

QUEST Integration Member Handbook

Your introduction to Kaiser Permanente



Kaiser Permanente complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of:

- Race
- National Origin
- Disability
- Color
- Age
- Sex

Kaiser Permanente provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Kaiser Permanente provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact 808-432-5330, toll-free 1-800-651-2237 or by TTY 711

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way, you can file a grievance with:

Kaiser Civil Rights Coordinator

711 Kapiolani Blvd., Honolulu, HI 96813

Phone: 808-432-5330 or toll-free 1-800-651-2237

TTY: 711

Fax: 808-432-5300

Email: civil-rights-coordinator@kp.org

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you.

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

| |
|--|
| (English) Do you need help in another language? We will get you a free interpreter. Call 1-800-651-2237 to tell us which language you speak. (TTY: 711). |
| (Cantonese) 您需要其它語言嗎? 如有需要, 請致電 1-800-651-2237 , 我們會提供免費翻譯服務 (TTY: 711). |
| (Chuukese) En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori 1-800-651-2237 omw kopwe ureni kich meni kapas ka ani. (TTY: 711). |
| (French) Avez-vous besoin d'aide dans une autre langue? Nous pouvons vous fournir gratuitement des services d'un interprète. Appelez le 1-800-651-2237 pour nous indiquer quelle langue vous parlez. (TTY: 711). |
| (German) Brauchen Sie Hilfe in einer anderen Sprache? Wir koennen Ihnen gern einen kostenlosen Dolmetscher besorgen. Bitte rufen Sie uns an unter 1-800-651-2237 und sagen Sie uns Bescheid, welche Sprache Sie sprechen. (TTY: 711). |
| (Hawaiian) Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki'i `oe mea unuhi manuahi. E kelepona 1-800-651-2237 `oe ia la kaua a e ha`ina `oe ia la maua mea `olelo o na `aina `e. (TTY: 711). |
| (Ilocano) Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti 1-800-651-2237 tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo. (TTY: 711). |
| (Japanese) 貴方は、他の言語に、助けを必要としていますか？私たちは、貴方のために、無料で 通訳を用意で きます。電話番号の、 1-800-651-2237 に、電話して、私たちに貴方の話されている言語を申し出てください。 (TTY: 711). |
| (Korean) 다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. 1-800-651-2237 로 전화해서 사용하는 언어를 알려주십시오 (TTY: 711). |
| (Mandarin) 您需要其它语言吗? 如有需要, 请致电 1-800-651-2237 , 我们会提供免费翻译服务 (TTY: 711). |
| (Marshallese) Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok 1-800-651-2237 im kwalok non kim kajin ta eo kwo melele im kenono kake. (TTY: 711). |
| (Samoan) E te mana'omia se fesoasoani i se isi gagana? Matou te fesoasoani e ave atu fua se faaliliu upu mo oe. Vili mai i le numera lea 1-800-651-2237 pea e mana'omia se fesoasoani mo se faaliliu upu. (TTY: 711). |
| (Spanish) ¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al 1-800-651-2237 y díganos que idioma habla. (TTY: 711). |
| (Tagalog) Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa 1-800-651-2237 para sabihin kung anong lengguwahe ang nais ninyong gamitin. (TTY: 711). |
| (Tongan) 'Oku ke fiema'u tokoni 'iha lea makehe? Te mau malava 'o 'oatu ha fakatonulea ta'etotongi. Telefoni ki he 1-800-651-2237 'o fakaha mai pe koe ha 'ae lea fakafonua 'oku ke ngaue'aki. (TTY: 711). |
| (Vietnamese) Bạn có cần giúp đỡ bằng ngôn ngữ khác không ? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi 1-800-651-2237 nói cho chúng tôi biết bạn dùng ngôn ngữ nào. (TTY: 711). |
| (Visayan) Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa 1-800-651-2237 aron magpahibalo kung unsa ang imong sinulti-han. (TTY: 711). |



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Information in this handbook is current as of the date of publication. This handbook provides general information, not medical advice.



Important Telephone Numbers

Medical care

Emergency ambulance

Call 911

Kaiser Permanente clinics - Oahu

| | |
|----------------------------------|--------------|
| Moanalua Medical Center | 808-432-0000 |
| Behavioral Health Services | 808-432-7600 |
| Hawaii Kai Clinic | 808-432-2000 |
| Honolulu Medical Office | 808-432-2000 |
| Kahuku Clinic | 808-432-2000 |
| Kailua Clinic | 808-432-2000 |
| Kapolei Clinic | 808-432-2000 |
| Koolau Medical Office | 808-432-2000 |
| Mapunapuna Medical Office | 808-432-2000 |
| Nanaieola Clinic | 808-432-2000 |
| Waipio Medical Office | 808-432-2000 |

Kaiser Permanente clinics - Maui

| | |
|----------------------------------|----------------|
| Behavioral Health Services | 1-888-945-7600 |
| Kihei Clinic | 808-243-6000 |
| Lahaina Clinic | 808-243-6000 |
| Maui Lani Medical Office | 808-243-6000 |
| Maui Lani Elua Clinic | 808-243-6000 |
| Wailuku Medical Office | 808-243-6000 |

Kaiser Permanente emergency facilities

| | |
|------------------------------------|--------------|
| Moanalua Medical Center | 808-432-0000 |
| Maui Memorial Medical Center | 808-244-9056 |

Other emergency facilities

| | |
|--|--------------|
| Adventist Health Castle | 808-263-5500 |
| Kapiolani Medical Center | 808-983-6000 |
| Pali Momi Medical Center | 808-486-6000 |
| Kuakini Medical Center | 808-536-2236 |
| Straub Clinic & Hospital | 808-522-4000 |
| The Queen's Medical Center | 808-538-9011 |
| Waianae Coast Comprehensive Health | 808-696-7081 |
| Hilo Medical Center | 808-974-6800 |
| Kona Community Hospital | 808-322-4413 |
| North Hawaii Community Hospital | 808-885-4444 |
| West Kauai Medical Center | 808-338-9431 |
| Samuel Mahelona Memorial Hospital | 808-822-4961 |
| Wilcox Memorial Hospital | 808-245-1010 |

| | |
|--------------------------------|--------------|
| Molokai General Hospital | 808-553-5331 |
| Lanai Community Hospital | 808-565-6411 |

Medical advice

24/7 advice

| | |
|---------------------------|--------------|
| Oahu | 808-432-2000 |
| Maui/Molokai/Lanai: | 808-243-6000 |
| Hawaii Island | 808-334-4400 |
| Kauai | 808-246-5600 |
| TTY | 711 |

Poison Control Center

1-800-222-1222 (toll-free)
24 hours a day, 7 days a week

Help for QUEST Integration members

Kaiser Permanente QUEST Integration Program . 808-432-5330/1-800-651-2237 (toll-free)

Kaiser Permanente

Member Services

1-800-966-5955 (toll-free)

Transportation Services

(refer to page 23)

State of Hawaii

DHS Med-QUEST Division

Customer Service Branch

| | |
|--|----------------|
| Oahu | 808-524-3370 |
| Neighbor islands | 1-800-316-8005 |
| Oahu – Applications Unit | 808-587-3521 |
| Oahu – Ongoing Unit | 808-587-3540 |
| Oahu – Kapolei Unit | 808-692-7364 |
| Maui | 808-243-5780 |
| Hawaii Island – East Hawaii (Hilo) | 808-933-0339 |
| Hawaii Island – West Hawaii (Kona) | 808-327-4970 |
| Kauai | 808-241-3575 |
| Molokai | 808-553-1758 |
| Lanai | 808-565-7102 |

Welcome

Welcome to the Kaiser Permanente QUEST Integration Program. Thank you for choosing us. We want to help you stay healthy. We're also here to serve you when you're sick or injured. This handbook tells you how to use the many services that can help you get the most out of life.

Our philosophy and goals — caring for the whole you

Families just like yours have relied on Kaiser Permanente for quality health care since 1958. At Kaiser Permanente, we want to help you get healthy and stay healthy. We'll work with you to help you feel good — mind, body, and spirit.

Managed care

QUEST Integration is a managed care program of the State of Hawaii Department of Human Services, and Kaiser Permanente is one of the participating health plans. As a managed care plan, we provide your medical and behavioral health benefits by coordinating care through our three parts: Kaiser Foundation Health Plan, Inc.; Kaiser Foundation Hospitals; and Hawaii Permanente Medical Group, Inc. (HPMG). We work together to give you the medical care you need, when you need it, in the way that's cost effective. This is called "managed care."

We provide each member with a Primary Care Provider (PCP) who checks your medical and behavioral health needs and provides/directs the services to meet those needs. We have a lot of doctors and other medical staff who are the best at what they do.

We have our own clinics on Oahu and Maui. On Oahu we have our own hospital, the Moanalua Medical Center. On Maui, our doctors are part of the staff of the community hospitals. We also use other doctors and hospitals in urgent or emergency situations. They must meet our standards. We check their licenses, credentials, and professional performance. We want to give you excellent care and service.

It is important to remember that you must receive all your care from Kaiser Permanente physicians. We are responsible to provide and arrange your care. If you need a service that we can't provide, your Kaiser Permanente doctor may refer you to another doctor or hospital. Kaiser Permanente will only pay for services we approved according to your QUEST Integration plan benefits, unless it was an emergency. If you go to doctors outside of Kaiser Permanente without approval, you will have to pay them for your care.

QUEST Integration at Kaiser Permanente

QUEST Integration Call Center

Our QUEST Integration Call Center can help you find information or medical services. Call us at 808-432-5330 or toll free at 1-800-651-2237. We're here from 7:45 a.m. to 4:30 p.m., Monday through Friday, except state holidays. After normal business hours, you may leave a message on the voice mailbox and someone will call you back as soon as possible, but no later than 4:30 p.m. the following business day. Members who are deaf, hard of hearing, or speech impaired may call **711** (TTY).

The QUEST Integration Call Center representative can help you with the following:

- How to request a Kaiser Permanente identification card
- How to access an interpreter and sign language services at no charge
- How to obtain information in alternative languages and formats at no charge
- Complaints or compliments
- Claim forms
- Our clinics and hospitals on the U.S. mainland
- Address changes
- Advance Health Care Directive information and forms
- Professional qualifications of Kaiser Permanente primary care and specialty doctors
- How we review new medical technology
- How to request an Appointment of Representative form to assign a representative who you want to have access to your medical information
- Request a paper copy of the Kaiser Permanente directory, *Caring for You: Physicians and Locations Directory*

Deaf, hearing impaired, or have difficulty with speech?

To reach us by TTY, call the relay service at 711. If you need an interpreter for an appointment, tell us when you make the appointment. We offer interpreter services, including sign language, at no charge.

If you need information in a different language or format (including large print or Braille), call the QUEST Integration Call Center at 808-432-5330 or toll free at 1-800-651-2237 for assistance.

Enrolling and disenrolling

Enrolling. Each QUEST Integration member chooses a medical plan. The Department of Human Services (DHS) enrolls you in the plan. To enroll in Kaiser Permanente, you must live on Oahu or Maui. If you move to another island, DHS will ask you to choose another plan.

Changing plans. QUEST Integration members can change plans every year during a plan change period. DHS will tell you the plan change period and which plans you can choose.

Disenrolling from QUEST Integration. Only DHS can end your enrollment in the QUEST Integration program. If you want to disenroll, contact the Med-QUEST Division of DHS.

Eligibility for other programs. If your QUEST Integration plan is ending, you may be able to get help from another state program. Ask your eligibility worker. You can also check out other Kaiser Permanente plans. For more information about Kaiser Permanente plans, contact the Customer Service Center.

Questions about cost sharing?

You may have to share in the cost of your health care services. This is based on Medicaid financial eligibility. Your State of Hawaii Medicaid eligibility worker will figure the amount of your cost share and let us know. If you have a cost share, you must pay this to your provider every month. Your service coordinator will work with you to determine which service provider you will pay your cost share to each month. For more information, call the QUEST Integration Call Center at 808-432-5330 or toll free at 1-800-651-2237.

How to get medical care

Your Kaiser Permanente identification card

We will be mailing you one ID card:



Your Kaiser Permanente identification card includes the following information:

- Your Kaiser Permanente member identification number
- Your name
- Effective date of your Kaiser Permanente QUEST Integration coverage
- Primary clinic name and telephone number
- Third-party liability (TPL) information (not Kaiser Permanente insurance)
- QUEST Integration Call Center telephone number
- After-hours advice line telephone number

How to use your ID card:

Show us your Kaiser Permanente identification card and your photo ID when you need medical care, when you pick up your medicine, or when you have a medical emergency.

If you don't have your card you can still get service. We have all your information in our computer to provide you with the care you need. If you need to replace a lost or worn card, call the QUEST Integration Call Center at 808-432-5330 or toll free at 1-800-651-2237. Members who are deaf, hard of hearing, or speech impaired may call 711 (TTY). You may use your card only while you are a Kaiser Permanente member. Do not let anyone else use your card.

Make your care personal

Good health care begins with a connection with your primary care provider (PCP), who will be your main doctor. You will choose your PCP. Your PCP is in charge of your medical care. He or she treats you, refers you to specialists when needed, and connects you to all our services. Your doctor will work with you to help you meet your health goals.

How to choose your doctor

Step 1: Select the clinic you plan to use the most. Members usually choose a clinic that is closest to home or work. See our physician directory or visit **kp.org/locations** to find the facility nearest you.

Step 2: Decide what kind of doctor is best for you and your family. You may choose a doctor from one of the three primary care specialties. NOTE: Some clinics do not have all three primary care specialties.

- **Family Medicine:** Health care for persons of all ages. Family medicine doctors can care for the whole family.
- **Pediatrics:** Health care for children. These doctors focus on child development and general medical care for children up to age 21.
- **Internal Medicine:** General and specialized medical care for adults. Internal medicine doctors diagnose and treat a wide variety of illnesses.

Step 3: Find out more about our doctors. There are several ways to do this:

- **Physician biography cards** at reception counters in the clinics
- **Our physician directory, *Caring for You: Physicians and Locations***
- **Our website, kp.org/medicalstaff**, where you can find information about our practitioners, including name, address, telephone numbers, professional qualifications, specialty, medical school attended, residency completion, and board certification status.

Step 4: Call your clinic to let them know which doctor you want as your PCP. You must choose a PCP within 10 calendar days of receiving this packet. If you don't choose a PCP, we will assign you to the clinic nearest your home. The clinic doctors will act as your PCP. You may change your clinic/PCP at any time.

NOTE for Medicare members: QUEST Integration members who also have Kaiser Permanente's Senior Advantage plan are not required to choose a PCP. Members with Medicare fee-for-service must choose a PCP, but the PCP does not have to be in Kaiser Permanente's provider network.

