HAWAIʻI MEDICARE QUICK REFERENCE GUIDE

June 2019 www.ohanahealthplan.com/provider/medicare/resources

Office Locations

Island of Oahu (Main Office)	Island of Oahu (Satellite Office)	Island of Maui	Island of Hawaiʻi
949 Kamokila Blvd., Suite 350 Kapolei, HI 96707	500 Ala Moana Blvd., Suite 1-D Honolulu, HI 96813	285 Kaʻahumanu Ave., Suite 101B Kahului, HI 96732	194 Kilauea Ave., Suites 102 & 103 Hilo, HI 96720

Important Telephone Numbers

Nurse Advice Line **1-800-581-9952**

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

Proficient Self Service Offerings

ʻOhana offers robust technology options to save you time. The fastest ways to get what you need are shown below.

ʻOhana Provider Portal

	Portal	CHAT	(IVR) Interactive Voice Response
Authorization Requirements	Fastest Result ✔	N/A	Available
Authorization Status	Fastest Result ✔	Available	Available
Authorizations Request	Fastest Result ✔	N/A	N/A
Benefit Information	Fastest Result ✔	Available	Available
Claims Status	Fastest Result ✔	Available	Available
Co-payment	Fastest Result ✔	Available	Available
Eligibility Verification	Fastest Result ✔	Available	Available
Submit Appeals	Fastest Result ✔	N/A	N/A
Submit Claim Disputes	Fastest Result ✔	N/A	N/A
Submit Claims	Fastest Result ✔	N/A	N/A
Submit Corrected Claims	Fastest Result ✔	N/A	N/A

ʻOhana 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**

Provider Services

Interactive Voice Response System **Phone: 1-888-505-1201**

TTY: 711

ʻOhana Telephone Numbers

ʻOhana Fraud, Waste and Abuse Hotline **1-866-678-8355**

For your convenience, when viewing online, items on this QRG in bold, underlined fonts are hyperlinks to supporting ʻOhana Provider Job Aids, resource guides and forms.

NOTE: This guide is not intended to be an all-inclusive list of covered services under ʻOhana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc., but it substantially provides current referral and prior authorization instructions. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable plan coverage guidelines. (Revised June 2019)

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Claim Submission Information

Submission Inquiries

Support from Provider Services **1-888-505-1201**
For inquiries related to your electronic submissions to ʻOhana, please contact our EDI team at **EDI-Master@ohanahealthplan.com**.

Electronic Funds Transfer & Electronic Remittance Advice:

Register online using the simplified, enhanced provider registration process: **PaySpan.com** or call **1-877-331-7154.** For more details on PaySpan please refer to your **Provider Manual**.

Clearinghouse Connectivity:

ʻOhana 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 ʻOhana 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

ʻOHANA 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	FFS (CH-Chargeable) Submissions	Encounter (RF-reporting only) Submissions
Professional or Institutional	14163	59354

Free Direct Data Entry (DDE) and Small Batch File Solutions (use same ʻOhana 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 ʻOhana submissions are free of charge and please ensure you **use vendor code 212750** when you register.

Paper Submission Guidelines:

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

Mail paper claim submissions to:

ʻOhana 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 ʻOhana within the time frame as indicated in the ʻOhana Provider Manual or as specified in your Provider Contract. Submit all claims payment disputes with supporting documentation on our website**:** https://provider.wellcare.com/ohanacare

Mail all claim payment disputes with supporting documentation to:

ʻOhana 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. Include 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 issues. Disputes for payment policy-related issues must be submitted to 'Ohana in writing within the time frame 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**:** https://provider.wellcare.com/ohanacare

Mail all disputes related to Explanation of Payment Codes beginning with IHXXX, CEXXX or PDXXX to: **Click here** to locate Provider Administrative Review Request (form)	**'Ohana Health Plan, Inc. 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 CPIXX:	**By Mail (U.S. Postal Service)** Phone: **1-844-458-6739** **OPTUM P.O. Box 52846 Philadelphia, PA 19115** **By Delivery Services (FedEx, UPS)** **OPTUM 458 Pike Rd Huntingdon Valley, PA 19006**
Mail all disputes related to Explanation of Payment Codes LTXXX, RVLTX:	**'Ohana Health Plan CCR P.O. Box 31394 Tampa, FL 33631-3394**

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 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 **Claim Payment Disputes** section above), you may request an Administrative Review by submitting a dispute in writing within **40 days** of the recovery letter date. 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** **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 **30 days** of the date of 'Ohana's receipt of your request. If you do not submit a dispute or render payment within the time period referenced above, we will take action to recover the amount owed as allowed by law, or as outlined within the contract between you and 'Ohana.

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(s) of service; reason(s) why the denial should be reversed; copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered.

Your dispute should be sent to:	**COTIVITI HEALTHCARE** **Fax: 1-203-202-6607** **Attn: WellCare Clinical Chart Validation HillCrest III Building 731 Arbor Way, Suite 150 Blue Bell, PA 19422**

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.

Please submit 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** 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)

All non-participating Medicare provider appeals must be submitted within 60 calendar days and they must also submit a signed waiver of liability (WOL) with their request for processing. Participating providers also can seek an appeal through the Appeals Department within 90 calendar days of a claim denial for lack of 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. Include 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 all medical appeals with supporting documentation to:

ʻOhana Health Plan, Inc.
Attn: Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368

Fax 1-866-201-0657

Grievances/Provider Complaints

Member grievances may be filed verbally by contacting Customer Service or submitted in 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:

ʻOhana Health Plan, Inc.
Attn: Grievance Department
949 Kamokila Blvd., Suite 350
Kapolei, HI 96707

Fax 1-866-388-1769

ʻOhana Partners

Contracted Networks

Hearing	Vision	Dental
HearUSA – Questions related to Claims	**Premier Eye Care** – Customer Service and Claims	**Liberty**
1-800-333-3389	**1-855-879-1447**	**1-888-704-9837**

HealthHelp®

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** is 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**

Service Coordination & Disease Management

Click here to locate Referral for Service Coordination/Disease Management forms, or call Customer Service at **1-888-505-1201**.

