

*The HMSA
Plan for
QUEST-Net and
QUEST-ACE
Members*



HMSA



An Independent Licensee of the Blue Cross
and Blue Shield Association

Working for a Healthier Hawaii

The HMSA Plan for QUEST-Net and QUEST-ACE Members

Welcome to HMSA. We're proud to be part of the Hawaii QUEST-Net and QUEST-ACE program.

This is your member handbook. It gives you information on HMSA's Plan for QUEST-Net and QUEST-ACE Members.

Please read the handbook now, and keep it for your records. If you have any questions about the HMSA Plan for QUEST-Net and QUEST-ACE Members, please call:

Oahu.....948-6486
Neighbor Islands.....1 (800) 440-0640
(toll-free)

Thank you for choosing HMSA

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Your HMSA Plan

Take an Active Role in Your Care

To get the most from your health plan, take an active role in your care. To do this, you need 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.

Take Care of Yourself

Being active in your health care also means taking care of yourself. When you're sick or hurt, get care right away.

Sometimes it's hard to tell if you need to see your doctor. If you talk to your doctor and get along well, your doctor can help you decide when to get care.

Get the Most From Your Plan

Be a good health care patient and get the most from your HMSA plan. Can you say "yes" to these items?

- 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.

If you answered “no” to any of these items, please talk to your doctor about them. Or call HMSA for help.

Your Rights and Responsibilities

You have important rights and responsibilities as an HMSA member.

Each member has the following rights:

Information Disclosure

- You have a right to information about HMSA’s Plan for QUEST-Net and QUEST-ACE Members, covered services, the names and qualifications of physicians and health care professionals involved in your medical treatment and your rights and responsibilities.
- You have a right to receive as much information about a proposed treatment or procedure as you need to give an informed consent or to refuse a course of treatment. Except for emergency services, this information shall include a description of the procedure or treatment, medically significant risks involved, any alternate course of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
- You have a right to information about your medications—what they are and how to take them.
- You have a right to be informed of continuing health care requirements following discharge from inpatient or outpatient facilities.
- You have a right to examine and receive an explanation of any bills for non-covered services, regardless of payment source.

Accessibility of Services and Providers

- You have a right to receive emergency services when you, as a prudent layperson acting reasonably, would believe that an emergency medical condition existed

and payment will not be withheld in cases where you seek emergency services.

- You have a right to receive emergency services when traveling outside the service area or in the service area when unusual or extenuating circumstances prevent you from obtaining care from your physician.
- You have a right to a choice of a qualified contracting physician and contracting hospital. (Note: Selection choice may be limited by the provider's patient caseload.)
- You have a right to be provided with a reasonable choice of qualified providers of women's health services.
- You have a right to reasonable continuity of care and to know in advance the time and location of an appointment, as well as the physician providing care.
- You have a right to timely access to your physician and referrals to specialists when medically necessary.

Participation in Treatment Decisions

- You have a right to a candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- You have a right to actively participate in decisions regarding your own health and treatment options.
- You have a right to refuse treatment or leave a medical facility, even against the advice of physicians (providing you accept the responsibility and consequences of the decision).
- You have a right to be advised if a physician proposes to engage in experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
- You have a right to complete an advance directive, living will or other directive to give to your contracting medical providers.
- You have a right to extend your rights to any person who may have legal responsibility to make decisions on your behalf regarding your medical care.

Respect and Nondiscrimination

- You have a right to be treated with dignity and respect and to have your right of privacy recognized.
- You have a right to exercise these rights and to expect HMSA's Plan for QUEST-Net and QUEST-ACE Members and contracting providers will uphold these rights regardless of your race, physical or mental disability, ethnicity, gender, sexual orientation, creed, age, religion or your national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for care. Expect these rights will be upheld by both HMSA's Plan for QUEST-Net and QUEST-ACE Members and contracting providers.

Confidentiality of Health Information

- You have a right to confidential treatment of all communications and records pertaining to your care. You have the right to access your medical records and any clinical information that pertains to you. Except as required by law, written permission from you or your authorized representative shall be obtained before medical records can be made available to any person not directly concerned with your care or responsible for making payments for the cost of such care.