How our providers are paid

Most of your care is by HPMG providers, who work as a group and use their skills and experience to help you. Kaiser Permanente also works with other providers to care for you. You may ask how they are paid. You may also ask if their payment affects referrals or services that you need. For more information, call QUEST Integration Call Center at 808-432-5330 or toll free at 1-800-651-2237. Members who are deaf, hard of hearing, or speech impaired may call 711 (TTY).

An important reminder: Your benefits apply only at Kaiser Permanente

As a Kaiser Permanente QUEST Integration member, you may get medical care outside of Kaiser Permanente's provider network but Kaiser Permanente will NOT pay for other doctors or hospitals. The only exceptions are: (1) emergency care, (2) authorized referrals by Kaiser Permanente, (3) continuing medical care arranged by Kaiser Permanente, and (4) family planning services, and (5) prenatal services for pregnant members who are in their second or third trimester and were receiving medically necessary prenatal services the day before enrollment in Kaiser Permanente QUEST Integration.

(1) Emergency care. We will pay for emergency services covered by your health plan benefits. Kaiser Permanente will not deny payment for emergency services sought by a prudent layperson, even if emergency services are determined not needed and regardless if the provider is in- or out-of-network.

(2) Referrals. Your Kaiser Permanente doctor may refer you to an outside doctor or other provider for services we do not have. The services must be a covered benefit by your plan. There must be an approved, written referral from Kaiser Permanente before getting the services. Kaiser Permanente will arrange for the care and payment.

(3) Continuing medical care. Kaiser Permanente QUEST Integration members must live on the islands of Oahu or Maui. If you are visiting outside the islands of Oahu or Maui, and believe you will need non-emergent care, call our QUEST Integration case management team before you leave home. Let us know about the care you think you will need so we can assess your needs and arrange for your approved medical care. If you do not get our approval first, we will not pay for services, except in an emergency. Call 808-432-5330 or toll free at 1-800-651-2237. Members who are deaf, hard of hearing, or speech impaired may call 711(TTY).

Medical care on the U.S. mainland

We will pay for emergency care provided in an emergency room anywhere in the United States (U.S.). For more information, see "Emergency and post-stabilization services" in the QUEST Integration covered benefits section on page 26.

- Emergent care out of area is covered for all members
- Urgent care out of area is only covered for members under age 21
- Routine care out of area is only covered for members under age 21

For members under age 21 who need medically necessary, non-emergency care in areas where there is no Kaiser Permanente facility, please contact the case management team at 808-432-5330 or toll free at 1-800-651-2237.

Urgent care in Las Vegas

We contract with Concentra Urgent Care and Walgreens Healthcare Clinic to provide urgent care services to members under 21 experiencing non-life-threatening health problems while visiting Las Vegas. When possible, call your doctor or after-hours advice nurse first to discuss your health situation. When visiting one of these urgent care clinics, present photo identification along with your Kaiser Permanente ID card. For more information on urgent care in Las Vegas, contact Member Services.

Care while traveling

Your plan will not cover services outside the U.S.

For 24/7 travel support anytime, anywhere, call the Kaiser Permanente Away from Home Travel Line* at **951-268-3900** or visit **kp.org/travel**.

Your prescription

Locations

Pharmacies are located in most of our facilities and are open during regular business hours. You can get prescriptions filled and buy over-the-counter medications and supplies at our pharmacies.

In very limited instances, you may be able to use certain non-Kaiser Permanente pharmacies. To find out if you can fill your prescription at a non-Kaiser Permanente pharmacy, please call our QUEST Integration Call Center at 808-432-5330, toll free at 1-800-651-2237 or 711 by TTY. If you do not get our approval to use a non-Kaiser Permanente pharmacy, we will not pay for the pharmacy supplies or medicine.

Transfer your prescriptions

For help transferring your prescriptions, call our Care Transition Team at **808-643-5744** Monday through Friday, 9 a.m. to 5 p.m. Provide the name and phone number of your current pharmacy and our pharmacy team will take care of the rest.

Prescriptions

Save time by ordering most medications (new and refills) at **kp.org/pharmacycenter** or by calling 808-643-7979. Most refills can be mailed to you at no extra charge. You can get a 90-day supply of refills.

Covered drugs

We use an approved list of drugs to make sure the most appropriate, safe, and effective prescription medications are available to you. This list is reviewed on a regular basis and includes generic, brand name, specialty drugs, and some over-the-counter medicines.

Drugs not covered

- Drugs for cosmetic uses
- Dental prescriptions (unless prescribed for a medical condition)
- Drugs used for reasons not approved by the FDA
- Plan-excluded prescription drugs

Contact us if you have pharmacy questions

Pharmacy Services

808-643-RxRx (808-643-7979)

Drug formulary

Kaiser Permanente Hawaii uses a drug formulary to help make sure that the most appropriate and effective prescription medications are available to you. The formulary is a list of medications that have been approved by our multidisciplinary Pharmacy and Therapeutics (P&T) Committee. Members of the P&T Committee include Kaiser Permanente physicians, registered nurses, pharmacists, and a physician assistant.

Our drug formulary allows us to choose drugs that are safe, effective, and a good value for you. We review our formulary regularly so we can compare new drugs and remove drugs that can be replaced by newer, more effective medications. The formulary also helps us restrict drugs that can be toxic or otherwise dangerous if misused. For a free copy of the formulary, please call our QUEST Integration Call Center at 808-432-5330, toll free at 1-800-651-2237 or 711 by TTY or visit kp.org/formulary.

Our drug formulary is considered a closed formulary, which means that medications on the list are usually covered under the prescription drug benefit. However, drugs on our formulary may not be automatically covered under your prescription drug benefit. If you would like to check on the coverage of a specific drug or have questions about any limitations on prescribing or access to drugs, please contact a pharmacist at any Kaiser Permanente pharmacy.

Non-formulary drugs are those that are not included on our drug formulary. These include new drugs that have not been reviewed yet, drugs that our clinicians and pharmacists have decided to leave off the formulary, or a different strength or dosage of a formulary drug that we don't carry in Kaiser Permanente pharmacies.

Non-formulary drugs are generally not covered under our prescription drug benefit. If formulary alternatives have failed and use of the non-formulary drug is medically necessary, your Kaiser Permanente doctor can request it.

Medicare Part D is a prescription drug benefit that is available to everyone who has Medicare. If you have Medicare Part D, most prescription drugs will be covered under your Medicare Part D plan and you will usually have a cost share to pay. If there are additional costs not covered by Medicare, your Kaiser Permanente QUEST Integration plan may cover the rest and you pay nothing. If the drug is not covered by your Kaiser Permanente QUEST Integration plan, you will need to pay for any costs not covered by Kaiser Permanente or not covered by your Medicare Part D prescription drug plan.

Understanding your medications

Kaiser Permanente pharmacists provide information and advice on prescription and over-the-counter medicines, as well as herbal supplements. You're encouraged to speak to your pharmacist whenever you have a concern about your medication. Some Kaiser Permanente pharmacists, known as clinical pharmacists, will work directly with you and your physician on complex drug therapies, such as blood thinners, or for medical conditions such as asthma, cancer, diabetes, hepatitis, kidney problems, high blood pressure, and high cholesterol. Clinical pharmacy services may be requested through your physician.

Services to help you stay healthy

Your benefits at Kaiser Permanente include services to keep you healthy and to prevent serious medical problems. Children and adults of different ages have different needs. The doctor will order tests and exams that are best for your age and health condition. Helping you stay well is important to us. It's just as important as taking care of you when you are sick. Some healthy lifestyle habits can go a long way toward keeping you well and adding years to your life. These healthy habits include not smoking; eating a low-fat, high-fiber diet; wearing seatbelts; and getting regular exercise.

Services for adults

Preventive services are to keep you from getting sick. For adults, we cover physical exams, personal health appraisals, immunizations (shots), family planning, mammograms, and other tests.

Learn how to make good changes in your life. Learn how to control chronic conditions and how to give up unhealthy habits. Kaiser Permanente offers a variety of classes to help you. Only free classes are available to Kaiser Permanente QUEST Integration members. For more information regarding the free classes, please call Kaiser Permanente's Prevention and Health Education Department at 808-432-2260 during weekdays from 8:30 am to 4:30 pm.

Services for children

Regular medical visits are very important to keep your child as healthy as possible and reduce the spread of disease. Your child's regular visits, examinations, immunizations (shots), and screening tests are included in well-child care at no cost.

For members under age 21, the QUEST Integration program provides these preventative services in a program called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). Your child will be examined periodically to check for any illness. Checkups are needed more often in the child's first years and less often as he or she grows older (see examination and vaccine schedule on page 16). Some children look healthy but have hidden health problems. Screening tests, such as blood tests, give the doctor information about your child's health. If any health problems are found, the doctor looks for the cause, makes a diagnosis, and orders treatment.

These medically necessary services, including behavioral therapy for children, are provided at no cost to you. The behavioral therapies include intensive behavioral therapy for children with autism spectrum disorder (ASD), including applied behavioral analysis (ABA) for the treatment of children with an ASD diagnosis.

Reminders of the next EPSDT appointment will be made by phone and email through kp.org. Here is what to expect at your child's EPSDT checkups:

- Height, weight, and blood pressure checks
- Eye exams
- Hearing tests
- Lab tests
- Immunizations
- Screening for lead, tuberculosis (TB) and other conditions
- Mental and physical assessment
- Screening for behavioral health issues or substance abuse
- Review of medications (including fluoride and multivitamins)
- Referrals to specialist or dentist, if needed
- Health education and guidance about your child's health care
- Education and guidance for your child's growth and development
- Information regarding accessing care, such as appointments, advice nurse, or after-hours care

Use the schedule on the next page to remind you when to make appointments for your child. Let your child's health care provider know if your child is ill or taking medicines (such as steroids) that may suppress their immunity. This schedule may change based on your child's health care needs. Please check with your child's health care provider.

Physical exams are advised once yearly from age 2 – 6 years, then once every other year. More exams may be needed depending on your child's health care needs. Rotavirus vaccine for 2 and 4 months of ages only. TB risk assessment will be done with each physical exam starting from 2 years of age and annually up to 17 years of age. The TB skin test will only be done if the risk assessment is positive.

| YOUR HEALTHY CHILD'S EXAMINATION AND VACCINE SCHEDULE | | |
|---|--------------------------|--|
| AGE | APPOINTMENT TYPE | VACCINE TYPE |
| 2-3 days | Physical exam | Hepatitis B (HepB) administered at birth; catch up immunizations if needed |
| 2-3 weeks | Physical exam | Catch up immunizations if needed |
| 2 months | Physical exam with shots | Diphtheria-Tetanus-acellular Pertussis (DTaP), Haemophilus Influenza B (Hib), Polio, Pneumococcal Conjugate Vaccine (PCV), HepB, Rotavirus |
| 4 months | Physical exam with shots | DTaP, Hib, Polio, PCV, Rotavirus |
| 6 months | Physical exam with shots | DTaP, Hib, Polio, PCV, HepB |
| 9 months | Physical exam | Catch up immunizations if needed |
| 12-13 months | Physical exam with shots | TB risk assessment if indicated at 12 months of age (TB skin test done if risk assessment positive), Hepatitis A, Measles-Mumps-Rubella (MMR), Varicella |
| 15 months | Physical exam with shots | DTaP, Hib, PCV |
| 18 months | Physical exam with shots | Hepatitis A |
| 23-24 months | Physical exam | Catch up immunizations if needed |
| 3 years | Physical exam with shots | MMR, Varicella |
| 4 years | Physical exam with shots | DTaP, Polio |
| 5 years | Physical exam with shots | DTaP, Polio (if not done at age 4 years) |
| 6 years | Physical exam | Catch up immunizations if needed |
| 7-13 years | Physical exam with shots | Done every other year, 11-12 years : Tetanus-Diphtheria-acellular Pertussis (Tdap), then Tetanus (Td) every 10 years; Human Papillomavirus (HPV) series of two doses for both girls and boys; Meningococcal Conjugate |
| 14-20 years | Physical exam with shots | Done every other year; catch-up on vaccines |

Appointments

It's important to call for an appointment so your doctor can set aside time for you. There are two kinds of appointments: same-day and future.

Same-day appointments. Same-day appointments are for when you are sick and need to see the doctor that day. For example, if you have a fever or rash, or if your child has an ear infection or becomes ill suddenly, you can call for a same-day appointment or schedule a same day appointment using kp.org/appointments. (You can also arrange to see the doctor the next day.) Kaiser Permanente clinics have open access for same-day care. Call the clinic or call your doctor's nurse. If you don't have a doctor, or if your doctor isn't available, clinic staff will arrange for you to see another doctor.

Future appointments. Future appointments are scheduled in advance. They are for follow-up or for physical exams. To make a future appointment, call the clinic where your doctor works or schedule an appointment using kp.org/appointments.

As a Kaiser Permanente QUEST Integration member, you have the right to get care in a timely manner:

- Immediate care without prior approval for emergencies
- Within 24 hours for urgent care

For help or for more information please visit kpquest.org or call 808-432-5330 (Oahu), 1-800-651-2237 (toll-free), 711 (TTY)

- Within 24 hours for PCP pediatric sick visits
- Within 72 hours for PCP adult sick visits
- Within 21 calendar days for PCP routine visits
- Within 21 calendar days for routine behavioral health visits
- Within 4 weeks for visits with a specialist
- Within 4 weeks for non-emergency hospital stays

When you call for an appointment, the clerk will ask for your name, member identification number, birth date, phone number, and doctor's name.

If you need an interpreter during your visit to the doctor, tell the appointment clerk when you are making your appointment. We offer interpreter service at no cost.

Canceling an appointment. Sometimes you may be unable to come to a scheduled appointment. If this happens, please call to cancel at least 24 hours in advance. For Oahu cancellations, call 808-432-2000. For Maui cancellations, call 808-243-6000. You can also cancel your appointment using **kp.org/appointments**. By telling us, we can give your appointment time to someone else. If you do not show up for an appointment, your doctor cannot charge a "no show" fee.

Getting the medical care you need

Self-referrals

Your medical care starts with your primary care physician (PCP). You can also make your own appointments, without a referral, for the following services:

- Allergy
- Eye examinations for glasses and contact lenses
- Family medicine
- Health education
- Internal medicine
- Mental health and wellness
- Pediatrics
- Physical therapy
- Sports medicine

Your QUEST Integration plan will cover self-referrals for the services listed above. If you self-refer to a service not listed above, you may have to pay for those services. You may also have to pay for services that are not covered under your QUEST Integration plan benefit.

Maternity care and family planning

When you are pregnant, you want to know that you are getting the best possible care for you and your baby. We believe good care comes from a partnership between you and your health care provider. Our doctors, nurses, and other health care professionals work with you to keep you and your baby healthy, and to give you the information you need to make the best decisions for your growing family.

You can make your own appointments for maternity care and will have regular appointments with your personal physician or nurse practitioner. See the Kaiser Permanente directory, *Caring for You: Physicians and Locations*, for the nearest clinic with obstetrics/gynecology services, or check with your PCP. PCPs who specialize in family practice also provide these services.

