



# Hawai'i QUEST Integration Quick Reference Guide

January 2024

[ohanahealthplan.com/provider/medicaid/resources](http://ohanahealthplan.com/provider/medicaid/resources)

## CONVENIENT SELF-SERVICE OFFERINGS

'Ohana understands that having access to the right tools can help you and your staff streamline day-to-day administrative tasks. **The Provider Portal is the fastest way to get the help with those routine tasks.**

	Portal	Chat	(IVR) Interactive Voice Response
Authorization Requirements/Status*	<b><u>Fastest Result</u></b>	<b><u>Available</u></b>	Available
Authorizations Request*	<b><u>Fastest Result</u></b>	<b><u>Available</u></b>	N/A
Benefit/Co-payment Information	<b><u>Fastest Result</u></b>	<b><u>Available</u></b>	Available
Claims/Appeals Status	<b><u>Fastest Result</u></b>	<b><u>Available</u></b>	Available
Eligibility Verification	<b><u>Fastest Result</u></b>	<b><u>Available</u></b>	Available
Submit Appeals/Claims/ Claims Disputes/Corrections	<b><u>Fastest Result</u></b>	<b><u>Available</u></b>	N/A

**Provider Portal Registration - [click here](#)**

**Provider Portal Training - [click here](#)**

① \*Note: Includes Pharmacy Medical Requests supplied by Physician.  
For Pharmacy Benefit related questions please see the below Pharmacy page.

**Provider Service Interactive Voice Response System Phone: 1-888-846-4262 (TTY: 711)**

## OFFICE LOCATIONS

### ISLAND OF OAHU (MAIN OFFICE)

820 Mililani Street, Suite 200  
Honolulu, HI 96813

### ISLAND OF HAWAI'I

88 Kanoelehua Ave., Suite A105  
Hilo, HI 96720

## IMPORTANT PHONE NUMBERS

### NURSE ADVICE LINE: 1-800-919-8807

Members may call this number to speak to a nurse  
**24** hours a day, **7** days a week.

### RISK MANAGEMENT:

### 'OHANA FRAUD, WASTE AND ABUSE HOTLINE

**1-866-685-8664**

## 'OHANA PARTNERS

### Medline

Contact **Medline** for all Incontinent Supplies. Medline keeps a fully stocked warehouse in Kapolei, Hawaii on the island of Oahu to service the Hawaiian Islands. **Provider Services: 1-833-660-0905**

### Contracted Networks

#### HEARING

**HearUSA**  
Questions related to Claims  
Phone: **1-800-333-3389**

#### VISION

**Premier Eye Care**  
Customer Service and Claims  
Phone: **1-855-865-9725**

#### DENTAL

**Community Case Management Corporation® (CCMC)**  
Phone: **1-808-792-1070**

**NOTE: Please refer to the member ID card to determine appropriate authorization and claims submission process.**

This guide is not intended to be an all-inclusive list of covered services under the Health Plan.

## ‘OHANA PARTNERS CONTINUED

INTERPRETATION SERVICES	TRANSPORTATION*								
<p style="text-align: center;">Phone: <b>1-888-846-4262</b></p> <p style="text-align: center;"><b>Suggested information needed:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Member info</td> <td style="width: 50%;">Appointment info</td> </tr> <tr> <td>Type of interpreter</td> <td>Provider to be seen</td> </tr> <tr> <td>Date of appointment</td> <td>Duration</td> </tr> <tr> <td>Gender preference</td> <td>Contact person info</td> </tr> </table>	Member info	Appointment info	Type of interpreter	Provider to be seen	Date of appointment	Duration	Gender preference	Contact person info	<p><b>Reservations: 1-866-790-8858</b></p> <p><b>Ride Assist: 1-866-481-9699</b></p> <p><b>Facility Line: 1-808-237-2952</b></p> <p><b>Hearing Impaired (TTY): 1-844-603-6049</b></p>
Member info	Appointment info								
Type of interpreter	Provider to be seen								
Date of appointment	Duration								
Gender preference	Contact person info								

We require 48-hours notification for routine, non-emergent transportation reservations on Member’s home island and 3 business days for off-island reservations. Representatives are available Monday through Friday from 7:45 a.m. to 4:45 p.m. Hawai’i Standard Time (HST). \*Authorization is required for travel that involves air transportation.

