

ALOHACARE

Your Health In Caring Hands

SUMMARY OF BENEFITS

This is a summary of drug and health services covered by ALOHACARE ADVANTAGE PLUS (HMO D-SNP)

JANUARY 1, 2027 – DECEMBER 31, 2027

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Introduction

This document is a brief summary of the benefits and services covered by AlohaCare Advantage Plus (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of AlohaCare Advantage Plus. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers



This is a summary of health services covered by AlohaCare Advantage Plus (HMO D-SNP) for January 1, 2027 – December 31, 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. You can call Member Services at 1-808-973-6395 or toll-free at 1-866-973-6395 or TTY at 1-877-447-5990 to request a copy of the *Evidence of Coverage* or you can view the *Evidence of Coverage* at www.AlohaCare.org.

For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For more information about AlohaCare, you can check the Med-QUEST Division's website medquest.hawaii.gov/en/members-applicants/Dual-Eligible-Special-Needs-Plan or call us at the phone number listed at the bottom of this page.

You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-808-973-6395 Toll-free:1-866-973-6395/TTY: 1-877-447-5990, October 1 to March 31, 7:45am to 8pm, 7 days a week. April 1 to September 30, 7:45am to 8pm, Monday through Friday. The call is free.

This document is available for free in Ilocano, Vietnamese, Chinese (Traditional), and Korean.

When you express a preferred language other than English and/or in an alternate format, AlohaCare will keep your preference as a standing request, so you do not need to make separate requests for future mailings and communications. If you want to change a preferred language or alternate format, call Member Services at the numbers listed at the bottom of this page for help. This call is free.

AlohaCare Advantage Plus (HMO D-SNP) is a plan with a Medicare contract and a contract with the Hawai'i Medicaid Program. Enrollment in AlohaCare Advantage Plus (HMO D-SNP) depends on contract renewal.

This plan is available to anyone who has both Medical Assistance from the State and Medicare. To join **AlohaCare Advantage Plus (HMO D-SNP)**, you must meet the Medicaid eligibility criteria applicable to Dual Eligible Special Needs Plans (D-SNPs), which include being entitled to Medicare Part A, be enrolled in Medicare Part B and QUEST Program (Medicaid), and live in our service area.

Our service area includes this state: Hawaii.

You must continue to pay your Medicare Part B premium. Please note that premiums, copayments, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

As a member of AlohaCare Advantage Plus (HMO D-SNP), you must use network providers to get your medical care and services. Network providers are the doctors and other health care professionals, medical groups, durable medical equipment suppliers, hospitals and other health care facilities that have an agreement with us to accept our payment and any plan cost-sharing as payment in full. We have arranged for these providers to deliver covered services to members in our plan. An out-of-network provider should be used only in specific cases, such as emergencies, or when authorized by the plan. Please call Member Services at the phone numbers listed below for more information.

AlohaCare Advantage Plus (HMO D-SNP) benefit information provided is a **summary** of what we cover and what you pay. **It does not list every service that we cover or list every limitation or exclusion.** This information is not a complete description of benefits. Call Member Services for more information at 1-808-973-6395 or toll-free at 1-866-973-6395 or TTY at 1-877-447-5990 October 1 to March 31, 7:45am to 8pm, 7 days a week. April 1 to September 30, 7:45am to 8pm, Monday through Friday. This call is free.

SSBCI benefits mentioned are a part of special supplemental program for the chronically ill. Not all enrollees qualify.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a FIDE-SNP?	A FIDE SNP is a Fully Integrated Dual Eligible Special Needs Plan. This is a type of health plan that contracts with both Medicare and Med-QUEST Division to provide Medicare and Medicaid services to enrollees. A FIDE SNP combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has health coordinators to help you manage all your providers and services. They all work together to provide the care you need.

