



## TABLE OF CONTENTS

---

### Section 1: All About ‘Ohana

An Introduction .....	1
About ‘Ohana.....	1
Core Values.....	3
Quest Expanded Access (QExA).....	4
Provider Services .....	8

### Section 2: Provider Responsibilities

Overview.....	1
Primary Care Providers .....	1
Primary Care Offices .....	1
Primary Care Provider Responsibilities .....	2
Second Medical Opinion.....	4
Members With Chronic or Life Threatening Conditions .....	4
Domestic Violence and Substance Abuse Screening.....	6
Adult Health Screening.....	6
EPSDT Guidelines.....	6
Member Rights and Responsibilities .....	9
Living Will and Advance Directive.....	9
After-Hours Services .....	10
Closing of Physician Panel .....	10
Out-of-Area Member Transfers.....	11
PCP Request for Transfer of a Member .....	11
Responsibilities of All Providers.....	12
Specialist Responsibilities .....	16
Confidentiality of Member Information & Release of Records .....	16
Appointment Scheduling.....	18
Covering Physicians .....	19
Provider Billing and Address Changes .....	19
Marketing and Sales.....	20
Disclosure of Information .....	20
Fraud and Abuse .....	20
Fraud and Abuse Definitions .....	21
Special Investigations Unit.....	23
Education and Training.....	24
Business and Medical Records .....	24
Delegated Entities .....	25

### Section 3: Member Services

Overview.....	1
Member Handbook .....	1
Enrollment .....	1
Member Identification Cards.....	2
Eligibility Verification.....	2
Member Rights and Responsibilities .....	3
Medical Necessity.....	9



## TABLE OF CONTENTS

---

Primary Care Providers .....	10
Assignment of Primary Care Providers.....	11
Changing Primary Care Providers .....	12
Women’s Health Specialists .....	12
Hearing Impaired, Interpreter and Sign Language Services .....	12
<b>Section 4: Credentialing</b>	
Overview.....	1
Practitioner’s Right to be Informed of Credentialing/Re-Credentialing Application Status.....	2
Practitioner’s Right to Review Information Submitted in Support of Credentialing/Re-Credentialing Application and Right to Correct Erroneous Credentialing/Re-Credentialing Information.....	2
Baseline Criteria .....	3
Liability Insurance.....	4
Covering Physicians .....	4
Allied Health Practitioners.....	4
Ancillary Health Care Delivery Organizations .....	5
Long-Term Care and Community-Based Services .....	5
Re-Credentialing.....	5
Updated Documentation .....	5
Office of Inspector General Medicaid Sanctions Report .....	5
Sanction Reports Pertaining to Licensure, Hospital Privileges or Other Professional Credential.....	6
Hearing and Appellate Review .....	6
<b>Section 5: Claims</b>	
Overview.....	1
Clean Claim.....	1
Prompt Payment.....	1
Timely Claims Submission.....	1
Claim Submission Format.....	1
Provider ID and NPI Requirements .....	2
HIPAA Electronic Transactions and Code Sets .....	2
Electronic Claim Submissions .....	4
Paper Claims Submission Guidelines.....	6
CMS 1500 Paper Claim Submissions.....	7
UB-04 Paper Claim Submissions .....	8
Other Claims Submissions .....	9
Encounter Data Submissions .....	10
Electronic Funds Transfer and Electronic Remittance Advice .....	10
Coordination of Benefits .....	12
Provider Cost Sharing Responsibilities.....	13
Prohibition on Billing Plan Members .....	13
Non-Covered Services .....	14
Professional and Technical Component Payment .....	14

---



## TABLE OF CONTENTS

---

Explanation of Payment.....	14
Delegated Entities .....	15
<b>Section 6: Appeals and Grievances</b>	
Member Grievances/Complaints .....	1
Request for Standard Member Grievance Determination .....	2
Grievances Filed Against a Provider .....	3
Medicaid Fair Hearing .....	4
Member Appeals Process.....	6
Provider Grievances/Complaints .....	13
Provider Complaint System .....	15
Administrative Appeals/Provider Payment Dispute.....	16
Submission of Provider Termination Appeal Request .....	20
<b>Section 7: Utilization Management</b>	
Overview.....	1
Affirmative Statement .....	3
Plan Criteria for UM Decisions.....	3
UM Process.....	4
Second Medical Opinion.....	10
Members with Chronic or Life-Threatening Conditions.....	10
Standard, Expedited and Extension of Service Authorization Decisions ..	12
Emergency/Urgent Care.....	13
Transition of Care .....	14
Authorization Request Forms .....	15
Non-Covered Services .....	16
Special Authorization Requirements.....	18
Delegated Entities .....	19
<b>Section 8: Service Coordination/Case Management</b>	
Overview.....	1
Service Coordinators .....	2
Health and Functional Assessment .....	4
Care Plan Development .....	7
Obstetrical Care.....	9
Authorizations for OB Care.....	9
Initial OB Visit .....	10
OB Physician Functioning as the PCP .....	10
High-Risk OB Service Coordination.....	10
Lead-Level Screening.....	10
Disease Management Programs .....	10
Member and Provider Access to Case and Disease Management.....	13
<b>Section 9: Pharmacy</b>	
Overview.....	1
Preferred Drug List.....	1

