

# QUEST Integration Decision Booklet 2018

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: 1-800-603-1201 or 711).	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: 1-800-603-1201 wenno 711).	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: 1-800-603-1201 或 711).	Traditional Chinese
다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. 1-800-316-8005 로 전화해서 사용하는 언어를 알려주십 시요 (TTY: 1-800-603-1201 1 또는 711).	Korean
Bạn có cần giúp đỡ bằng ngôn ngữ khác không? Chúng tôi se yêu cầu 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: 1-800-603-1201 hoặc 711).	Vietnamese *

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#### **QUEST Integration**

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

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

And when you reach age 65 and transition into Medicare or if you develop a disability, you won't need to change your health plan. You can stay in the same health plan.

You can choose traditional Medicare or a different Medicare Advantage plan. All QUEST Integration health plans offer Medicare plans and many provide extra benefits at no cost. 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 Integration Health Plan**

#### **Step 1: Learn About Your Choices**

Choosing a health plan is important. You'll get 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 vou can:

- Keep seeing your current doctors.
- 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 Integration (Medicaid) health insurance, call your health plan to help you find another doctor or provider.

#### **Step 2: Choose a Health Plan**

When you become eligible for Medicaid, Med-QUEST assigns you to a health plan right away. You can stay with the health plan that Med-QUEST assigned to you, or you can choose a different one.

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

If you choose a different health plan, please tell Med-QUEST Customer Service your health plan choice within 15 days of the date of your enrollment choice notice. The new health plan will start on the first day of the following month. Until then, you'll stay with the health plan you were assigned.

Whether you stay with your assigned health plan or choose a different one, you can change health plans one time within 90 days from the day you were enrolled in QUEST Integration. Once the 90-day period ends, you can only change your health plan during open enrollment from October 1 to 31.

Your five choices for a QUEST Integration health plan are:

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

Health plan availability depends on enrollment limits.

The following pages are summaries of each QUEST Integration health plan.



### Care with aloha

AlohaCare, the health plan for keiki to kupuna

AlohaCare is a health plan that started right here in Hawaii, just for Hawaii's families. We provide quality health care with aloha for residents statewide.



AlohaCare works with you and your doctor so you get the care you need



Choose a great doctor from our large statewide network



Get answers to all of your questions from our Customer Service teams on Oahu, Maui, Kauai and Hawaii Island



We speak in your language with interpreter services



We give you resources to help keep you and your family healthy

For more information, call or visit us on Oahu, Maui, Kauai, and Hawaii Island

Call: 973-0712 Toll-free: 1-877-973-0712 TTY/TDD: 1-877-447-5990 www.AlohaCare.org



# **Choose HMSA**

Doctors you can trust. A health plan you can count on.



**Choice.** Choose from more than 3,000 of Hawaii's top doctors, hospitals, urgent care clinics, and other health care providers. So it's easy to get care close to where you live and work.

**Peace of Mind.** Have comfort knowing that HMSA is looking out for your health and well-being.

**Accessibility.** We'll help you find a doctor and answer questions about your health plan.

#### Please call us:

- 948-6486 or 1 (800) 440-0640 toll-free.
- TTY: 1 (877) 447-5990.

**Visit us.** Locations and hours of operation at hmsa.com/contact.

Learn more at hmsa.com/QUEST.





### **OUR PHYSICIANS WELCOME YOU**

AT KAISER PERMANENTE **WE MAKE IT EASY** FOR YOU TO STAY WELL

#### **GREAT DOCTORS**

Choose from a wide network of Kaiser Permanente doctors. Plus, you'll have access to a full range of specialists.

#### **TEAMWORK**

Your doctor is supported by a team of nurses, specialists, and clinicians. You get the high-quality care you deserve.

#### CONVENIENCE

Kaiser Permanente is available on Oahu and Maui. We have 12 locations on Oahu and 5 on Maui. Your doctor's office, lab and X-ray services, and pharmacy are often all under one roof.

Starting January 1, 2018, Kaiser Permanente will only be an option for new members if you already have a Kaiser Permanente health plan or if you were a member within the past six months.

For more information, please call **432-5330** or **1-800-651-2237** (toll-free) or **711** (TTY)

### kpquest.org



# CARING FOR HAWAI'I, CARING FOR FAMILY

We offer high-quality care that is easy and convenient for you and your family.



