



**AlohaCare**

For a healthy Hawaii.



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**QUEST INTEGRATION  
MEMBER HANDBOOK 2017-2018**

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## WELCOME TO ALOHACARE

Dear Member,

Aloha and welcome to AlohaCare! Our mission is to meet your health needs so you can live life to its fullest.

AlohaCare, a non-profit health plan, was started in 1994 by Hawaii's community health centers. We are proud to be a part of the Hawaii QUEST Integration program. Your AlohaCare team includes more than 200 employees on Oahu, Maui, Kauai and Hawaii Island, plus more than 5,000 health care providers to serve you wherever you live in our island community.

Please read your Member Handbook. It has important information about your health plan. It tells you about your benefits and the programs that are available to you as an AlohaCare member.

Be sure to keep your handbook in a safe place. Our Member Handbook is also available online at [www.AlohaCare.org](http://www.AlohaCare.org). If you have any questions, call us at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. We are ready to help.

Thank you for choosing AlohaCare.



## IMPORTANT HEALTH INFORMATION

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Your Name

Your Phone Number

---

Your QUEST Integration ID#

---

Your Doctor's Name

Your Doctor's Phone Number

---

Your Service Coordinator's Name

---

Your Child's Name

QUEST Integration ID#

---

Your Child's Name

QUEST Integration ID#

---

Your Child's Name

QUEST Integration ID#





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# WHAT IS QUEST INTEGRATION?

## What is QUEST Integration?

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QUEST Integration (QI) is a Medicaid managed care program under the Hawaii Department of Human Services, Med-QUEST Division. Managed care means that the Med-QUEST has hired AlohaCare to help you manage your health care needs. Our health plan helps you get the highest quality health care in the right place, at the right time.

### **AlohaCare QI provides coverage for those who qualify. We offer:**

- Medical coverage
- Services and supports to maintain your independence
- Service coordinators to guide you in getting the assistance that you need

# ABOUT ALOHACARE

## Our commitment to you

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Welcome to AlohaCare! We care about your health and the health of your family. We believe that good health starts with timely, quality preventive care. AlohaCare is committed to working with you, your doctor and your other health care providers to get you the medical and long-term support services (LTSS) care that you need. Our goal is to maximize your independence and quality of life.

## Our story

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AlohaCare was formed by a network of Hawaii community health centers in 1994. We are a non-profit health plan governed by a community Board of Directors that includes representatives from many of Hawaii's community health centers.

AlohaCare is committed to improving the health of Hawaii's communities. We offer QUEST Integration health insurance to people living on Oahu, Kauai, Molokai, Lanai, Maui and Hawaii Island.

## Our mission

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Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating access to quality health care for all. This is accomplished with emphasis on prevention and primary care through community health centers that founded us and continue to guide us as well as with others that share our commitment.

We emphasize prevention and primary care through community-governed health centers, and in partnership with physicians and other health care providers that share our compassion and aloha for our population.

# MEDICARE AND QUEST INTEGRATION (MEDICAID) COVERAGE

## **Do you have Medicare and QUEST Integration (Medicaid) coverage?**

---

If you have both Medicare and Medicaid, you have dual coverage. When you receive medical care, the benefits of your Medicare plan are usually applied and paid first (primary) before your Medicaid benefits are used (secondary). We will help you coordinate care and benefits with your Medicare plan. Your QUEST Integration (QI) benefits and your Medicare benefits will not change because you have both types of coverage.

## **Your Medicare Providers**

---

If you have Medicare, you don't have to use the doctors in our provider network. If you have Original Medicare, you can go to any doctor that takes Medicare. We will still cover your copayments and coinsurance. If you have a Medicare Advantage plan, be sure to check with that plan for their provider network.

## **Your Medicare Primary Care Provider (PCP)**

---

If you have Medicare, you don't have to choose a Primary Care Provider (PCP) in our provider network. If you have Original Medicare, you can choose any PCP that accepts Medicare. If you have a Medicare Advantage plan, your PCP will be through your Medicare Advantage Plan. You do not need to choose a new one. We will work with your Medicare PCP to coordinate your care with our plan.

## **What ID card should I use?**

---

Take your AlohaCare member ID card when you go to the doctor or when you get any health care services. If you have Medicare, also bring your Medicare card.

## **Will I have to pay for my services?**

---

AlohaCare will take care of your copayments, coinsurance, medical services and supplies that are not covered by Medicare. We will cover your services if they meet all the following:

- It is not covered by Medicare
- Covered by the QI program
- Medically needed

## **Your Medicare coverage for your prescription drugs**

---

If you have Medicare, your Medicare Part D plan will cover most of your drugs though you will have a copayment. There are certain drugs and over-the-counter medications not covered by your Medicare Part D plan that AlohaCare may cover without a copayment. Be sure to bring both your Medicare and AlohaCare member ID cards to the pharmacy.

# MEMBER SERVICES

## We are here to help you

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AlohaCare is here to help you with any questions or problems. We can help you with:

- Membership
- Choosing or changing your Primary Care Provider (PCP)
- Finding specialists, hospitals, pharmacies, nursing facilities, or other support services
- Covered and non-covered services
- How to file a grievance or appeal
- Changing your address or other personal information
- Changing your Service Coordinator
- Finding community resources to meet your needs
- Getting an interpreter
- Getting a ride to the doctor

## How do I contact Member Services?

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### Call us:

973-0712

Toll-free: 1-877-973-0712

TTY: 1-877-447-5990

Monday through Friday, 7:45 a.m. to 5 p.m.

Our after-hours answering service is available to answer calls outside of our business hours. Calls made after-hours that need routine follow up will be returned the next business day.

### 24-hour Nurse Advice Line:

QUEST Integration only: 1-877-225-8839

QUEST Integration and Medicare: 1-855-690-5930

If you call because you are not feeling well but you are not sure when you should seek medical care, call our free 24-hour Nurse Line. The Nurse Advice Line can guide you to the right type of care if you don't know what to do.

### Write us:

1357 Kapiolani Blvd., Suite 1250  
Honolulu, HI 96814

### Email us:

[info@alohacare.org](mailto:info@alohacare.org)

### Visit us:

We have offices in all counties. Visit us Monday through Friday, 7:45 a.m. to 5 p.m. staff can answer your questions about:

- Your AlohaCare coverage
- Doctor's visits or bills
- Service coordination
- And more!



<b>Oahu (Main office)</b>	1357 Kapiolani Blvd, Suite 1250 Honolulu, HI 96814
<b>Maui</b>	210 Imi Kala St, Suite 206 Wailuku, HI 96793
<b>Kauai</b>	4473 Pahee St, Suite N Lihue, HI 96766
<b>Hilo</b>	1221 Kilauea Ave, Suite 50 Hilo, HI 96720
<b>Kona</b>	Kona Center 75-5772 Hanama Place Kailua-Kona, HI 96740

## What do I need to have ready when I call?

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We will need to verify who you are before we can talk about your personal information. We cannot talk to you about your adult family members unless they tell us we can. For example:

- We will ask you for your AlohaCare member ID number and date of birth.
- If you are calling for an adult family member or friend, we will need them to tell us over the phone or write us beforehand so that we can talk to you about their personal information.

## Getting additional information

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Please call us if you would like to know more about how AlohaCare does business, how we work or how we are organized.

## Disaster Preparedness

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It is important that our members are prepared and are able to access care and services in the event of a natural disaster, such as a tsunami or earthquake.

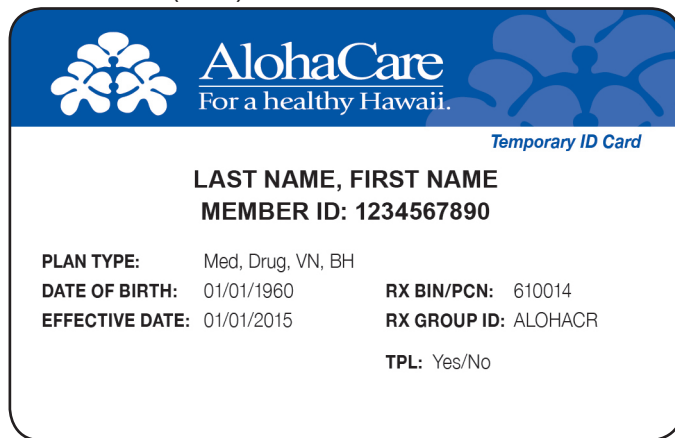
- If you have a scheduled doctor's appointment, be sure to call your doctor's office to confirm your appointment. Your doctor's office may be affected by the natural disaster and may need to reschedule your appointment.
- If you are taking routine medications, you may request for an extended supply at your pharmacy.
- If you are receiving Long Term Service and Supports, your assigned service coordinator will help you maintain your care in your home.

If you need help during a natural disaster, call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. If it is an emergency, call 911.

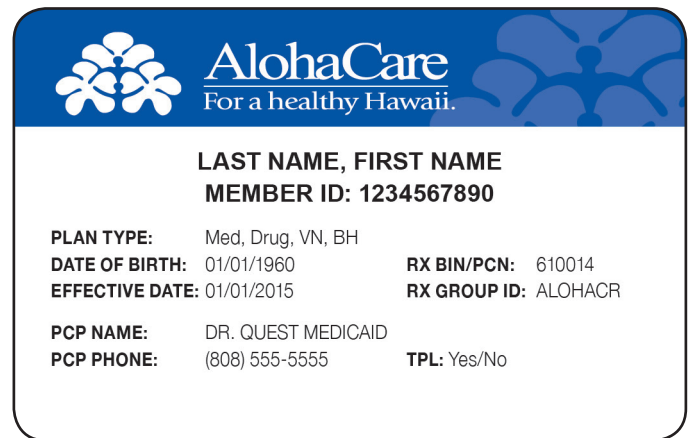
# YOUR ALOHACARE MEMBER ID CARD

## Always carry your member ID card

You will get a temporary AlohaCare member ID card in your new member packet within 15 days of joining AlohaCare. You will get your permanent AlohaCare member ID card in the mail after you choose a Primary Care Provider (PCP).



(Temporary ID Card)



(Permanent ID Card)

## Call us right away if you:

- Do not get your card within two weeks after choosing your PCP
- Need to see a doctor before you have chosen a PCP

## How do I use my member ID card?

Carry this card with you at all times. You will need it each time you:

- Have a doctor's appointment
- Pick up your medicine
- Go to the hospital or emergency room
- Get any other health care

## What is on my member ID card?

- **Member Name** – Your name as listed with Medicaid
- **Member ID** – Your Medicaid number
- **Plan Type** – Your coverage based on your Medicaid eligibility
- **PCP Name** – Your Primary Care Provider
- **PCP Phone** – Phone number for your primary care provider
- **Service Coordinator Name** – If you have an assigned Service Coordinator, her or she is your main point of contact and will help you meet your health and support needs
- **TPL** – This indicates “Yes” or “No” if you have other insurance coverage or another third-party is responsible to pay for your health care services before we pay.
- **Effective Date** – The date of your last enrollment with Medicaid

## What if my member ID card was lost or stolen?

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If you lose your card or if your card is stolen, call us and we will send you a new one.

## OUR PROVIDER NETWORK

### See network providers for your care

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A “network provider” is a doctor, health care, or long-term service and support provider that we have contracted with to provide you with covered services.

### How do I get the list of AlohaCare’s provider network?

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The doctors and providers that we contract with are listed in our Provider Directory. We sent you the Provider Directory when you first became our plan member. It is available on our website at [www.AlohaCare.org](http://www.AlohaCare.org). You can also call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. We will send you a copy.

### Do I have to go to a doctor in the AlohaCare provider network?

---

Yes, except for situations listed below, you should always go to doctors in our network in order for your services to be paid for by AlohaCare.

### What if I need to see a doctor who is not in the AlohaCare provider network?

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We will not pay for you to go to a doctor who is not in our network, unless it is:

- An emergency
- For family planning services
- You received prior authorization
- You are new to AlohaCare and currently seeing a doctor who is not in our provider network

If you need care from a doctor who is not in our provider network, your Primary Care Provider (PCP) will work with us for prior authorization. If you are approved to get care from a doctor who is not in our provider network then AlohaCare will pay for your services.

Emergencies and family planning services do not require prior authorization.

### Additional information about our providers

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You may contact us if you would like to get information about the professional qualifications of any provider in our network. This may include information such as the medical school attended, residency completed and board certification status.

# YOUR PRIMARY CARE PROVIDER (PCP)

## What is a PCP?

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Your Primary Care Provider (PCP) is your personal doctor who oversees your primary health care. You will see your PCP first for most of your health care needs. Your PCP will arrange for you to see a specialist and other services when you need them.

## How do I choose my PCP?

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You can call us to choose your PCP. If you are a new member, call us within 10 days of receiving your New Member Packet to choose a PCP. Look in the Provider Directory in the Welcome Packet or online at [www.AlohaCare.org](http://www.AlohaCare.org) to find your PCP. You may search the online Provider Directory to find a PCP near you. If you need help choosing a PCP, call us and we can help you choose one.

## Who can be my PCP?

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Your PCP may be a family medicine or general practitioner, internist, pediatrician, obstetrician/gynecologist, geriatrician, a nurse practitioner who can write prescriptions, a physician's assistant or a clinic. If you are seeing a doctor who is already in our provider network, you can continue to see your doctor. If your regular doctor is a Specialist, he or she may be allowed to be your PCP under special circumstances. He or she must agree to being your PCP and it is determined that their specialty is appropriate as your PCP.

## What if I do not choose a PCP?

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If you do not choose a PCP, we will choose a PCP for you. We will look at various factors to choose a PCP that is right for you.

- A PCP close to where you live
- A PCP that is assigned to others in your household
- A PCP that you have seen in the past

## How can I change my PCP?

---

Call us if you want to change your PCP. Your PCP change will take effect on the same day you call with your change request. Some reasons why you may change your PCP include:

- Wanting to see the same PCP as your family members
- Moving too far away from your PCP
- Having problems with your PCP or your PCP's office staff

## What if I need to see the doctor before I choose my PCP?

---

Call us and we will help you choose a PCP right away.

## What if I go to a doctor who is not my PCP?

---

AlohaCare may not pay for services if you see a doctor who is not an AlohaCare provider unless it is an emergency or you are new to AlohaCare and currently seeing a doctor who is not in our provider network.