You have access to the following advice and information:

- A 24-hour advice nurse is available by phone
- You may email your doctor with any questions or concerns
- Visit kp.org/maternity for access to hundreds of articles, tools, podcasts, and videos that will help you understand what's happening to your baby and how to best take care of your pregnancy
- Classes on childbirth, breastfeeding, infant CPR, and prenatal nutrition
- Tours of our birth centers

After your baby is born, he or she will get the best possible care through regular appointments with a pediatrician. Your baby's doctor will guide you through the necessary screening tests and immunizations and check that your baby is meeting important development milestones. Classes are available to learn about caring for your little one at home, and age-specific information is available online and through specific newsletters. Visit kp.org/healthylifestyles.

Family planning is important if you are sexually active and want to or don't want to have a baby now. Family planning services are listed in the QUEST Integration covered benefits section. More than half of all pregnancies are unplanned. You don't have to wait until you have a period to start a birth control method. Talk with your health care provider to find out what method of birth control is the best option for you. Family planning services may be obtained from any provider. Kaiser Permanente does not require a referral before choosing a family planning provider.

Specialty care

Your PCP will need to give you a referral to see a specialty doctor for the first time. If you can't reach your PCP when you need a referral, please call us at 808-432-5330 or toll free at 1-800-651-2237. We will help you get the care you need. Members with special health care needs can see a specialist with a standing referral or for an approved number of visits. If you asked for a referral and it has been denied you have the right to ask for a review. This is called an appeal. Please see the section in this handbook titled "Appeals."

Second opinions

Not sure about a medical decision? Kaiser Permanente will facilitate arrangements for a medically necessary second opinion. If the second opinion cannot be obtained from a Kaiser Permanente provider, arrangements will be made for a second opinion from an out-of-network provider. The authorized second opinion by an in- or out-of-network provider will be at no cost to you.

Hospitalization

Sometimes you may need to be in the hospital. The doctor will check your condition and decide. Or you and the doctor may plan ahead. For example, you may need elective surgery – surgery that can wait. The doctor will arrange it with you at the clinic or by telephone.

Your Kaiser Permanente doctor arranges your hospital care. You will be at Moanalua Medical Center on Oahu, Maui Memorial Medical Center on Maui, or another hospital that we designate. If you are at Moanalua Medical Center or Maui Memorial Medical Center, a Kaiser Permanente doctor who treats hospital patients will be in charge of your care. He or she will be in contact with your PCP. Because hospital specialists take care of hospital patients, PCPs can spend more time with their patients in the clinic.

Your doctors and hospital staff will work closely with you to plan your discharge from the hospital. Your doctor will determine the best place for you to get follow-up care. Other members of the health care team may help in planning. These may include your nurse, a clinical nurse specialist, a continuing care coordinator, or case managers.

After-hours care

If you're not feeling well and our offices are closed, call our 24/7 advice line at no cost. Registered nurses can provide advice when medically appropriate or direct you to the appropriate place for care. Please have your medical record number (on the front of your Kaiser Permanente ID card), or the medical record number of the person for whom you are calling.

24/7 Advice Line

808-432-2000 (Oahu)

808-243-6000 (Maui)

711 TTY for hearing/speech impaired

24 hours a day, 7 days a week

After-Hours Care

If you need to receive non-emergent care outside of normal business hours, you don't have to go to the emergency department. You can visit these locations:

Oahu

Moanalua Medical Center

Monday–Friday, 5–10 p.m.

Weekends and Holidays, 8 a.m.–10 p.m.

Please call **808-432-7700** for an appointment before your visit. Park in the Moanalua Medical Center garage and use the main entrance to the hospital to go to the first-floor cashier.

Maui

Wailuku

Maui Lani Medical Office

Monday–Friday, 5–8 p.m.

Weekends and most holidays, 8 a.m.–5 p.m.

Closed Christmas and New Year's Day

Hana

Hana Health

4590 Hana Highway

Monday – Wednesday, Friday, 7 a.m. – 6 p.m.

Thursday, 7 a.m.– noon: 2 - 6 p.m.

Saturday, 8 a.m.–6 p.m.

808-248-8294

Kahului

Minit Medical

Maui Marketplace

270 Dairy Rd., #239

Monday-Friday, 8 a.m.-7 p.m.

Saturday, 8 a.m.-6 p.m.

Sunday, 8 a.m.-4 p.m.

808-667-6161

Lahaina

Doctors on Call

Hyatt Regency Maui

200 Nohea Kai Dr., #100

Monday–Friday, 8 a.m.–5 p.m.

808-667-7676

Doctors on Call

Times Market Place / North Kaanapali

3350 Lower Honoapiilani Rd., Unit 211

Open every day, 8 a.m.–9 p.m.

808-667-7676

Minit Medical

Lahaina Gateway Shopping Center

305 Keawe St., Ste. 507

Monday–Saturday, 8 a.m.–6 p.m.

Sunday, 8 a.m.–4 p.m.

808-667-6161

Hawaii Poison Center

For medical problems related to poison or chemicals, call the Hawaii Poison Center at **1-800-222-1222**. Open 24 hours a day, 7 days a week.

Emergency services

- Emergent care is covered anywhere in the United States for all members at any facility.
- If you think you're experiencing an emergency, go immediately to an emergency department.
- Emergency services do not require a prior authorization.
- If you need an ambulance, call 911. Don't call Kaiser Permanente and waste precious time.

For help or for more information please visit kpquest.org or call 808-432-5330 (Oahu),
1-800-651-2237 (toll-free), 711 (TTY)

Emergency conditions

- Emergency medical conditions need immediate medical attention to avoid serious threats to your body or health. These conditions might include:
 - Severe pain
 - Suspected heart attack or stroke
 - Extreme difficulty in breathing
 - Bleeding that will not stop
 - Major burns
 - Seizures
 - Sudden onset of severe headache
 - Suspected poisoning

Your Kaiser Permanente plan defines an “Emergency Medical Condition” as an illness or injury that manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the person’s health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

Non-Kaiser Permanente facilities

If admitted to a non-Kaiser Permanente facility, you or a family member must notify us within 48 hours after care begins (or as soon as reasonably possible) by calling the phone number on the back of your Kaiser Permanente member ID card, or your claim for payment may be denied.

Emergency care is available 24 hours a day, 7 days a week at the following facilities:

Kaiser Permanente emergency facilities:

Kaiser Permanente Moanalua Medical Center
3288 Moanalua Road
Honolulu, HI 96819
808-432-0000

Maui Memorial Medical Center
221 Mahalani Street
Wailuku, HI 96793
808-244-9056

Other emergency facilities:

Adventist Health Castle
640 Ulukahiki Street
Kailua, HI 96734
808-263-5500

Hilo Medical Center
1190 Waiuanue Avenue
Hilo, HI 96720
808-974-6800

Kona Community Hospital
79-1019 Haukapila Street
Kealahou, HI 96750
808-322-4413

North Hawaii Community Hospital
67-1125 Mamalahoa Highway
Kamuela, HI 96743
808-885-4444

Kapiolani Medical Center for
Women & Children
1319 Punahou Street
Honolulu, HI 96826
808-983-6000

West Kauai Medical Center
4643 Waimea Canyon Road
Waimea, HI 96796
808-338-9431

Kapiolani Medical Center at Pali Momi
98-1079 Moanalua Road
Pearl City, HI 96782
808-486-6000

Samuel Mahelona Memorial Hospital
4800 Kawaihau Road
Kapaa, HI 96746
808-822-4961

Kuakini Medical Center
347 Kuakini Street
Honolulu, HI 96817
808-536-2236

Wilcox Memorial Hospital
3420 Kuhio Highway
Kapaa, HI 96746
808-245-1100

Straub Clinic & Hospital
888 South King Street
Honolulu, HI 96814
808-522-4000

Molokai General Hospital
280A Puali Street
Kaunakakai, HI 96748
808-553-5331

The Queen's Medical Center
1301 Punchbowl Street
Honolulu, HI 96813
808-538-9011

Lanai Community Hospital
628 Seventh Street
Lanai City, HI 96763
808-565-6411

Wahiawa General Hospital
128 Lehua Street
Wahiawa, HI 96786
808-621-8411

Waianae Coast Comprehensive
Health Center
86-260 Farrington Highway
Waianae, HI 96792
808-696-7081

You have the right to use any hospital emergency room or other appropriate health care setting for emergency services. You are not limited to those listed above.

Ambulance

If you feel you have an emergency and need an ambulance, **call 911**. When it comes, tell them you are a Kaiser Permanente member. We pay for an ambulance in an emergency. If you have questions about the bill, please call our QUEST Integration Call Center at 808-432-5330 or toll free at 1-800-651-2237. Members who are deaf, hard of hearing, or speech impaired may call 711 (TTY).

We also pay if we call the ambulance to send you from the clinic to the hospital. We will not pay for an ambulance if it is not medically needed.

Other transportation

In some cases, we can find you a ride to and from your medical care. We may do this if it's medically needed, you can't take the bus, are unable to drive yourself, have no one to drive you, and you have no other way to get there. For assistance in arranging medical transportation, please call your area Member Care Services Associate (MCSA) at least 1 week before scheduled appointments. If you call less than one week before an appointment, MCSAs will do their best to arrange transportation based on availability. We will work with you to find the most cost-effective way to get you safely to your medical care.

MCSA phone numbers by Primary Care Physician Clinic Location
(Hours: Monday–Friday, 8 a.m.–4:30 p.m., except State holidays):

Oahu

Honolulu, Hawaii Kai, Kailua, Koolau, Kahuku, nursing facilities, and foster homes..... 808-432-2236

Kapolei, Nanaikeola..... 808-432-3677

Mapunapuna..... 808-432-1239

Waipio

Children only 808-432-3677

Adults only..... 808-432-1239

Maui Clinics 808-243-6093 or 808-243-6613

What does the plan cover?

QUEST Integration service coordination

Kaiser Permanente offers a range of Long-Term Services and Supports (LTSS) for low-income seniors and people with disabilities. This includes in-home and community-based services for members who need help in maintaining their independence, and nursing facility care for members who require a higher level of support. Members who do not meet nursing facility level of care but are at risk of getting worse may also qualify for some LTSS services. LTSS services can be found on page 33 of the benefit grid.

You can receive services from LTSS providers if you qualify. All new members will be mailed a survey that will help us identify if you have any special health care needs. If you identify a need, a service coordinator will contact you to perform a health and functional assessment to determine appropriate services for you. A service plan will be developed based on your medical and social needs. The service plan will describe the type of service(s) needed, the frequency, intensity, and quantity of services, as well as who will provide services.

Our QUEST Integration service coordination team (nurses, social workers, and paraprofessional staff) encourages you to become an active participant in your health care. They will work with you and your doctors to make sure you receive the care and service you need to get healthy and stay healthy. A few of the ways they can help you are:

- Explaining your health plan benefits
- Educating you on prevention services, chronic disease management, and other medical and behavioral health care services
- Instructing you on how to access an interpreter and sign language services at no charge
- Explaining how to obtain information in alternative languages and formats at no charge
- Helping you make and keep your appointments
- Helping you when you have no transportation to medical appointments
- Introducing you to other community agencies, if needed

Referrals to QUEST Integration staff may be made by calling 808-432-5330, 1-800-651-2237 (toll-free), or 711 (TTY).

Services, benefits, and copayments

The State of Hawaii decides what the covered services are. These are your Kaiser Permanente QUEST Integration benefits.

There is no charge for covered services. If you choose to get services that are *not* covered, or if you get them somewhere else, you will have to pay for them and your Kaiser Permanente QUEST Integration plan will not cover those services. If you are unable to pay for the services that you agreed to pay for, you will not lose your QUEST Integration eligibility.

If you have other insurance, such as Medicare, your QUEST Integration plan will be the “payor of last resort.” This means that your other insurance will pay first. If there are any costs left over, your QUEST Integration plan will pay for covered services.

Some services are only covered if we approve them first. If we do not approve it, then you can’t get it unless you pay for it. For example, when your Kaiser Permanente doctor orders medical equipment for you, the doctor will ask the health plan. If we approve, we will pay for it. Our decision has to be made by a health care professional who has appropriate clinical expertise in treating your condition or disease. We will tell you and your doctor if we did not approve or if we approved less than your doctor requested.

Not all benefits, exclusions, and limitations are listed here. For more information, call our QUEST Integration Call Center at 808-432-5330 or toll free at 1-800-651-2237.

Kaiser Permanente QUEST Integration covered benefits and services

| Service | Description |
|--|---|
| Primary and Acute Care Services (in alphabetical order) | |
| Cornea Transplants and Bone Graft Services | Cornea transplants and bone graft services are covered when medically necessary. |
| Dialysis | <p>Settings where you can receive dialysis include:</p> <ul style="list-style-type: none"> • Hospital inpatient • Hospital outpatient • Non-hospital dialysis facility • Member's home <p>Dialysis services include:</p> <ul style="list-style-type: none"> • Lab tests • Hepatitis B vaccines • Alfa-Epoetin (EPO) provided during dialysis • Drugs related to ESRD • Home dialysis equipment • Continuous ambulatory peritoneal dialysis (CAPD) • Physician services • Hospital stays |
| Durable Medical Equipment (DME) and Medical Supplies | <p>Durable medical equipment needed to:</p> <ul style="list-style-type: none"> • Reduce a medical disability • Restore or improve function <p>Supplies for rent or purchase include:</p> <ul style="list-style-type: none"> • Oxygen tanks and concentrators • Ventilators • Wheelchairs • Crutches and canes • Eyeglasses • Orthotic devices • Prosthetic devices • Hearing aids • Pacemakers • Medical supplies (surgical dressings, continence and ostomy supplies) • Foot appliances (orthoses, prostheses) • Orthopedic shoes and casts • Ortho digital prostheses and casts • Other medically necessary durable medical equipment covered by the Hawaii Medicaid program <p>Prior approval is required.</p> |

| Service | Description |
|--|---|
| Emergency and Post-Stabilization Services | <p>Services in an emergency room for emergent conditions. If the condition is considered non-emergent, you may have to pay for charges related to the visit. Kaiser Permanente will not deny payment for emergency services sought by a prudent layperson, even if emergency services are determined not needed and regardless if the provider is in- or out-of-network.</p> <p>You are also covered for care that keeps your condition stable after an emergency.</p> |
| Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services | <p>Routine checkups for children and youth under the age of 21 included (but are not limited to):</p> <ul style="list-style-type: none"> • Medical and behavioral health screening • Diagnostic tests • Immunizations • Preventive care, etc. |
| Family Planning Services | <p>Services for members who are sexually active and of childbearing age:</p> <ul style="list-style-type: none"> • Education and counseling to make informed choices and understand contraceptive methods; • Emergency contraception and counseling, as indicated; • Follow up care and office visits (to help prevent unwanted pregnancies; to help plan the number of pregnancies; to help plan the time between pregnancies; or to confirm if you are pregnant); • Pregnancy testing; • Family planning drugs, supplies, and devices to prevent unwanted pregnancy (to include generic birth control pills and diaphragms); • Diagnosis and treatment of sexually transmitted diseases. <p>You have the choice to get the above family planning services from Kaiser Permanente or from an out-of-network provider without a referral from us.</p> <p>Other family planning services available to you:</p> <ul style="list-style-type: none"> • Office visits and diagnostic tests to diagnosis infertility; • Sterilization. |
| Fluoride Varnish | <p>Application by a qualified primary care physician is covered for children between 1 and 6 years of age who have not received topical fluoride treatment by a dentist or qualified PCP within the past six months.</p> |
| Habilitation Services | <p>Habilitative services and devices include:</p> <ul style="list-style-type: none"> • Audiology services • Occupational therapy • Physical therapy • Speech-language therapy • Vision services • Augmentative communication devices • Reading devices |