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in AlohaCare Advantage Plus that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from AlohaCare Advantage Plus. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from Community Care Services (CCS) or through Hawaii's Department of Health's Developmental Disabilities Division (DDD), Adult Mental Health Division (AMHD) and Child and Adolescent Mental Health Division (CAMHD), if applicable. When you enroll in AlohaCare Advantage Plus you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that AlohaCare Advantage Plus doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for AlohaCare Advantage Plus to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with AlohaCare Advantage Plus and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in AlohaCare Advantage Plus' network**. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs.
	• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of AlohaCare Advantage Plus's plan. • If you're currently under treatment with a provider that's out of AlohaCare Advantage Plus's network, or have an established relationship with a provider that's out of AlohaCare Advantage Plus's network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read AlohaCare Advantage Plus's *Provider and Pharmacy Directory* on the plan's website at www.AlohaCare.org. If AlohaCare Advantage Plus is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.

Frequently Asked Questions	Answers
What's an AlohaCare Advantage Plus Care Coordinator?	An AlohaCare Advantage Plus Care Coordinator is your primary contact. This person helps coordinate your care with your doctors and other providers. They can also help you get the covered medical services and benefits you need as part of your health plan. Care Coordination services are provided under a neighborhood model – to the extent possible, by a dedicated AlohaCare Care Team who comes from or is familiar with the member's neighborhood. Each member is supported by a member-specific Interdisciplinary Care Team (ICT), which includes the Member, family members/caregivers, PCP, other providers and appropriate AlohaCare staff who provide input into the development of the best care plan for the Member.

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

Frequently Asked Questions	Answers
What happens if I need a service but no one in AlohaCare Advantage Plus's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, AlohaCare Advantage Plus will help you.
Where's AlohaCare Advantage Plus available?	The service area for this plan is the state of Hawai'i. You must live in this area to join the plan.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization is a request for approval from AlohaCare Advantage Plus to seek medically necessary services in or outside of our network. You must receive this approval **before** you get the services. AlohaCare Advantage Plus may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. AlohaCare Advantage Plus can provide you or your provider with a list of services or procedures that require you to get prior authorization from AlohaCare Advantage Plus before the service is provided. Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
Do I pay a monthly amount (also called a premium) under AlohaCare Advantage Plus?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of AlohaCare Advantage Plus?	No. You don't pay deductibles in AlohaCare Advantage Plus.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of AlohaCare Advantage Plus?	There is no cost sharing for medical services in AlohaCare Advantage Plus, so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stays	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Requires prior authorization.
	Outpatient hospital services	$0	Requires prior authorization.
	Ambulatory surgical center (ASC) services	$0	Requires prior authorization.
	Doctor or surgeon care	$0	Requires prior authorization.
You want a doctor	Visits to treat an injury or illness	$0	Requires prior authorization.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Requires prior authorization.
	Wellness visits, such as a physical	$0	Does not require prior authorization.
	"Welcome to Medicare" (preventive visit one time only)	$0	Does not require prior authorization.
	Specialist care	$0	Ask your PCP to connect you with specialist care.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	$0	World-wide benefit An annual maximum benefit limit of $1,000 is covered for emergency you receive outside of the U.S. If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered or you must have your inpatient care at the out-of-network hospital authorized by the plan and your cost is the highest cost sharing you would pay at a network hospital. Emergency room services provided out of network. Does not require prior authorization.
	Urgent care	$0	World-wide benefit ^An annual maximum benefit limit of $1,000 is covered for emergency or urgent care services you receive outside of the U.S. Urgent care services provided out of network. Does not require prior authorization.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Requires prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests (continued from previous page)	Lab tests and diagnostic procedure, such as blood work	$0	Requires prior authorization.
You need hearing/ auditory services	Hearing screenings	$0	Does not require prior authorization.
	Hearing aids	$0	Requires prior authorization.
You need eye care	Eye exams	$0	Does not require prior authorization.
	Glasses or contact lenses	$0	Polycarbonate lenses with frames do not require prior authorization. Contacts and eyeglasses upgrades require prior authorization.
	Other vision care	$0	Requires prior authorization.
You need behavioral health services	Behavioral health services	$0	For specialized behavioral health services, see Community Care Services (CCS) in **Section D**. CCS provides specialized behavioral health services to eligible adult Medicaid members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI). Requires prior authorization.
	Inpatient and outpatient care and community-based services for people who need behavioral health services	$0	For specialized behavioral health services, see Community Care Services (CCS) in **Section D**. CCS provides specialized behavioral health services to eligible adult Medicaid members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI). Requires prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	$0	Does not require prior authorization.
You need a place to live with people available to help you	Skilled nursing care	$0	Requires prior authorization.
	Nursing home care	$0	Requires prior authorization.
	Adult Foster Care and Group Adult Foster Care	$0	Requires prior authorization.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Requires prior authorization.
You need help getting to health services	Ambulance services	$0	Non-emergent ground ambulance and air ambulance services require prior authorization.
	Emergency transportation	$0	Does not require prior authorization.
	Transportation to medical appointments and services	$0	Requires prior authorization.
You need drugs to treat your illness or condition	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. End Stage Renal Disease (ESRD) Drugs • Certain oral End-Stage Renal Disease (ESRD) drugs if the same drug is