## Can my PCP request that I be moved to another PCP?

---

Yes, your PCP may request that you be moved to another PCP. Some reasons why your PCP may want to move you include:

- Missing too many scheduled appointments
- Not following your PCP's advice
- Not getting along with your PCP

## Your PCP helps control medical costs

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Controlling medical costs means that you get the proper medical care at the right time to treat problems or keep you healthy. Your PCP helps control costs by treating a medical problem early, before it becomes more serious and harder to treat. You help control medical costs by seeing your PCP for regular check-ups, even when you are not sick, and by receiving timely care when you are sick.

Your good health is our first concern. Please let us know if you feel that your PCP is not giving you the care you need or is not referring you to doctors you may need to see.

# SPECIALIST SERVICES

## What if I need to see a specialist?

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Your Primary Care Provider (PCP) will help you if you need to see a specialist, need a special service or need to be hospitalized. If you think you need these services, talk to your PCP. Your PCP will make sure you get the special health care you need.

## What is a request for prior authorization?

---

Your PCP will submit a request for prior authorization for services to see an out of network provider or specialist not available on your home island. If you receive a service without getting an approval for prior authorization, you may have to pay for services yourself.

## What services need a request for prior authorization?

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You will need a request for prior authorization for:

- Outpatient hospital services
- Visits to a doctor who is not a part of the AlohaCare provider network

## What services do not need a request for prior authorization?

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You do not need a referral for:

- Visits to your PCP
- Emergency services
- Urgent care
- Ambulance services
- Specialist services (as long as you are seeing a network provider)

- Behavioral health services (as long as you are seeing a network provider)
- Family planning services
- Routine eye care (as long as you are seeing a network provider)
- Sexually transmitted disease screening and treatment
- Women's health care services, including yearly exams, birth control, pap smears and breast exams (as long as you are seeing a network provider)

## How soon can I be seen by a specialist?

You will be seen within 4 weeks when you call to make a routine appointment with a specialist. If your medical need is urgent, you will be seen within 24 hours.

## What if I need to be hospitalized?

Your PCP will help make the hospital arrangements for you. He or she will work with the hospital staff to be sure that you get the care that you need.

# MAKING A DOCTOR'S APPOINTMENT

## Make your doctor's appointment in advance

When you want to see your Primary Care Provider (PCP), call your PCP's office ahead of time to make an appointment. Have your AlohaCare member ID card, paper and pen ready before you call your doctor. Be ready to tell the office:

- That you or your child is an AlohaCare member
- Your name or your child's name if you're making the appointment for your child
- Your (or your child's) ID number from your AlohaCare member ID Card
- The reason you need an appointment

Be on time for the visit and take your AlohaCare member ID card with you.

## How soon will I be seen?

The doctor will schedule your appointment depending on how sick you are.

TYPE OF VISIT	DESCRIPTION	WAIT TIME
<b>Routine PCP visits for children and adults</b>	For care that keeps you healthy like well-child visits and routine follow-up care and check-ups.	Within 21 days
<b>PCP visit for sick child</b>	For symptoms like coughing, runny nose and sneezing.	Within 24 hours

TYPE OF VISIT	DESCRIPTION	WAIT TIME
PCP visit for sick adult	For symptoms like coughing, runny nose and sneezing.	Within 72 hours
Routine specialist visit	For special health issues that focus on one area such as the heart, lungs or foot.	Within 4 weeks
Urgent	For sudden problems that are not emergencies. For example, burns, wounds or a broken bone.	Within 24 hours
Inpatient hospital stay not due to an emergency	For services that you need at the hospital such as surgery.	Within 4 weeks
Emergency care	For emergencies like broken bones, head injury, trouble breathing, in lots of pain, poison or overdose.	Immediately

## How soon will I be seen for my behavioral health services?

TYPE OF VISIT	DESCRIPTION	WAIT TIME
Routine care	For regular visits with your therapist or a doctor or for routine medication changes or renewals.	Within 21 days
Urgent	For sudden problems that are not emergencies. For example, having increased anxiety, depression or stress. Also, for more urgent medication needs such as refills or medication changes.	Within 24 hours
Emergency care	For symptoms like having thoughts of hurting yourself or others, or not feeling safe in the community.	Immediately

Please call us if you cannot get an appointment with your PCP or other providers within these times. We will work with your PCP or other providers to arrange an appointment for you.

## What should I do if I have to cancel an appointment?

Call your doctor's office as soon as you can to cancel or make another appointment. Your doctor is not allowed to charge you a "no-show" fee if you do not show up for your doctor's appointment.

## What do I need to take with me to my doctor's appointment?

Take your AlohaCare member ID card when you go to the doctor or when you get any health care services. If you have Medicare, also bring your Medicare card.

## What if I need medical care and my doctor's office is closed?

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If it is an emergency, call 911. If it is not an emergency, call your doctor's office. Even if your doctor's office is closed, your doctor's phone message will provide you with instructions of how to get a hold of your doctor or someone from the office.

For example, you may be told to:

- Go to an after-hours clinic or urgent care center
- Go to the office in the morning
- Go to the Emergency Room (ER)
- Get medication from your pharmacy

You can also call our Nurse Advice Line 24 hours a day, 7 days a week.

## EMERGENCY AND URGENT CARE

### What is an emergency?

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A medical emergency is when you suddenly become very sick or seriously injured and not getting care right away could result in the following:

- Placing your life in danger
- Putting your health, a body function or body part in danger
- Harming yourself or another person
- Placing your life or your unborn baby's life in danger while you are pregnant

### When are emergency services covered?

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Emergency services are covered 24 hours a day, seven days a week without prior authorization. Emergency services are covered in Hawaii and on the Mainland. Emergency services outside of the United States are not covered. You will need to pay for these services yourself.

### What is an emergency medical condition?

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Emergency services and care include ambulance, medical screening, exams and evaluations by a doctor or other medical personnel. Emergency services include both physical and psychiatric emergency conditions, and active labor. Examples of emergencies include but are not limited to:

- Having trouble breathing
- Seizures (convulsions)
- Lots of bleeding
- Unconsciousness/blackouts (will not wake up)
- In a lot of pain (including chest pain)



- Swallowing of poison or medicine overdose
- Broken bones
- Head injury
- Eye injury
- Thoughts or actions about hurting yourself or someone else

## **Who do I call if there is an emergency?**

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If you have a health emergency, call 911 or go to the nearest emergency room. If you need help getting to the emergency room, call 911. You are not required to call your doctor before you go to the emergency room. Do not use the emergency room for routine health care.

## **Where should I go for an emergency?**

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Go to the nearest emergency room, hospital or urgent care. The emergency rooms and hospitals also provide post-stabilization services (to make sure you remain medically stable) after your emergency.

## **How soon will I be seen?**

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You will be seen as soon as possible. The emergency room staff will decide based on your condition.

## **What is post-stabilization care?**

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Post-stabilization care is a covered service that you get following emergency medical care to keep your condition stable. The emergency room or clinic must examine you and make sure you are well enough before they can:

- Allow you to leave the emergency room (discharge) to go home, or
- Admit you or transfer you to another hospital so you can get the care that you need

## **What if I get admitted to the hospital?**

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If you need to be admitted to the hospital from the emergency room, the hospital will let us know. We will notify your Primary Care Provider (PCP).

## **Do I need a referral to go to the emergency room?**

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You do not need a referral or approval from AlohaCare if you need emergency care.

## **What is urgent care?**

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Urgent care means you need medical care that is not an emergency, but needs to be taken care of within 24 hours to treat serious symptoms. If you think you need urgent care, call your PCP's office. If your PCP's office is closed when you call, listen carefully to the recorded message and follow the instructions. You may also go to urgent care clinics near your home. Many of these clinics have extended hours and close later than regular doctor's offices.

You can also call our 24-hour Nurse Advice Line. Call the Nurse Advice Line if you are unsure whether to go to urgent care or the emergency room.

QUEST Integration only: 1-877-225-8839

QUEST Integration and Medicare: 1-855-690-5930

## **How soon will I be seen?**

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You can be seen for urgent care within 24 hours after you ask to be seen. When you call, tell the person you are talking to that you need urgent care.

# **YOUR QUEST INTEGRATION (QI) HEALTH CARE BENEFITS**

## **Your covered benefits**

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Your covered benefits include primary, acute, behavioral health and long-term care services. The medical and behavioral health services you receive must be medically necessary. Long-term care services are covered if you qualify for the services based on your medical condition and your ability to care for yourself.

## **What does “medically necessary” mean?**

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This means that the service meets all of the following guidelines:

- The reason for the service is to treat your health problem.
- The treatment or service is the most appropriate choice received at the place that best fits your condition.
- The treatment or service is known to help your needs based on:
  - » Tested and well-known scientific information about how the treatment can help; or
  - » If no scientific information exists, the treatment or service is used by other providers as a standard of care; or
  - » If an expert on your health problem agrees that the treatment or service is needed for your health problem.
- The treatment or service is cost effective for your health problem, compared to other choices. Other choices can include not treating you at all and seeing if you get better on your own. Cost effective does not always mean the medical service with the lowest price.

## **Do I have to pay for my services?**

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You may have to share in the cost of your health care or support services. This is based on your Medicaid financial eligibility. Your Medicaid eligibility worker will figure your cost-sharing amount and let us know. If you have a cost share, you must pay this to one of your providers every month. This is usually a long-term care facility or a home and community based provider. AlohaCare will assist in making sure you are aware of your costs and help you coordinate the payment. AlohaCare will collect the unused cost share from you if your monthly health care costs are less than your monthly cost share. If you have paid for some of your health care costs, these costs may reduce the amount of your cost share.

## How do I get these services?

Your Primary Care Provider (PCP) will help you get the services you need. You may not need to see your PCP for some of the services listed.

Some services may need approval from AlohaCare before they can be provided to you. Please see the 'Requirements for Covered Services' section below and we will work with your doctor in these cases.

### Primary and Acute Medical Services

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Ambulance Services</b>	<ul style="list-style-type: none"> <li>• Medically necessary emergent ground and air ambulance transport services.</li> <li>• Air (fixed wing and air) ambulance</li> <li>• Ground ambulance</li> </ul>	No limit
<b>Chemotherapy</b>	<ul style="list-style-type: none"> <li>▪ Outpatient hospital services for radiation therapy and related services, supplies and drugs.</li> </ul>	No limit
<b>Cognitive Rehabilitation</b>	<ul style="list-style-type: none"> <li>▪ Education and training to help you with daily activities after a brain injury</li> </ul>	No limit
<b>Diagnostic Tests – Office and Outpatient</b>	<ul style="list-style-type: none"> <li>▪ Diagnostic and therapeutic radiology and imaging</li> <li>▪ Pathology/laboratory services</li> <li>▪ Other diagnostic services/tests</li> </ul>	No limit
<b>Diabetic Supplies</b>	<ul style="list-style-type: none"> <li>▪ Lancets</li> <li>▪ Syringes</li> <li>▪ Test strips</li> </ul>	No limit
<b>Dialysis</b>	<ul style="list-style-type: none"> <li>▪ Dialysis in a hospital, renal dialysis facility or home setting</li> </ul>	No limit
<b>Durable Medical Equipment and Medical Supplies</b>	Equipment and supplies for medical purpose such as: <ul style="list-style-type: none"> <li>▪ Continence supplies</li> <li>▪ Crutches and canes</li> <li>▪ Orthotic devices</li> <li>▪ Oxygen tanks and concentrators</li> <li>▪ Pacemakers</li> <li>▪ Prosthetics devices</li> <li>▪ Surgical dressings</li> <li>▪ Ventilators</li> <li>▪ Wheelchairs</li> </ul>	No limit

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Emergency Medical and Post Stabilization services</b>	Medical emergency care and care after an emergency to keep you stable. May include: <ul style="list-style-type: none"> <li>▪ Emergency eye and hearing exams</li> <li>▪ Emergency room services</li> <li>▪ Pathology/lab services, diagnostic tests, radiology services, medical supplies and drugs within the ER visit</li> <li>▪ Physician services provided during the ER visit</li> <li>▪ Surgery and anesthesiology services provided during the ER visit</li> </ul>	No limit
<b>Family Planning Services</b>	<ul style="list-style-type: none"> <li>▪ Education and counseling</li> <li>▪ Family planning drugs and supplies (birth control)</li> <li>▪ Office visits</li> <li>▪ Pregnancy testing</li> <li>▪ Testing for sexually transmitted diseases (STDs)</li> </ul>	No limit
<b>Foster Care/Child Welfare Services (CWS) Children</b>	<ul style="list-style-type: none"> <li>▪ Comprehensive examinations</li> <li>▪ Development and Behavioral Assessment Services in addition to EPSDT</li> <li>▪ Medication</li> <li>▪ Pre-placement physicals</li> </ul>	No limit
<b>Habilitative Services</b>	Medically necessary services and devices to develop, improve or maintain your skills such as: <ul style="list-style-type: none"> <li>▪ Audiology services</li> <li>▪ Occupational therapy</li> <li>▪ Physical therapy</li> <li>▪ Speech therapy</li> <li>▪ Vision services</li> </ul>	No limit  Does not include coverage for routine vision services
<b>Hearing Services – Hearing Aids</b>	<ul style="list-style-type: none"> <li>▪ Hearing aids</li> </ul>	Limited to one (1) every twenty-four (24) month period
<b>Hearing Services – Fitting/Orientation</b>	<ul style="list-style-type: none"> <li>▪ Fitting/orientation</li> </ul>	Limited to two (2) every three (3) years for children  Limited to one (1) every three (3) years for adults

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Hearing Services – Hearing Aid check</b>	<ul style="list-style-type: none"> <li>▪ Hearing aid check</li> </ul>	<p>Limited to four (4) per year for children 0-3 years old</p> <p>Limited to two (2) every three (3) years for children 4-20 years old</p> <p>Limited to one (1) every three (3) years for adults</p>
<b>Hearing Services – Routine Hearing Exams</b>	<ul style="list-style-type: none"> <li>▪ Hearing exam</li> </ul>	<p>Limited to one (1) exam per year</p>
<b>Home Health Care</b>	<ul style="list-style-type: none"> <li>▪ Audiology and speech pathology</li> <li>▪ Home health aide</li> <li>▪ Home health visits</li> <li>▪ Medical supplies and durable medical equipment</li> <li>▪ Skilled nursing</li> <li>▪ Therapeutic rehab services such as physical and occupational therapy</li> </ul>	<p>No limit for children</p> <p>Some limitations apply for adults</p>
<b>Hospice Care</b>	<ul style="list-style-type: none"> <li>▪ Hospice provides care to terminally ill patients who are not expected to live more than six (6) months.</li> </ul>	<p>No limit</p> <p>Children under the age of twenty-one (21) can receive treatment to manage or cure diseases while in hospice care</p>
<b>Immunizations</b>	<ul style="list-style-type: none"> <li>▪ Diphtheria and tetanus</li> <li>▪ Influenza</li> <li>▪ Pneumococcal</li> <li>▪ Other medically necessary vaccines</li> </ul>	<p>No limit</p>