For help or for more information please visit kpquest.org or call 808-432-5330 (Oahu), 1-800-651-2237 (toll-free), 711 (TTY)

| Service | Description | | | | | | | | | | | | | | | | |
|--|---|---|-------------------------|------------------|-------------------------|--------------|-----------------|-----------------|----|-------------------------------------|-----------------------------|----------------------------|-----|--------------|---|---|-----|
| | <ul style="list-style-type: none">• Visual aids <p>Devices used only for activities at school are not covered.</p> | | | | | | | | | | | | | | | | |
| Hearing Services | <p>Services include:</p> <ul style="list-style-type: none">• Diagnostic services• Screening• Preventive care• Corrective services, equipment, and supplies <table><tr><th>Service</th><th>Under age 21</th><th>Age 21 and older</th><th>Prior approval required</th></tr><tr><td>Hearing exam</td><td>One time a year</td><td>One time a year</td><td>No</td></tr><tr><td>Hearing aid fitting and orientation</td><td>Two times every three years</td><td>One time every three years</td><td>Yes</td></tr><tr><td>Hearing aids</td><td>One hearing aid per ear every 24 months</td><td>One hearing aid per ear every 24 months</td><td>Yes</td></tr></table> | Service | Under age 21 | Age 21 and older | Prior approval required | Hearing exam | One time a year | One time a year | No | Hearing aid fitting and orientation | Two times every three years | One time every three years | Yes | Hearing aids | One hearing aid per ear every 24 months | One hearing aid per ear every 24 months | Yes |
| Service | Under age 21 | Age 21 and older | Prior approval required | | | | | | | | | | | | | | |
| Hearing exam | One time a year | One time a year | No | | | | | | | | | | | | | | |
| Hearing aid fitting and orientation | Two times every three years | One time every three years | Yes | | | | | | | | | | | | | | |
| Hearing aids | One hearing aid per ear every 24 months | One hearing aid per ear every 24 months | Yes | | | | | | | | | | | | | | |
| Home Health Services | <p>Services provided at your home by qualified home health agencies:</p> <ul style="list-style-type: none">• Skilled nursing• Home health aides• Medical supplies and DME• Therapeutic rehab services (physical and occupational therapy)• Audiology and speech pathology | | | | | | | | | | | | | | | | |
| Immunizations | <p>Receive the following immunizations:</p> <ul style="list-style-type: none">• Influenza• Diphtheria• Tetanus• Pneumococcal vaccine• Other vaccines as needed | | | | | | | | | | | | | | | | |
| Inpatient Hospital Medical and Surgical Services | <p>Includes the cost of room and board for inpatient stays.</p> <p>The services include:</p> <ul style="list-style-type: none">• Nursing care• Medical supplies• Equipment and drugs• Diagnostic services• Physical therapy• Occupational therapy• Audiology and speech-language pathology | | | | | | | | | | | | | | | | |

| Service | Description |
|--|--|
| Inpatient Hospital Maternity/Newborn Care Services | <p>Women in good health with deliveries that are not complex may stay in the hospital for up to:</p> <ul style="list-style-type: none"> • 48 hours after a natural birth • 96 hours after a cesarean section <p>The patient and physician may agree to an early discharge.</p> |
| Medical Services Related to Dental Needs | <p>Kaiser Permanente covers dental services to treat medical conditions done in a medical facility like a hospital.</p> <p>Med-QUEST, not Kaiser Permanente, covers dental services through the month of a member's 21st birthday. Adults age 21 or older may receive emergency dental services.</p> <p>Also see "Covered by Med-QUEST but not by Kaiser Permanente" at the end of this section.</p> |
| Nutrition Counseling | <p>Types of services for members include:</p> <ul style="list-style-type: none"> • Diabetes self-management training • Nutrition counseling for obesity • Nutrition counseling for other metabolic conditions (if medically necessary) |
| Outpatient Hospital Services | <p>Services to prevent, diagnose, or manage the pain of an illness or injury such as:</p> <ul style="list-style-type: none"> • Family planning • Medical services related to dental needs • Imaging services • Laboratory studies • Oncology services • Diagnostic testing • Ambulatory surgery services • Physical therapy • Occupational therapy • Speech therapy • Blood storage and processing • Respiratory services • Audiology services • Cardiology services • Chemotherapy services • Radiation services • Surgeries performed in a freestanding ambulatory surgery center (ASC) or hospital ASC |
| Physician Services | <p>Services provided by or under the direct supervision of physicians include:</p> <ul style="list-style-type: none"> • Physical examinations • Screening examinations • EPSDT screenings for children and youth under age 21 |
| Podiatry (foot disease) Services | <p>Services for the foot and ankle such as:</p> <ul style="list-style-type: none"> • Professional services, not involving surgery |

For help or for more information please visit kpquest.org or call 808-432-5330 (Oahu), 1-800-651-2237 (toll-free), 711 (TTY)

| Service | Description |
|---|--|
| | <ul style="list-style-type: none"> • Diabetic foot care (inpatient and outpatient) • Diagnostic radiology procedures limited to ankle and below • Surgical procedures limited to ankle and below • Foot and ankle care for infection or injury |
| Pregnancy-Related Services for Pregnant Women and Expectant Parents | <p>Services provided for pregnancy and maternity care such as:</p> <ul style="list-style-type: none"> • Prenatal visits • Diagnostic tests (X-ray and laboratory) • Treatment of missed or threatened abortions • Postpartum care (up to 60 calendar days) • Health education and screening for conditions that could make a pregnancy “high risk” • Fetal development • Labor and delivery of infant • Diagnostic ultrasound • Fetal stress and non-stress testing • Prenatal vitamins • Lactation counseling – up to six months* • Breast pump rental – up to six months* • Breast pump purchase – requires prior approval <p>*May be extended with prior approval.</p> |
| Prescription Drugs | <p>Includes:</p> <ul style="list-style-type: none"> • Prescription drugs and certain over-the-counter drugs which are on the list of approved drugs and prescribed by your doctor who is licensed to prescribe • Medication management and counseling |
| Preventive Services – Adult (21 years or older) | <p>Includes:</p> <ul style="list-style-type: none"> • Blood pressure • Breast cancer screening • Cervical cancer screening • Chemoprophylaxis • Colorectal cancer screening • Health education and counseling • Immunizations • Prostate cancer screening • Rubella serology or vaccine history • Total cholesterol measurements • Tuberculin skin testing • Weight/height measurements |
| Preventive Services – Children (Less than 21 years of age) | <p>Includes:</p> <ul style="list-style-type: none"> • Age-appropriate dental referral and oral fluoride • Age-appropriate health education |

| Service | Description |
|---|---|
| | <ul style="list-style-type: none"> • EPSDT services • Hospital stay for normal, term, and healthy newborn • Immunizations • Newborn screening • Other age-appropriate laboratory screening tests • Screening to assess health status • Tuberculin skin testing |
| Preventive Services – Pregnant Women | <p>Includes:</p> <ul style="list-style-type: none"> • Diagnostic amniocentesis, diagnostic ultrasound, fetal stress and non-stress • Diagnosis of premature labor • Health education and screening • Hospital stays • Prenatal laboratory screening tests • Prenatal visits • Prenatal vitamins, including folic acid |
| Radiology/Laboratory/ Other Diagnostic Services | <p>Includes:</p> <ul style="list-style-type: none"> • Diagnostic and therapeutic radiology and imaging • Screening and diagnostic laboratory test • Other medically necessary diagnostic or therapeutic service <p>Services may require a prior approval.</p> |
| Rehabilitation Services | <p>Provided to patients who are expected to improve in a reasonable period of time with therapy.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Physical therapy • Occupational therapy • Audiology • Speech-language pathology <p>Prior approval is required for all rehabilitation services except for the initial evaluation.</p> |
| Sleep Laboratory Services | <p>Diagnosis and treatment of sleep disorders by accredited sleep laboratories.</p> |
| Smoking Cessation Services | <p>Services include:</p> <ul style="list-style-type: none"> • In-person counseling sessions: <ul style="list-style-type: none"> - At least four in-person sessions - Limited to two quit attempts per benefit period • Medications |
| Sterilizations and Hysterectomies | <p>For both men and women when the following are met:</p> <ul style="list-style-type: none"> • Age 21 years or older at time of consent • Mentally competent • Require consent at least 30 calendar days prior to the procedure |

For help or for more information please visit kpquest.org or call 808-432-5330 (Oahu), 1-800-651-2237 (toll-free), 711 (TTY)

| Service | Description |
|-------------------------|---|
| Telehealth Services | Services include live consultation provided through video or web conferencing. Services are covered if referred by an in-network provider and if you may have difficulty using transportation to the provider. |
| Transportation Services | <p>Services include emergency and non-emergency ground and air transportation.</p> <p>Transportation to and from medically necessary covered medical appointments is covered for:</p> <ul style="list-style-type: none"> • Members who have no means of transportation • Members who reside in areas not served by public transportation or who cannot access public transportation <p>Transportation is also covered when your medical condition requires treatment that is not available in the area where you are. Travel services include:</p> <ul style="list-style-type: none"> • Ground and air transportation • Lodging • Meals <p>Prior approval is required. Includes travel services for the member and (if needed) an attendant.</p> |
| Urgent Care Services | <p>Care for a medical condition that is serious but not life threatening and needs to be treated within 24 hours.</p> <p>Call any Kaiser Permanente clinic for an appointment. If the clinic is closed, call the after-hours advice line at 808-432-7700, toll free at 1-800-467-3011, or 711 (TTY).</p> <p>Urgent care out of area is only covered for members under age 21.</p> |

| Service | Description | | | | | | | | | |
|--|--|---------------------|--------------|------------------|----------|-------------------|-------------------|---|---------------------|---------------------|
| Vision Services | <p>Routine eye exams and glasses:</p> <table><tr><th>Service</th><th>Under age 21</th><th>Age 21 and older</th></tr><tr><td>Eye exam</td><td>Once in 12 months</td><td>Once in 24 months</td></tr><tr><td>Eyeglasses (includes lens, frames, fitting, and adjustment)</td><td>One every 24 months</td><td>One every 24 months</td></tr></table> <p>Contact lenses may be covered with prior approval.</p> <p>Emergency eye medical-condition care is covered for all members without prior approval.</p> <p>Vision services not included:</p> <ul style="list-style-type: none">• Orthoptic training• Prescription fee• Progress exams• Radial keratotomy• Visual training• Lasik procedure | Service | Under age 21 | Age 21 and older | Eye exam | Once in 12 months | Once in 24 months | Eyeglasses (includes lens, frames, fitting, and adjustment) | One every 24 months | One every 24 months |
| Service | Under age 21 | Age 21 and older | | | | | | | | |
| Eye exam | Once in 12 months | Once in 24 months | | | | | | | | |
| Eyeglasses (includes lens, frames, fitting, and adjustment) | One every 24 months | One every 24 months | | | | | | | | |
| Other Facility Services | | | | | | | | | | |
| Hospice Care | <p>Provides care to terminally ill patients who are not expected to live more than six months. Hospice services will be covered in the home, nursing facility or inpatient settings.</p> <p>Children under the age of 21 can receive treatment to manage or cure disease while in hospice care.</p> | | | | | | | | | |
| Nursing Facility | <p>Includes:</p> <ul style="list-style-type: none">• Skilled Nursing Facility (SNF)• Intermediate Care Facility (ICF)• Subacute level of care in a hospital | | | | | | | | | |
| Behavioral Health Services | | | | | | | | | | |
| Standard Behavioral Health Services (includes psychiatric services and substance abuse treatment services) | <p>Includes:</p> <ul style="list-style-type: none">• Room and board• Nursing care• Medical supplies• Equipment• Medications• Medication management• Diagnostic services• Professional services• Medically necessary services• Substance abuse treatment services | | | | | | | | | |

| Service | Description |
|--|--|
| Ambulatory Mental Health Services | Includes: <ul style="list-style-type: none"> • 24-hour access line • Mobile crisis response • Crisis stabilization • Crisis management • Crisis residential services |
| Psychotropic Medications and Medication Management | Medications and medication management includes: <ul style="list-style-type: none"> • Evaluation, prescription and maintenance of psychotropic medications • Medication management • Counseling • Education • Promotion of algorithms and guidelines |
| Psychiatric or Psychological Evaluation and Treatment | Services to evaluate and provide treatment of behavioral health include: <ul style="list-style-type: none"> • Individual and group counseling and monitoring |
| Medically Necessary Alcohol and Chemical Dependency Services | Inpatient and outpatient substance abuse services. Provided in a setting accredited according to standards set by the Alcohol and Drug Abuse Division (ADAD) of the Hawaii State Department of Health. |
| Methadone Management Services | Methadone and levo-alpha-acetylmethadol (LAAM) services for acute opiate detoxification and maintenance. |
| Long-Term Services and Supports (LTSS) | |
| Includes Institutional Care as well as Home and Community Based Services (HCBS). Individuals need to qualify for all LTSS services. Services may be determined based on a member's functional assessment documented on the DHS 1147 form. Services may include: <ul style="list-style-type: none"> • Home delivered meals • Personal Emergency Response System (PERS) • Personal care services • Adult day care • Adult day health • Skilled and private duty nursing <p>In addition, the At-Risk member seeking qualification for LTSS must:</p> <ul style="list-style-type: none"> • Live in his or her home • Not be homebound • Not meet criteria for ICF/DDD • Not be living in a care home/foster home or facility/institution | |
| Acute Waitlisted SNF/ICF | Skilled Nursing Facility (SNF), or Intermediate Care Facility (ICF) level of care services provided in an acute care hospital in an acute care hospital bed. |
| Adult Day Care Center (ADC) | Supportive care for four or more disabled adults. Services include: <ul style="list-style-type: none"> • Observation/supervision |