Complaints and Appeals

- You have a right to make complaints and appeals without discrimination and expect problems to be fairly examined and appropriately addressed.
- You have a right to responsiveness to reasonable requests made for services.

HMSA recognizes the following members' responsibilities:

Plan Information and Benefits

- You are responsible to review information regarding your HMSA's Plan for QUEST-Net and QUEST-ACE Members' covered services, policies and procedures as stated in your member handbook.

- You are responsible for complying with all terms of your membership in HMSA's Plan for QUEST-Net and QUEST-ACE Members.
- You are responsible to ask questions of your physician or HMSA's Plan for QUEST-Net and QUEST-ACE Members.
- You are responsible for providing information (to the extent possible) that your HMSA's Plan for QUEST-Net and QUEST-ACE Members, physicians and other care providers need in order to care for you.
- You are responsible for reporting changes which may affect your HMSA QUEST-Net and QUEST-ACE membership.

Self-Management

- You are responsible to understand your health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- You are responsible to do your part to improve your own health condition by following treatment plans, instructions and care that you have agreed on with your physician and other care providers.
- You are responsible to behave in a manner that supports the care provided to other patients and the general functioning of the facility.

Complaints and Fraud

- Please report any wrongdoing and fraud to the appropriate resources or legal authorities.

Advance Directives

You have the right to accept or refuse treatment and to execute an advance directive, such as a living will or durable power of attorney. Under state law, a physician who is aware of a patient's living will must follow the terms of the advance directive if the patient has a terminal condition or is permanently unable to communicate medical treatment decisions.

Requirements related to advance directives are not limited to directives concerning medical care at the end of a member's life. Participating providers must also comply with other forms of members' instructions, such as psychiatric advance directives.

HMSA Doctors

Making Appointments

Always call your doctor's office for an appointment when you need care. If you can't go to your scheduled appointment, please call the doctor's office 24 hours prior to your scheduled appointment.

When you get to the office, please check in at the desk and show your HMSA card. Also, tell them about changes in your records, such as a new name, address or phone number.

Sometimes, you may need to call your doctor during office hours. When you call, please explain your problem to the person who answers the phone. Your doctor might have to call you back later if the doctor is busy with a patient or has to check your records first.

Doctors sometimes have special times to take calls from patients. Ask your doctor when is the best time to call.

Your HMSA Card

When you join HMSA, we'll send you a membership card. Please check it to make sure the information on it is correct. If it's not, please call HMSA.

Your card is very important. Always carry it with you and show it when you receive care. It has information on it that your doctor needs.

The TPL1 and TPL2 sections of your HMSA card are for information on other health insurance that you have. (TPL stands for third-party liability.) For most QUEST-Net and QUEST-ACE members, these lines will be blank.

If you have other health insurance, that other plan is considered "primary" and your QUEST-Net and QUEST-ACE plan is "secondary." You must use your primary plan first before any QUEST-Net and QUEST-ACE benefits may be applied. If you do not use your primary plan first, you may have to pay for the services you received.

If you lose your card, please call HMSA and we'll send you a new one. You'll 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.

Section 3

Emergency Care

What's an Emergency?

An emergency is a sudden and unexpected problem that threatens your life and needs care right away. If you think you need emergency care, call your doctor first. If you can't reach your doctor, call 911 or go to any emergency room. Remember to take your HMSA card with you.

Some examples of conditions that require emergency services include:

- Loss of consciousness
- Chest pain or other heart attack signs
- Heavy bleeding
- Sudden weakness on one side
- Bad pain
- Breathing problems
- Poisoning
- Drug overdose
- Convulsions or seizures
- Bad allergic reaction
- Bad burns
- Broken bones

If you have to stay in the hospital after an emergency, you must call your doctor or HMSA within 24 hours. A family member can also call for you.

Please remember that the emergency room should be used for real emergencies only. HMSA will cover emergency services needed to screen and stabilize members where a prudent layperson, acting reasonably, would believe that an emergency medical condition exists.

HMSA will also cover post-stabilization services related to your emergency care.

Post-stabilization care is a service that's provided to maintain and improve your condition after your emergency medical condition has been stabilized.

Prior authorization is not needed for emergency services.

