



Coverage Decisions, Appeals, and Grievance Processes Summary

The following information explains the AlohaCare Advantage (HMO)/ AlohaCare Advantage Plus (HMO) Coverage Decisions, Appeals, and Grievance processes. Additional information is available on our website at www.AlohaCareHawaii.org, or by calling our Customer Service Department at 973-6395 from Oahu or toll-free at 1-866-973-6395 from the Neighbor Islands or the Mainland, Monday through Friday, 8 a.m. to 8 p.m., Hawaii Standard Time or you may visit us Monday through Friday, 8 a.m. to 5 p.m. TTY/TDD users should call 1-877-447-5990.

As a member of AlohaCare Advantage (HMO)/ AlohaCare Advantage Plus (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Mountain Pacific Quality Health Foundation at (808) 545-2550.

As a member of AlohaCare Advantage (HMO)/ AlohaCare Advantage Plus (HMO) you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization, Mountain Pacific Quality Health Foundation at (808) 545-2550.