

Hawai'i Medicaid Quick Reference Guide

July 2010

Web Address: www.ohanahealthplan.com

Office Location

Island of Oahu (Main Office) 94-450 Mokuola Street, Suite 106 Waipahu, HI 96797	Island of Maui 77 Hookele Street, Suite 102 Kahului, HI 96732	Island of Hawaii 194 Kilauea Avenue, Suite 102 Hilo, HI 96720
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Important Telephone Numbers

Provider Services Eligibility Verification, Claims & Health Services, Service Coordination TTY/TDD	(888) 846-4262 (877) 247-6272	Personal Health Advisor Health advisors are available to members 24 hours a day, 7 days a week. Risk Management iCare (Hotline for suspected fraud & abuse)	(800) 919-8807 (866) 364-1350
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Pharmacy

Pharmacy Services Including After Hours/Weekends (WHI) Group Number 426257 Web-Based Information <ul style="list-style-type: none"> • Pharmacy Updates • Preferred Drug List • Drug Evaluation Review Forms 	(888) 505-1198 Fax (888) 865-6531	Drug Evaluation Request Fax Including Injectables and Infusions Drug Evaluation Review Required for: <ul style="list-style-type: none"> • Drugs not on the Preferred Drug List (PDL) • Drugs listed on the PDL with a Prior Authorization • Prescriptions that exceed the FDA daily or monthly quantity limit • Most self-injectable and infusion medications • Drugs that have a step edit and the first line therapy is inappropriate • Brand name drugs when a generic exists • Duplication of therapy • Drugs that have an age edit 	(888) 877-8239 Medication appeals may also be called into Customer Service using the appropriate telephone number from above. Please note that all appeals filed verbally also require a signed, written appeal.
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Claims

Claims Department EDI Assistance & Web Support EDI Assistance E-mail Address: EDI-Master-HI@ohanahealthplan.com EDI Partners <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">EDI Payer ID</th> <th style="text-align: left;">Contact</th> </tr> </thead> <tbody> <tr><td>ACS EDI Gateway, Inc.</td><td>77004 (800) 987-6720</td></tr> <tr><td>Availity</td><td>14163 (800) 282-4548</td></tr> <tr><td>Emdeon</td><td>14163 (800) 845-6592</td></tr> <tr><td>Legacy Consulting</td><td>14163 (888) 751-3271</td></tr> <tr><td>RelayHealth (McKesson)</td><td>14163 (800) 522-6562</td></tr> <tr><td>SSI Group</td><td>14163 (800) 880-3032</td></tr> <tr><td>ZirMed</td><td>14163 (877) 494-7633</td></tr> </tbody> </table>	EDI Payer ID	Contact	ACS EDI Gateway, Inc.	77004 (800) 987-6720	Availity	14163 (800) 282-4548	Emdeon	14163 (800) 845-6592	Legacy Consulting	14163 (888) 751-3271	RelayHealth (McKesson)	14163 (800) 522-6562	SSI Group	14163 (800) 880-3032	ZirMed	14163 (877) 494-7633	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 WellCare 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: 'Ohana Health Plan Claim Payment Disputes PO Box 31370 Tampa, FL 33631-3372 Fax (877) 277-1808 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>
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Encounter Data Submissions
Mail medical paper claim submissions to:

'Ohana Health Plan
 Claims Department
 P.O. Box 31372
 Tampa, FL 33631-3372

Appeals (Medical) and Grievances

Mail or fax a medical benefit appeal with supporting clinical documentation to: 'Ohana Health Plan Attn: Appeals Department PO Box 31368 Tampa, FL 33631-3368 Fax: (866) 201-0657 Providers may file an appeal on behalf of the member with the member's written consent. Providers may also 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.	Member grievances may be filed verbally by contacting Customer Service or in writing via mail or fax. 'Ohana Health Plan Attn: Grievance Department PO Box 31384 Tampa, FL 33631-3384 Fax (866) 388-1769 Providers may also file a grievance on behalf of the member with the member's written consent. Additionally, provider complaints related to any administrative issues such as WellCare's policies and procedures or authorization/referral processes may be submitted via fax or mail.
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Contracted Networks

Transportation - TMS (Customer Service)	(866) 790-8858
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Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications Call (888) 846-4262 and follow the prompts.

- Notify the Plan of unplanned inpatient hospital admissions within the next business day (except normal maternity delivery admission). Telephone authorizations must be followed by a fax submission of clinical information – by the next business day.
- Outpatient authorizations for urgent and time sensitive services may also be requested by phone when warranted by the member's condition. Please provide CPT and ICD-9 codes with your authorization request.

