



Office Locations

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

Please refer to the member ID card to determine appropriate authorization and claims submission process. Please see below for additional information.

Important Phone Numbers

Behavioral Health Crisis Line Members may call this number 24 hours a day for a Behavioral Health Crisis. For non-crisis related concerns, please call Member Services.	1-800-411-6485	Nurse Advice Line Members may call this number to speak to a nurse 24 hours a day, 7 days a week.	1-800-581-9952
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Convenient Self-Service Offerings

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

'Ohana Provider Portal

	Portal	CHAT	(IVR) Interactive Voice Response
Authorization Requirements*	Fastest Result ✓	Available	Available
Authorization Status*	Fastest Result ✓	Available	Available
Authorizations Request*	Fastest Result ✓	Available	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 ✓	Available	N/A
Submit Claim Disputes	Fastest Result ✓	Available	N/A
Submit Claims	Fastest Result ✓	Available	N/A
Submit Corrected Claims	Fastest Result ✓	Available	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](#)

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

Provider Services

Interactive Voice Response System Phone: 1-888-505-1201
TTY: 711

'Ohana Phone Numbers

Care and Disease Management Referrals Phone: 1-866-635-7045 TTY: 711 Fax: 1-866-287-3286 Hours: M-F 8 a.m.-7 p.m. Hawai'i Standard Time	'Ohana Fraud, Waste and Abuse Hotline 1-866-678-8355
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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 'Ohana, please contact our EDI team at EDI-Master@ohanahealthplan.com.

Electronic Funds Transfer and 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:

'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	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 'Ohana 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 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
 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: <https://provider.wellcare.com/ohanacare>

Mail all claim payment disputes with supporting documentation to:

'Ohana Health Plan
 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 IH###, CE### or PD### and second level disputes for CPI## on our website: <https://provider.wellcare.com/ohanacare>.

Mail all disputes related to Explanation of Payment Codes beginning with IH###, CE### or PD### and second level disputes for CPI## to: Click here to locate Provider Administrative Review Request (form)	'Ohana Health Plan 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) Phone: 1-844-458-6739 Fax: 1-267-687-0994 Optum P.O. Box 52846 Philadelphia, PA 19115 By Delivery Services (FedEx, UPS) Optum 458 Pike Rd 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#:	'Ohana Health Plan CCR P.O. Box 31394 Tampa, FL 33631-3394
Mail all disputes related to Explanation of Payment Codes RVPi#.	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 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 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:

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

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:

'Ohana Health Plan Phone: **1-877-902-6784** Fax: **1-866-388-1769**
Attn: Grievance Department
949 Kamokila Blvd., Suite 350
Kapolei, HI 96707
Email: Operationalgrievance@wellcare.com or pdpgrievance@wellcare.com

'Ohana Partners

Contracted Networks

<u>Hearing</u>	<u>Vision</u>	<u>Dental</u>
HearUSA – Questions related to Claims	Premier Eye Care – Customer Service and Claims	Liberty
Phone: 1-800-333-3389	Phone: 1-855-879-1447	Phone: 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

TurningPoint®

TurningPoint is our in-network Surgical Quality & Safety Management Program vendor for the following programs [Orthopedic Surgery](#) and [Spinal Surgery](#). The provider resources can be accessed through the vendor portal, link listed below. Contact TurningPoint for **all authorization-related** submissions for the services listed above rendered in any inpatient and outpatient places of service. Please click on the link below for a listing of the specific services and related resources included in the TurningPoint programs.

Member eligibility and authorization request materials may be accessed via the [TurningPoint 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 link.

For Urgent Authorizations and Provider Services please contact 1-866-596-7279

Service Coordination and 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 WellCare, if required, please contact our providers below to initiate services:

Coram® (preferred):

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

Option Care™:

Phone: 1-808-489-9384 or Fax: 1-808-489-9388



'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 **Pa** symbol for easy identification. Requirements that have been edited for clarification only will 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. 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). Phone 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.
- WellCare Health Plan may delegate Prior Authorization to the contracted MSO, IPA or Medical Groups who then determine prior authorization requirements for their assigned members.
 - IPAs must make every attempt to authorize services that are the financial responsibility of WellCare Health Plan to a provider within WellCare Health Plan's contracted network. If a member requires out-of-network services because WellCare Health Plan is not contracted with a provider of like specialty, the IPA is required to notify WellCare Health Plan's Utilization Management Department prior to issuing an authorization. The Utilization Management Department will discuss the case with the WellCare Health Plan Contracting Department and notify the IPA accordingly such that an authorization may be issued. For services that are the financial responsibility of the IPA, the IPA is required to follow its organization's policy in reference to authorization of out-of-network providers.
 - Emergency admissions that are outside the IPA/Group's service area are monitored by the WellCare Health Plan Utilization Management Department. WellCare Health Plan's Medical Management Department will be responsible for issuing an authorization, performing concurrent review, and working with the IPA to coordinate transfer of the member to an in-network facility once the member has been stabilized.
 - For specific authorization requirements, please follow your group's direction.

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 and 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 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 "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	

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Inpatient Services

['Ohana Web Submission Portal](#)

Please [log in](#) to submit your Authorization Requests and 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).
Orthopedic Surgery	Yes – See Comments	Contact TurningPoint for prior authorization: TurningPoint Portal Phone: 1-866-596-7279 Fax: 1-808-824-3357
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).
Spinal Surgery	Yes – See Comments	Contact TurningPoint for prior authorization: TurningPoint Portal Phone: 1-866-596-7279 Fax: 1-808-824-3357

Outpatient Services

['Ohana Web Submission Portal](#)

Please [log in](#) to submit your Outpatient Authorization Requests and 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. *For Home Infusion/Enteral Services, please refer to the Pharmacy section above for the preferred provider if the authorization is required.
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: 1-888-210-3736 Medical Oncology Program Services

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PROCEDURES and SERVICES	Authorization Required	Comments
Non-contracted (non-participating) Provider Services	Yes	All services from non-participating providers require prior authorization.
Orthopedic Surgery	Yes – See Comments	Contact TurningPoint for prior authorization: TurningPoint Portal Phone: 1-866-596-7279 Fax: 1-808-824-3357
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: 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
Spinal Surgery	Yes – See Comments	Contact TurningPoint for prior authorization: TurningPoint Portal Phone: 1-866-596-7279 Fax: 1-808-824-3357

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