| Service | Description |
|---|---|
| | <ul style="list-style-type: none"> • Coordination and use of behavioral, medical, and social care plans, and therapeutic, social, educational, recreational, and other activities |
| Adult Day Health Center (ADH) | Organized day program with nursing oversight. Provided to adults with physical and/or mental conditions. The purpose is to help members to stay in the community as much as possible. |
| Assisted Living Facility (ALF) | Services include: <ul style="list-style-type: none"> • Personal care • Supportive care (homemaker, chore and meal preparation) • Nursing • Help with medication |
| Community Care Management Agency (CCMA) | For members living in Community Care Foster Family Homes and other community settings, services by a CCMA include: <ul style="list-style-type: none"> • Nurse delegation to the caregiver • Identifying needed services, supplies, and equipment • Face-to-face monitoring • Use of the service plan • Assisting the caregiver with undesired effects and/or changes in condition of members |
| Community Care Foster Family Home (CCFFH) | For members living in Community Care Foster Family Homes (certified private home with care provider living in the home), services include: <ul style="list-style-type: none"> • Personal and supportive care • Homemaker • Chores • Companion services • Nursing • Medication oversight |
| Counseling and Training | Counseling and training activities include: <ul style="list-style-type: none"> • Member care training for members, families, and caregivers regarding health conditions • Infection control • Treatment regimens • Equipment • Crisis intervention • Grief counseling • Substance abuse • Nutrition • Safety |
| Companion Services | Non-medical care, supervision, and socialization prior approved by a service coordinator and documented in the service plan. |
| Environmental Accessibility Adaptations (EAA) | Changes to the home needed to ensure the health, welfare, and safety of the member, allowing the member to stay at home as much as possible. |

| Service | Description |
|--|--|
| Home Delivered Meals | For members who cannot prepare meals without help and need meal services to stay independent and at home. Does not include residential or institutional settings. |
| Home Maintenance | Services to maintain a safe and clean environment may include: <ul style="list-style-type: none"> • Heavy-duty cleaning • Minor repairs to essential appliances • Fumigation or extermination services |
| Moving Assistance | May be provided in rare cases for members who need to move to a new home. For example: <ul style="list-style-type: none"> • Unsafe deteriorating home • Member is evicted from current home • Member is not able to afford home due to a rent increase • Wheelchair bound member living above the first floor of a multi-story building without elevator |
| Non-Medical Transportation | May be authorized based on demonstrated need for member access to community services, activities, and resources in their service plan. This service does not replace medical transportation. |
| Nursing Facility (NF), Skilled Nursing Facility (SNF), or Intermediate Care Facility (ICF) | Services provided in a nursing facility licensed and certified to provide skilled nursing and rehabilitative services on a regular basis. Nursing facility members require assistance 24 hours a day with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). |
| Personal Assistance Service Level I (PA1) | For members who are not living with their family and may need help with their daily activities. Services include: <ul style="list-style-type: none"> • Companion services (meal prep, laundry, errands) • Homemaker/chore service (routine housecleaning, care of clothing and linen, shopping, yard work) |
| Personal Assistance Service Level II (PA2) | For members needing: <ul style="list-style-type: none"> • Moderate to total assistance with activities of daily living • Health maintenance activities Provided by Home Health Aide, Personal Care Aide, Certified Nurse Aide or Nurse Aide. |
| Personal Emergency Response Systems (PERS) | Electronic device with a 24-hour emergency assistance service that helps members get immediate help in an emotional, physical, or environmental emergency. |
| Residential Care Services or Type I or Type II Expanded Adult Residential | Services include: <ul style="list-style-type: none"> • Personal care • Nursing • Homemaker |

| Service | Description |
|---|---|
| Care Home (E-ARCH) | <ul style="list-style-type: none"> • Chores • Companion services • Medication oversight (provided by a principle care provider who lives in the home) |
| Respite Care | May be provided on a short-term basis to individuals unable to care for themselves. Respite may be provided hourly, daily, or overnight in the following locations: individual's home or place of residence; CCFFH; E-ARCH; NF; licensed respite day care facility; or other community care residential facility approved by the State. |
| Skilled (or Private Duty) Nursing | For members requiring ongoing nursing care, provided by licensed nurses. |
| Specialized Medical Equipment and Supplies (SMES) | <p>Refers to the purchase, rental, lease, warranty costs, installation, repairs, and removal of devices, controls, or appliances, as specified in the service plan.</p> <p>Services include but are not limited to:</p> <ul style="list-style-type: none"> • Items necessary for life support • Specialized infant car seats • Modification of parent-owned motor vehicle to accommodate the child, e.g. wheelchair lifts • Shower seat • Portable humidifiers • Medical supplies • Heavy duty items |
| Subacute Facility Services | <p>Members do not require acute care but need more intensive skilled nursing.</p> <p>Services provided in:</p> <ul style="list-style-type: none"> • A licensed nursing facility • A licensed and certified hospital |

Community Integrated Services (CIS)

To be eligible, you need to be eighteen (18) years of age or older to be eligible. Also, you must meet the following to qualify for CIS:

1. Be chronically homeless, or
2. Currently homeless and have one of the qualifying health conditions listed below, or
3. Living in an institution and cannot leave without stable housing and have one of the qualifying health conditions listed below, or
4. Living in public housing and at risk of being kicked out and have one of these qualifying health conditions:
 - A mental health disorder affecting one or more major life activities, or
 - Diagnosed with substance use disorder, or
 - Have a chronic physical or complex health needs, or
 - Go to the emergency department or inpatient hospital often.

CIS is divided into three categories: (1) pre-tenancy services, (2) tenancy services, and (3) other housing and tenancy support services.

| Service | Description |
|------------------------------------|--|
| Pre-tenancy services | Include: <ul style="list-style-type: none"> • Screening and assessments • Developing housing support assistance plan • Searching for housing • Preparing and submitting applications • Identifying needs for start-up • Identifying equipment, technology, and other changes needed • Reviewing safety of housing • Moving assistance • Housing crisis plan |
| Tenancy services | Include: <ul style="list-style-type: none"> • Identifying and assisting with bad behaviors • Educating you about roles and responsibilities of tenant/landlord • Coaching you how to develop and maintain relationships with landlords/property managers • Teaching you how to resolve disagreement with your landlords/neighbors • Connecting you with supportive groups to help prevent you from being kicked out of your home • Housing recertification process • Updating/maintaining housing assistance and crisis plans • Developing skills for daily living and maintaining your home • Coordinating Service care • Managing housing crisis |
| Other Housing and Support services | Include: <ul style="list-style-type: none"> • Training for jobs and employment • Support (peers, groups, caregiver/family) • Non-medical transportation • Outreach and In-reach services • Managing your health • Counseling and therapies • Assessing services • Developing Service plan • Teaching you skills for living by yourself and managing your money • Equipment, technology and other modifications • Managing your home • Other supplemental services as needed |

Covered by Med-QUEST but not by Kaiser Permanente

Some services are not covered by your medical plan. You can get these services in other ways.

- **Dental care:** The DHS, not Kaiser Permanente, covers dental services through the month of a member's twenty-first (21st) birthday. For adult members twenty-one (21) years and older, Med-QUEST only covers emergency dental services to ease dental pain, remove infections, and treat serious injuries to teeth and supporting structures. Use your Medicaid card to obtain dental services. Members must get dental care from a dentist who sees Medicaid members. For help in finding a dentist, call Community Case Management Corp. You can reach them at 808-792-1070 or 1-888-792-1070 (toll-free).
- **Elective abortions or intentional termination of pregnancy (ITOP):** DHS, not Kaiser Permanente, covers procedures, medications, transportation, meals, and lodging for ITOPs. You do not need a referral from us. Members must find a doctor who sees Medicaid patients and accepts Medicaid fee-for-service. Use your Medicaid card. Your doctor will submit a claim to DHS. If you need help with arranging transportation, call 808-692-8124.
- **State of Hawaii Organ and Tissue Transplant (SHOTT) Program:** DHS provides transplants through the SHOTT program. Covered transplants must be non-experimental, non-investigational for the specific organ/tissue and specific medical condition being treated. These transplants may include liver, heart, heart-lung, lung, kidney, kidney-pancreas, and allogenic and autologous bone marrow transplants. In addition, children may be covered for transplants of the small bowel with or without liver. Children and adults must meet specific medical criteria as determined by the State and the SHOTT program contractor.

Services from other agencies in the community:

- **Early Intervention Program (EIP)** provides services for children 0 – 3 years of age with special needs. Services are provided in places where a child lives, learns and grows. Parents and/or caregivers are coached on how to help their child succeed in their environment. Services covered include: Assistive Technology, occupational therapy, physical therapy, psychology services, special instruction, speech-language pathology, and vision services. For more information, call 808-594-0066.
- **Honolulu Community Action Program (HCAP) – Head Start**
This is a federal program to help prepare children ages 3 – 5 years old for school. Some of the programs offered are part-day or full-day centers, home-based, Head Start DOE combined classrooms, and family activities. To apply, or for more information, call 808-847-2400.
- **Women, Infant and Children (WIC)** - This program helps low-income, nutritionally at-risk pregnant women, new moms, and children under age 5 with healthy foods, nutrition education, screening and referrals to other health, welfare and social programs. Some of the healthy foods are milk, eggs, cheese, cereal, peanut butter, fruits, vegetables and infant food. For more information, call 808-586-8175 on Oahu or 1-888-820-6425.

- **Tuberculosis Control Program:** This program is for the diagnosis, treatment, identification, prevention, and appropriate therapy of tuberculosis. For more information, call the Tuberculosis Control Branch at 808-832-5731.
- **Hansen's Disease Community Program:** This program is for patients with Hansen's Disease. The program provides treatment, education, assistance to family members and health care providers, and helps patients obtain services. For more information, call the Hansen's Disease Branch at 808-733-9831.
- **Community Care Services (CCS) Behavioral Health Program (provided by Ohana Health Plan):** Adult members 18 years or older with a diagnosis of serious mental illness (SMI) or serious and persistent mental illness (SPMI) may be eligible for additional behavioral health service from the CCS program. Specialized behavioral health services include inpatient and outpatient therapy, tests to monitor the member's response to therapy, and intensive case management. For more information, call 1-888-846-4262.
- **Services for Individuals with Developmental Disabilities/Intellectual Disabilities (DD/ID):** The DOH Developmental Disability Division (DOH/DDD) provides intermediate care facility/ID services to some individuals. Kaiser Permanente and DOH/DDD coordinate activities for people with DD/ID. For more information, call 808-586-5840.
- **Support for Emotional and Behavioral Development (SEBD) for children:** Behavioral health services are available for children with emotional and behavioral development issues. The Department of Health, through its Child and Adolescent Mental Health Division (CAMHD) provides behavioral health services, including transportation, to children and adolescents ages 3 through 20 who need intensive behavioral health services. To find out more, call one of the Family Guidance Centers listed below.

| Family Guidance Center | Address | Phone Number | Fax Number |
|-----------------------------|---|--------------|--------------|
| Central Oahu | 860 Fourth Street, 2nd Floor Pearl City, Hawaii 96782 | 808-453-5900 | 808-453-5940 |
| Family Court Liaison Branch | Hawaii Youth Correctional Facility 42-477 Kalaniana'ole Hwy. Kailua, Hawaii 96732 | 808-266-9922 | 808-266-9933 |
| Honolulu | 3627 Kilauea Avenue, Room 401 Honolulu, Hawaii 96816 | 808-733-9393 | 808-733-9377 |
| Leeward Oahu | 601 Kamokila Blvd., Room 355 Kapolei, Hawaii 96707 | 808-692-7700 | 808-692-7712 |
| Windward Oahu | 45-691 Keaahala Road Kaneohe, Hawaii 96744 | 808-233-3770 | 808-233-5659 |
| Maui | 270 Waiehu Beach Road, Suite 213 Wailuku, Hawaii 96793 | 808-243-1252 | 808-243-1254 |

Services that are typically NOT covered under the QUEST Integration Program

- Personal care items such as shampoos, toothpaste, toothbrushes, mouth washes, denture cleansers, shoes, slippers, clothing, laundry services, baby oil, sanitary napkins, diapers for babies, soaps, lip balm, bandages, and contact lens solution
- 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 investigative services, procedures, drugs, devices, and treatments; drugs not approved by the Federal Drug Administration (FDA)
- Treatment of complications resulting from previous cosmetic, experimental or investigative services, or other services that are not covered
- 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 or 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
- Bereavement counseling, 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
- 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 and/or psychological evaluations as a requirement for employment or as a requirement for continuing employment (e.g., truck and taxi drivers' licensing)
- Physical exams and/or psychological evaluations as a requirement for drivers' licenses or for the purpose of securing life and other insurance policies or plans
- Organ transplants not meeting the guidelines established by the Medicaid program and organ transplants not specifically identified as benefits

- Biofeedback, acupuncture, chiropractic services, 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
- Ambulance wait time, physician wait time, standby services, telephone consultations, telephone calls, writing of prescriptions, stat charges
- Treatment of pulmonary tuberculosis that is covered by DOH
- Treatment of Hansen's Disease that is covered by DOH
- Topical application of oxygen
- Orthoptic training
- Travel medicine
- OPTIFAST programs and supplements, bariatric classes and supplies

Comments, grievances, and appeals

We want you to be happy with your care at Kaiser Permanente. We welcome your comments, suggestions, and concerns. They will let us know what we're doing well and what we need to do better.

There are several ways to bring your comments to our attention.

- Talk with your doctor or the department supervisor.
- Fill out the "Let Us Hear From You!" form at the clinic.
- Call or write to the QUEST Integration Call Center at 808-432-5330, toll free at 1-800-651-2237, or 711 (TTY).

Our address

Kaiser Foundation Health Plan, Inc.
Member Services Department
711 Kapiolani Blvd.
Honolulu, HI 96813

Grievances

If you are unhappy with Kaiser Permanente, you may file a grievance or have a representative or a provider file the grievance for you. You can ask anyone at Kaiser Permanente to send it to Member Services or you can mail it to: Member Services, Kaiser Permanente, 711 Kapiolani Boulevard, Honolulu, HI 96813. If you would like someone to help you write your grievance, or you want to file your grievance by telephone, call the QUEST Integration Call Center at 808-432-5330, toll free at 1-800-651-2237, or 711 (TTY).

A letter will be sent to you within five business days to let you know that we have received your grievance. We will send it to the supervisor of the area you wrote or called about. That person will answer your grievance within 30 calendar days from when it was received.

If you got our answer, but you're still not satisfied, you may ask for a state grievance review from the State of Hawaii's Department of Human Services Med-QUEST Division. You must call or write to Med-QUEST within 30 days of getting your answer from Kaiser Permanente. If you do not do this, your complaint will be considered resolved.

To ask for a State grievance review, call the Med-QUEST Division at 808-692-8094. Or mail a request to:

Med-QUEST Division
Health Care Services Branch
PO Box 700190
Kapolei, HI 96709-0190

Med-QUEST will review your complaint. They will decide on it within 90 calendar days from getting your request. Their decision will be final.

