Hawai‘i QUEST Integration Quick Reference Guide

'ohana health plan

May 2022

www.ohanahealthplan.com/provider/medicaid/resources

OFFICE LOCATIONS

ISLAND OF OAHU (MAIN OFFICE)
949 Kamokila Blvd., Suite 350
Kapolei, HI 96707

ISLAND OF HAWAI‘I
88 Kanoelehua Ave. Suite A105
Hilo, HI 96720

IMPORTANT PHONE NUMBERS

NURSE ADVICE LINE: 1-800-919-8807
Members may call this number to speak to a nurse **24** hours a day, **7** days a week.

RISK MANAGEMENT:
‘OHANA FRAUD, WASTE AND ABUSE HOTLINE
1-866-685-8664

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.

	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

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

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

For your convenience when viewing online, items on this QRG in bold, underlined fonts are hyperlinks to supporting ‘Ohana provider job aids, resource guides and forms. NOTE: This guide is not intended to be an all-inclusive list of covered services under ‘Ohana 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 May 2022).

PRO_94444E Internal Approved 05112022

CLAIM SUBMISSION INFORMATION

SUBMISSION INQUIRIES:

Support from Provider Services: 1-888-846-4262
Questions related to claim submissions. For inquires related to your electronic submissions to ʻOhana, please contact our EDI team at: **EDI-Master@wellcare.com**.

ELECTRONIC FUNDS TRANSFER AND ELECTRONIC REMITTANCE ADVICE:

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

CLEARINGHOUSE CONNECTIVITY SETUP AND CONNECTION SUPPORT:

ʻOhana 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 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 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 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 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

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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: **ʻOhana Provider Portal**

MAIL PAPER CLAIM SUBMISSIONS TO:
ʻOhana Health Plan, Inc.
Attn: Claim Payment Disputes
P.O. Box 31370
Tampa, FL 33631-3370

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

CLAIM PAYMENT POLICY DISPUTES

The Claims Payment Policy Department has created a new mailbox for provider issues related strictly to payment policy. Disputes for payment policy-related issues must be submitted in writing to ʻOhana within the time frame as indicated in the ʻOhana 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: **ʻOhana Provider Portal**

MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES BEGINNING WITH IH###, CE### OR PD### AND SECOND LEVEL DISPUTES FOR CPI## TO:
ʻOhana Health Plan, Inc.
Attn: Payment Policy Disputes Department
P.O. Box 31426
Tampa, FL 33631-3426

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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 Road
Huntingdon Valley, PA 19006

BY SECURE INTERNET UPLOAD
Refer to Optum's Medical Record Request letter for further instructions

MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES LT###, RVLT# TO:
'Ohana Health Plan, Inc.
CCR
P.O. Box 31394
Tampa, FL 33631-3394

MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES RVPI# TO:
PICRA
P.O. Box 31416
Tampa, FL 33631-3416

RECOVERY/COST CONTAINMENT UNIT (CCU)

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

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

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

MAIL OR FAX YOUR ADMINISTRATIVE REVIEW REQUEST TO:
Fax: 1-813-283-3284
WellCare/'Ohana Initiated Recovery
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 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.

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

MAIL OR FAX YOUR DISPUTE TO:

Fax: 1-203-202-6607
Cotiviti
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 and can be sent to:

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

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

APPEALS (MEDICAL)

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

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

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

APPEALS (MEDICAL)

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:

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

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HEALTH COORDINATION AND DISEASE MANAGEMENT

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

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

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

ʻOHANA 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** 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

Medline

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

Contracted Networks

HEARING	VISION	DENTAL
HearUSA Questions related to Claims Phone: **1-800-333-3389**	**Premier Eye Care** Customer Service and Claims Phone: **1-855-865-9725**	**Community Case Management Corporation® (CCMC)** Phone: **1-808-792-1070**

INTERPRETATION SERVICES	TRANSPORTATION*
Phone: **1-866-401-7540** **Suggested information needed:** Member info Type of interpreter Date of appointment Gender preference Appointment info Provider to be seen Duration Contact person info	**Reservations: 1-866-790-8858** **Ride Assist: 1-866-481-9699** **Facility Line: 1-808-237-2952** **Hearing Impaired (TTY): 1-844-603-6049**

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

Click here to locate:

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

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PHARMACY SERVICES

PHARMACY SERVICES: **1-888-846-4262**

Including after-hours, weekends and holidays –
CVS Caremark® Provider Enrollment
and Contract Inquiries **1-866-362-4006**
www.caremark.com/pharminfo

Rx BIN	Rx PCN	Rx GRP
004336	MCAIDADV	RX8885

ACARIAHEALTH™

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

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

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

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

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

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

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

FORMULARY INCLUSIONS:

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

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

COVERAGE DETERMINATION REVIEW: **Fax: 1-888-877-8239**

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

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

HEALTHHELP MANAGES MEDICAL ONCOLOGY SERVICES. PLEASE SEE ABOVE FOR HEALTHHELP CONTACT INFORMATION.

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

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

FOR HOME INFUSION/ENTERAL SERVICES

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

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

Option Care Health™ aka Option Care:
Phone: 1-833-466-0358

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‘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. 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).
- 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.

BEHAVIORAL HEALTH SERVICES

‘OHANA SECURE PROVIDER PORTAL

For Urgent and Inpatient Hospitalization Authorizations and Provider Services Phone: 1-888-846-4262
Please **log in** to submit your Outpatient Authorization Requests and Inpatient Clinical Submissions.
To fax a request, please access our forms **here**
Web-based information: **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 **“HI Master BH Auth Grid”** PDF under **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 (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 **Other Resources** for authorization requirements. **‘Ohana Secure Provider Portal**

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EMERGENCY SERVICES

Procedures and Services	Authorization Required	Comments
Emergency Room Services	**No**	

INPATIENT SERVICES & DISCHARGE PLANNING

‘OHANA SECURE PROVIDER PORTAL

Please **log in** to submit your Authorization Requests & Inpatient Clinical Submissions.
To fax a request, please access our forms **here**
Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.

Procedures and Services	Authorization Required	Comments
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 & DISCHARGE PLANNING

‘OHANA SECURE PROVIDER PORTAL

Please **log in** to submit your Authorization Requests and Inpatient Clinical Submissions.
To fax a request, please access our forms **here**
Pharmacy Medical Requests Fax: 1-855-292-0239
Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.

Procedures and Services	Authorization Required	Comments
Select Outpatient Procedures	**Yes – See Comments**	Please refer to the **Authorization Lookup Tool** for prior authorization requirements. **‘Ohana Secure Provider Portal**
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.**

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Procedures and Services	Authorization Required	Comments
Medical Oncology Services	**Yes – See Comments**	Contact HealthHelp for authorization: **HealthHelp Portal** Phone: **1-888-210-3736** **Medical Oncology Program Services**
Non-contracted (non-participating) Provider Services	**Yes**	All services from non-participating 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: **HealthHelp Portal** Phone: **1-888-210-3736** **Radiation Therapy Management Program Resources**
Telehealth	**Yes – See Comments**	For Telehealth Services, please refer to the **Authorization Lookup Tool** for rules.

HOME AND COMMUNITY BASED SERVICES

'OHANA SECURE PROVIDER PORTAL

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

Procedures and Services	Authorization Required	Comments
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.

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