



SPRING/SUMMER 2007

PROVIDER

Newsletter

PROVIDE UPDATED INFORMATION TO HARMONY

As a reminder, please provide any updated information or changes to Harmony which would affect your status with the Plan.

Inform the Plan in writing within 24 hours of:

- Any revocation or suspension of your DEA number, and/or
- Suspension, limitation or revocation of your license, certification or other legal credential authorizing you to practice in the State of Missouri.

Inform the Plan in writing immediately of changes to:

- Licensure status
- Tax identification numbers
- Telephone numbers
- Addresses
- Status at participating hospitals
- Loss of liability insurance

By keeping your information up to date, you are helping to improve member accessibility.



MISSOURI MEDICARE IS LOOKING BETTER IN 2008

Get ready! A new and improved choice for you and your Medicare patients is just around the corner—a new program called WellCare Advantage.

Your participation is easy, convenient and seamless. Give your Medicare patients and your practice the best choice available in health care.

Harmony Health Plan, a subsidiary of WellCare, will be rolling out a Medicare Advantage program (“WellCare”) in the City of St. Louis and St. Charles and St. Louis Counties in January 2008. WellCare is a leading provider of government-sponsored health plans such as Medicaid, Medicare and State Children’s Health Insurance Programs. **With over two million Medicare and Medicaid members nationwide, WellCare is one of the largest Medicare and Medicaid companies in the United States.**

We know that the health of your patients and the health of your practice depend on

choosing the best health care partner. WellCare has been successful in the Medicare market while other plans have come and gone. One of the key success factors is our competitive yet cost-efficient benefit designs, which are structured to manage risk and gain membership. WellCare offers seniors **greater benefits and less out-of-pocket cost than traditional Medicare Fee-for-Service.**

Make the best choice for you and your patients. Joining the Harmony/WellCare network is easy; simply call 1-800-608-8156. Harmony and WellCare look forward to providing you and your patients with the quality benefits and services that have made us the leader in government-sponsored programs.



ACCESS AND AVAILABILITY REQUIREMENTS FOR HARMONY PRIMARY CARE PHYSICIANS



It is Harmony's policy to follow access and availability standards set by federal and state requirements. To assure our members have adequate access to their physicians, the following criteria have been adopted for our Primary Care Physicians:

1. Provide medical coverage 24 hours a day, seven days a week.
2. See scheduled appointments within 30 minutes of the appointment time.
3. Schedule and see emergent referral appointments immediately.
4. Schedule and see urgent referral appointments within 24 hours.
5. Schedule and see routine "sick" care appointments within one week or five business days, whichever is earlier.
6. Schedule and see well-care appointments within 30 days of a member's request.

And for our specialty care providers:

1. Schedule and see emergent referral appointments immediately.
2. Schedule and see urgent referral appointments within 24 hours.
3. Schedule and see routine "sick" care appointments within one week or five business days, whichever is earlier.
4. Schedule and see well-care appointments within 30 days of a member's request.

Remember that it is a requirement for providers to be available to patients 24 hours a day, seven days a week. Harmony will monitor appointment and after-hours availability of network providers on a routine basis to ensure that access and availability standards are met.

HARMONY SMILES

A DENTAL EDUCATION PROGRAM

Harmony Smiles is Harmony's new dental education program that focuses on dental hygiene along with proper brushing and flossing. The program is geared toward children in pre-kindergarten through second grade. Highlights include a five-minute video featuring "Dudley Goes to Camp Brush and Floss," an interactive exercise that identifies healthy snacks vs. unhealthy snacks, and Harmie the Hip Hop Hound leads the children in a dental jingle to the tune of the "Wheels on the Bus."

The program has been a huge success, visiting over 22 schools and educating more than 2,300 children. For more information on *Harmony Smiles*, please contact Harmony Health Plan, attention Regina Sullivan, at 1-800-608-8156.