---



## TABLE OF CONTENTS

---

Additions and Exceptions to the Preferred Drug List .....	1
Drug Evaluation Review Process .....	2
Generic Medications .....	3
Injectable Infusion Services .....	3
Coverage Limitations .....	4
Step-Therapy Programs .....	4
Over-the-Counter (OTC) Medications.....	5
Member Co-Payments.....	5
Pharmacy Network Improvement Program.....	5
<b>Section 10: Quality Improvement</b>	
Overview.....	1
Program Goals .....	2
Quality Improvement Participation.....	2
Physician Involvement.....	4
Medical Record Screening.....	4
Regulatory and Accreditation Agency Review.....	4
Patient Safety Program .....	5
Quality of Care Issues .....	6
Clinical Practice Guidelines .....	7
<b>Section 11: Medical Records</b>	
Overview.....	1
General Requirements and Guidelines.....	1
Basic Content Requirements .....	3
Every Visit Documentation Requirements .....	6
Continuity-of-Care Requirements .....	8
General Documentation Recommendations.....	8
EPSDT – Pediatric Health Screening .....	9
Clinical Practice Guidelines .....	13
Perinatal Care Guidelines.....	14
Adult Preventive Health Practice Guidelines .....	14
<b>Section 12: Covered Services</b>	
Overview.....	1
Covered Benefits and Services .....	1
Non-Covered Services .....	30
<b>Section 13: Behavioral Health</b>	
Introduction.....	1
Behavioral Health Benefit Overview .....	1
Exclusions and Limitations .....	2
Authorization.....	3
Emergency Services.....	3
Medically Necessary Services .....	4
Medical Necessity Criteria .....	5

---



## TABLE OF CONTENTS

---

Outpatient Psychiatric Referrals .....	5
Inpatient Services .....	6
Concurrent Review Process .....	7
Physician-to-Physician Review .....	7
Member Grievance Process .....	8
Transitional Care for New Members .....	8
Provider Information and Quality of Care .....	9

### **Section 14: Cultural Competency**

Cultural Competency .....	1
Cultural Competency Survey .....	5

### **Section 15: Quick Reference Guide**

#### **Section 16: Forms**

Table of Contents	
Abbott Fax Order Form	
Accu-Chek® Order Form	
Administrative Review Request Form - Member	
Administrative Review Form - Provider	
Ancillary Services Authorization Request Form	
Appeal Request Form for ER Med Review	
Appointment of Representative Statement	
CMS 1500 Submission Guidelines for Paper Claims	
CMS 1500 Submission Sample	
Complaint Request Form- Provider	
Drug Evaluation Review (DER) Form	
Enteral Nutrition Supplement Form	
Grievance Form – Member	
HCBS Authorization Request Form	
Incident Report	
Informed Consent for Voluntary Sterilization (DHS-1146)	
Informed Consent for Voluntary Sterilization - Instructions	
Injectable-Infusion Prior Authorization Form	
Inpatient Authorization Request Form	
Medical Record Forms	
• Immunization Record	
• Medication Profile	
• Problem List	
Outpatient Authorization Request Form	
Patient’s Acknowledgement of Prior Receipt of Hysterectomy Information	



## TABLE OF CONTENTS

---

(DHS-1145)

- Patient’s Acknowledgement of Prior Receipt of Hysterectomy Information - Instructions
- PCP Change Form
- PCP Request for Transfer of Member
- Prenatal Notification Form
- Service Coordination Referral Form
- Synagis Order Form
- UB-04 Submission Guidelines for Paper Claims
- UB-04 Submission Sample

### **Section 17: Provider Education Materials**

- Acute Myocardial Infarction (AMI) Inpatient Chart Flag
- AMI Fax Alert
- Adult Immunization Schedule
- Adult New Member Physical Form
- Asthma Chart Flag
- Asthma Fax Alert
- Asthma Program Introduction Letter for Adults
- Asthma Program Introduction Letter for Children
- Childhood & Adolescence Immunization Schedule
- Congestive Heart Failure Letter - Adult
- Congestive Heart Failure Chart Flag
- Congestive Heart Failure Fax Alert
- Diabetes Care Flow Sheet
- Diabetes Fax Alert
- Domestic Violence Screening and Form
- Monthly Membership List (MML) Screening Reminders
- .....
- Smoking Cessation Program
- Substance Abuse Screening

**Section 18: Addendum** – Area to place notices from ‘Ohana with the latest updates announced prior to the next formal revision of this manual.