

QUEST PROGRAM BENEFITS

Program Introduction

The QUEST Program is a statewide Medicaid demonstration project (Section 1115 waiver) that provides medical and mental health coverage for eligible Hawaii residents through contracted health plans. QUEST is administered by the Department of Human Services, Med-QUEST Division and is financed through the State of Hawaii and the Federal Centers for Medicare and Medicaid Services.

The QUEST Program is comprised of the following benefit groups:

- QUEST provides comprehensive medical, behavioral health and prescription drug benefits for children and adults.
- QUEST-Net and QUEST-ACE provides limited medical, behavioral health and prescription drug benefits for adults 21 years old or over.

Important:

- **QUEST-Net and QUEST-ACE children** (individuals under the age of 21) receive the same comprehensive benefits as QUEST children.
- **QUEST-Net and QUEST-ACE** members who become pregnant should be referred to Med-QUEST to determine qualification for QUEST. QUEST-Net and QUEST-ACE do not cover maternity benefits.

Additional QUEST-Net and QUEST-ACE Program Information:

- **QUEST-Net** is a safety net program providing limited medical and behavioral health services primarily for QUEST and Medicaid Fee-For-Service recipients who become ineligible for QUEST because their individual finances exceed limitations. QUEST-Net is not available to any individual who has any type of medical coverage including Medicare, VA or Tricare. Employed individuals, except for financial assistance recipients, who are eligible for coverage by an employer-sponsored medical plan, are not eligible. QUEST-Net members may be billed directly for any non-covered services and for covered services exceeding the established limits for a benefit year.
- **QUEST-ACE** is a safety net program providing limited medical and behavioral health services for recipients who are unable to enroll in QUEST due to the enrollment cap. QUEST-ACE is not available to anyone who has any type of medical coverage including Medicare, VA or Tricare. Employed individuals, except for financial assistance recipients, who are eligible for coverage by an employer-sponsored medical plan, are not eligible. QUEST-ACE members may be billed directly for any non-covered services and for covered services exceeding the established limits for a benefit year.

Administration of QUEST Benefits

In the administration of QUEST benefits, AlohaCare requires that certain services be prior authorized and/or undergo concurrent or retrospective review to ensure that these services meet the criteria to be considered as covered health interventions and meet the definition of medical necessity under § 432E-1.4 of the Hawaii Revised Statutes.

During each review, a decision is made regarding the medical necessity of services being requested, prescribed or rendered. AlohaCare's determination of medical necessity is based on the medical information submitted by the provider or available in medical records/charts. AlohaCare utilizes the latest versions of nationally developed clinical criteria (such as InterQual Level of Care Criteria, InterQual Imaging Criteria, InterQual Procedures Criteria, InterQual Level of Care Behavior Health Criteria, and ASAM (American Society of Addictive Medicines) for systematic medical necessity determinations.

For prior authorization requests or concurrent review, AlohaCare will request the treating physician or other licensed provider to supply additional information to assist AlohaCare in the determination of medical necessity. For retrospective review, payment denials may be determined by review of records received. In these cases, providers have the opportunity to submit additional information and request reconsideration through the grievance and appeals processes.

Peer review is available if the provider and AlohaCare's Medical Director do not agree on whether a health intervention is medically necessary.

AlohaCare's decision is a determination of benefit coverage and payment only, and not a determination of whether services should be rendered. The decision to provide medical services is made by the provider using his/her professional judgment.

Some benefits have established limits for the benefit year(s). The benefit year runs July 1st through June 30th.

