

The HMSA Plan for QUEST Members

Member Handbook



HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

Working for a Healthier Hawaii

Table of Contents

Welcome	1
The HMSA Plan for QUEST Members	1
Our Values	2
We Want to Hear from You	2
How to Contact Us	3
General Questions for HMSA	3
Call Us	3
After Hours	3
Visit Our Website	3
Visit Us in Person.....	3
Behavioral Health Questions	4
If You are Hearing Impaired	4
If You Speak a Different Language	4
Questions for State Department of Human Services (DHS)	4
Oahu	4
Call Centers	4
How to Ask for an Authorized Representative.....	4
Commonly Asked Questions.....	5
Membership.....	6
Your Member Card.....	6
Information You Must Report.....	6
Information We Must Report.....	7
Events Ending Your Coverage.....	7
Changing to a Different Plan	7
About Your Plan.....	7
What is an HMO?	7
How Your Doctors Are Paid.....	7
How to Get the Most from Your Plan.....	8
The Role of Your Primary Care Physician (PCP)	8
What You Should Do Before You Need Care	9
What You Should Do When You Need Care	9
General Care.....	9
Specialty Care.....	9
Self-Referrals	9
After Hours Care	9
If You Need Help Scheduling an Appointment.....	9
Choosing a PCP.....	10
What is a PCP?	10
Choosing Your PCP	10
Basic Rules.....	10

Tips for Choosing	10
When to Call Us for Help	10
Changing Your PCP	10
When We Must Assign Your PCP	11
When You Change Your PCP.....	11
How to Access Care.....	12
Appointments	12
Scheduling.....	12
Attending.....	12
Canceling.....	12
Calling Your PCP	12
When You Need Services From a Specialist	12
Self-Referrals	12
Prior Approval	13
Special Health Needs	14
Help Getting Care.....	14
Special Services	14
Complex Medical Cases.....	14
Other Programs.....	15
Emergent & Urgent Care	16
Emergencies.....	16
Care After an Emergency	17
Urgent Care.....	17
Care Away From Home	17
Neighbor Islands.....	17
U.S. Mainland.....	17
Outside the United States.....	17
Routine Care -- Children	18
Help Keep Your Child Healthy	18
Regular Checkups: Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	18
Well Baby Care	19
Immunizations	19
Immunization Schedule.....	20
Note about Children Ages 14 - 17	21
Routine Care -- Adults.....	22
Reminder for Screening & Vaccination Program (RSVP).....	22
Immunize for a Lifetime of Protection	22
Maternity Programs	22
The Good Pregnancy Program - <i>He Hāpai Pono</i>	22
Diabetes During Pregnancy.....	23
Postpartum Depression Program	23
Stop Smoking Program: Ready, Set, Quit!	24

Health Education Classes	24
Chronic Disease	26
What is the Care Connection Program?	26
QUEST Benefits.....	27
What Does Medically Necessary Mean?	27
Primary Care Physician (PCP).....	27
Prescription Drugs.....	28
What's Covered.....	28
Preventive.....	30
Inpatient Services	30
Outpatient Hospital Services.....	31
Emergency	32
Other Facility Services	32
Physician Services	33
Good Health When You Are Pregnant.....	33
Special Services That Promote Health.....	33
Family Planning Services	34
Mental Health	34
Prescription Drugs	35
Therapy to Rehabilitate	35
Prostheses, Orthoses, Supplies & Equipment.....	36
What's Not Covered.....	39
Rights & Responsibilities	41
Your Rights	41
Respect	41
Privacy and Information	41
Your PCP.....	41
Your Plan	41
Your Medical Condition	42
Right to Consent or Refuse	42
Care.....	42
Providers.....	43
Consistency	43
Treatment Decisions.....	43
Right to Financial Protection	44
Your Responsibilities.....	44
Self-Management.....	44
Grievances & Appeals	45
Grievances	45
When to Pursue	45
We Will Help You Write Your Grievance	45
Timeframe.....	45

When You Disagree	45
What You Can Do.....	45
Timeframe	45
Appeals	46
When to Pursue	46
Information to Include.....	46
We Can Help You Write Your Appeal	46
Timeframe.....	46
Mail or Fax Written Grievances or Appeals	46
Phone Number	47
Expedited Appeals	47
When to Pursue	47
Information You Must Include	47
We Can Help You Write Your Expedited Appeal	47
Timeframe.....	47
How to File an Expedited Appeal.....	47
State Fair Hearing	48
External Review	48
Continuation of Benefits	48
General Provisions	49
Keeping Information Private	49
Release of Information to a Third Party	49
Reporting Fraud and Abuse.....	49
Advance Directives	50
Make Your Wishes Known.....	50
Other HMSA Plans You May be Eligible to Join.....	50
Terms	51

Welcome

The HMSA Plan for QUEST Members

Welcome to The HMSA Plan for QUEST Members. We are proud to be part of the Hawaii QUEST program. Your plan is a health maintenance organization. You may also know this type of plan as an HMO plan.

This document is your *Member Handbook*. It has information about your medical plan. It tells you how to access benefits. Plus, it gives you what you need to know about preventive health services and programs. Please take some time to review your handbook. After you are done reviewing it, be sure to keep it for your records. You can also find this handbook on our website at hmsa.com.

This document contains important information about your HMSA QUEST plan. If you would like this document translated in Chinese, Korean, Ilocano or Tagalog, or if you would like to have it orally translated at no charge to you, please call HMSA at 948-6486 or 1 (800) 440-0640 toll-free.

Thank you for choosing HMSA.

此文件含有關於您的 HMSA QUEST 計劃的重要資訊。如果您想要把這一文件譯成中文版本，或者您想要有人為您免費口頭翻譯一下，請給HMSA 打話：948-6486 或 1 (800) 440-0640 免費電話。

본 문서에는 HMSA QUEST 플랜에 관한 중요한 정보가 있습니다. 만약 귀하가 한국어 등으로 번역된 문서를 원하거나 혹은 무료로 이 문서에 대해 구두로 듣고 싶으면 HMSA 전화번호 948-6486, 혹은 무료전화번호 1 (800) 440-0640으로 전화하기 바랍니다.

Ang dokumentong ito ay naglalaman ng mga importanteng impormasyon tungkol sa iyong planong HMSA QUEST. Kung gusto mo na ang dokumentong ito ay isalin sa wikang Tagalog o kung nais mo na ipaliwanag ito sa iyo nang walang bayad, mangyaring tumawag sa HMSA sa numerong 948-6486 o sa 1 (800) 440-0640 libreng tawag.

Daytoy a dokumento ket naglaon iti napateg nga impormasyon maipanggep iti planoyo nga HMSA QUEST. No kayatyo a maipatarus daytoy a dokumento iti Ilocano, wenno no kayatyo a maipatarus bayat ti pannakaibasana nga awan ti bayadanyo, tumawag laeng koma iti HMSA iti 948-6486 wenno 1 (800) 440-0640 libre a tawag.

Our Values

Our goal is to provide you with the best health plan we can. Here is how we try and meet that goal:

- Build and maintain mutually respectful relationships with our members and Doctors. This helps promote effective, quality health care and service for our members.
- Focus on wellness and prevention. This approach helps keep our members healthy. It also lowers the risks of illness when it does occur. And it can make managing a condition less complex.
- Offer services that help our members get well when they are sick.
- Hold network Doctors to our standards. We aim to select Doctors who:
 - Deliver quality health care.
 - Score high in patient care.
- Inform our members.
 - We do our best to describe how the health plan works.
 - We tell you how network Doctors are paid.
 - We explain how monitoring use supports good health care.
- Give our members and Doctors rights.
 - Voice grievances.
 - Appeal decisions.
 - Receive timely reply from us.
- Do not reward Doctors or others to deny care that you may need.
- Do not reward our employees with money for denying care our members need.

We Want to Hear from You

What you have to say is important to us. Please call or write to us if you have comments or suggestions about our program, policies or procedures.

How to Contact Us

General Questions for HMSA

You can reach us at the phone numbers and addresses listed in this chapter. Please feel free to call us with any questions you may have. We will help you. Your questions may be related to any of the following or another subject related to The HMSA Plan for QUEST Members:

- Benefits.
- A list of providers.
- Claims.
- How to get care.
- Your handbook.
- How to get this handbook in a different format. For example, written in another language, shown in a larger text, or in audio format.
- How we do business, how we work, or how we are organized.

Call Us

You may reach us between 7:45 a.m. and 4:30 p.m., Monday through Friday. The phone numbers listed here also appear at the bottom of each page. Use these phone numbers to contact us except when we give you a unique number to call. When these general numbers apply, text will say, “call us.” When a unique number applies, the actual number will appear within the text that describes the situation.

- 948-6486.
- Toll-free: 1 (800) 440-0640.
- **After Hours:** When our offices are closed, you can call and talk to our Care Finders at 1 (800) 820-7248 toll-free.

Visit Our Website

hmsa.com

Visit Us in Person

We have offices on all the islands listed here. You may visit us between 8 a.m. and 4 p.m., Monday through Friday.

Main Office			
OAHU	818 Keeaumoku St.	Honolulu, HI 96814	948-6486
Branch Offices			
HILO	670 Ponahawai St., Suite 121	Hilo, HI 96720	935-5441
KONA	75-1029 Henry St., Suite 301	Kailua-Kona, HI 96740	329-5291
KAUAI	4366 Kukui Grove St., Suite 103	Lihue, HI 96766	245-3393
MAUI	33 Lono Ave., Suite 350	Kahului, HI 96732	871-6295

Behavioral Health Questions

If you have a question related to behavioral health, call:

- 952-4400
- Toll-free: 1 (888) 225-4122

If You are Hearing Impaired

If you are hearing impaired, call us at the telephone display device (TDD) number: 948-6222.

If You Speak a Different Language

If you speak a different language and need interpretation services or need your health plan information translated, please call us.

Questions for State Department of Human Services (DHS)

If you have questions about your QUEST membership, please contact DHS.

Oahu

State Department of Human Services (DHS)

Med-QUEST Division Oahu

Applications Unit 587-3521

801 Dillingham Blvd., 3rd Floor

Honolulu, HI 96817

Ongoing Unit 587-3540

Kapolei 692-7364

Call Centers

- Oahu: 524-3370
- Neighbor Islands: 1 (800) 316-8005
- Big Island
 - East Hawaii (Hilo): 933-0339
 - West Hawaii (Kona): 327-4970
- Kauai: 241-3575
- Lanai: 565-7102
- Maui: 243-5780
- Molokai: 553-1758

How to Ask for an Authorized Representative

If you would like your doctor or someone else to be your authorized representative and to talk to HMSA on your behalf, you will need to let us know by filling out a Member Authorization Form. You can get a copy of the form on our website at hmsa.com or you can call us and we will send you the form.

Commonly Asked Questions

Here are some commonly asked questions about The HMSA Plan for QUEST Members. We say who you should call if you have a similar question. Contact information appears earlier in this chapter.