#### Get the Extra Benefits You Deserve!

- OTC Get certain over-the-counter items you choose sent to your doorstep.
- GED exam The future is yours and we can help members 18 and older take the test on us.



#### **Member Advisory Committee**

- Your opinions inspire us to push to new heights.
- Make our plan work for you.



#### **Telehealth**

• This service lets you visit with a provider by video so you can get care closer to home.



#### Experienced Team Across Hawai'i

• Offices in Honolulu, Kapolei, Kahului and Hilo



### Try it! Call us at:

Toll-Free:1-888-846-4262 TTY: 1-877-247-6272

Monday–Friday 7:45 a.m. to 4:30 p.m.

www.ohanahealthplan.com

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona. Inc.

OH17-038 2018 Decision Booklet\_PDF

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#### IN HAWAI'I FOR HAWAI'I

United in caring for our community.

#### We've got your peace of mind covered.

- Large choice of doctors.
- Walk-in customer service in Honolulu, Hilo, and Kahului.
- 24-hour NurseLine<sup>SM</sup>.
- Hāpai Mālama program.
- Prevention and wellness programs to keep you healthy.
- Prescription home delivery program.



#### It's easy to join **UnitedHealthcare Community Plan.**



On your annual plan change letter from the state, simply check "U" for UnitedHealthcare Community Plan.

#### E HO'OULU KĀKOU. **LET'S GROW TOGETHER.**

Toll-free 1-888-980-8728, TTY 711 UHCCommunityPlan.com/HI



#### **Step 3: Submit Your Choice**

You have three ways to submit your health plan choice:



Complete the Choice Form and mail it to: Med-QUEST Enrollment Services P.O. Box 700190 Kapolei, HI 96709-0190



Complete the Choice Form and fax it to: 1-800-576-5504 toll-free



Call Med-QUEST Customer Service: 1-800-316-8005 toll-free TTY users, call 1-800-603-1201 toll-free or 711

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 call Med-QUEST to make a change on December 1, 2017, your new health plan will start January 1, 2018.

If you're pregnant and enrolled in a QUEST Integration 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. Med-QUEST will mail you an enrollment packet and give the option to change your newborn's health plan after the first 30 days.

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

#### **Get Started With Your New Plan**

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

- ID cards for each family member covered.
- Instructions to choose a primary care provider (PCP).

- A handbook that includes the health plan's responsibilities, services, benefits, and information about:
  - o Language interpretation and translation services.
  - o Prior approval for care and other services.
  - o Services the health plan doesn't cover because of moral or religious reasons.
  - o Grievance and appeal process.

# **Getting care before you receive your health plan member ID card**

You'll get a notice in the mail that tells you about the health plan you're enrolled in. To get medical care, take the notice with you to your doctor or other service provider. Once you get your health plan ID card, you can use your card to get services. You'll need your ID cards to get health care services. Make sure you carry your QUEST Integration health plan and Medicaid ID cards in your purse or wallet and take them with you when you need care.

#### **Choose a primary care provider (PCP)**

Your health plan will mail you a welcome packet with a form 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 got the Med-QUEST enrollment notification, tell your PCP or other service provider. Your health plan may cover some of these services.

You'll have 15 days from the enrollment start date to choose your PCP. If you don't let your health plan know your choice within that time, they'll assign you a PCP. You can change your PCP at any time.

#### **Your QUEST Integration Benefits**

#### **Primary & Acute Care Services**

The following are covered benefits under your QUEST Integration plan.

- Inpatient hospital medical and surgical services.
- Inpatient hospital maternity and new-born care services.
- Outpatient hospital services.
- Emergency and post stabilization services.
- Radiology, laboratory, and other diagnostic services.
- Hospice services.
- Urgent care services.
- Physician services.
- Pregnancy-related services.
- Family planning services.
- Preventive services.
- Prescription drugs.
- Rehabilitation services.
- Habilitation services.
- Durable medical equipment and medical supplies with prosthetics and orthotics.
- Medical services related to dental needs.
- Fluoride varnish for children.
- Smoking cessation services.
- Medical transportation services.
- Vision and hearing services.
- Dialysis.
- Home health services.