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Inpatient Hospital Care – Medical and Surgical Services</b>	<ul style="list-style-type: none"> <li>▪ Diagnostic tests, lab and radiology</li> <li>▪ Maternity and newborn care</li> <li>▪ Medical supplies, equipment and drugs</li> <li>▪ Nursing care</li> <li>▪ Physical therapy, occupational therapy, audiology and speech-language pathology services</li> <li>▪ Physician visits and services</li> <li>▪ Post stabilization services</li> <li>▪ Room and board</li> <li>▪ Surgery and anesthesiology services</li> <li>▪ Other medically necessary services</li> </ul>	No limit
<b>Interpretation/ Translation Services</b>	<ul style="list-style-type: none"> <li>▪ Services to help you talk to us or your doctor/caregiver</li> <li>▪ Services that we provide so you can have information in a language that you understand</li> </ul>	No limit
<b>Kapiolani Cleft Palate and Craniofacial Clinic</b>	<ul style="list-style-type: none"> <li>▪ Audiologist services</li> <li>▪ Services provided by specialists in dentistry, oral surgery and other specialties that treat defects of the cleft palate, skull and/or face</li> <li>▪ Speech and feeding specialist services</li> </ul>	No limit
<b>Medical Nutritional Therapy</b>	<ul style="list-style-type: none"> <li>▪ An initial nutrition and lifestyle assessment</li> <li>▪ Follow-up sessions to monitor progress</li> </ul>	<p style="text-align: center;">Must be ordered by your PCP</p> <p style="text-align: center;">Up to four (4) visits per year</p>
<b>Nutrition Counseling</b>	<ul style="list-style-type: none"> <li>▪ Diabetes self-management training</li> <li>▪ Nutrition counseling for obesity</li> <li>▪ Nutrition counseling for other metabolic condition if medically necessary</li> </ul>	No limit
<b>Mosquito Repellent</b>	<ul style="list-style-type: none"> <li>▪ Environmental Protection Agency (EPA)-registered insect repellent</li> <li>▪ DEET 25% or picaridin 20%</li> </ul>	<p style="text-align: center;">Limited to two (2) bottles every thirty (30) days for women 14-45 years of age</p>
<b>Oral Surgery</b>	<ul style="list-style-type: none"> <li>▪ Medical and surgical services performed by an oral surgeon or physician</li> </ul>	No limit

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Outpatient Hospital Services – Outpatient Services and Ambulatory Surgical Center</b>	Services at a hospital or care center where you stay less than one day such as: <ul style="list-style-type: none"> <li>▪ Diagnostic services</li> <li>▪ Medical supplies, equipment and drugs</li> <li>▪ Sleep laboratory services</li> <li>▪ Surgeries performed in a free-standing or hospital ambulatory surgical center</li> <li>▪ Therapeutic services</li> <li>▪ Urgent care services</li> </ul>	No limit
<b>Physician Services</b>	<ul style="list-style-type: none"> <li>▪ Physician office and outpatient facility visit</li> <li>▪ Physician visits in the home or other residential setting</li> </ul>	No limit
<b>Practitioner Services</b>	<ul style="list-style-type: none"> <li>▪ Behavior health provider, such as psychologists</li> <li>▪ Certified nurse midwife services</li> <li>▪ Certified substance abuse counselors</li> <li>▪ Licensed advanced practice registered nurse services including family, pediatric and psychiatric health specialists</li> <li>▪ Marriage and family therapists,</li> <li>▪ Mental health counselors</li> </ul>	No limit
<b>Podiatry Services</b>	Services for the foot and ankle such as: <ul style="list-style-type: none"> <li>▪ Bunion removal</li> <li>▪ Diabetic foot care in hospital or outpatient facility</li> <li>▪ Surgical procedures</li> </ul>	No limit
<b>Pregnancy-Related Services – Services for Pregnant Women and Expectant Parents</b>	<ul style="list-style-type: none"> <li>▪ Breast pump (rental or purchase)</li> <li>▪ Delivery of the infant</li> <li>▪ Diagnostic tests</li> <li>▪ Inpatient hospital services</li> <li>▪ Laboratory</li> <li>▪ Lactation counseling</li> <li>▪ Outpatient hospital services related to pregnancy</li> <li>▪ Physician services</li> <li>▪ Prenatal care</li> <li>▪ Postpartum care and prenatal vitamins</li> <li>▪ Radiology</li> <li>▪ Treatment of missed, threatened and incomplete abortions</li> <li>▪ Other practitioner services</li> </ul>	No limit

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>▪ Medically necessary medications</li> <li>▪ Medication management and counseling</li> </ul>	No limit
<b>Preventive Services – Adult (21 years or older)</b>	<ul style="list-style-type: none"> <li>▪ Blood pressure</li> <li>▪ Breast cancer screening</li> <li>▪ Cervical cancer screening</li> <li>▪ Chemoprophylaxis</li> <li>▪ Colorectal cancer screening</li> <li>▪ Health education and counseling</li> <li>▪ Immunizations</li> <li>▪ Prostate cancer screening</li> <li>▪ Rubella serology or vaccine history</li> <li>▪ Total cholesterol measurements</li> <li>▪ Tuberculin skin testing</li> <li>▪ Weight/height measurements</li> </ul>	No limit
<b>Preventive Services – Children (Less than 21 years of age)</b>	<ul style="list-style-type: none"> <li>▪ Age appropriate dental referral and oral fluoride</li> <li>▪ Age appropriate health education</li> <li>▪ EPSDT services</li> <li>▪ Hospital stay for normal, term and healthy newborn</li> <li>▪ Immunizations</li> <li>▪ Newborn screening</li> <li>▪ Other age appropriate laboratory screening tests</li> <li>▪ Screening to assess medical health status</li> <li>▪ Screening to assess developmental/behavioral and mental health status (as needed)</li> <li>▪ Tuberculin skin testing</li> </ul>	No limit
<b>Preventive Services – Pregnant Woman</b>	<ul style="list-style-type: none"> <li>▪ Diagnostic amniocentesis, diagnostic ultrasound, fetal stress and non-stress</li> <li>▪ Diagnosis of premature labor</li> <li>▪ Health education and screening</li> <li>▪ Hospital stays</li> <li>▪ Prenatal laboratory screening tests</li> <li>▪ Prenatal visits</li> <li>▪ Prenatal vitamins including folic acid</li> <li>▪ Testing</li> </ul>	No limit



NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Prosthetics and Orthotics</b>	<ul style="list-style-type: none"> <li>▪ Orthotic devices</li> <li>▪ Prosthetic devices</li> </ul>	No limit
<b>Radiation Therapy</b>	<ul style="list-style-type: none"> <li>▪ Outpatient hospital services</li> <li>▪ Related services, supplies and drugs</li> </ul>	No limit
<b>Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>▪ Occupational therapy</li> <li>▪ Physical therapy</li> <li>▪ Speech therapy</li> </ul>	No limit
<b>Sleep Laboratory Services</b>	<ul style="list-style-type: none"> <li>▪ Diagnosis and treatment of sleep disorders</li> </ul>	No limit
<b>Smoking Cessation</b>	<ul style="list-style-type: none"> <li>▪ Counseling</li> <li>▪ Medication</li> </ul>	<p>At least four (4) counseling sessions per quit attempt</p> <p>Limited to two (2) quit attempts per year</p>
<b>Sterilization and Hysterectomy Services</b>	<ul style="list-style-type: none"> <li>▪ Surgical services that prevent pregnancy (sterilization) or treat a medical condition which renders the woman unable to become pregnant (hysterectomy)</li> </ul>	Must be 21 years old at the time of consent
<b>Transplants – Corneal Transplants and Bone Grafts</b>	<ul style="list-style-type: none"> <li>▪ Corneal and bone graft transplant services</li> </ul>	No limit
<b>Transplants – Small Bowel with or without Liver</b>	<ul style="list-style-type: none"> <li>▪ Small bowl transplant services</li> </ul>	Not a covered benefit for adults

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Transportation (Non-Emergent)</b>	<ul style="list-style-type: none"> <li>▪ Meals and lodging for off-island services</li> <li>▪ Transportation for off-island or out-of-service area appointments</li> <li>▪ Transportation to medically necessary covered medical appointments for members who have no means of transportation and who reside in areas not covered by public transportation or cannot access public transportation</li> <li>▪ Transportation, meals and lodging for an escort (if medically necessary)</li> <li>▪ For members under the age of 18, one escort to accompany the member to and from medically necessary visits</li> </ul>	No limit
<b>Urgent Care Services</b>	<ul style="list-style-type: none"> <li>▪ Urgent care means you need medical care that is not an emergency, but needs to be taken care of within 24 hours to treat serious symptoms.</li> </ul>	No limit
<b>Vision Services – Cataract Removal</b>	<ul style="list-style-type: none"> <li>▪ Cataract removal</li> </ul>	No limit
<b>Vision Services – Medically Necessary Eye Exams</b>	<ul style="list-style-type: none"> <li>▪ Eye exams for medical diagnosis</li> <li>▪ Vision exams</li> </ul>	No limit
<b>Vision Services-Routine Eye Exams</b>	<ul style="list-style-type: none"> <li>▪ Vision exams</li> </ul>	<p>Limited to one (1) exam every (12) months for children</p> <p>Limited to one (1) exam every twenty-four (24) months for adults</p>
<b>Vision Services-Vision Appliances and Prosthetics</b>	<ul style="list-style-type: none"> <li>▪ Contact lenses</li> <li>▪ Frames</li> <li>▪ Prescription lenses</li> <li>▪ Prosthetic eye</li> </ul>	<p>Frames, lenses, and contacts are limited to one every two (2) years</p> <p>Additional services may be available if needed</p>

## Standard Behavioral Health Services

Behavioral health services are provided to people who have emotional problems, mental illness or addictions to drugs, alcohol or other substances. Your doctor can refer you for behavioral health services. You can also self-refer for behavioral health services.

Some services may need approval from AlohaCare before they can be provided to you. Please see the 'Requirements for Covered Services' section below. If you self-refer for services, we will contact your doctor if prior approval is required. If your doctor refers you, we will work with your doctor in these cases.

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Ambulatory Mental Health Services</b>	<ul style="list-style-type: none"> <li>▪ 24-hour Crisis Line of Hawaii</li> <li>▪ Crisis management</li> <li>▪ Crisis residential services</li> <li>▪ Crisis stabilization</li> <li>▪ Mobile crisis response</li> </ul>	No limit
<b>Autism Spectrum Disorder</b>	<ul style="list-style-type: none"> <li>▪ Applied Behavioral Analysis Treatment (ABA)</li> <li>▪ Screening and Diagnostic evaluations</li> <li>▪ Assessment and reassessments</li> <li>▪ Adaptive behavior treatments</li> <li>▪ Family support and training</li> </ul>	No limit  Not a covered benefit for adults 21 years or older
<b>Inpatient Psychiatric Hospitalizations</b>	<ul style="list-style-type: none"> <li>▪ Ancillary services</li> <li>▪ Diagnostic services</li> <li>▪ Medical supplies and equipment</li> <li>▪ Medications and medication management</li> <li>▪ Nursing care</li> <li>▪ Other medically necessary services</li> <li>▪ Psychiatric and other practitioner services</li> <li>▪ Room/board</li> <li>▪ Substance abuse treatment</li> </ul>	No limit
<b>Medically necessary alcohol and chemical dependency services</b>	<ul style="list-style-type: none"> <li>▪ Inpatient substance abuse services</li> <li>▪ Outpatient substance abuse services</li> </ul>	No limit
<b>Methadone management services</b>	<ul style="list-style-type: none"> <li>▪ Acute opiate detoxification and maintenance</li> </ul>	No limit

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Perscription Drugs</b>	<ul style="list-style-type: none"> <li>▪ Medically necessary medications</li> </ul>	No limit
<b>Psychiatric or psychological evaluation and treatment</b>	<ul style="list-style-type: none"> <li>▪ Individual and group counseling and monitoring</li> <li>▪ Neuropsychological and psychological testing</li> </ul>	No limit
<b>Psychotropic Medications and Medication Management</b>	<ul style="list-style-type: none"> <li>▪ Counseling and education</li> <li>▪ Evaluation, prescription and maintenance of psychotropic medications</li> <li>▪ Medication management</li> </ul>	No limit

## Long-term Services and Supports (LTSS)

Long-term services and supports (LTSS) are provided if you meet the appropriate level of care. There are two types of LTSS:

- Home and Community Based Services (HCBS) provided in your home or other community residential setting
- Services provided in an institutional setting such as a nursing facility

## How do I qualify for LTSS?

You must meet certain level of care requirements and have an assessment performed with your Service Coordinator. Your Service Coordinator will determine what services you need based on your assessment.

