



HAWAII MEDICAID QUICK REFERENCE GUIDE

January 2012

Web Address: www.ohanahealthplan.com/provider/resources

Office Locations

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 Hawai'i
194 Kilauea Avenue, Suite 102
Hilo, HI 96720

Important Telephone Numbers

Provider Services (888) 846-4262
Eligibility verification, Claims, Utilization Mgmt.,
Language Line and Provider Complaints

Nurse Advice Line (800) 919-8807
Members may call this number to speak to a
Nurse 24 hours a day, 7 days a week.

TTY/TDD (877) 247-6272

'Ohana Fraud, Waste and Abuse Hotline (866) 678-8355

[Provider "How To" Guide](#)

[Provider Resource Guide](#)

Claim Submissions

Provider Services (888) 846-4262
Questions related to claim submissions

For EDI questions and assistance, please contact our EDI team who will help identify, test and correct any issue: EDI-Master@wellcare.com

Preferred EDI Partner **EDI Payor ID**
RelayHealth (McKesson) 14163 (877) 411-7271

'Ohana follows the Centers for Medicare and Medicaid Services' (CMS) guideline for paper claims submissions. Since October 28, 2010, 'Ohana accepts only the original "red claim" form for claim and encounter submissions. 'Ohana does not accept handwritten, faxed or replicated claim forms.

Claim forms and guidelines may be found on our website at: www.ohanahealthplan.com/provider/claims_updates

Mail paper claim submissions to:

'Ohana Health Plan, Inc.
Claims Department
PO Box 31372
Tampa, FL 33631-3372

Claim Payment Disputes

The Claim Payment Dispute Process is designed to address claim denials for issues related to untimely filing, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted in writing to 'Ohana within 90 days of the date on the EOP.

Mail or fax all claim payment disputes with supporting documentation to:

'Ohana Health Plan, Inc. **Fax (877) 277-1808**
Attn: Claim Payment Disputes
PO Box 31370
Tampa, FL 33631-3370

Claim Payment Policy Disputes

The Claims Payment Policy department has created a new mailbox for provider issues related strictly to payment policy issues. Disputes for payment policy related issues (Explanation of Payment Codes beginning with IHXXX, MKXXX or PDXXX) must be submitted to 'Ohana in writing within 90 days of the date of denial on the EOP.

Mail all disputes related to payment policy issues to:

'Ohana Health Plan, Inc. **Fax (877) 277-1808**
Payment Policy Disputes Department
PO Box 31426
Tampa, FL 33631-3426

Appeals (Medical)

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 120 calendar days of a claims denial for lack of a prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification.

Mail or fax medical benefit appeals with supporting clinical documentation to:

'Ohana Health Plan, Inc. **Fax (866) 201-0657**
Attn: Appeals Department
PO Box 31368
Tampa, FL 33631-3368

[Non-Medicare Member Appointment of Representative Form](#)

Grievances

Member grievances may be filed verbally by contacting Customer Service in writing or via mail or fax. Providers may also file a grievance on behalf of the member with the member's written consent.

Mail or fax all member grievances to:

'Ohana Health Plan, Inc. **Fax (866) 388-1769**
Attn: Grievance Department
PO Box 31384
Tampa, FL 33631-3384

[Non-Medicare Member Formal Grievance Form](#)

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Pharmacy Services

Pharmacy Services (888) 505-1198
 Including after-hours and weekends (WHI)
 Group Number 426257

Specialty Pharmacy (866) 458-9246
wsp@wellcare.com Fax (866) 458-9245

Medication Appeals Fax (888) 865-6531

Mail all [medication appeal request forms](#) with supporting documentation to:

'Ohana Health Plan, Inc.
 Attn: Pharmacy Appeals Department
 PO Box 31383
 Tampa, FL 33631-3383

Medication appeals may also be filed verbally by contacting Provider Services.
 Please note that all appeals filed verbally also require a signed, written appeal.

PDL Inclusions

To request consideration for inclusion of a drug to 'Ohana's PDL, providers may write 'Ohana explaining the medical justification.

'Ohana Health Plans, Clinical Pharmacy Department
 Director of Formulary Services
 Pharmacy and Therapeutics Committee
 PO Box 31577
 Tampa, FL 33631

Coverage Determination Review Fax (888) 877-8239

Submit [Coverage Determination Request Forms](#) for:

- Drugs not listed on the Preferred Drug List (PDL)
- Drugs listed on the PDL with a Prior Authorization (PA)
- Prescriptions that exceed the FDA daily or monthly quantity limits
- Most self-injectable and infusion medications including Chemotherapy
- Drugs that have a step edit (ST) and the first line therapy is inappropriate
- Brand name drugs when an equivalent generic exists
- Drugs that have an age edit (AL)

Web-Based Information:

- [Pharmacy Services Overview](#)
- [Pharmacy Updates](#)
- [Preferred Drug List \(PDL\)](#)
- [Drug Evaluation Review Forms](#)
- [Participating Pharmacies](#)

[Enteral Nutrition Supplement Form](#)

[Injectable Infusion Prior Authorization Form](#)

[Oral Nutrition Supplement Form](#)

[Medical Injectables – No Authorization Required List](#)

['Ohana Pharmacy Services Guide](#)

[Preferred Drug List \(Medicaid\)](#)

Contracted Networks

Transportation

Logisticare

Reservations (866) 790-8858
 Ride Assist (866) 481-9699

A three business day notification is required for routine non-emergent transportation reservations. Representatives are available Monday through Friday from 8:00 am to 6:00 pm HST.

