

Missouri Medicaid Quick Reference Guide
September 2010

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

Web site: www.harmonyhpm.com

Office Location and Important Telephone Numbers

Swansea Office 13 Wolf Creek Drive – Suite 4 Swansea, IL 62226		Local Telephone Number	(618) 641-4600
		Toll-free Telephone Number	(888) 860-1607
		Fax Number	(618) 233-3621
Provider Services Eligibility verification, Claims, Utilization Management and Language Line	(866) 822-1340	Member Services	(866) 822-1340
FTP Reporting Password IT Assistance	(800) 960- 2350	Member Services Voice Mail	(877) 630-2225
Transportation Services	(866) 745-6714	Enrollment Line	(800) 348-6627
Magellan Behavioral Health	(888) 684-2026	Bridgeport Dental	(877) 394-9994
		iCare (Hotline for suspected fraud and abuse)	(888) 364-1350

Pharmacy Services

Pharmacy services are covered by the MHD Fee-For-Service Pharmacy Program.

- Members should contact the Participant Services Unit at (800) 392-2161 with questions regarding their pharmacy benefits.
- Providers should contact the Pharmacy Help Desk at (800) 392-8030.

Claims

Claims Department Including EDI Questions and Assistance	(866) 822-1340	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:
EDI Partners	EDI Payer ID	Contact
ACS	77004	(800) 987-6720
SSI Group	14163	(800) 880-3032
Emdeon (formerly WebMD®)	14163	(800) 845-6592
Mail medical paper claim submissions to:		Harmony Health Plan Fax (877) 277-1808 Attn: MO Claim Payment Disputes PO Box 31370 Tampa, FL 33631-3372
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)

Providers may seek an appeal through the Appeals department within 90 calendar days of a claims denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Mail or fax all appeals with supporting documentation to:

Harmony Health Plan Fax (866) 201-0657
 Attn: Appeals Department
 PO Box 31368
 Tampa, FL 33631-3368

Case and Disease Management

Notify Harmony's UM staff about members with acute or chronic conditions that would benefit from Case Management. Case Managers improve patient compliance and keep providers informed of overall health progress. Specific Disease Management programs exist for Asthma, Diabetes and CHF.

For more information and/or enrollment in these programs, please call (866) 593-2538.

OB Notification/Harmony Hugs

Please 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."

The Harmony Hugs program includes:

- High-risk screening and Case Management
- Prenatal and infant care education
- Gift incentives for keeping prenatal appointments

For more information about the Harmony Hugs program, please call (866) 776-9876.

Utilization Management

Referral and Authorization Requests: Call (866) 334-6876

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

All requests for notification or authorization can be faxed to WellCare:

- Inpatient Services (877) 431-8860
- Outpatient Services (888) 865-6530
- DME, Physical, Occupational and Speech Therapy Services (888) 865-6532
- Global Obstetric care and Hugs Referrals (866) 480-0857

Notification Required

- Dialysis (first visit only)
- Outpatient Physical, Occupational and Speech Therapy services; *first three visits only*. Subsequent visits require authorization.

NOTE: *This applies to services rendered by contracted, participating providers ONLY. No authorization number is given by the Plan nor required for claims payment.*

NO AUTHORIZATION REQUIRED

- Routine office labs, office X-rays, PCP visits, participating specialist visits, immunizations and EKGs do **not** require notification or authorization.
- Routine non-surgical outpatient services at contracted hospitals do **not** require notification or authorization.
- Emergency behavioral health services

AUTHORIZATION REQUIRED

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| <ul style="list-style-type: none">• Adult day care• Advanced radiology: CT, CTA, MRA, MRI, PET and SPECT scans• All out-of-network and non-contracted services (physician, hospital, ancillary and outpatient)• Air ambulance in non-emergent situations• Cardiac/Pulmonary Rehabilitation programs• Contact lenses• Court ordered services• Dental services (through contracted vendor)• Durable Medical Equipment including Orthotics and Prosthetics• Formula (medically necessary)• Genetic testing• Global Obstetric care• Health education programs• Hearing services• Home Health care services• Hospice care services• Hospital observations and admissions | <ul style="list-style-type: none">• Inpatient Mental Health and Alcohol/Substance Abuse (through contracted vendor)• New technology and experimental procedures• Nutritional counseling• Pain Management• Personal care services• Rehabilitation facility admissions• Respiratory therapy services• Sterilization procedures (consent form required)• Skilled nursing facility admissions• Specific surgical procedures REQUIRE a second opinion; CPT codes 66840 – 66920 and 66983 – 66984• Surgical procedures including but not limited to:<ul style="list-style-type: none">• Ambulatory surgery• Cosmetic surgery• Oral surgery• Termination of pregnancy• Transplant care• Vision tracking (CPT code 92065) |
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Laboratory Services

Harmony has contracted with several laboratories and participating hospitals.

To establish a Harmony Laboratory account, please contact any of the following laboratories:

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| • Quest Diagnostic Laboratories | (800) 323-5917 |
| • Tri-Lab | (888) 218-3899 |
| • Diagnostic Cytology Laboratories | (877) 854-4008 |
| • LabCorp | (800) 597-8026 |
| • Medical Diagnostic Lab (MDI) | (800) 593-0522 |

To obtain a list of additional laboratories, contact Harmony Provider Services.

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.

NOTE: This guide is not intended to be an all-inclusive list of covered services under Harmony Health Plan, but it substantially provides current referral and authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable Plan coverage guidelines. *WCPC-MMD-001 Revised 8/31/2010*

