



Transition of Patient Care to 'Ohana Health Plan *for Medicare Members*

January 15, 2009

Dear 'Ohana Medicare Provider,

'Ohana Health Plan is pleased to provide medical services for eligible Medicare members in Honolulu county as of **January 1, 2009**. 'Ohana Health Plan has a transition plan for patients who will soon be new members with our Plan and are in need of continuous care.

To successfully transition members with urgent needs to 'Ohana Health Plan, we have arranged to provide special consideration for patients in the following circumstances:

- Patients diagnosed with significant medical conditions, where an interruption in continuity of care could result in an adverse clinical outcome.
- Patients who need an organ or tissue replacement.
- Patients who receive ongoing services which are time-sensitive and significant, such as chemotherapy or radiation therapy.
- Patients who have received prior authorization for services from another payor source (example: surgery already approved and scheduled, or scheduled out-of-area specialist visits).

Please help us identify the 'Ohana members that fall into the categories above to ensure proper patient care and efficient payment to your office, by following the three steps below:

1. Submit the appropriate Authorization Request form with the **"Transition of Care"** box checked at the top of the form,
2. Include an authorization from the previous payor or clinical notes from the patient's record that support the condition category, and
3. Fax the authorization and/or documentation to the appropriate number located on the form.

94-450 Mokuola Street, Suite 106
Waipahu, HI 96797
Medicaid Toll-Free Telephone: (888) 846-4262
Medicare Toll-Free Telephone: (888) 505-1201
Web Address: www.ohanahealthplan.com

'Ohana will honor written documentation of prior authorizations of ongoing covered services for up to 30 days for new members.

Written documentation includes the following (provided the services were arranged prior to enrollment with 'Ohana):



‘OHANAHEALTH PLAN
A PLAN OFFERED BY
WELLCARE HEALTH INSURANCE OF ARIZONA, INC.

- Prior orders
- Provider appointments, e.g., specialist appointments, surgeries, etc.
- Prescriptions

In the event that we did not receive advanced notice of a transition of care patient, and the claim submitted was not paid, please call our toll-free number for instructions on rapid consideration of your request.

For your convenience, enclosed are copies of the Ancillary, Inpatient and Outpatient Authorization Request forms. Information on inpatient notifications that are not Transition of Care-related is contained in the Quick Reference Guide, a copy of which is enclosed and also is available at www.ohanahealthplan.com.

We appreciate the compassion, patience and care you provide to our members and thank you for being our partner in improving and sustaining the health and wellness of our members. If you have any questions, please call our Customer Service Department at **(888) 505-1201**.

Sincerely,
‘Ohana Health Plan

94-450 Mokuola Street, Suite 106
Waipahu, HI 96797
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Web Address: www.ohanahealthplan.com



Check One of the Following

DME Home Care Services PT/OT/ST

Transition of Care? YES NO

***Required Information** – In order to ensure our members receive quality care, appropriate claims payment and notification of servicing providers, all required fields on this form must be completed. Please type or print in black ink and submit this request to the fax number above. For an urgent* request, do not fill-out this form. Please call **Medicare** at **(888)-505-1201** or **Medicaid** at **(888) 846-4262**.

Member

Member Plan ID:	Today's Date:
Member Last Name:	Member First Name:
Member Phone Number:	Date of Birth:

Requesting Provider

Provider ID:	Type: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist
Provider Last Name:	Provider First Name:
Phone Number:	Fax Number:
Specialty:	RP Contact:

Treating Provider

Provider ID:	Specialty:
Provider Last Name:	Provider First Name:
Provider Address:	City/State/Zip Code:
Phone Number:	Fax Number:

Facility

Check this box to skip this section and have the Plan assign the Facility

Type:	<input type="checkbox"/> Office	<input type="checkbox"/> OP Hospital	<input type="checkbox"/> Free Standing Facility	Medical Record Number:
Facility ID:	Facility Name:			
Address:	City/State/Zip Code:			
Phone Number:	Fax Number:			

Service Requested

Planned Date of Service	From: / /	To: / /
Primary IDD-9 Code:	Description	

CPT-4/HCCP	DESCRIPTION OF PROCEDURE OR SERVICES	VISITS/FREQUENCY

INSTRUCTIONS: Please include a clinical summary below including additional procedure codes as applicable. Attach supporting clinical records, if necessary.



INPATIENT AUTHORIZATION REQUEST

Fax To: (888) 890-8219

Check One of the Following

IP Observation Skilled Nursing Rehab

Transition of Care? YES NO

***Required Information** – In order to ensure our members receive quality care, appropriate claims payment and notification of servicing providers, all required fields on this form must be completed. Please type or print in black ink and submit this request to the fax number above. For an urgent* request, do not fill-out this form. Please call **Medicare** at **(888)-505-1201** or **Medicaid** at **(888) 846-4262**.

