

# FAX TRANSMITTAL COVER SHEET

94-450 Mokuola St., Suite 106, Waipahu, HI 96797  
Medicaid: (888) 846-4262 • Medicare: (888) 505-1201



Date: July 29, 2009

From: 'Ohana Health Plan

To: 'Ohana Health Plan Providers

Pages: 4 (including cover page)

Subject: 'Ohana Health Plan Transition of Care Instructions

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Please share the contents of this message with all participating 'Ohana Health Plan providers at this location.

Thank you,  
'Ohana Health Plan

'Ohana Health Plan is a plan offered by WellCare Health Insurance of Arizona, Inc.

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WellCare Health Plans, Inc.  
Attention: Chief Privacy Officer  
8735 Henderson Road, Ren. 2  
Tampa, FL 33634  
Phone: (813) 290-6200



'Ohana Health Plan

## *Transition of Care Instructions*

July 29, 2009

Dear Provider,

'Ohana Health Plan's transition of care period will be ending on July 31, 2009.

Effective August 1, 2009, participating providers must submit authorization requests for all services that require prior approval.

Participating providers are defined as providers who have signed a contract with 'Ohana Health Plan, received an executed agreement, and have a provider number that allows access to our Web site at [www.ohanahealthplan.com](http://www.ohanahealthplan.com).

For information on which services require an authorization, please reference the 'Ohana Health Plan Medicaid Quick Reference Guide in the Provider Resources area of [www.ohanahealthplan.com](http://www.ohanahealthplan.com), contact your local Provider Relations representative or contact Provider Services at 1-888-846-4262. For your convenience, the Quick Reference Guide is also included with this notice.

Sincerely,

'Ohana Health Plan

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](http://www.ohanahealthplan.com)



# Hawai'i Medicaid Quick Reference Guide

February 2009

Web Address: [www.ohanahealthplan.com](http://www.ohanahealthplan.com)

## Office Location

94-450 Mokuola Street, Suite 106  
Waipahu, HI 96797

## Important Telephone Numbers

<b>Provider Services</b> Eligibility Verification, Claims & Health Services, Service Coordination	(888) 846-4262	<b>Personal Health Advisor</b> Health advisors are available to members 24 hours a day, 7 days a week.	(800) 919-8807
<b>TTY/TDD</b>	(877) 247-6272	<b>Risk Management</b> Trust Program (Fraud & Abuse Hotline)	(866) 678-8355

## Pharmacy

<b>Pharmacy Services</b> Including After Hours/Weekends (WHI) Group Number 426257	(888) 505-1198	<b>Drug Evaluation Request Fax</b> Including Injectables and Infusions	(888) 877-8239
<b>Web-Based Information</b>		<b>Drug Evaluation Review Required for:</b>	
<ul style="list-style-type: none"> <li>Pharmacy Updates</li> <li>Preferred Drug List</li> <li>Drug Evaluation Review Forms</li> </ul>		<ul style="list-style-type: none"> <li>Drugs not on the Preferred Drug List (PDL)</li> <li>Drugs listed on the PDL with a Prior Authorization</li> <li>Prescriptions that exceed the FDA daily or monthly quantity limit</li> <li>Most self-injectable and infusion medications</li> <li>Drugs that have a step edit and the first line therapy is inappropriate</li> <li>Brand name drugs when a generic exists</li> <li>Duplication of therapy</li> <li>Drugs that have an age edit</li> </ul>	

## Claims

<b>EDI Assistance &amp; Web Support</b>	(888) 846-4262	<b>Claims Department</b>	(888) 846-4262
EDI Assistance E-mail Address: <a href="mailto:EDI-Master-HI@ohanahealthplan.com">EDI-Master-HI@ohanahealthplan.com</a>		Mail medical paper claim submissions to:	
<b>EDI Partners</b>	<b>EDI Payer ID</b>	<b>Contact</b>	
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		
		'Ohana Health Plan Claims Department P.O. Box 31372 Tampa, FL 33631-3372	
		<b>Electronic Funds Transfers &amp; Remittance Advice (EFT/ERA)</b>	
		Customer Service	(866) 687-8570
		Web Address	<a href="http://www.payspanhealth.com">www.payspanhealth.com</a>

## Claim Appeals

<b>Claim Appeals</b>	(888) 846-4262	<b>Claim Appeals Fax</b>	(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:		Please reference the section below for instructions regarding the process for medical necessity/authorization-related claim denials.	
'Ohana Health Plan Claim Appeals P.O. Box 31372 Tampa, FL 33631-3372			

## 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
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## Contracted Networks

<b>Hearing Services</b> <i>HearUSA</i>	(800) 333-3389	<b>Vision</b> <i>Advantica</i>	(866) 425-2323
<b>Transportation</b> <i>TMS</i>	(866) 790-8858		

# Hawai'i Medicaid Quick Reference Guide

February 2009

Web Address: [www.ohanahealthplan.com](http://www.ohanahealthplan.com)

## Utilization Management (UM) Department – Authorizations

### Urgent Authorization Requests and Admission Notifications

Call (888) 846-4262 and follow the prompts.

- Notify the Plan of unplanned inpatient hospital admissions 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

PCPs and contracted specialists may either:

- enter a request at [www.ohanahealthplan.com](http://www.ohanahealthplan.com)
- fax a request to the numbers listed below

NOTE: \*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 referrals, below left).

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 (12)\*
- skilled home health care (12)\*
- hearing aids and devices – see Contracted Networks page 1

Home and Community Based Services (HCBS) –

Fax: 888-881-8220

- contact the 'Ohana Service Coordination Department

Inpatient Authorizations – Fax: (888) 890-8219

- all inpatient hospital admissions (21)\*
- clinical updates for continued length-of-stay
- newborn birth (after delivery) by the next business day
- behavioral health or alcohol or substance abuse admissions
- rehabilitation facility admissions (61)\*
- skilled nursing facility admissions (31 & 32)\*

Outpatient – 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
- 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 & experimental procedures and treatment
- pain management treatment (11, 22, 24)\*
- radiology - MRA, PET and SPECT scans (ALL)\*
- rehabilitation facility services (62)\*
- skilled nursing facility services (31 & 32)\*
- transportation (non-emergency) – see contracted networks page 1

### No Authorization Required

#### Emergency/Urgent Care and Observation Stays

- emergency transportation services
- urgent or emergent care services rendered in emergency rooms and urgent care centers (20 & 23)\*
- observation stays (21, 22)\*

#### Primary Care

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

#### Specialists

- office visits and treatment (11)\*
- diagnostic tests and procedures considered by the plan to be part of a routine office visit (11)\*

#### Obstetrics and Gynecology

- office visits and treatments (11)\*
- certain 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 test by vendor (81)\*
- diagnostic laboratory services (22, 24)\*

#### Radiology

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

#### Ultrasonography

- diagnostic ultrasounds (11)\*
- all OB ultrasounds (11)\*

#### Other

- family planning services

### 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 – FOHC
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	

### Notification Required

**Prenatal Notifications – Fax (888) 881-8225**

submit notifications of pregnancy within 30 days of first prenatal visit

**Sterilization Procedures (11, 22, 24)\*** - submit signed consent form with claim.