## At-risk services

At-risk services are certain HCBS services that are provided to you if your assessment indicates that you are “at-risk” for worsening and going into a nursing home or other type of care outside of your home. You do not meet the criteria to receive all HCBS services. At-risk services include:

- Adult day care and health
- Home-delivered meals
- Personal care assistance
- Personal emergency response system
- Skilled nursing services

## Home and Community Based Services

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Adult day care</b>	<ul style="list-style-type: none"> <li>Day care center where you go during the day and have supportive care and social programs not health care</li> </ul>	No limit
<b>Adult day health</b>	<ul style="list-style-type: none"> <li>Day programs where you get social and health services</li> </ul>	No limit
<b>Assisted living facility services</b>	<ul style="list-style-type: none"> <li>Services to help with personal care, homemaker, housekeeping, and meals preparation in an assisted living facility</li> </ul>	Does not include room and board in an assisted living facility
<b>Community Care Management Agency (CCMA) services</b>	<ul style="list-style-type: none"> <li>Care coordination services you receive if you live in a residential setting</li> </ul>	No limit
<b>Community Care Foster Family Home (CCFFH) services</b>	<ul style="list-style-type: none"> <li>Services such as personal care, nursing, homemaker, and housekeeping provided in a foster family home</li> </ul>	No limit You must be receiving ongoing CCMA services
<b>Counseling and training</b>	<ul style="list-style-type: none"> <li>Training to help your caregivers care for you</li> </ul>	No limit
<b>Environmental accessibility adaptations</b>	<ul style="list-style-type: none"> <li>Changes to your home that are needed to keep you healthy and safe</li> </ul>	Cannot be of general utility or add to the size of your home
<b>Expanded-Adult Residential Care Home</b>	<ul style="list-style-type: none"> <li>Services such as personal care, nursing, homemaker, and housekeeping provided in an Expanded-Adult Residential Care Home by a care provider who lives in the home</li> </ul>	No limit You must be receiving ongoing CCMA services
<b>Home delivered meals</b>	<ul style="list-style-type: none"> <li>Healthy meals delivered directly to your home</li> </ul>	Up to two (2) two meals per day
<b>Home maintenance</b>	<ul style="list-style-type: none"> <li>Services to keep your home safe and clean</li> </ul>	No limit
<b>Moving assistance</b>	<ul style="list-style-type: none"> <li>Services to help you move to a new home</li> </ul>	No limit
<b>Non-medical transportation</b>	<ul style="list-style-type: none"> <li>Transportation to get to certain services and activities</li> </ul>	No limit
<b>Personal assistance services – Level I and Level II</b>	<ul style="list-style-type: none"> <li>Services to help you with chores like housekeeping, shopping, yard work, and meal preparation along with care to keep you healthy</li> </ul>	No limit

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Personal Emergency Response Systems (PERS)</b>	<ul style="list-style-type: none"> <li>A 24-hour service that helps you get help right away if you have an emergency</li> </ul>	No limit
<b>Respite care</b>	<ul style="list-style-type: none"> <li>Care services provided on a short-term basis when the person who normally provides your care cannot do so or needs a break</li> </ul>	No limit
<b>Skilled (or private duty) nursing</b>	<ul style="list-style-type: none"> <li>Ongoing care from a licensed nurse</li> </ul>	No limit
<b>Specialized medical equipment and supplies</b>	<ul style="list-style-type: none"> <li>Items that help you perform activities of daily living or are needed for life-support</li> </ul>	No limit

## Institutional Services

NAME OF SERVICE	DESCRIPTION/COVERAGE	COVERAGE LIMITS
<b>Acute Waitlisted ICF/SNF</b>	<ul style="list-style-type: none"> <li>Services when you are in a hospital waiting to be moved to a skilled nursing facility</li> </ul>	No limit
<b>Nursing Facility (NF) Services</b>	<ul style="list-style-type: none"> <li>Daily living services when you need help from registered nursing staff 24 hours a day or for a long period of time.</li> </ul>	No limit
<b>Sub-acute facility services</b>	<ul style="list-style-type: none"> <li>Level of care that does not require hospital acute care, but requires more intensive skilled nursing care.</li> </ul>	No limit

## NON-COVERED SERVICES

### Services not covered under QUEST Integration (QI)

There are some services that are not covered by the QI program. You are responsible for the cost for these services. Even if you do not pay for non-covered services, you will not lose your Medicaid benefits.

Upon request, we will review non-covered services or treatment for medical necessity.

- **Acupuncture**
- **Alternative practices**
  - » Biofeedback
  - » Christian Science services

- » Faith healing
- » Naturopathic services
- **Beds**
  - » Beds that do not meet the criteria as a hospital bed according to durable medical equipment guidelines
- **Certain drugs**
  - » Drugs not approved by the FDA
  - » Brand name drugs (drugs where there is another generic available except if medically necessary)
- **Chiropractic services**
- **Cosmetic surgery**
  - » Cosmetic rhinoplasty (for example, nose surgery primarily to improve appearance)
  - » Piercing of ears and/or other body parts
  - » Electrolysis (hair removal)
  - » Hair transplantation (for example, for baldness)
  - » Reduction and augmentation mammoplasties (reducing or increasing breast size)
  - » Panniculectomies (“tummy tuck”) and other body sculpturing
  - » Acne treatment; excision or destruction of benign skin or subcutaneous lesions (without medical necessity)
- **Experimental or investigational services**
  - » Procedures, drugs, devices and treatments
  - » Treatment of complications caused by a previous experimental or investigational service
- **Fertilization treatments**
  - » In vitro fertilization
  - » Reversal of sterilization
  - » Artificial insemination
  - » Sperm banking procedures
  - » Procedures and drugs to treat infertility or enhance fertilization
- **Food including**
  - » Food supplements
  - » Health food
- **Hansen’s disease treatment after diagnosis** (Except for surgical or rehab procedures to restore useful function)
- **Hypnosis**
- **Massage treatment** (from masseurs)
- **Non-medical items**
  - » For example: books, television, computers, household items, motor vehicle , furnishings or air conditioners, air purifiers and fans (unless medically necessary).

- **Orthotic training** (unless medically necessary)
- **Programs and memberships**
  - » Gym membership
  - » Summer camp
  - » Swimming lessons
- **Penile and testicular prosthesis and related services**
- **Psychiatric care and treatment for:**
  - » Sex problems
  - » Employment counseling
  - » Primal therapy
  - » Long-term character analysis
  - » Marathon group therapy
- **Personal care items**
  - » For example: shampoos, toothpaste, toothbrushes, mouth washes, denture cleansers, shoes, slippers, clothing, laundry services, baby oil, sanitary napkins, diapers for babies, soaps, lip balm, band-aids, and contact lens solution.
- **Physical exams, psychological evaluations, and/or immunizations**
  - » For employment (when the member is self-employed or as a requirement for continuing employment)
  - » For state driver's license
  - » For securing life and other insurance policy/plans
- **Pulmonary TB treatment** (When treatment is available at no cost to the general public)
- **Routine foot care**
  - » Treatment of flat feet
- **Sexual dysfunction treatment**
  - » Related services
  - » Supplies and drugs
- **Shots and physical exams for travel**
- **Stand-by services by physician**
  - » Telephone calls
  - » Writing of prescriptions
  - » Stat charges
- **Treatment of persons confined to public institutions**
- **Topical application of oxygen**
- **Vision appliances**
  - » Contact lenses for cosmetic purposes
  - » Over-sized lenses (unless medically indicated)
  - » Blended and progressive bifocal lenses (unless medically indicated)



- » Deluxe frames and lenses
- » Tinted or absorptive lenses
- » Trifocal lenses & variable
- » Spare glasses
- » Other vision aids (unless medically indicated)
- **Vision services**
  - » Orthoptic training
  - » Prescription fee
  - » Progress exams
  - » Radial keratotomy
  - » Visual training
  - » Lasik procedure

## Services covered under the Medicaid fee-for-service program

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Some services are not covered by QUEST Integration, but are covered under the State Medicaid fee-for-service program. Prior authorization is not required. Contact your eligibility worker for more information.

- **Routine dental care for children under 21 years old**  
You must get dental care from a dentist who sees Medicaid patients. For more information, call Community Case Management Corporation (CCMC) at 792-1070 or call toll-free at 1-888-792-1070. Benefits include:
  - » Diagnostic and preventive services once every six months
  - » Emergency and palliative treatments
    - o Eliminate acute infection
    - o Relieve dental pain
    - o Treat injuries to the teeth and supporting structures
  - » Endodontic therapy
  - » Oral surgery
  - » Periodontic therapy
  - » Prosthodontic services
  - » Restorations
- **Emergency dental care for adults 21 years old and older**  
You must get dental care from a dentist who sees Medicaid patients. For more information, call CCMC at 792-1070 or toll-free at 1-888-792-1070. Benefits include:
  - » Acute injuries to the teeth and supporting structures
  - » Elimination of dental infection
  - » Relief of dental pain
- **Intentional termination of pregnancies (ITOP)**  
You must get ITOP services from a doctor who sees Medicaid patients and accepts Medicaid fee-for-service. Your provider shall contact us or Medicaid fiscal agent for more information. Please call 792-1070 (on Oahu) and toll-free 1-888-792-1070 from all other islands for transportation.

- **State of Hawaii Organ and Tissue Transplant (SHOTT) Program**

The Department of Human Services provides transplants which are not experimental or investigational. The SHOTT program covers adults and children for liver, heart, heart-lung, lung, kidney, kidney-pancreas and bone marrow transplants. Children will be covered for transplants of the small bowel with or without liver. Children and adults must meet medical criteria as determined by the State and the SHOTT program.

## Services from other agencies in the community

Some services are not covered under the QUEST Integration program or the State Medicaid program. You may be able to get them from other agencies or programs in the community. We will help you get in touch with or refer you to them.

- **For Adults with Serious and Persistent Mental Illness (SPMI)**

If you have been diagnosed with Serious and Persistent Mental Illness (SPMI), you may be eligible for additional behavioral health services from the Community Care Services (CCS) behavioral health program, which include:

- » Face-to-face care management and coordination services through contracted providers
- » Crisis services, including outreach
- » Integrated services for members who have co-occurring substance abuse and mental health problems
- » Psycho-social rehabilitation groups
- » Other specialized services

- **Child and Adolescent Mental Health Division (CAMHD) for Children Ages 3 through 20**

CAMHD is part of the Department of Health and offers behavioral health services for children with emotional, mental health and behavioral disorders.

CAMHD FAMILY GUIDANCE CENTERS		
<b>Big Island – East Hilo Office</b>	88 Kanoelehua Ave, Ste A-204 Hilo, HI 96720	808-933-0610
<b>Big Island – West-Kona</b>	81-980 Halekii St, Ste 101 Kealahou, HI 96750	808-322-1541
<b>Big Island – West-Waimea</b>	65-1230 Mamalahoa Hwy, Ste A-11 Kamuela, HI 96743	808-887-8100
<b>Kauai</b>	3-3204 Kuhio Hwy, Rm 104 Lihue, HI 96766	808-274-3883
<b>Maui – Kahului</b>	270 Waiehu Beach Rd, Unit 213 Wailuku, HI 96793	808-243-1252
<b>Maui-Lahaina</b>	1830 Honoapiilani Hwy, Rm 5 Lahaiana, HI 96761	808-662-4045
<b>Maui-Molokai Office</b>	65 Makaena St. Kaunakakai, HI 96748	808-553-7878
<b>Maui-Lanai Office</b>	555 Fraser Avenue Lanai City, HI 96763	808-565-7915
<b>Oahu – Central (Pearl City)</b>	860 Fourth St, 2nd Floor Pearl City, HI 96782	808-453-5900

<b>Oahu – Honolulu</b>	3627 Kilauea Ave, Rm 401 Honolulu, HI 96816	808-733-9393
<b>Oahu – Leeward</b>	601 Kamokila Blvd, Rm 355 Kapolei, HI 96707	808-692-7700
<b>Oahu – Windward-Kaneohe</b>	45-691 Keaahala Rd Kaneohe, HI 96744	808-233-3770
<b>Oahu – Family Court Liaison Branch</b>	42-470 Kalanianaʻole Hwy Kailua, HI 96734	808-266-9922

- **Child and Adult Protective Services**

Child and Adult Protective Services provide crisis intervention, including investigation and emergency services for children and adults who are reported to be abused, neglected or exploited by others.

- » Child Protective Services (CPS). For more information, call the CPS Hotline at 832-5300 or toll-free at 1-800-494-3991.
- » Child Welfare Services (CWS). For more information, call 586-4997.
- » Adult Protective Services (APS). For more information, call the APS Hotline at 832-5115.

- **Developmental Disability/Intellectual Disability (DD/ID) Services**

The DD/ID program helps people with mental or developmental disabilities. These services include medical care, behavioral assistance, housing, daily tasks and house chores. For more information, call DD/ID at (808) 586-5840.

- **Supplemental Nutrition Program For Women, Infants, and Children (WIC)**

The WIC program helps you to get free milk and other goods and services for you and your children. To see how you can receive WIC services, call 586-8175 or toll-free at 1-888-820-6425.

- **Early Intervention Program**

This program is provided by the Department of Health for children between the ages of 0 and 3 years who need special health care and services due to developmental delays or the risk of developmental delays. Services include in-home therapy. For more information, call the Early Intervention Section (EIS) at 594-0066 or toll-free at 1-800-235-5477.

- **Head Start Programs**

Head Start Programs are for children between the ages of 3 and 5 years that provide education, health and family support services. For more information, call Honolulu Community Action Program Head Start at 847-2400 or Parent & Child Center Head Start at 842-5956.

## REQUIREMENTS FOR COVERED SERVICES

### What is a prior authorization?

Some services will need prior approval from AlohaCare before you can get them. This is called a “prior authorization.” It can be services such as a planned hospital stay, surgery, some tests and rental of certain medical equipment. If a service requires prior authorization, AlohaCare will cover only those services that we authorized. We may not cover your services if they were not authorized beforehand.

## Medical and prescription drug services that require prior authorization

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- Ambulatory/outpatient surgical procedures
- Durable medical equipment rentals
- Some durable medical equipment, prosthetics and orthotic purchases
- Enteral and parenteral therapy
- Eye surgeries
  - » Ptosis of the eyelids
  - » Pterygium
  - » Adult strabismus
- Genetic counseling and testing
- Hearing aids
- Home health services
- Home IV therapy and injectable drugs
- Hyperbaric oxygen therapy
- Hysterectomy
- Housing and meals when travel is necessary to receive medical care that is not available on the home island
- Mastectomies
  - » Prophylactic mastectomies
  - » Gynecomastia mastectomies
- MRIs and MRAs
- Non-emergency inpatient stays
- Elective surgeries
- Inpatient rehabilitation
- Non-formulary medications
- OB ultrasound after the 3rd ultrasound
- Occupational therapy
- Out-of-state services
- PET scans of the brain
- Physical therapy
- PUVA therapy
- Sleep studies
- Speech therapy
- Specialized medical equipment
- Sterilizations
- Supplies, such as incontinence
- Transportation, air and ground (non-emergent/non-medical), meals and lodging

## **Behavioral health services that require prior authorization**

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- Applied Behavioral Analysis Treatment (ABA)
- Behavioral health inpatient treatment
- Chemical dependency treatment
- Electroconvulsive therapy (ECT)
- Facility-based services
  - » Intensive outpatient program (IOP)
  - » Low intensive outpatient program (LIOP)
  - » Day treatment
- Methadone Management Services
- Neuropsychological testing
- Psychological testing
- Substance abuse treatment

## **Long-term Services and Supports that require prior authorization**

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- Adult day care
- Adult day health
- Assisted living facility services
- Community Care Management Agency (CCMA) Services
- Community Care Foster Family Home Services (CCFH)
- Counseling and training
- Environmental accessibility adaptations
- Expanded-Adult Residential Care Home
- Home delivered meals
- Home maintenance
- Moving assistance
- Non-medical transportation
- Personal assistance services – Level I and Level II
- Personal Emergency Response Systems (PERS)
- Respite care
- Skilled (or private) nursing
- Specialized medical equipment and supplies

## Institutional services that require prior authorization

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- Acute waitlisted ICF/SNF
- Skilled nursing facility (SNF)
- Intermediate care facility (ICF)
- Nursing facility (NF)
- Sub-acute facilities services

## Who can I contact for a prior authorization?

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Call Member Services at 973-0712 or toll-free at 1-877-973-0712 if you want a prior authorization. TTY users call 1-877-447-5990. We will help you and your doctor request a prior authorization for services you need. You can also call if you want more information about prior authorizations.

