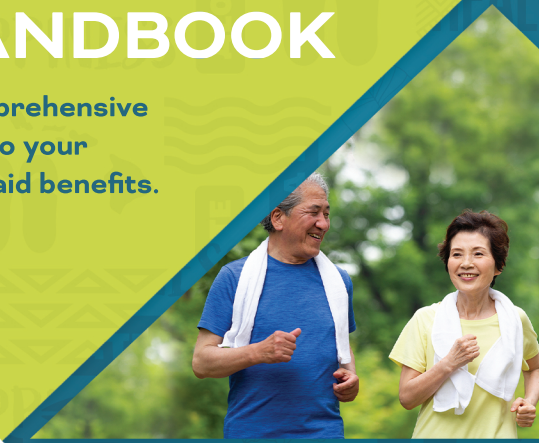
QUEST Hawai'i

FOR HEALTH FOR WELLNESS FOR YOU

MEMBER HANDBOOK

A comprehensive guide to your Medicaid benefits.



DEPARTMENT OF HUMAN SERVICES

Do you need help in another language? We will get you a free interpreter. Call **1-800-316-8005** to tell us which language you speak. (TTY: 711 or 1-800-603-1201).	**English**
Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkanda-kayo iti libre nga paraipatarus. Awaganyo ti **1-800-316-8005** tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo. (TTY: 711 wenno 1-800-603-1201).	**Ilocano**
您需要其它語言嗎？ 如有需要, 請致電 **1-800-316-8005**, 我們會提供免費翻譯服務 (TTY: 711 或1-800-603-1201).	**Traditional Chinese**
다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. 1-800-316-8005 로 전화해서 사용하는 언어를 알려주십시요 (TTY: 711또는 1-800-603-1201).	**Korean**
Bạn có c ần giúp đỡ bằng ngôn ngữ khác không ? Chúng tôi se yêu c ầu một người thông dịch viên miễn phí cho bạn. Gọi **1-800-316-8005** nói cho chúng tôi biết bạn dùng ngôn ngữ nào. (TTY: 711 hoặc 1-800-603-1201).	**Vietnamese Việt Nam**

Aloha!

As a Medicaid member, your health is very important to all of us.

Please read through this booklet to discover ways for you and your family members to make the most of your health coverage.

Choose a Health Plan

If you are eligible for QUEST, you can choose a health plan for you and your family to enjoy a healthier life. The health plans work with your doctor to help you stay healthy and prevent illness.

Taking Care of You

Please choose a health plan that works best for you and your family. We look forward to serving you.

We are in this together for health, for wellness, for you.

Mahalo nui loa,

Judy Mohr Peterson
Administrator
Med-QUEST Division
Hawaii Department of Human Services

Table of Contents

About QUEST 1

Choose Your QUEST Health Plan 2

Get Started with Your New Plan 6

Your QUEST Benefits 8

Partners in Healthcare 14

Reporting Changes to Med-QUEST 15

About QUEST

The Med-QUEST Division provides health care benefits to Hawai'i residents who are eligible for Medicaid through QUEST.

With QUEST, all eligible members of your family can choose a health plan that fits their health care needs.

All QUEST health plans offer Medicare plans and many provide extra benefits at no cost. You can choose traditional Medicare or a different Medicare Advantage plan. Using the same health plan for Medicare and Medicaid may help you coordinate services, get more benefits, and lower your drug costs. Visit medicare.gov to learn about your options.

Choose Your QUEST Health Plan

Step 1: Learn About Your Choices

Choosing a health plan is important. You'll receive all your health care services from a single health plan. Your health plan can help you find doctors, hospitals and pharmacies.

When choosing a health plan, it's important to see if you can:

- Keep seeing the doctors you prefer.
- Go to the hospital, health care facility, or pharmacy you prefer.

Health Care Provider Network

If there's a specific provider you want to see, call the health plan or visit their website to see if your provider is in their network.