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)			available in injectable form and the Part B ESRD benefit covers it • Calcimimetic medications under the ESRD payment system, including the intravenous medication Parsabiv and the oral medication Sensipar • Certain drugs for home dialysis, including heparin, the antidote for heparin, when medically necessary, and topical anesthetics • Erythropoiesis-stimulating agents: Medicare covers erythropoietin by injection if you have End-Stage Renal Disease (ESRD) or you need this drug to treat anemia related to certain other conditions (such as Epogen, Procrit Retacrit Epoetin Alfa, Aranes, Darbepoetin Alfa, Mircera, or Methoxy polyethylene glycol-epoetin beta) Read the *Evidence of Coverage* for more information on these drugs.
You need drugs to treat your illness or condition	Medicare Part D drugs <u>Tier 1:</u> Preferred Generic <u>Tier 2:</u> Generic <u>Tier 3:</u> Preferred Brand	Extra Help LIS Level 1 Generic $5.80 Brand $14.40 Extra Help LIS Level 2	There may be limitations on the types of drugs covered. Please refer to AlohaCare's *List of Covered Drugs* (*Drug List*) for more information. Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Evidence of Coverage* for more information on this stage.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Tier 4: Non-Preferred Drug Tier 5: Specialty Tier 6: Select Care Drugs	Generic $1.65 Brand $5.00 Extra Help LIS Level 3 Generic $0.00 Brand $0.00 Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	The plan offers two ways to get a long-term supply (also called an "extended supply") of "maintenance" drugs on our plan's Drug List. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.) 1. Some retail pharmacies in our network allow you to get a long-term supply of maintenance drugs. Your Provider & Pharmacy Directory tells you which pharmacies in our network can give you a long term supply of maintenance drugs. You can also call Member Services for more information. • 100-Day Retail Pharmacy Programs. Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs. 2. You may also receive maintenance drugs through our mail-order program. • Mail-Order Programs. We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to AlohaCare's *List of Covered Drugs* (*Comprehensive Formulary*) for more information.
You need help getting better or have special health needs	Rehabilitation services	$0	Requires prior authorization.
	Medical equipment for home care	$0	Requires prior authorization.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (continued from previous page)	Dialysis services	$0	Does not require prior authorization. Notification must be provided to AlohaCare Advantage Plus.
	Hospice and palliative care	$0	Requires prior authorization
You need foot care	Podiatry services	$0	Limited to four (4) visits every year. Requires prior authorization.
You need durable medical equipment (DME) **Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the *Evidence of Coverage*.**	Wheelchairs, crutches, and walkers	$0	Requires prior authorization.
	Nebulizers	$0	Requires prior authorization.
You need help living at home	Home health services	$0	Requires prior authorization

