



**Office Locations**

Island of O'ahu (Main Office) 949 Kamokila Blvd, # 350 Kapolei, HI 96707	Island of O'ahu (Satellite Office) 500 Ala Moana Blvd., Suite1D Honolulu, HI96813	Island of Maui 285 W. Ka'ahumanu Ave., #101B Kahului, HI 96732	Island of Hawai'i 194 Kilauea Ave., Suite 102 & 103 Hilo, HI 96720
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**Important Telephone 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.

**Proficient Self Service Offerings**

'Ohana offers robust technology options to save you time. Below represent the fastest most effective ways to get what you need.

['Ohana Provider Portal](#)

	Portal	CHAT	(IVR) Interactive Voice Response
Authorization Requirements	<a href="#">Fastest Result</a> ✓	N/A	Available
Authorization Status	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Authorizations Request	<a href="#">Fastest Result</a> ✓	N/A	N/A
Benefit Information	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Claims Status	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Co-Payment	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Eligibility Verification	<a href="#">Fastest Result</a> ✓	<a href="#">Available</a>	Available
Submit Appeals	<a href="#">Fastest Result</a> ✓	N/A	N/A
Submit Claim Disputes	<a href="#">Fastest Result</a> ✓	N/A	N/A
Submit Claims	<a href="#">Fastest Result</a> ✓	N/A	N/A
Submit Corrected Claims	<a href="#">Fastest Result</a> ✓	N/A	N/A

'Ohana understands that having access to the right tools can help you and your staff streamline day-to-day administrative tasks.

The Provider Portal will help with those routine tasks.

Provider Portal Registration – [click here](#)

Provider Portal Training - [click here](#)

**CCS Customer Service:**

Interactive Voice Response System Phone: 1-866-401-7540 (24 hours, 7 days a week)

TTY: 711

**'Ohana Telephone Numbers**

**Risk Management**

'Ohana Fraud, Waste and Abuse Hotline

**1-866-678-8355**

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**Claim Submission Information**

**Submission Inquiries:**

**CCS Customer Service**

1-866-401-7540 24 hours, 7 days a week

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 & Electronic Remittance Advice:**

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

**Clearinghouse Connectivity Setup & Connection Support:**

'Ohana has partnered with Change HealthCare, formerly known as Relay Health, 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 to see 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, formerly known as Relay Health at 1-800-527-8133 for connectivity services.

**CHANGE HEALTHCARE CLEARINGHOUSE PAYER IDs (CPIDs)**

Claim Type	Fee for Service	Encounter
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 RF which means Reportable only, NOT expecting adjudication.

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

**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: <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: <https://physician.connectcenter.changehealthcare.com>.

For registry questions, submitter/clients may contact Provider Connectivity Services at 1-877-411-7271. Direct questions regarding functionality of ConnectCenter to the Clearinghouse 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) guideline for paper claims submissions. Since Oct. 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 all claim payment disputes with supporting documentation to:

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

[Click here](#) to locate: Provider Administrative Review Request (form)

**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.**

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**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 to 'Ohana in writing 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 IHXXX, CEXXX or PDXXX on our website: ['Ohana Provider Portal](#)

<p>Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to:</p>	<p>'Ohana Health Plan, Inc.  <b>Payment Policy Disputes Department</b>                  P.O. Box 31426                  Tampa, FL 33631-3426  <a href="#">Click here</a> to locate Provider Administrative Review Request (form)</p>
<p>Mail all medical records and first level disputes related to Explanation of Payment Codes beginning with CPIXX:</p>	<p><b>By Mail (US Postal Service)</b> Phone: 1-844-458-6739                  OPTUM                  P.O. Box 52846                  Philadelphia, PA 19115</p> <p><b>By Delivery Services (FedEx, UPS)</b>                  OPTUM                  458 Pike Rd                  Huntingdon Valley, PA 19006</p>
<p>Mail all disputes related to Explanation of Payment Codes LTXXX:</p>	<p>'Ohana Health Plan, Inc.  <b>CCR Pre-pay</b>                  P.O. Box 31394                  Tampa, FL 33631-3394</p>
<p>Mail all disputes related to Explanation of Payment Codes RVLTX:</p>	<p>'Ohana Health Plan, Inc.  <b>CCR Post-pay</b>                  P.O. Box 31395                  Tampa, FL 33631-3395</p>

