



STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

Med-QUEST Division  
Health Care Services Branch  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

December 29, 2021

MEMO NO.

QI-2133 [Replaces QI-1416A]

MEMORANDUM

TO: QUEST Integration (QI) Health Plans

FROM: Judy Mohr Peterson, PhD *JMP*  
Med-QUEST Division Administrator

SUBJECT: MEMBER EXPEDITED APPEAL PROCEDURES

The purpose of this memorandum is to notify the health plans that this memo replaces QI-1416A which was previously issued on October 22, 2014. The following content is unchanged and will continue to apply under the QI contract RFP-MQD-2021-008.

The Department of Human Services (DHS), Med-QUEST Division (MQD) is issuing this memorandum to provide health plans with procedures for notifying MQD of member-expedited appeals as described in Section 9.5.I. Please find procedures attached.

Please contact Jon Fujii via e-mail at [jfujii@dhs.hawaii.gov](mailto:jfujii@dhs.hawaii.gov) if you have any questions.

Attachment

Policy:

The health plan shall notify the MQD within twenty-four (24) hours, regarding expedited appeals if an expedited appeal has been granted by the health plan or if an expedited appeal time frame has been requested by the member or the health plan.

Procedures:

1. If a member (or their provider) requests an expedited appeal, the health plan will determine if taking the time for a standard resolution could seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function.
2. If the health plan grants an expedited appeal, the health plan shall notify the MQD within twenty-four (24) hours (or sooner if possible) by:
  - a. E-mail to: HCSB/CMCS at mqdcms@dhs.hawaii.gov and
  - b. Provide the following information:
    - i. Member Name
    - ii. Medicaid ID#
    - iii. Requestor of Expedited Appeal (i.e., member or provider)
    - iv. Denied Service
    - v. Date Appeal Received
3. For appeals that are overturned, the health plan shall:
  - a. E-mail the appeal status to the e-mail address found in 2a; and
  - b. Confirm that appeal is overturned in member's favor.
4. For appeals that are upheld, the health plan shall:
  - a. E-mail outcome of the expedited appeal within twenty-four (24) hours or sooner if possible to the e-mail address found in 2a; and
  - b. Provide the MQD with a copy of the file of the member on their FTP site if requested by MQD. This must include, at a minimum, the following information:
    - i. Notice of Adverse Benefit Determination (NABD)
    - ii. Copy of appeal request (if provided in writing)
    - iii. Appeal decision
    - iv. Any medical records that were used to support the appeal decision
    - v. Any notes that were used to support the appeal decision
    - vi. Contact information for provider requests expedited appeal
5. The health plan is not required to notify the MQD of an expedited appeal that was requested by the member or their provider and the request for expedited appeal was denied if the health plan:
  - a. Transfers the appeal to the time frame for standard resolution;
  - b. Makes reasonable efforts to give the member prompt oral notice of the denial;
  - c. Follows-up within two (2) days with a written notice; and
  - d. Informs the member orally and in writing that they may file a grievance with the health plan for the denial of the expedited process.