Urgent Care

An urgent care problem is when you are sick or hurt and it doesn't threaten your life, but you need care right away.

Some kinds of problems that require urgent care are sprains, strains, earaches and sore throats. Call your doctor when you need urgent care.

Section 4

Care While You Are Away From Home

On Another Island

Care on another island is covered as long as you see a participating provider.

On the U.S. Mainland

Care is not covered for any services outside the state of Hawaii.

Outside the United States

Care is not covered outside the United States.

Section 5

QUEST-Net and QUEST-ACE Benefits

Children

Children enrolled in the QUEST-Net and QUEST-ACE program receive the same medical benefits provided under the Hawaii QUEST program. Please refer to The

HMSA Plan for QUEST Members handbook. If you would like another copy, please call HMSA.

Remember, your child must see their Primary Care Physician to coordinate all care and referrals to specialists as needed.

A child is a member age 20 and under.

Adults

This section is a summary of your QUEST-Net and QUEST-ACE benefits.

Certain benefits are limited to a benefit year. A benefit year is defined as July 1 through June 30.

You must get all of your care from HMSA doctors who participate in your QUEST-Net and QUEST-ACE plan. If you get services that your plan does not cover, you may have to pay for them yourself. So please find out about your benefits before you receive care.

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

The following chart has information on QUEST-Net and QUEST-ACE benefits that are covered by your HMSA plan.

MEDICAL BENEFITS – Adults

Service	Charges
Medical Office Visits	
Up to 12 visits per benefit year.	None
Visits to physicians and other providers; family planning services; urgent care services.	
Confirmation of pregnancy and immunizations are not counted toward the 12 visits per year.	
Physical exams not counted toward the 12 visits per year are limited to the following:	
<ul style="list-style-type: none">• Ages 19-35: Once every 5 years• Ages 36-55: Once every 2 years• Ages 55 and older: Once each year	
Immunizations are limited to tetanus and diphtheria.	

Service	Charges
<p>Lab, X-ray and Diagnostic Services</p> <p>Must be associated with one of the 12 office visits above.</p>	None
<p>Mental Health Visits</p> <p>Up to 6 visits per benefit year</p> <p>If you need additional mental health visits, you may use up to 6 of your 12 medical office visits if they have not been used.</p>	None
<p>Prescription Drugs</p> <p>Selected generic antibiotics and certain contraceptives only</p>	None
<p>Outpatient Surgical Care</p> <p>Up to 3 visits per benefit year</p>	None
<p>Emergency Room</p> <p>Emergency Care</p> <p>Non-Emergency Care</p> <p>Emergency room visits for non-emergency care are counted toward your benefit limit of 12 medical office visits per year.</p>	None
<p>Ground Ambulance</p> <p>Only for bonafide emergency room visits</p>	None
<p>Hospital-Medical Surgical and Psychiatric Care</p> <p>Up to 10 days per benefit year.</p> <p>Semi-private room with general nursing and hospital care. Includes services, meals and medicine while you're in the hospital, operating and recovery room, anesthesia, lab tests, X-rays and other radiology services, medical supplies and appliances, and blood and blood products.</p>	None
<p>Translation Services</p>	None

Section 6

What's Not Covered

Exclusions to HMSA's Plan for QUEST-Net and QUEST-ACE Members include but are not limited to:

- Air ambulance
- All dental services, including orthodontic services and supplies
- All services excluded by the Hawaii Medicaid Program
- Allergy testing and treatment
- Blood, blood products, and blood storage on an outpatient basis
- Cardiac and coronary artery surgery involving cardiopulmonary bypass
- Care outside the state of Hawaii
- Cataract surgery with or without intraocular lens implants
- Chiropractic services
- Cosmetic surgery or treatment, reconstructive or plastic surgery to improve appearance and not bodily function
- Durable medical equipment
- Experimental and investigational services
- Eyeglasses, contact lenses, vision exams and refractions for non-medical purposes
- Hansen's disease treatment or follow-up
- Hearing aids and related supplies and services, including fitting, purchase, rental and insuring of hearing aids
- Home health services
- Hospice services
- In vitro fertilization, reversal of sterilization, artificial insemination, sperm banking procedures, and drugs to test fertility
- Maternity and newborn nursery care

