



**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, Suite 1D Honolulu, HI 96813	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.

**Convenient 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	<u><a href="#">Fastest Result</a></u> ✓	N/A	Available
Authorization Status	<u><a href="#">Fastest Result</a></u> ✓	<u><a href="#">Available</a></u>	Available
Authorizations Request	<u><a href="#">Fastest Result</a></u> ✓	N/A	N/A
Benefit Information	<u><a href="#">Fastest Result</a></u> ✓	<u><a href="#">Available</a></u>	Available
Claims Status	<u><a href="#">Fastest Result</a></u> ✓	<u><a href="#">Available</a></u>	Available
Co-Payment	<u><a href="#">Fastest Result</a></u> ✓	<u><a href="#">Available</a></u>	Available
Eligibility Verification	<u><a href="#">Fastest Result</a></u> ✓	<u><a href="#">Available</a></u>	Available
Submit Appeals	<u><a href="#">Fastest Result</a></u> ✓	N/A	N/A
Submit Claim Disputes	<u><a href="#">Fastest Result</a></u> ✓	N/A	N/A
Submit Claims	<u><a href="#">Fastest Result</a></u> ✓	N/A	N/A
Submit Corrected Claims	<u><a href="#">Fastest Result</a></u> ✓	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](#)

Customer Service:

Interactive Voice Response System Phone: **1-888-846-4262**

TTY: **711**

**'Ohana Telephone Numbers**

**Risk Management**

'Ohana Fraud, Waste and Abuse Hotline

**1-866-678-8355**

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**Claim Submissions Information**

**Submission Inquiries:** Customer Service 1-888-846-4262

Questions related to claim submissions. For inquires 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 RelayHealth, 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, formerly known as RelayHealth, 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 Codes BHT06 as RP 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) guidelines 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

*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 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 IHXXX, CEXXX or PDXXX and **second level disputes for CPIXX** on our website: ['Ohana Provider Portal](#)

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX and <b>second level disputes for CPIXX</b> to:	'Ohana Health Plan, Inc. Attn: Payment Policy Disputes Department P.O. Box 31426 Tampa, FL 33631-3426
Mail all medical records and <b>first-level disputes</b> related to Explanation of Payment Codes beginning with CPIXX:	<b>By Mail (US Postal Service)</b> Phone: 1-844-458-6739 OPTUM PO Box 52846 Philadelphia, PA 19115
	<b>By Delivery Services (FedEx, UPS)</b> OPTUM 458 Pike Rd Huntingdon Valley, PA 19006
Mail all disputes related to Explanation of Payment Codes LTXXX, RVLTX:	'Ohana Health Plan, Inc. CCR PO Box 31394 Tampa, FL 33631-3394

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

<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:	'Ohana Health Plan Attn: CCU Recovery P.O Box 31584 Tampa, FL 33631-3584
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.	
Mail or Fax your Administrative Review request to:	<b>WellCare/'Ohana Initiated Recovery</b> Fax 1-813-283-3284 Attn: CCU Recovery P.O Box 31658 Tampa, FL 33631-3658
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 as allowed by law, or applicable, the contract between you and WellCare.	
<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.	
Mail or Fax your dispute to:	<b>COTIVITI HEALTHCARE</b> Fax: 1-203-202-6607 Attn: WellCare Clinical Chart Validation Hillcrest III Building 731 Arbor Way, Suite 150 Blue Bell, PA 19422
<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:	'Ohana Health Plan Attn: CCU Recovery P.O. Box 31584 Tampa, FL 33631-3584

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

**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.** Fax **1-866-388-1769**  
**Attn: Grievance Department**  
**949 Kamokila Blvd, #350**  
**Kapolei, HI 96707**

**Service Coordination & Disease Management**

[Click here](#) to locate: Referral for Service Coordination/Disease Management form or call Customer Service at **1-888-846-4262**.

Refer a member to a **Service 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.

**'Ohana Partners**  
**HealthHelp®**

**HealthHelp manages Medical Oncology and Radiation Therapy Services.**

[HealthHelp](#) is our in-network vendor for the following programs, and provider resources can be accessed through the corresponding program links: [Radiation Therapy](#) and [Medical Oncology](#).