#### **Behavioral Health Services**

- Acute inpatient hospital for behavioral health services.
- Substance abuse treatment programs.
- Ambulatory mental health services.
- Psychiatric or psychological evaluation.
- Methadone treatment services, which include the provision of methadone or a suitable alternative such as LAAM.
- Services from qualified professionals like psychiatrists, psychologists, counselors, social workers, registered nurses, and others.
- Prescribed drugs including medication management and patient counseling.

#### **Long Term Services & Support**

Services must be applied for and are available based on physician's evaluation of required level of care.

- Home and community-based services, including:
  - o Adult day care.
  - o Adult day health.
  - o Personal care.
  - o Chores.
  - o Personal emergency response system.
  - o Skilled nursing.
  - o Residential care like Community Care Foster Family Home or Expanded Adult Residential Care Home
- Nursing facility.

#### Need help?

Contact your QUEST Integration health plan if you need help choosing a PCP or understanding your benefits.

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

#### **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 vou:

- Learn about the condition.
- · Get regular checkups with your PCP and specialists.
- Make healthy lifestyle changes.
- Follow your treatment plan.

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

If you're eligible to participate in any of these disease management programs:

- Your PCP will give you a referral.
- Your health plan will contact you.
- You can refer yourself to these programs.

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? Get free physical exams!

The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program offers these free 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 and tuberculosis skin tests.

You'll get 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're not sure if you should visit an emergency room, call your health plan's after-hours care nurse line for medical advice and guidance. Call 24 hours a day, seven days a week.

#### **Urgent Care Centers**

If you can't get an appointment with your PCP, you can go to an urgent care center. Urgent care centers can treat you for an illness or injury that requires immediate care, but isn't serious enough to visit an emergency room. You don't need an appointment. For a list of urgent care centers, call your health plan or visit its website.

#### **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 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 Integration 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 number on the back of your health plan ID card.

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

Call.

• 0'ahu: 791-3467

• Hawai'i: 333-3053

• Kaua'i: 240-0485

Moloka'i: 660-0063

• Maui and Lāna'i: 270-1536

Email: Advocate@hilopaa.org

Online: hilopaa.org. Click Medicaid. Complete and

submit the form.

Send a text message to 465-5444.

#### **Partners in Health Care**

Additional partners provide services such as those listed in the table below.

Service	Who provides it?	
School health	Department of Education	
ZERO TO THREE program	Department of Health (DOH)	
Behavioral health services for some adults with serious mental illness or serious and persistent mental illness	Adult Mental Health Division in DOH or Community Care Services	
Behavioral health services for children under age 21 with serious emotional disturbances	Child and Adolescent Mental Health Division in DOH	
Services for developmental or intellectual disabilities	Developmental Disabilities Division in DOH	

Call 1-800-316-8005 toll-free for more information about these services.

#### **Dental services and benefits**

The Medicaid fee-for-service program provides dental services from dentists who see Medicaid patients.

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

- Oahu: 792-1070
- Neighbor Islands: 1-888-792-1070 toll-free

If you're under age 21, you get:

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

If you're age 21 or older, you get emergency services that include:

- o Eliminating dental infection and pain.
- o Treating acute injuries to teeth and supporting structures.

Present your Medicaid identification card to the dentist.

#### **Important Contact Information**

#### **Health plan enrollment questions?**

Call Med-QUEST Customer Service at 1-800-316-8005 toll-free, 7:45 a.m. to 4:30 p.m., Monday through Friday, except state holidays. TTY users, call 1-800-603-1201 toll-free or 711.

For more information, visit med-quest.us.

You can also write us a letter and mail it to:

Med-QUFST P.O. Box 700190 Kapolei, HI 96709-0190

#### **Changes to Report**

Report any change of circumstance to us within 10 days. If you don't report changes, it may affect your health plan eligibility. Changes to report include:

- Absent parent
- Authorized representative
- Birth
- Citizenship
- Contact information
- Death
- Deductions
- Dependents
- Disability
- Ending Benefits
- Entering a hospital or public institution
- Expenses
- Family member
- Getting or changing a job
- Health insurance coverage

- Incarceration
- Income
- Injuries from accidents
- Living arrangement
- Mailing or residential address
- Marriage or divorce
- Move out of Hawai'i
- Name change
- New long-term care facility (new or charging)
- Pregnancy
- Resource and assets
- Receipt of social security number

If the change of circumstance impacts your health plan, we'll contact you to let you know.