CHANGE TO THE SITE VISIT PROCESS

Based on a recommendation from the 2006 external quality review audit, Provider Relations representatives will be verifying appointment access when a site visit is conducted. The PCP scheduling practices that will be verified are:

- Emergent care
- Urgent care
- Routine care
- Well-care visits
- Office wait times



NPI REMINDER

Harmony providers should be aware that the federal deadline for National Provider Identifier (NPI) compliance was May 23, 2007. All providers must now have and use their 10-digit NPI numbers. With that in mind, please take note of the following:

Submitting Your NPI to Harmony

- There are NPI submission forms available on the Provider area of our Web site, <http://www.harmonyhpm.com/>. The forms will allow providers to enter their NPIs directly into our database. In addition, you will find a wealth of NPI information on that Web page.
- Harmony has sent communications soliciting NPI numbers by fax and mail. If you have not submitted your NPI to Harmony and have received this correspondence, please fill out the submission form and return it as soon as possible or download a copy of the Web form from our Web site as mentioned above.
- Continue to use your Harmony ID. The NPI will only replace your Harmony ID in HIPAA transactions such as claims processing and will not replace your Harmony ID for daily business transactions with our plan. You should continue to



identify yourself using your Harmony ID when calling Harmony Customer Service or your Provider Relations representative.

Getting Your NPI

If you have not yet obtained your NPI, it is critical that you review the following guidelines and submit your NPI to us as soon as possible.

- Any health care provider or organization defined as a covered entity under HIPAA is required to obtain an NPI. Providers who transmit health care information via HIPAA standard electronic transactions are covered entities under HIPAA, whether they transmit the transactions themselves or use a vendor to transmit them.

- Type 2 (organizational) providers must obtain and submit NPI numbers for the organization as well as all providers subparted within the organization.

- The Centers for Medicare & Medicaid Services (CMS) estimates that once a provider obtains an NPI number, it will take about 120 days to update office systems, coordinate with all of the entities that require the number and begin using it.

More NPI Information

- Further NPI information can be found on the CMS Web site at <http://www.cms.hhs.gov/NationalProviderStand/>. Periodically check the CMS and Harmony Web sites for updates.

LANGUAGE TRANSLATION AND HEARING IMPAIRED SERVICES

Harmony provides language translation and services for the hearing impaired to our members. Our Member Services department is staffed with representatives who speak English and Spanish. Representatives coordinate services for translation of additional languages, as well as specific services for the hearing impaired. To make arrangements for these services, members should contact Member Services at 1-800-608-8156 (TTY/TDD: (877) 247-6272).



NEW CLAIMS FORMS AND GUIDELINES

As you may already be aware, CMS has changed its standard claims submission forms. Please familiarize yourself with the changes to ensure a seamless transition for your practice and our systems so that there are no delays in processing your claims going forward.

To allow for the inclusion of HIPAA-mandated unique National Provider Identifiers (NPI), the CMS 1500 (formerly HCFA 1500) is being updated to a new version, and the UB-92 is being replaced by the UB-04. Harmony is ready to accept both of these new forms from providers.

CMS 1500

On the new CMS 1500, several fields have been added to accommodate the NPIs for referring, rendering, facility and billing providers. While CMS has not yet said when it will begin rejecting the old version of the form, it is best to begin using the new version as soon as possible to ease the transition to the use of NPI in claims submissions.

CAUTION

CMS has published two iterations of the new CMS 1500 form. The most effective way to know that you have a current CMS 1500 form is to refer to the footer and locate the form control number. The proper control number is: **OMB-0938-0999**.

CMS 1500

Provider Type	NPI Field	Types of IDs to Include
Referring Provider	17B	Medicaid, Medicare, Harmony or Tax IDs, State License Number or Taxonomy with respective NPI
Rendering Provider	24J, Lines 1-6	Medicaid, Medicare or Harmony IDs, State License Number, Tax ID or Taxonomy
Facility	32A	Harmony ID, Medicaid ID, Medicare ID, State License Number, Tax ID or Taxonomy
Billing Provider	33A	Harmony ID, Medicaid, Medicare, State License Number, Tax ID or Taxonomy

UB-04

The new UB-04 contains several new fields for the submission of NPIs for billing, attending, operating and other providers. The UB-92 is no longer being accepted as of May 23, 2007, so please always use the UB-04 going forward.

UB-04

Provider Type	NPI Field	Types of IDs to Include
Billing	56	NPI
Attending	76	Medicaid, Medicare, Harmony Tax IDs, State License Number or Taxonomy with respective NPI
Operating	77	
Other	78, 79	

As a result of these HIPAA-mandated changes, please follow the guidelines below when submitting claims to Harmony.