### You may also write us at:

AlohaCare  
1357 Kapiolani Blvd, Suite 1250  
Honolulu, HI 96814

## Utilization Management Decisions

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We want to make sure you get the right care, when you need it. We make decisions about the services you receive based upon your need and covered QUEST Integration benefits. We do not reward our staff for denying you any services. We do not reward other people who make decisions about your care that would limit or deny you getting the care you need.

## How do I request a second opinion?

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You have the right to ask for a second opinion from another AlohaCare doctor at no cost. Talk to your doctor if you are not comfortable with your health care options. Your doctor will send us a referral for you to see another doctor for a second opinion. If you do not want to talk to your doctor, you can call us and we will help you schedule an appointment with another doctor for a second opinion.

### Some of the reasons why you may want a second opinion:

- You are not sure if you need the surgery your doctor is recommending
- You are not sure of your doctor's diagnosis or care plan if you have a serious or difficult medical need
- Your doctor is not sure of a diagnosis because your symptoms are confusing or your condition is complicated
- You have done what the doctor has suggested but you are not getting better

# PHARMACY COVERAGE

## Using your pharmacy benefits

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AlohaCare has a committee of physicians and pharmacists that decide about our medication procedures. They review the available drugs and select the ones that they believe are the best for our members. This list of our preferred drugs is the formulary. It includes generic and brand name drugs that we believe are the most appropriate, safe and effective drugs for our members.

There is little difference between a brand name drug and the generic version. Generic drugs have the same ingredients as brand name drugs. They are usually a different color and shape. Generic drugs are not as expensive as brand name drugs. Your pharmacy will fill your prescription with a generic drug if it is available. Generic medications are as safe and effective as their brand name drugs. They are usually less expensive too. If your doctor does not want to prescribe a generic drug, he or she must contact us and tell us the reason. If we do not approve the request, you and/or your doctor will be informed of our decision. You have the right to request an appeal if the request is not approved. We will tell you how to do this when we give you and your doctor our decision.

## Are prescription drugs covered?

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AlohaCare provides prescription drug coverage and other pharmacy services. Your drugs are covered if:

- The drug is needed when you are sick or have a medical problem
- The drug is on our list of covered drugs
- You received prior authorization for your drugs, if needed
- The drug is filled at a pharmacy on our provider list

## Where do I go to get my prescriptions filled?

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You can go to any pharmacy in our network. Be sure to bring your AlohaCare member ID card with you. You can find a list of pharmacies in our network in the Provider Directory. If you need help finding a pharmacy, call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. We will help you.

## How do I get the list of covered drugs?

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Our list of covered drugs is available on our website at [www.AlohaCare.org](http://www.AlohaCare.org). You can also call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. We will send you a copy.

## How do I know if the list of covered drugs changes?

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Our list of covered drugs may change from time to time. We will notify you and your doctor 30 days before the change when:

- A brand name drug is removed from our drug list and there is no generic substitute.
- If the Food and Drug Administration (FDA) decides a drug is not safe. We will remove the drug from our list right away and contact you if you are using that drug.

## Are there any limits on my prescription drugs?

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There are some limits on your drugs. Most of the time, you will get a 30 day supply unless your doctor orders a supply for a shorter period of time, based on your need for the drug (for example, antibiotics). Situations in which a drug limit may apply include:

- **Approval:** Your doctor may need prior approval for certain drugs.
- **Quantity limits:** There are limits on the drug amount covered during a certain time period.
- **Step therapy:** In some cases, you must try Drug A before Drug B to treat your medical condition. If Drug A was not tried first, Drug B may not be covered.

## What if my drug is not on AlohaCare's list of covered drugs?

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If your drug is not listed, contact your doctor. Your doctor may prescribe another drug that is similar to a drug on our drug lists. Or, your doctor can ask for a prior authorization.

You or your doctor may also call AlohaCare to ask for an exception. By asking for an exception, you are asking AlohaCare to cover a certain drug that is not covered. We will ask your doctor for the reason why you are requesting a certain drug. We will let you and your doctor know if we approve your request. For more information call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990.

## Your Medicare coverage for your prescription drugs

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If you have Medicare, your Medicare Part D plan will cover most of your drugs though you will have a copayment. There are certain drugs and over-the-counter medications not covered by your Medicare Part D plan that AlohaCare may cover without a copayment. Be sure to bring both your Medicare and AlohaCare member ID cards to the pharmacy.

# SPECIAL HEALTH CARE NEEDS

## What are Special Health Care Needs?

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Special Health Care Needs (SHCNs) are chronic physical, developmental, behavioral or emotional conditions that require additional services beyond what is generally needed. We want to help you with your special health care needs. We have programs and services and trained staff to help you.

## How do I know if I qualify as having Special Health Care Needs?

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We identify your special health care needs through an initial assessment. If you think you qualify and we have not yet contacted you, call us and we will work with you. We also talk with your doctor and review your current health care and support services. We will work with you to identify your possible SHCNs.



## What conditions are considered Special Health Care Needs?

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There are certain conditions that qualify as a special health care need. Some examples include:

- Asthma
- Diabetes
- Behavioral/medical conditions that last at least 12 months
- High-risk pregnancy
- Substance abuse
- Medicare-eligible
- Frequent visits to the emergency room or hospital
- Need for long-term services and supports, either in the community, or in a residential setting such as a Community Care Foster Family Home or Nursing Facility.

## What if I have Special Health Care Needs?

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If you have been identified as needing additional assistance, you will receive additional support services such as Service Coordination. We will contact you with additional information about these programs.

# DISEASE MANAGEMENT PROGRAM

## What is Disease Management?

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AlohaCare offers programs that help members with certain medical problems. These programs help you self-manage your chronic disease or condition so you can be healthier and more active. If you have any of the following conditions, you may benefit from our programs:

- Asthma
- Diabetes
- Coronary Artery Disease

We will call you if you are having a difficult time self-managing any of the problems listed above. If you have not received a call from us, and would like more help to self-manage your condition listed above, you, a family member or your doctor can call us and ask to be a part of the program. You decide if you want to participate in the program and can choose to opt out at any time.

## What can I expect when I am in this program?

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While you are in the program, we will work with you to lay out your health goals and how to reach them.

The program includes:

- Coordinating your care with your doctors.
- Helping you make appointments, including reminding you of upcoming check-ups.
- Educating you about your condition, how to prevent problems and what to do if problems occur.
- Helpful tips and information on being a good partner with your doctor for your care.

# SERVICE COORDINATION

## What is Service Coordination?

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Service coordination is a covered benefit for those who have Special Health Care Needs (SHCNs) or receive Long-term Services and Supports (LTSS). Service Coordinators review, plan, and help you meet your health and support needs.

## How can a Service Coordinator help me?

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Your Service Coordinator is your main point of contact and will act as your guide in getting what you need, when you need it, in the most appropriate manner and, to the extent possible, according to your directions and preferences. A Service Coordinator looks at your complete health needs. He or she works with you and your family, and your doctors, if fitting, to get the services you need.

## Who is my Service Coordinator?

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We will assign a Service Coordinator to you. He or she will contact you by phone. If he or she is unable to reach you, you will get a letter with his or her contact information. The name of Service Coordinator is also printed on your AlohaCare member ID card.

## When do I meet my Service Coordinator?

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Your Service Coordinator will schedule a face-to-face assessment with you. He or she will meet with you to develop a service plan to address your needs. Your Service Coordinator will review this plan with you on a regular basis and make any necessary adjustments. You may meet more often or you can speak by telephone.

## How do I contact my Service Coordinator?

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Your Service Coordinator will keep in contact with you by phone, email or text messaging depending on your preference. You will receive information from your Service Coordinator on how to contact him or her directly. You can also contact your Service Coordinator by calling Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. Ask for your Service Coordinator. You can contact him or her as often as you need.

## What if I want to change my Service Coordinator?

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If you would like to change your Service Coordinator, please call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. Ask to talk to our Service Coordination Manager about a change. We can assign you to a new Service Coordinator within 5 business days of your request.

## Are there different types of Service Coordinators?

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You will be assigned a Service Coordinator based on your individual special health care need. If you have more than one family member in your household who qualifies for a Service Coordination, you may each have a different Service Coordinator assigned to you.

## DIRECTING MY OWN CARE WITH SELF-DIRECTION

### What is Self-Direction?

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If you are receiving certain home and community-based services, you can decide who will help provide care for you in your home. This is called Self-Direction. You are more involved in making decisions about your care. If you receive personal assistance service, such as housekeeping, shopping, yard work, personal care or respite services, you can have more choice with who will provide that care to you. This means that you choose, hire and replace your own providers. Self-direction is not available for services that your family would ordinarily do.

Your Service Coordinator will provide you with information about self-direction if you qualify for the program.

### What I am responsible for with self-direction?

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#### You will be responsible for:

- Recruiting and selecting providers
- Determining provider duties
- Scheduling providers
- Working with AlohaCare to instruct and train providers of their duties
- Supervising providers
- Evaluating providers
- Verifying the time worked by providers
- Selecting new providers if changes need to be made
- Discharge providers

### Can my Service Coordinator help me with self-direction?

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Your Service Coordinator will help set you up with all of the paperwork needed. He or she will also teach you the processes that you will need to follow for employing your providers. Your Service Coordinator will also oversee your care to make sure you are getting the services you need. He or she will assist you with:

- Working with you and/or someone else you designate
- Interviewing and screening potential providers
- Training the providers you have selected
- Creating a back-up plan when your providers are not available
- Coordinating payment and other functions for your provider

## Who can be a self-directed provider?

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- Family member
- Neighbors
- Parents (for some services)
- Spouse (for some services)

## What if I am not able to self-direct my own care?

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You may choose someone else to act on your behalf. This person assumes all self-direction responsibilities for you. He or she cannot be paid for doing so. This person may be a family member. You may change the person who is acting on your behalf at any time.

## 24-HOUR NURSE ADVICE LINE

### What is the 24-Hour Nurse Advice Line?

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The Nurse Advice Line is a free hotline that you can call to talk to a nurse. You can call the Nurse Advice Line when you have a health concern and your PCP is not available. The Nurse Advice Line can guide you to the right type of care if you are sick or don't know what to do.

#### The Nurse Advice Line offers:

- Advice on when to seek urgent or emergency care
- Ways to treat your illness or your child's illness
- Convenient and quick access by phone to reliable health information
- General information about health care, preventive care and early detection of illness to help you stay healthy
- Information on self-care
- Help to prepare a list of questions to ask your doctor
- General information about your illness, medication, tests or procedures

### How do I call the 24-Hour Nurse Advice Line?

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QUEST Integration only members: 1-877-225-8839

QUEST Integration and Medicare members: 1-855-690-5930

The Nurse Advice Line is free and available 24 hours a day, 7 days a week. The Nurse Advice Line phone number is also on the back of your AlohaCare member ID card. If you need the help of an interpreter during your call with the Nurse Advice Line, an interpreter will be provided.

# GETTING CARE AWAY FROM HOME

## Can I get care outside of Hawaii?

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When you are travelling away from home (e.g., visiting family, on vacation), and you become ill you can still get medical help. Take your AlohaCare member ID card with you when you travel to the Mainland, in case you need it. Emergency care is covered outside of Hawaii. Non-emergency care is not covered outside of Hawaii.

If you need emergency services on the Mainland, go to a hospital emergency room for care.

- Adults are only covered for emergency care while on the Mainland. Non-emergencies are not covered.
- Children are covered for emergency care while on the Mainland. In addition, children are also covered on the Mainland for all medically necessary EPSDT covered services.

## What if I get sick when I am off-island for a long time?

---

Call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. Call if you have a health problem that requires you to be under the care of a doctor and if you will be off-island (on another island within the State of Hawaii other than your home island) for a long time. We can arrange care for you while you are off-island.

## What if I get sick when I am out of the country?

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Medical services outside of the United States are not covered for children or adults. You will need to pay for these services yourself.

# TRANSPORTATION

## How do I get to my doctor's appointment?

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**AlohaCare may approve all non-emergency transportation services.** Transportation to your medical appointment is covered if:

- You have no other way to get to the doctor or medical service
- You live in an area that does not have public transportation
- You cannot use public transportation because of your medical condition or disability.

**If you, your family, friends, volunteers or the facility you live in can provide the transportation, then you should not use this benefit.**

If you have other medical insurance that covers transportation, it must be used before your QUEST Integration benefit. Check with your other insurance coverage to see if transportation is covered.

If you live in a residential care facility or Community Care Foster Family Home you are not eligible for medical transportation, except in certain cases.

## **What if I cannot take the public bus?**

---

You may live in an area that does not have the public bus. Or you may not be able to take the bus because of your medical condition or disability. If so, you may be able to take public para-transit transportation (i.e. The Handi-Van). Every island has different public para-transit services and arrangements. Your Service Coordinator can help you apply for these services.

## **What if I cannot use the public para-transit services?**

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You may be approved to use private para-transit or other transportation services like the disability bus pass. Your Service Coordinator will work with you to make sure you have a ride to your scheduled medical appointments.

## **Can I use a taxi for transportation?**

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You may only use a taxi if:

- No other transportation is available
- The transport is urgent

See 'How do I get to my doctor's appointment' for more information.

## **How do I make a transportation appointment?**

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If you cannot get a ride to and/or from a medical appointment, call your doctor. AlohaCare will approve or deny your request based on information your doctor provides.

## **How do I get approval from AlohaCare to use my QUEST Integration transportation benefit?**

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Your doctor must request transportation services from AlohaCare for you. This is called a prior authorization. Your doctor will give us the reason you are not able to use public transportation or other sources of transportation. If approved, AlohaCare will work with you and your doctor to look at the best options to get you to your appointment. The transportation can only be used for a specific medical visit or service. In most situations, side trips (e.g., to go shopping, pick up or drop off supplies or people, to visit friends) are not allowed.

If you need help, call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. You may also ask your Service Coordinator for help.

