



'OHANA HEALTH PLAN
A PLAN OFFERED BY WELLCARE
HEALTH INSURANCE OF ARIZONA, INC.

Paper Claim Format Submission Changes – *Effective October 28, 2010*

July 23, 2010

Dear Provider,

In accordance with the Centers for Medicare & Medicaid Services' (CMS) guidelines dated **May 24, 2008** for submitting error-free paper claims (ICN# 006976) and industry standards, 'Ohana Health Plan will no longer accept handwritten or replicated claim form submissions after October 28, 2010.

Paper claims will continue to be accepted; however, going forward they must be “red,” meaning they must be submitted on original CMS-1500 or UB-04 forms.

'Ohana uses optical character recognition (OCR) technology to process claims. OCR equipment allows us to record and process claims faster. This technology works most effectively with original CMS-1500 (Approved OMB-0938-0999 Form CMS-1500 08-05) or UB-04 claim forms.

Effective October 28, 2010, please adhere to the following submission guidelines:

- Paper claims must only be submitted on original (red ink on white paper) claim forms.
- Paper claim forms must not be handwritten or have any extraneous data printed or stamped on them except handwritten information that may be at the top of the original claim form indicating “Corrected Claim” in the instance of a re-submission.
- Any missing, incomplete or invalid information in any field will cause the claim to be rejected.
- Per CMS guidelines, the following process should be used for claims submission:

The font should be –

Legible (change typewriter ribbon/PC printer cartridge frequently if necessary; laser printers are recommended)

Typed

In black ink

'OHANA HEALTH PLAN

Toll-Free Telephone:
888-846-4262 (Medicaid)
888-505-1201 (Medicare)

Web Address:
www.ohanahealthplan.com



Large, dark font such as, PICA, ARIAL 10-, 11- or 12-point type
Capital letters

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The font must not have –

Broken characters
Script, italics or stylized font
Red ink
Mini font
Dot matrix font

'Ohana is aware that it will take you some time to update your systems accordingly. As such, **we will be implementing a soft launch of this transition on September 1, 2010 to help everyone prepare. During this time frame, these claims will be paid.** However, claims received after the effective date of October 28, 2010 that do not adhere to these guidelines will be rejected, regardless of dates of service, dates submitted or dates received.

We appreciate your continued participation in providing superior care to our members. If you have any questions or suggestions, please contact your Provider Relations representative or call Provider Services at **1-888-846-4262 (Medicaid) or 1-888-505-1201 (Medicare).**

Sincerely,
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