Health Plans	Phone/Website
AlohaCare	1-877-973-0712 alohacare.org
HMSA	1-800-440-0640 hmsa.com/QUEST
Kaiser Permanente	1-800-651-2237 kpquest.org
'Ohana Health Plan	1-888-846-4262 ohanahealthplan.com
UnitedHealthcare Community Plan	1-888-980-8728 uhccommunityplan.com/hi

If your current provider doesn't accept QUEST (Medicaid) health insurance, call your health plan to help you find another doctor or provider.

Step 2: Choose a Health Plan

When you apply for Medicaid, we encourage you to also let us know which health plan you prefer. If we don't know your preference, Med-QUEST will assign you to a health plan right away. You can stay with the health plan that Med-QUEST assigns to you or you may choose a different one.

If you stay with the health plan Med-QUEST has assigned to you, you don't have to do anything.

If you want to choose a different health plan, please tell Med-QUEST which health plan you have chosen within 90 days of the date of your enrollment choice notice. Your new health plan will start on the first day of the following month.

Once the 90-day period ends, you can change your health plan at any time as long as you have been in the health plan you are leaving for at least 12 months.

Your five choices for a QUEST health plan are:

- AlohaCare
- HMSA
- Kaiser Permanente (O'ahu and Maui only)
- 'Ohana Health Plan
- UnitedHealthcare Community Plan

Step 3: Submit Your Choice

You can submit your health plan choice in three different ways:

1. **Call Med-QUEST Customer Service**

   1-800-316-8005

   The Hawai'i Relay Service 711 is available to hearing impaired, deaf, and speech impaired.

2. **Complete the Choice Form and fax it to:**

   1-800-576-5504

3. **Complete the Choice Form and mail it to:**

   State of Hawai'i
   Department of Human Services
   Med-QUEST Customer Service
   P.O. Box 700190
   Kapolei, Hawai'i 96709

Make sure to submit the Choice Form enclosed in your enrollment packet by the deadline. Your health plan will start the first day of the next month. For example, if you change plans anytime in May, you'll be enrolled in your new plan on June 1.

Health Plan for Your Newborn

If you're pregnant and enrolled in a QUEST health plan on the date you deliver your child, your newborn will automatically be enrolled in your health plan for a minimum of 30 days from the date of birth.

If you are not enrolled in a QUEST health plan on the date you deliver your child, visit **www.medquest.hawaii.gov** and apply for health coverage for your newborn. Med-QUEST will enroll your newborn in the health plan offered by the same insurer as your commercial health plan, with coverage starting from your child's date of birth. You have the option to change your newborn's health plan after the first 30 days from your child's date of birth.

Postpartum Care

Medicaid is dedicated to strengthening maternal health. Women receive 12 months of continuous postpartum coverage from the date their pregnancy ends. Regular postpartum visits help women recover both physically and mentally.

Reapplying for Medicaid

If your Medicaid eligibility ends for any reason, your QUEST health plan enrollment will also end. You may reapply at any time. If you become eligible within 6 months from when you last had Medicaid benefits, Med-QUEST will assign you to your former health plan.

Get Started with Your New Plan

After you choose a QUEST health plan, your plan will mail a welcome packet to you that includes:

- Membership cards for each family member covered
- Instructions on how to choose a primary care provider (PCP)

Receiving care before you receive your health plan membership card

You'll receive a notice in the mail that tells you about the health plan you're enrolled in. If you need health care services before you receive your health plan membership card, simply show your notice to your doctor or other service provider.

Once you receive your membership card, you can use your card to receive services. Also, be sure to carry your Medicaid ID card, which Med-QUEST will mail to you once you are eligible.

Choose a Primary Care Provider (PCP)

Your health plan will mail a welcome packet to you with forms asking you to choose a PCP. Your PCP will see you for regular checkups or when you're sick. When you need a specialist or other medical services, your PCP will arrange it for you. If you need help finding a PCP or specialist, ask your health plan for help. If you have a Medicare Advantage Plan and already have a PCP, let your health plan know the name of your Medicare PCP.

