
Verify Eligibility

A member's eligibility status may change at any time. Therefore, at the initial visit, providers should request a copy of the member's identification card along with additional proof of identification, such as a photo ID. These documents should be copied and filed in the medical record. Eligibility should be verified at each subsequent visit or at least at the beginning of each month.

Providers are encouraged to also verify eligibility by:

- accessing the Harmony Behavior Health Web site: (www.harmonybehavioralhealth.com)
- using the WellCare Interactive Voice Response (IVR) system
- requesting any assistance from us, if needed, to use the Web site

Verification is based on the data available at the time of the request, by any means. Since subsequent changes in eligibility may not yet be available, verification of eligibility is never a guarantee of coverage.

Enrollment

Membership enrollments may be voluntary or by state-mandated assignment.

Membership acceptance must be without consideration of the applicant's health condition.

Membership acceptance must be without regard to color, sex, race, religious belief, national origin, or disability of the applicant.

Members who have been disenrolled due to loss of Medicaid eligibility and are reinstated within three (3) months, will automatically be re-enrolled in the health plan when they regain eligibility. All new members are provided a complete membership package containing the following:

- terms and conditions of enrollment
- description of covered services

- information about Primary Care Physicians; i.e. location, telephone number, and office hours
- information regarding out-of-plan emergency services
- grievance and disenrollment procedures
- all new members receive an in-service from a qualified benefit consultant

Assignment of Primary Care Physician

Upon enrollment, the member will select a Primary Care Physician within the health plan's network. To ensure quality and continuity of care, the Primary Care Physician is responsible for managing all of the member's health needs, from providing primary care services, to coordinating referral to specialists and ancillary service providers.

Harmony Behavioral Health providers do not require Primary Care Physician referral. It is expected that Harmony Behavioral Health providers will routinely communicate prescribed medication and treatment initiation, progress and discharge to the member's Primary Care Physician.

At the start of each month, Primary Care Physicians are sent a list of members assigned to his or her panel.

Changing Primary Care Physicians

A member may change his/her Primary Care Physician by calling the WellCare Customer Service Department. Primary Care Physician changes that are requested between the first and the tenth day of the month may be made effective for the same month of eligibility. If the request is called in after the tenth day of the month, the change will be effective for the following month of eligibility. If the member's health is at risk, an exception can be made to make the provider change effective immediately.

Voluntary Disenrollment

Voluntary disenrollment may only occur during the first 90 days of membership; after one year in the health plan; or

for an acceptable “good cause” reason. A member may not be disenrolled as the result of a preexisting medical condition or a change in the member’s health status.

**Involuntary
Disenrollment**

A member may be involuntarily disenrolled for the following reasons:

- member is deceased or moves out of the service area
- member loses his/her Medicaid/Medicare eligibility
- member fraudulently uses his/her Medicaid card benefits
- member is admitted to a long-term care facility or hospice program
- member is non-compliant with the rules of enrollment or is abusive to provider and/or health plan employees