

# TIPS ON HOW TO FILE CLAIMS FOR HAWAI'I PROVIDERS



## HOW TO FILE A CLAIM

Claims submitted for payment should:

- Be submitted by one of the following formats:
  - Electronic Claims Submission (EDI)
  - CMS-1500 form
  - UB-04 form
- Include all necessary, complete, correct and compliant data including current CPT, ICD9-CM or HCPC codes
- Contain the National Provider Identifier (NPI) for all primary and secondary provider fields on all electronic and paper claims (UB-04 and CMS-1500) submissions
- Be submitted within 180 days of the date of service, unless otherwise specified by the provider agreement

## CLAIMS PAYMENTS

**Paid Claims**—Clean claims are paid within the 15-business-day standard.

**Pended Claims**—Require additional review.

**Denied Claims**—Services indicated on the submitted claim are not covered or the member is not eligible.

## CLAIMS DEPARTMENT

For claim-related questions, please contact the appropriate Provider Services line at:

- Medicaid                   1-888-846-4262
- Medicare                   1-888-505-1201

## EDI QUESTIONS & ASSISTANCE

For inquiries related to your electronic claim submission to 'Ohana Health Plan, please contact our EDI team who will assist to identify, test and correct any issues.

EDI Team ..... Call Provider Services  
 EDI E-mail Address ..... EDI-Master@wellcare.com

## MAILING CLAIMS

Submit paper claims to:  
 'Ohana Health Plan  
 Claims Department  
 P.O. Box 31372  
 Tampa, FL 33631-3372

'Ohana will no longer accept handwritten or replicated claim forms after October 28, 2010. Paper claims will continue to be accepted; however, they must be submitted on original CMS-1500 or UB-04 forms.

## CLEARINGHOUSES FOR ELECTRONIC CLAIMS

'Ohana Health Plan is presently receiving electronic claims from seven clearinghouses. Please see the chart below for details.

## ENCOUNTER DATA

For claims encounter submissions, please use 'Ohana Health Plan Payer ID number **59354** for all clearinghouses.

*Claim forms and guidelines may be found on our Web site at [www.ohanahealthplan.com](http://www.ohanahealthplan.com) Please refer to the appropriate 'Ohana Provider Manual for additional information.*

| CLEARINGHOUSE          | PAYER ID NUMBER | TELEPHONE NUMBER |
|------------------------|-----------------|------------------|
| ACS EDI Gateway, Inc.  | 77004           | 1-800-987-6720   |
| Availity               | 14163           | 1-800-282-4548   |
| Emdeon                 | 14163           | 1-800-845-6592   |
| Legacy Consulting      | 14163           | 1-888-751-3271   |
| RelayHealth (McKesson) | 14163           | 1-800-522-6562   |
| SSI Group, Inc.        | 14163           | 1-800-880-3032   |
| ZirMed                 | 14163           | 1-877-494-7633   |

Availity, MedData and RelayHealth will provide real-time eligibility (270/271) and claim status (276/277) services.



# SAVE TIME! CHECK YOUR CLAIM STATUS ONLINE



Providers who register on our secure Web site, [www.ohanahealthplan.com](http://www.ohanahealthplan.com), may check the status of their claims online. This will save time and limit the number of telephone calls you and your staff will have to make.

## STEPS TO CHECK CLAIM STATUS ON THE WEB—TWO WAYS TO CHECK!

### Step 1:

Log in to the secure provider portal of the Web site ([www.ohanahealthplan.com](http://www.ohanahealthplan.com)). On the Provider Home Page, you will have immediate access to *Check Claim Status*.

Simply scroll over to the *Claims Portlet* and follow steps 5–11.  
- OR -

### Step 2:

You may also go directly to the Claims page by clicking on the *Claims* tab at the top of the home page.

### Step 3:

From the Claims page, click on the *Claim Status* link.

### Step 4:

You will be directed to the *Claims Status* page under the *Reports* tab. Check claim status by following steps 5–11.

### Step 5:

Check the status of a claim by selecting the *Provider ID*, *Member ID* or *Claim Number* from the drop-down menu and filling out the form field.

### Step 6:

Enter the *Date(s) of Service* by clicking on a range or by selecting the date closest to when the service was provided.

### Step 7:

Click on the *Check Claim Status* icon at the bottom.

### Step 8:

Your *Claim Results* report will be displayed at the bottom of the page. It will show the claim results from the criteria you selected.

### Step 9:

The *Claim Status* column, next to the *Date Received* column, will show the status as approved, denied or pended.

### Step 10:

To find out details on a specific claim, select and click on the claim from the list, and a snapshot box and description will appear. For example, the description for a claim that was denied could display “member not eligible on the date of service” as the reason for the denial.

### Step 11:

The snapshot box for the claim will also display the patient information, date of service, CPT code(s) and description(s) of code(s), claim status, adjustment reason, and billing details.

### Step 12:

To save or print the report, click on the save icon on the page where your report displays. Select the format for the file you wish to save, such as PDF.

### Step 13:

To continue to save or print the report, navigate to the *Provider* tab. The saved report will display in *Your Inbox*. Click on the report and a new screen will appear. Click to download the report and open the file to save or print it.

Log in to the Web site today to view the status of your claims!

