



## PRIOR AUTHORIZATIONS

PROCESS

### PA TEAM CONTACT INFO:

JOY MIYAT

*PA Supervisor*

Direct Line: (808) 380-8205

Fax: (808) 536-7225

NOREEN IBANA

*PA Coordinator*

Direct Line: (808) 380-8203

Fax: (808) 536-7225

JERSIELINE MACOSI

*PA Coordinator*

Direct Line: (808) 380-4732

Fax: (808) 536-7225

EMAIL THE PA TEAM AT:

[pa@allisland-cmc.com](mailto:pa@allisland-cmc.com)

## SERVICES

♥ OHANA: 1-888-866-4262

♥ UNITED HEALTHCARE:  
1-888-980-8728

♥ HMSA: 1-808-948-6372

♥ KAISER: 1-808-432-5330

♥ ALOHA CARE: 1-808-973-0712

## REQUESTING INCONTINENT SUPPLIES

*DOCUMENTS REQUIRED:*

- ♥ MD Order
- ♥ Clinical Justification/Progress Notes (must be current)

*DELIVERY:* Please contact VENDOR directly for delivery status (Contact Information is listed in CLIENT PROFILE). If you need further assistance, you may contact JOY, NOREEN or JERSIELINE.

*MEDLINE CLIENTS:* You must contact Medline directly every month to confirm supplies, otherwise supplies will NOT be delivered. **MEDLINE PHONE #:**

**UHC: 1-877-816-5587**

**OHANA: 1-833-660-0905**

*VA CLIENTS:* You must contact VA directly for supplies and delivery information.

## REQUESTING ENTERAL SUPPLIES

*DOCUMENTS REQUIRED WHEN REQUESTING GLUCERNA/ ENSURE/ NEPRO/ BOOST:*

- ♥ MD Order
- ♥ Clinical Justification/Progress Notes (must be current)
- ♥ Blood/Lab Test Results (Albumin level – must be current)
- ♥ Weight Records

*DOCUMENTS REQUIRED WHEN REQUESTING THICKENER (THICK-IT):*

- ♥ MD Order
- ♥ Clinical Justification/Progress Notes (must be current)
- ♥ Swallowing Evaluation

## DURABLE MEDICAL EQUIPMENT (DME)

*DOCUMENTS REQUIRED WHEN REQUESTING:*

- ♥ Detailed Prescription
- ♥ Medical necessity notes
- ♥ Certificate of Medical Necessity form (Completed & Signed)
- ♥ Clinical Justification/ Progress Notes
- ♥ Height & Weight.

*IF DME NEEDS REPAIR/ADDITIONAL:* Please contact the vendor directly.

## REQUESTING FOR TRANSPORTATION

*DOCUMENTS REQUIRED (GURNEY/ STRETCHER):*

- ♥ Prescription/ Script
- ♥ Clinical notes.

*DOCUMENTS REQUIRED (ON WHEELCHAIR):*

- ♥ Must be using a non-collapsible wheelchair
- ♥ Need at least one-person assist
- ♥ Uses Hoyer lift (optional).

Caregiver to call for scheduling. \*REQUEST ONLY IF APPLICABLE\*

**Per HAR, it is the caregiver's responsibility to provide transportation for the client**