Member

Member Plan ID: Today's Date:

Member Last Name: Member First Name:

Member Phone Number: Date of Birth:

Requesting Provider

Provider ID: Type: PCP Specialist

Provider Last Name: Provider First Name:

Phone Number: Fax Number:

Specialty: RP Contact:

Treating Provider

Check this box to skip this section and have the Plan assign the Treating Provider

Provider ID: Specialty:

Provider Last Name: Provider First Name:

Address: City/State/Zip Code:

Phone Number: Fax Number:

Facility

Check this box to skip this section and have the Plan assign the Facility

Type: Planned Admission Emergency Notification Medical Record Number:

Facility ID: Facility Name:

Address: City, State, Zip Code:

Phone Number: Fax Number:

Service Requested

Planned Date of Service From: To: Requested Length of Stay: Days

Primary IDD-9 Code: Description

Primary CPT-4 Code: Description:

Rev Code: Description:

INSTRUCTIONS: Please include a clinical summary below including additional procedure codes as applicable. Attach supporting clinical records, if necessary.



Check One of the Following

<input type="checkbox"/> Consultation	<input type="checkbox"/> Follow-Up Visit	<input type="checkbox"/> Diagnostic Testing	<input type="checkbox"/> Office Procedure	<input type="checkbox"/> Ambulatory Surgery
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Radiation Therapy	<input type="checkbox"/> Out of Network Provider	<input type="checkbox"/> OB Services	

Transition of Care? YES NO

***Required Information** – In order to ensure our members receive quality care, appropriate claims payment and notification of servicing providers, all required fields on this form must be completed. Please type or print in black ink and submit this request to the fax number above. For an urgent* request, do not fill-out this form. Please call Medicare at (888)-505-1201 or Medicaid at (888) 846-4262.

Member

Member Plan ID:	Today's Date:
Member Last Name:	Member First Name:
Member Phone Number:	Date of Birth:

Requesting Provider

Provider ID:	Type: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist
Provider Last Name:	Provider First Name:
Phone Number:	Fax Number:
Specialty:	RP Contact:

Treating Provider

Check this box to skip this section and have the Plan assign the Treating Provider

Provider ID:	Specialty:
Provider Last Name:	Provider First Name:
Phone Number:	Fax Number:

Facility

Check this box to skip this section and have the Plan assign the Facility

Type: <input type="checkbox"/> Office <input type="checkbox"/> OP Hospital <input type="checkbox"/> Free Standing Facility	Medical Record Number:
Facility ID:	Facility Name:
Address:	City, State, Zip Code:
Phone Number:	Fax Number:

Service Requested

Planned Date of Service:	EDD:	
Primary IDD-9 Code:	Description	
CPT-4/HCCPC	DESCRIPTION OF PROCEDURE OR SERVICES	VISITS/FREQUENCY

INSTRUCTIONS: Please include a clinical summary below including additional procedure codes as applicable. Attach supporting clinical records, if necessary.



Hawai'i Medicare Quick Reference Guide

January 2009

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 Trust Program (Fraud & Abuse Hotline)	(866) 678-8355

Pharmacy

Pharmacy Services Including After Hours/Weekends (WHI) Group Number 426257 Web-Based Information	(866) 653-0976	Coverage Determination Request Fax Including Injectables and Infusions	(866) 388-1767
<ul style="list-style-type: none"> Pharmacy Updates Preferred Drug List Coverage Determination Forms Prior Authorization Protocols Diabetic Meter Order Forms 		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

Claims

EDI Assistance & Web Support EDI Partners	(888) 505-1201	Claims Department	(888) 505-1201																
<table border="1"> <thead> <tr> <th>EDI Payer ID</th> <th>Contact</th> </tr> </thead> <tbody> <tr> <td>ACS EDI Gateway, Inc.</td> <td>77004 (800) 987-6720</td> </tr> <tr> <td>Availity</td> <td>14163 (800) 282-4548</td> </tr> <tr> <td>Emdeon</td> <td>14163 (800) 845-6592</td> </tr> <tr> <td>Legacy Consulting</td> <td>14163 (888) 751-3271</td> </tr> <tr> <td>RelayHealth (McKesson)</td> <td>14163 (800) 522-6562</td> </tr> <tr> <td>SSI Group</td> <td>14163 (800) 880-3032</td> </tr> <tr> <td>ZirMed</td> <td>14163 (877) 494-7633</td> </tr> </tbody> </table>	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		Mail medical paper claim submissions to: 'Ohana Health Plan Claims Department P.O. Box 31372 Tampa, FL 33631-3372	
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Encounter Data Submissions	59354	Electronic Funds Transfers & Remittance Advice (EFT/ERA) Customer Service Web Address	(866) 687-8570 www.payspanhealth.com																

Claim Appeals

Claim Appeals 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:	(888) 505-1201	Claim Appeals Fax	(877) 297-3112
'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.	

Member Appeals and Grievances

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:	Grievances may be initiated by a call to the Customer Service department.
'Ohana Health Plan Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368 Fax: (866) 201-0657	'Ohana Health Plan Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384 Fax: (866) 388-1769

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. Developed September (2008)

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

- 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 costing \$200 or more, including orthotics & prosthetics
- all durable medical equipment rentals
- home health care (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
- meals (home delivered) after inpatient surgery
- 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	