QUEST Benefits

| Services That Are Covered | Services That Are Covered |
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| <p>INPATIENT CARE (OVERNIGHT HOSPITAL STAYS)</p> <ul style="list-style-type: none"> ▪ Room and meals for semi-private room; medical/surgical, intensive care, cardiac care ▪ Operating room and special treatment rooms ▪ Inhalation therapy ▪ Physical therapy ▪ Surgery and anesthesia supplies, medical supplies, appliances, drugs, medicines, blood products ▪ Laboratory tests, pathology and X-rays ▪ Physician and surgeon visits ▪ Cornea and allogenic bone marrow transplants* <p>*Effective 08/01/07, kidney transplantation is no longer covered by the QUEST program. Benefits for a kidney transplant are covered under the State of Hawaii Medicaid Fee-for-Service program.</p> <p>OUTPATIENT CARE</p> <ul style="list-style-type: none"> ▪ Visits to the doctor's office ▪ Visits to other licensed health care providers such as podiatrist or licensed nurse practitioners ▪ Diagnostic X-rays, laboratory tests, radiation therapy, chemotherapy ▪ Allergy testing, allergy treatment (compounds/serums) ▪ Physical therapy, occupational therapy, speech therapy ▪ Audiology | <p>OTHER FACILITY SERVICES</p> <ul style="list-style-type: none"> ▪ Skilled nursing facility ▪ Hospice ▪ Outpatient/ambulatory surgery, including supplies, anesthesia, drugs, medicines, appliances, blood products ▪ Rehabilitation facility <p>EMERGENCY SERVICES</p> <ul style="list-style-type: none"> ▪ Emergency room services for emergency conditions ▪ Emergency ambulance services including ground ambulance and air ambulance <p>VISION SERVICES</p> <ul style="list-style-type: none"> ▪ Eye examinations (refractions): once every 12 months for members under 21 years old; once every 24 months for members 21 years of age and older ▪ Eyeglasses, one pair every 24 months; lost broken, or very damaged eyeglasses may be replaced if the loss, breakage or damage was beyond the member's control <p>OTHER SERVICES</p> <ul style="list-style-type: none"> ▪ Non-emergency air transportation to an off-island provider, when medically necessary AND arranged through AlohaCare ▪ Meals and lodging, if needed, for off-island services, when arranged through AlohaCare ▪ Transportation, meals and lodging for an attendant to accompany you to off-island services, only if assistance is required, and when arranged through AlohaCare ▪ Translation services, when arranged through |

| Services That Are Covered | Services That Are Covered |
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| <ul style="list-style-type: none"> ▪ Medical supplies used in the doctor's office, such as casts, dressings, splints <p>PREVENTIVE SERVICES</p> <ul style="list-style-type: none"> ▪ Routine physical examinations and screening tests ▪ Breast/pelvic examinations, pap smears, mammograms ▪ Routine immunizations (shots for disease prevention) ▪ Mass or new immunizations (shots for disease prevention) ▪ Well baby care ▪ Voluntary family planning, including sterilization <p>PREGNANCY AND MATERNITY CARE</p> <ul style="list-style-type: none"> ▪ Nurse midwife ▪ Prenatal care, including prenatal vitamins ▪ X-rays and laboratory tests ▪ Delivery of infant ▪ Post-partum care ▪ Treatment of missed and threatened abortions* <p>*Elective abortion (ITOP) is no longer a QUEST benefit. Please refer to QUEST Program Exclusions for more information.</p> <p>INPATIENT BEHAVIORAL HEALTH SERVICES*</p> <ul style="list-style-type: none"> ▪ Room and meals for psychiatric and detoxification hospital stays ▪ Diagnostic services ▪ Physician and other practitioner visits <p>*There is a limit to the number of days of behavioral health hospital care that AlohaCare will pay for. We will pay for no more than 30 days per benefit year. A benefit year is from July 1st to June 30th. For members under 21 and certain behavioral health conditions as defined by Hawaii State law, there is no limit to the number days AlohaCare will pay for.</p> | <p>AlohaCare</p> <ul style="list-style-type: none"> ▪ Taxi or other public transportation services, only when medically necessary, when arranged through AlohaCare ▪ Drugs and chemicals for chemotherapy ▪ Hearing tests and hearing aids ▪ Rehabilitation supplies including orthoses and prostheses ▪ Prepared food formula and elemental alimentation dry productions for members with certain diagnoses only <p>PRESCRIPTION DRUGS*</p> <ul style="list-style-type: none"> ▪ Medications listed on the AlohaCare formulary including over-the-counter drugs and supplies when prescribed by a doctor or other licensed health care provider <p>*Not all drugs are covered. Call your doctor or AlohaCare if your pharmacist is not able to fill your prescription because the drug is not covered.</p> <p>HOME HEALTH SERVICES</p> <ul style="list-style-type: none"> ▪ Skilled nursing and home health aides ▪ Medical supplies and equipment ▪ Other medically necessary home health services <p>OUTPATIENT BEHAVIORAL SERVICES*</p> <ul style="list-style-type: none"> ▪ Ambulatory and crisis services ▪ Day treatment and day hospital ▪ Methadone treatment services ▪ Diagnostic and laboratory tests ▪ Physician and other practitioner visits ▪ Therapeutic services ▪ Urgent care <p>*There is limit to the number of outpatient behavioral health services that AlohaCare will pay for. We will pay for no more than 24 hours of treatment per benefit year. A benefit year is from July 1st to June 30th. Unused inpatient benefits can be traded for more outpatient care. For members under the age of 21 and certain behavioral health conditions as defined by the Hawaii State law, there is no limit to the number of outpatient behavioral health services that AlohaCare will pay for.</p> |

