

MEMBER SERVICES

Member Rights and Responsibilities

Members have the following rights:

Access to Care

- To receive services in a timely manner as specified in appointment standards.
- To receive services out-of-network if AlohaCare is unable to provide services in-network, for as long as AlohaCare is unable to provide them in-network.
- To receive services in a culturally competent manner and with appropriate interpreter assistance.
- To receive services in a coordinated manner.
- To receive direct access to specialists for special health care needs.
- To not have services arbitrarily denied or reduced in amount, duration or scope solely because of diagnosis, type of illness, or condition.
- To receive medical care and services regardless of member age, race, creed, sex, sexual preference, national origin or religion. AlohaCare will not deny or allow fewer services solely based on the member's diagnosis, type of illness or health condition.
- To have an adequate provider network within a member's geographic service area that is available and accessible with regard to distance and travel time.
- To have direct access to a women's health specialist within AlohaCare's provider network.

Respect and Dignity

To be treated with respect and with due consideration for the member's dignity and privacy at all times and under all circumstances.

Identity

To know the identity and professional status of individuals providing service, and to know which physician is primarily responsible for a member's care.

Privacy and Confidentiality

To have all records and medical and personal informational remain confidential and protected, including:

- Being interviewed and examined in surroundings designed to assure reasonable audio/visual privacy.
- Having any discussion or consultation involving care conducted in a discreet manner. Individuals not directly involved with the member's care will not be present unless permission has been given by the member.
- Having the member's medical record read only by individuals directly involved in his/her care, individuals ensuring the quality of their medical care, or other individuals to whom the member gives such permission.
- Expecting all communications and other records pertaining to care, including the source of payment for treatment, to be treated as confidential.

- Limiting, restricting or preventing disclosure of his/her personal health information.

Information

- To obtain complete and accurate information concerning diagnosis (to the degree known), available treatment options and alternatives and any known prognosis from the member's physician, other health care practitioners, or clinics. This information is to be communicated in a manner appropriate to the patient's condition and in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information is to be given to a legally authorized representative.
- To appoint a representative to act on his/her behalf.
- To participate in decisions regarding the member's health care, including the right to refuse treatment.
- To receive copies of his/her medical records and Protected Health Information (PHI), unless the member's physician or AlohaCare believes something in the records would jeopardize the member's health, safety or security or that of someone else.
- To request that AlohaCare or an AlohaCare provider amend or correct the member's medical records. If a member's request is denied, the member has the right to obtain the reason for denial in writing.
- To know who sees their medical records and Protected Health Information, unless the review is conducted for treatment, payment, health care operations, or some other reason written in the law.

Communication

- To access to interpreter services when the member does not speak or understand the major language of the community. Members also have the right to have that same person in the room during an exam. Interpreter or translation services are provided at no cost to the member. (See Plan Communications with Non-English Speaking Members Policy and Member Communication Policy)
- To have written materials made available to the member in the following languages prevalent in the State of Hawaii as determined by Med-Quest. These languages include, but are not limited to Korean, Tagalog, Ilocano and Chinese. (See Member Communication Policy and Plan Communications with Non-English Speaking Members Policy)
- To ask AlohaCare to send mail and call the member at the address and telephone number of his/her preference, to protect his/her privacy. If AlohaCare cannot honor the request, the member will be informed of the reason.
- To receive a timely response for prior authorization and referral requests.

File Grievances and Appeals

- To freely exercise his/her rights, including those related to filing a grievance or appeal; the exercise of these rights will not adversely affect the way the member is treated. This includes the right to have a provider or authorized representative file a grievance or appeal on the member's behalf when authorized in writing to do so.
- To receive benefits while an appeal or hearing is pending. The member may be held liable for the costs of those benefits if the health plan's adverse action is upheld.

Consent

- To have reasonable information and participation involving his/her health care. In cases where a minor is being treated, the parent(s) or legal guardian(s) are afforded the same information and participation rights regarding the minor's care, condition and/or treatment plan (except where, by law, a minor is emancipated and has the right to make his or her own treatment decisions). To the degree possible, this information is based on a clear, concise explanation of the condition and all proposed technical procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and the probability of success.
- To not be subjected to any procedure without voluntary, competent, and understanding consent, or the consent of a legally authorized representative. To be informed of medically significant alternatives for care or treatment when they exist. The member also has the right to know who is responsible for authorizing and performing the procedures or treatment.

Second Opinion

To receive a second medical opinion, at no cost to the patient, when deciding on medical treatment.

Be Informed

To know about any experimental, research or educational activities having to do with his/her care. After a member is given this information, the member can choose to participate or not.

Refusal of Treatment

To refuse treatment to the extent permitted by law. An AlohaCare member is responsible for his/her actions if treatment is refused or if the instructions of the physician, other health care practitioner(s), or clinic are not followed.

Freedom from Restraint or Seclusion

To be free from any form of restraint or seclusion as a means of coercion, discipline, convenience or retaliation, unless it is necessary for treatment or the safety of others as specified in federal regulations on the use of restraints and seclusion.