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)	Home maintenance such as grab bars and ramps	$0	Requires prior authorization
	Adult day health, adult day care, or other support services	$0	Requires prior authorization
	Home delivered meals	$0	Limited up to two (2) meals per day based upon assessed needs. Requires prior authorization
	Personal care attendant services	$0	Requires prior authorization
Additional services	Prepaid Care Card	$0	$50 issued on a prepaid debit card to spend on approved over-the-counter products.
	SSBCI (Special Supplemental Benefit for Chronically Ill enrollees)*	$0	Members with a specific chronic illness and receiving Intensive Care Coordination may additionally qualify to use their prepaid care card on healthy foods and utilities. Certain restrictions may apply. **The benefits mentioned are a part of special supplemental program for the chronically ill. Not all enrollees qualify.*
	Nurse Advice Line	$0	1-855-690-5930 Call 24 hours a day, 7 days a week. Get advice on when to seek urgent or emergency care and general information about your illness or medication.
	Extra Benefits	$0	Members have access to extra benefits offered through our Medicaid plan such as fitness, Educational Programs

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)			(A Promise of Hope), and our Native Hawaiian Healing Program – Ke Aloha Mau. Native Hawaiian healing modalities include hula, lomilomi (traditional Native Hawaiian physiotherapy and massage), ʻai pono (traditional healthy Native Hawaiian food and meals), hoʻoponopono (traditional Native Hawaiian balancing of relationships), and other services that support wellness, education, cultural practices, and traditions of olakino. For more information visit https://www.alohacare.org/ExtraBenefits/

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the AlohaCare Advantage Plus *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call AlohaCare Advantage Plus Member Services at the numbers listed at the bottom of this page to get one.

If you have questions, you can also call Member Services or visit www.AlohaCare.or

D. Benefits covered outside of AlohaCare Advantage Plus

There are some services that you can get that aren't covered by AlohaCare Advantage Plus but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	**Your costs**
Dental services	QUEST (Medicaid) dental benefits are offered through Community Case Management Corp (CCMC). Under age 21, coverage includes: Diagnostic and preventive services once every six months. Non-emergency care that includes: Endodontic therapy, Oral surgery, Periodontic therapy, Prosthodontic services, Restorations. If you're age 21 or older, your coverage includes: Preventative Services Diagnostic and Radiology Services, Endodontic Therapy Services, Restorative Services, Oral Surgery, Periodontal Therapy Services, Prosthodontic Services, Emergency and Palliative Treatment. Call Community Case Management Corporation (CCMC) toll-free at 1-888-792-1070. CCMC can explain the covered dental benefits and help you find a dentist near you.
Intellectual and developmental disabilities home and community-based services Medicaid waiver program (Hawaii's Department of Health's Developmental Disabilities Division)	$0
State of Hawaii Organ and Tissue Transplant (SHOTT)	$0

Intentional Termination of Pregnancy (ITOP) Program	$0
Certain hospice care services covered outside of AlohaCare Advantage Plus	$0
Specialized behavioral health services by the Community Care Services (CCS) Program Specialized behavioral health services are provided by the Community Care Services (CCS) program. This program provides intensive behavioral health services, in addition to basic behavioral health services covered by Medicaid health plans, to adults diagnosed with a qualifying serious mental illness (SMI) and/or a serious and persistent mental illness (SPMI). These adults must be enrolled in a Medicaid health plan and meet CCS eligibility criteria as determined by Med-QUEST Division (MQD).	$0

E. Services that AlohaCare Advantage Plus, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services AlohaCare Advantage Plus, Medicare, and Medicaid don't cover Services not considered "reasonable and necessary" according to standards of Medicare and Medical Assistance	
Alternative Practices	Biofeedback, Christian Science services, Faith healing, Naturopath services
Certain Drugs	Drugs not approved by the FDA. Brand name drugs (drugs where there is an another generic available except if medically necessary and not listed in the Comprehensive Formulary)
Fertilization treatments	In vitro fertilization, Reversal of sterilization, Artificial insemination, Sperm banking procedures, Procedures and drugs to treat infertility or enhance fertilization
Personal items in your room at a hospital or a skilled nursing facility	Items such as a telephone or a television