Authorization Required	No Authorization Required																		
<p>Standard Authorization Requests</p> <p>PCPs and contracted specialists may either:</p> <ul style="list-style-type: none"> • Submit requests online via www.ohanahealthplan.com • Fax requests to the numbers listed below <p>PCPs are required to obtain authorizations for all out-of-network services</p> <p>Ancillary – Fax: (888) 881-8225</p> <ul style="list-style-type: none"> • Occupational, Physical And Speech Therapy (11 & 22)* • Respiratory Therapy Services <p>Home Health Care and Durable Medical Equipment – Fax (888) 881-8225</p> <ul style="list-style-type: none"> • Durable Medical Equipment Purchases Costing \$200 Or More, Including Orthotics & Prosthetics • All Durable Medical Equipment Rentals (12)* • Skilled Home Health Care (12)* • Hearing aids and devices • Hospice Services In The Home (12)* <p>Home and Community Based Services (HCBS) – Fax: 888-881-8220</p> <ul style="list-style-type: none"> • Contact The 'Ohana Service Coordination Department For Member Eligibility For This Benefit • Day Health And Adult Day Care Programs • Foster family home, adult residential care (99)* <p>Inpatient Authorizations – Fax: (888) 890-8219</p> <ul style="list-style-type: none"> • All Inpatient Hospital Admissions (21)* • Clinical Updates For Continued Length-Of-Stay • Newborn Birth (After Delivery) By The Next Business Day • Behavioral Health Or Alcohol Or Substance Abuse Admissions • Rehabilitation Facility Admissions (61)* • Nursing Facility Services Including Skilled And Intermediate (31 & 32)* • Hospice services (21,31,32)* <p>Outpatient – Fax: (888) 881-8225</p> <ul style="list-style-type: none"> • All Procedures Performed In An Outpatient Hospital Or Ambulatory Surgery Setting (22 & 24)* <u>Except</u> CPT Ranges 43200 – 43258, 44360 – 44397, 45300 – 45392 • Cardiac And Pulmonary Rehabilitation Programs • Chemotherapy - See Pharmacy Section On Page 1 • Cosmetic Procedures (ALL)* • Court-Ordered Services • Cytogenetic, Reproductive, Molecular Laboratory Tests • EKG/ECG procedures (22)* • Investigational & Experimental Procedures And Treatment • Pain Management Treatment (11, 22, 24)* • Radiology - MRA, PET And SPECT Scans (11,22,24)* • Rehabilitation Facility Services (62)* • Transportation and interisland transportation (non-emergency) – see Contracted Networks page 1 	<p>Emergency/Urgent Care and Observation Stays</p> <ul style="list-style-type: none"> • Emergency Transportation Services • Observation stays (21, 22)* • Urgent Or Emergent Care Services Rendered In Emergency Rooms And Urgent Care Centers (20 & 23)* <p>Primary Care</p> <ul style="list-style-type: none"> • PCP Office Visits And Treatments (11)* • Diagnostic Tests And Procedures Considered By The Plan To Be Routinely Part of an office visit (11)* <p>Specialists and Obstetrics & Gynecology</p> <ul style="list-style-type: none"> • Office Visits And Treatment (11)* • Diagnostic Tests And Procedures Considered By The Plan To Be Part Of A Routine office visit (11)* <p>Laboratory</p> <ul style="list-style-type: none"> • Diagnostic laboratory services (22, 24)* • Laboratory tests consistent with CLIA Guidelines (11)* • Laboratory tests performed by contracted vendors (81)* <p>Radiology</p> <ul style="list-style-type: none"> • Basic Radiology Services (11, 22, 24)* Excluding MRA, PET And SPECT • Mammograms (ALL)* <p>Ultrasonography</p> <ul style="list-style-type: none"> • Diagnostic Ultrasounds (11)* • Obstetric ultrasounds (11)* <p>Other</p> <ul style="list-style-type: none"> • Family planning services • Secondary claims for Medicare covered services excluding skilled nursing facility services (21, 31, 32)* 																		
Referrals																			
<p>'Ohana supports the concept of the PCP as the "medical home" for its members. PCPs may refer members to network specialists when services will be rendered at an office, clinic or free-standing facility (11, 50, 71 & 72)*. The specialist must document the receipt of the request for a consultation and the reason for the referral in the medical record. No communication with the Plan is necessary.</p>																			
* Place of Service Codes																			
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<p>Prenatal Notifications – Fax (888) 881-8225 submit notifications of pregnancy within 30 days of first prenatal visit</p> <p>Sterilization Procedures (11, 22, 24)* - submit signed consent form with claim.</p>																			