## **What do I need to do before my transportation pick-up?**

---

An AlohaCare representative will call you with information about your ride. Be ready at your pick-up location 15 minutes before your pick-up time. The AlohaCare representative may tell you to call a cab. If so, you must call in order to get picked up. Before your ride, have ready:

- Your QUEST Integration ID number
- Valid picture ID

## **What if my ride is late?**

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Call Member Services if your ride is more than 15 minutes late. They will be able to tell you an approximate time when your ride will be there.

## **Can I schedule rides for appointments that I have on a regular basis, like to dialysis?**

---

Your Service Coordinator or doctor can request for recurring rides to your regular appointments. The request must be made once per quarter. Your Service Coordinator will assess the best transportation option for your circumstance. If you qualify for The Handi-Van, you may receive vouchers for free Handi-van rides.

## **What if I need emergency transportation services?**

---

If you have a medical emergency, call 911. Your ambulance ride is covered for an emergency. No prior authorization is needed.

## **Can someone ride with me to my appointment?**

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You may bring an escort if you need someone to help you during the ride or at your appointment. This is usually a family member, guardian or volunteer. Tell your doctor if you need an escort. Your doctor will include that information in the prior authorization request to AlohaCare. You may only have one escort. Your doctor must prove that there is a medical need for an escort.

## **How can I prove that I need an escort to my appointment?**

---

You may escort your child who is under the age of 21. If you are 21 or older, your PCP must give you a medical certification. This certification says that you need additional assistance. Some examples include:

- Blindness
- Deafness
- Intellectual or developmental disabilities
- Mental illness
- Dementia
- Physical handicap

## **Is transportation available to non-medical appointments?**

---

Your Primary Care Physician (PCP) or Service Coordinator can request recurring rides to your regular appointments. The recurring rides will be reviewed each quarter. The best transportation option for your circumstance will be used. Oahu members: If you qualify for The Handi-Van, you may receive vouchers for free Handi-van rides.

## **What if I have to travel to another island for my medical care?**

---

All non-emergency off-island transportation must be authorized by AlohaCare. Your doctor must tell us fourteen days in advance that you have an appointment on another island and need off-island transportation. If you schedule your own off-island travel, you will be responsible for the costs. If you schedule travel for an escort who does not have prior authorization, you will be responsible for the costs.

## **What if I need to stay the night on another island?**

---

If you have been approved for off-island travel and have to stay the night, your lodging will be covered. Meal vouchers will be given to you. AlohaCare will arrange your lodging as part of your travel request.

## **Can someone travel with me to another island for my medical care?**

---

You may bring an escort if you need someone to help you travel. This is usually a family member, guardian or volunteer. Only one escort is covered. Your doctor will let us know if you need an escort. AlohaCare will approve or deny the request. Your escort must bring a valid picture ID when traveling with you.

## **What if I have to travel to the Mainland for my medical care?**

---

All non-emergency Mainland transportation must be authorized and scheduled by AlohaCare. Lodging and ground transportation will be provided for you. If you need someone to help you travel, you may be able to bring an escort. This is usually a family member, guardian or volunteer. Only one escort is covered. Your doctor will let us know if you need an escort. AlohaCare will approve or deny the request. Your escort must bring a valid picture ID when traveling with you. AlohaCare will reimburse you and one approved escort for your meals. The limit is \$30 per adult per day. If you are escorting a child, AlohaCare will reimburse up to \$15 for meals for a child between the ages of 3 and 10 years old. You must submit your receipts to AlohaCare within 30 days of your return from the Mainland. If you schedule your own Mainland travel, you will be responsible for the costs. If you schedule travel for an escort who does not have prior authorization, you will be responsible for the costs.

## **Can my Service Coordinator help with my rides?**

---

Your Service Coordinator can help you coordinate your rides or help you with your questions.

- Help determine if you are eligible for services
- Connect you with para-transit transportation on your island
- Assist with getting prior authorization for certain transportation services
- Help make transportation arrangements to another island or the Mainland



## **What kind of transportation is not covered?**

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- Transportation services that require prior authorization, but it was not obtained
- Transportation services that are non-emergent, not medically necessary, and not part of your care plan
- Transportation services that are not covered under the QUEST Integration program
- Transportation to a pharmacy
- Transportation to an SSI Determination Medical Appointment
- Transport to clubhouses, day habilitation or life skills training

## **INTERPRETATION SERVICES AND ALTERNATE FORMATS**

### **What if I need an interpreter?**

---

If you need help understanding your benefits or how to get care and services, please call us. When you call us, you can ask to talk to someone in the language you speak. AlohaCare offers free interpreter services for our members. If you need an interpreter, call Member Services at 973-0712 or toll-free at 1-877-973-0712. If you require assistance due to a hearing impairment, call 1-877-447-5990.

### **Will I have to pay for someone to interpret?**

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Interpreter services are free. Interpreter services are available in all languages, including sign language.

### **Can someone interpret for me when I talk with my doctor?**

---

It is your right to talk to your doctor in the language that you prefer. If your doctor does not have someone to interpret for you, call us and we will provide an interpreter for you.

### **How can I get an interpreter in the doctor's office?**

---

When you call your doctor's office, tell them that you need an interpreter. If your doctor's office cannot help you, call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. We will coordinate an interpreter to meet you at your doctor's appointment.

### **How far in advance do I need to call?**

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Call as soon as you make your appointment if your doctor cannot help you with this service.

### **What if I am visually impaired?**

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You can get written materials in alternate formats, such as large print and braille. Call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. You can request information in alternate formats.

# EPSDT PROGRAM FOR CHILDREN

## **What is Early and Periodic Screening, Diagnostic and Treatment (EPSDT)?**

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Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a program of routine well child check-ups, including appropriate screenings for children under the age of 21. EPSDT well child check-ups and services are important to keep your child healthy. These services detect developmental delays and health problems early, and treat them right away. This program is free and offered through the QUEST Integration (QI) program.

### **The EPSDT program covers all QI members under 21 years old. EPSDT services include:**

- Regular check-ups with the doctor
- Appropriate medical, developmental, and behavioral health screenings (including screening for autism)
- Follow-up care for problems found during the exam (including referrals to specialists, dentists and counselors)
- Medically necessary treatment for abnormal findings during well-child visits
- Behavioral therapies, including applied behavioral analysis (ABA) for members an Autism Spectrum Disorder (ASD) diagnosis.
- Eye exams and eye glasses
- Hearing test and hearing aids
- Height, weight and blood pressure
- Immunizations (shots to prevent diseases)
- Lab tests
- Medicines
- Counseling treatment for drug and alcohol use
- Help with making appointments

### **You can also talk to your child's PCP about important topics such as:**

- Diet, nutrition and weight concerns
- Medical conditions such as diabetes, asthma or child development
- Other issues that you or your child may have
- Peer pressure

## **Childhood immunization (shots) schedule**

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One of the most important parts of EPSDT care is to make sure your child gets the right shot at the right time. Getting your child all the shots by age two will help protect him or her from serious childhood diseases.

CHILD'S AGE	HAVE AN EPSDT VISIT	GET ROUTINE SHOTS
By 1 month	X	X
2 months	X	X
4 months	X	X
6 months	X	X
9 months	X	
12 months	X	X
15 months	X	
18 months	X	X
24 months	X	X
3 years	X	X
4 years	X	X
5 years	X	X
6 years	X	X
8 years	X	X
10 years	X	X
12 years	X	X
14 years	X	X
16 years	X	X
18 years	X	X
20+ years	X	

## Immunization record

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Always ask your child's doctor to fill out your child's immunization record. Keep this list with your child's important papers. Bring it to the doctor's office each time your child gets their shots so it can be added to your child's list.

## Check-ups and shots for school

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Hawaii state law says that all students must have a medical check-up and certain shots before they can go to school. These requirements must be met in the following grades:

- Pre-School
- Kindergarten
- 7th grade

If you need help getting EPSDT services, call Member Services and ask to speak to our EPSDT nurse.

# FAMILY PLANNING SERVICES

## What are family planning services?

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Family planning services help you plan and decide when you are ready to have children.

## Do I need a referral from my PCP?

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Family planning services (such as birth control and counseling) are very private. You do not need to ask your PCP to get these services.

## How do I get family planning services?

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You can go to any doctor that offers these types of services. State law allows people who are 14 to 17 years old to get family planning services without their parents' permission.

## What family planning services are covered?

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Family planning services include:

- Birth control for both men and women
- Family planning education
- Pap smears
- Pregnancy tests
- Testing, counseling and treatment for sexually transmitted diseases, including HIV

## What family planning services are not covered?

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- Infertility services
- Abortions or intentional terminations of pregnancy are covered by the State, not AlohaCare. Your doctor must submit the claim to the State.

# MATERNITY AND NEWBORN CARE

## What if I am pregnant?

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Getting care early in your pregnancy is very important for staying healthy during your pregnancy. This will help your baby have the best chance to grow up healthy and strong. Maternity care is medical care you get for you and your baby.

If you think you may be pregnant:

- Call your Primary Care Provider (PCP) as soon as you can to make an appointment. Make sure to tell your doctor's office that you are pregnant or may be pregnant.
- Your PCP can help you find an obstetrician (OB) or certified midwife. An OB is a medical doctor for pregnant women. A midwife is a certified, license advanced practice registered nurse. He or she has specialized training to provide medical care to healthy pregnant women during their pregnancy, labor, non-surgical delivery and care for the newborn after the birth.

If you are pregnant:

- Your OB will set up regular pregnancy visits for you.
- Keep your OB appointments.
- Your OB will check you regularly to make sure that you and your baby are healthy. Your OB will also be able to handle any problems early, if any should arise.
- Do what your OB tells you to do. Take any medicines and/or vitamins that your OB prescribes.
- If you get sick, call or see your OB or your PCP right away.
- Do not drink, smoke or take illegal drugs. These can cause big problems for you and your baby.
- Exercise and eat right. A healthy mom helps her baby stay healthy!

## **What maternity care services are covered?**

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Your OB services are covered during your entire pregnancy. That includes before, during and after you have your baby.

- Your OB doctor visits
- Regular tests to make sure that your baby is growing at the right rate and is healthy
- Other tests to check for possible problems, if ordered by your OB doctor
- Vitamins to take while you are pregnant
- Your hospital stay when your baby is born

## **How do I sign up my newborn baby for QUEST Integration coverage?**

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Notify your Med-QUEST eligibility worker as soon as you find out that you are pregnant. They can help you sign up your baby with AlohaCare.

# **QUALITY IMPROVEMENT PROGRAM**

## **What is the Quality Improvement Program?**

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It is important to us that you get the care you need. We also want to make sure that you get high-quality care. We study the care you get from your doctors and other health care providers. We compare our performance against other health plans in multiple areas through the HealthCare Effectiveness Data and Information Set (HEDIS) project. We look for ways to make our services better by finding and fixing any problems.

## How does this program help me?

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An important part of our quality program is preventive health. This means going to see your Primary Care Provider (PCP) for check-ups and screenings even when you are well. We will remind you of check-ups and tests that you should get. We will also work with your PCP to make sure you get the care you need.

## Technology assessment

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AlohaCare evaluates the use of new technologies as covered services in a timely manner. AlohaCare has a committee that looks carefully at new procedures, medications, treatments, and devices and new ways to use current procedures, medications, treatments, and devices. This is done to determine whether we should update our list of covered benefits. Providers and members can ask AlohaCare to cover something new by submitting a written request to the Chief Medical Officer. When AlohaCare receives such a request, the New Technology Committee conducts a thorough investigation of the procedure, medication, treatment, or device. The committee will research current medical literature and medical practice and thoroughly discuss the findings. It will then make a decision about coverage.

QUEST Integration provides coverage only for therapies that meet medical necessity criteria and have been shown in the scientific medical literature to be safe and effective. The AlohaCare technology assessment process assures that coverage will be available when medical necessity criteria are met and evidence of safety and effectiveness exists.

## Clinical practice guidelines for your care

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AlohaCare uses clinical practice guidelines to help guide our decisions regarding the decisions we make about your health care. The clinical guidelines are developed using national standards and with the help of local doctors in the community. If you would like a copy of our Clinical Practice Guidelines, call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990.

# TRANSITION OF CARE

## What is transition of care?

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We want to make sure that you maintain your care with minimal disruptions at all times, especially when you are moving from one health plan, doctor or setting to another. This includes:

- Joining AlohaCare for the first time
- Changing your Primary Care Provider (PCP)
- Going into and being discharged from a hospital or moving into a nursing home or other housing arrangement
- Leaving AlohaCare

## What if I am new to AlohaCare?

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If you are a new member, we want to make sure you still receive the services that you need. We will help you transition into our plan.

- We will assign you to your current Primary Care Provider (PCP) if he/she is a part of the AlohaCare provider network.
- If your PCP is not a part of our provider network, we will invite your PCP to join our network. If your PCP applies to join our network, you can continue to see your PCP.
- If your PCP does not want to join our provider network, we will find you a new PCP as soon as possible.
- If you have Medicare, you don't have to choose a Primary Care Provider (PCP) in our provider network. We will work with your Medicare PCP to coordinate your care with our plan.
- Prior treatment and services you were receiving will be approved for the same amount that was previously approved.

## **What if I change my PCP?**

---

If you change your PCP, we will help make sure your new PCP gets your information. We share important information that will help your new PCP provide you with better care.

- Your list of medications
- Your treatment and action plans
- Your medical history

## **What if I go to the hospital or move into a nursing home or other housing arrangement?**

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We will help make sure that you have support as you move into a different setting of care. This includes helping new caregivers understand your medical and other care needs and that your PCP and other providers are aware of the changes in your condition.

- When you leave the hospital, we will help you for at least the first 30 days with your transition back into your home or other care home setting. If you have a Service Coordinator, he or she will continue to assist you as long as you need it.
- Help you understand your medical condition, recognize symptoms and develop a plan to stay healthy.
- Help make follow up appointments to see your PCP and other providers.
- Help you sort out your medications and follow your doctor's orders.

## **What if I leave AlohaCare?**

---

If you leave AlohaCare, we will help make sure your new health plan gets all your information. We will help you transition your health care information over to your new health plan. We share important information that will help your new health plan continue to provide the medical care and services you already receive. Your list of medications.

- Your treatment and actions plans
- Schedule of doctor appointments

## How will AlohaCare know who to share my information with?

---

Call us when you have changed to a new health plan or to a new PCP. Let us know where we should send your information. Also, if you are moving, call us and let us know so that we can help you with this transition.