F. Your rights as a member of the plan

As a member of AlohaCare Advantage Plus, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but aren't limited to, the following:

1. **You have a right to respect, fairness, and dignity.** This includes the right to:
   - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance
   - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
   - Be free from any form of physical restraint or seclusion

2. **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
   - Description of the services we cover
   - How to get services
   - How much services will cost you
   - Names of health care providers and care coordinator

3. **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
   - Choose a primary care provider (PCP) and change your PCP at any time during the year
   - Use a women's health care provider without a referral
   - Get your covered services and drugs quickly
   - Know about all treatment options, no matter what they cost or whether they're covered
   - Refuse treatment, even if your health care provider advises against it
   - Stop taking medicine, even if your health care provider advises against it
   - Ask for a second opinion. AlohaCare Advantage Plus may pay for the cost of your second opinion visit with restrictions
   - Make your health care wishes known in an advance directive

4. **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:

- Get timely medical care
- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your health care providers and your health plan

5. **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
   - Get emergency services without prior authorization in an emergency
   - Use an out-of-network urgent or emergency care provider, when necessary

6. **You have a right to confidentiality and privacy.** This includes the right to:
   - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
   - Have your personal health information kept private
   - Have privacy during treatment

7. **You have the right to make complaints about your covered services or care.** This includes the right to:
   - File a complaint or grievance against us or our providers
   - File a complaint with AlohaCare Advantage Plus (HMO D-SNP) at Toll Free:1-866-973-6395 and TTY: 1-877-447-5990. AlohaCare Advantage Plus (HMO D-SNP) website www.AlohaCare.org
   - Appeal certain decisions made by AlohaCare Advantage Plus (HMO D-SNP)
   - Ask for a State Administrative Hearing for appeals not resolved wholly in your favor
   - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call AlohaCare Advantage Plus Member Services at the numbers listed at the bottom of this.

G. How to file a complaint or appeal a denied service

If you have a complaint or think AlohaCare Advantage Plus should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call AlohaCare Advantage Plus Member Services at the numbers listed at the bottom of this page.

How do I file a grievance?

AlohaCare can help you file a grievance. If you need help, call us and we can write your grievance for you. You can also write a letter to AlohaCare. Make sure you include:

- Your name, address, phone number, AlohaCare member ID number and signature
- What you are unhappy about
- Copies of any papers that have to do with the problem

Call or send your letter to:
AlohaCare
Attn: Grievance and Appeals Department
1357 Kapiʻolani Blvd., Suite G101 Honolulu, HI 96814
Phone: 808-973-6395 Toll-free: 1-866-973-6395 TTY/TDD: 1-877-447-5990

What if I am not happy with the results of the grievance?

You have the right to ask the Med-QUEST Division for State grievance review. File your request for a state grievance review by writing or calling within 30 calendar days of the date of your AlohaCare resolution letter. Call or send your letter to:
Med-QUEST Division
Health Care Services Branch
P.O. Box 700190
Kapolei, HI 96709-0190
Phone: 808-692-8094

How do I file an appeal?

AlohaCare can answer questions regarding your appeal. To file an appeal you or your authorized representative can write a letter to AlohaCare. Make sure you include:

- Your name, address, phone number, AlohaCare member ID number and signature
- What you disagree with and why you are appealing the denial.
- Copies of any medical notes you have to support the appeal

Call or send your letter to:
AlohaCare
Attn: Grievance and Appeals Department
1357 Kapiʻolani Blvd., Suite G101 Honolulu, HI 96814
Phone: 808-973-6395 Toll-free: 1-866-973-6395 and TTY/TDD: 1-877-447-5990

How do I file an appeal verbally? *AlohaCare only accepts expedited appeals by phone.* When you call in to file your appeal, we will request for the following information about your appeal:

- Name of your doctor caring for you.
- The type of medical service or medicine you need that has been denied.
- When is the medical service or medicine needed? How soon is your doctor recommending the medical service or medicine is needed?

