
Introduction

Harmony Health Plan is a licensed Illinois managed care organization (MCO) with local operations to serve individuals and families who are eligible for Medicaid.

Harmony's Commitment to Providers

- Superior service to our members, ancillary providers, other types of providers and hospitals;
- Designated staff to respond to specific questions, inquiries and concerns;
- Local provider relations representatives whom provide assistance on all provider concerns, resolve problems and educate providers and their staff; and
- Local office near the provider community ensuring smooth operations.

This Provider Manual is presented to Plan providers to assist with the administration of the Medicaid products, services, policies and procedures and as a supplement to the provider contract, either with an IPA or Harmony, as applicable.

All About Harmony

Harmony Health Plan of Illinois is a part of the WellCare Group of Companies. WellCare is a leading provider of managed care services dedicated to government-sponsored health care programs, focusing on Medicaid and Medicare.

We operate a variety of Medicaid and Medicare plan types, including health plans designed for families, children, aged, blind or disabled as well as prescription drug plans. WellCare is headquartered in Tampa, Florida. Founded in 1985, our team of 3,500 associates serves more than 2.3 million members nationwide.

Help Us Build An Environment of CARE

WellCare understands that maintaining a healthy community starts with providing care to those who need

it most. As a large Medicaid and Medicare contractor in the nation, we offer affordable health care plans to individuals eligible for government-sponsored programs.

Since 1985, it's been our mission to support the well-being of our members. In partnership with local health care professionals and government organizations, we build an environment of **CARE** to make it all possible:

C — **C**ustomer service through a well-established and financially-sound corporate infrastructure;

A — **A**ffordable plans working to make the most of members' Medicaid or Medicare coverage;

R — **R**eliable and responsible partners, including a provider network of more than 22,000 physicians; and

E — **E**ducation and preventive care programs for members' ongoing good health.

C — Customer Service

Managing care for Medicaid and Medicare populations is a tremendous responsibility. Our success depends on our ability to provide superior service to both our members and our provider partners.

Our associates strive to maintain a high level of customer service for our growing membership base. As an organization we continue to look at ways to improve the services we provide. We have offices in each of the states we serve to help us meet the unique needs of each market.

Exclusively focusing on government health care programs enables us to develop core skills and build efficiencies unique to government programs.

We pay claims promptly to support the provider's practice. We minimize administrative burdens through a variety of convenient, Web-based functions and supply

providers with valuable information, such as HEDIS reports, utilization management reports and a wide range of other services to ease the administrative burden on providers.

A — Affordable Plans — Making the Most of Medicaid

For Medicaid recipients, our programs promote greater access to the entire continuum of care. By providing the coordinated, holistic approach that managed care originally was envisioned to offer, we help keep our members healthy.

R — Reliable and Responsible Partners

Lack of good access to primary care can result in episodic, uncoordinated health care utilization. By forging strong relationships between our members and primary care physicians, we ensure that beneficiaries enjoy better, more regular access to care.

E — Education and Preventive Care for Members

By promoting “well care” — from childhood immunizations to routine check-ups, prenatal care, diabetes monitoring, asthma medication, mammograms and disease management programs — in addition to comprehensive medical services, we help to identify and address medical problems early. This, in turn, improves outcomes and promotes members’ ongoing health.

Mission Statement and Core Values

Mission

WellCare will:

- Enhance our members’ health and quality of life;
- Partner with providers and governments to provide quality, cost-effective health care solutions; and

- Create a rewarding and enriching environment for our associates.

Core Values

Partnership

Members are the reason we are in business; providers are our partners in serving our members; and regulators are the stewards of the public's resources and trust. We will deliver excellent service to our partners.

Integrity

Our actions must consistently demonstrate a high level of integrity that earns the trust of those with whom we work and serve.

Accountability

All associates must be responsible for the commitments we make and the results we deliver.

Teamwork

With our fellow associates, we can expect – and are expected to demonstrate – a collaborative approach in the way we work.

Accreditation

WellCare's health plans are accredited by the Accreditation Association for Ambulatory Health Care (AAAHC), one of the leading quality standard-setting organizations in the nation. AAAHC evaluates the structure and function of medical and quality management systems in health care organizations. The Plan's compliance with these standards reflects its commitment to principals of quality and continuous improvement of the service provided.