**Click here** to locate: • Medical Necessity of Mode of Transportation Certification Form.  
• Physician Request for Transportation, Lodging and Meals Form.

### HEALTH COORDINATION AND DISEASE MANAGEMENT

**Click here** to locate Referral for Health Coordination/Disease Management forms, or call Customer Service at **1-888-846-4262**.

Refer a member to a **Health Coordination Program** for assistance with: medication compliance, adherence to medical treatment plan, coordination of services, screening for home-based services, accessing Behavioral Health Services, placement in a foster home or long-term care setting.

Refer a member to our **Disease Management Program** for health education and coaching for Diabetes, Coronary Artery Disease, Asthma, and/or Smoking Cessation.

### CLAIM SUBMISSION INFORMATION

#### SUBMISSION INQUIRIES:

**Support from Provider Services: 1-888-846-4262**

Questions related to claim submissions. For inquiries related to your electronic submissions to ‘Ohana, please contact our EDI team at: [EDI-Master@wellcare.com](mailto:EDI-Master@wellcare.com).

#### ELECTRONIC FUNDS TRANSFER AND ELECTRONIC REMITTANCE ADVICE:

Register online using the simplified, enhanced provider registration process: [payspanhealth.com](http://payspanhealth.com) or call **1-877-331-7154**. For more details on PaySpan,<sup>®</sup> please refer to your **Provider Manual**.

#### CLEARINGHOUSE CONNECTIVITY SETUP AND CONNECTION SUPPORT:

‘Ohana has partnered with Change Healthcare, as our preferred EDI Clearinghouse. You may connect directly to Change Healthcare or, in some cases, your existing clearinghouse, billing service or trading partner may maintain existing reciprocal agreements with Change Healthcare. We encourage you to contact your claims vendor and determine if they have connectivity to Change Healthcare. If not, you may want to consider contacting Change Healthcare to establish free connectivity to ‘Ohana for your EDI transactions.

Change Healthcare offers Submitter/Client Connectivity Services at **1-877-411-7271**. All Clearinghouses, Practice Management Vendors or Billing Services may call Change Healthcare at **1-800-527-8133** for connectivity services.

#### CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDS (CPIDS)

Claim Type	Fee-for-Service (CH – Chargeable) Submissions	Encounter (RF – Reporting only) Submissions
Professional	1844	3211
Institutional	8551	4949

**‘OHANA PAYER IDS** – If your clearinghouse or billing system is not connected to Change Healthcare and requires a 5-digit Payer ID, please use the following according to the file type (Fee-for-Service or Encounters):

- **Fee-for-Service (FFS) is defined in the Transaction Type Code BHT06 as CH, which means Chargeable, expecting adjudication.**
- **Encounters (ENC) is defined in the Transaction Type Code BHT06 as RP, which means Reportable only, NOT expecting adjudication.**

Claim Type	Fee-for-Service (CH – Chargeable) Submissions	Encounter (RF – Reporting only) Submissions
Professional or Institutional	14163	59354

## CLAIM SUBMISSION INFORMATION CONTINUED

### FREE DIRECT DATA ENTRY (DDE) AND SMALL BATCH FILE SOLUTIONS (USE SAME WELLCARE PAYER IDS DEFINED ABOVE):

**AdminisTEP** offers a web browser for single submission direct data entry (DDE) or batch upload for professional and institutional submissions, claim status and reporting and inquiry functions **at no cost to you**. To sign up, go to [www.administep.com/Signup.aspx](http://www.administep.com/Signup.aspx) or call **1-888-751-3271**.

**ConnectCenter™ for physicians** offers a web browser for direct data entry (DDE) or batch upload capability at no cost to you. To sign up, go to: [physician.connectcenter.changehealthcare.com](http://physician.connectcenter.changehealthcare.com).

For registry questions, submitter/clients may contact Payer Connectivity Services at **1-877-411-7271**. Direct questions regarding functionality of ConnectCenter to Change HealthCare at **1-800-527-8133, opt 2**.

- Providers will be required to **enter a credit card** upon initial enrollment to verify them as a valid submitter.
- Only 'Ohana submissions are free of charge and please ensure you **use vendor code 212750** when you register.