QUEST Program Exclusions

Activities that are primarily custodial, or part of normal existence, or undertaken primarily for the convenience of the patient, family, or practitioner, are not considered covered benefits. Please review the exclusions list carefully for these and other types of exclusions:

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| <p>All services are excluded by the Hawaii Medicaid Program</p> <p>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</p> <p>Biofeedback, acupuncture, naturopathic services, faith healing, Christian Science services, hypnosis, massage treatment</p> <p>Contact lenses for cosmetic purposes; bifocal contact lenses or 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. Also, orthoptic training is not a benefit.</p> <p>Cosmetic surgery or treatment, reconstructive or plastic surgery to improve appearance and not bodily function, piercing of ears and other body areas, electrolysis, hair transplantation, reduction and augmentation breast surgery, panniculectomies and other body sculpturing procedures, excision or destruction of benign skin or subcutaneous lesions without medical justification)</p> <p>Dental services not primarily medical in nature (dental coverage is provided by the Medicaid-fee-for service program)</p> <p>Drugs not approved by the U.S. Food and Drug Administration or deemed “less than effective” (DESI 5 or 6)</p> <p>Elective abortions (ITOP)*</p> <p>*Elective abortion (ITOP) is no longer a QUEST benefit but continues to be covered by the State of Hawaii under the Medicaid Fee-for-Service Program. Please send claims for AlohaCare QUEST members who undergo elective termination of pregnancy directly to the State of Hawaii Medicaid Fee-for-Service claims processor.</p> <p>Emergency facility services for non-emergencies</p> <p>Experimental facility services for non-emergencies, procedures, drugs, devices and</p> | <p>Hansen’s disease (leprosy) treatment or follow-up</p> <p>In-vitro fertilization, reversal of sterilization, artificial insemination, sperm banking procedures, and drugs to test fertility</p> <p>Non-medical items such as books, telephones, electronic transmitting and paging devices, radios, linens, televisions, computers, air conditioners, air purifiers, fans, household items and furnishings</p> <p>Obesity treatment; weight loss programs, food, food supplements, health foods and prepared formulas</p> <p>Organ transplants not meeting the guidelines established by the Medicaid program and organ transplants not specifically identified as Medicaid benefit. Effective 8/1/07, kidney transplantation is covered under the State of Hawaii Medicaid Fee-for-Service program.</p> <p>Out-of-state non-emergency service for adults unless a medically necessary covered service is unavailable in Hawaii and AlohaCare makes the arrangements for services to be provided on the mainland. Any services provided in a foreign country for children and adults.</p> <p>Penile and testicular prostheses and related services</p> <p>Personal care items (including shampoo, tooth paste, denture cleansers, shoes or orthopedic footwear, slippers, clothing, laundry services, baby oils and powders, napkins, soaps, lip balms and band aids)</p> <p>Physical examinations and immunizations for travel, domestic or foreign</p> <p>Physical exams for your job when you are self-employed or as a requirement for continuing employment (i.e. truck and taxi driver’s licensing, other physical exam as a requirement for continual employment by the state or Federal Government, or by private business)</p> <p>Sex change operations and related medical, surgical and psychiatric services, drugs and</p> |
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| <p>treatments</p> <p>Routine foot care and treatment of flat feet</p> <p>Services for an injury or illness caused by another person or third party from whom the enrollee has or may have a right to recover damages (AlohaCare will coordinate benefits after other insurance payment, up to our fee schedule amounts)</p> <p>Services payable under terms of worker compensation, automobile medical and no-fault, underinsured or uninsured motorist, or similar contract or insurance (AlohaCare will coordinate benefits after third party payment, up to our fee schedule amounts)</p> <p>Services, procedures, equipment, supplies (whether specifically listed or not) that do not follow standard medical practice or which are not medically necessary</p> <p>Sex and marriage counseling, employment counseling, primal therapy, long term character analysis, marathon group therapy, and consortium</p> | <p>hormones</p> <p>Smoking cessation classes and drugs which include use of hypnosis, acupuncture, biofeedback and nicotine drugs</p> <p>Stand-by services by a stand-by physician, telephone consultation, telephone calls, writing of prescriptions, stat charges</p> <p>Swimming lessons, summer camp, gym membership</p> <p>Topical application of oxygen</p> <p>Treatment of person confined to public institutions (prison, state hospital)</p> <p>Treatment of pulmonary tuberculosis (TB) if free treatment is available</p> <p>Treatment of sexual dysfunction including medical and surgical procedures, supplies, drugs and equipment</p> <p>Tuberculosis treatment, when treatment is available at no charge to the general public</p> |
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QUEST-NET and QUEST-ACE Benefits (for adults 21 years old or over)

