

QUICK REFERENCE GUIDE
FLORIDA
December 2006

Important Telephone Numbers

Provider Hotline/ Customer Service	877-712-5340, Option 3	Provider FAX	866-517-5835 24 hours a day, 7 days a week.
TTY/TDD	877-247-6272		

Pharmacy

Pharmacy Services	877-647-7473, Option 2	Authorization Required <ul style="list-style-type: none"> • Drugs not listed on the Preferred Drug List (PDL) • Some drugs on the PDL require a DER • Drugs notated with “DER” on the PDL • Duplication of drug therapy • Dosing that exceeds the FDA daily or monthly quantity maximum • Most self-injectable and infusion drugs • Brand name requests when a generic exists • Drug that has a step edit and the first line therapy is inappropriate • Prescriptions that exceed \$1000/prescription (some exceptions apply), and/or plan limitations
Drug Evaluation Review (DER) Fax	866-825-2884	
Pharmacy After Hours/ Weekends (WHI) Group Number 806257 Staywell 816257 Staywell Healthy Kids 826257 HealthEase HealthyKids	877-647-7473, Option 2	
Web-Based Information <ul style="list-style-type: none"> • Preferred Drug List (PDL) • HBH Preferred Drug List • DER Forms • HBH Provider Manual Pharmacy Section 	http://www.harmonybehavioralhealth.com/Resources/Documents/HBH_PREFERRED_Drug_List.pdf	

Administrative Reviews & Grievances

A provider may file an administrative review on behalf of the member with the member’s written consent.
A provider may not file a grievance on behalf of the member.

Mail or fax all member administrative reviews within 30 days of the date of the proposed action, along with supporting documentation to: Harmony Behavioral Health Attn: Appeals and Grievances P.O. Box 25858 Tampa, FL 33622-5858 Fax 866-517-5835	Administrative Reviews and Grievances may also be called in to our Customer Service Department. Please note that all administrative reviews filed verbally must also be followed up with a signed, written administrative review. Provider Hotline 877-712-5340
---	--

Risk Management

Fraud & Abuse Hotline	866-678-8355
----------------------------------	--------------

Provider Complaints & Claim Appeals

Complaints A provider may file a written complaint in reference to any administrative issue such as WellCare’s policies and procedures or authorization/referral process. Within 45 calendar days of the event giving rise to the complaint, submit your complaint in writing via mail or fax to: WellCare Health Plans, Inc. Attn: Provider Complaints P.O. Box 31368 Tampa, FL 33631-3368 Fax 866-517-5835	Claim Appeals A provider may file a written appeal in reference to any claim payment denial. Within 905 calendar days of the claim denial date, submit your appeal in writing via mail or fax to: WellCare Health Plans, Inc. Attn: Claims P.O. Box 31372 Tampa, FL 33631-3368 Fax 866-517-5835
---	--

Claims

Claims	877-712-5340	EDI/Web Questions & Assistance	800-960-2530
EDI Payer ID Availity, Emdeon (WebMD®), SSI ACS	#14163 #77004	To ensure timely and accurate processing, mail UB92 (FCFA 1450) and CMS 1500 claim forms to: WellCare Health Plans, Inc. Florida Region P.O. Box 31372 Tampa, FL 33631-3372	
EDI Contacts Emdeon (WebMD®) ACS EDI Gateway, Inc. SSI Group	877-932-6301 800-987-6720 800-881-3032	Claims not submitted within 180 days from the date of service will not be considered for payment.	

Authorizations

Utilization Management (UM) Department

Prior authorization is required for all behavioral health services, except in an emergency. Authorization requests, member eligibility and claims status checks may be completed online through the Harmony Behavioral Health Web portal :

www.harmonybehavioralhealth.com

Urgent requests must be phoned into our Harmony provider hotline. Urgent Care is defined as medically necessary treatment for an injury, illness or other type of condition (usually not life threatening) which should be treated within 24 hours.

Contact us at 877-712-5340 to request an urgent authorization. A Harmony representative is available for crisis calls and inpatient pre-certifications 24 hours a day, 7 days a week.

NOTE:

Ambulance transportation in non-emergent situations should be referred to NET Providers.



Failure to obtain the required prior approval/pre-certification from Harmony Behavioral Health will result in a denied claim.

This guide is not intended to be an all-inclusive list of covered services, but substantially provides current referral and prior authorization instructions. All services/procedures are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

Other Important Telephone Numbers

HealthEase Medicaid	800-278-0656
HealthEase Healthy Kids	800-278-8178
Staywell Medicaid	800-935-5227
Staywell Healthy Kids	866-698-5437
WellCare Medicare	888-888-9355