



Hawai'i Medicare Quick Reference Guide July 2010

Web site: www.ohanahealthplan.com

Office Location

Plaza at Milltown • 94-450 Mokuola Street, Suite 106 • Waipahu, HI 96797

Important Telephone Numbers

Provider Services Eligibility Verification, Claims & Health Services, Case and Disease Management	(888) 505-1201	Personal Health Advisor Health advisors are available to members 24 hours a day, 7 days a week.	(800) 919-8807
TTY/TDD	(877) 247-6272	Risk Management iCare (Hotline for suspected fraud and abuse)	(866) 364-1350

Pharmacy

Pharmacy Services Including After Hours/Weekends (WHI) Group Number 788257	(866) 653-0976	Coverage Determination Request Required for: <ul style="list-style-type: none"> • Medications not listed on the Preferred Drug List (PDL) • Some medications on the PDL require prior authorization • Dosing that exceeds the FDA daily or monthly quantity maximum • Most self-injectable and infusion medications • Medications that have a step edit Medication appeals may also be called into Customer Service using the appropriate telephone number from above.
Coverage Determination Request Fax	(866) 388-1767	
Web-Based Information <ul style="list-style-type: none"> • Pharmacy updates • Formulary • Coverage Determination Request forms • Participating pharmacies 	www.ohanahealthplan.com	Medication Appeals 'Ohana Health Plan, Inc. Attn: Pharmacy Appeals Department P.O. Box 31383 Tampa, FL 33631-3383

Fax: 1-866-388-1766

Claims

EDI Assistance & Web Support	(888) 505-1201	Claims Department	(888) 505-1201
EDI Partners	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	
Encounter Data Submissions	59354		
		Mail medical paper claim submissions to: 'Ohana Health Plan Claims Department P.O. Box 31372 Tampa, FL 33631-3372	
		*Timely claims filing is 180 days from the date of service to primary payers.	
		Electronic Funds Transfers & Remittance Advice (EFT/ERA) Customer Service Web Address	(866) 687-8570 www.payspanhealth.com

Claim Appeals

Claim Appeals	(888) 505-1201	Claim Appeals Fax	(877) 297-3112
For claim denials related to issues of untimely filing, incidental procedures, bundling, unbundling, unlisted procedure codes, non-covered codes, etc., submit appeal within 90 calendar days of denial notice. Mail to: 'Ohana Health Plan Claim Appeals P.O. Box 31372 Tampa, FL 33631-3372		Please reference the section below for instructions regarding the process for medical necessity/authorization-related claim denials.	

Medical Benefit Appeals

A provider may file an appeal or grievance on behalf of the member with the member's written consent. A provider may also seek an appeal through the Appeals Department within 90 calendar days when a claim is denied for lack of prior authorization, the service exceeds authorization, insufficient supporting documentation or late notification.

Mail or fax an appeal with supporting clinical documentation to: 'Ohana Health Plan Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368	Fax: (866) 201-0657	Grievances may be initiated by a call to the Customer Service department. 'Ohana Health Plan Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384	(888) 505-1201 Fax: (866) 388-1769
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Provider Complaints

Provider complaints, related to any administrative issue such as WellCare's policies and procedures or authorization/referral process, must be submitted within 45 calendar days of the event giving rise to the complaint. You may submit your complaint in writing by mail or fax to:

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

Contracted Networks

Dental <i>Liberty Dental Plan</i>	(888) 704-9837	Transportation <i>TMS</i>	(866) 790-8858
Fitness <i>Palladian</i>	(877) 712-2778	Vision <i>Advantica</i>	(866) 425-2323
Hearing Services <i>HearUSA</i>	(800) 333-3389		

NOTE: This guide is not intended to be an all-inclusive list of covered services under 'Ohana Health Plans, a Plan offered by WellCare Health Insurance of Arizona, Inc., but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised July 2010)

Utilization Management (UM) Department – Authorizations

Urgent Authorization Requests and Admission Notifications

Call (888) 505-1201 and follow the prompts.

- Notify the Plan of unplanned inpatient hospital admissions and observations within the next business day (except normal maternity delivery admission). A telephone authorization must be followed by a fax submission of clinical information – by the next business day.
- You may also call to request authorizations for urgent and time sensitive services when warranted by the patient's condition. Please include CPT and ICD-9 codes with your authorization request.

AUTHORIZATION REQUIRED

Standard Authorization Requests

Fax your request to the numbers listed below.

Note that *Place of Service codes are specified for some services. Please include CPT and ICD-9 codes with your authorization request.

Specialists should coordinate all services with the member's PCP. (See Referral area below)

PCPs are required to obtain authorizations for all out-of-network services

- requests for Point of Service benefits must be submitted and reviewed for authorization
- urgent or emergent services rendered in emergency rooms and urgent care centers (22 & 23)* **DO NOT** require authorization.

Ancillary – Fax: (888) 881-8225

- occupational, physical and speech therapy (11 & 22)*
- respiratory therapy services

Home Health Care and Durable Medical Equipment

Fax (888) 881-8225

- durable medical equipment purchases **billed at \$200 or more**, including orthotics & prosthetics
- all durable medical equipment rentals
- home health care (11 & 12)*
- hearing aids & devices – see Contracted Network on page 1

Inpatient Authorizations – Fax: (888) 890-8219

- all inpatient hospital admissions (21)*
- clinical updates for continued length-of-stay
- behavioral health or alcohol or substance abuse admissions
- rehabilitation facility admissions (61)*
- skilled nursing facility admissions (31 & 32)*

Outpatient Authorizations – Fax: (888) 881-8225

- all procedures performed in an outpatient hospital or ambulatory surgery setting (22 & 24)* except CPT ranges 43200 – 43258, 44360 – 44397, 45300 - 45392
- ambulance transportation (non-emergent)
- cardiac and pulmonary rehabilitation programs
- chemotherapy - see Pharmacy Services on page 1 to call for authorization
- cosmetic procedures (ALL)*
- court-ordered services
- cytogenetic, reproductive, molecular laboratory tests
- domiciliary, rest home & custodial care services (32, 33)*
- investigational and experimental procedures and treatment
- pain management treatment (11, 22, 24)*
- radiology - MRA, PET and SPECT (ALL)*
- rehabilitation facility services (62)*
- skilled nursing facility services (31 & 32)*

NO AUTHORIZATION REQUIRED

Emergency and Urgent Care

- emergent transportation services
- urgent or emergent care services rendered in emergency rooms and urgent care centers (20 & 23)*

Primary Care

- PCP office visits and treatment
- Diagnostic tests and procedures considered by the plan to be routinely part of an office visit (11)*

Specialists

- office visits and treatments with PCP referral (11)* including acupuncture
- diagnostic tests and procedures considered by the plan to be routinely part of an office visit (11)*

Laboratory

- laboratory tests consistent with CLIA guidelines (11)*
- laboratory tests (22)* or by vendor (81)*

Radiology

- radiology services (11, 22, 24)* **excluding** MRA, PET and SPECT scans
- mammograms (ALL)*

Ultrasonography

- diagnostic ultrasounds

REFERRALS

'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.

* Place of Service Codes

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