You can report your change of circumstance:

- Online: Log in to your account at mybenefits.hawaii.gov and click Change of Circumstance. To set up an account, read the instructions see below.
- By phone: Contact the Med-QUEST Eligibility Office on your island at a number below.

Island	Phone	Fax
Oʻahu	587-3521	587-3543 692-7379
Hawai'i Island		
Hilo	933-0339	933-0344
Kona	327-4970	327-4975
Maui	243-5780	243-5788
Kaua'i	241-3575	241-3583
Molokai	553-1758	553-3833
Lānaʻi	565-7102	565-6460

#### **Kauhale On-Line Eligibility Assistance** (KOLEA)

Manage your online account, any day at any time. KOLEA is convenient and easy to use. With KOLEA, you can:

- Verify your health plan information.
- Report a change of circumstance.
- Receive paperless correspondence
- Submit documents.

#### Log on to KOLEA

- **1.** Visit mybenefits.hawaii.gov.
- 2. Select Access MyBenefits at the right.
- **3.** Go to Already Have An Account. Select Sign In.
- 4. If you already have an account: Enter your username in the box.

**5. If you don't have an account:** Select Create a New Account. Fill out your information. Confirm your identity and select a security image.



If you're enrolled in Paperless Preference, you'll get an email with instructions on how to access the KOLEA Client Portal so you can read your message.

#### **Forgot Your Username or Password?**

#### Reset your account.

- **1.** Go to mybenefits.hawaii.gov.
- 2. Select Access MyBenefits.
- 3. Select Already Have An Account.
- 4. Click Sign In.
- 5. Click Forgot My Username or Forgot Password.

Be sure to use the same email address you used to create your online account.

If you need help with your online account or have questions about your application status or health plan enrollment, call Med-QUEST Customer Service toll-free:

- 1-800-316-8005.
- TTY: 1-800-603-1201 toll-free or 711.

#### **Don't Qualify for Medicaid?**



You may be eligible for a health plan through the Health Insurance Marketplace.

Online: Sign up at healthcare.gov

Phone: 1-800-318-2596. For TTY, call 1-855-889-4325.

In-person: Meet with a Kokua to complete your application. For information on how to meet with a Kōkua, call 1-800-316-8005 toll-free. For TTY, call 1-800-603-1201 toll-free or 711





## 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 <u>DHS 8028</u> 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 <u>DHS 1123</u> 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 <u>DHS 8024</u> 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 <u>DHS 8027</u> 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.

- <u>Treatment</u> 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 workrelated 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 P.O. Box 700190 Kapolei, HI 96709-0190

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Office of Civil Rights 90 7<sup>th</sup> Street, Suite 4-100 San Francisco. CA 94103

We will not retaliate against you for filing a complaint

Department of Human Services/Med-QUEST Division complies with applicable Federal and State civil rights laws and does not discriminate, exclude people, or treat people differently because of:

Race

- Color
- National Origin
- Age
- Disability
- Sex/gender (expression or identity)

Department of Human Services/Med-QUEST Division provides free aids and services to people with disabilities to communicate effectively with us, such as:

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

Department of Human Services/Med-QUEST Division 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 Med-QUEST Division at 1-800-316-8005. If you believe that Department of Human Services/Med-QUEST Division has discriminated in any way on the basis of race, color, national origin, age, disability or sex/gender (expression or identity) you may file a discrimination complaint with:

Geneva Watts, Civil Rights Compliance Officer PERS/CRCS P.O. Box 339 Honolulu, HI 96809-0339 Phone: 808-586-4955 Fax: 808-586-4990 gwatts@dhs.hawaii.gov You can file a discrimination complaint in person or by mail, fax, or email. If you need help filing a discrimination complaint at the Hawaii Department of Human Services, Geneva Watts, Civil Rights Compliance Officer is able to help you. DHS civil rights complaint and consent/release forms are available in 10 languages at http://humanservices.hawaii.gov in the Civil Rights Corner under forms.

You can also file a discrimination complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal available at https://aocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U. S. Department of Health and Human Services Office of Civil Rights, Region IX 90 7th Street, Suite 4-100 San Francisco, CA 94103-6705 Telephone: (415) 437-8324

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

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

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