### PAPER SUBMISSION GUIDELINES:

'Ohana follows the Centers for Medicare & Medicaid Services (CMS) guidelines for paper claim submissions. Since October 28, 2010, 'Ohana accepts only the original "red claim" form for claim and encounter submissions. **'Ohana does not accept handwritten, faxed or replicated claim forms.**

[Click here](#) to locate claim forms and guidelines.



#### MAIL PAPER CLAIM SUBMISSIONS TO:

'Ohana Health Plan, Inc.  
Claims Department  
P.O. 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, unlisted procedure codes, non-covered codes, etc. Claim payment disputes must be submitted in writing to 'Ohana within the time frame as indicated in the 'Ohana Provider Manual or as specified in your provider contract. Submit all claims payment disputes with supporting documentation on our website: ['Ohana Provider Portal](#)



#### MAIL CLAIM PAYMENT DISPUTES TO:

'Ohana Health Plan, Inc.  
Attn: Claim Payment Disputes  
P.O. Box 31370  
Tampa, FL 33631-3370

**Note: Any appeals related to a claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification must be sent to the Appeals (Medical) address in the section below. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16 and KYREC However, this is not an all-encompassing list of Appeals codes. Anything else related to authorization or medical necessity that is in question should be sent to the Appeals P.O. Box with all substantiating information (please do not include image of Claim) like a summary of the appeal, relevant medical records and member-specific information.**

## CLAIM PAYMENT POLICY DISPUTES

The Claims Payment Policy Department has created a new mailbox for provider issues related strictly to payment policy. Disputes for payment policy-related issues must be submitted in writing to 'Ohana within the time frame as indicated in the 'Ohana Provider Manual or as specified in your Provider Contract. Please provide all relevant documentation (please do not include image of Claim) which may include medical records, in order to facilitate the review.

Submit all Claims Payment Policy Disputes related to Explanation of Payment Codes beginning with IH####, CE#### or PD#### and second level disputes for CPI## on our website: **'Ohana Provider Portal**



**MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES BEGINNING WITH IH####, CE#### OR PD#### AND SECOND LEVEL DISPUTES FOR CPI## TO:**

**'Ohana Health Plan, Inc.  
Attn: Payment Policy Disputes Department  
P.O. Box 31426  
Tampa, FL 33631-3426**



**MAIL ALL MEDICAL RECORDS AND FIRST-LEVEL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES BEGINNING WITH CPI##:**

### **BY MAIL (U.S. POSTAL SERVICE)**

**Optum  
P.O. Box 52846  
Philadelphia, PA 19115  
Phone: 1-844-458-6739 | Fax: 1-267-687-0994**

### **BY DELIVERY SERVICES (FEDEX, UPS)**

**Optum  
458 Pike Road  
Huntingdon Valley, PA 19006**

### **BY SECURE INTERNET UPLOAD**

Refer to Optum's Medical Record Request letter for further instructions.



**MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES LT####, RVLT# TO:**

**'Ohana Health Plan, Inc.  
CCR  
P.O. Box 31394  
Tampa, FL 33631-3394**



**MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES RVPI# TO:**

**PICRA  
P.O. Box 31416  
Tampa, FL 33631-3416**

## RECOVERY/COST CONTAINMENT UNIT (CCU)



**REFUND(S)** in response to a WellCare overpayment notification should include a copy of the overpayment notification as well as a copy of attachment(s) and sent to:

**‘Ohana Health Plan, Inc.**  
**Attn: Recovery/Cost Containment Unit (CCU)**  
**PO Box 947945**  
**Atlanta, GA 30394-7945**

If you do not agree with this proposed WellCare overpayment notification related to adjustments **RVXX (Except RV059)**, which should refer to the **Claim Payment Disputes** section above), you may request an Administrative Review by submitting a dispute in writing within **60 days** of the date of this letter. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe is pertinent to your position.



**MAIL OR FAX YOUR ADMINISTRATIVE REVIEW REQUEST TO:**

**WellCare/‘Ohana Initiated Recovery**  
**Attn: CCU Recovery**  
**P.O. Box 31658**  
**Tampa, FL 33631-3658**  
**Fax: 1-813-283-3284**

Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within 30 days of the date of WellCare’s receipt of your request.

If you do not object or render payment within such time period, we will take action to recover as allowed by law, or applicable, the contract between you and WellCare.