- Medical services for an injury or illness caused by another person or third party from whom you may have a right to recover damages
- Medical services provided without charge by any other federal, state, municipal, territorial, or other government agency including Veterans Affairs
- Medical services that are payable under terms of Workers' Compensation, automobile medical and no-fault, or similar contract of insurance
- Organ and tissue transplants
- Outpatient renal dialysis
- Physical, occupational and speech therapies
- Physical examination required for licenses, purposes of securing insurance policies, or to travel
- Refractive keratoplasty
- Rehabilitation services requiring intensive continuous care, inpatient or outpatient, including cardiac, alcohol or drug dependence rehabilitation
- Routine foot care and treatment of flat feet
- Services that are payable under the terms of any other health plan coverage
- Skilled nursing and intermediate care facilities
- Treatment for pulmonary tuberculosis if free treatment is available
- Treatment of persons confined to a public institution
- Use of emergency room for non-emergencies.

If a service or supply is not listed above, that does not mean it's covered by your HMSA plan. Even if your doctor recommends a service or supply, it may not be covered.

Your plan covers services and supplies that are medically necessary when you are sick or hurt. A medically necessary service or supply follows standard medical practice and is required, appropriate and the most cost effective for your illness or injury.

Special Features of Your Plan

Prior Authorization

Your doctor will decide what services you need. There are some tests and other care that need approval from HMSA before benefits are paid. Your doctor will send HMSA the approval form for you. Prior authorization is not needed for emergency services.

Prescription Drugs

When you go to an HMSA pharmacy to fill your prescription, the pharmacist will put your prescription information into HMSA's computer system. If your prescription has a supply limit, the computer will check your claims information and tell the pharmacist if the prescription can be filled. This will happen while you wait.

If the prescription you are filling might interact with something you are already taking, the computer system will alert the pharmacist. The pharmacist will then check with your doctor. If the pharmacist can't get in touch with your doctor, you may not be able to pick up your prescription at that time.

Sometimes drugs will have unwanted side effects because of another drug you are taking. This is why you should tell your doctor about all the medicines you are taking, whether you have a prescription or bought it at the store.

HMSA's computer system can only give the pharmacist information on prescription drugs that you receive while you are an HMSA member. So it's important to tell the doctor about all the drugs you are taking.

Pregnant Women and Newborns

The QUEST-Net and QUEST-ACE program does not cover maternity or newborn care. However, if you become pregnant while covered by QUEST-Net and QUEST-ACE, you will be eligible to transfer to the Hawaii QUEST program until the child is born.

Once the child is born, DHS will redetermine your eligibility for QUEST and QUEST-Net and QUEST-ACE. Please report pregnancies to HMSA right away so we can help you enroll in an appropriate plan.

Grievance Procedures

When You Have Questions, Suggestions or Complaints

If you have questions, suggestions or a complaint about QUEST services, please contact HMSA. Call our Member Services staff at 948-6486 on Oahu or toll-free at 1 (800) 440-0640 on the Neighbor Islands. We can help you with most of your questions over the phone.

How to File a Grievance

If you are not happy with HMSA's or a provider's operations, activities or behavior, or a denial of an expedited appeal request, you, your doctor or your authorized representative can file a grievance with HMSA. The grievance can be made over the phone or in writing.

If you choose to file a grievance over the phone, our grievance coordinator will write a summary of your grievance for you.

You have 30 days after the incident to file a grievance with HMSA. HMSA has 30 days from the date we get your grievance to answer you. If additional information is needed to reach a decision, or if you request an extension, an additional 14 calendar days will be added to HMSA's response time to you.

Mail your grievance to:

HMSA Contracted Programs
P.O. Box 3520
Honolulu, HI 96811-3520
Attn: Grievance Coordinator

You may also contact the grievance coordinator by phone. The phone number is 948-5379 on Oahu or 1 (800) 440-0640 (toll free) from the Neighbor Islands. Also the fax number is 948-6585 on Oahu or 1 (800) 960-4672 from the Neighbor Islands.

