

Illinois Medicaid Quick Reference Guide

September 2010

Harmony Office Hours: Monday through Friday 8:00 am – 5:00 pm

Web site: www.harmonyhpi.com

Office Locations and Important Telephone Numbers

Chicago 200 W. Adams, Suite 800 Chicago, IL 60606 Telephone: (312) 630-2025	Southern Illinois 13 Wolf Creek Drive, Suite #4 Swansea, IL 62226 Telephone: (888) 860-1607
Provider Services Center (800) 504-2766 Eligibility verification, Claims, Utilization Management and Language Line	Member Services (800) 608-8158 Personal Health Advisor (800) 608-8158 Members may call this number to speak to a health advisor 24 hours a day, 7 days a week
FTP Reporting Password (800) 960-2350 IT Assistance	Case and Disease Management (866) 635-7045 Providers may call this number for Case and Disease Management referrals. Specific disease management programs exist for Asthma, CHF and Diabetes.
iCare (866) 364-1350 (Hotline for suspected fraud and abuse)	
Transportation Services (888) 684-2026	
Magellan Behavioral Health (888) 684-2026	

Claims

Claims Department Including EDI Questions and Assistance (800) 504-2766 Email address EDI-Master@wellcare.com	Claim Payment Disputes The Claim Payment Dispute process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted to Harmony in writing within 90 days of the date of denial on the EOP. To initiate this process please mail or fax the written claim payment dispute and documentation to: Harmony Health Plan Fax (877) 277-1808 Attn: IL Claim Payment Disputes PO Box 31370 Tampa, FL 33631-3372																					
<table border="0"> <thead> <tr> <th><i>EDI Partners</i></th> <th><i>EDI Payer ID</i></th> <th><i>Contact</i></th> </tr> </thead> <tbody> <tr> <td>ACS EDI Gateway, Inc.</td> <td>77004</td> <td>(800) 987-6720</td> </tr> <tr> <td>Availity</td> <td>14163</td> <td>(800) 282-4548</td> </tr> <tr> <td>Emdeon</td> <td>14163</td> <td>(800) 845-6592</td> </tr> <tr> <td>RelayHealth (McKesson)</td> <td>14163</td> <td>(800) 522-6562</td> </tr> <tr> <td>SSI Group</td> <td>14163</td> <td>(800) 880-3032</td> </tr> <tr> <td>ZirMed</td> <td>14163</td> <td>(877) 494-7633</td> </tr> </tbody> </table>	<i>EDI Partners</i>	<i>EDI Payer ID</i>	<i>Contact</i>	ACS EDI Gateway, Inc.	77004	(800) 987-6720	Availity	14163	(800) 282-4548	Emdeon	14163	(800) 845-6592	RelayHealth (McKesson)	14163	(800) 522-6562	SSI Group	14163	(800) 880-3032	ZirMed	14163	(877) 494-7633	
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Encounter Data Submissions 59354 Mail medical paper claim submissions to: Harmony Health Plan Claims Department PO Box 31372 Tampa, FL 33631-3372	NOTE: <i>There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please refer to the Appeals (Medical) and Grievances section of this guide for instructions.</i>																					

Appeals (Medical) and Grievances

Providers may file an appeal on behalf of the member with the member's consent. Providers may also seek an appeal through the Appeals department when a claim is denied for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Requests for expedited appeals or grievances may be made by calling Provider Services or by writing to the addresses below. These submissions must indicate that they are requests for "expedited processing" and include reasons why the request must be expedited. The documentation must demonstrate that not applying the expedited process could seriously jeopardize the member's life, health or ability to regain maximum function.

Mail or fax all medical appeals with supporting documentation to: Harmony Health Plan Fax (866) 201-0657 Attn: Appeals Department PO Box 31368 Tampa, FL 33631-3368	Mail or fax all Grievances to: Harmony Health Plan Fax (866) 388-1769 Attn: Grievance Department PO Box 31384 Tampa, FL 33631-3384
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Provider Complaints

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

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

Utilization Management

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

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

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

AUTHORIZATION REQUIRED

Standard Authorization Requests

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

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

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

- Durable Medical Equipment purchases (includes orthotics and prosthetics) with billed charges greater than \$200
- Durable Medical Equipment rentals
- Hearing services
- Home health care services
- Occupational, physical and speech therapy (after initial three visits)
- Respiratory therapy services
- Enteral Nutrition and supplies

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

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

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

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

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

Telephone: (866) 776-9876

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

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

NO AUTHORIZATION REQUIRED

Emergency and Urgent Care

- Emergency behavioral health services

Primary Care

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

Specialists

- Participating specialist visits

Laboratory

- Routine office laboratory tests

Radiology

- Routine office X-rays

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

Dental, Pharmacy and Vision Services

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

Dental and Vision (800) 226-0768
Pharmacy (866) 468-7543

Laboratory Services

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

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

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