**ADMINISTRATIVE REVIEWS RELATED TO EXPLANATION OF PAYMENT CODES AND COMMENTS BEGINNING WITH DN227, DN228 OR RV213** must be submitted in writing and include at a minimum: a summary of the review request, the member’s name, member’s identification number, date of service(s), reason(s) why the denial should be reversed and copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered.



**MAIL OR FAX YOUR DISPUTE TO:**

**Cotiviti**  
**Attn: WellCare Clinical Chart Validation**  
**HillCrest III Building**  
**731 Arbor Way, Suite 150**  
**Blue Bell, PA 19422**  
**Fax: 1-203-202-6607**



**PROVIDER-IDENTIFIED REFUND(S)** without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the member and WellCare Claim ID and can be sent to:

**‘Ohana Health Plan**  
**Attn: Recovery/Cost Containment Unit (CCU)**  
**PO Box 947945**  
**Atlanta, GA 30394-7945**

**NOTE:** For single-claim checks, please use the **Refund Check Informational Sheet** to help Recovery post accurately and timely. For checks in excess of **25 claims**, please complete the **Refund Referral Grid** and email all supporting documentation, including the grid, to **OverpaymentRefunds@wellcare.com** to assist with expedited posting. Please note that only check referrals will be accepted by this email box; anything other than check referrals will not be responded to and will be closed.

## APPEALS (MEDICAL)

Providers may file an appeal on behalf of the member with the member's written consent, within **60 calendar days** of "Notice of Adverse Benefit Determination." Providers may also appeal on their own behalf within **90 calendar days** of a claims denial for lack of a prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Examples include Explanation of Payment Codes DN001, DN004, DN0038, DN039, VSTEX, DMNNE, HRM16, and KYREC; however, this is not an all-encompassing list of Appeals codes. Anything else related to authorization or medical necessity that is in question should be sent to the Appeals P.O. Box with all substantiating information (please do not include image of Claim) including a summary of the appeal, relevant medical records and member specific information.



**MAIL OR FAX MEDICAL BENEFIT  
APPEALS WITH SUPPORTING CLINICAL  
DOCUMENTATION TO:**

**'Ohana Health Plan, Inc.  
Attn: Appeals Department  
P.O. Box 31368  
Tampa, FL 33631-3368  
Fax: 1-866-201-0657**

## GRIEVANCES

Member grievances may be filed verbally by contacting Customer Service in writing or via mail or fax. Providers may also file a grievance on behalf of the member with the member's written consent.



**MAIL OR FAX ALL MEMBER  
GRIEVANCES TO:**

**'Ohana Health Plan, Inc.  
Attn: Grievance Department  
820 Mililani Street, Suite 200  
Honolulu, HI 96813  
Fax: 1-866-388-1769  
Email: [Operationalgrievance@wellcare.com](mailto:Operationalgrievance@wellcare.com) or  
[pdpgrievance@wellcare.com](mailto:pdpgrievance@wellcare.com)**

## PHARMACY SERVICES

### PHARMACY SERVICES:

1-833-750-4529

Including after-hours and weekends

**Rx BIN**  
003858

**Rx PCN**  
MA

**Rx GRP**  
2GMA

### MAIL ORDER:

[Click here](#) to locate Express Scripts® Mail Order info:

Phone: **1-833-750-0201** (TTY: **711**)  
24 hours a day, 7 days a week

### SPECIALTY PHARMACY:

#### AcariaHealth™

AcariaHealth is a national comprehensive specialty pharmacy focused on improving care and outcomes for patients living with complex and chronic conditions. AcariaHealth is comprised of dedicated healthcare professionals who work closely with physician's offices, including support with referral and prior authorization processes. This collaboration allows our patients to receive the medicine they need as fast as possible.

Representatives are available from Monday–Thursday, 8 a.m. to 7 p.m., and Friday, 8 a.m. to 6 p.m. ET.



**AcariaHealth™ Pharmacy #26, Inc.**  
**8715 Henderson Rd.**  
**Tampa, FL 33634**  
**Phone: 1-866-458-9246 (TTY: 1-855-516-5636)**  
**Fax: 1-866-458-9245**  
**Website: [acariahealth.com](http://acariahealth.com)**

### MEDICATION APPEALS:

Fax: **1-888-865-6531**

[Click here](#) to locate Medicaid Medication Appeal Request (form) and mail the request with supporting documentation to:



**‘Ohana Health Plan, Inc.**  
**Attn: Pharmacy Appeals Department**  
**P.O. Box 31398**  
**Tampa, FL 33631-3398**

Medication appeals may also be initiated by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.