How to File for a Grievance Review

If you are not happy with our answer to your grievance, you can request a grievance review from the DHS, Med-QUEST Division. You have 30 days from the time you receive HMSA's answer to ask for a grievance review. To ask for a grievance review, call 692-8093 or 692-8096 and ask to speak to HMSA's QUEST Plan liaison, or write to the DHS, Med-QUEST Division at:

Med-QUEST Division
Health Coverage Management Branch
601 Kamokila Blvd., #506
Kapolei, HI 96707

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.

How to File an Appeal

If you are not happy with your health care because services have been reduced, suspended or terminated, or because there is a delay or denial of a service or payment for a service, you can file an appeal with HMSA. If you want your doctor or an authorized representative to ask for an appeal on your behalf, you must inform the grievance coordinator in writing and include who and for what purposes you are authorizing the individual to act on your behalf.

The appeal can be made over the phone or in writing and must include:

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

If you choose to file an appeal over the phone, our grievance coordinator will write a summary of your appeal for you.

You have 30 days after a delay or a denial of service to file an appeal. HMSA has 30 days from the date we get your appeal to answer you. If additional information is needed to reach a decision or if you request an

extension, an additional 14 calendar days will be added to HMSA's response time to you.

Mail your appeal to:

HMSA Contracted Programs
P.O. Box 3520
Honolulu, HI 96811-3520
Attn: Grievance Coordinator

You may also contact the grievance coordinator by phone. The phone number is 948-5379 on Oahu or 1 (800) 440-0640 (toll free) from the Neighbor Islands. Also the fax number is 948-6585 on Oahu or 1 (800) 960-4672 from the Neighbor Islands.

How to File an Expedited Appeal

You may ask for an expedited appeal if the normal appeal timelines could seriously jeopardize your life, health or ability to attain, maintain or regain maximum function.

The expedited appeal can be made over the phone or in writing and must include:

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

If you choose to file an expedited appeal over the phone, our grievance coordinator will write a summary of your expedited appeal for you.

You have 30 days after a delay or a denial of service to file an expedited appeal. HMSA has 72 hours from the time we receive your request to answer you. If additional information is needed to reach a decision or if you request an extension, an additional 14 calendar days will be added to HMSA's response time to you.

Please mail your expedited appeal request to the grievance coordinator at the address above.

How to File for a State Fair Hearing

If you are not happy with HMSA's appeal decision, you can ask for a State Fair Hearing. This request must be made within 30 days from the time you received HMSA's appeal decision. Your request must be in writing. If you would like help in filing for a State Fair Hearing, you may contact your Med-QUEST eligibility worker or send your request for a State Fair Hearing to:

State of Hawaii Department of Human Services
Administrative Appeals Office
P.O. Box 339
Honolulu, HI 96809

External Review Procedures

If you are not happy with HMSA's grievance and appeal decisions, you may ask for a review by the state of Hawaii insurance commissioner. This request must be received within 60 days of HMSA's final decision. You can ask for a review by calling the Insurance Division at 586-2804 on Oahu or faxing them at 587-5379. You may also mail it to:

Hawaii Insurance Division
Attn: Health Insurance Division
External Appeals
250 S. King St., Fifth Floor
Honolulu, HI 96813

Continuation of Benefits

You may ask HMSA to continue to provide benefits while you are waiting for an appeal or State Fair Hearing decision. However, if the appeal and/or State Fair Hearing decisions are upheld, you will be responsible to pay for the service. To request this, contact the grievance coordinator.

Section 9

Confidentiality of Your Health Information

Your medical records and information about your care are confidential. HMSA does not use or disclose your medical information except as permitted or required by law. You may be required to provide information to us 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, and research or education.

Section 10

Reporting Changes

Reporting Health Plan Changes to Members

If there are significant changes to your health plan, such as your doctor leaving the network, a change in benefits, or changes in the plan's operations, HMSA will notify you in writing.

Reporting Changes to HMSA

Please tell DHS or HMSA about all changes that can affect your QUEST-Net and QUEST-ACE membership. Please call as soon as possible about any changes, such as:

- Getting married or divorced.
- Getting pregnant.
- Having a baby or adopting a child.
- Death of a family member.
- Transferring to long-term care.
- Moving to a new home or changing your phone number.

- A change in your health, such as a permanent disability.