Question	WHO TO CALL		
	DHS	HMSA	Behavioral Care Connection
What is going on with my QUEST application?	X		
I got a full-time job. Am I still eligible for QUEST?	X		
Do I have to pay a premium?	X		
Why was my QUEST membership canceled?	X		
I just got married (or pregnant or I moved).	X	X	
Does my HMSA plan cover my child?		X	
What services does my HMSA plan cover?		X	
I want to change my primary care physician.		X	
I need to see a Doctor, but I don't know who my primary care physician is.		X	
My claim was not paid.		X	
My spouse died recently and now I can't handle things by myself.			X
I'm afraid someone in my family is using drugs and I don't know what to do.			X

Membership

Your Member Card

When you join HMSA, we will send you an HMSA member card. If you lose your card, please call us and we will send you a new one. You will also get a new card if your plan changes in some way. If we send you a new card, please throw away the old one.

When you receive your card in the mail, here is what you should do:

- Check it to make sure information is correct. If you need to make changes, please call us.
- Always carry it with you.

Your card contains important information:

- Your name.
- The name of your primary care physician (PCP).
- Other information your Doctor needs.
- Information about other health insurance you may have. This appears in the TPL1 and TPL2 sections of your card. TPL stands for third-party liability. For most QUEST members, these lines are blank. However, if you have other health insurance, the other plan is primary. Your QUEST plan is secondary. You must use your primary plan first before any QUEST claims will be paid. If you do not use your primary plan first, you may have to pay for the services you receive.

Information You Must Report

You must report all changes that may affect your QUEST membership. Contact us (or the state Department of Human Services-DHS) about any changes. See How to Contact Us on page 3.

Here are some examples of when you need to notify us:

- Change in address or phone number.
- Relocation to a different island.
- Marriage or divorce.
- Pregnancy.
- Birth or adoption.
- Death of a family member.
- Admittance to a Hawaii State Hospital or prison.
- The need for long-term care.
- A change in your health (such as a permanent disability).
- Inability to meet citizen documentation requirements.
- Treatment for injuries from a car accident or a workers' compensation claim.
- Enrollment in other health insurance or Medicare.

Information We Must Report

If we make any major changes to your health plan, we will tell you in writing. Following are examples of what we consider major changes:

- PCP leaves the network.
- Benefits change.
- Plan's operations change.

Events Ending Your Coverage

DHS can remove you and your family from HMSA's Plan for QUEST Members for the following reasons:

- You move out of the state of Hawaii.
- You do not qualify for QUEST anymore.
- You choose another plan during the Hawaii QUEST Plan Change Period.
- You switch to a different Medicaid coverage category.
- You are admitted to the Hawaii State Hospital or prison.
- You used false information to qualify for this QUEST plan.

In the event any of the above occurs, DHS will send you a letter. The letter will state the reason why your plan is ending. It will also show the date your plan ends. After the date on the letter, you are no longer eligible for coverage. You may not use your HMSA card to get care.

If you do not agree with DHS, you may question their decision. You must send your written inquiry to DHS within 10 days of the letter's date.

Changing to a Different Plan

You can only change your plan during the state's Hawaii QUEST Plan Change Period that usually happens in May. DHS will send you information on how to change plans during this period.

About Your Plan

What is an HMO?

Being part of an HMO is like having your own health care team. Your team will assist you with all your health care needs. The players on your team include your health plan, your PCP, other health care providers, and most of all, you.

How Your Doctors Are Paid

When an HMSA Doctor cares for you, the Doctor bills HMSA. HMSA pays the Doctor a fee for that service. Some Doctors have a different arrangement; HMSA pays them a set amount each month to care for a group of patients.

How to Get the Most from Your Plan

Be active in your health care by taking care of yourself. When you are sick or hurt, you should get care right away. But sometimes you might not know if your illness or injury needs the attention of a Doctor. If you establish a good relationship with your PCP, you can call on your PCP to help you decide if care is needed.

It's important for you to work closely with your Doctor:

- Tell your Doctor about changes in your health.
- Listen when your Doctor tells you how to take care of yourself.
- Ask questions and be sure you understand what your Doctor is saying.
- Follow your Doctor's instructions.

There are other ways to take an active role in your health care and get the most from your HMSA plan. Can you say "yes" to the following items? If the answer to any of the items is "no", please talk to your Doctor or call us:

- I take good care of myself.
- I know what my HMSA plan covers.
- I always call my Doctor to make an appointment first.
- I am always on time for my appointment.
- My Doctor answers all my questions.
- I follow my Doctor's instructions.
- I make and keep all my appointments.
- I get regular physical exams.
- I take my medicine when I'm supposed to.
- I ask my Doctor and pharmacist for generic medicines.
- I know what a medical emergency is.
- When I need surgery, I ask my Doctor if it can be done without staying in the hospital overnight.

The Role of Your Primary Care Physician (PCP)

PCP refers to your personal Doctor. The term PCP is used throughout this handbook. Your PCP may be a specific physician, or a clinic or health center. Your PCP provides your care, unless your condition requires more advanced services. In this case, your PCP will refer you to a specialist and/or hospital. For information about choosing a PCP, see the next chapter.

The relationship you have with your PCP is important. Your PCP will help to make sure you get the health care you need. Your PCP will also help manage your health care needs and make the most of your plan benefits. So, contact your PCP when you need medical care. The following are examples of medical care:

- Preventive services.
- Referral to specialists.
- Hospitalization.
- Emergency care.

If you have trouble finding the right care or if you do not have a regular Doctor, contact us. With our large network of providers, we can help find someone who is right for you and your family.

What You Should Do Before You Need Care

Your PCP is responsible for coverage 24 hours a day, seven days a week. You should have the following information about your PCP before you need medical care:

- Location of your PCP's office or offices.
- Your PCP's regular office hours (what days and times do they see patients).
- How to reach your PCP after regular office hours, on weekends and holidays.
- Who will cover for your PCP when he or she is not available.

What You Should Do When You Need Care

General Care

Call your PCP at the first sign you may be sick or hurt. Also call if you need preventive health care. Depending on your medical needs, your PCP may tell you how to take care of yourself over the phone. Or, you may be asked to make an appointment. Make sure you follow your PCP's instructions.

Specialty Care

Your plan pays for services provided or arranged by your PCP. If you require specialty care, your PCP must arrange for you to see a specialist. If your PCP does not arrange for the services, you may have to pay for charges yourself. This same rule applies if:

- You need follow-up services with a specialist.
- The specialist you are referred to sends you to another Doctor.

Self-Referrals

There are some cases when you can see a specialist without a referral from your PCP. These are called Self-Referrals. For details about self-referrals, see *How to Access Care* starting on page 12.

After Hours Care

For after-hours services, please call your PCP. You may also call Care Finders. The Care Finder number is 1 (800) 820-7248 toll-free.

If You Need Help Scheduling an Appointment

If you are unable to or need help making an appointment, please call us.

Choosing a PCP

What is a PCP?

PCP stands for Primary Care Physician. This Doctor acts as your personal health care manager. When you enroll in HMSA's Plan for QUEST Members, you must select a PCP.

The PCP you choose may have other Doctors who work in his or her office. The QUEST program covers these health care providers when you get services from them for which they are licensed and/or certified to provide. With the exception of an emergency, you must get all of your care from Doctors who participate in HMSA's QUEST network. This includes prescriptions for medicine. If you get a prescription from a Doctor or pharmacy that is not in HMSA's QUEST network, it will not be covered. For information about an emergency, see Emergent & Urgent Care starting on page 16.

Choosing Your PCP

Basic Rules

- Choose a PCP who works on the island where you live.
- Tell us who you select within 10 days of becoming a member. Write or call us. If you write us, please use the Primary Care Physician Selection Form. We send this form to you in the mail when you first enroll.

Tips for Choosing

- Do you already have a Doctor you would like to stay with? If yes, check for the Doctor's name in The HMSA Plan for QUEST Members Participating Provider Directory. We send the directory to you in the mail when you first enroll.
- What are your personal preferences? For example, do you prefer a male or female Doctor? Do you have a cultural preference? Do you need the Doctor to speak a certain language?

When to Call Us for Help

- You need more information about a Doctor.
- You can't decide on a PCP and need help choosing.
- You need to see a Doctor before you select a PCP.

Changing Your PCP

In general, you may change your PCP once per year. Usually you can do so in the month of May. May is when Hawaii QUEST has its annual Plan Change Period. Changes you make in May start on July 1st. If you need to change your PCP, call us.

The events listed here are exceptions to the general rule. These events allow you to change who is your PCP when the event happens. You will not need to wait until May:

- You move.
- You have a child who outgrows his or her pediatrician.
- You are pregnant and need an OB/GYN.
- You wish to change to a different Doctor after your baby is born.
- You are not happy with your PCP. If you are not happy with your PCP, changes may be made when the request is possible and appropriate. It may be reviewed on a case-by-case basis.
- Your PCP moves, retires or is no longer part of the HMSA QUEST program.
- You did not choose your PCP when you signed up because we assigned one to you.

When We Must Assign Your PCP

We will assign a PCP on your behalf in either of these events:

- You do not select a PCP within 10 days of becoming a member. The PCP's name will be printed on your membership card.
- You do not select a new PCP when the one you currently have no longer contracts with us. We will notify you in writing that you need to select a new PCP. You need to make a selection within the timeframe given. If you do not reply within the given timeframe, we will assign you to a new PCP.

Your access to care will not be interrupted during the transition period. Once you tell us who you want for your PCP, we will send you a new membership card with the name of your assigned PCP.

When You Change Your PCP

If you change who acts as your PCP, you will want to understand the new PCP's office procedures. Doing so may help prevent delays when you need care. So, if you change to a new PCP, there are two things you should do before you need services:

- Authorize your old PCP to release your records to your new PCP. This will help your new PCP provide you with the best care possible.
- Contact your new PCP to see if there are any special procedures for new patients. For example, your new PCP may need more time to schedule appointments for new patients. Or, your Doctor may have set times when they take patient calls.

How to Access Care

Appointments

Scheduling

When you need care, call your PCP's office to schedule an appointment. If you are unable to get an appointment or if you need help, call us and we will help you.

Attending

On the day of your visit:

- Check in at the desk.
- Show your HMSA card.
- Tell the office of any changes in your records. For example, you have a new name, address, or phone number.

Canceling

If you are not able to make a scheduled visit, call the PCP's office to cancel. You must cancel 24 hours in advance.

Calling Your PCP

There are times when you need to call your PCP to ask a question during regular office hours. When you call, you should explain your problem to the person who answers the phone. It is common for the person answering the phone to take a message. When they take a message, they will have your PCP or a nurse call you back later. This often happens because your PCP:

- Is busy with a patient.
- Needs to check your records.
- Has set times to take calls from patients. In this case, ask when the best time to call is.

