



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 26, 2014

MEMORANDUM

MEMO NO.
FFS M14-14

TO: All Medicaid Fee-For-Service (FFS) Providers

FROM: Kenneth S. Fink, MD, MGA, MPH *KF*
Med-QUEST Division Administrator

SUBJECT: QUEST INTEGRATION IMPLEMENTATION

The Department of Human Services, Med-QUEST Division (MQD) is implementing its QUEST Integration program on January 1, 2015. The five health plans in the QUEST Integration program are:

- AlohaCare
- Hawaii Medicaid Service Association
- Kaiser Permanente
- 'Ohana Health Plan
- UnitedHealthcare Community Plan

The MQD provided general information about the QUEST Integration program in August 2014. This information is available on the MQD website at: www.med-quest.us under the Provider Memos section (FFS M14-11).

Here is additional information related to implementation of the QUEST Integration program to assist providers with the provision of services to Medicaid beneficiaries:

- Providers will be able to verify eligibility and enrollment for all Medicaid beneficiaries in the DHS Medicaid On-Line (DMO) as well as in the health plans' enrollment systems. This information available January 1, 2015 will be correct. The systems should be the usual source for coverage verification by providers. If a provider has a question about the information in DMO, the provider can call 1-800-316-8005.

- MQD will mail in December 2014 a confirmation notice to all Medicaid beneficiaries confirming their new health plan in which enrolled beginning January 1, 2015.
 - Beneficiaries who did not change their health plan will receive a confirmation notice that states they will continue with their current health plan.
 - Beneficiaries who change health plan will receive a notice that names their new health plan.
- The QUEST Integration health plans will mail a membership packet and card to all of their members in the first ten (10) days of January. For members who changed health plan, the new health plan will pay for services that had been prior authorized by the former health plan for at least 45 days or until the beneficiary sees their doctor. This timeframe is extended to 90 days for individuals who have special health care needs or are receiving long-term services and supports.
- If you have an authorization from a Medicaid beneficiary's former health plan, you should confirm with their new health plan that they are honoring the former authorization.
- Health Plan IDs are:
 - Non-aged, non-disabled
 - ALOHAC
 - HMSAAA
 - KAISER
 - OHANAA
 - UNITED
 - Aged, Blind, or Disabled
 - XALOHA
 - XHMSAA
 - XKAIRS
 - XOHANA
 - XUNITD

Please contact the MQD via e-mail at quest_integration@medicaid.dhs.state.hi.us or call us at 808-692-8099 should you have any questions.