
January 30th, 2025

Mr. Jon Fujii
c/o Eric Nouchi
Department of Human Services/Med-QUEST Division
1001 Kamokila Blvd., Suite 317
Kapolei, Hawaii 96707

Re: Ombudsman Services RFI Response/RFI-MQD-2025-006

Dear Mr. Fujii,

. has carefully reviewed the Request for Information (RFI-MQD- 2025-006) and is pleased to offer the following insights and recommendations to assist in the development of the forthcoming Request for Proposal (RFP). We ask that you keep certain information, contained within boxes, confidential; reasoning is numbered and categorized at the bottom of this document, with each number at the end of a confidential section (1-3) corresponding to a certain reason.

- 1) What qualifications should an Ombudsman vendor have in order to provide Ombudsman services that assist the Medicaid beneficiaries when navigating grievance and appeal process in a Managed Care and FFS environment??**

An Ombudsman vendor should have experience working with Hawaii Medicaid's population and an in-depth working understanding of Hawaii Med-QUEST's Managed Care and Fee-for-Service (FFS) programs and processes. The vendor should prioritize beneficiaries' well-being, ensuring they are informed of the rights that come along with being a Hawaii Medicaid beneficiary and empowering them to advocate for themselves, should they feel unsatisfied with the care they receive.

The Hawaii Medicaid Ombudsman vendor should also have excellent communication skills, experience with diverse groups of people, and the ability to work closely with not only beneficiaries but QUEST plans to assess beneficiary concerns, provide relevant information, and resolve issues, all while remaining fair and impartial.



2) **What qualifications should an Ombudsman vendor have in order to provide Ombudsman services to address concerns of the Medicaid participating providers?**

None.

3) **What recommendations do you have regarding appropriate staffing of the program, needed infrastructure, or organization of an Ombudsman vendor to ensure the most efficient and appropriate use of resources?**

None

4) **Based on your organization's experiences of Medicaid, Managed Care, and FFS programs, please provide the DHS with any suggestions or recommendations that may assist the DHS in developing a realistic and reasonable RFP.**

considers communication of the utmost importance. An Ombudsman vendor should work with Med-QUEST to ensure it identifies, establishes, and maintains relationships with key personnel to allow active resolution of issues.

The Ombudsman vendor should also be notified of changes to Med-QUEST and health plan updates to ensure any information it passes on to beneficiaries and providers remains relevant and applicable.

5) **How should MQD monitor its Ombudsman vendor for job performance, including grievance from the public, to assure quality of work?.**

None

6) **What recommendations can you make to the DHS about how best to administer Ombudsman services to our eligible Medicaid beneficiaries and providers? Are there any special considerations that should be taken into account for improving Ombudsman services and included in this RFP?**

As of now, though Managed Care health plans are expected to work with a provider to resolve a grievance, they are not required to respond in writing. This policy, which

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seems to differ from the expectations for responses to beneficiary grievances, could potentially cause providers to feel as though their grievances are not being properly addressed by health plans. As such, this may be a recurring issue seen by the Ombudsman Office and may require further insight from and intervention by the DHS.

Additionally, with the exception of HMSA, if someone calls a health plan to file a grievance, the call is most often accepted by the customer service line. At times, this creates an issue in which the grievance is not escalated to the first stage of the official grievance process and is instead considered a regular phone call, with no expectation for a written response. This too may be a recurring issue and may require further assistance from the DHS.

Lastly, Med-QUEST beneficiaries have expressed uncertainty as to whether a request for a State Grievance Review has been received by Med-QUEST. It may be in the beneficiaries' best interest if Med-QUEST implements a policy to send a written acknowledgment of receipt of a beneficiary's request for a State Grievance Review. This acknowledgment should include a statement that the review will be held within the next ninety (90) calendar days, as per Med-QUEST's [Grievance and Appeals](#) page.

7) Are there new ideas or technologies that could improve Ombudsman services and if so, how would it be utilized?

None

We appreciate the opportunity to provide the Department of Human Services, Med-QUEST Division with our input and look forward to the issuance of the Request for Proposal.

If there are any questions, please feel free to contact me.

Sincerely,