Filing a claim

How to file a claim for payment

If you receive medical care outside of Kaiser Permanente, you may submit a claim with us. We review each claim to decide if we will pay. We look to see if your care was referred by us. We will see whether it was medically needed emergency care or urgent care. If we approve your claim, we will pay according to your plan benefits.

If you have questions relating to filing a claim, please contact the QUEST Integration Call Center at 432-5330 or toll free at 1-800-651-2237. If you have questions about a claim already submitted, please call Claims Administration toll free at 1-877-875-3805.

You may have someone file the claim for you. If you choose to do this, you must name this person in writing and state that he or she may file the claim for you. Both you and your representative must sign this statement, unless the person is your attorney. When necessary, your representative will have access to medical information about you that relates to the request. If you prefer, you may call our QUEST Integration Call Center at 432-5330 or toll free at 1-800-651-2237 to request a form.

Appeals

Did Kaiser Permanente health plan or your doctor refuse an item or service you asked for? If you do not agree with a decision that was made about the services you are getting, or want to get, you may ask for a review of an adverse benefit determination taken by Kaiser Permanente for your medical care. Some of the other reasons you may want to file an appeal are if we stopped care that we already approved; if you don't get care when you need it; if we don't give you an answer to a grievance or an appeal that you already filed by the time we're supposed to; or if we can't provide you with a medically necessary covered service within Kaiser Permanente and we don't authorize

coverage for that service outside Kaiser Permanente. If you provide your written consent, providers may file an appeal on your behalf if we deny coverage of a service.

After you get a denial notice or Notice of Adverse Benefit Determination, you have 60 calendar days to make your appeal. Appeals must be made in writing. You may make an appeal orally, but if you file an oral appeal, then you must follow up in writing with a signed appeal. You may ask us or someone else to help you write your appeal. If you would like help to write your appeal, call the QUEST Integration Call Center at 808-432-5330, toll free at 1-800-651-2237, or 711 (TTY). You may also request an interpreter to help you through this process.

Only you or someone with your permission may make an appeal. If you're going to give someone else permission to make an appeal, you can let us know by sending us a letter or by calling 808-432-5330, toll-free at 1-800-651-2237 or 711 (TTY). If you let us know by phone, you must also send a letter saying that you are giving someone your permission to make an appeal. Your letter must have the name of the person you are giving permission to and say that you are authorizing that person to file an appeal for you. You both must sign and date the letter. When necessary, your representative may have access to medical information about you that relates to the request.

Send your appeal to:

Kaiser Foundation Health Plan Inc.

Attn: Regional Appeals Office

711 Kapiolani Blvd.

Honolulu, HI 96813

You may fax your appeal to 808-432-5260 or send it by email at KPHawaii.Appeals@kp.org. You may also contact the QUEST Integration Call Center at 808-432-5330, toll free at 1-800-651-2237 or 711 (TTY).

We will write to you within five business days to say we got your appeal. You will have a chance to present evidence and to argue facts or law if you want to. You may do this in person or in writing. You or your representative may examine the case file. The case file may have medical records and any other papers and records that we will look at during the appeals process. You may give us written comments, papers, medical records, or other information to consider. We will review the case and give you a written decision within 30 calendar days. We may take up to 14 more calendar days if you ask us to or if we need more information and it would be in your best interest if we had more time before deciding. If you didn't ask for the delay, we will make reasonable efforts to give you prompt oral notice of the delay. We will also send you a letter to explain why we need extra time within 2 calendar days. Then we will inform you of your right to file a grievance if you disagree with our decision.

Expedited review

Sometimes we must review your appeal more quickly. When we receive your appeal, we will decide if taking the regular amount of time to review it could mean a danger to your life, physical or mental health, or ability to attain, maintain, or regain maximum function. If we or the person who treats you

finds that it could, we will use a faster process. We call it an expedited review of your appeal. It's the same as the regular one except:

- If you ask for it orally you don't have to follow it up in writing
- We must ensure that the person who treats you won't be punished for helping you ask for the faster appeal
- We must decide your appeal as fast as needed for your condition. We can't take more than 72 hours from when we receive your appeal. We may take up to 14 more calendar days if you ask us to or if we show that we need more information and that it would help you if we waited for it. If you didn't ask for the delay, we will make reasonable efforts to give you prompt oral notice of the delay. We will also send you a letter explaining why the delay is needed within 2 calendar days.

If we say no to your request for an expedited review, here is what we must do:

- Transfer your appeal to the regular appeal process
- Make reasonable efforts to tell you orally what we have done
- Tell you in writing within two calendar days from when we received your appeal the reason the decision to extend the timeframe or deny a request for expedited resolution of an appeal
- Resolve the appeal as expeditiously as the member's health condition requires and no later than the date the extension expires.

If we said no to your request for an expedited appeal, and you're unhappy about it, you may file a grievance with us.

External review

DHS administrative hearing

If you have gone through Kaiser Permanente's appeal process and are not happy with the decision, we made about your appeal you can ask DHS for an administrative hearing. Write to the Administrative Appeals Office (AAO) of DHS. The AAO must receive your letter within 120 calendar days from when you got Kaiser Permanente's answer about your appeal. Include information: any statements of fact or laws to support your request. Send your appeal to:

State of Hawaii Department of Human Services
Administrative Appeals Office
P.O. Box 339
Honolulu, HI 96809-0339

There is no cost to receive copies of the appeal file. You have the right to name someone to file the appeal for you. You must name that person in writing when you send your appeal. You may represent yourself at the hearing or you may have a lawyer, a relative, a friend, or someone else there to speak for you. You will receive a decision within 90 calendar days from the date they received your request. We must follow the decision of the DHS administrative hearing. You must go through Kaiser Permanente's appeal process first before asking for a DHS administrative hearing.

You or your approved representative, is considered to have used up Kaiser Permanente's grievance and appeal process if Kaiser Permanente does not follow the notice and timing requirements set by Med-QUEST Division of DHS. When this happens, you have the right to file for a State administrative hearing.

Expedited DHS administrative hearing

If you had an expedited review of your appeal with us, and it didn't go the way you wanted it to, then you may ask DHS for an expedited administrative hearing. You must submit your letter to the AAO within 120 calendar days of getting your answer from Kaiser Permanente about your appeal. An expedited administrative hearing needs to be reviewed and decided upon within three business days from when your request was filed.

Receiving benefits during the appeals process or DHS administrative hearing

If we told you that we are going to reduce, delay or stop anything that we already approved, you have the right to still get those services during the appeals process or state administrative hearing process. For that to happen you must file your appeal and ask us to continue your benefits in a timely manner. This means within 10 calendar days of getting the denial notice or Notice of Adverse Benefit Determination, or before the date that the service is going to be reduced, delayed, or stopped. The services you are asking to be continued must have been approved by an authorized provider within the time period covered by the original authorization.

If your benefits are continued during the appeal or administrative hearing process, it will be provided until one of the following happens:

- You withdraw your appeal
- You don't request a DHS administrative hearing within 10 calendar days of getting the denial notice or Notice of Adverse Benefit Determination from us
- The DHS administrative hearing does not decide in your favor

If Kaiser Permanente or DHS do not decide in your favor, you will have to pay for the services that you requested to be continued during the appeal process.

Medicaid ombudsman program

The State of Hawaii Department of Human Services (DHS) oversees the Medicaid ombudsman program. Hilopa'a is contracted with DHS to independently review concerns and complaints against Medicaid Health Plans as another resource for members. You can call the Medicaid ombudsman office on your island or visit its website at www.hilopaa.org.

| | |
|------------------|----------------|
| Oahu..... | 1-808-791-3467 |
| Maui/Lanai | 1-808-270-1536 |
| Kauai | 1-808-240-0485 |
| Hawaii | 1-808-333-3053 |
| Molokai..... | 1-808-660-0063 |
| Fax - Oahu | 1-808-531-3595 |

General information

Online Services

KPQUEST.org

Want to know more about Kaiser Permanente QUEST Integration? Log on to: <http://kpquest.org/home> to find out more about Kaiser Permanente QUEST Integration membership benefits, drug formulary, providers, latest newsletters, and more.

KP.org

You can also keep track of your medical records by registering on kp.org/registernow. Once you are registered, visit My Health Manager to make appointments online, view most test results, email your doctor's office, order prescription refills, check past office visit information, and look up future appointments. You can also access free programs through kp.org/healthylifestyles to help you focus on being healthy.

Third-party liability (TPL)

Third-party liability means another person, organization, or program is responsible for all or part of the cost for your medical care at Kaiser Permanente.

If someone caused injury or sickness, you may receive money from him or her, or from insurance. It's called a "judgment" or "settlement." If we treated you for the problem, we have a right to get paid for the cost of medical care out of the judgment or settlement.

If you got hurt or sick from a motor vehicle accident, and we treated you, we have a right to get paid from the "no-fault" insurance.

It is important to tell us if another person, organization, or program is responsible for payment of the services provided to you.

Advance health care directive

At Kaiser Permanente Hawaii, we support your right to make decisions regarding your health care. We want to know how to manage your health care when you can no longer tell us. In fact, we encourage you to make these important decisions now, when you're healthy. With an advance health care directive, you can take charge of your health care and help ensure that your wishes will be respected.

By putting your wishes in writing, you can be sure that your family and health care team will know what to do if you become unable to make decisions for yourself. By clarifying your wishes when you're able to think clearly about them, you free your family from having to make difficult decisions for you. Your completed document(s) will be available 24 hours a day from Kaiser Permanente.

All staff and physicians shall make every reasonable effort to educate members regarding advance health care directives, actively support the preparation and execution of written directives, and honor oral and written instructions in accordance with applicable law and organizational policy.

Although there are no institutional conscientious objections put in place by Kaiser Permanente Hawaii, our health care providers may decline to comply with an individual's advance directive for reasons of conscience. In cases where an individual's advance directive is contrary to generally accepted standards of medical care, our health care providers and facilities may decline to comply with it. However, if the provider or facility refuses to comply, they must:

- Promptly inform the patient and any decision maker for the patient
- Provide continuing care until a transfer can be arranged
- Assist in the transfer of the patient to another health care provider or institution that is willing to comply with the instructions

If you want more information, or to request an Advance Health Care Directive forms packet, please contact our QUEST Integration Call Center at 808-432-5330 (Oahu), 1-800-651-2237 (neighbor islands), or 711 (TTY).

Complaints concerning noncompliance with the advance directive requirements may be filed with the Hawaii State Department of Health, Office of Health Care Assurance, 601 Kamokila Blvd., Room 395, Kapolei, Hawaii 96707.

New medical technologies receive thorough review

Advances in science bring improved medical care. With new techniques patients can have better, sometimes longer, lives. But how do you know when something new is something better? We have a New Technologies Committee made up of doctors and scientists chosen from the national Kaiser Permanente system. They study medical advances. They make sure they are tested, safe, and helpful. We keep track of medical advances and how they fit the benefits we offer. We do that so we can give you up-to-date, effective, and efficient medical care. If you would like to know more about how we review medical technologies and our benefits, please call the QUEST Integration Call Center at 808-432-5330, toll free at 1-800-651-2237, or 711 (TTY).

Quality care at Kaiser Permanente

You can get a copy of our quality report. It's a summary of our goals, objectives, and activities. It tells how we use these to improve care and service to our members and the community. For a free copy of this year's report, please call our QUEST Integration Call Center at 808-432-5330, toll free at 1-800-651-2237, or 711 (TTY). You can also see the report online at **kp.org/quality**.

Utilization management

Utilization management (UM) describes the different ways to make sure you receive the right care at the right time in the right place. Kaiser Permanente's UM program uses the advice and cooperation of practitioners and providers. It makes sure you get high-quality, cost-effective care. By giving you the medical care you need when you need it, we help you stay healthy. We also keep track of the services we provide and how they are working. Some of our UM activities are:

- Review of hospital admissions: We want to make sure your hospital stay is medically needed. We also want to be sure that you're getting the care you need. We use Medicare and InterQual guidelines. They are known throughout the U.S. and are widely used.
- Review of referred services: We may send you outside Kaiser Permanente for care. If we do, we want you to be treated the same as if we did the service ourselves. We will make sure you have a referral for medical need, and that you're enrolled in a Kaiser Permanente plan which covers the service. We will send you to a provider who meets our quality standards.
- Review of claims: Claims are bills or requests to pay for care you already got. We review them to be sure that you were enrolled in a Kaiser Permanente plan, the services were medically needed, and the service was approved. If we approve the claim, we pay based on what your plan covers.
- Case management for certain medical conditions: Case managers work with members who have certain health problems. Examples are diabetes, asthma, HIV, and congestive heart failure. The case managers are nurses or other health professionals. They have had special training in one of these problems. They work with you, your family, and your doctor. They help you keep your health at the highest level possible.
- Clinical pharmacist services: Clinical pharmacists work in the clinic along with your doctor. They can talk with you to help you with your medicines. Just ask your doctor or clinic pharmacy staff.
- Care maps and clinical practice guidelines: Your doctor has some written tools which are based on clinical evidence of what type of treatment works. Your health care team can use them to best meet your medical needs.

Kaiser Permanente doctors and employees, as well as outside doctors, are part of making UM decisions. They care about the risks of not giving you the right services. They make decisions based on their knowledge that a service or item is medically needed and correct. They are not rewarded or paid for denying something that is asked for.

To ask anything about UM **during normal business hours**, call our QUEST Integration Call Center:

- 808-432-5330 or 1-800-651-2237 (toll-free) or 711 (TTY)
- 7:45a.m. to 4:30 p.m. Monday through Friday

After normal business hours, on weekends and on holidays, call:

- 808-432-7100 (Oahu)
- 1-800-227-0482 toll-free (all other locations) or 711 (TTY)

If you call after normal business hours, your message will go to our UM Team. They will call you back the next business day. You can also send them faxes at 808-432-7419.

For help or for more information please visit kpquest.org or call 808-432-5330 (Oahu), 1-800-651-2237 (toll-free), 711 (TTY)

If, at any time, you feel you are not receiving an item or service you believe is medically necessary, you have the right to make a request for services or supplies you have not received or make a claim for payment of charges you have incurred. If you do not agree with our decision regarding your request, you have the right to request an appeal.