When You Need Services From a Specialist

Your PCP will refer you to a specialist when you need one. If you get care from a specialist without a referral from your PCP, you may have to pay for the charges yourself. An exception to this rule applies to Self-Referral Services (see next). If you cannot reach your PCP when you need to see a specialist, please call us and we will help you receive the care you need.

Self-Referrals

There are some services for which you may see a specialist without a referral. **However, you must see a Doctor in the HMSA QUEST network.** If you receive a self-referral service from a Doctor who is not in HMSA's QUEST network, you are not covered by this plan. In this case, you would be responsible to pay for care yourself. For help finding an HMSA QUEST Doctor, please call us.

You do not need a referral for the care listed in the table below.

TYPE OF CARE	EXAMPLES OF SERVICES	FOR MORE INFORMATION
WOMEN'S ROUTINE AND PREVENTIVE CARE	<ul style="list-style-type: none"> • Breast exams • Breast X-rays (mammograms) • Pap smears <p>Follow-up care or care not related to the routine services should be performed or arranged by your PCP.</p>	See QUEST Benefits starting on page 27.
FAMILY PLANNING	Counseling to prevent pregnancy.	See QUEST Benefits starting on page 27.
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		Call Behavioral Care Connection at: <ul style="list-style-type: none"> • 952-4400 or • 1 (888) 225-4122 toll-free
VISION CARE	<ul style="list-style-type: none"> • Eye exams. • Eyeglasses to correct vision. <p>Vision care does not include services for a medical problem such as eye pain. If you need an eye exam for a medical problem, you must call your PCP or HMSA before seeing a vision Doctor. If you do not call first, you may have to pay for charges yourself.</p>	See QUEST Benefits starting on page 27.

Prior Approval

Some services your PCP suggests to you may need approval from us. In these cases, your PCP will send us an approval form on your behalf before you receive services. If you receive such services before your PCP receives our approval, the care may not be covered and you will be required to pay for all charges.

You do not need prior approval for emergency services. For information about emergency services, see Emergent & Urgent Care starting on page 16.

Special Health Needs

Help Getting Care

If you have questions or problems about getting the health care you need, call us. Our staff is ready to help you with all of the following:

- Arranging transportation services.
- Finding a language translator (language translation is a free service).
- Helping if you are hearing impaired. Call us at 948-6222 TDD.
- Choosing the right Doctor for you.
- Understanding and following your Doctor's instructions.
- Organizing medications.
- Finding other services covered in your health plan.
- Managing your overall care.
- Getting care when you need assistance.

Special Services

HMSA has services for members who have trouble with any of the following:

- Hearing.
- Seeing.
- Reading.
- Writing.
- Speaking English.
- Making an EPSDT appointment.
- Getting a ride to the Doctor.

If you need help with any of the above, please call us.

Complex Medical Cases

Some medical problems are complex and require that you see many Doctors. For these medical cases, we can help. We will work with your PCP to arrange for the services you need. If you think you have a condition that could benefit from this kind of help, please call us.

Not sure if you should call? We made a list to help you. If you have any of these medical situations, you should call us:

- You have an illness that has lasted or might last 12 months or longer.
- You have a child with an illness that has lasted or might last 12 months or longer and the child is not able to do things most children of the same age can do.
- You have a child with an illness that has lasted or might last 12 months or longer and the child is receiving or needs to receive speech therapy, occupational therapy, and/or physical therapy.
- You have a behavioral health issue that has lasted or might last 12 months or longer. Please call us and ask to speak to a Care Coordinator right away. The phone number is 952-4400 or 1 (888) 225-4122 toll-free.

Other Programs

You may be eligible for free services offered through the state and community. If you or your children qualify, we can help you get in touch with these programs.

PROGRAM NAME	DESCRIPTION
EARLY INTERVENTION	Early Intervention programs are for children between the ages of 0 and 3 who: <ul style="list-style-type: none"> • Have delays in development. • May be at risk of developing a delay and need special medical care and services.
HEAD START	Head Start and Early Head Start programs help meet the health and school readiness needs of eligible children. Free services are available.
SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN	The Supplemental Nutrition Program for Women, Infants, and Children (WIC) helps pregnant women, new mothers and young children eat well and stay healthy. If you are eligible for this program, you receive special checks to buy healthy foods. Examples include milk, juice, eggs, cereal, cheese, and peanut butter. You also can see a nutritionist. Examples of how the nutritionist will help you include: <ul style="list-style-type: none"> • Choosing the right foods to eat during your pregnancy. • Teaching you about breast-feeding. • How to take care of yourself to grow a healthy baby. • Teaching you about infant feeding.

Emergent & Urgent Care

Emergencies

Definition

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; or
- Placing your life or your unborn baby's life in danger while you are pregnant.

Examples

Here are examples of conditions that require emergency services:

- Loss of consciousness.
- Chest pain or other heart attack signs.
- Severe bleeding.
- Sudden weakness or numbness on one side.
- Sudden severe headache (if there's no history of migraines).
- Disorientation.
- Severe and persistent abdominal pain.
- Bad pain.
- Breathing problems.
- Poisoning.
- Drug overdose.
- Convulsions or seizures.
- Bad allergic reaction.
- Bad burns.
- Broken bones.

Guidelines

If you need emergency care:

- Call 911, or
- Go to the nearest hospital or clinic that provides emergency care.

Emergency services are covered if the problem is an emergency. You can go to any emergency room even if it is not in our network. You do not need prior approval for emergency care.

If you need routine care, call your PCP. Your PCP knows your medical history and will work with you and other Doctors to get you the care you need.

Care After an Emergency

When you receive emergency care, you are also covered for care that keeps your condition stabilized after an emergency. This treatment is called post-stabilization services.

Urgent Care

Definition

Urgent care is care for a medical condition that is serious but not life threatening and you need care within 24 hours.

Examples

Here are examples of conditions that might require urgent care:

- Sprains.
- Strains.
- Earaches.
- Sore throats.

Guidelines

When you need urgent care, call your PCP even if it is after-hours. If you don't know who your PCP is, call us.

Care Away From Home

Neighbor Islands

If you will be away from your home island visiting a Neighbor Island for a long period of time, please call us. If you call us before you go, we can arrange for your care while you are gone. You are also covered for emergency services while off-island.

If you need care that is not on your home island, your PCP may refer you to a specialist on a Neighbor Island. If this happens, your PCP will work with us to arrange your care. We will also arrange and pay for air, ground transportation, lodging and meals while you are away from home. If there is a medical reason and we approve an attendant, we will also pay travel expenses for one adult to accompany and assist you. Expenses for travel not arranged by HMSA will not be reimbursed.

U.S. Mainland

If you travel to the U.S. Mainland, you are covered for emergency care. Children are also covered for all medically necessary EPSDT services.

If you need care that is not available in the state of Hawaii, your PCP must ask us for prior approval to see a specialist in the U.S. Mainland. If approved, we will work with you and your PCP to arrange your care. We will also arrange and pay for air, ground transportation, lodging and meals while you are away from home. If there is a medical reason and we approve an attendant, we will also pay travel expenses for one adult to accompany and assist you. Expenses for travel not arranged by HMSA will not be reimbursed.

Outside the United States

You are not covered for any services outside the United States. This includes care for both children and adults.

Routine Care -- Children

Help Keep Your Child Healthy

Regular checkups and medical care are important. They help keep your child healthy. This chapter tells you about preventive services. Many of them are free when your child is enrolled in this plan.

If your child is ill or injured, take him or her to their PCP. For benefits related to illness or injury, see QUEST Benefits starting on page 27.

Regular Checkups

Your child's regular checkups, shots and many other health care services are free. This program is called Early and Periodic Screening, Diagnosis and Treatment (EPSDT). The EPSDT program covers all QUEST members from birth through age 20. Here is a list of what to expect at your child's EPSDT checkups:

- Height, weight and blood pressure checks.
- Eye exams.
- Hearing tests.
- Oral checkups.
- Lab tests.
- Immunizations.
- Lead and TB (tuberculosis) assessments and screening.
- Mental and physical assessment.
- Screening for behavioral health or substance abuse.
- Medicines, to include fluoride and multivitamins.
- Referrals to specialist for problems found during the exam.
- Health education and guidance about your child's health care, growth and development.

Well Baby Care

Children should have regular checkups. Checkups are needed more often during a child's first year and less often as they get older. We will send reminder letters to you about getting the scheduled care for your child.

Preventive care is very important for children. Such care can help spot problems before they become major. Your child does not have to be sick to get these checkups. You have other benefits under this plan if your child is sick and needs a doctor.

Call us for more information about:

- Your child's QUEST benefits.
- Help finding a PCP for your child to get these checkups.
- Other services not covered by this plan. We can help by sending you to other resources offered in the community.

Remember, all checkups listed here are free!

Well baby exams when your child is:	Checkups when your child is:	Checkups when your child is:	Checkups when your child is:
14 days			
1 month	15 months	Age 6	Age 14
2 months	18 months	Age 8	Age 16
4 months	Age 2	Age 10	Age 18
6 months	Age 3	Age 12	Age 20
9 months	Age 4		
12 months	Age 5		

Immunizations

Immunizations should start at birth. Here are guidelines:

- Most should be given before a child turns age 2.
- A few more are needed between ages 4 and 6.
- Children get remaining immunizations between the ages of 11 to 12. Also, this is the age they should "catch up" on any immunizations they did not get on time. Please talk to your child's Doctor if you have any questions.

You should keep a record of your child's shots. You can record them in the "Official Lifetime Hawaii Immunizations Record." Your child's Doctor can give you a copy. Be sure to bring this record card (or your own) whenever you take your child to the Doctor, hospital or clinic. Make sure the Doctor or nurse signs and dates the card every time your child gets an immunization.

Immunization Schedule - UNITED STATES • 2009

The following chart shows you when your child should receive immunizations.

-Range of recommended ages
 -Catch-up immunization
 -Certain high-risk groups

Vaccine	Age	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B	HepB		HepB			HepB						
Rotavirus				RV	RV	RV						
Diphtheria, Tetanus, Pertussis				DTaP	DTaP	DTaP		DTaP				DTaP
Haemophilus influenzae type b				Hib	Hib	Hib	Hib					
Pneumococcal				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus				IPV	IPV	IPV						IPV
Influenza						Influenza (Yearly)						
Measles, Mumps, Rubella							MMR					MMR
Varicella							Varicella					Varicella
Hepatitis A							HepA (2 doses)				HepA Series	
Meningococcal											MCV	

Vaccine	Age	7-10 years	11-12 years	13-18 years
Tetanus, Diphtheria, Pertussis			Tdap	Tdap
Human Papillomavirus			HPV (3 doses)	HPV Series
Meningococcal		MCV	MCV	MCV
Influenza			Influenza (Yearly)	
Pneumococcal			PPSV	
Hepatitis A			HepA Series	
Hepatitis B			HepB Series	
Inactivated Poliovirus			IPV Series	
Measles, Mumps, Rubella			MMR Series	
Varicella			Varicella Series	

Catch-up Immunization Schedule - UNITED STATES • 2009

For persons aged 4 months through 18 years who start late or who are more than 1 month behind.