## UPDATING YOUR PERSONAL INFORMATION

### What happens if I have a change in my family status?

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Call AlohaCare and your Med-QUEST eligibility worker immediately. This includes information such as:

- Change in your address or phone number
- Marriage
- Divorce
- Birth of a child
- Adoption of a child
- Death of a spouse or child
- A new job
- An increase in income
- Getting other health insurance

### What happens if I travel for long periods of time, move out-of-state or to another island?

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Call AlohaCare and your Med-QUEST eligibility worker immediately. If you move to another island, you will need to choose a new Primary Care Provider (PCP).

## PAYMENT FOR SERVICES

### Do I need to pay for services?

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Except for any cost-sharing amount you may have to pay, you do not have to pay for any services covered or prescription drugs under the QUEST Integration (QI) program.

### What if I get a bill from my doctor?

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If you get a bill from your doctor, hospital or other provider, ask them why they are billing you. You should not be billed for services covered under the QI program. If your doctor, hospital or other provider did not follow our QI procedures, we may not pay for the services you received. The doctor, hospital or other provider cannot bill you because we did not pay for the services.



## Who do I call if I get a bill?

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You can call Member Services at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990. Be sure to have the bill in front of you. You will need to tell us:

- Your name, member ID number and date of birth
- Who sent you the bill
- The date you received the services
- The cost of the services

We will contact your doctor directly to fix the billing problem.

## What if I already paid for my services or prescription drugs?

---

If you already paid for services or prescription drugs covered under the QI program, you can ask AlohaCare to pay you back. This is called a member reimbursement. You can submit a claim form and your receipts to AlohaCare. You have up to one year to request a reimbursement.

## What do I need to include for my reimbursement?

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- A completed, signed Direct Member Reimbursement (DMR) form
- A detailed receipt (no handwritten receipts) or printout with information about the services you received
  - » Member name
  - » Provider name
  - » List of itemized services received
  - » Date of services
  - » Amount you paid
- All of the information must be included. If information is missing, your DMR request will be denied. You will be able to send in your request again with the missing information.

## Where do I send my request for reimbursement?

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AlohaCare  
Attention: Claims Department  
1357 Kapiolani Blvd, Suite 1250  
Honolulu, HI 98614

## How much will I get back?

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If the service you received is a covered benefit, you will receive a check for the full amount you paid.

## How long will it take to receive my reimbursement?

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It will take about 4 – 6 weeks after you sent in the DMR form. Be sure that you include all of the required information so there will not be any delays in processing your reimbursement.

# MEMBER RIGHTS AND RESPONSIBILITIES

## What are my rights as a member?

---

As an AlohaCare member, you have the right to:

- **Respect, dignity, privacy, confidentiality and nondiscrimination. This includes the right to:**
  - » Be treated with respect and dignity at all times
  - » Keep your medical information private
  - » Receive services in a culturally competent manner
  - » Talk to your doctor in a place that is reasonably private. People not directly involved with your care may not be present unless you say it is okay.
  - » Appoint someone else to make health care decisions for you
  - » Expect all information and records involving your care, including information about who pays for your treatment, to be kept private and protected. No one may look at your medical information unless he or she is watching over the quality of your health care, or unless you say it is okay.
  - » Ask AlohaCare or your doctors to restrict the use and disclosure of your health information
  - » Ask for a copy of AlohaCare's notice of privacy practices
  - » Receive medically necessary services, no matter what your age, race, creed, sex, sexual preference, national origin or religion. We will not deny or allow fewer services solely because of your diagnosis, type of illness or health problem.
  - » Use your member rights and not be treated negatively by AlohaCare. No one may punish you for using your member rights.
  
- **Ask questions and get answers about anything you do not understand. This includes the right to:**
  - » Know the name, background and professional status of your health care providers. You have the right to know which doctor is mainly responsible for your care.
  - » Work with your doctor to make decisions about your health care
  
- **Know and understand your medical problems, diagnosis and health care conditions and any known possible outcomes. No procedure or treatment will be started unless you understand the treatment, you are told about the chances of success, and you are told the risks along with available alternatives. This includes the right to:**
  - » Work with your doctors and AlohaCare to set up a treatment plan
  - » Receive services in a coordinated manner
  - » A free second medical opinion from an AlohaCare provider when deciding on treatment
  - » An open discussion of appropriate or medically necessary treatment options for your health care conditions, regardless of cost or benefit coverage.
  - » Know about any experimental, research or educational activities having to do with your care. After you have been given this information, you can choose to participate or not.
  - » Make comments and suggestions about anything that we do, including making recommendations about our members' rights and responsibilities, and about our policies and procedures

- **Get your medical information. This includes the right to:**
  - » Look at and get copies of your medical records, unless your doctors or AlohaCare think sharing the information with you may be harmful to you or someone else
  - » Ask AlohaCare or your doctor to correct any medical information you feel is wrong. If your request is denied, you have the right to get the reason for denial in writing.
  - » Know who sees your medical records, unless the review of your records is for treatment, payment or health care operations (or some other reasons written in the law)
  - » Make your wishes known when you are not able to make informed choices for yourself.
  
- **Timely access to care that does not have any communication or physical access barriers. This includes the right to:**
  - » Timely access to doctors you need to see, close to where you live
  - » Choose a service provider of your choice among those organizations in AlohaCare’s provider network.
  - » Get women’s routine and preventive health services from a women’s health specialist without the need for a referral.
  - » Get appointments with specialists if you have special health care needs
  - » Get care from a doctor who does not participate with AlohaCare until we can provide a doctor to care for you.
  - » Have your doctors work together with you and AlohaCare
  - » Have written materials available in alternative formats or other languages
  - » Offer timely responses on prior approvals and referral requests.
  - » To have the use of an interpreter to help you speak to AlohaCare staff or your doctor, or to be there with you when you see your doctor. Interpreter and translation services are free.
  - » Ask us to send mail and call you at the address or telephone number of your choice, to protect your privacy. If we cannot do that, we will let you know why.
  - » Refuse treatment to the extent it is allowed by law. You are responsible for your actions if you refuse medical care or if you do not follow your provider's advice.
  - » Know the details of any medical treatment for yourself and the minor children in your care
  
- **Not having to pay for covered services unless spenddown or cost-share is required by Med-QUEST rules. This includes the right to:**
  - » Not having to pay for AlohaCare’s debt if AlohaCare goes out of business
  - » Not having to pay for covered services you got if the Med-QUEST Program does not pay AlohaCare
  - » Not having to pay for covered services you got if AlohaCare does not pay your doctor
  - » Not having to pay extra for covered services you got even if we could have provided the service for less
  
- **Not be forced to stay somewhere or be kept away from others as a way to control, punish or scare you. No one can make you stay somewhere or keep you away from others unless it is necessary for treatment or your safety.**

- **Get information about AlohaCare, our services, our health care practitioners and providers and your rights and responsibilities.**
  - » Make suggestions about AlohaCare’s Member Rights and Responsibilities statement.
  
- **Use each available grievance and appeal process through AlohaCare and through Med-QUEST. This includes the right to:**
  - » File an appeal or grievance against AlohaCare or a provider.
  - » File an appeal or grievance against AlohaCare, the care AlohaCare provides, or a doctor.
  - » Get a timely response to grievances and appeals.
  - » Exercise these rights without affecting the way we treat you as a member.

## **What are my responsibilities as a member?**

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As an AlohaCare member, you have the responsibility to:

- **Share health status information that AlohaCare and your health care provider need in order to provide care. This includes the responsibility to:**
  - » Tell your doctors everything you know about your current health, past illnesses, hospital stays, medicines and anything else about your health
  - » Tell AlohaCare and your doctor if you are taking part in any medical research tests
  - » Tell AlohaCare and your eligibility worker if you have a workers' compensation claim, personal injury or medical malpractice lawsuit, or if you have been in a car accident
  - » Tell AlohaCare and your eligibility worker if you have any other medical insurance.
  - » Inform AlohaCare of any other insurance you had when you enrolled with the QUEST Integration program/AlohaCare or any that you get after you become a member of AlohaCare.
  - » Tell your child’s PCP about any shots your child already got. This includes immunizations or shots your child got from another clinic or doctor, or when living somewhere else. Always ask your child’s doctor to fill out your child’s immunization record and keep this list with your child’s important papers.
  
- **Work with your doctors to make decisions about your treatment options and develop treatment goals. This includes the responsibility to:**
  - » Call your PCP before seeing other doctors. AlohaCare may not pay if you see a doctor who is not an AlohaCare provider unless it is an emergency.
  - » Call your PCP to get an appointment ahead of time. If you cannot make it to your appointment, call your doctor's office as soon as you can to cancel or make another appointment.
  - » Follow advice, care plans and instructions you agreed to with your doctor.
  - » Understand your health conditions.
  - » Ask questions about your care to make sure you understand what you need to do. Tell your doctors or other providers if you do not understand what they are telling you about a medical procedure, word, diagnosis or care plan. Let them know if you do not understand what to do.
  - » Do the best you can to stay healthy

- » Treat AlohaCare staff, your doctors and their office staff with respect and dignity, and cooperate with them
- **Follow AlohaCare’s policies and procedures. This includes the responsibility to:**
  - » Not lend your AlohaCare member ID card or allow others to use your card. You may lose your benefits if you do.
  - » Have your AlohaCare member ID card with you when you go to see your doctor or go to the pharmacy
  - » Report if you suspect a member or a provider has committed fraud or abuse.
- **Report any changes in your status.**
  - » Tell AlohaCare and Med-QUEST of any changes including marriage, divorce, birth of a child, adoption of a child, death of a spouse or child, a new job, getting other health insurance or change in your address or phone number.
- **Pay your cost-share for services.**
  - » You may have to share in the cost of your health care or support services. This is based your Medicaid financial eligibility. If you have a cost-share, you must pay this to one of your providers every month. This is usually a long-term care facility or a home and community based provider.
- **Paying for non-covered services**
  - » Pay for services if you receive care from an out of network specialist or provider that is not pre-approved by AlohaCare.
  - » Pay for services that are not covered under the Medicaid program.

## GRIEVANCE AND APPEALS

### What is a grievance?

A grievance is when you are not happy with AlohaCare or an AlohaCare provider. Examples of something you might not be happy about are:

- How AlohaCare or your provider runs their office
- Things AlohaCare or your provider does
- How AlohaCare or your provider behaved
- If AlohaCare denied your request to make a fast decision on your appeal and takes the standard amount of time to decide
- Issues with your quality of service or care
- If AlohaCare or your provider did not respect your rights
- If AlohaCare or your provider was rude
- If AlohaCare or your provider did not keep your information private

## What should I do if I have a grievance?

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You can file a grievance report by writing or calling AlohaCare. You, your doctor or another person can file a grievance for you if you authorize them to do so. You must tell us that you agree to have someone else talk to us about your grievance. If you file a grievance, it will not affect the way we treat you as a member.

## How do I file a grievance?

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AlohaCare can help you file a grievance. If you need help, call us and we can write your grievance for you. You can also write a letter to AlohaCare. Make sure you include:

- Your name, address, phone number, AlohaCare member ID number and signature
- What you are unhappy about
- Copies of any papers that have to do with the problem

### Call or send your letter to:

#### **AlohaCare**

Attn: Grievance Coordinator  
1357 Kapiolani Blvd., Suite 1250  
Honolulu, HI 96814

Phone: 973-0712  
Toll-free: 1-877-973-0712  
TTY: 1-877-447-5990

## How long does it take to process my grievance?

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We will send you a letter within 5 business days to tell you that we got your grievance. We will let you know the result of your grievance in writing within 30 days after we get your grievance.

## What if I am not happy with AlohaCare's response to my grievance?

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If you are not happy with our response to your grievance, you can request a grievance review from the Med-QUEST Division. You cannot ask for a grievance review if you did not send your grievance to AlohaCare first and waited for our answer. You must call and/or write to Med-QUEST within 30 days from the date of our grievance decision.

### You can call or send your letter to:

#### **Med-QUEST Division**

Health Care Services Branch  
P.O. Box 700190  
Kapolei, HI 96709-0190  
Phone: (808) 692-8094

## What is an appeal?

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An appeal is action you can take if you are not happy or do not agree with a decision we have made including AlohaCare's timeliness and/or decision about health care services you are getting. You may appeal a decision that adversely affects coverage, benefits or your relationship with AlohaCare. Examples of reasons for which an appeal can be filed are listed below. If you file an appeal, it will not affect the way we treat you as a

member.

- If AlohaCare deny or limit care that you or your doctor asks us to approve
- If AlohaCare reduce, delay or stop care we already approved
- If AlohaCare do not pay your doctor or other provider(s) for your care
- If AlohaCare do not get you care as quickly as we need to
- If AlohaCare delay getting you care you need
- If AlohaCare do not give you a timely answer to a grievance or an appeal you already filed
- If you live in a rural area or in an area with limited doctors, and AlohaCare does not agree to let you see a doctor not on our list

## When do I file an appeal?

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We must receive your appeal within 30 days of when AlohaCare made the decision you do not agree with. You, your doctor or another person can file an appeal for you if you authorize them to do so. You must tell us that you agree to have someone else talk to us about your appeal.

## How do I file an appeal?

---

AlohaCare can help you file an appeal. If you need help, call us and we can write your appeal for you. You can also write a letter to AlohaCare. Make sure you include:

- Your name, address, phone number, AlohaCare member ID number and signature
- What you disagree with and why
- Copies of any papers that have to do with the appeal

### Call or send your letter to:

#### AlohaCare

Attn: Grievance Coordinator

1357 Kapiolani Blvd., Suite 1250

Honolulu, HI 96814

Phone: 973-0712

Toll-free: 1-877-973-0712

TTY: 1-877-447-5990

## How do I file an appeal verbally?

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When you call in to file your appeal, we fill out the Appeal Form for you. We will send it to you so that you can review and sign it. You must send back the Appeal Form to us with your signature. We must get your appeal in writing or get you to sign a form. We cannot process your appeal without your signature.

## How long does it take to process my appeal?

---

We will send you a letter within 5 business days to tell you that we got your letter. We will let you know the result of your appeal in writing. This letter will be sent to you within 30 days after we get your appeal.

Sometimes we need more information to make a decision on your appeal. If we need more time, we will send you a letter explaining why. If we have a good reason, we can take up to 14 more days to resolve your appeal.

## **What is an expedited appeal?**

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An expedited appeal is an appeal that needs a decision made right away. You or your doctor can request an expedited appeal if you think giving us 30 days to answer your appeal may:

- Result in serious health problems
- Cause you more medical problems
- Cause you more pain that could be avoided

## **How do I request an expedited appeal?**

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You can call us and ask for an expedited appeal.

## **How long does it take to process my expedited appeal?**

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If we decide that you do need an expedited appeal, we will make a decision and give you an answer within 3 business days. We will also call you with our decision and then will send you a letter with our decision in writing.