If you received services before you received the Med-QUEST enrollment notification, tell your PCP or other service provider. Your health plan may cover some of these services.

Your QUEST Benefits

Primary & Acute Care Services

Your QUEST benefits cover a broad range of services, including:

Dental Services

Hospital Services

Immunizations

Physician Services

Pregnancy-Related Services

Prescription Drugs

Radiology and Laboratory Services

Vision and Hearing Services

For a complete list of benefits, please visit https://medquest.hawaii.gov/en/members-applicants/quest-integration-coverage.html

Behavioral Health Services

All of the QUEST health plans cover behavioral health services such as substance abuse treatment programs, ambulatory mental health services and psychiatric or psychological evaluation.

Long Term Services & Support

Long-term services and support for services like adult day care (non-medical care), skilled nursing or private duty nursing, must be applied for and are available based on an evaluation of required level of care.

For a complete list of benefits, please visit https://medquest.hawaii.gov/en/members-applicants/quest-integration-coverage.html

Disease Management Programs

If you have or are at risk for certain chronic health conditions, ask your health plan about its disease management programs. These programs can help you:

- Learn about the condition
- Get regular checkups with your PCP and specialists
- Make healthy lifestyle changes
- Improve your condition with a treatment plan

All health plans provide disease management for asthma, heart disease, and diabetes. Some health plans offer other programs for certain medical conditions.

Contact your health plan or call your health plan's nurse line to learn more about its disease management program offerings.

Are You Under 21 Years of Age?

The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program offers the following services to children and young adults under 21:

- Complete medical, mental and behavioral health, and dental care
- Developmental, autism, and lead screening
- Intensive behavioral therapies such as applied behavioral analysis (ABA) services for members with autism spectrum disorder (ASD) diagnosis
- Hearing, vision, and laboratory tests
- Immunizations as well as tuberculosis and skin tests

You'll receive help setting up appointments. Call your health plan for more information.

After-Hours Care Nurse Line

If you have questions about a medical condition or if you are not sure if you should visit an emergency room or urgent care, call your health plan's after-hours care nurse line for medical advice and guidance. Call 24 hours a day, seven days a week.

Health Plans	Nurse Advice Line
AlohaCare	1-877-225-8839
HMSA	1-800-440-0640
Kaiser Permanente	1-833-833-3333
'Ohana Health Plan	1-800-919-8807
UnitedHealthcare Community Plan	1-888-980-8728

Traveling Off Island or Out of State

If you're visiting a neighbor island or the mainland and need immediate care, your health plan will cover medically necessary emergency services and follow-up care. For non-emergency care on a neighbor island or the mainland, you'll need to get approval first from your health plan. QUEST doesn't pay for health care services in foreign countries.

Other Health Insurance

If you have additional health insurance, please let Med-QUEST know.

Contacting Your Health Plan

Call your health plan if you have:

- Problems with a doctor or other provider
- Problems accessing health care services
- A disagreement about your health plan
- To file a grievance or appeal

Member Complaints and Grievances

Your health plan has a member grievance and appeal process to help address any problems. If you're concerned about your medical care or services, contact your health plan at the numbers on the back of your membership card.

If you're unable to work things out with your health plan, contact the State-Designated Medicaid Ombudsman:

1-888-488-7988 (toll-free)

Dental Services and Benefits

Call Community Case Management Corp (CCMC) to find a dentist who accepts Medicaid:

O'ahu: 808-792-1070
Neighbor Islands: 1-888-792-1070 (toll-free)

If you're under age 21, you can receive:

- Diagnostic and preventive services once every six months.
- Non-emergency care that includes:
  - Endodontic therapy
  - Oral surgery
  - Periodontic therapy
  - Prosthodontic services
  - Restorations

If you are age 21 or older, you can receive the following dental services:

- Preventive services once every six months
- Diagnostic and radiology services
- Endodontic therapy
- Restorations
- Oral surgery
- Periodontal therapy
- Emergency and palliative treatment

Limited prosthodontic services will be allowed based on medical necessity.