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
VACCINE	Minimum age for dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis	6 wks	4 weeks	4 weeks	6 months	6 months
Haemophilus influenzae type b	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at age 15 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose) if current age is 12 months or older and second dose administered at younger than age 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for health children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age.	
Inactivated Poliovirus	6 wks	4 weeks	4 weeks	4 weeks	
Measles, Mumps, Rubella	12 mos	4 weeks			
Varicella	12 mos	3 months			
Hepatitis A	12 mos	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis	7 yrs	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at age 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus	9 yrs	Routine dosing intervals are recommended			
Hepatitis A	12 mos	6 months			
Hepatitis B	Birth	4 weeks	8 weeks (and at least 16 weeks after the first dose)		
Inactivated Poliovirus	6 wks	4 weeks	4 weeks	4 weeks	
Measles, Mumps, Rubella	12 mos	4 weeks			
Varicella	12 mos	3 months if the person is younger than age 13 years 4 weeks if the person is aged 13 years or older			

Source: Centers For Disease Control and Prevention.

Note about Children Ages 14 - 17

If you have children age 17 and under, you must give your consent before they can receive medical care. However, according to state law, children age 14 through 17 can get certain services without your approval. These services include:

- Care for a venereal disease.
- Family planning services.
- Care for a pregnancy.
- Substance abuse services.

Routine Care -- Adults

Your health is important. Preventive care is your key to good health. Examples of routine and preventive care are: immunizations, screenings, tests, and health information and education. You should get this care from your PCP.

We have many programs to help you and your family stay well. The programs help prevent illness. They also help find illness early. Finding illness early makes treatment easier. If you have an illness, you should see your PCP. Also, refer to QUEST Benefits starting on page 27.

Reminder for Screening & Vaccination Program (RSVP)

We know that life can get busy and things like preventive health care can slip your mind. However, preventive health services, like immunizations and preventive screenings, are too important to forget. Preventive screenings help to prevent potentially serious diseases and offer the best chance for early detection and treatment. They are the key to good health!

That's why HMSA created RSVP, Reminder for Screening & Vaccination Program. Through RSVP, you will get a reminder when it's time to make an appointment for preventive care.

Adult QUEST members will receive a personalized birthday card reminder about any overdue screenings or vaccination. This may include screenings for breast, cervical or colorectal cancer; heart disease or diabetes screenings; or vaccination for pneumococcal disease.

When you get these reminder cards, be sure to call your PCP and schedule an appointment as soon as you can.

Immunize for a Lifetime of Protection

Immunizations protect against serious diseases. They are also called vaccinations. You may be most familiar with childhood immunizations. But adults need them, too. Getting the recommended immunizations helps keep you in good health.

Our adult immunization program informs members about flu vaccinations. We follow the advice of the Advisory Committee on Immunization Practices (ACIP). Each fall, we send reminders and information to members based on risk factors. Examples of risk factors are age, asthma, coronary artery disease, diabetes, and chronic obstructive pulmonary disease.

Maternity Programs

We offer education programs to you when you are pregnant. The programs can help you have a healthy baby. The programs are given by health care specialists or through workshops.

The Good Pregnancy Program - *He Hāpai Pono*

If you are pregnant, a nurse care manager may contact you about the *He Hāpai Pono* program. The nurse will provide you with personalized information and guidance. He or she will also help you get the right care. Talk with your nurse care manager about any questions or concerns you may have about your pregnancy. For more information or to register for *He Hāpai Pono*, please call 1 (888) 400-2776 toll-free. You may also ask your Doctor to register you. Once you enroll, we will send you:

- Educational information about your pregnancy.
- Links to other resources in the community.
- A book about pregnancy. You have a choice of books. Here are some that you may choose (titles are subject to change):
 - *Your Pregnancy Week by Week*
 - *Your Baby's First Year Week by Week*

Positively Pregnant

HMSA partners with Kapiolani Medical Center for Women and Children. One of the perks this partnership brings to you is free monthly workshops. The workshops are open to members who are:

- Pregnant (the partner of a woman who is pregnant also is welcome to attend).
- Thinking of starting a family.

We will give you information about prenatal care, signs of early (preterm) labor and what to do if it happens, and treatment and medications that work best to stop preterm labor if discovered early.

We offer the workshops on Oahu at various sites. For workshop information, call:

- 535-7474
- 1 (888) 577-8305 toll-free

Diabetes During Pregnancy

The Diabetes Pregnancy Program is for a woman with diabetes while pregnant. The program gives her information for a healthier pregnancy. Your Doctor may refer you to this program. Diabetes that develops during pregnancy is called gestational diabetes.

Postpartum Depression Program

The Postpartum Depression Program helps new mothers who develop serious depression after giving birth. This program also can help fathers if they happen to develop depression after the birth of their child. The following women are at risk for developing depression:

- Women who gave birth within the last year.
- Women who miscarry.
- Women who recently weaned a child from breast-feeding.

Symptoms of depression may not go away without help from a Doctor. You may not be able to take care of yourself and/or your baby if you do not get help. The good news is that there are safe and effective ways to treat postpartum depression.

HMSA's postpartum depression program is offered through Behavioral Care Connection. A survey will be sent to you shortly after you deliver. We encourage all women to complete it. Then return the survey to us. We will use it to assess the need for program services. For questions or more information, call Behavioral Care Connection's confidential line. The phone numbers are:

- 952-4400
- 1 (888) 225-4122 toll-free

Stop Smoking Program: Ready, Set, Quit!

HMSA's Ready, Set, Quit! program helps members quit smoking and stay smoke-free. It's never too late to quit smoking. Take your last puff with Ready, Set, Quit! Here is what the program offers:

- Phone counseling for 18 months at no cost.
- Help in creating a quit plan just for you.
- Ways to deal with cravings, avoid weight gain, and stay away from smoking.
- Education about nicotine replacement and stop-smoking aids.
- Generic nicotine gum, generic transdermal nicotine patches, and generic Zyban tablets are covered.
- Information on stop-smoking resources in your community. For example, classes, support groups, Internet sites, and alternative therapies.
- Stop-smoking classes from network providers at no cost.

To start your personalized assistance, call Behavioral Care Connection's confidential line. The phone numbers are:

- 952-4400
- 1 (888) 225-4122 toll-free

Health Education Classes

Healthy lifestyle habits can help you live life to the fullest. We use fun, interactive methods to teach you about fitness, nutrition, stress management and overall wellness. As an HMSA member, you are welcome to participate in any or all of our programs at no charge.

For more information on these classes or to enroll, please call us.

CLASS	DESCRIPTION	WHAT YOU WILL LEARN
BODY POWER	Physical activity can help your body perform better. This beginner level class teaches the basics of fitness.	<ul style="list-style-type: none"> • Strengthening. • Aerobics. • Stretching skills. • Exercising safely. • Staying on track.
BODY FORCE	This class helps regular exercisers find new ways to challenge themselves.	<ul style="list-style-type: none"> • Practice strengthening exercises. • Learn why activity helps the body. • Learn how your body uses energy to perform. • Try out "fitness walking" and compare it with other aerobic exercise.

CLASS	DESCRIPTION	WHAT YOU WILL LEARN
MISSION: NUTRITION	This class teaches us that eating right leads to a healthier lifestyle.	<ul style="list-style-type: none"> • Basics about eating habits and portion sizes. • How small changes in diet can control weight and maintain your health.
HEALTHY EATING FOR FAMILIES	Do you struggle with what to cook or buy for quick and easy meals that will keep your family healthy and happy? Learn how while spending time with your kids.	<ul style="list-style-type: none"> • Create shopping lists. • Budget your food costs. • Plan meals. • Experiment with new recipes. • Pack healthy snacks.
STRESS MASTER	We all have stress. The key is to make sure it doesn't control our life. This class offers tips on how to control stress.	<ul style="list-style-type: none"> • Breathing exercises. • Relaxation techniques for the body and mind. • Stress reduction.
ENGAGING IN AGING	This class talks about the changes that happen in our body as we age. The changes affect our muscles, bones, heart and senses.	<ul style="list-style-type: none"> • Exercises good for older adults. • Why a sunny outlook on life affects the quality of life.
STRONG, STRAIGHT & STEADY	Falls are a major health risk for older adults. But they can be prevented.	<ul style="list-style-type: none"> • Factors that increase the risk of falls. • Balance basics and review your own balance and posture. • Exercises that improve stability and mobility. • Exercises that prevent and/or minimize the risk of injury.
MEDITATION FOR HEALTH	Meditation is a simple approach to vibrant good health that has helped millions. Explore the science behind these ancient techniques and apply them to enhance your lifestyle today.	<ul style="list-style-type: none"> • Use the breath to banish stress-related symptoms. • Clear the mind so the body can relax and restore itself. • Choose meatless alternatives for better dietary health.

Chronic Disease

What is the Care Connection Program?

Our Care Connection program offers services and resources outlined in this chapter. We offer this program to help you and your Doctors better manage behavioral and chronic conditions. The programs encourage you to take an active role in taking care of yourself. They may include preventive care, self-care, and outpatient services. For more information about any of the programs listed here, call us at 1 (800) 499-5036 toll-free.

CONDITION	REQUIREMENTS	WHAT YOU WILL GET
ASTHMA AND COPD	You must be age 2 or older to qualify for this program. If you have been treated for asthma or COPD, we automatically enroll you in the program.	<ul style="list-style-type: none"> • Educational materials. • Regular calls from a health professional to help you manage your condition. • Educational tools and reports on the progress of your asthma and/or COPD for your Doctor.
CARDIAC CONDITIONS	You must be age 18 or older to qualify for this program. If you have been treated for coronary artery disease and/or heart failure, we automatically enroll you in the program.	<ul style="list-style-type: none"> • Educational materials. • Regular calls from a health professional to help you manage your condition. • Educational tools and invitations to attend cardiac care workshops for your Doctors.
DIABETES	You must be age 2 or older to qualify for this program. If you have been treated for diabetes, we automatically enroll you in the program.	<ul style="list-style-type: none"> • Educational materials. • Regular calls from a health professional to help you manage your condition. • Diabetes education classes for you and your family members. • Educational tools and invitations to attend diabetes workshops for your Doctor.
CHRONIC KIDNEY DISEASE	You must be age 18 or older to qualify. If you have been treated for chronic kidney disease, we automatically enroll you in the program.	<ul style="list-style-type: none"> • Educational materials. • Regular calls from a health professional to help you manage your condition. • Newsletters, reports, and disease management information for your Doctors to help them manage your condition.
BEHAVIORAL CARE CONNECTION	Our Behavioral Care Connection program assists members with access to their mental health or substance abuse benefits. Behavioral Care Connection is available to help you find providers and mental health and substance abuse services covered by your plan.	<ul style="list-style-type: none"> • You will receive individual and confidential help to find a behavioral health specialist, coordinate appointments, and information on community resources that meet your needs. You may also be eligible for case management services and follow-up services. For more information, call Behavioral Care Connection's confidential line. • 952-4400 • 1 (888) 225-4122 toll-free

QUEST Benefits

This chapter provides a quick list of your QUEST benefits. For a complete list, please see your Hawaii QUEST information booklet. You can get a copy of this booklet from the state.