If we think that we need more information in order to do a more complete review, we will ask you if we can take more time (up to 14 days). We will let you know of any extension verbally and in writing. If you do not agree with the extension, we will make a decision within 3 business days using the information currently available.

## **Can I review my case file?**

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You can review your case file, including medical records and any other documents or records considered during the appeal process, before or during the appeal process. If you want to do this, call us to set up an appointment. If you need more time to send us information about your appeal, you can request an extension, and we will give you up to 14 more days.

## **What if I am not happy with the results of the appeal?**

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If you are not happy with our response to your appeal, you can ask for a State administrative hearing. You cannot ask for a State administrative hearing if you did not send your appeal to AlohaCare first and waited for our answer. You must write to the DHS Administrative Appeals Office within 30 days from the date of our decision.

You have the right to have representation at the hearing. You can speak for yourself at the hearing. Or, you can have a lawyer, friend, relative or someone else explain why you are not satisfied with the resolution of your appeal.



## How do I request a State administrative hearing?

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**You can write a letter to:**

**State of Hawaii Department of Human Services**

Attn: Administrative Appeals Office

P.O. Box 339

Honolulu, HI 96809

You can request an expedited State administrative hearing. The State will respond within three business days of your request.

## What happens with my medical care during an appeal or State administrative hearing?

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You have the right to continue to receive benefits from AlohaCare during the appeal process or while you are waiting for the hearing if:

- You request that we continue your benefits;
- You file your request for an appeal or hearing in a timely manner.
  - » Within 10 days of the date AlohaCare mailed the notice of the unfavorable action, or
  - » On or before the effective date of the unfavorable action (whichever is later);
- Your request for an appeal or hearing involves stopping, delaying or reducing a course of treatment that we had authorized;
- The services were ordered by an authorized provider;
- The amount of time covered by our original approval has not expired.

You may have to pay for services if your appeal is denied.

## Medicaid Ombudsman

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- The State of Hawaii, Department of Human Services (DHS) oversees the Medicaid Ombudsman Program. Hilopa'a is contracted with DHS to independently review concerns and complaints against Medicaid Health Plans as another resource for members. You can call the Medicaid Ombudsman office on your island or visit their website at [www.hilopaa.org](http://www.hilopaa.org).
  
- Oahu                    1-808-791-3467
- Maui/Lanai           1-808-270-1536
- Kauai                 1-808-240-0485
- Hawaii                1-808-333-3053
- Molokai              1-808-660-0063

## ADVANCE DIRECTIVE

### What is an Advance Directive?

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You have the right to make your own health care decisions. Advance Directives are written instructions that you want followed if you are too sick to make your own decisions. Advance Directives are usually prepared as a living will or durable power of attorney. Once you decide to make out an advance directive, you may want to talk to a lawyer or friend for help.

### Why should I have an Advance Directive?

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- Let your doctor and family know your wishes about health care and mental health care in advance.
- Let your wishes for health care be known when you are incapacitated.
- Let your wishes for after you pass away be known such as organ donation.
- Someone else will have to make critical choices about your treatment if you do not have an Advance Directive and it may not be what you would have decided.

### Do I need to have an Advance Directive?

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No. AlohaCare cannot refuse care or otherwise discriminate against you based on whether or not you have an Advance Directive. You will still receive the quality health care you are entitled to as an AlohaCare member.

### What do I do with my Advance Directive?

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- Discuss your wishes with your family and physician and provide a copy to your spouse and/or the person you assign to make decisions for you.
- Keep it in a safe place.
- Provide a copy to your doctors and hospital to be placed in your medical record.

### Can I make changes to my Advance Directive?

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Yes, you have the right to revoke or replace your Advance Directive at any time. Be sure to provide your health care provider with notice of any change in your wishes.

### What if my Advance Directive is not followed?

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You have the right to file a complaint if your Advance Directive wishes are not followed. Send your complaint to:

## What does the law say about Advance Directives?

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In Hawaii, the Uniform Health-Care Decisions Act (Modified) and the Advance Mental Health Care Directive Act outline the state laws regarding advance health care decisions. This law gives you the right to choose someone to act for you and gives you the right to leave instructions to follow when you are unable to make health care decisions. Your instructions can include when to accept or refuse medical or surgical care.

AlohaCare does not limit, as a matter of conscience, your right to implement an Advance Directive.

## Where can I get an Advance Directive Form?

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There are several resources on the internet.

- [www.health.hawaii.gov/eoa/files/2013/04/AHCD.pdf](http://www.health.hawaii.gov/eoa/files/2013/04/AHCD.pdf)
- [www.caringinfo.org/files/public/ad/Hawaii.pdf](http://www.caringinfo.org/files/public/ad/Hawaii.pdf)[www.aha.org/advocacy-issues/initiatives/piiw/index.shtml](http://www.aha.org/advocacy-issues/initiatives/piiw/index.shtml)

Your doctor or your hospital may also provide you with a copy of an Advance Directive form.

## Can AlohaCare help me learn more about an Advance Directive?

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If you would like to talk to someone who can provide more education on Advance Directives, call AlohaCare at 973-0712 or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990.

# FRAUD AND ABUSE

## What is fraud and abuse?

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Fraud and abuse is when AlohaCare pays for medical services that were not actually provided or that you or your provider knows are not allowed. You have a responsibility and a right to report if you suspect a member or a provider has committed fraud or abuse. AlohaCare will research every report we receive. We will report all cases of fraud and abuse to Med-QUEST.

## Examples of fraud and abuse

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- For a provider to order services that he or she knows are not medically necessary. This is because this may result in AlohaCare paying extra for services that were not needed.
- If someone else uses any drugs, supplies or equipment that your doctor ordered for you and was paid for by AlohaCare.
- If a provider bills AlohaCare for visits or tests that were not performed. It is also fraud and abuse to bill AlohaCare for drugs, supplies or equipment that were ordered for you but that you did not get.

- If someone else uses your AlohaCare member ID card to get medical services or drugs paid for. This is because AlohaCare should only pay for services for our members and not anyone else.

## **Tips to prevent fraud and abuse**

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- Keep your AlohaCare member ID card in a safe place. Do not let someone else use your card. Do not give your member ID number to anyone except your health care provider or his or her office or billing staff.
- Tell us if you think someone else has used your AlohaCare member ID card to get health care services.
- Tell us if someone other than a provider or a provider's office or billing staff is asking you for your member ID number.
- Ask your provider if the services are medically necessary or if there are other options.
- Make sure to let us know if your provider is performing services that do not seem to be necessary.
- We will randomly contact AlohaCare members to make sure that you got the health care services we were billed for. If you did not get the services we ask you about, please tell us so that we can look into it.
- Do not give or sell any drugs, supplies or equipment that your doctor ordered for you.
- If you know of a situation where an AlohaCare member has given or sold any drugs, supplies or equipment to someone else, please let us know.

## **Verification of services**

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You can help us prevent fraud and abuse by verifying the services you received. We may send you a letter and summary of the services we paid for on your behalf. These services include:

- Inpatient or outpatient care
- Home and community based services
- Prescription drugs
- Institutional services

Call AlohaCare if you see mistakes or something does not look right on the summary of services. We will look into your claim to make sure there is no fraud and abuse.

## **Report fraud and abuse**

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Call us immediately to report any kind of fraud and abuse. You can call our anonymous and confidential fraud and abuse hotline at 1-855-973-1852.

### **You can also write to us at:**

AlohaCare  
Attn: Compliance Officer  
1357 Kapiolani Blvd., Suite 1250  
Honolulu, HI 96814

**TELL US WHAT YOU THINK**

## We care about what you think

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Let us know if you have suggestions or comments on how we can better serve you.

### Surveys

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From time to time, AlohaCare or the Med-QUEST Division may send you a survey in the mail or call you to ask questions about what you think of us. The questions may be about:

- Your benefits
- Your doctor or AlohaCare
- How quickly you can get appointments
- What you think can make us better
- The services that were billed by a provider you saw and verify that you received the services.

If we call you, we will tell you who we are and why we are calling you. You do not have to answer any question that you do not want to. If you think the person calling you is not from AlohaCare or the Med-QUEST Division, do not answer any questions.

## NOTICE OF PRIVACY PRACTICES

Effective November 30, 2016 – Revised July 25, 2016

***This notice describes how medical information about you may be used and shared and how you can get this information. Please read it carefully.***

AlohaCare uses and shares protected health information (“PHI”) for your treatment, to pay for care and to run our business. We may also use and share your information for other reasons as allowed and required by law.

### Your Information

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When you see your doctor, there is a record of your visit. This record may have details about your treatment, condition, test results, and more. Your doctor sends claims to AlohaCare to pay for the services you receive. The claims may include some information from your records. We call this information about you and the services that you received your protected health information, or PHI. PHI can be verbal, written or electronic.

As your health plan, we care about keeping your PHI private. Federal law says that we must guard your PHI. This notice tells you about our privacy practices, our legal duties and your privacy rights. This notice will stay in effect until it is changed.

PHI is used in a number of ways, including planning for and coordinating your health care. That is why it may be shared with your doctor or other health care providers. It is used to process claims for the care or services you receive or to review whether the services are right for you.

AlohaCare shares your PHI, as needed, with business associates. Business associates agree to protect your verbal, written, or electronic PHI. They are not allowed to use your PHI other than as permitted by our contract with them.

## How PHI is used

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### We may use your PHI in the following ways:

- For your treatment with your doctor or other health care providers.
- To pay doctors, hospitals and other health care providers for the care you receive.
- To make sure you receive proper health care.

## Other ways PHI is used

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### Your PHI may also be used or shared for:

- To send you information about new health services or about doctors, hospitals and other health care providers.
- To send you a reminder for your next appointment or health screening.
- We may share your PHI with any person or entity whom you give us permission to share your PHI. We may also share your PHI with your family, close friends, or others involved in payment for your care without permission if you are not able to give permission, for example if you are unconscious, and we believe it is in your best interest.
- We may share your PHI with public health or legal agencies that work to prevent or control disease, injury or disability in Hawaii.
- As required by law, we may need to share PHI if we suspect abuse, neglect or domestic violence.
- We may share PHI with agencies that work to help prevent fraud and abuse and for other government activities that watch over health care.
- We may share your PHI with law enforcement officials because of a court order, warrant, subpoena or other law process.
- We may share your PHI with health oversight agencies for activities authorized by law; or special government functions such as military, national security, and presidential protective services.
- We may use or share PHI as required by the federal privacy law.
- We may share PHI with the medical examiner or a funeral director so they can do their job.
- We may share PHI with researchers who are approved to do research projects.
- We may share PHI to protect the health of another person or for the public.
- We may share PHI to help with product recalls.
- We may share PHI to assist with reporting adverse reactions to medications.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We may share PHI to comply with laws on workers' compensation or other programs.
- During a medical emergency or disaster, we may share PHI to make sure you can get the care or services you need.

## When does AlohaCare need your approval to share your PHI?

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### AlohaCare must have your approval to:

- Use and share PHI for marketing reasons.
- Sell your PHI.

Except as stated in this Notice, AlohaCare uses and shares your PHI only with your written approval. You may cancel your approval at any time, unless we have already acted on it. You will need to write to us in order to cancel your approval.

## Your rights

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### You have the right to:

- Ask us to limit how we use your PHI. There may be reasons why we cannot agree to this request. Even if we agree, we may still share records with a health care provider if needed for your treatment in an emergency.
- Ask that your PHI be sent to you by means other than mail or be sent to a different address.
- Ask for and receive a copy of this privacy notice.
- See or ask for a copy of your PHI.
- Ask to change or add to your PHI. In some cases, we may not be able to comply with your request, such as if we did not create the PHI. If we cannot comply with your request, we will explain why in writing within 60 days.
- Ask for and receive a list of people or organizations outside of AlohaCare that we share your PHI with. We share your PHI only for the reasons described in this notice.
- Ask for a paper copy of this notice.
- Be told when there is a breach of your PHI. AlohaCare will tell you of any unauthorized access or sharing of your PHI.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- Give us written permission to use your PHI or to share it with someone you name for any purpose. You may withdraw your permission at any time.
- Ask that we do not send you fundraising information from AlohaCare.
- File a complaint if you believe your privacy rights have been violated. AlohaCare will not take any actions against you if you file a complaint. Your benefits will not change.

## Our duties

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### AlohaCare has certain duties to follow. We must:

- Protect the privacy of your PHI.
- Give you a notice of our privacy practices.
- Notify you when there has been a breach of your PHI.

- Follow the terms of this notice.
- Fulfill your request to send PHI to you by means other than mail or to you at another address. Your request must be reasonable and must let us continue to pay claims, we must say “yes” if you tell us you would be in danger if we do not.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Use and share only the PHI that we and our partners need to do our jobs.
- Make sure our business partners agree to protect your PHI the same way that we do.

We will not use or share your PHI except as required by law or as described in this notice. Not only do all the physicians and providers in our network know that your information is private and confidential, but AlohaCare’s employees know that too. We use training programs and policies and procedures supported by management oversight to make sure employees know the procedures they need to follow so your information – whether in oral, written or electronic format is secure and safeguarded.

AlohaCare has the right to change the terms of this notice. AlohaCare can also make new terms effective for all PHI that is kept. This notice is available on our web site [www.AlohaCare.org](http://www.AlohaCare.org). You can also request a copy at any time.

## Report a problem

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If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. If you file a complaint, we will not take action against you. Send your complaints to:

### **AlohaCare**

#### **Attn: Privacy Officer**

1357 Kapiolani Blvd., Suite 1250

Honolulu, HI 96814

Oahu: 973-0712

Neighbor Islands/Oahu (toll-free): 1-866-973-0712

TTY: 1-877-447-5990

### **Office of Civil Rights, DHHS**

90 7th St, Suite 4-100

San Francisco, CA 94103-6705

(415) 497-8324

TDD: (415) 437-8311

<http://www.hhs.gov/ocr>



## For More Information

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If you would like more information on AlohaCare's privacy practices, please contact AlohaCare at the address and phone number above.

## MAHALO FOR BEING AN ALOHACARE MEMBER!

**Call Us:**

973-0712

Toll-free: 1-877-973-0712

TTY: 1-877-447-5990

Monday through Friday, 7:45 a.m. to 5 p.m. (Except State holidays)

**Write us:**

1357 Kapiolani Blvd., Suite 1250

Honolulu, HI 96814

**Email us:**

[info@alohacare.org](mailto:info@alohacare.org)

**Follow us!**

@AlohaCareHawaii