| SERVICE | DESCRIPTION OF COVERED SERVICES | LIMITATIONS | EXCLUSIONS | INFORMATION TO NOTE |
|-----------------------------|---|--|--|--|
| Inpatient Hospital Services | <ul style="list-style-type: none"> • Semi-private room and board • Intensive care room and board • General nursing care • Operating room and related facilities • Inpatient anesthesia, radiology, laboratory, other diagnostic services • Drugs, dressings, blood derivatives (including administration), general medical supplies, diagnostic and therapeutic procedures, • Other ancillary services associated with hospital care | <p>Within a benefit year, a maximum of ten (10) days of medically necessary inpatient hospital care related to:</p> <ul style="list-style-type: none"> • Medical care • Surgery • Psychiatric care • Substance abuse treatment • Ten (10) inpatient physician visits | <p>Inpatient hospital care related to:</p> <ul style="list-style-type: none"> • Maternity • Newborn nursery • Neonatal intensive care • Inpatient care in a freestanding rehabilitation hospital • Skilled nursing care • Private duty nursing • Cardiac and coronary artery surgery involving cardiopulmonary bypass <p>(See exclusions list for other exclusions)</p> | <p>Elective medical/surgical hospital admissions require prior authorization, and notification to AlohaCare within 24 hours after actual admission.</p> <p>Urgent/emergency medical/surgical hospital admissions require notification to AlohaCare within 24 hours after actual admission.</p> <p>All behavioral health (including substance abuse) hospital admissions require prior authorization.</p> |
| Ambulatory Surgery | <ul style="list-style-type: none"> • Medically necessary surgical procedures performed in freestanding or hospital based ambulatory surgery centers • Physician's offices • Hospital treatment rooms | <p>Three (3) per benefit year</p> | <ul style="list-style-type: none"> • Cataract surgery with or without intraocular lens implants • Refractive keratoplasty <p>(See exclusions listing for other exclusions)</p> | <p>Elective surgical outpatient services may be subject to prior authorization. See AlohaCare's Prior Authorization/Referral Policy.</p> |

| SERVICE | DESCRIPTION OF COVERED SERVICES | LIMITATIONS | EXCLUSIONS | INFORMATION TO NOTE |
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| Emergency Room (ER) Services | <ul style="list-style-type: none"> • ER services • Physician visits in conjunction with emergency room visits | For bonafide emergencies only, no limitations within the benefit year | ER visits for non-emergent conditions may be considered as an outpatient visit, and counted against the outpatient visit limit (for other exclusions, see exclusions listing) | |