If you get services that are not covered by your plan and you cannot pay for them, you will not lose your QUEST benefits. If you have questions, please call us.

What Does Medically Necessary Mean?

Your plan covers care that is medically necessary when you are sick or hurt. This means that the service or supply meets all of the following criteria:

- The purpose of the service or supply is to treat your medical condition.
- The treatment is the most appropriate delivery or level of service, considering potential benefits and harm to you.
- The treatment is known to be effective in improving health outcomes provided that:
 - Effectiveness is determined first by scientific evidence;
 - If no scientific evidence exists, then by professional standards of care; and
 - If no professional standards of care exist or if they exist but are outdated or contradictory, then by expert opinion.
- Cost effective for the medical condition being treated compared to alternative health interventions, including no intervention. Cost-effective shall not necessarily mean the lowest price.

Definitions of terms and additional information regarding application of this standard are contained in the Patients' Bill of Rights and Responsibilities, Hawaii Revised Statutes § 432E-1.4. If you would like a copy of this law, please call us.

Your Doctor may not bill or collect charges for services or supplies that do not meet HMSA's payment determination criteria unless a written acknowledgement of financial responsibility, specific to the service and signed by you or your legal representative is obtained prior to the time services are rendered.

Your Doctor, however, may bill you for services or supplies, which are excluded from coverage by obtaining a written acknowledgement of financial responsibility from you or your legal representative. See What's Not Covered starting on page 39.

The care you receive must be consistent with HMSA's medical policies. Our policies are written by HMSA Medical Directors who are physicians. Each policy provides detailed coverage criteria for a specific service, drug or supply. If you have questions about the policies, please call us. If you would like a copy of a policy that relates to your care, please call us.

Primary Care Physician (PCP)

Remember, in most cases, you should receive care from or arranged by your PCP. If you do not, you may be required to pay. See Choosing a PCP starting on page 10. This rule does not apply to certain self-referrals and any emergency.

- For information about self-referrals, see How to Access Care starting on page 12.
- For information about an emergency, see Emergent & Urgent Care starting on page 16.

Prescription Drugs

When you go to a participating HMSA pharmacy to fill a prescription, the pharmacist will put your data into the computer. The computer will check:

- If the drug can be filled.
- Supply limits.
- Unwanted side effects that might occur with other medicine you take. The computer system only gives information on prescription drugs. And only those you take while you are a member of an HMSA plan. So it is important to tell the Doctor about all the drugs you take. Please do so whether the drug is one you bought at the pharmacy or in the store over-the-counter.

The computer is able to check for all these things in a short time as you wait. If an unwanted side effect shows up, the pharmacist will check with your Doctor. If he or she can't reach your Doctor, you may have to pick up your prescription later. You will need to wait until the pharmacist is able to speak with your Doctor.

What's Covered

The following chart has information on QUEST benefits that are covered by your HMSA plan. Please note that if you are under age 21, you may qualify for more services as allowed under federal Medicaid rules and regulations.

SERVICE	DESCRIPTION	RECOMMENDATIONS / LIMITATIONS	CHARGES
PREVENTIVE			
BLOOD PRESSURE	Blood pressure measurement.	<ul style="list-style-type: none"> • Once per office visit; or • Every two years up to age 65; or • Annually for members age 65 and older. 	None
BLOOD TESTS			
CHOLESTEROL	Total cholesterol level blood test.	Once every 5 years for: <ul style="list-style-type: none"> • Men age 35-65. • For women age 45-65. 	None
DIABETES	Plasma glucose blood test.	Once every three years for members age 45 and older.	None
CANCER SCREENINGS			
BREAST CANCER	Mammogram with or without clinical breast exam.	<ul style="list-style-type: none"> • Once per year for women beginning at age 40; or • As often as your Doctor suggests. 	None
CERVICAL CANCER	Pap test and pelvic exam.	<ul style="list-style-type: none"> • Every 3 years for women age 21-65; or • Earlier if sexually active. 	None
COLORECTAL CANCER	Single sigmoidoscopy or fecal occult blood test.	Starting at age 50: <ul style="list-style-type: none"> • Once per year for fecal occult blood or stool blood test; or • Sigmoidoscopy every 5 years. 	None

SERVICE	DESCRIPTION	RECOMMENDATIONS / LIMITATIONS	CHARGES
CANCER SCREENINGS continued			
PROSTATE CANCER	Digital rectal exam and prostate specific antigen.	<ul style="list-style-type: none"> Once per year for men age 50 or older; or As recommended by your Doctor. 	None
OTHER SCREENINGS			
BONE DENSITY	Bone density test to screen for osteoporosis.	Your doctor may need to contact us before you receive this service.	None
CHLAMYDIA	Test to screen for chlamydia.	As suggested by your Doctor for women who are: <ul style="list-style-type: none"> Age 25 and younger; and Sexually active. 	None
DEPRESSION	Screening for mental health.	During office visits starting at age 18.	None
TUBERCULOSIS	Skin test to screen for exposure to tuberculosis.	Once per benefit year starting at age 21.	None
VISION AND HEARING	Tests to screen for vision and hearing problems.	As suggested by your Doctor.	None
HEALTH EDUCATION	Classes and counseling programs. Sample topics include: <ul style="list-style-type: none"> Risks of smoking, alcohol use, and drug use. Dangers of high-risk sexual behavior. Nutrition and exercise. Seat belt and car seat safety. Injury prevention. Calcium intake needs and unintended pregnancy for women. Sun protection and bike safety for children. 	Once during a physical exam from your Doctor.	None
HORMONE TREATMENT	Counseling for peri- and post-menopausal women. Address the potential benefits and risks of: <ul style="list-style-type: none"> Hormone replacement. Other related treatment. 		None
PRENATAL VITAMINS	Multivitamin with folic acid for women who are: <ul style="list-style-type: none"> Pregnant. Actively trying to become pregnant. 		None

SERVICE	DESCRIPTION	RECOMMENDATIONS / LIMITATIONS	CHARGES
SHOTS FOR ADULTS <ul style="list-style-type: none"> • Flu vaccine. • Hepatitis A. • Hepatitis B (if you are at high risk). • Pneumococcal vaccine. • Tetanus-diphtheria (Td) booster. • Measles, Mumps, Rubella • Meningococcal • Herpes Zoster/Shingles • Pertusis • Varicella (Chickenpox) • Human Papillomavirus (HPV) 	Shots that prevent illness for members who are age 21 and older. These are known as either an immunization or vaccination. HMSA follows the guidelines of the Advisory Committee on Immunization Practices (ACIP).	Shots are subject to the limits listed here: Flu Vaccine <ul style="list-style-type: none"> • Once per year if you are age 50 and older. • Once per year if you are younger than age 50 and are at increased risk. Pneumonia Vaccine <ul style="list-style-type: none"> • Once at age 65 or older; or • Age 64 or younger if you are at increased risk. Td Booster <ul style="list-style-type: none"> • Once every 10 years for adults; or • Once every 15 to 30 years if you completed the five-dose series as a child. Measles, Mumps, Rubella <ul style="list-style-type: none"> • Covered if you are between the ages of 19 – 49. Herpes Zoster/Shingles <ul style="list-style-type: none"> • One dose if you are age 60 and older. HPV <ul style="list-style-type: none"> • A three-series dose for women between ages 9-26. Not Covered <ul style="list-style-type: none"> • Immunizations for travel. 	None
WEIGHT / HEIGHT	Weight and height measurement.	Once per visit to your Doctor.	None
INPATIENT SERVICES			
INPATIENT STAY– ADULTS <ul style="list-style-type: none"> • Inhalation therapy and physical therapy. • Lab work, pathology and X-rays. • Medical and surgical intensive care and cardiac units. • Operating room and specialized treatment rooms. • Room and board for semi-private room. • Surgical and anesthetic supplies, drugs and medicines. 	Treatment in a hospital or other inpatient medical facility when your condition requires an inpatient stay.	Admissions You must notify us in advance if an admission is for: <ul style="list-style-type: none"> • An elective procedure. It is expected that you will be admitted on the day the procedure is scheduled. • Services that usually are done in an outpatient setting. Maternity Women in good health with deliveries that are not complex may stay in the hospital for up to: <ul style="list-style-type: none"> • 48 hours after a natural birth. • 96 hours after a Caesarean section delivery. 	None

SERVICE	DESCRIPTION	RECOMMENDATIONS / LIMITATIONS	CHARGES
INPATIENT SERVICES continued			
		Mental Health For members age 21 or older, inpatient days are limited to 30 per benefit year. This limit does not apply to: <ul style="list-style-type: none"> • Serious mental illness. • Alcohol dependence. • Drug dependence. 	
OUTPATIENT HOSPITAL SERVICES			
OUTPATIENT HOSPITAL-ADULTS <ul style="list-style-type: none"> • Audiology services. • Blood storage and processing. • Cardiology services. • Lab studies. • Oncology services. • Outpatient surgery services. • Respiratory services. • Speech therapy. • X-rays. • Other services that may be allowed under federal Medicaid rules and regulations. 	Services to prevent, diagnose or manage the pain of an illness or injury.	You must notify us if the services you require are usually done in an office setting.	None
REHABILITATION <ul style="list-style-type: none"> • Occupational therapy • Physical therapy • Speech therapy 	Therapy that helps restore function lost or impaired due to illness or injury.	Physical and occupational therapy must meet all of the criteria listed here. The therapy is: <ul style="list-style-type: none"> • Ordered by a Doctor. • Part of a treatment plan. • Received from a licensed physical or occupational therapist. • Necessary to restore neurological or musculoskeletal function lost or impaired due to illness or injury. • Diagnosis and therapy are covered as described in HMSA's medical policies. 	None