Once we receive all of this information, AlohaCare will start the appeal process.

If We Deny Your Appeal (Part C – Medical Services)

- We will review all information related to your appeal, including any additional information you or your provider submit.
- If we decide not to change the original decision (deny your appeal), we will notify you in writing and explain the reason for our decision.
- Your appeal will automatically be forwarded to an independent organization that reviews Medicare appeals if required by Medicare rules.
- The independent reviewer is not connected with our plan and will make an impartial decision about your case.
- We will tell you about any additional appeal rights available to you and how to continue the appeals process.

If We Deny Your Appeal (Part D – Prescription Drugs)

- We will review all information related to your appeal, including any supporting information from your prescribing provider.
- If we decide not to change the original decision (deny your appeal), we will notify you in writing and explain the reason for our decision.
- If we deny your Part D appeal, you or your representative can submit a level 2 appeal to an Independent Review Entity for further review.

What if I am not happy with the results of the appeal?

If you are not happy with our response to your appeal, you can ask for a State administrative hearing. You cannot ask for a State administrative hearing if you did not send your appeal to AlohaCare first and waited for our answer. You must write to the DHS Administrative Appeals Office within 120 days from the date of our decision.

You have the right to have representation at the hearing. You can speak for yourself at the hearing. Or, you can have a lawyer, friend, relative or someone else explain why you are not satisfied with the

resolution of your appeal.

How do I request a State administrative hearing?
You can write a letter to:
State of Hawaii Department of Human Services
Attn: Administrative Appeals Office
P.O. Box 339 Honolulu, HI 96809

You can request an expedited State administrative hearing. The State will respond within three business days of your request.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.
If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

How Do I Report Suspect Fraud, Waste or Abuse?

If you think a provider or an AlohaCare member is committing fraud, waste or abuse, you can report your concerns to us by:

- Calling Customer Service and reporting your concerns to a Customer Service Representative
- Calling our Anonymous 24/7 Compliance hotline at 1-855-973-1852
- Completing the Fraud, Waste and Abuse Reporting Form located on our website
- Sending us a letter addressed to:
  AlohaCare
  Attn: Compliance - SIU
  1357 Kapi´olani Blvd., STE G101
  Honolulu, HI 96814

You do not have to give us your name when you write or call. There are other ways you may contact us that are not anonymous. If you are not concerned about giving your name, you may also use one of the following means to contact us by:

- Email: fraud@alohacare.org
- Fax: 1-808-973-7410

When you report fraud, waste or abuse, please give us detailed information that includes a clear

description of what you believe has happened. Please also give us the names and phone numbers of those involved, if you have them. If you choose to remain anonymous, we will not be able to call you back for more information. Please leave as many details as possible. Your report will be kept confidential to the extent permitted by law.

Call AlohaCare Member Services for more information at 1-808-973-6395. Or, call the Medicaid Customer Service Center toll-free at 1-866-973-6395. TTY users may call 1-877-447-5990 October 1 to March 31, 7:45am to 8pm, 7 days a week. April 1 to September 30, 7:45am to 8pm, Monday through Friday. Or call Medicare at 1-800-MEDICARE (1-800-633-4227). You can call these numbers for free.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call AlohaCare Advantage Plus Member Services:
Toll Free: 1-866-973-6395
TTY: 1-877-447-5990
Calls to this number are free. 7:45 a.m. to 8 p.m. Hawaii time from October 1 to March 31, 7 days a week; and 7:45 a.m. to 8 p.m. Hawaii time from April 1 to September 30, Monday through Friday Member Services also has free language interpreter services available for non-English speakers.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call AlohaCare Advantages Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. The number for the AlohaCare Advantage Nurse Advice Line is:

1-855-690-5930. Calls to this number are free 24 hours a day, 7 days a week.
AlohaCare also has free language interpreter services available for non-English speakers.
TTY: 1-877-447-5990.