| SERVICE | DESCRIPTION OF COVERED SERVICES | LIMITATIONS | EXCLUSIONS | INFORMATION TO NOTE |
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| <p>Outpatient Medical Services</p> | <ul style="list-style-type: none"> • Health assessments/routine Physical examinations (annual pap smear is included in an assessment visit for women of childbearing age); • Immunizations for diphtheria and tetanus are included in an assessment visit); • Visits to the PCP or Specialist for diagnosis, treatment or second opinions; • Family planning services; • Visits to confirm pregnancy; • Visits for diagnosis or treatment of conditions related to medically indicated termination of pregnancy; diagnostic testing (including laboratory, X-ray service, and nuclear medicine) when directly related to one of the twelve covered outpatient visits <p>(alcohol and substance abuse services are included as part of the medical visits)</p> | <p>Within a benefit year, a maximum of twelve (12) outpatient visits</p> <p>Bona fide emergency room visits do not count toward the twelve outpatient visit limit (visits to the emergency room for non-emergent conditions may be counted toward the twelve-visit limit)</p> <p>See Behavioral Health Outpatient Visits section below for information on</p> <p>Additional behavioral health outpatient visits allowed, and the ability of a member to utilize six (6) of the twelve (12) outpatient visits for additional behavioral health outpatient visits</p> | <ul style="list-style-type: none"> • Maternity visits after the visit to confirm pregnancy • Elective termination of pregnancy (ITOPS) • Immunizations except diphtheria and tetanus; diagnostic testing (including laboratory, X-ray, and nuclear medicine) when not directly related to one of the twelve covered outpatient visits <p>(See the exclusions list for other exclusions)</p> | <p>Specialty care requires a referral from the member's PCP. Some specialty care may also be subject to prior authorization.</p> <p>See AlohaCare's Prior Authorization/Referral Policy.</p> |

| SERVICE | DESCRIPTION OF COVERED SERVICES | LIMITATIONS | EXCLUSIONS | INFORMATION TO NOTE |
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| Behavioral Health Outpatient Visits | Visits with licensed practitioners in an outpatient setting, for behavioral health conditions | <p>Six (6) visits per benefit year limited to one (1) visit per day</p> <p>Note: member may elect to use up to six (6) of the twelve(12) medical outpatient visits for additional behavioral health visits</p> | <p>Methadone treatment is not covered</p> <p>(See the exclusions list for other exclusions)</p> | All behavioral health services require prior authorization. |
| Transportation | Ground ambulance to the emergency room for bona fide emergencies only | Coverage limited for bona fide emergencies only | <p>Air transportation for any reason, and ground transportation except as described above</p> <p>(See the exclusions list for other exclusions)</p> | |
| Prescription Drugs | <ul style="list-style-type: none"> • One (1) cephalosporin agent • One (1) erythromycin agent • One (1) penicillin agent • Trimethorpim with sulfamethoxazole • Ophthalmic sulfacetamide • Otic Polymixin/Neomycin/Hydrocortisone <p>See AlohaCare's QUEST-Net/QUEST-ACE formulary for specific covered agents</p> | Strict formulary described in Description of Covered Services, for drugs prescribed by properly licensed practitioner | <p>Methadone and items not otherwise listed on the AlohaCare QUEST-Net/QUEST-ACE formulary</p> <p>(See the exclusions list for other exclusions)</p> | AlohaCare's Pharmacy Benefit Manager (PBM) is Medco. |

| SERVICE | DESCRIPTION OF COVERED SERVICES | LIMITATIONS | EXCLUSIONS | INFORMATION TO NOTE |
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| Contraceptives | <ul style="list-style-type: none"> • Generic birth control pills • Depo-Provera (Medroxyprogesterone acetate) • Diaphragms | Limited to items listed in Description of Covered Services,, prescribed by properly licensed practitioner | Norplant and other contraceptive drugs, supplies or devices not listed in Description of Covered Services, (See the exclusions list for other exclusions) | |
| Translation | Translation services for those members with limited English proficiency, and no other means of communicating with providers, when receiving a medically necessary, covered service | None | When other means of effective communication are available (See the exclusions list for other exclusions) | All translation services require prior authorization. |

QUEST-Net and QUEST-ACE Exclusions (for adults 21 years old or over)

