



Hawai'i Medicare Quick Reference Guide January 2011

Web site: www.ohanahealthplan.com

Important Telephone Numbers & Links	
Provider Services Eligibility verification, Claims, Utilization Management TTY/TDD • How to Become a Registered Web User	(888) 505-1201 (877) 247-6272
Personal Health Advisor Health Advisors are available to members 24 hours a day, 7 days a week. iCare (Hotline for suspected fraud and abuse)	(800) 919-8807 (866) 364-1350
Pharmacy Services	
Pharmacy Services Including After Hours/Weekends (WHI)	(866) 653-0976 Coverage Determination Requests Fax (866) 388-1767 Submit Coverage Determination Request Forms for: <ul style="list-style-type: none"> • Medications not listed on the Formulary • Drugs listed on the Formulary with a prior authorization (PA) • Duplication of therapy • Prescriptions that exceed the FDA daily or monthly quantity limits • Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office • Drugs listed on the Formulary with a quantity limit (QL) • Drugs that have a step edit (ST) and the first line therapy is inappropriate
Medication Appeals 'Ohana Health Plan, Inc. Attn: Pharmacy Appeals Department PO Box 31383 Tampa, FL 33631-3383 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.	Fax (866) 388-1766
Claims	
Claims Department Including EDI Questions and Assistance WellCare has Provider Job Aids available for many claims related services: <ul style="list-style-type: none"> • Electronic Claim Submission/Electronic Data Interchange (EDI) Services • How to Check the Status of a Claim Online • Registering for EFT/ERA Services • Tips on How to File Claims Mail medical paper claim submissions to: 'Ohana Health Plan 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, 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 fax or mail the dispute and documentation to: 'Ohana Health Plan Attn: Hawaii Claim Payment Disputes PO Box 31370 Tampa, FL 33631-3224 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 more information.</i>
Appeals (Medical) and Grievances	
For pre-service appeals, providers may file an appeal on the member's behalf with the member's consent. A signed appointment of representation may be required. 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. Mail or fax member appeals with supporting documentation to: 'Ohana Health Plan Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368 Fax (866) 201-0657	Member grievances may be filed verbally by contacting Customer Service or submitted via fax or mail. Providers may also file a grievance on behalf of the member with the member's written consent. <ul style="list-style-type: none"> • Medicare Appointment of Representative Form Mail or fax member grievances to: 'Ohana Health Plan Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384 Fax (866) 388-1769
Provider Complaints	
Submit a Provider Complaint Form for complaints related to any administrative issue such as WellCare's policies and procedures or authorization/referral process 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 Liberty Dental Plan (<i>Utilization Management and Customer Service</i>)	(888) 704-9837
Transportation TMS (<i>Customer Service</i>)	(866) 790-8858

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 December 2010)

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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). 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 include CPT and ICD-9 codes with your authorization request.

Standard Authorization Requests may be requested online via ohanahealthplan.com or by fax. Please include CPT and ICD-9 codes with your authorization request.

- [How to Submit an Authorization Request Online](#)

AUTHORIZATION REQUIRED

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. Specialists should coordinate all services with the member's PCP.

Note: **Place of Service codes are specified for some services.*

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

- All Durable Medical Equipment Rentals
- Durable Medical Equipment Purchases **Billed At \$200 Or More**, Including Orthotics & Prosthetics
- Hearing Aids & Devices
- Home Health Care (11 & 12)*

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

- Advanced Radiology *including* CT, CTA, MRA, MRI, PET, SPECT, Nuclear Cardiology and Nuclear Medicine (11, 22 & 24)*
- 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*
- Cosmetic Procedures (All)*
- Court-Ordered Services
- Cytogenetic, Reproductive & Molecular Diagnostic Lab Testing
- Domiciliary, Rest Home & Custodial Care Services (32, 33)*
- Investigational and experimental procedures and treatment
- Pain Management treatment (11, 22, 24)*
- Rehabilitation Facility Services (62)*
- Skilled Nursing Facility Services (31 & 32)*

Please visit ohanahealthplan.com to check member eligibility, obtain "How to Guides" and forms, submit authorization requests and much more.

NO AUTHORIZATION REQUIRED

Emergency and Urgent Care

- Emergent Transportation Services
- Emergency care services (23)*
- Urgent care services (20)*

Primary Care

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

Specialists

- Diagnostic tests and procedures considered by the Plan to be routinely part of an office visit (11)*
- Inpatient hospital consultations
- Office visits and treatments with PCP referral including Acupuncture (11)*

Laboratory

- Laboratory Tests Consistent With CLIA Guidelines (11)*
 - Laboratory Tests (22)* Or By Vendor (81)*
- *Excluding Cytogenetic, Reproductive & Molecular Diagnostic Testing*

Radiology

- Mammograms (All)*
- Routine radiology services (11, 22 & 24)*

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	