



HAWAI'I PROVIDER CONTACT LIST

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OPTUM (UBH)													
Behavioral Network Services	<p>Momi Au-Keliikoa Network Manager Phone: 808-535-1009 pearl.au-keliikoa@optum.com Fax: 1-855-216-7183</p> <p>Bea Reyes Network Associate Phone: 808-535-1119 becanta.reyes@optum.com Fax: 1-877-858-4230</p> <p>P.O. Box 6039 Kaneohe, HI 96744-6039</p>												
Provider Resources	www.providerexpress.com > Our Network > Welcome to the Network > Hawai'i												
QUEST Integration Pre-Authorizations	<p>Fax: 1-877-840-5581</p> <ul style="list-style-type: none"> All Inpatient and non-routine outpatient care must be pre-authorized In the event of an emergency, notify us immediately. Facilities will send admission and discharge summaries to Optum for the purpose of ongoing treatment planning. 												
Commercial Pre-Authorizations	<p>Phone: 1-800-333-8724</p> <ul style="list-style-type: none"> All Inpatient and non-routine outpatient care must be pre-authorized In the event of an emergency, notify us immediately. Facilities will send admission and discharge summaries to Optum for the purpose of ongoing treatment planning. 												
TRICARE Pre-Authorizations	<p>Fax: 1-877-581-1590 www.uhcmilitarywest.com for pre-authorization list</p>												
Scheduling Appointments <i>(Clients referred to you must be seen within the following time frame)</i>	<table border="1"> <thead> <tr> <th>Appointment Type</th> <th>QUEST Integration</th> <th>TRICARE</th> </tr> </thead> <tbody> <tr> <td>Routine/Non- Emergency</td> <td>Within 10 business days</td> <td>Within 1 week</td> </tr> <tr> <td>Urgent</td> <td>Within 24 hours</td> <td>Within 24 hours</td> </tr> <tr> <td>Emergency</td> <td>Same day</td> <td>Same day</td> </tr> </tbody> </table>	Appointment Type	QUEST Integration	TRICARE	Routine/Non- Emergency	Within 10 business days	Within 1 week	Urgent	Within 24 hours	Within 24 hours	Emergency	Same day	Same day
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We highly recommend that claims be submitted electronically at www.providerexpress.com	<table border="1"> <thead> <tr> <th>UHC Community and State (QUEST Integration)</th> <th>UnitedHealthcare (UHC) Commercial</th> </tr> </thead> <tbody> <tr> <td>PO Box 30757 Salt Lake City, UT 84130-0757</td> <td>PO Box 30755 Salt Lake City, UT 84130-0755</td> </tr> </tbody> </table>	UHC Community and State (QUEST Integration)	UnitedHealthcare (UHC) Commercial	PO Box 30757 Salt Lake City, UT 84130-0757	PO Box 30755 Salt Lake City, UT 84130-0755								
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If you are unable to file electronically, please use the appropriate address shown on the right.	<p>TRICARE West Region Claims</p> <p>PO Box 7064 Camden, SC 29020-7064 www.mytricare.com</p>												
Appeals & Grievances	<table border="1"> <thead> <tr> <th>QUEST Integration/Commercial</th> <th>UnitedHealthcare Military & Veterans</th> </tr> </thead> <tbody> <tr> <td>PO Box 30512 Salt Lake City, UT 84130-0512 Phone: 1-866-245-3040 Fax: 1-855-312-1470</td> <td>PO Box 105493 Atlanta, GA 30348-5493</td> </tr> </tbody> </table>	QUEST Integration/Commercial	UnitedHealthcare Military & Veterans	PO Box 30512 Salt Lake City, UT 84130-0512 Phone: 1-866-245-3040 Fax: 1-855-312-1470	PO Box 105493 Atlanta, GA 30348-5493								
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PO Box 30512 Salt Lake City, UT 84130-0512 Phone: 1-866-245-3040 Fax: 1-855-312-1470	PO Box 105493 Atlanta, GA 30348-5493												
Claims & Eligibility	QUEST Integration												
	Phone: 1-888-980-8728												
	Commercial												
	Phone: 1-800-888-2998												
providerexpress.com® Support	TRICARE												
	Phone: 1-877-988-9378												
Language Assistance Program	Phone: 1-866-209-9320												
Hearing & Speech Impaired Line	Phone: 1-866-374-6060												
	Phone: 1-800-842-9489 (TTY)												