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| <ul style="list-style-type: none"> • Acne treatments including surgery, drugs for adults; removal or treatment of asymptomatic benign skin lesions or growth • Allergy testing and treatment • Biofeedback, acupuncture, naturopathic services, faith healing, Christian Science services, hypnosis, massage treatment • Blood, blood products, and blood storage on an outpatient basis • Cardiac and coronary artery surgery involving cardio-pulmonary by-pass • Cataract surgery with or without intraocular lens implants • Chiropractic services • Cosmetic surgery or treatment, cosmetic rhinoplasties, reconstructive or plastic surgery to improve appearance and not bodily function, piercing of ears and other body areas, electrolysis, hair transplantation, reduction and augmentation mammoplasties, panniculectomies and other body sculpturing procedures, excision or destruction of benign skin or subcutaneous lesions without medical justification • Custodial or domiciliary care • Dental services not primarily medical in nature (dental coverage is provided by the Medicaid fee-for-service program) • Durable medical equipment, prostheses, orthoses, medical supplies, and related services including purchases, rental, repairs and related services, except as supplied as part of an inpatient hospital stay • Emergency facility services for non-emergencies • Experimental and investigational services, procedures, drugs, devices and treatments • Eyeglasses, contact lenses, low vision aids, orthoptic training, and refractions; refractive | <ul style="list-style-type: none"> • Personal care items (i.e. shampoo, toothpaste, mouth-washes, denture cleansers, shoes including orthopedic footwear, slippers, clothing, laundry services, baby oils and powders, napkins, soaps, lip balms and band aids • Physical examinations, psychological evaluations, and immunizations as a requirement for licenses or for purposes of securing insurance policies or plans • Physical examination required for continuing employment, such as taxi driver's or truck driver's licensing, or as required by government or private business • Physical therapy, occupational therapy, speech therapy and respiratory services rendered on an outpatient basis • Psychiatric care and treatment for sex and marriage problems; weight control, employment counseling, primal therapy, long term character analysis, marathon group therapy, and consortium • Rehabilitation services requiring intensive continuous care, inpatient or outpatient including cardiac, alcohol or drug dependence rehabilitation • Penile and testicular prostheses and related services • Personal care, chore services, adult day health, private duty nursing, social worker services, case management services, targeted case management services, and community care long term care branch services • Renal dialysis rendered on an outpatient basis • Routine foot care and treatment of flat feet • Services excluded by the Hawaii Medicaid Program • Services payable under the terms of any |
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| <p>keratoplasty</p> <ul style="list-style-type: none"> • Funeral payment services • Gender reassignment and related medical, surgical and psychiatric services, drugs and hormones • Hansen’s Disease (leprosy) treatment or follow-up • Hearing aids and related supplies and services, including fitting for, purchase, rental and insuring of hearing aids • Home health agency services • Hospice services • In-vitro fertilization, reversal of sterilization, artificial insemination, sperm banking procedures, and drugs to test fertility • Maternity related services: prenatal, postpartum, delivery, and newborn nursery services including all laboratory testing in both inpatient and outpatient setting; one (1) outpatient visit to confirm pregnancy is covered • Non-medical items such as books, telephones, electronic transmitting and paging devices, radios, linens, clothing, televisions, computers, air conditioners, air purifiers, fans, household items and furnishings • Obesity treatment, weight loss programs, food, food supplements, health foods, and prepared formulas • Organ and tissue transplants and transplant services for either a recipient or donor • Out-of-state services, and services provided in a foreign country (whether emergency or non-emergency) | <p>other group or non-group health plan coverage</p> <ul style="list-style-type: none"> • Services payable under terms of worker compensation, automobile medical and no-fault, underinsured or uninsured motorist, or similar contract of insurance • Services, procedures, equipment, supplies (whether specifically listed or not) that do not follow standard medical practice or which are not medically necessary • Services provided by anyone other than providers licensed or certified in the State of Hawaii to perform the service • Services provided for an injury or illness caused by another person or third party from whom the enrollee has or may have the right to recover damages • Services provided for illness or injury caused by an act of war, whether or not a state of war legally exists, or required during a period of active duty that exceeds thirty days in any branch of the military • Services provided without charge by any other federal, state, municipal, territorial, or other government agency including the VA • Tuberculosis services when provided without cost to the general public • Treatment of any complication resulting from previous cosmetic, experimental, investigational service, or any other non-covered service • Treatment of persons confined to a public institution |
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