Calls to this number are free. 24 hours a day, 7 days a week

If you need immediate behavioral health care, please call Hawai'i CARES 988. Free support service for help with crisis, mental health, and substance abuse:
Call, Text, or Chat 988.
808-832-3100 or Toll-Free 800-753-6879. Calls to this number are free 24 hours a day, 7 days a week.
AlohaCare also has free language interpreter services available for non-English speakers.
TTY:1-877-447-5990.

Calls to this number are free. 24 hours a day, 7 days a week.

ALOHACARE

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

(English) Do you need help in another language or auxiliary aids and services free of charge? We will get you a free interpreter. Call 1-808-973-0712 to tell us which language you speak. (TTY: 1-877-447-5990).

(Cantonese) 您是否需要以其他語言提供的協助，或免費的輔助工具和服務？ 我們會為您提供免費的傳譯員。請致電 1-808-973-0712，告知我們您所使用的語言。(TTY: 1-877-447-5990).

(Cebuano/Visayan) Kinahanglan ba nimo og tabang sa laing pinulongan o mga auxiliary aid ug serbisyo nga libre? Makahatag mi nimo og libreng interpreter. Tawag sa 1-808-973-0712 aron sultihan mi kung unsa ang imong ginasulti nga pinulongan. (TTY: 1-877-447-5990).

(Chuukese) En mi mochen aninis non pwan och fosun fonu ika aia och pisekin aninis ese kamo? Am aipwe awora ngonuk emon chon chiaku ese kamo. Kokori 1-808-973-0712 ne esinei ngenikem menni fosun fonu ke kan fos non. (TTY: 1-877-447-5990).

(Hawaiian) Pono nō ke kōkua iā ʻoe ma ka ʻōlelo ʻē a i ʻole pono paha ke pihi hoʻolohe iā ʻoe me nā hana lawelawe hou aʻe me ke kāki ʻole? ʻAʻohe uku no ka mea unuhi ʻōlelo. Eia ka helu e kelepona ai: 1-808-973-0712. E haʻi mai i kāu ʻōlelo. (TTY: 1-877-447-5990).

(Ilocano) Kasapulan kadi ti tulong iti sabali a pagsasao wenno katulongan a katulongan ken serbisio a libre? Mangala kami ti libre nga mangitarus kaniam. Tawagan ti 1-808-973-0712 tapno ibagam kadakami no ania a pagsasao ti pagsasaom. (TTY: 1-877-447-5990).

(Japanese) 貴方は、無料の他の言語サポート、または補助的な支援やサービスをご必要ですか？私たちは、貴方のために、無料で 通訳を用意で きます。電話番号の、1-808-973-0712に、電話して、私たちに貴方の話されている言語を申し出てください。 (TTY: 1-877-447-5990).

(Korean) 다른 언어로 도움이 필요하거나 보조 기구 및 서비스가 무료로 필요하십니까? 저희가 무료로 통역을 제공합니다. 1-808-973-0712로 전화해서 사용하는 언어를 알려주십시요 (TTY: 1-877-447-5990).

(Laotian) ທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາອື່ນ ຫຼື ເຄື່ອງມືຊ່ວຍ ແລະ ການບໍລິການຊ່ວຍແບບບໍ່ເສຍຄ່າບໍ? ພວກເຮົາຈະມອບລ່າມແປພາສາໃຫ້ທ່ານແບບບໍ່ເສຍຄ່າ. ໂທຫາເບີ 1-808-973-0712 ເພື່ອບອກພວກເຮົາວ່າທ່ານເວົ້າພາສາໃດ. (TTY: 1-877-447-5990).