SERVICE	DESCRIPTION	RECOMMENDATIONS / LIMITATIONS	CHARGES
OUTPATIENT HOSPITAL SERVICES continued			
REHABILITATION continued		Visits Prior approval is: <ul style="list-style-type: none"> • Not required for visits that do not exceed the maximum visit number listed in HMSA's medical policies. • Required if you need more therapy than is listed to restore adequate neurological or musculoskeletal function. • Required for speech therapy. • Speech therapy services are covered as described in HMSA's medical policies. 	
EMERGENCY			
EMERGENCY ROOM SERVICES	Services received in an emergency room for an emergency or urgent condition.	Your condition must be a medical emergency. See page 16 for a definition. If the condition does not meet emergency criteria, you pay all charges related to the visit.	None
OTHER FACILITY SERVICES			
SKILLED NURSING FACILITY	Skilled nursing care provided in an acute care hospital or skilled nursing hospital.	Your QUEST plan covers up to 60 days. If you require a longer stay, you may be switched to the Medicaid Fee for Service plan.	None
REHABILITATION SERVICES <ul style="list-style-type: none"> • Corrective surgery. • Durable medical equipment. • Medical supplies. • Occupational therapy. • Physical therapy. • Prostheses and orthoses. • Respiratory services. • Speech therapy. 	Services provided at a rehabilitation hospital.		None
HOSPICE <ul style="list-style-type: none"> • Appliances. • Counseling. • Drugs. • Home health aide. • Home health services. • Inpatient care for pain control and medical management. 	Services for patients with six months or less to live. Services can be provided in the home, outpatient, or inpatient.	While under hospice care, services must be received: <ul style="list-style-type: none"> • From an agency certified by Medicare. • From hospice if the condition is related to the terminal condition. You may receive care outside hospice if the medical condition is not related to the terminal condition 	None

SERVICE	DESCRIPTION	RECOMMENDATIONS / LIMITATIONS	CHARGES
HOSPICE continued <ul style="list-style-type: none"> • Medical social services. • Medical supplies. • Nursing care. • Physician services. • Respite care. 			
PHYSICIAN SERVICES			
PHYSICIAN SERVICES <ul style="list-style-type: none"> • Physical exams. • Screening exams. 	Services provided by or under the direct supervision of a Physician.	If you need the services of a specialist, your PCP must refer you. Specialty services without a referral are not covered. QUEST covers one visit per day per Doctor.	None
GOOD HEALTH WHEN YOU ARE PREGNANT			
PREGNANCY AND MATERNITY CARE <ul style="list-style-type: none"> • Delivery. • Fetal development screenings. • Health education. • Postpartum care. • Prenatal visits. • Prenatal vitamins. • Treatment of missed or threatened abortions. • X-ray and lab tests. 	<ul style="list-style-type: none"> • Classes to help inform you about your pregnancy. • Regular visits to your Doctor to make sure you and your unborn child are OK. • Diagnosis of premature labor. • Diagnostic amniocentesis. • Diagnostic ultrasound. • Fetal stress and non-stress testing. • Services related to labor and delivery. 	Prenatal visits as often as is recommended by the American College of Obstetrics and Gynecology.	None
SPECIAL SERVICES THAT PROMOTE HEALTH			
EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SERVICES <ul style="list-style-type: none"> • Diagnostic tests. • Help getting to or from an appointment. • Help scheduling an appointment. • Preventive care. 	Medical and mental health services to help keep persons 20 years and younger healthy. Examples of the services in this category are: <ul style="list-style-type: none"> • Appropriate medical and behavioral health screening exams. • Complete medical screening exams. • Counseling. • Diagnosis and treatment of acute and chronic medical and behavioral health conditions. • Diagnosis and treatment of eye or ear problems. • Help scheduling appointments. • Immunizations. • Lab tests. 	Your Doctor may need to contact us before you receive these services.	None

SERVICE	DESCRIPTION	RECOMMENDATIONS / LIMITATIONS	CHARGES
SPECIAL SERVICES THAT PROMOTE HEALTH continued			
EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SERVICES continued	<ul style="list-style-type: none"> • Supplies and services to treat conditions detected under EPSDT such as: <ol style="list-style-type: none"> 1. Prescription drugs not on the health plan's formulary. 2. Durable medical equipment not typically covered for adults. 3. Personal care. 4. Private duty nursing services. • Transportation to and from appointments. • Tuberculosis screenings. • Lead screenings. 		
FAMILY PLANNING SERVICES			
FAMILY PLANNING SERVICES <ul style="list-style-type: none"> • Consultations. • Contraceptive pills and supplies. • Counseling. • Infertility diagnosis, but not treatment. • Lab tests. • Medical exams. • Sterilizations. 	Services provided to members who are: <ul style="list-style-type: none"> • Sexually active; and • Of child-bearing age. • All family planning services are voluntary. 	Sterilization Sterilizations need your written consent at least 30 days before the procedure is done. They are not covered if you are: <ul style="list-style-type: none"> • Less than age 21. • Judged mentally incompetent. • Institutionalized. Implants Reinsertion of contraceptives that are implanted requires approval if done within five years of a previous insertion. Over-the-Counter Supplies Any over-the-counter supply must be prescribed by your Doctor.	None
MENTAL HEALTH			
OUTPATIENT BEHAVIORAL HEALTH SERVICES <ul style="list-style-type: none"> • Day treatment. • Diagnostic and laboratory services. • Methadone treatment services. • Outpatient and crisis services. • Physician services. • Therapeutic services. 	Mental health services provided by a licensed: <ul style="list-style-type: none"> • Psychiatrist. • Psychologist. • Advanced practice registered nurse. • Licensed social worker. • Licensed marriage and family therapist. • Licensed mental health counselor. 	Your behavioral health provider will pre-register your first visits with HMSA's Behavioral Care Connection. You may require approval for more visits. People age 21 and over are subject to a limitation of 24 outpatient hours per benefit year. This limit does not apply to: <ul style="list-style-type: none"> • Serious mental illness. • Alcohol dependence. • Drug dependence. 	None

SERVICE	DESCRIPTION	RECOMMENDATIONS / LIMITATIONS	CHARGES
RX			
PRESCRIPTION DRUGS	Prescription drugs and certain over-the-counter drugs that are: <ul style="list-style-type: none"> • On the QUEST list of approved drugs. Most of these drugs are generic. • Prescribed by your Doctor who is licensed to prescribe. 	If the drug you require is not on the QUEST list of approved drugs, your Doctor must request approval for the drug. To determine if it is covered, we ask these questions: <ul style="list-style-type: none"> • Is there a comparable drug on the list that is used to treat your condition? • If there is a comparable drug, have you taken it for a meaningful trial period? • If you have, did you have a bad reaction or did it not work for you? 	None
THERAPY TO REHABILITATE			
PHYSICAL AND OCCUPATIONAL THERAPY	Therapy that helps restore function lost or impaired due to illness or injury.	Physical and occupational therapy is available to you if you meet all of the criteria listed here. The therapy is: <ul style="list-style-type: none"> • Ordered by a Doctor. • Part of a treatment plan. • Received from a licensed physical or occupational therapist. • Necessary to restore neurological or musculoskeletal function lost or impaired due to an illness or injury. • The therapy and diagnosis are described as covered in HMSA's medical policies. Visits Prior approval is: <ul style="list-style-type: none"> • Not required for visits that do not exceed the maximum visit number defined in HMSA's medical policies. • Required if you need more therapy than is listed to restore sufficient neurological or musculoskeletal function. 	None
SPEECH THERAPY	Treatment of communication impairment or swallowing function that has been lost or impaired by injury, illness or surgery.	You must receive prior approval for speech therapy before you receive it. Therapy services are covered as described in HMSA's medical policies.	None

SERVICE	DESCRIPTION	RECOMMENDATIONS / LIMITATIONS	CHARGES
PROSTHESES, ORTHOSES, SUPPLIES & EQUIPMENT			
PROSTHESES AND ORTHOSES	Prostheses and orthoses that help restore function or replace the function of a body part.	You must receive prior approval if the total cost of buying the item is more than \$500. Some items that cost less than \$500 also require prior approval. Penile and testicular prostheses and related services are not covered.	None
MEDICAL EQUIPMENT	Durable medical equipment needed to: <ul style="list-style-type: none"> • Reduce a medical disability. • Restore or improve function. The items can be rented or purchased.	You must receive prior approval before you purchase or rent items if the total cost of buying the item is more than \$500; or If renting the item for the entire time you need it is more than \$500. Some items that cost less than \$500 also require prior approval.	None
MEDICAL SUPPLIES	Medical supplies as prescribed by your Doctor for use in diagnosing and treating a medical condition.	You must receive prior approval before you purchase or rent items if the total cost of buying the item is more than \$500; or If renting the item for the entire time you need it is more than \$500. Some items that cost less than \$500 also require prior approval. Personal care items and non-medical items are not covered.	None
VISION SERVICES <ul style="list-style-type: none"> • Eye exams. • Eyeglasses. • Doctor visits. 	Eye exams to test for refraction. Eyeglasses to improve your vision. Visits to your eye Doctor if you have an eye condition or if you notice a change in your vision.	Vision services are limited as listed here: <ul style="list-style-type: none"> • One routine eye exam every 24 months for adults and 12 months for children. • One pair of eyeglasses every 24 months for adults and 12 months for children. You must select frames from your vision provider's designated assortment. • Contact lenses are covered if you have a condition that can't be corrected with glasses. 	None

SERVICE	DESCRIPTION	RECOMMENDATIONS/ LIMITATIONS	CHARGES
VISION SERVICES continued		<ul style="list-style-type: none"> • Your doctor may need prior approval before you receive contact lenses unless you have a specific medical condition that does not require a prior approval. • Your plan only covers either one pair of glasses or one pair of contact lenses (not both) for every 24 months for adults and 12 months for children. <p>Exception: If there is a change in your vision within 24 months for adults (12 months for children) after receiving glasses or contact lenses, contact your doctor because your vision change may make you eligible to get a new pair of glasses or contact lenses.</p> <p>All of the following require prior approval:</p> <ul style="list-style-type: none"> • Contact lenses, except for certain medical conditions. • Polycarbonate glasses for adults. • Replacement for glasses or contacts that are lost, stolen or damaged before glasses or contacts are 24 months old for adults and 12 months old for children. <p>The following are not covered:</p> <ul style="list-style-type: none"> • Eye surgery to improve your vision so you no longer need glasses. • Tinted lenses used for cosmetic reasons. 	
HEARING SERVICES <ul style="list-style-type: none"> • Hearing aids. • Hearing exams. 	Hearing services include: <ul style="list-style-type: none"> • Hearing exams. • Unilateral hearing aids with standard features. • Ear molds. • Hearing aid batteries. 	Hearing services are subject to these limits: <ul style="list-style-type: none"> • One hearing aid evaluation every 12 months. • Hearing aids once every three years with updated medical justification. • Binaural hearing aids require prior approval. 	None

SERVICE	DESCRIPTION	RECOMMENDATIONS/ LIMITATIONS	CHARGES
OTHER			
AMBULANCE SERVICES	Ground and air ambulance services.	Ambulance services are limited to transportation to or from an acute care facility.	None
TRANSPORTATION SERVICES <ul style="list-style-type: none"> • Air transportation. • Taxi services. 	Transportation is provided when your medical condition requires treatment that is not available in the area where you are. Travel services include: <ul style="list-style-type: none"> • Transportation. • Lodging. • Meals. 	Transportation services require prior approval. You may be allowed one approved attendant to help with any special travel needs you may have if determined medically appropriate. The attendant must be: <ul style="list-style-type: none"> • Age 18 or older; and • Able to help during travel. 	None
HOME HEALTH SERVICES <ul style="list-style-type: none"> • Audiology. • Home health aide. • Medical supplies. • Occupational therapy. • Physical therapy. • Skilled nursing. • Speech therapy. 	Services provided at your home by qualified home health agencies when you: <ul style="list-style-type: none"> • Are homebound due to illness or injury; and • Require part-time skilled nursing care. Services also can be provided at a location other than a hospital, skilled nursing facility, intermediate care facility, or intermediate care facility for mental retardation.	Home health services need prior approval as listed here: <ul style="list-style-type: none"> • Services done more than three times a week during the first 60 days. • All services after 60 days. Custodial and homemaker services are not covered. 	None
OTHER PRACTITIONER SERVICES <ul style="list-style-type: none"> • Advanced practice registered nurses. • Nurse midwives. 	Services that are medically necessary and that are within the scope of practice which the practitioner is authorized to perform under state law.	Services from these practitioners often require a referral from your Doctor. If you are not sure, ask your Doctor. For members age 20 and younger: In addition, chiropractic services deemed medically necessary are included if allowed by federal Medicaid rules and regulations.	None

What's Not Covered

Certain medical care is never covered by this plan. If a treatment, service, supply, or drug is not specifically listed here, it does not always mean it is covered by your plan. Even if your Doctor recommends a service or supply, it may not be covered. If you have questions about your plan, please call us.

