

QUEST-Net and QUEST-ACE Benefits

Definitions:

QUEST-Net is a safety net program providing **limited** medical and behavioral health services. This program is primarily for QUEST, QUEST II and Medicaid Fee-For-Service recipients who become ineligible for QUEST because their individual finances exceed the allowable retention limitations.

- **QUEST-Net** children (individuals under the age of 21) receive the same benefit package as QUEST children.

QUEST-ACE is a program for **adults only** who would normally be eligible for QUEST but are unable to enroll due to the enrollment cap, and are unable to enroll in QUEST-Net because they are not already QUEST or Medicaid Fee-For-Service recipients.

All member eligibility for the QUEST-Net & QUEST-ACE programs (as with QUEST) are determined by the State of Hawaii Department of Human Services, Med-QUEST Division.

Enrollment and Benefit Limitations:

- **QUEST-Net & 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 for QUEST-Net or QUEST-ACE.
- **QUEST-Net & QUEST-ACE** members receive the same benefit package.
- **QUEST-Net & QUEST-ACE** do not provide maternity benefits to members who become pregnant. Should a QUEST-Net or QUEST-ACE member become pregnant, the members should be referred to Med-QUEST who will determine qualification for QUEST.
- **QUEST-Net and QUEST-ACE** members may be billed directly for any non-covered services and for covered services exceeding the established limits for a benefit year which runs from July 1st through June 30th. There are a number of exclusions; please review the exclusions list carefully.

QUEST-Net and QUEST-ACE Benefits

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>
Emergency Room Services	<ul style="list-style-type: none"> • Emergency room services • Physician visits in conjunction with emergency room visits 	<p>For bonafide emergencies only, no limitations within the benefit year</p>	<p>Emergency room 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)</p>	

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Outpatient Medical Services	<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>Bonafide 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 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>
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.

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Transportation	Ground ambulance to the emergency room for bonafide emergencies only	Coverage limited for bonafide emergencies only	Air transportation for any reason, and ground transportation except as described above (See the exclusions list for other exclusions)	
Prescription Drugs	<ul style="list-style-type: none"> • One (1) cephalosporin agent • One (1) erythromycin agent • One (1) penicillin agent • Trimethorpin 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	Methadone and items not otherwise listed on the AlohaCare QUEST-Net/QUEST-ACE formulary (See the exclusions list for other exclusions)	AlohaCare's Pharmacy Benefit Manager (PBM) is Medco.
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

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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 keratoplasty• 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 | <ul style="list-style-type: none">• 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)• 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• 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• Renal dialysis rendered on an outpatient basis |
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QUEST-Net and QUEST-ACE Exclusions

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| <ul style="list-style-type: none">• Routine foot care and treatment of flat feet• Services excluded by the Hawaii Medicaid Program• Services payable under the terms of any other group or non-group health plan coverage• 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• Services received in skilled nursing facilities, intermediate care facilities and intermediate care facilities for the mentally retarded• Sexual dysfunction treatments including medical and surgical procedures, supplies, drugs and equipment• Sleep studies rendered on an outpatient basis• Smoking cessation classes• Stand-by services by a stand-by physician and telephone consultation• Swimming lessons, summer camp, gym membership, weight control classes• Topical application of oxygen• Transportation including air ambulance (helicopter or fixed wing); ground ambulance to an emergency room for bona fide emergencies is covered | <ul style="list-style-type: none">• 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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