Contact HealthHelp for all **authorization-related** submissions for the services listed above rendered in all outpatient places of service. Please click on the links above for a listing of the specific services and related resources included in the HealthHelp programs.

Member eligibility and authorization request materials may be accessed via the [HealthHelp Portal](#). A searchable [Authorization Lookup](#) also available online to check the status of your authorization request and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services: **1-888-210-3736**

**Contracted Networks**

<p><b>Hearing</b>                  HearUSA – Questions related to Claims <b>1-800-333-3389</b></p>	<p><b>Transportation*</b>                  Reservations <b>1-866-790-8858</b>                  Ride Assist <b>1-866-481-9699</b>                  Facility Line <b>1-808-237-2952</b>                  Hearing Impaired (TTY) <b>1-844-603-6049</b>  <i>We require 2 business days' notification for routine, non-emergent transportation reservations. Representatives are available Monday through Friday from 7:45 a.m. to 4:45 p.m. HST.</i>                  *Authorization is required for travel that involves air transportation  <a href="#">Click here</a> to locate:                  Medical Necessity of Mode of Transportation Certification Form                  Physician Request for Transportation, Lodging and Meals Form</p>
<p><b>Dental</b>                  Community Case Management Corporation® (CCMC) <b>1-808-792-1070</b>                  Liberty* <b>1-877-550-4028</b>                  *Based on plan code benefits</p>	
<p><b>Vision</b>                  Premier Eye Care — Customer Service and Claims <b>1-855-865-9725</b></p>	
<p><b>Interpretation Services</b> <b>1-888-846-4262</b>                  Suggested information needed:                  Member info Appointment info                  Type of interpreter Provider to be seen                  Date of appointment Duration                  Gender preference Contact person info</p>	

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Pharmacy Services				
<p><b>Pharmacy Services</b> <span style="float: right;">1-888-846-4262</span></p> <p>Including after-hours, weekends and holidays (CVS/caremark™) <b>1-866-362-4006</b></p> <p>CVS/caremark Provider Enrollment and Contract Inquiries <b>1-480-391-4623</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Rx BIN 004336</td> <td style="width: 33%;">Rx PCN MCAIDADV</td> <td style="width: 33%;">Rx GRP RX8885</td> </tr> </table> <p><b>Exactus™ Pharmacy Solutions</b> <span style="float: right;">1-866-458-9246</span>  <a href="mailto:exactus@wellcare.com">exactus@wellcare.com</a> Fax <b>1-866-458-9245</b>                      TTY <b>1-855-516-5636</b></p> <p><b>Medication Appeals</b> Fax <b>1-888-865-6531</b></p> <p><a href="#">Click here</a> to locate: Medicaid Medication Appeal Request (form) and mail the request with supporting documentation to:</p> <p style="padding-left: 40px;"><b>'Ohana Health Plan, Inc.</b>  <b>Attn: Pharmacy Appeals Department</b>  <b>P.O. Box 31398</b>  <b>Tampa, FL 33631-3398</b></p> <p>Medication appeals may also be initiated by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.</p> <p><b>Formulary Inclusions</b></p> <p>To request consideration for inclusion of a drug in 'Ohana's formulary, providers may submit a medical justification to 'Ohana in writing to:</p> <p style="padding-left: 40px;"><b>'Ohana Health Plans, Clinical Pharmacy Department</b>  <b>Director of Formulary Services</b>  <b>Pharmacy and Therapeutics Committee</b>  <b>P.O. Box 31577</b>  <b>Tampa, FL 33631</b></p>	Rx BIN 004336	Rx PCN MCAIDADV	Rx GRP RX8885	<p><b>Coverage Determination Review</b> Fax <b>1-888-877-8239</b></p> <p><a href="#">Click here</a> to locate: Coverage Determination Request (form) to be submitted for the exceptions listed below.</p> <ul style="list-style-type: none"> <li>Drugs not listed on the Preferred Drug List (PDL)</li> <li>Drugs listed on the PDL with a Prior Authorization (PA)</li> <li>Duplication of therapy</li> <li>Prescriptions that exceed the FDA daily or monthly quantity limit (QL)</li> <li>Most self-injectable and infusion medications (including chemotherapy) administered in a physician's office</li> <li>Drugs that have a Step Edit (Step Therapy) and the first-line therapy is inappropriate</li> <li>Brand-name drugs when an equivalent generic exists</li> <li>Drugs that have an age limit (AL)</li> </ul> <p><b>HealthHelp manages Medical Oncology Services.</b>  <b>Please see above for HealthHelp Contact Information.</b></p> <p><a href="#">Click here</a> to locate: 'Ohana Preferred Drug Lists (PDL) and updates</p> <p><a href="#">Click here</a> to locate Pharmacy Request forms such as: Injectable Infusion; Oral Nutrition Supplement form, etc.</p> <p><b>For Home Infusion/Enteral services:</b>                      Once Authorization Approval is obtained through 'Ohana, please contact our preferred provider, <b>Coram</b>, to initiate Services:  <b>Phone: 1-800-423-1411 or Fax: 1-866-462-6726</b></p>
Rx BIN 004336	Rx PCN MCAIDADV	Rx GRP RX8885		