Patient safety

We know that a safe environment is a must when we're serving you. We are determined to provide it. We have an active patient safety program. We want to deserve your trust by having:

- Clinics and hospitals that are safe, secure, and clean
- Staff who have the knowledge and skills to do their jobs safely
- Systems that give the right information to the right people at the right time
- Programs that check and maintain buildings regularly for safety
- Processes to identify and manage hazards to ensure safety
- You and your family involved in our efforts to reduce errors, improve safety, and increase trust and respect

Your rights and responsibilities

Privacy information

Your privacy is important to us. Our doctors and staff must keep your information private. That's true whether it is spoken, written, or sent electronically. It's called "protected health information" (PHI). We have policies, procedures, and other safeguards to help protect your PHI. It's required by state and federal laws. We will release your PHI when you tell us to in writing. We will do so when the law requires it. And we will do so without your permission in some situations where the law allows it. One example is when our doctors and other professionals treat you. They may use and share your PHI in order to provide care. They don't need your permission. Another example is finding out who is responsible to pay for your medical care. Others are health care operations purposes. That includes measuring and improving quality, customer service, and making sure we comply with laws and rules

Our privacy policies and procedures tell about your right to see your PHI. They tell how you can correct or update it and get copies of it. The law requires us to track some kinds of disclosures of your PHI. You can ask us for a list of the disclosures that we tracked.

You can get a more complete explanation of our privacy policies. Please ask for a copy of our "Notice of Privacy Practices." You'll find it on our website at kp.org/privacy and in our clinics. You can get a copy by calling our QUEST Integration Call Center. If you have questions or concerns about privacy, please call the QUEST Integration Call Center. You can call them at 808-432-5330, toll free at 1-800-651-2237, or 711 (TTY).

Protecting you from health care fraud and abuse

Fraud and identity theft are growing problems. We want to protect you and your medical information. One way we do this is by checking your Kaiser Permanente ID card and photo ID when you come in for care.

At Kaiser Permanente we value our work and promise to do what is right. We train our staff and doctors to protect your privacy and help prevent fraud and identity theft. We pay close attention to our systems and operations. This helps us to find signs of wrong behavior. We will make corrections to our processes as needed.

If you see anyone wrongly using your information or our resources, call our QUEST Integration Call Center at 808-432-5330, toll free at 1-800-651-2237, or 711 (TTY). For more information about how we're working to protect you, visit kp.org/protectingyou.

Member rights and responsibilities

As a health care team, we treat each other, our members, and our community as part of our 'ohana. We support each other to provide quality care. We are doing it for the health and well-being of our families and the community. We know how important your needs are. We try to exceed your expectations.

You are our partner in your health care. It's important for you to share in making decisions about your care. By being willing to talk to your doctor and other health care practitioners about your health goals, you can help us give you the care that's right for you.

Your rights

As a person using our services, you have specific rights. These rights are yours, regardless of your

- age
- cultural background
- gender
- gender identity
- sexual orientation
- financial status
- national origin
- race
- religion
- disability

You have a right to:

- Get information about us. Find out about our services. Find out who our health care practitioners and providers are. Find out about your rights and responsibilities.
- Get information about the people who give you health care. Find out their names. Find out their professional status and board certification.

- Be treated with consideration, compassion, and respect. That means we consider your dignity and treat you as a person. We think about your privacy when we give you treatment and care.
- Be free from neglect, exploitation, and verbal, mental, physical and sexual abuse.
- Make decisions about your medical care. Make advance directives to have life-prolonging medical or surgical treatment given, ended, or stopped; to withhold resuscitative services; and for care at the end of life. You have the right to name another person to make health care decisions for you, to the extent allowed by law.
- Discuss all treatment options that are medically needed, regardless of what they cost or what your plan covers.
- Voice your grievances or appeals freely. Voice them without fear of discrimination or revenge. If you are not satisfied with how your grievance is handled, you may have us reconsider your grievance.
- Tell us how to improve this statement of rights and responsibilities.
- Be involved in planning your medical care. You may include your family in planning your care. You have the right to be told the risks, benefits, and consequences of your actions. You may refuse to take part in experimental research, investigation, and clinical trials.
- Choose or change your primary care physician or get a second opinion from another doctor at Kaiser Permanente at no charge. You also have the right to consult with a non-Plan doctor at your own expense.
- Have direct access to a practitioner of women's health services to ensure your ongoing care.
- Find out about your care. You have a right to talk it over with your doctor. Talk with your doctor about your medical condition. Discuss your diagnosis. Discuss what kind of treatment is available. You may discuss alternatives to treatment. You have a right to have these presented in a way that is appropriate to your condition and ability to understand.
- Have an interpreter for your language. You have a right to have an interpreter when needed to understand your care and services.
- Be involved in considering ethical issues. You have the right to contact our Bioethics Committee. Are there ethical, legal, or moral questions about your care? They can help to resolve them.
- Be told how Kaiser Permanente is related to other health care programs, providers, and schools.
- Be told about how we review new technologies. You have a right to know how we apply our benefits to them.
- Get medical information and education you need. This will let you play an active role in your health care.
- Give informed consent. We'll ask your permission before the start of any procedure or treatment.
- Give or withhold informed consent to produce or use recordings, films, or other images of you for purposes other than your care.
- Get fair and timely access to services. That means not just emergency care. It also includes medically needed services and treatment. It includes the things covered by your plan. We should not arbitrarily deny a service just because of your diagnosis, what kind of illness you

have, or your condition. Nor should we reduce a service in amount, duration, or scope for those reasons alone.

- Receive services in a coordinated manner. Your PCP is in charge of your medical care. He or she treats you, refers you to specialists when needed, and connects you to all of our services. Your doctor will work with you to help you meet your health goals so that you can live well.
- Have us consider and respect your needs. We respect your cultural and spiritual needs. We respect your psychological and social needs.
- Have privacy and confidentiality for all discussion and records of your care. We will protect your confidentiality. You or a person you choose can ask for your medical records. You can see the records or get a copy. You can ask to amend or correct them, within the limits of the law. In addition, you have the right to limit, restrict or prevent disclosure of protected health information.
- Be treated in a safe, secure, and clean environment. Be free from physical and chemical restraints. Exception: these can only be used when ordered by a doctor, or in the case of an emergency. Even then, they can only be used when needed to protect you or others from injury.
- Get appropriate and effective pain management. Get it as an important part of your care plan.
- Get an explanation of your bill and benefits. You have this right regardless of how you pay. You have the right to know about our available services, referral procedures, and costs.
- Get other information and services. These are things required by various state or federal programs.
- When appropriate, be told about the outcomes of care. That includes outcomes that were not expected.
- Discuss “do not resuscitate” wishes or advance directive instructions for health care with your surgeon and anesthesiologist prior to an operative procedure when you wish to have the “do not resuscitate” honored in the event of a life-threatening emergency during an operative procedure.
- Medicaid patients receiving services, including in the Ambulatory Surgery Center, who wish to file a complaint or voice a concern may contact the Medicaid Ombudsman, Hilopa’a, at www.hilopaa.org or by calling 1-808-791-3467 (Oahu), 1-808-270-1536 (Maui). Medicare patients may contact the Office of the Medicare Beneficiary Ombudsman at www.medicare.gov.
- The patient receiving services in the Ambulatory Surgery Center may also contact Accreditation Association for Ambulatory Health Care; 5250 Old Orchard Road, Suite 200, Skokie, IL 60077. Tel: 847-853-6060, Fax: 847-853-9028, or by email: info@aaahc.org.
- Be informed about 432E HRS Patient’s Bill of Rights and Responsibilities.
- Be included in development of a service/treatment plan.
- Only be responsible for cost sharing in accordance with 42CFR Section 447.50.

Your responsibilities

As a partner in your health care, you have the following responsibilities:

- **Give us correct and complete information** about your health. Tell us about the medical conditions you have now. Tell us about the medical conditions you had in the past.

- **Follow the treatment plan.** You and your health care practitioner agreed on the plan. Tell them if you do not understand or cannot follow through with your treatment.
- **Understand your health problems.** As much as possible, work with the practitioner to come up with treatment goals you and they can agree on.
- **Tell us who you are.** Use your Kaiser Permanente identification card the way it's supposed to be used.
- **Cooperate with our staff.** Help us diagnose and treat your illness or condition properly.
- **Keep your appointments.** If you cannot keep them, cancel them in a timely manner.
- **Know your benefits.** Know your plan. Know your plan limits.
- **Sign a release form.** If you choose not to follow the recommended treatment or procedures, we will provide you with adequate information to make an informed decision and will ask you to sign a release form.
- **Realize the effects your lifestyle has on your health.** Understand that decisions you make in your daily life, such as smoking, can affect your health.
- **Be considerate of others.** Respect the rights and feelings of the staff. Respect the privacy of other patients.
- **Don't make a disturbance.** Don't disrupt our operations and administration. Cooperate with staff. That way we can continue what we're doing for other patients.
- **Follow all hospital, clinic, and health plan rules and regulations.** Respect hospital visiting hours.
- **Cooperate** in the proper processing of third-party payments.
- **Tell us** when you or your covered dependents change addresses.
- **Be responsible for your actions.** If you refuse treatment, do not follow instructions, and if your action or behavior interfere with facility and/or patient care, your care may be rescheduled. Should your medical condition change, the treatment plan may be modified.
- **For Ambulatory Surgery Center (ASC) patients:** Arrange for a responsible adult to take you home and stay with you for 24 hours, if required by your doctor.

Hospital patient rights and responsibilities

As a person using our services, you have specific rights. These rights are yours, regardless of your

- age
- cultural background
- gender
- gender identity
- sexual orientation
- financial status
- national origin
- race
- religion
- disability

As a patient in the Moanalua Medical Center you have the right to:

- **Know your rights and responsibilities.** We'll give you the information when you become a hospital patient.
- **Have proper discharge from the hospital or transfer to another.** This may be for your welfare. It may be for another patients' welfare. It may be for other causes as determined by your doctor. You have a right to have reasonable advance notice. You have a right to have discharge planning. Qualified hospital staff will make sure you get the right care in the right place when you get out of the hospital.
- **Ask for a visit by clergy** at any time. You have a right to take part in social and religious activities. You may do this unless it harms the rights of other patients or would hurt your medical care.
- **Get and use your own clothes and things** as space permits. You may do this unless it harms the rights of other patients, violates our safety practices, or would hurt your medical care.
- **Give informed consent** before the start of any recording, films, or other images for purposes of nonpatient care.
- **Access protective and advocacy services.**
- **Get appropriate educational services.** You need these when a child or adolescent patient's treatment requires a significant absence from school.
- **Be protected from requests to perform services for Kaiser Foundation Hospital.** You don't need to do things that are not included for therapeutic purposes in your plan of care.
- **Be free from any form of restraint or seclusion as a means of coercion, discipline, convenience or retaliation.** Federal regulations limit the use of restraints and seclusion.
- **Receive visitors of your choice** including a spouse, domestic partner, family member, or friend. All or certain visits may be excluded at your request or discretion of staff, physicians, or administration to allow for your and other's rights, safety or well-being.
- **File a complaint in the hospital,** either verbally or in writing with the department manager or supervisor. If you are not satisfied with the response, please contact Hospital Administration. They are located on the first floor of the hospital. Or call the operator at 808-432-0000 and ask for them. If the concern cannot be resolved by the hospital, you may contact The Joint Commission by phone, mail, fax, or email. Phone: Toll free U.S., weekdays 8:30 a.m.–5 p.m. Central time, 1-800-994-6610. Mail: Office of Quality Monitoring, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181. Fax: 630-792-5636. Email: complaint@jointcommission.org.

As a QUEST Integration member, you have the following additional rights and responsibilities.

You have a right:

- Not to pay for our debts if we go broke.
- Not to pay for services if the state doesn't pay us.
- Not to pay for covered services if we or the state do not pay the doctor or the person who gave you the service.

- To receive covered services outside of Kaiser Permanente (under a contract, referral or other arrangement) if we are unable to provide the service for you and for as long as we are unable to provide it. You will not have to pay more than if we provided the services directly.
- To get direct access to a specialist through a standing referral for the same condition, if the specialist treated you before and you have special health care needs. Special health care needs are determined by an appropriate health care professional.
- To receive information on available treatment options and alternatives in a way that you can easily understand and in a manner that takes into consideration your special needs.
- Freely exercise your rights, including those related to filing a grievance or appeal. Exercising those rights do not negatively affect the way we treat you.
- To receive all written materials in an easily understood language and format.
- Receive services according to appointment waiting time standards.
- Receive services in a culturally competent manner.
- Receive services in a coordinated manner.

You must tell DHS and Kaiser Permanente when there are any of these changes in your family:

- Death in the family (recipient, spouse, dependent)
- Birth
- Adoption
- Marriage
- Divorce
- Change in health condition (such as pregnancy or permanent disability)
- Change of address
- Institutionalization (such as nursing home, state mental health hospital or prison)

Also, you must notify Kaiser Permanente if:

- Some other person, organization or program needs to pay for your care (such as no-fault insurance for a car accident, or workers' compensation for an injury on the job)
- You will need continuing medical care while visiting another island
- You are going to be away from home for more than 90 calendar days

Please report the above information to Kaiser Permanente at 808-432-5330 or toll free at 1-800-651-2237 or 711 (TTY).

Definitions

Abuse — Any of the following:

- Practices (fiscal, **business**, or **medical**) that are not sound and cost more;
- Payments to providers for services not medically necessary ;
- Payments to providers for services that do not meet professional standards for health care in a managed care setting;
- Payments to providers for services not in the contract for duties for health care in a setting;
- Events or medical practices of providers that are not sound.

Adverse Benefit Determination - Any one of the following:

- The denial or restriction of a requested service, including the type or level or service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit. The reduction, suspension, or termination of a previously authorized service;
- The denial, in whole or part, of payment for a service;
- The failure to provide services in a timely manner, as defined in Section 40.230 (availability of providers);
- The failure of the health plan to act within prescribed timeframes regarding the standard resolution of grievances and appeals;
- The denial of an enrollee's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial liabilities.

For a rural area member or for islands with only one health plan or limited providers, the denial of a member's request to obtain services outside the network:

- From any other provider (in terms of training, experience, and specialization) not available within the network;
- From a provider not part of a network that is the main source of a service to the member, provided that the provider is given the same opportunity to become a participating provider as other similar providers;
- If the provider does not choose to join the network or does not meet the qualifications, the member is given a choice of participating providers and is transitioned to a participating provider within 60 days;
- Because the only health plan or provider does not provide the service because of moral or religious objections;
- Because the member's provider determines that the member needs related services that would subject the member to unnecessary risk if received separately and not all related services are available within the network; and
- The State determines that other circumstances warrant out-of-network treatment.

Activities of Daily Living (ADLs) – Activities a person performs on a daily basis, for self-care, such as:

- feeding,
- grooming,

- bathing,
- dressing and
- toileting.

Acute Care – Medical care provided under the direction of a physician at a hospital for a condition requiring inpatient care and having a relatively short duration.

Adult - All members age of twenty-one (21) years or older for coverage benefit purposes only.

Adult Day Care Center – A licensed facility that is maintained and operated by an individual, organization, or agency for the purpose of providing regular care which includes supportive care to four (4) or more disabled adults.