Present your Medicaid ID card to the dentist.

Partners in Healthcare

Other partners provide additional services:

- **Department of Education**
  808-305-9712
  Health education program
- **Department of Health**
  808-594-0066 (O'ahu)
  1-800-235-5477 (Neighbor Islands)
  ZERO TO THREE Early Intervention program
- **Department of Health**
  Adult Mental Health Division
  808-643-2643
  Behavioral health services for some adults with serious mental illness or serious and persistent mental illness
- **Department of Health**
  Child Adolescent Mental Health Division
  808-733-9333
  1-800-294-5282 (toll-free)
  Behavioral health services for children under age 21 with serious emotional disturbances
- **Department of Health**
  Developmental Disabilities Division
  808-733-1689
  Services for members with developmental or intellectual disabilities

Reporting Changes to Med-QUEST

Report any change in your circumstances to us within 10 days. For example, you may have a change in your income, your health, the size of your household, or home and mailing address. If you don't report changes, it may affect your health plan eligibility. Use our eligibility system to quickly update your information, logon and select **Change of Circumstance**.

How to Report Changes

There are three ways to report a change of circumstance to your household and check the status of your case.

1 Kauhale On-Line Eligibility Assistance (KOLEA) Portal

It's a convenient and easy way to manage your account, any day at any time. With KOLEA, you can:

- Update your household status
- Submit documents
- Receive paperless correspondence
- Verify your health plan information

To begin, visit **medquest.hawaii.gov** and select **How to Apply.**

Already Have an Account

If you applied for Medicaid by creating an online account, select Sign In and enter your Username and Password.

Create a New Account

If you have Medicaid but have not created an online account for yourself, you can do that right now by following these simple steps:

1. Visit **medical.mybenefits.hawaii.gov** and select **Sign Up**.
2. Enter your information and follow the steps to create your account.

Enroll in Paperless Preference to learn quickly about your eligibility for Medicaid.

Call Med-QUEST Customer Service if you need additional help setting up your account.

Remember to keep your Username, Password, and Security Questions in a safe place.

If you forget your Username, click on **Forgot My Username**.

If you forget your password, click on the link **Forgot Your Password**.

2 Call Med-QUEST Customer Service

Phone: 1-800-316-8005

The Hawai'i Relay Service 711 is available to hearing impaired, deaf, and speech impaired.

Fax: 1-800-576-5504

Mail: PO Box 3490, Honolulu, HI 96811-3490

3 Visit the Med-QUEST Service Center nearest you.

Hawai'i

East Hawai'i
1404 Kilauea Avenue
Hilo, HI 96720

West Hawai'i
75-5591 Palani Road
Suite 3004
Kailua-Kona, HI 96740

Kaua'i

4473 Pahee Street
Suite A
Lihue, HI 96766

Lāna'i

730 Lanai Avenue
Lanai City, HI 96763

Maui

210 Imi Kala Street
Suite 101
Wailuku, HI 96793

Moloka'i

65 Makaena Street
Suite 110
Kaunakakai, HI 96748

O'ahu

Kapolei
601 Kamokila Blvd
Suite 415
Kapolei, HI 96707

Waipahu
94-275 Mokuola Street
Suite 301
Waipahu, HI 96797

Honolulu
1350 South King Street
Suite 200
Honolulu, HI 96814

If you applied for Medicaid, but are not eligible, you may be eligible for coverage through the Federal Health Insurance Marketplace, HealthCare.gov

3 Ways to Enroll

1. Apply **online** at HealthCare.gov
2. Apply over the **phone** by calling:
   1-800-318-2596
   For TTY, call 1-855-889-4325
3. **In-Person:** Meet with a Kōkua to complete your application