Payment

- To be free from payment for covered services provided to the member unless co-payment or deductibles are required by the State of Hawaii Med-QUEST rules.
- To be free from payment for covered services provided to the member in the event of AlohaCare's insolvency.
- To be free from payment for covered services provided to the member in the event that the Department of Human Services (DHS) does not pay AlohaCare.
- To be free from payment for covered services provided to the member in the event that the DHS or AlohaCare does not pay the service provider.
- To be free from payment for covered services provided to the member under a contract, referral, or other arrangement to the extent that those payments are in excess of the amount the member would owe if AlohaCare provided the services directly.

Advance Health Care Directives

- To execute an Advance Health Care Directive and to give instructions about his/her health.
- To name someone to make health treatment decisions on his/her behalf.

- To express member's wishes regarding the designation of his/her health care providers.

Suggestions and Comments

To make comments or suggestions about AlohaCare including suggestion regarding our policies and procedures.

Members have the following responsibilities:

Information

- To provide information that is, to the best of the member's knowledge, accurate and complete with regard to present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health. The member has the responsibility to make it known whether he/she clearly understands a contemplated course of action and what is expected of him/her. The member is also responsible for letting his/her physician know if he or she is taking part in any medical research tests.
- To notify Med-QUEST and AlohaCare of any change in status, including marriage, divorce, birth or adoption of a child, death of a spouse or child, or acceptance of a job.

Other Medical Insurance

- To provide all pertinent information related to the medical insurance coverage available at the time of a member's eligibility determination and subsequent enrollment. If, at any time, the AlohaCare member receives medical coverage beyond his/her QUEST coverage, the member is responsible for reporting this information to his/her QUEST enrollment office and AlohaCare. Provider's offices also are required to report knowledge of new third party payer information to AlohaCare.
- To provide information to AlohaCare and QUEST pertaining to a worker's compensation claim, personal injury or medical lawsuit, or if the member has been involved in a car accident.

Compliance with Instructions

To follow the treatment plan recommended by his/her physician or other health care providers.

PCPs

- To know the name of his/her PCP. The member should call AlohaCare if he/she does not know this information.
- To call his/her PCP first before seeing other doctors. AlohaCare may not pay if a member receives medical services from a non-network provider without obtaining the appropriate referrals and/or authorizations.

Respect and Dignity

To treat AlohaCare staff, providers and other members with respect and dignity, and to cooperate with them.

Appointments

To keep any appointments the member has made. If a member is unable to keep an appointment, it is the member's responsibility to notify the provider in advance.

Immunizations

To provide immunization records to his/her PCP.

Be Responsible

To use his/her AlohaCare ID card properly and responsibly. A member should identify himself/herself as an AlohaCare member to his/her doctors and have his/her membership card available when visiting his/her doctor. Members must not lend their membership card or allow other people to use the card.

Fraud and Abuse

To report suspected member or provider fraud or abuse.

Make Medical Wishes Known

To make his/her medical wishes known in the event that he/she is no longer able to make informed health care choices. This is known as an “Advance Medical Directive”, which is defined as a set of written instructions about the member’s wishes regarding medical care. Examples of Medical Directives include Living Wills, Do Not Resuscitate Orders, Medical Durable Powers of Attorney, Appointment of Health Care Proxy, and Court-appointed Surrogates and Guardians. A directive is used if the member is unable to make medical decisions for himself/herself and should be referred to by the member’s PCP or caregiver. (See Advance Directives Policy)

See FORMS/TABLES/LISTS section of the provider manual for Advance Health Care Directive forms (Section 14, pages 43-48).

The member’s doctor or caregiver will refer to these documents if necessary; the member does not need to carry it with him/her. When there are no written directives and the member is unable to make medical decisions, family members may be asked to make the decisions about the care and treatment the member receives.

Member’s Selection of Primary Care Provider (PCP)

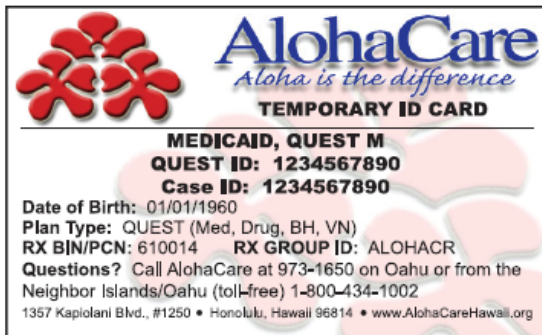
To select a PCP within 10 days of receiving his/her new member packets. PCP selection instructions are included in the new member packet.

Within two business days of enrollment into AlohaCare, our Health Promotion Outreach staff conduct a welcome call to each new member and perform a Special Health Care Needs (SHCN) screening which is routed to Case Management staff. If the member is contacted, our staff will assist with PCP selection.