[Certification of Medical Necessity of Mode of Transportation Form](#)

Service Coordination

To refer a member to Service Coordination or Disease Management Programs, please complete the [Service Coordination Referral Form](#) and fax it to: (888) 881-8220.

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Prior Authorization (PA) Requirements

This 'Ohana Prior Authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Changes to authorization requirements on this list will be denoted by a **P** symbol for easy identification. Requirements that have been edited for *clarification only* will be denoted with an **Ⓢ** symbol. There were authorization changes in this edition.

All services rendered by non-participating providers and facilities require authorization. Primary Care Physicians (PCPs) must refer members to participating specialists. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

'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 receipt of the request for a consultation and the reason for the referral in the medical record. **No communication with the Plan is necessary.**

'OHANA'S PRIOR AUTHORIZATION (PA) LIST:

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 admissions). Telephone authorizations must be followed by a fax submission of clinical information – by the next business day.
- Outpatient authorizations may be requested by phone for urgent and time sensitive services when warranted by the member's condition. Please add **CPT and ICD-9 codes** with your authorization request.

NOTE: [Place of service codes \(POS\)* are specified for some services.](#)

***Place of Service Codes**

11 – Office	23 – Emergency Room	50 – FQHC	72 – Rural Health Clinic
12 – Home	24 – Ambulatory Surgery Center	61 – Inpatient Rehab	81 – Laboratory
20 – Urgent Care Facility	31 – Skilled Nursing Facility	62 – Outpatient Rehab	99 – Other
21 – Inpatient Hospital	32 – Nursing Facility	65 – ESRD	
22 – Outpatient Hospital	33 – Custodial Care Facility	71 – Public Health Clinic	

PROCEDURES and SERVICES

P = New or changed requirement

Ⓢ = Clarification of current requirement

Auth Required

No Auth Required

Comments

Ancillary Services Authorization Request Form

Fax (888) 881-8225

Durable Medical Equipment purchases (Includes Hearing Aids, Orthotics and Prosthetics)	X		Purchases billed for less than \$200 do not require an authorization.
Durable Medical Equipment rentals	X		
Home Health care services P	X		Does not include LTC Home Care services
Incontinence Supplies P	X		Includes Diapers, Wipes, Gloves and Chux Pads
Respiratory therapy services	X		
Skilled therapy services (11 & 22)*	X		Includes Occupational, Physical and Speech therapy

Inpatient Services Authorization Request Form

Fax (888) 890-8219

Ambulance transportation	X		Non-emergent and inter-island transportation
Acute Behavioral Health, Alcohol or Substance Abuse admissions	X		
Emergency Room services (23)*		X	
Emergency transportation services		X	
Hospice services (21, 31 & 32)*	X		
Inpatient Hospital admissions	X		Clinical updates required for continued length of stay.
Newborn deliveries		X	Notification required by the next business day.
Nursing facility admissions (31 & 32)*	X		Clinical updates required for continued length of stay.
Observations (22)*	X		Clinical updates required for continued length of stay.
Rehabilitation facility admissions (61)*	X		Clinical updates required for continued length of stay.

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PROCEDURES and SERVICES	Auth Required	No Auth Required	Comments
📅 = New or changed requirement 📞 = Clarification of current requirement			
<u>Outpatient Services Authorization Request Form</u>			Fax (888) 881-8225
Advanced Radiology services: MRA, PET & SPECT scans (11, 22 & 24)*	X		
Ambulatory surgery center services (24)* 📞	X		No authorization is required for physician billed CPT code ranges: 43200 – 43258, 44360 – 44397, 45300 - 45392
Cardiac and pulmonary rehabilitation programs	X		Refer to Clinical Coverage Guidelines
Court-ordered services	X		
Cytogenetic, reproductive and molecular diagnostic laboratory testing	X		Refer to Clinical Coverage Guidelines
Diagnostic laboratory services (Routine) (11, 22 & 81) 📞		X	Testing must be performed by contracted entities and consistent with CLIA guidelines.
Diagnostic tests and procedures considered by the Plan to be routine office treatment (11)*		X	
Diagnostic ultrasounds (11)*		X	
EKG/ECG procedures (22)*		X	
Family planning services		X	
Investigational & experimental procedures and treatment	X		Experimental and Investigational Procedures and Devices Clinical Coverage Guideline
Mammograms (ALL)*		X	
Obstetric Global Care		X	Submit the Prenatal Notification form within 30 days of the first appointment.
Obstetric ultrasounds (11 & 22)* 📞		X	
Outpatient hospital procedures (22)* 📞	X		No authorization is required for physician billed CPT code ranges: 43200 – 43258, 44360 – 44397, 45300 - 45392
Pain Management treatment (11, 22 & 24)*	X		
Primary Care Physician visits and treatment (11, 12, 21 & 31)* 📞		X	Procedures/Surgeries may require authorization.
Potential Cosmetic procedures (ALL)*	X		
Radiology Anesthesia		X	No Authorization is required for CPT codes 01916 – 01936.
Rehabilitation facility services (62)*	X		
Routine radiology services (11, 22 & 24)*		X	
Secondary claims for Medicare covered services 📞		X	
Specialist office visits and treatment (11 12, 21 & 31)* 📞		X	Procedures/Surgeries may require authorization.
Sterilization procedures		X	Consent form required for claims payment.
Transportation (non-emergent)	X		Includes inter-island transportation – See Contracted vendor on page 2.
Urgent care services (20)*		X	
<u>Home and Community Based Services (HCBS)</u>			Fax (888) 881-8220
Adult Day Care & Day Health programs 📞	X		Member must have approved 1147 eligibility for this benefit.
Foster Family home services and Adult Residential care 📞	X		Member must have approved 1147 eligibility for this benefit.

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