For information on how to meet with a Kōkua, visit:

medquest.hawaii.gov/gethelp
or call 808-692-8151

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NOTICE OF PRIVACY PRACTICES

Effective: 08/01/2016

THIS NOTICE DESCRIBES HOW MEDICAL AND OTHER PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

THIS NOTICE IS AVAILABLE IN BIGGER PRINT UPON REQUEST

The Department of Human Services (DHS), Med-QUEST Division (MQD) is committed to protecting your confidential information relating to your participation in the DHS medical assistance programs. We refer to this information as "Protected Health Information" (PHI) and "Personal Identifiable Information" (PII), which includes Social Security numbers, income information, and medical information such as a disease or prescribed medication. We are required by law to maintain the privacy of your confidential information, provide this notice to you, obey the terms of (PHI) in this notice, and also notify you if there is a breach of your confidential information. We reserve the right to change the terms of this notice and make the new notice apply to all of your confidential health information that we maintain. If there are changes to the way we access, use or disclose your PHI, we will mail a new notice to you within sixty (60) days of the changes.

If you have questions or would like to report a problem with how we access, use or disclose your PHI, please contact the DHS HIPAA Compliance Manager by phone at (808) 692-8071 or by writing to the address listed at the bottom of this notice.

YOUR RIGHTS TO PRIVACY

We will not share your PHI without your permission except as described in this notice or required by law. We will not sell your PHI, use or disclose your information for marketing, or use your information for fund raising.

We have procedures and forms to help you access and protect your health information. You can get the forms from any MQD office or on the MQD website at www.med-quest.us. Click the "FORMS" link at the bottom of the left hand column.

You have the right to, at any time to:

- Get a paper copy of this notice. We included a copy of this notice on the Medicaid application and with your Medicaid ID card. You can also see a copy of this notice on our www.med-quest.us website.
- Use Form 1123 to give MQD permission to disclose your health information to another person. MQD must have your permission to use or disclose psychotherapy notes and for all other uses and disclosures not described in this Notice. If you tell MQD to share your health information, you can change your mind at any time if you tell us in writing.
- Use form DHS 8028 to limit MQD use and/or disclosure of your medical information for treatment, payment, or our operations, or to people who are involved in your health care. MQD does not have to agree to your request and may say "no" if it would affect your care unless you limit disclosure of your information for purposes of payment or health care operations and we are not required by another law to disclose that information.
- Use form DHS 1123 to ask MQD to contact you in a different way, such as by email or fax, at a different mailing address or phone number.
- Look at or get a copy of your health and claims records and other health information. You may be charged a processing and postage fee for this request.
- Use form DHS 8024 to change or add information to your health and claims records. However, MQD will not change the original records. If MQD says "no" to your request, you will be told why in writing.

- Use form DHS 8027 to find out how many times MQD disclosed your health information in the last six years, who it was shared with, and why. This will not include disclosures for purposes of treatment, payment, health care operations, made to you or with your permission, and certain other disclosures such as to law enforcement, correctional facilities, and other national security and intelligence purposes.
- Use form DHS 1121 to choose a person to act as your authorized representative to help you exercise your rights and make choices about your health information, includes helping you with applying for medical assistance.
- Receive notice from MQD if your unsecured confidential information was accessed, used, or disclosed in a manner not permitted by law and violates your right to privacy or security of that information.
- Cancel any authorization by telling us in writing, that you want to cancel an authorization to disclose your confidential information to a third party.

OUR USES and DISCLOSURES of PROTECTED HEALTH INFORMATION

- We may access, use and or share your health information for the reasons listed below only if the disclosure is directly related to how we run the Medicaid program.
- Treatment - to approve or deny your medical treatment. For example, our staff may review the treatment plan from your health care provider to see if the treatment is appropriate.
- Payment - to determine your eligibility for Medicaid coverage or to pay your health plan or health care provider. For example, we may share your health information with federal or state agencies to determine if you are eligible for the Medicaid program, or to your health plan so we can make payment to the health plan.
- Health Care Operations - to run our programs and contact you when necessary. For example, we contract with consultants who review the records of hospitals to determine if they are providing good quality of care.
- Informational Purposes - to give you helpful information about health plan choices, program benefit updates, free medical exams, and consumer protection issues.