If a member does not choose a PCP within 10 days of receiving his/her new member packet, AlohaCare will assign the member to a PCP based on criteria such as geographic service area, PCP availability, member/PCP history, member’s medical needs, gender and age, family continuity and PCP panel restrictions. Members assigned a PCP through this process are informed of their PCP assignment upon receipt of his/her permanent AlohaCare ID card which identifies the PCP. A member may contact our Customer Service staff to select another PCP. Members are not limited in the number of PCP selections or changes that can be made.

Member ID Cards

AlohaCare members receive two identification cards, a temporary ID card followed by a permanent ID.



Temporary AlohaCare ID Card



Permanent AlohaCare ID Card

The “New Member Packet”, which is sent to new enrollees shortly after enrollment into AlohaCare by Med-QUEST, contains a temporary ID card with the member’s name and QUEST ID number. As a PCP has not yet been selected, this card does not contain PCP information. The temporary ID card is used by new members to obtain medical services in situations of immediate need.

The member will receive his/her temporary ID card from AlohaCare shortly after enrollment, usually a period of a few days. If a new QUEST member does not have an AlohaCare ID card, providers should accept the State of Hawaii Department of Human Services letter of confirmation of enrollment into a QUEST plan as a temporary ID card.

Possession of an AlohaCare ID card does not guarantee QUEST eligibility.

Member Eligibility Verification

Always verify current eligibility and PCP assignment **before** rendering services by utilizing AlohaCare’s on-line eligibility verification system or by contacting AlohaCare Customer Service.

A member’s AlohaCare eligibility status, PCP assignment and third party liability (TPL) coverage may change at any time.

Prior to rendering each service, the provider must verify:

- Current member eligibility,
- Current PCP assignment, and
- TPL/other coverage availability

Eligibility and PCP information is available 24 hours a day by utilizing AlohaCare’s on-line eligibility verification system or by contacting AlohaCare’s Customer Service. Failure to confirm eligibility and PCP assignment may result in denial of payment for services provided to ineligible members.

Newborns

The birth of a child requires notification. Often, the notification is received via a fax of an admission face sheet from hospitals in which the mother delivered. The notification is used by AlohaCare to alert Med-QUEST of the birth so that the newborn can be enrolled into the QUEST program, if appropriate.

According to Med-QUEST guidelines, a newborn is generally the responsibility of the mother's QUEST health plan effective on the date of birth (and for a minimum of 30 days thereafter).

Provider Verification

When calling Customer Service to verify member information, please have the following provider and member information available:

Provider Information

- Provider's name and provider's QUEST ID#
or
- Provider's name and Federal Tax Identification Number
or
- Provider's name and provider's Medicaid Identification Number or NPI

Member Information

- Member's name and member's date of birth or QUEST ID

Providers may also call the Med-QUEST Provider Hotline at (808) 692-7360 (Oahu) or 1-800-518-8887 (Neighbor Islands toll free) or use the Med-QUEST Automated Voice Response System (1-800-882-4608), to check on eligibility status.

Confidentiality and Privacy of Protected Health Information

Maintaining the confidentiality of our members' health information has always been a high priority at AlohaCare. Health Insurance Portability and Accountability Act (HIPAA) Privacy added provisions to further secure protected health information from unwanted disclosure.

AlohaCare has implemented policies and procedures to comply with the HIPAA of 1996 Standards and Regulations as stated in 45 Code of Federal Regulations (CFR) parts 160 and 164 – Privacy and Security. The HIPAA regulations safeguard our Members' information concerning the collection, use and release of written, verbal and electronic protected health information (PHI).

Confidential information is only made available to authorized AlohaCare staff and business associates, Med-QUEST Division and applicable State or Federal agencies or their designees. Member medical information and records are not released to other third parties, for reasons other than for activities supporting treatment, payment or health plan operations without consent of the member unless the disclosure is ordered by a court of competent jurisdiction.

'Confidential Information' is a collective term for information, data, documents, records or materials related to AlohaCare's business. None of the Confidential Information is deemed to be public information. AlohaCare expects our providers to adhere to State and Federal regulations regarding confidentiality involving, but not limited to:

- Confidentiality of member identifiable medical or claim information and records for any purpose;
- Confidentiality of provider credentialing/re-credentialing files and other peer review materials;

Confidentiality of AlohaCare reports, minutes, or other documents containing sensitive information. Release of confidential information to third parties is only upon written consent, except as and to the extent authorized by law.

Providers shall develop and implement privacy policies and procedures in accordance with the HIPAA Privacy Standard and Federal confidentiality regulations (42 CFR Part 2). Special care, ensuring compliance with State and Federal laws, should be applied to the handling of HIV, substance abuse, alcohol abuse, mental health and minors' treatment records. Providers shall confidentially maintain all the following information, including but not limited to:

- Eligibility information and any other information containing the names, addresses, identification numbers and telephone numbers of Members which have been provided by AlohaCare;
- All Member identifiable claims information;
- Financial arrangements between AlohaCare and any contracted provider or hospital; and
- Any AlohaCare compensation rate schedules

As part of the credentialing process, AlohaCare performs a site review of specific provider office sites. The review of an office confidentiality policy and adherence to State and Federal privacy regulations is part of this review.