

WELCOME TO HARMONY BEHAVIORAL HEALTH

Introduction

Welcome and thank you for becoming a participating Harmony Behavioral Health (HBH) network provider. HBH is a wholly owned subsidiary of WellCare and serves as the behavioral health component of a family of health plans that works with physicians and other healthcare professionals to provide our members with quality care.

In Florida, Harmony serves Staywell (Florida Medicaid and Healthy Kids) and HealthEase (Florida Medicaid and Healthy Kids) in Florida and WellCare Medicare.

For the purpose of clarity, Harmony Behavioral Health addresses WellCare, Staywell and HealthEase collectively as "WellCare" or "health plan" throughout this Provider Manual, except where a provision applies to a specific health plan.

Founded in 1985, WellCare now has a team of over 3,000 associates, and over 25,000 physician partners serve more than one million members in Connecticut, Florida, New York, Indiana, Illinois, Missouri, Ohio, Georgia and Louisiana. We specialize in providing care to those who receive their health benefits through government programs such as Medicare, Medicaid, and State Children's Health Insurance Programs.

This Provider Manual is designed to provide a ready resource for answers to questions providers may have about WellCare and Harmony Behavioral Health, including policies, procedures and other information regarding behavioral health care.

Accreditation

WellCare Health Plans are accredited by the Accreditation Association for Ambulatory Health Care, Inc. (AAAH), one of the leading quality standard-setting organizations in the nation. AAAHC evaluates the structure and function of medical and quality management systems in health care organizations. WellCare's compliance with these standards reflects its commitment to principals of quality and continuous improvement of the service provided.

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Harmony Behavioral Health is accredited by the American Accreditation HealthCare Commission (URAC), an independent, nonprofit organization that is a well-known leader in promoting health care quality through its accreditation and certification programs. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in establishing meaningful quality measures for the entire health care industry. Harmony Behavioral Health is accredited for Health Utilization Management by URAC.

Access and Availability

In general, health plan members may choose to receive medically necessary, covered services from any Harmony Behavioral Health participating provider within their geographical area.

In an emergency, the member may go to the nearest facility for acute treatment and stabilization. In the event a participating provider is unavailable, Harmony Behavioral Health will authorize a non-participating provider to evaluate and treat a health plan member.

Eligibility Verification

Providers are responsible for member eligibility verification before services are rendered. Providers are reminded to verify the member's eligibility on the date of service, regardless of whether or not a prior authorization has been issued by Harmony Behavioral Health. Member eligibility can be verified on the date of service using the following methods:

- Access Harmony Behavioral Health's Web site at www.harmonybehavioralhealth.com
- Access the WellCare Interactive Voice Response (IVR) system
- Contact WellCare Medicare Customer Service Department at 888-888-9355
- Contact the Staywell Medicaid and Healthy Kids Customer Service Department at 800-935-5227

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- Contact the HealthEase Medicaid and Healthy Kids Customer Service Department at 800-278-0656
- Contact Harmony Behavioral Health at 877-712-5340.

Coordination of Benefits

Providers are responsible for identifying third party payers and coordinating benefits with third party payers prior to billing the health plan for services.

Hearing Impaired, Interpreter and Sign Language Services

Providers are responsible for identifying third party payers and coordinating benefits with third party payers prior to billing the health plan for services.

Hearing impaired, interpreter, and sign language services are available to health plan members through WellCare's Customer Service Department. Please refer to the Quick Reference Guide section of this manual for the telephone number.