Refer a member to a **Service Coordination Program** for assistance with medication compliance; adherence to a medical treatment plan; coordination of services; screening for home-based services; accessing Behavioral Health Services; or 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.

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Pharmacy Services

Pharmacy Services **1-888-505-1201**
Including after-hours, weekends and holidays –
CVS/caremark™ Provider Enrollment and Contract Inquiries **1-480-391-4623**

Rx BIN	**Rx PCN**	**Rx GRP**
004336	MEDDADV	788257

Click here to locate CVS/caremark™ Mail Order Info: **1-866-808-7471**
TTY 1-866-236-1069
Fax 1-800-378-0323

Exactus™ Pharmacy Solutions **1-866-458-9246**
exactus@wellcare.com **Fax 1-866-458-9245**
TTY 1-855-516-5636

Medication Appeals **Fax 1-866-388-1766**
Click here to locate Medication Appeal Request (form) and mail with supporting documentation to:

'Ohana Health Plan
Attn: Pharmacy Appeals Department
P.O. Box 31383
Tampa, FL 33631-3383

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 1-866-388-1767**
Click here to locate Coverage Determination Request (form) to be submitted for the exceptions listed below:

- Medications not listed on the formulary
- Drugs listed on the formulary 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 (ST) and the first-line therapy is inappropriate
- Drugs that have an age limit (AL)
- Drugs listed on the formulary with a quantity limit (QL)

Click here to locate 'Ohana Medication Guide/Formulary
Click here to locate Pharmacy Request forms such as Injectable Infusion, CVS/caremark Mail Order Service, etc.
Click here to locate Exactus Pharmacy Solutions – Specialty

HealthHelp will manage Medical Oncology Services.
Please see below for HealthHelp Contact Information.

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
Fax: 1-866-462-6726

'OHANA'S PRIOR AUTHORIZATION (PA) 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 with be denoted with an ⓘ symbol.

'Ohana supports the concept of the Primary Care Physician (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 freestanding 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.

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 1-888-505-1201 and follow the prompts.**

- Notification is required for Inpatient Hospital admissions **by the next business day** (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information.
- Outpatient authorizations for urgent and time-sensitive services 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 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.

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Behavioral Health Services

'Ohana Web Submission Portal

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-888-505-1201

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/Medicare/Behavioral-Health**

- **To obtain authorization, notification of an Inpatient admission is required on the next business day following admission.**
- Inpatient concurrent review is generally 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 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 "Behavioral Health Authorization List" PDF under **Resources**.

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	**No**	
Non-contracted (non-participating) Provider Services	**Yes**	All services from non-participating providers require prior authorization.
Behavioral Health Services	**See Comments**	Please refer to the **Behavioral Health Authorization List** under **Resources** for authorization requirements. **'Ohana Web Submission Portal**

Emergency Services

PROCEDURES and SERVICES	Authorization Required	Comments
Emergency Behavioral Health Services	**No**	
Emergency Care Services	**No**	
Emergency Transportation Services (excluding Air and Water Ambulances)	**No**	
Urgent Care 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
Acute Behavioral Health, Alcohol or Substance Abuse Admissions	**Yes**	Clinical updates required for continued length of stay (LOS). No authorization required for Physician consults.
Elective Inpatient Procedures	**Yes**	Clinical updates required for continued length of stay (LOS).
Hospice	**Yes**	
Inpatient Hospital Admissions	**Yes**	Clinical updates required for continued length of stay (LOS).
Long-Term Acute Care Hospital (LTACH) Admissions	**Yes**	Clinical updates required for continued length of stay (LOS).
Observations	**Yes**	Notification and Clinical updates required for continued length of stay (LOS).
Rehabilitation Facility Admissions	**Yes**	Clinical updates required for continued length of stay (LOS).
Skilled Nursing Facility Admissions	**Yes**	Clinical updates required for continued length of stay (LOS).

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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 **1-888-871-0564**

PROCEDURES and SERVICES	Authorization Required	Comments
Select Outpatient Procedures	**Yes – See Comments**	Please refer to the **Authorization Lookup Tool** for prior authorization requirements. **'Ohana Web Submission Portal**
Dialysis	**No**	
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.
Home Infusion/Enteral Services	**Yes**	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**
Hospice Care Services	**No**	
Investigational & Experimental Procedures and Treatment	**Yes**	**Refer to Clinical Coverage Guidelines** **'Ohana Web Submission Portal**
Medical Oncology Services	**Yes**	**Contact HealthHelp for authorization:** **HealthHelp Portal** Phone Number **1-888-210-3736** **Medical Oncology Program Services**
Non-contracted (non-participating) Provider Services	**Yes**	All services from non-participating providers require prior authorization.
Orthotics and Prosthetics	**Yes – See Comments**	Purchase items reimbursed at OR below **$500** per line item do NOT require authorization.
Radiation Therapy Management	**Yes – See Comments**	Contact HealthHelp for authorization: **HealthHelp Portal** Phone Number **1-888-210-3736** **Radiation Therapy Management Program Resources**
Skilled Therapy (PT/OT/ST) services	**Yes**	Includes Occupational, Physical and Speech therapy No authorization is required for initial evaluations. PA is required for continued services. **'Ohana Web Submission Portal**

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