### FORMULARY INCLUSIONS:

To request consideration for inclusion of a drug to Ohana's formulary, providers may submit a medical justification to 'Ohana in writing to:



**‘Ohana Health Plan,**  
**Clinical Pharmacy Department**  
**Director of Formulary Services**  
**Pharmacy and Therapeutics Committee**  
**P.O. Box 31577**  
**Tampa, FL 33631-3577**

### COVERAGE DETERMINATION REVIEW:

Fax: **1-888-877-8239**

[Click here](#) to locate Coverage Determination Request (form) to be submitted for the exceptions listed below:

- Drugs not listed on the Preferred Drug List (PDL)
- Drugs listed on the PDL with a Prior Authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity limit (QL)
- Most self-injectable and infusion medications (including chemotherapy) administered in a physician's office
- Drugs that have a Step Edit (Step Therapy) and the first-line therapy is inappropriate
- Brand-name drugs when an equivalent generic exists
- Drugs that have an age limit (AL)

**New Century Health (NCH) manages Medical Oncology Services.**

#### **New Century Health**

Phone: **1-888-999-7713, Option 1**

[Click here](#) to locate: 'Ohana Preferred Drug Lists (PDL) and updates

[Click here](#) to locate Pharmacy Request forms such as: Injectable Infusion; Oral Nutrition Supplement form, etc.

### FOR HOME INFUSION/ENTERAL SERVICES

Once Authorization Approval is obtained through 'Ohana, if required, please contact one of our providers below to initiate services:

#### **Coram®:**

Phone: **1-800-423-1411** | Fax: **1-866-462-6726**

#### **Option Care Health™ aka Option Care:**

Phone: **1-833-466-0358**

## ‘OHANA’S PRIOR AUTHORIZATION (PA) LIST

### PRIOR AUTHORIZATION (PA) REQUIREMENTS

Use the Pre-Auth Needed tool on our website to determine if prior authorization is required. This Prior Authorization list is provided as a quick reference. Most current information can be found within the Pre-Auth tool.

For fastest results, submit requests online at our [website](#). If the procedure requested meets clinical criteria, the Web provides an approval that can be printed for easy reference. The health plan supports the concept of the Primary Care Physician (PCP) as the “medical home” for its members.

**For members enrolled in a PPO plan, authorization is not required for non-participating providers and facilities, however, services on the medical necessity/authorization required list below must be covered services within the benefit plan and considered medically necessary for the plan to pay a portion of the out-of-network claim.**

**For members enrolled in a non-PPO plan, all services rendered by non-participating providers and facilities require authorization, including requests to use the member’s Point-of-Service benefits.** Specialists must coordinate all services with the member’s PCP. It is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

**Urgent Authorization Requests and Admission Notifications: Call 1-888-846-4262 and follow the prompts.**

- Notification is required for Inpatient Hospital admissions **by the next business day** (except normal maternity delivery admissions). Phone authorizations must be followed by a fax submission of clinical information.
- Standard authorization requests may be submitted [online](#) or via fax to the numbers listed on the associated forms located [here](#).

## BEHAVIORAL HEALTH SERVICES

### ‘OHANA SECURE PROVIDER PORTAL

**For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-888-846-4262**

Please [log in](#) to submit your Outpatient Authorization Requests and Inpatient Clinical Submissions.

To fax a request, please access our forms [here](#)

Web-based information: [ohanahealthplan.com/providers/medicaid/behavioral-health.html](http://ohanahealthplan.com/providers/medicaid/behavioral-health.html)

- **To obtain authorization, notification of an Inpatient admission is required on the next business day following admission.**
- Inpatient concurrent review is generally done by phone, but a fax option is available and the forms and fax numbers can be found [here](#).
- Psychological testing requests are to be submitted via fax. All other levels of care requiring authorization, including outpatient services, may be submitted online.
- For more information on Authorization Requirements, [click here](#) and select the “**HI Master BH Auth Grid**” PDF under **Resources**.

