



# QUEST Integration

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Decision Booklet 2021



**Med-QUEST**

Hawai'i Department of Human Services

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

# Aloha!



The current pandemic has made health care more important than ever. At times like these, Med-QUEST wants to make sure you and your family have health care.

## 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.

Mahalo nui loa,

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

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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.

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.

All QUEST Integration 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](https://www.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 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 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 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 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 the five QUEST Integration health plans you can choose from for 2021.

# CHOOSE CARE WITH ALOHA, FROM KEIKI TO KUPUNA.

## MEDICAL AND MORE

### **BASIC DENTAL\* FOR ADULTS THROUGH HAWAII DENTAL SERVICE (HDS)**

*Includes an annual exam,  
cleanings twice a year,  
a full mouth x-ray and more.*

### **CHOICE OF DOCTORS AND ACCESS TO TELEHEALTH**

*Choose from our large network of doctors and  
get virtual visits from the comfort of your home.*

### **MEDICAL**

*Stay healthy with full medical, vision,  
prescriptions and more.*

### **HELPING YOU**

*We are here to listen and get you the care you  
need when you need it so you can feel your best.*



## ALOHA CARE

Call us at **973-0712**  
or toll-free at **1-877-973-0712**  
TTY/TDD: **1-877-447-5990**,  
or visit **AlohaCare.org**.

\*Available only to adult members who do not  
have any other medical or dental insurance.



# Choose HMSA

We're here for you.



**Choice.** With our large network of doctors, you may be able to keep your doctor. We can check for you or help you choose a new doctor near you.



**Convenience.** Need care right away? If you can't see your doctor, visit an urgent care clinic or use telehealth, such as HMSA's Online Care®, to speak with a doctor without leaving home.



**Peace of mind.** Get quality medical care, prescriptions drugs, and support when you need it.



**Questions about HMSA QUEST Integration?** We'll help you 24 hours a day, seven days a week.

- **Call.** 948-6468 or 1 (800) 440-0640 toll-free. TTY users, call 1 (877) 447-5990 toll-free.
- **Visit.** [hmsa.com/contact](https://hmsa.com/contact) for our locations and hours.
- **Learn.** [hmsa.com/QUEST](https://hmsa.com/QUEST).



An Independent Licensee of the Blue Cross and Blue Shield Association

AmWell® is an independent company providing hosting and software services for HMSA's Online Care platform on behalf of HMSA.





# 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

Connect to care when and how you need it with convenient online tools, phone and video appointments, in-person visits, and 24/7 care advice from a licensed provider.

With office locations across Oahu and Maui all welcoming QUEST Integration members, accessing care has never been easier.

## KEEPING YOU HEALTHY

We focus on preventive care. Take a free online health assessment and use our convenient tools to help you live healthy.

For more information, please call  
**808-432-5330** or **1-800-651-2237**  
(toll-free) or **711** (TTY).

[kpquest.org](https://kpquest.org)





## FROM OUR 'OHANA TO YOURS:

*The journey to your wellbeing starts here.*

### ***You deserve quality healthcare***

We offer full medical and prescription benefits.

### ***Get the care you need***

Choose from a wide network of doctors and providers across Hawaii.

### ***Get the most from your coverage***

Extra benefits for our members:

- Healthy Rewards – Earn rewards for completing health care activities.
- GED – The future is yours and we can help members 18 and older take the test on us.
- OTC - Get certain over-the-counter items you choose sent to your doorstep.

**Transforming the health of the community,  
one person at a time.**



### ***For more information:***

Toll-Free: 1-888-846-4262 • TTY: 711  
Monday-Friday 7:45 a.m. to 4:30 p.m.  
[www.ohanahealthplan.com](http://www.ohanahealthplan.com)

# IN HAWAI'I FOR HAWAI'I

**United in caring  
for our community.**

## **We can help care for you and your family with:**

- Member Rewards for completing recommended services and screenings.\*
- Virtual doctor and other telehealth visits without leaving your home.
- Health4Me™ app to find a provider or see your ID card.
- Extra pregnancy support for moms and programs to keep our keiki healthy and safe.
- Prescription medications mailed to your home.
- Walk in customer service in Honolulu, Hilo, and Kahului.

Look for Dr. Health E. Hound at community events to learn about healthy habits.



**E HO'OU LU KĀKOU.  
LET'S GROW TOGETHER.**

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



*Awarded Multicultural  
Health Care distinction  
by NCQA.*



\*Not all members are eligible for rewards program.

Dr. Health E. Hound® is a registered trademark of UnitedHealth Group.