The treatments, services, supplies and drugs shown here are never covered:

- Personal care items such as shampoos, toothpaste, toothbrushes, mouthwashes, denture cleansers, shoes, slippers, clothing, laundry services, baby oil and powder, sanitary napkins, soaps, lip balm, band-aids.
- Non-medical items such as books, telephones, beepers, radios, linens, clothing, television sets, computers, air conditioners, air purifiers, fans, household items, motor vehicles or furnishings.
- Experimental and/or investigational services, procedures, drugs, devices and treatments; drugs not approved by the FDA.
- Treatment of complications resulting from previous cosmetic, experimental or investigative services, or other services that are not covered services.
- Gender reassignment – all medical, surgical, and/or psychiatric services and drugs, including hormones, needed for changing the sex of an individual.
- Cosmetic services or treatment to improve physical appearance but does not restore or materially improve a bodily function (e.g., hair transplants, piercing of ears or other body areas, electrolysis, etc.).
- Treatment of baldness, including hair transplants and topical medications, wigs and hairpieces.
- Treatment of persons confined to public institutions.
- All medical and surgical procedures, therapies, supplies, drugs and equipment for the treatment of sexual dysfunction or inadequacies.
- Penile and testicular prostheses and related services.
- Reversal of sterilization, in vitro fertilization, artificial insemination, sperm banking procedures, fertilization by artificial means, and all procedures and drugs to treat infertility or enhance fertilization.
- Care and treatment for sex and marriage problems, family/marriage counseling, bereavement counseling, weight control, employment counseling, primal therapy, long term character analysis, marathon group therapy, and/or consortium.
- Routine foot care; treatment of flat feet.
- Swimming lessons, summer camp, gym membership and weight control classes and smoking cessation classes. (Weight control and smoking cessation classes are not a QUEST medical benefit, but are covered as described on pages 24-25.)
- Beds – Lounge beds, bead beds, water beds, day beds; overbed tables, bed lifters, bed boards, bed side rails if not an integral part of a hospital bed.
- Contact lenses for cosmetic purposes; bifocal contact lenses.

- Oversized lenses, blended or progressive bifocal lenses, tinted or absorptive lenses (except for aphakia, albinism, glaucoma, medical photophobia), trifocal lenses (except as a specific job requirement), spare glasses.
- Refractive eye surgery.
- Physical exams for employment when the patient is self-employed or as a requirement for continuing employment (i.e., truck and taxi drivers' licensing, other physical exams as a requirement for continued employment by the state or federal government, or by private business).
- Physical exams and immunizations for travel – domestic or foreign.
- Physical exams, psychological evaluations as a requirement for Hawaii or other states' drivers' licenses or for the purpose of securing life and other insurance policies and plans.
- Organ transplants not meeting the guidelines established by the Medicaid program and organ transplants not specifically identified as a Medicaid benefit.
- Rest cures, custodial care and homemaker services; private duty nursing for adults age 21 and older.
- Services provided by a medical professional to a member of his or her immediate family or household.
- Biofeedback, acupuncture, naturopathic services, faith healing, Christian Science services, hypnosis, massage treatment (by masseurs) and any other form of self-care or self-help training and any related diagnostic testing. (Self-help classes such as diabetes education, nutrition classes, and prenatal care classes are not QUEST medical benefits, but are available as a community education service to all HMSA QUEST members.)
- Treatment for obesity, weight loss programs, food, food supplements including prepared formulas and health foods. (HMSA QUEST plan covers surgical treatment of morbid obesity. Other services performed for weight loss or weight control are not a benefit. If you are being treated for heart disease, thyroid disease or other medical conditions, be sure your doctor indicates the appropriate medical diagnosis on the claim.)
- Ambulance wait time, physician wait time, stand-by services, telephone consultations, telephone calls, writing of prescriptions, stat charges.
- Treatment of pulmonary tuberculosis when treatment is available at no charge to the general public.
- Treatment of Hansen's disease after a definite diagnosis has been made except for surgical or rehabilitative procedures to restore useful function.
- Topical application of oxygen.
- Orthoptic training.

Rights & Responsibilities

Your Rights

You have rights under this plan. You may make suggestions to us about your rights and responsibilities. If you have a grievance, follow the process described in Grievances & Appeals starting on page 45.

Exercising your rights will not affect in a negative way how we or network providers treat you. This is true regardless of race, physical or mental disability, ethnicity, gender, sexual orientation, creed, age, religion, national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or the source of the payment for your care.

Respect

You have the right to be treated with dignity and respect. This includes the right to treatment that:

- Is fair, without prejudice, and given with regard to your culture.
- Does not restrain or keep you away from others unless it is medically necessary or for safety. Treatment shall not be used to control, punish, or retaliate. Nor shall it be for convenience only.

Privacy and Information

You have a right to information and the privacy of that information. This includes the right to:

- Keep your medical records and talks with your Doctors private.
- Request and receive copies of your medical records. Only you, your authorized representative, or your Doctor may get copies of your records without your written approval. This is true unless otherwise allowed by law.
- Request that your medical records be amended or corrected.
- Know what medical services you can get and how to get them.
- Names and skills of the Doctors involved in your treatment.

Your PCP

You have the right to choose or change your PCP. This includes knowing how to do so. PCP means primary care physician. This is the Doctor or health care provider you will see most of the time and who will coordinate or arrange your care.

Your Plan

You have the right to:

- Know how we make treatment decisions. This includes payment structure.
- Review any bills for services that are not covered. This right is without regard to the payment source.
- Know the reason why a service is not covered.

Your Medical Condition

You have a right to information about:

- Your medical condition. It should be given to you in a way that you can understand. Except for emergency services, the information should include:
 - A description of the procedure or treatment.
 - Significant risks involved with a procedure or treatment.
 - Any alternate course of treatment or non-treatment.
 - Any risks involved with an alternate course of treatment or non-treatment.
 - The name of the person who will carry out the services.
- Any medications you take or may need to take. For example, the name of the drug and how you need to take it.
- Any care you need after you check out of a hospital.

Right to Consent or Refuse

You have the right to consent or refuse treatment. You have the right to take part in treatment decisions.

This includes the right to:

- Work as part of a team with a provider in deciding what health care is best for you.
- Say yes or no to the treatment your Doctor recommends.

Care

You have a right to:

- Advance notice. This includes:
 - The time and location of an appointment.
 - The Doctor providing care.
- Access to care that is timely. This includes:
 - Medical care within 24 hours for immediate care and without prior approval for emergency medical services.
 - Medical care within 24 hours for urgent care and for PCP pediatric sick visits.
 - Medical care within 72 hours for PCP adult sick visits.
 - Medical care within 21 days for PCP routine visits.
 - Medical care within 6 weeks for visits with a specialist or for non-emergency hospital admissions.
- Access to care that is without barrier in accordance with the Americans with Disabilities Act. This includes:

- Being able to get in and out of a Doctor’s office if you have a disability or other condition that limits mobility.
- The right to an interpreter who can:
 - Speak your native language.
 - Assist with a disability.
 - Help you understand information.

Providers

You have the right to:

- Go to a specialist with a referral from your PCP.
- Go to a Doctor who is not in the network if:
 - A network Doctor is not available.
 - A network Doctor does not have the skills to treat your condition.
 - You have a medical emergency and cannot reach a network provider.
 - In these cases, you will not pay more than if you had received the services from a provider in the network.
- Go to an emergency room if you have:
 - A medical emergency.
 - Unusual or extenuating circumstances that prevent you from getting care from your PCP.
- A second opinion at no cost to you.

Consistency

You have the right to coverage that is consistent. This right shall be without regard to diagnosis, type of illness, or condition. Services shall not be arbitrarily denied or reduced (in amount, duration or scope).

Treatment Decisions

You have the right to:

- Discuss treatment options with your Doctor. This right is without regard to cost or coverage.
- Refuse treatment or leave a hospital. Any negative outcome of such decision is your responsibility if it is against the advice of your Doctor.
- Know if a Doctor wants to engage in an experiment that could impact your care or treatment. You have the right to refuse to take part in such research projects.
- Complete an Advance Directive, living will or other directive to give to your Doctors. See Advance Directives on page 50.
- Transfer your rights to a person who has legal authority to make medical decisions on your behalf.

Right to Financial Protection

You are not responsible for:

- HMSA debts in the event we go out of business.
- Services that we choose to cover even though the DHS does not require it.
- Covered services you receive that the DHS or HMSA does not pay the provider for.
- Charges for covered services that are more costly than covered services provided by a network provider due to the fact that the provider:
 - Is under a contract.
 - Was referred to you.
 - Other arrangement.

Your Responsibilities

You have the responsibility to learn and understand each right you have under the QUEST program. You should:

- Ask questions if you do not understand your rights.
- Learn what choices of health plans are available in your area.
- Read your member handbook.
- Comply with all terms of your membership.
- Give your health care providers the information they need to care for you to the extent possible.
- Report changes that may affect your membership.

Self-Management

To the degree possible, you must:

- Participate in decisions relating to service and treatment options, make personal choices, and take action to maintain your health.
- Understand your health problems.
- Work as a team with your provider in deciding what health care is best for you.
- Understand how the things you do can affect your health.
- Do the best you can to stay healthy.
- Treat providers and staff with respect.
- Report any wrongdoing or fraud.

Grievances & Appeals

If you have questions, suggestions, or a grievance about QUEST services, we can help you with most of your questions over the phone. Please call us.