**Recovery/Cost Containment Unit (CCU)**

<p><b>Refund(s)</b> 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:</p>	<p>'Ohana Health Plan, Inc.  <b>Attn: CCU Recovery</b>                  P.O. Box 31584                  Tampa, FL 33631-3584</p>
<p>If you do not agree with this proposed WellCare overpayment notification related to adjustments RVXX (Except RV059, which should refer to the <b>Claim Payment Disputes</b> section above), you may request an Administrative Review by submitting your request in writing within <b>45 days</b> 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.</p>	
<p>Mail or fax your Administrative Review request to:</p>	<p>'Ohana Health Plan, Inc. Fax: 813-283-3284  <b>Attn: CCU Recovery</b>                  P.O. Box 31658                  Tampa, FL 33631-3658</p>
<p>Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within <b>30 days</b> 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 the above listed amount as allowed by law, or applicable based on the contract between you and WellCare.</p>	
<p><b>Administrative Reviews related to Explanation of Payment Codes and Comments beginning with DN227, DN228, or RV213</b> 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.</p>	
<p>Mail or fax your dispute to:</p>	<p><b>COTIVITI HEALTHCARE</b> Fax: 1-203-202-6607  <b>Attn: WellCare Clinical Chart Validation</b>                  Hillcrest III Building                  731 Arbor Way, Suite 150                  Blue Bell, PA 19422</p>
<p><b>Provider Identified Refund(s)</b> 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:</p>	<p>'Ohana Health Plan, Inc  <b>Attn: CCU Recovery</b>                  P.O. Box 31584                  Tampa, FL 33631-3584</p>

**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](mailto: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.

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**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 Action." 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) like 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.** Fax: **1-866-201-0657**  
**Attn: Appeals Department**  
**P.O. Box 31368**  
**Tampa, FL 33631-3368**

**Grievances**

Member grievances may be filed verbally by calling Customer Service and by writing 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** Fax: **1-866-388-1769**  
**Attn: Grievance Department**  
**949 Kamokila Blvd, #350**  
**Kapolei, HI 96707**

**'Ohana Partners**

**Contracted Networks**

**Transportation\***

Reservations **1-866-790-8858**  
 Ride Assist **1-866-481-9699**  
 Hearing Impaired **1-844-603-6049 (TTY)**

*We require 2 business days' notification for routine, non-emergent transportation reservations. Representatives are available Monday through Friday from 7:45 a.m. to 4:30 p.m. HST.*

\*Authorization is required for travel that involves air transportation

[Click here](#) to locate:

- Certification of Medical Necessity of Mode of Transportation Form
- Physician Request for Transportation, Lodging and Meals Form

**Interpretation Services**

**1-866-401-7540**

Suggested information needed:

- Member information
- Appointment information
- Type of interpreter
- Provider to be seen
- Date of appointment
- Duration
- Gender preference
- Contact person information

**Pharmacy Services**

**Pharmacy Services** **1-866-401-7540**

Including after hours, weekends, and holidays

**(CVS/Caremark™)** **1-866-362-4006**

CVS/Caremark Provider Enrollment and Contract Inquiries **1-480-391-4623**

**Rx BIN** **Rx PCN** **Rx GRP**  
 004336 MCAIDADV RX8886

**Exactus Pharmacy Solutions** **1-866-458-9246**

[exactus@wellcare.com](mailto:exactus@wellcare.com) TTY **1-855-516-5636**

Fax **1-866-458-9245**

**Medication Appeals** Fax **1-888-865-6531**

[Click here](#) to locate: Medicaid Medication Appeal Request (form) and mail 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**

