



April 2011

Dear Provider,

Welcome! Thank you for becoming a participating provider with our Missouri Medicaid coordinated care plan offered or administered by one of the WellCare subsidiary health maintenance organizations or insurance companies, Harmony Health Plan (individually as “Harmony” and collectively, as the context requires, “Plan.”)

We recognize that, at times, the administrative requirements of managing your patients’ health care can be complex. This Provider Manual is a source of answers to questions you may have about plan coverage procedures, policies and other facts related to your provision of health care services to MO HealthNet managed care members.

As described in your contract with Harmony Health Plan (the “Provider Agreement”) this Provider Manual supplements and provides additional terms and conditions regarding your provision of covered services to Harmony members.

The purpose of any medical policy included in this Provider Manual is to provide guidelines to facilitate coverage decisions and is not intended to influence treatment decisions. While the Plan’s medical policy assists in making appropriate coverage decisions, providers are independent contractors and have an independent professional responsibility for the provision of health care to their patients in accordance with community standards and standard medical protocol regardless of any Harmony Health Plan coverage decision. Nothing in this Provider Manual shall be construed as creating any relationship between you and the Plan other than that of independent entities that have contracted with each other solely for the purpose of providing the services described in the Provider Agreement.

Harmony makes no representations or warranties with respect to the content herein and specifically disclaims any implied warranties of merchantability of fitness for any particular purpose.

Nothing in this manual shall be interpreted as guaranteeing coverage of any service, treatment, drugs or supplies because coverage or non-coverage is always governed exclusively by the terms of the contract providing member coverage (“Coverage Document”). Accordingly, in case of any question or doubt about coverage, you should always review the member’s particular health benefit plan.

Updates to any part of this Provider Manual may be made by the Plan at any time, so you should not assume that the Provider Manual remains current just because you have not received a replacement manual. As described in your Provider Agreement, the Plan may give notice of such updates in a variety of ways, depending on the nature of the update, including issuance of a new manual, a letter, a provider newsletter or other publication of the Plan, or by posting to the Plan’s Web site.

Thank you for your participation with Harmony. If you have any questions related to this Provider Manual, please contact your provider relations representative. We look forward to helping you provide the highest quality of care to our members.

Harmony Health Plan