Procedures and Services	Authorization Required	Comments
<b>Emergency Behavioral Health Services</b>	<b>No</b>	Notification of an Inpatient admission is required on the next business day following admission.
<b>Non-contracted (non-participating) Provider Services</b>	<b>Yes</b>	All services from non-participating providers require prior authorization.
<b>Behavioral Health Services</b>	<b>See Comments</b>	Please refer to the <a href="#">Behavioral Health Authorization List</a> under <a href="#">Other Resources</a> for authorization requirements. <a href="#">‘Ohana Secure Provider Portal</a>



## EMERGENCY SERVICES

Procedures and Services	Authorization Required	Comments
<b>Emergency Room Services</b>	<b>No</b>	

## INPATIENT SERVICES & DISCHARGE PLANNING

### ‘OHANA SECURE PROVIDER PORTAL

Please **log in** to submit your Authorization Requests & Inpatient Clinical Submissions.

To fax a request, please access our forms **here**

Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.

Procedures and Services	Authorization Required	Comments
<b>Inpatient Hospice services</b>	<b>Yes</b>	
<b>Inpatient Admissions</b>	<b>Yes</b>	Clinical updates required for continued length of stay.
<b>Observations</b>	<b>Yes</b>	Clinical updates required for continued length of stay.
<b>Skilled Nursing, Intermediate Care and Sub-Acute Care Facility Admissions</b>	<b>Yes</b>	Clinical updates required for continued length of stay.

## OUTPATIENT SERVICES & DISCHARGE PLANNING

### ‘OHANA SECURE PROVIDER PORTAL

Please **log in** to submit your Authorization Requests and Inpatient Clinical Submissions.

To fax a request, please access our forms **here**

**Pharmacy Medical Requests** Fax: **1-855-292-0239**

Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.

Procedures and Services	Authorization Required	Comments
<b>Select Outpatient Procedures</b>	<b>Yes – See Comments</b>	Please refer to the <b>Authorization Lookup Tool</b> for prior authorization requirements. <b>‘Ohana Secure Provider Portal</b>
<b>Durable Medical Equipment Purchases and Rentals</b>	<b>Yes – See Comments</b>	All DME rentals require authorization. DME purchase items reimbursed at OR below <b>\$500</b> per line item do NOT require authorization. <b>*For Home Infusion/Enteral Services, please refer to the Pharmacy section above for the preferred provider if the authorization is required.</b>

## OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Authorization Required	Comments
<b>Medical Oncology Services</b>	<b>Yes – See Comments</b>	Contact New Century Health for authorization: <b><u>New Century Health Portal</u></b> Phone: <b>1-888-999-7713, Option 1</b> <b><u>Medical Oncology Program Services</u></b>
<b>Non-contracted (non-participating) Provider Services</b>	<b>Yes</b>	All services from non-participating providers require prior authorization.
<b>OB Ultrasounds</b>	<b>Yes – See Comments</b>	No authorization is required for the <b>first three</b> OB ultrasounds. Any ultrasound beyond three during pregnancy will require a prior authorization.
<b>Orthotics and Prosthetics</b>	<b>Yes</b>	Purchase items at OR below <b>\$500</b> per line item do NOT require authorization
<b>Skilled Therapy (PT/OT/ST) services</b>	<b>Yes – See Comments</b>	Includes Occupational, Physical and Speech therapy. No authorization is required for initial evaluations. PA is required for continued services.
<b>Radiation Therapy Management</b>	<b>Yes – See Comments</b>	Contact New Century Health for authorization: <b><u>New Century Health Portal</u></b> Phone: <b>1-888-999-7713, Option 1</b> <b><u>Radiation Therapy Management Program Resources</u></b>
<b>Telehealth</b>	<b>Yes – See Comments</b>	For Telehealth Services, please refer to the <b><u>Authorization Lookup Tool</u></b> for rules.

## HOME AND COMMUNITY BASED SERVICES

### ‘OHANA SECURE PROVIDER PORTAL

HCBS Authorization Requests Provider **Form** Fax: **1-888-881-8220**

Procedures and Services	Authorization Required	Comments
<b>Home and Community Based Services</b>	<b>Yes – See Comments</b>	Generally requires a home visit by a plan service coordinator and may require 1147/1148.  Includes referrals for adult foster home placement; CCMA services and self-directed services.