Please call within 30 days so your records can be corrected. We'll send you a new HMSA card if you need one.

Section 11

Reporting Other Health Insurance

If you sign up for other health insurance or Medicare, you must tell HMSA. Also tell your doctors when you get care.

Section 12

Joining or Leaving Your HMSA Plan

Joining HMSA

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

Leaving HMSA

DHS can take you and your family out of HMSA's Plan for QUEST-Net and QUEST-ACE Members for these reasons:

- You move out of the state of Hawaii.
- You don't qualify for QUEST-Net and QUEST-ACE anymore.
- You choose another plan during the Hawaii QUEST plan change period.
- You switch to a different Medicaid coverage category or become covered under another insurance plan.
- You're admitted to the Hawaii State Hospital or any other state institution.

DHS will send you a letter with the date your HMSA coverage will end and the reason why. You may not use your HMSA card to get care after the date on the letter from DHS.

If you don't agree with DHS, you may question their decision. Send your complaint in writing to DHS within 10 days of the letter's date.

Section 13

Health Care Terms

Benefit Year: This is defined as July 1 through June 30.

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

DHS: The State Department of Human Services.

Emergency: A sudden and unexpected problem that threatens your life 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.

Medically Necessary: Services or supplies that follow standard medical practice. Medically necessary care is required, appropriate, and the most cost effective for your illness or injury.

Participating: A doctor or facility that contracts with HMSA to care for QUEST-Net and QUEST-ACE 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.

Plan Change Period: An annual time period established by DHS when QUEST-Net and QUEST-ACE members can change health plans. The Hawaii QUEST Plan Change Period is in May. Changes made in May are effective in July.

Prior Authorization: Special approval from HMSA before you can receive certain services. Your doctor will send the prior authorization 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.

Section 14

A Quick Guide

Here are some common problems and questions about The HMSA Medical Plan for QUEST-Net and QUEST-ACE Members, and where to call for help.

What's going on with my Call DHS
QUEST-Net and QUEST-ACE application?

I have more assets. Am I Call DHS
still eligible for QUEST-Net and QUEST-ACE?

What is my premium? Call DHS

Why was my QUEST-ACEand Call DHS
QUEST-Net membership canceled?

I just got married Call DHS
(or pregnant or I moved). or HMSA

Does my HMSA plan..... Call HMSA
cover my child?

What services does my..... Call HMSA
HMSA plan cover?

My claim was not paid. Call HMSA

If you have questions about your QUEST-Net and
QUEST-ACEmembership, please contact:

**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 Center

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

Section 15

For Help

If you have questions about benefits or claims, or want information on how to get care, please contact:

HMSA

818 Keeaumoku St.
Honolulu, HI 96814

Mailing Address

P.O. Box 3520
Honolulu, HI 96811-3520

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

Member Services

Oahu..... 948-6486
Neighbor Islands 1 (800)440-0640
(toll-free)

Care Finders

(After Hours)..... 1 (800) 820-7248
(toll-free)

***HMSA's Neighbor Island
Branch Offices*****Big Island**

Hilo Hilo Branch Office
670 Ponahawai St., Suite 121
Hilo, HI 96720
935-5441

Kona Kona Branch Office
75-1029 Henry St., Suite 301
Kailua-Kona, HI 96740
329-5291

Kauai Kauai Branch Office
4366 Kukui Grove St., Suite 103
Lihue, HI 96766
245-3393

Maui Maui Branch Office
33 Lono Ave., Suite 350
Kahului, HI 96732
871-6295

Telephone Display Device (TDD): 948-6222

The Hawaii Medical Service Association is a nonprofit, mutual benefit association founded in Hawaii in 1938. It is the most experienced provider of health care coverage in the state. HMSA is a member of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

HMSA is dedicated to providing Hawaii's families with access to quality, affordable health care. We are also committed to improving the health and well-being of all HMSA members and the community at large through a variety of health education, promotion and prevention programs and other community services.

HMSA

HAWAII MEDICAL SERVICE ASSOCIATION

www.HMSA.com

Honolulu 818 Keeaumoku St., 96814

Phone: 948-6486 for benefit and claims information

Phone: 1 (800) 440-0640 from the Neighbor Islands

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