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## Step 3: Submit Your Choice

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

### 1 Call Med-QUEST Customer Service

O'ahu: 524-3370

Neighbor Islands: 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

O'ahu: 692-7224

Neighbor Islands: 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 July 1.

## Health Plan for Your Newborn

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.

If you are not enrolled in a QUEST Integration health plan on the date you deliver your child, visit **[www.mybenefits.hawaii.gov](http://www.mybenefits.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.

## Reapplying for Medicaid

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 your former health plan.

## Get Started with Your New Plan

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

- ID cards for each family member covered
- Instructions on how to choose a primary care provider (PCP)
- A handbook that includes the health plan's responsibilities, services, benefits, and information about:
  - Language interpretation and translation services.
  - Prior approval for care and other services.
  - Services the health plan doesn't cover.
  - Grievance and appeal process

### Receiving care before you receive your health plan member ID 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 ID card, simply show your notice to your doctor or other service provider.

Once you receive your health plan ID card, you can use your card to receive services. You'll need your ID card to receive health care services. Be sure to carry your QUEST Integration health plan and Medicaid ID card with you so that you will have them available when you need care.

## 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.

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 a PCP to you. 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 health plan.

- Inpatient hospital medical and surgical services
- Inpatient hospital maternity and newborn 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
- 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
- Immunizations



## **Behavioral Health Services**

All of the QUEST Integration health plans cover the following 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 such as psychiatrists, psychologists, counselors, social workers, registered nurses, and others
- Prescribed drugs, including medication management and patient counseling

## **Long Term Services & Support**

The following long term services and support must be applied for and are available based on an evaluation of required level of care:

- Adult day care (non-medical care)
- Adult day health (medical care)
- Personal care
- Chores
- Personal emergency response system
- Skilled nursing
- Private duty nursing
- Residential care (Community Care Foster Family Home or Expanded Adult Residential Care Home)
- Nursing facility

## **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
- 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.

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, 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	O'ahu: 432-7700 Neighbor Island: 1-800-467-3011
'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 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 numbers 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:

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: 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're age 21 or older, you can receive emergency services that include:

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

Present your Medicaid identification 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

## Changes to Report to Med-QUEST

Report any change in your circumstances to us with 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 KOLEA 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 **MyBenefits.Hawaii.gov** and select **Access MyBenefits**.

#### **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

You applied for Medicaid with a paper application, using HealthCare.gov, or someone helped you complete a Medicaid application, follow these three simple steps to create an online account.

1. Select **Create a New Account** and enter information.
2. **Confirm your identity and select a security image.**

If the system is unable to confirm your identity, you will receive instructions to call and speak with an agent.

3. Select **Link Account** and **enter the Medicaid case number**. The case number will generally appear at the upper right corner of any notice you receive from the Med-QUEST Division.

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**

O'ahu: 524-3370

Neighbor Islands: 1-800-316-8005

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

## **3 Visit the Med-QUEST Eligibility office nearest you.**

### **O'ahu**

Dillingham

801 Dillingham Blvd.  
3rd floor

Honolulu, HI 96817  
(808) 587-3521

Kapolei

601 Kamokila Blvd  
Suite 415

Kapolei, HI 96707  
(808) 692-7364

### **Hawai'i**

East Hawai'i

1404 Kilauea Avenue  
Hilo, HI 96720  
(808) 933-0339

West Hawai'i

75-5591 Palani Road  
Suite 3004  
Kailua-Kona, HI 96740  
(808) 327-4970

### **Kaua'i**

4473 Pahee Street  
Lihue, HI 96766  
(808) 241-3575

### **Maui**

210 Imi Kala Street  
Suite 101  
Wailuku, HI 96793  
(808) 243-5780

### **Moloka'i**

65 Makaena Place  
Suite 110  
Kaunakakai, HI 96748  
(808) 553-1758

### **Lāna'i**

730 Lanai Avenue  
Lanai City, HI 96763  
(808) 243-5780

## Important Contact Information

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



**If you applied for Medicaid, but are not eligible, you may be eligible for coverage through the Federal Health Insurance Marketplace, [HealthCare.gov](https://www.healthcare.gov).**

## **3 Ways to Enroll**

1. Apply **online** at [HealthCare.gov](https://www.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, call:**

O'ahu: 372-0996

Kaua'i: 450-7275

Maui County: 341-4030

Hawai'i County: 348-4410

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



## **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](http://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](http://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: 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](mailto: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](http://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](http://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>

## Notes

## Notes



**Med-QUEST**

Hawai'i Department of Human Services

August 2020