**'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 **Ⓜ** symbol for easy identification. Requirements that have been edited for clarification only are denoted with a **Ⓢ** symbol.

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

Primary care providers (PCPs) must refer members to participating specialists. For services requiring prior authorization, it is the responsibility of the provider rendering care to verify that the authorization request has been approved before services are rendered.

'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. The specialist must document receipt of the consultation request and the reason for the referral in the medical record. **No communication with 'Ohana is necessary.**

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

- Notify the plan of unplanned inpatient hospital admissions within the next business day (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information — by the next business day.
- Outpatient or urgent and time-sensitive services authorizations may be submitted 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 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.

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## Behavioral Health Services

### ['Ohana Web Submission Portal](#)

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-888-843-4262

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

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

Web-based information: <https://www.wellcare.com/Hawaii/Providers/Medicaid/Behavioral-Health>

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

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

## Emergency Services

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Room Services	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
Inpatient Hospice services	Yes	
Inpatient Admissions	Yes	Clinical updates required for continued length of stay
Observations	Yes	Clinical updates required for continued length of stay.
Skilled Nursing, Intermediate Care and Sub-Acute Care Facility Admissions	Yes	Clinical updates required for continued length of stay.

## Outpatient Services

### ['Ohana Web Submission Portal](#)

Please [log in](#) 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="#">Authorization Lookup Tool</a> for prior authorization requirements. <a href="#">'Ohana Web Submission Portal</a>

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# HAWAII QUEST INTEGRATION QUICK REFERENCE GUIDE

November 2019 Web Address: [www.ohanahealthplan.com/provider/medicaid/resources](http://www.ohanahealthplan.com/provider/medicaid/resources)



Procedures and Services	Authorization Required	Comments
Durable Medical Equipment Purchases and Rentals	Yes – See Comments	All DME rentals require authorization. DME purchase items reimbursed at OR below \$500 per line item do NOT require authorization.
Medical Oncology Services	Yes – See Comments	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone Number 1-888-210-3736 <a href="#">Medical Oncology Program Services</a>
Non-contracted (nonparticipating) Provider Services	Yes	All services from nonparticipating providers require prior authorization.
OB Ultrasounds	Yes- See Comments	No authorization is required for the first three OB ultrasounds. Any ultrasound beyond three during pregnancy will require a prior authorization.
Orthotics and Prosthetics	Yes	Purchase items at OR below \$500 per line item do NOT require authorization
Skilled Therapy (PT/OT/ST) Services	Yes – See Comments	Includes occupational, physical and speech therapy. No authorization is required for initial evaluations: PA is required for continued services.
Radiation Therapy Management	Yes – See Comments	Contact HealthHelp for authorization: <a href="#">HealthHelp Portal</a> Phone Number 1-888-210-3736 <a href="#">Radiation Therapy Management Program Resources</a>
Telehealth	Yes – See Comments	For Telehealth Services, please refer to the <a href="#">Authorization Lookup Tool</a> for rules.

## Home and Community Based Services

['Ohana Web Submission Portal](#)

HCBS Authorization Requests Provider [Form](#) Fax 1-888-881-8220

Procedures and Services	Authorization Required	Comments
Home and Community Based Services	Yes – See Comments	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.
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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