(Mandarin) 您是否需要其他语言的帮助，或免费辅助工具与服务？我们可以免费为您安排口译员。请拨打 1-808-973-0712 告知我们您所使用的语言。(TTY: 1-877-447-5990)。

(Marshallese) Kwoj aikuij ke jiban kin juon bar kajin ak jibañ im jerbal ko ejelok wonāān ñan armej ro ewōr aer utamwe? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok 1-808-973-0712 im kwalok non kim kajin ta eo kwo melele im kenono kake. (TTY: 1-877-447-5990).

(Samoan) E te mana‘omia se fesoasoani i se isi gagana po o fesoasoani faaopo‘opo ma au‘aunaga aunoa ma se totogi? Matou te fesoasoani e ave atu fua se faaliliu upu mo oe. Vili mai i le numera lea 1-808-973-0712 pe a e mana'omia se fesoasoani mo se faaliliu upu. (TTY: 1-877-447-5990)

(Spanish) ¿Necesita ayuda en otro idioma o servicios y ayudas auxiliares sin costo alguno? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al 1-808-973-0712 y díganos qué idioma habla. (TTY: 1-877-447-5990).

(Tagalog) Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa 1-808-973-0712 para sabihin kung anong lengguwahe ang nais ninyong gamitin. (TTY: 1-877-447-5990).

(Thai) คุณต้องการความช่วยเหลือในภาษาอื่นหรือบริการความช่วยเหลือเพิ่มเติมและบริการฟรีหรือไม่ เราจะจัดหาล่ามให้กับคุณโดยไม่มีค่าใช้จ่าย โทร 1-808-973-0712 เพื่อแจ้งให้เราทราบว่าคุณพูดภาษาอะไร (TTY: 1-877-447-5990).

(Tongan) ‘Okú ke fie-ma’‘u nai ha tokoni ‘i ha lea fakafonuaange ‘e taha pe ha ngaahi sēvesi fakalahi pe ngaahi tokoni faka-e-lea fika ua kae‘oku ta’‘etotongi? Te mau ‘oatu ma’‘au ha tokotaha fakatonulea ta’‘etotongi. Telefoni ki he 1-808-973-0712 ke ke tala mai ai kiate kimautolu pe ko e lea fe’‘iáa ‘a e lea ‘okuú ke lea ’‘akí. (TTY: 1-877-447-5990).

(Vietnamese) Quý vị có cần hỗ trợ ngôn ngữ khác hoặc các công cụ/dịch vụ phụ trợ miễn phí không? Chúng tôi sẽ cung cấp cho quý vị một thông dịch viên miễn phí. Xin gọi số 1-808-973-0712 để cho chúng tôi biết ngôn ngữ quý vị nói. (TTY: 1-877-447-5990).

AlohaCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex. AlohaCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AlohaCare provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, braille, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact AlohaCare's Compliance Officer. If you believe that AlohaCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

AlohaCare
Attn: Grievance and Appeals Department
1357 Kapiʻolani Blvd., Ste. G101
Honolulu, HI 96814
Phone: **808-973-6395**
Toll-free: **1-877-973-6395**
TTY/TDD: **1-877-447-5990**
Fax: **808-973-2140**
Email: **compliance@alohacare.org**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, AlohaCare's Grievance and Appeals Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call AlohaCare Advantage Plus Member Services:

Toll Free: **1-866-973-6395**

TTY: **1-877-447-5990**

Calls to this number are free. 7:45 a.m. to 8 p.m. Hawaii time from October 1 to March 31, 7 days a week; and 7:45 a.m. to 8 p.m. Hawaii time from April 1 to September 30, Monday through Friday

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Call, Text, or Chat **988**.

808-832-3100 or Toll-Free **800-753-6879**. Calls to this number are free 24 hours a day, 7 days a week AlohaCare also has free language interpreter services available for non-English speakers.

TTY:**1-877-447-5990**. Calls to this number are free. 24 hours a day, 7 days a week.

AlohaCare is an HMO D-SNP with a Medicare contract and a contract with the Hawai'i Medicaid program.

ALOHACARE

1357 Kapiʻolani Blvd., Ste. G101
Honolulu, HI 96814

www.AlohaCare.org