Grievances

When to Pursue

If you are not happy with our staff or a Doctor in the QUEST network, you can file a grievance with us. You, your Doctor, or your authorized representative can file a grievance by calling or writing. You need to file a grievance within 90 days after an incident.

We Will Help You Write Your Grievance

If you need help with a written grievance, we can help. Our grievance coordinator can write a summary of your grievance.

Timeframe

We will respond to the grievance within 30 calendar days from the date we get your grievance if we have all the information we need to reach a decision. We will add 14 more calendar days to our response time if:

- We need more information to reach a decision, or
- You request an extension.

When You Disagree

If you are not happy with our answer to a grievance, you can ask for a “grievance review.”

What You Can Do

You may call or write for a grievance review.

- To file your grievance review over the phone, call 692-8099 or 692-8094. Ask to speak to someone in the member and provider services section.
- To submit a written review, write to the DHS, Med-QUEST Division at:
Med-QUEST Division
Health Care Services Branch
601 Kamokila Blvd., #506
Kapolei, HI 96707

Timeframe

You have 30 days from the time you receive our answer to ask for a grievance review.

The DHS, Med-QUEST Division will respond within 30 days after receiving your grievance review request. The grievance review decision made by the DHS, Med-QUEST Division is final.

Appeals

When to Pursue

You, your Doctor, or your authorized representative can file an appeal with us if:

- You are not happy with your health care services.
- You do not agree with a payment denial.

Inform the grievance coordinator if you want an authorized representative to ask for an appeal on your behalf. The request must be in writing. Include who and for what purposes you are authorizing the person to act on your behalf.

Information to Include

The appeal must be in writing and include:

- Your name, address, phone number, and HMSA member number.
- A description of the problem.
- Copies of papers related to the problem.

We Can Help You Write Your Appeal

If you need help with a written appeal, we can help. Our grievance coordinator can write a summary of your appeal.

Timeframe

You have 30 days after a problem occurs to file an appeal. We have 30 days from the date we get your appeal to answer you. We will add 14 more calendar days to our response time to you if:

- Additional information is needed to reach a decision, or
- You request an extension.

Mail or Fax Written Grievances or Appeals

For written grievances or appeals, mail or fax us the information.

Mail to:

HMSA QUEST
P.O. Box 860
Honolulu, HI 96811-3520
Attn: Grievance Coordinator – QI Room 525

Fax to:

- 948-5680
- 1 (800) 960-4672 toll-free

Phone Number

For grievances or appeals over the phone, contact the grievance coordinator. The phone number is:

- 948-6344
- 1 (800) 440-0640, ext. 6344 toll-free

Expedited Appeals

When to Pursue

You may ask for an expedited appeal if the normal appeal timelines:

- Could seriously put your life or health at risk.
- Could seriously put your ability to attain, maintain, or regain maximum function at risk.

Information You Must Include

The expedited appeal request must be in writing. You must include all of this information:

- Your name.
- Your address.
- Your phone number.
- Your HMSA member number.
- The reason you are requesting an expedited appeal.
- A description of the problem.
- Copies of papers related to the problem.

We Can Help You Write Your Expedited Appeal

If you need help with a written expedited appeal, we can help. Our grievance coordinator can write a summary of your expedited appeal.

Timeframe

You have 30 days after a problem occurs to file an appeal. We have 72 hours from the time we receive your request to answer you. We will add 14 more calendar days to our response time to you if:

- More information is needed to reach a decision, or
- You request an extension.

How to File an Expedited Appeal

Please use the mail, fax or phone information noted earlier in this chapter to file your expedited appeal request.

State Fair Hearing

You can ask for a State Fair Hearing if you are not happy with our appeal decision. The appeal must be in writing. You must submit the appeal within 30 days from the time you received our decision.

You may also send your request for a State Fair Hearing to the DHS. Their address is:

Administrative Appeals Office
P.O. Box 339
Honolulu, HI 96809

If you need help filing a State Fair Hearing or if you want your doctor or someone else to talk to the DHS on your behalf, contact your Med-QUEST eligibility worker.

External Review

You may ask for a review if you are not happy with our grievance or appeal decision. You must submit your request within 60 days of our final decision. The state of Hawaii Insurance Commissioner will conduct the review. Here is their contact information:

- Phone number: 586-2804 on Oahu
- Fax number: 587-5379
- Mailing address:
Hawaii Insurance Division
Attn: Health Insurance Division
External Appeals
250 S. King St., Fifth Floor
Honolulu, HI 96813

Continuation of Benefits

At your request, we can continue to pay for covered services under dispute while you are waiting for:

- An appeal, or
- A State Fair Hearing decision.

However, if the appeal and/or State Fair Hearing decisions are upheld, you must pay for the service(s).

General Provisions

Keeping Information Private

We keep your medical records and information about your care confidential. We do not use or disclose your medical information except as permitted or required by law. You may be required to provide us with information about your medical treatment or condition. In accordance with law, we may use or disclose your medical information (including providing this information to third parties) for the purposes of payment activities and health care operations such as:

- Quality assurance.
- Disease management.
- Provider credentialing.
- Administering the plan.
- Complying with government requirements.
- Research or education.

Release of Information to a Third Party

Federal privacy laws limit what we can discuss with a third party without permission. If you are calling for an adult family member or friend, we need him or her to say it is OK for us to talk with you. You may give permission in a written statement or verbally. If you handle matters for a family member or friend on a regular basis, you may want to arrange a standing authorization. Our Member Services staff can help you set this up.

When you call our Member Services staff, they will confirm who you are before they discuss personal information. This helps protect your privacy. We also can take additional steps. For more information, call us.

Reporting Fraud and Abuse

We do not tolerate fraud or abuse. Examples of fraud and abuse include:

- Letting someone else use your HMSA QUEST membership card to receive health care services.
- Giving or selling your drugs or supplies that were paid by your HMSA QUEST plan to someone else.
- Using false information to qualify for HMSA QUEST membership.

We need your help to spot fraud and abuse. If you think a provider, HMSA staff, or another QUEST member is committing fraud or abuse, contact us. Call HMSA's Fraud and Abuse Confidential Hotline immediately.

- 948-5166 or
- 1 (888) 398-6445 toll-free

Advance Directives

Advance Directives are used if you are too sick to speak for yourself. They are your written wishes about what you want to happen. An Advance Directive tells your friends and family what you want to happen to you if you get too sick to say. Advance Directives should be filled out while you can still think for yourself. You do not have to create an Advance Directive. The choice is yours. You may want to talk to a lawyer or a friend before you fill them out. If your Doctor does not follow your wishes, you can send a grievance to the state of Hawaii, Department of Human Services, or to:

Department of Health
Office of Health Care Assurance
Medicare Section
601 Kamokila Blvd., Suite 395
Kapolei, HI 96707

Make Your Wishes Known

Machines and medicine can keep people alive when they otherwise might die. Doctors often have to decide how long someone should be kept alive. However, you have the right to make your own decision. To ensure your decision is honored:

- Complete an Advance Directive, or
- Execute a power of attorney for health care.

Send your Advance Directive to:

- Your health-care agent (someone you ask to say your wishes when you are too sick to speak for yourself).
- Your PCP and Doctors, and
- Your family and friends who might be involved in caring for you.

Your right to decide is made possible per the Hawaii State law, Uniformed Health Care Decisions Act (Modified) – HRS (Hawaii Revised Statute) Chapter 327E.

If you would like a copy of an Advance Directive optional form created under HRS Chapter 327E or if you would like to talk to someone who can provide more education on Advance Directives, please call us. HMSA does not limit, as a matter of conscience, your right to implement an Advanced Directive.

Other HMSA Plans You May be Eligible to Join

If you are no longer eligible for the Hawaii QUEST program or other state programs, we offer health plans you can buy. For information, call us. You must call within 30 days of losing your QUEST plan. Our phone number is 948-6422, or call your local HMSA office.

Terms

Adult - A QUEST member age 21 and older.

Authorized Representative – The person you appoint, in writing, to act on your behalf if you are not able to act on your own.

Benefits - The health services you can get under QUEST and how much HMSA pays for them.

Child - A QUEST member age 20 and younger.

DHS - The state Department of Human Services.

Doctor – A health care provider who provides care to you. Doctors are covered by us only when they:

- Provide care for a condition for which they have the appropriate licensure and/or accreditation; and
- Are recognized by us.

EPSDT - A federal program that provides preventive health care for children. EPSDT stands for Early and Periodic Screening, Diagnosis and Treatment.

Emergency - A sudden and unexpected problem that puts your life or health in danger and needs care right away.

Enrollment - The process to join HMSA. To enroll, you have to meet certain Hawaii QUEST guidelines.

Family Planning - Services to prevent an unplanned pregnancy.

Grievance - A problem or concern resolved through a set procedure.

PCP/Primary Care Physician - The Doctor you choose as your personal Doctor. Your primary care physician will care for you and arrange for hospital care or specialists when needed.

Plan Change Period - An annual time period established by DHS when QUEST members can change health plans. The Hawaii QUEST Plan Change Period is usually in May. Changes made in May start July 1st.

Participating - A Doctor or facility that contracts with HMSA to care for QUEST members. HMSA will only pay for covered services from these contracted providers.

Physician - A licensed Doctor of medicine, Doctor of osteopathy, or Doctor of podiatric medicine.

Prior Approval - Special approval from HMSA before you can receive certain services. Your Doctor will send the prior approval form to HMSA for review.

Provider - A person or institution that provides health services under a health plan. Providers include Doctors, nurses, specialists and hospitals.

Specialist - A Doctor, surgeon or osteopath who is board certified or board eligible in a specialty listed by the American Medical Association, or who is recognized as a specialist by HMSA.

Urgent Care - Care for medical conditions that are serious but not life threatening and need care within 24 hours.

HMSA is a Hawaii-based health care services organization dedicated, for over 70 years, to improving the health and wellness of individuals and our community. We will provide our customers real value and security by creating a broad range of products that gives them choices of health care plans, provider networks, prices, and other health care services, with a commitment to superior customer service.



HAWAII MEDICAL SERVICE ASSOCIATION

hmsa.com

Telephone Hours of Operation: 7:45 a.m. to 4:30 p.m.

Oahu Phone: 948-6486

Neighbor Island Residents Toll-free: 1 (800) 440-0640

For the hearing- and speech-impaired: TTY/TDD 948-6222

Office Hours of Operation: Monday through Friday, 8 a.m. to 4 p.m.

Honolulu 818 Keeaumoku St. • 96814

Hilo, Hawaii 670 Ponahawai St., Suite 121 • 96720 • Phone: 935-5441

Kailua-Kona, Hawaii 75-1029 Henry St., Suite 301 • 96740 • Phone: 329-5291

Kahului, Maui 33 Lono Ave., Suite 350 • 96732 • Phone: 871-6295

Lihue, Kauai 4366 Kukui Grove St., Suite 103 • 96766 • Phone: 245-3393