



07/05/2017

AlohaCare Change in Referral Policy

We are pleased to announce the elimination of Referral Notifications when you refer an AlohaCare member to other in-network providers, effective August 1, 2017. This means that you -- primary care provider or specialist -- may refer AlohaCare members to in-network providers without having to submit a referral paperwork to AlohaCare. If you are a specialist, your office no longer needs a referral notification number for payment of services. As is usual and customary, any referring provider should continue to document the medical necessity for the referral.

What has not changed is the Prior Authorization for any off-island travel or authorization to out-of-network providers. In either case, medical necessity needs to be apparent.

This new policy applies to AlohaCare's QUEST Integration/ABD (Medicaid) and AlohaCare Advantage Plus (Medicare Special Needs Plan).

For all Transportation requests, Off-Island Specialty Care, Out-of-State Services or for Non-Participating Care (out-of-network), please continue to follow AlohaCare's PRIOR AUTHORIZATION process.

You may submit an authorization request by:

- Completing a Request for an Authorization and Notification (RAN) form. This form is found on www.AlohaCare.org.
 - Submit the form electronically through AlohaCare's Provider Web Portal, AC Online. Sign in to AC Online at www.AlohaCare.org.
 - Or fax the form to 973-0676 or toll-free to 1-888-667-0680.

Prior Authorization for selected medical diagnostics, treatments, and elective hospitalization will continue as part of AlohaCare's managed care program.

Claim Submission Guidelines:

If you are a specialist provider, enter the name of the referring provider in field 17 and if available the corresponding provider NPI in Field 17.b of the CMS 1500 claim form, or appropriate EDI field.

PROVIDER advisory

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.		
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		13. INS pay sen
SIGNED SIGNATURE ON FILE DATE 02/01/15		S
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.	15. OTHER DATE QUAL. MM DD YY	16. DA' FRI
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18. HO' FRI
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OU
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY relate A-L to service line below (24E) ICD Ind.		22. RE: CO
A. "dx code"	B. C. D.	23. PRI
E. F. G. H. I. J. K. L.		
24. A. DATE(S) OF SERVICE	B. C. D. PROCEDURES, SERVICES, OR SUPPLIES	E.

If you or your staff would like face-to-face training or more information on referral requests, please contact us. We would be more than happy to assist you. Contact AlohaCare Provider Services at 973-1650 or toll-free at 1-800-434-1002.

Mahalo for being part of our network!