Adult Day Health Center – A licensed facility that provides organized day programs of therapeutic, social, and health services for adults with physical or mental impairments, or both. Members requiring nursing oversight or care. For the purpose of restoring or maintaining, to the fullest extent possible, their ability for remaining in the community.

Adult group - Individuals who obtain Medicaid eligibility in accordance with Hawaii Administrative Rules, 17-1718.

Advance Directive - A written instruction, such as a living will or durable power of attorney for health care, recognized under State law relating to provision of health care when the individual is incapacitated.

Ambulatory Care - Preventive, diagnostic and treatment services provided on an outpatient basis by physicians, nurse practitioners, physician assistants and other PCPs.

Appeal - A review by the health plan of an adverse benefit determination.

Appointment – A face-to-face interaction between a provider and a member. This does include interactions made possible using telemedicine but does not include telephone or e-mail interaction.

Assisted Living Facility – A licensed facility that consists of a building complex offering dwelling units to individuals and services to allow residents to maintain an independent assisted living lifestyle. The facility shall be designed to maximize the independence and self-esteem of limited-mobility persons who feel that they are no longer able to live on their own.

Authorized Representative – A person who can make care- related decisions for a member who is not able to make such decisions alone. A representative may, in the following order of priority, be a person who is:

- A court-appointed guardian of the person;
- A spouse or other family member (parent) as designated by the member or the State according to HRS 327 E-5; or

- Any other person who is not court-appointed, not a spouse or other family member who is designated as the member's healthcare representative according to HRS 327 E-5.

Benefits - Those health services that the member is entitled to under the QUEST Integration program and that the health plan arranges to provide to its members.

Child and Adolescent Mental Health Division (CAMHD) - A division of the State of Hawaii Department of Health that provides behavioral health services to children ages three (3) through twenty (20) who require support for emotional or behavioral development.

Children - All members under the age of twenty-one (21) years of age for coverage benefit purposes only.

Chronic Condition – Any on-going physical, behavioral, or cognitive disorder. Including chronic illnesses, impairments and disabilities. There is an expected duration of at least twelve (12) months with resulting functional limitations, reliance on compensatory mechanisms and service use or needs beyond what is normally considered routine.

Claim - A bill for services, a line item of services, or all services for one member within a bill.

Community Care Foster Family Home (CCFFH) - A certified home that provides twenty-four (24) hour living rooms, including personal care and homemaker services.

Community Care Management Agency (CCMA) - An agency that is involved with

- locating,
- coordinating and
- monitoring services to residents in community care family homes or members in E-ARCHs and assisted living facilities.

A health plan may be the owner of a community care management agency.

Community Integration Services (CIS) – Pre-tenancy supports and tenancy sustaining services that support individuals to be ready and successful tenants in housing that is owned, rented or leased to the individual.

- Pre-Tenancy services help to identify the individual's needs and preferences. Also, assists in the housing search process, and provides help to arrange details of the move.
- Tenancy services help with independent living maintaining. Includes:
 - tenant/landlord education,
 - tenant coaching and
 - assistance with community integration and inclusion to help develop natural support networks.

Complete Periodic Screens - Screens that include, but are not limited to, age appropriate medical and behavioral health screening examinations, laboratory tests, and counseling.

Covered Services - Those services and benefits to which the member has a right to under Hawaii's Medicaid programs.

Cultural Competency – A set of interpersonal skills that allow individuals to increase their understanding, appreciation, acceptance, and respect for cultural differences and similarities within, among and between groups and the sensitivity to know how these differences influence relationships with members. This requires a willingness and ability to draw on community-based values, traditions and customs, to devise strategies to better meet culturally diverse member needs, and to work with knowledgeable persons of and from the community in developing focused interactions, communications and other supports.

Days - Unless otherwise specified, the term "days" refers to calendar days.

Dental Emergency - An oral condition that does not include services aimed at restoring or replacing teeth and shall include services for relief of dental pain, remove serious infection, treat serious injuries to teeth or supportive structures of the oral-facial complex.

Department of Human Services (DHS) – Department of Human Services, State of Hawaii.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) – A required program under Title XIX of the Social Security Act that provides. Provides services for children up to age 21 years. Emphasizes the importance of prevention through early screening for medical, dental and behavioral health conditions and timely diagnosis and treatment of conditions that are detected. The State covers all services under Title XIX of the Social Security Act that are included in Section 1905 (a) of the Social Security Act, when medically needed, to correct or improve defects and physical and mental illness and conditions discovered as a result of EPSDT screening.

Eligibility Determination - A process of determining, upon receipt of a written request on the Department's application form, whether an individual or family is eligible for medical assistance.

Emergency Medical Condition – A sudden medical condition with serious (including severe pain) that a prudent layperson, who has an average knowledge of health and medicine, could reasonably expect that the without immediate medical attention could result in placing the health of the individual in

- serious risk,
- serious damage of bodily functions,
- or serious dysfunction of any bodily organ or part not working.

An emergency medical condition shall not be defined based on lists of diagnoses or symptoms.

Emergency Services – Any covered inpatient and outpatient services that are furnished by a provider that is qualified to furnish services and that are needed to evaluate or stabilize an emergency medical condition.

Enrollment - The process by which an individual, who has been determined eligible, becomes a member in a health plan, subject to the limitations specified in the DHS Rules.

Enrollment fee - The amount a member is responsible to pay that is equal to the spenddown amount for a medically needy individual or cost share amount for an individual receiving long term services and supports.

Expanded Adult Residential Care Home (E-ARCH) – A licensed facility that provides twenty-four (24) hour living accommodations. There is a fee. For adults unrelated to the family. The member requires at least minimal assistance in the: activities of daily living, personal care services, protection, and healthcare services. And who may need the professional health services provided in an intermediate care or skilled nursing facility. There are two types of expanded care ARCHs in accordance with Section 321-15.62, HRS:

- Type I – home allowing five (5) or fewer residents provided that up to six (6) residents may be allowed at the discretion of the department to live in a type I home, with no more than three (3) nursing facility level residents; and
- Type II – home allowing six (6) or more residents with no more than twenty percent (20%) of the home's licensed capacity as nursing facility level residents.

Fraud - The planned deception or misrepresentation. Made by an entity or a person. With the knowledge that the deception could result in some unauthorized benefit to the entity, her or/himself, or to some other person in a managed care setting.

Grievance - An expression of dissatisfaction from a member, member's representative, or provider on behalf of a member about any matter other than an -adverse benefit determination.

Grievance Review - A State process for the review of a denied or unresolved (dissatisfaction from a member) grievance by a health plan.

Health Care Professional – A physician, podiatrist, optometrist, psychologist, dentist, physician assistant, physical or occupational therapist, speech-language pathologist, audiologist, registered or practical nurse, licensed clinical social worker, nurse practitioner, or any other licensed or certified professional who meets the State requirements of a health care professional.

Health Care Provider – Any individual or entity that is engaged in the delivery of health care services and is legally authorized to do so by the State.

Health Plan - Any health care organization, insurance company, accountable care organization, health maintenance organization, or managed care organization that provides covered services on a risk basis to enrollees in exchange for capitated payments.

Home and Community Based Services (HCBS)- Long-term services and supports provided to individuals who meet nursing facility level of care to allow those individuals to remain in their home or community.

Hospital - Any licensed acute care facility in the service area to which a member is admitted receiving inpatient services pursuant to arrangements made by a physician.

Hospital Services - Services that are medically necessary services for registered bed patients. Generally and usually provided by licensed acute care general hospitals in the service area and prescribed, directed or authorized by the attending physician or other provider.

Independent Activities of Daily Living (IADLs) – Activities related to independent living. Includes:

- preparing meals,
- running errands to pay bills or
- pick up medication,
- shopping for groceries or personal items, and
- performing light or heavy housework.

Institutional or nursing facility level of care (NF LOC)-The decision that a member needs the services of nurses in an setting to deliver the 's planned treatment for total care. These services can be provided in the home or in programs. And is cost-neutral. Also, it is the least limiting option to care in a hospital or nursing home.

Long-Term Services and Supports (LTSS) – A range of care and assistance. Including:

- in-home and community-based services for individuals 65 years or older and individuals with a disability or disabilities. For individuals who need help in maintaining keeping their independence,
- to institutional care for those who require that level of support.

Managed Care – A complete approach to the delivery of health care. Combines clinical services and administrative procedures. This is done in a combined, coordinated system to provide timely access to primary care and other necessary services in an efficient way.

Managed Care Organization (MCO) – An entity that has, or is seeking to qualify for, a comprehensive risk contract under the final rule of the BBA and that is: (1) a federally qualified HMO that meets the requirements under Section 1310(d) of the Public Health Service Act; (2) any public or private entity that meets the advance directives requirements and meets the following conditions: (a) makes the service it provides to its Medicaid members as accessible (in terms of timeliness, amount, duration, and scope) as those services that are available to other non-Medicaid members within the area served by the entity and (b) meets the solvency standards of 42 CFR Section 438.116 and Section 432-D-8, HRS.

Medicaid - A federal/state program authorized by Title XIX of the Social Security Act, as amended, which provides federal matching funds for a Medicaid program for members of federally aided public assistance and Supplemental Security Income (SSI) benefits and other specified groups. Certain minimal populations and services must be included to receive FFP; however, states may choose to include certain additional populations and services at State expense or if CMS approved receive FFP.

Medical Facility – An inpatient hospital or outpatient surgical facility.

Medical Necessity – As defined in Section 432E-1.4, HRS.

Medical Services - Usually, those medical and behavioral health professional services of physicians, other health professionals and paramedical personnel that are generally and normally provided in the service area. Performed, given, or directed by the attending physician or other provider.

Medicare - A federal program authorized by Title XVIII of the Social Security Act, as amended, which provides health insurance for persons aged 65 years and older and for other specified groups. Part A of Medicare covers hospitalization; Part B of the program covers outpatient services and requires a premium; Part C which is an alternative to Parts A and B and offers managed care options, and Part D of the program which covers prescription drugs and may require a premium.

Member – An individual who has been designated by the Med- QUEST Division to receive medical services through the QUEST Integration program as defined in Section 30.300 and is currently enrolled in a QUEST Integration health plan. See also Enrollee.

Med-QUEST Division (MQD) – Under the State of Hawaii, Department of Human Services, the single state Medicaid agency responsible for administering Medicaid and other medical assistance programs, in Hawaii.

New Member - A member (as defined in this section) who has not been enrolled in a health plan during the prior six (6) month period.

Nursing Facility (NF) – A licensed facility that provides appropriate care to persons referred by a physician. Such persons are those who:

- Need twenty-four (24) hour a day assistance with the normal
- activities of daily living;
- Need care provided by licensed nursing personnel and paramedical personnel on a regular, long-term basis; and
- May have a primary need for twenty-four (24) hours of skilled nursing care on an extended basis and regular rehabilitation services.

Participating -

1. A health plan that has signed a contract with the DHS to provide covered services to enrollees.
2. A provider who is employed by or who has signed a contract with a health plan to provide covered services to enrollees.
3. A facility means a facility that signed a contract with a health plan to provide covered services to members.

Personal Assistance – Care provided when a member, member's parent, guardian or legal employs hires and oversees a personal assistant. The health plan will this person. This is based on watching of the member and the personal assistant during the actual delivery of care. The Documentation of this certification will be kept in the member's individual plan of care.

Physician – A licensed Doctor of Medicine or doctor of osteopathy.

Post-Stabilization Services – Covered services related to an emergency medical condition that are provided after a member is stabilized in order to maintain the stabilized condition or to improve or resolve the member's condition.

Primary Care – Outpatient care to include: prevention, treatment of acute conditions, and management of chronic conditions. Primary care is often first contact care of the same complaint. May result in diagnostic testing and treatment, appropriate consultation or referral and includes coordination and continuity of care.

Primary Care Provider (PCP) - A provider who is licensed in the State of Hawaii and is (1) a physician, either an M.D. (Doctor of Medicine) or a D.O. (Doctor of Osteopathy), and must generally be a family practitioner, general practitioner, general internist, pediatrician or obstetrician/gynecologist (for women, especially pregnant women); or (2) an advanced practice registered nurse with prescriptive authority; or (3) a licensed physician assistant.

Protected Health Information (PHI) – As defined in the HIPAA Privacy Rule, 45 CFR Section 160.103.

Provider - An individual, clinic, or institution. Including, but not limited to allopathic and , nurses, referral specialists and hospitals, responsible. Responsible for the delivery of health services under a health plan. Providers are not a subset of subcontractors.

QUEST Integration (QI)- QUEST Integration is the capitated managed care program that provides health care benefits, including long-term services and supports, to individuals, families, and children. For both non-aged, blind, or disabled (non- ABD) individuals and ABD individuals, with household income up to a specified federal poverty level (FPL).

Service Coordination – The process that:

- assesses,
- plans,
- implements,
- coordinates,
- monitors and
- evaluates a member's healthcare needs.

Includes options and services. Uses communication. Also, finds all available ways to help get quality results. The right care coordination occurs across a range of care. Focuses on the continuing individual needs instead of a single practice setting.

Service Coordinator – A person who helps manage the care of a member. Also, checks and makes sure the right and timely care is given to the member. This person may be chosen by the member or assigned by the health plan.

Service Plan– A written plan based on an evaluation. Includes, but is not limited to, the following:

- Goals, objectives or desired results; and
- A list of all services needed (Medicaid and non-Medicaid). Includes:

- amount,
- how often and how long, and
- type of provider to give each service.

The service plan is reviewed on a schedule. The member or a person approved to represent the member and the member's service coordinator signs an agreement when the service plan is updated.

State - The State of Hawaii.

Support for Emotional and Behavioral Development (SEBD) – A program for behavioral health services for children and teenagers run by CAMHD.

Third Party Liability (TPL) – Any person, institution, corporation, insurance company, public, private or governmental entity who is or may be liable in contract, tort or otherwise by law or equity to pay all or part of the medical cost of injury, disease or disability of a member or to Medicaid.

Urgent Care - The diagnosis and treatment of medical conditions which are serious or acute but not an immediate threat to life or health. Requires medical care within 24 hours.

Utilization Management Program (UMP) - The requirements and processes established by a health plan to ensure members have equitable access to care, and to manage the use of limited resources for maximum effectiveness of care provided to members.

For more information, please call us at one of the following numbers below:

Kaiser Permanente QUEST Integration Call Center

808-432-5330 or **1-800-651-2237** (toll free)

TTY **711** (toll free)

Monday - Friday, 7:45 a.m. - 4:30 p.m. (except holidays)

Make appointments. Get 24/7 Advice.

Oahu **808-432-2000**

Maui **808-243-6000**

TTY **711** (toll free)

Schedule or cancel appointments anytime at

kp.org/appointments or via the KP mobile app.

Prescription

Fill and refill at **kp.org/pharmacycenter**

Order refills by phone, 24 hours a day, 7 days a week

808-643-7979 (statewide)

TTY **711** (toll free)

kpquest.org