet in your area.

7. **Right To Obtain A Paper Copy Of This Notice** You have the right at any time to obtain a paper copy of this Privacy Notice, even if you receive this Privacy Notice electronically. Please send your written request to the address listed on the last page of this Privacy Notice or visit our website at www.wellcare.com.

MISCELLANEOUS

1. **Contact Information.** If you have any questions about this Privacy Notice, you may contact the Privacy Officer at 1-866-530-9491, call the toll-free number listed on the back of your membership card, visit www.wellcare.com, or write to us at:

WellCare Health Plans, Inc.
Attention: Privacy Officer
P.O. Box 31386
Tampa, FL 33631-3386

2. **Complaints.** If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information above. You also may submit a written complaint to the U.S. Department of Health and Human Services. If you choose to file a complaint, we will not retaliate in any way if you choose to file a complaint.

3. **Additional Rights.** Special privacy protections may apply to certain information involving HIV/AIDS, mental health, alcohol and drug abuse, sexually transmitted diseases, and reproductive health. Please see the attached chart entitled *Information Regarding More Protective State Privacy Laws for WellCare Health Plans* for additional information. If the law in the state where you reside affords you greater rights than described in this Notice, we will comply with these laws.



Harmony Health Plan makes affordable health insurance a reality.

If you have any questions about information contained in this directory, please call us.

Member Services:
1-800-608-8158 (TTY 1-877-650-0952)



INTERPRETIVE SERVICES

Language services for all languages are available. You can also call to request your member materials in a different format. This includes different languages, large print and audio tapes. This is free of charge. Member Services is available weekdays from 8am to 5pm Central. Call toll-free at 1-800-608-8158 (TTY 1-877-650-0952).

We also have plan information on our Web site. Visit www.harmonyhpi.com any time day or night.

We can provide interpreters for most languages, including:

Spanish • Español

Señale su idioma. Se llamará a un intérprete.

Polish • Ploski

Proszę wskazać na swój język ojczysty. Tłumacz zostanie poproszony do telefonu.

Vietnamese • Tiếng Việt

Chỉ rõ tiếng bạn nói. Sẽ có một thông dịch viên nói chuyên với bạn ngay.

Haitian Creole • Kreyòl Ayisyen

Montre lang ou-a. Yap voye chèche yon entèprèt.

Arabic

Mandarin

Cantonese