Required Information on the New CMS 1500 and UB-04 Claims Forms

- 1. NPI** – The new form has fields to include NPI numbers for the attending, operating and billing providers.
- 2. Federal Tax ID** – Harmony requires the inclusion of the tax ID for validation purposes. Claims without a tax ID cannot be processed and will be returned.
- 3. Harmony Provider ID** – The Harmony ID is still very useful to us. Please include it on all claim submissions. Non-participating providers should include their federal tax ID, NPI, state license number or taxonomy.
- 4. Encounter Claims Submissions** – Must include the Medicaid ID for proper adjudication.
- 5. Less is NOT more.** As we transition, please include as many identifiers, along with their qualifiers, as you may have available to ensure your claim is adjudicated properly.

Qualifiers

So that identifier types may be differentiated in the processing of claims forms, distinct qualifiers must be attached to the IDs provided on the UB-04 and CMS 1500 forms. Please refer to the list below and make sure to attach the proper qualifier to the provider identifier so that the claims process can go as smoothly as possible.

Identifier	Qualifier
Tax ID	24 (if used as an identifier in fields other than those specified for the TIN)
Harmony ID	G2
Medicaid ID	1D
Medicare ID	1C
Taxonomy	ZZ
State License	0B

Harmony has issued guidance directly to providers on the use of the new claims forms. Please refer to this guidance in the completion and submission of these forms to ensure a seamless transition to the new standards for your practice and our systems and to ensure that there are no delays in the payment of claims.

More information on the new claims forms standards may be found on Harmony's Web site at www.harmonyhpm.com and on the CMS Web site at www.cms.gov.





FRAUD AND ABUSE: WHAT YOU CAN DO

Health care fraud costs the country millions of dollars every year. It can show up in many different forms.

Examples include:

- Members sharing ID cards
- Members selling prescription drugs
- Providers billing for services not provided
- Providers up-coding services to enhance revenue
- Providers prescribing drugs or services that are not medically necessary

Harmony Health Plan has established a program to identify, investigate and address fraud and abuse by members, non-members and providers. We are asking for your help to identify fraud and abuse by reporting questionable situations.

Once reported, situations are investigated. If the allegation is confirmed, action is taken and the consequences may include loss of member eligibility, loss of provider participation, legal pursuit for overpayment, reporting to the National Practitioner Data Bank or prosecution.

You can report fraud by contacting the Trust Hotline at **1-866-678-8355**. When submitting a report, please provide as many details as you can, including names and telephone numbers.



IMPORTANT NOTICE: BEHAVIORAL HEALTH SERVICES CHANGE

Harmony Health Plan has contracted with Harmony Behavioral Health (HBH), replacing our current vendor, PsychHealth, Ltd. The behavioral health services for individuals and families who are eligible for MC+ Managed Care will be managed by HBH beginning **September 1, 2007**.

We believe this change will increase the communication between our health services and the behavioral health professional community. Harmony Health Plan and Harmony Behavioral Health will work cooperatively to assist our members.

Your role in the referral process is very important. HBH can assist you with referrals for patients who have a mental health

need. For more information, or if you have questions on how HBH can help you refer your patients to the appropriate mental health and substance abuse providers, call **1-888-684-2026**.

HBH invites mental health and substance abuse professionals to join the HBH network and continue to serve the Harmony Health Plan membership. Visit www.harmonybehavioralhealth.com to learn more about us. If you have questions, please contact Harmony Behavioral Health at **1-888-684-2026**.



HARMONY MEMBER VOICEMAIL BENEFIT

As an added benefit, each Harmony member is given a dedicated voicemail box upon enrollment, free of cost. This voicemail box is a confidential line where providers may leave sensitive information for an individual member. Members are able to retrieve these messages from the Harmony voicemail system from any telephone, including a pay phone—24 hours a day, 7 days a week.

Members are notified of this benefit upon enrollment and given instructions on how to operate their voicemail. Distribution of a Harmony member's voicemail box number is strictly up to the member. However, you may ask a member for their voicemail box number if you find it a helpful tool in improving communication with your patient.

To leave a message for a Harmony member, just follow these easy steps:

1. Call the Member Voicemail System at **1-877-630-2225**
2. Enter the member's voicemail box number
3. Leave your message

Keep in mind that the voicemail system is available to Harmony members only. If a member disenrolls or loses eligibility, the voicemail box is disconnected. Members may call **1-866-822-1340** from 7am to 7pm, Monday through Friday, to set up their voicemail box or to receive assistance in using the system. You may call the same number and access the Provider Hotline should you have questions related to the voicemail system. Our voicemail support team will be happy to help.



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HEALTH PLAN


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