**Coverage Determination Review**

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

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

- Drugs not listed on the Preferred Drug List (PDL)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity limit (QL)
- Brand name drugs when an equivalent generic exists
- Drugs that have an age limit (AL)

[Click here](#) to locate 'Ohana Community Care Services (CCS) Comprehensive Preferred Drug List (PDL)

**For Home Infusion/Enteral services:**

Once Authorization Approval is obtained through 'Ohana, please contact our preferred provider, **Coram**, to initiate Services:

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

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**'OHANA'S PRIOR AUTHORIZATION LIST:**

**Prior Authorization (PA) Requirements**

This 'Ohana Prior Authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Authorization changes will be denoted with a **P** symbol for easy identification. Requirements that have been edited for clarification only are denoted with a **D** symbol.

All services rendered by non-participating providers and facilities require authorization with the exception of Emergency Services.

**Urgent Authorization Requests and Admission Notifications — Call 1-866-401-7540 24 hours, 7 days a week and follow the prompts.**

- Notify the Plan of unplanned Behavioral Health inpatient hospital admissions within the **next business day**. Telephone authorizations must be followed by a fax submission of clinical information by the next business day.
- Outpatient authorizations for urgent and time sensitive services may be requested by phone when warranted by the member's condition. Please include **CPT and ICD-10 codes** with your authorization request. Standard authorization requests may be submitted [online](#) or via fax to the numbers listed on the associated forms located [here](#).
- **Web submissions** are faster, and if the procedure requested meets clinical criteria, the Web provides an approval that can be printed for easy reference.
- Obtaining prior authorization does not guarantee payment, but rather only confirms whether a service meets 'Ohana's determination criteria at the time of the request. 'Ohana retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of service, the medical necessity of services, and correct coding and billing practices.

**Behavioral Health Services**

**'Ohana Web Submission Portal**

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

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

PROCEDURES and SERVICES	Authorization Required	Comments
Acute Behavioral Health, Alcohol, or Substance Abuse admissions	Yes	Clinical updates requires for continued length of stay (LOS). No authorization required for Physician consults.
Chemical Dependency, Alcohol & Substance Abuse	Yes	Residential Treatment and Intensive Outpatient Treatment (IOP) require Authorization. PA is required for addiction treatment; no authorization required for Pain Management.
Court-ordered services	Yes	
Intensive Outpatient Treatment Program (IOP) and Partial Hospitalization (PHP)	Yes	Fax Authorizations: 1-855-550-8977
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Partial Hospitalization	Yes	

**Emergency Services**

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Room Services	No	
Emergency Transportation	No	

**Inpatient Services**

**'Ohana Web Submission Portal**

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

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

PROCEDURES and SERVICES	Authorization Required	Comments
Ambulance Transportation	Yes	Non-emergent and inter-island transportation
Inpatient Admissions	Yes	Clinical updates required for continued length of stay (LOS)

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## Outpatient Services

### 'Ohana Web Submission Portal

Please [login](#) to submit your Outpatient Authorization Requests & Clinical Submissions.

To fax a request, please access our forms [here](#)  
Pharmacy Medical Requests Fax **1-855-292-0239**

PROCEDURES and SERVICES	Authorization Required	Comments
Select Outpatient Procedures	Yes – See Comments	Please refer to the <a href="#">AuthorizationLookupTool</a> for prior authorization requirements. <a href="#">'Ohana Web Submission Portal</a>
Non-contracted(nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
Telehealth	Yes – See Comments	Please refer to the <a href="#">AuthorizationLookupTool</a> for prior authorization requirements.
Home Infusion/Enteral Services	Yes	Once Authorization Approval is obtained through WellCare, please contact our preferred provider, <b>Coram</b> , to initiate Services: <b>Phone: 1-800-423-1411 or fax 1-866-462-6726</b>

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