DISCLOSURES NOT REQUIRING YOUR PERMISSION

We can disclose your health information as follows only if the disclosure is directly related to how we run the Medicaid program, a court orders us to disclose the information, or other laws require us to disclose the information.

- To other government agencies and/or organizations for you to receive benefits, services or disaster relief.
- To public health agencies for disease control and prevention, problems with medical products or medications, and victims of abuse, neglect or domestic violence.
- To government agencies responsible for oversight of the health care system, including the Medicaid program, the U.S. Department of Health and Human Services, and the Office of Civil Rights.
- In the course of court and administrative proceedings, provided certain protective procedures are followed.
- To law enforcement officials for certain law enforcement purposes such as identifying or locating an individual, a missing person, or a victim of a crime.
- To coroners, medical examiners, and funeral directors who need the information to carry out their duties.
- To organ donation and disease registries for purposes of facilitating organ and tissue donation and transplantation.
- For research purposes under certain limited situations.
- To prevent or lessen a serious threat to the health and safety of a person or the public.
- For national security, intelligence and/or protective services for the President. We may also disclose health information to appropriate military authorities if you are or have been a member of the U.S. armed forces.
- To correctional facility or law enforcement officials to maintain the health, safety and security of the corrections system.
- To other government programs that serve the same or similar populations as Hawaii Medicaid, to help coordinate services and improve program management.

- As necessary to comply with laws relating to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault. If you feel that your privacy rights have been violated, you can file a written complaint with:

  DHS HIPAA Compliance Manager
  Office of Civil Rights, DHHS
  P.O. Box 700190
  Kapolei, HI 96709-0190

  OR

  90 7th Street, Suite 4-100
  San Francisco, CA 94103

We will not retaliate against you for filing a complaint.

NOTICE
SECTION 1557 AFFORDABLE CARE ACT (ACA)

The Department of Human Services (DHS) complies with applicable federal and state* civil rights laws and does not discriminate, exclude people or treat people differently because of:

- Race
- Disability
- Age
- National Origin
- Color
- Sex/Gender (Expression or Identity)

*Additional protected groups are covered under Hawaii Revised Statutes.

DHS provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information on other formats (large print, audio, accessible electronic)

The department also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact DHS/Med-Quest Division, Customer Service at:

O'ahu: 808-524-3370
Neighbor Islands: 1-800-316-8005
The Hawai'i Relay Service 711 is available to hearing impaired, deaf, and speech impaired.

If you believe that DHS has discriminated in any way on the basis of race, color, national origin, age, disability or sex/gender (expression or identify) or any protected group covered by Hawaii Revised Statutes, currently or will be added later, may file a discrimination complaint at:

State of Hawaii, Department of Human Services
Personnel Office, Civil Rights Compliance Officer
P.O. Box 339
Honolulu, Hawaii 96809-0339

Phone: 808-586-4955 or 711 for relay services

Email: DHSCivilRightsBox@dhs.hawaii.gov

You may file a discrimination complaint in person, mail, fax, or email. Discrimination Complaint and Consent/Release forms are available at humanservices.hawaii.gov in the Civil Rights Corner, under Forms.

You may also file a discrimination complaint with the U. S. Department of Health and Human Services (USHHS), Office for Civil Rights, electronically through the Office of Civil Rights Portal, available at ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at:

U. S. Department of Health and Human Services Office for Civil Rights (OCR)
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019, TDD: 800-537-7697

USHHS Discrimination Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

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Hawai'i Department of Human Services
March 2025