



‘Ohana Health Plan Questions and Answers (Q&A)

Question: Who is ‘Ohana?

Answer: ‘Ohana is a managed care health plan for Hawai‘i Medicaid members who are aged, blind or disabled (ABD). We are a part of the WellCare family. WellCare is experienced in providing quality health care to those who qualify for government programs.

Question: What is a managed care health plan?

Answer: Many people now get their health care benefits through managed care health plans. In Hawai‘i, QUEST (non-ABD) members have been getting care from this kind of health plan for many years.

Managed care health plans like ‘Ohana are contracted by the Hawai‘i Department of Human Services. We are contracted to provide quality, cost-effective health care.

We work with:

- **Doctors**
- **Specialists**
- **Hospitals**
- **Labs**
- **Home- and community-based providers**
- **Other health care facilities**

These providers make up our provider network. They provide the benefits offered by Medicaid. They also coordinate our members’ health care needs.

Question: What is QUEST Expanded Access (QExA)?

Answer: QExA is a program for people who have Medicaid and are aged, blind or disabled (ABD). Before February 1, 2009, these services were provided through the fee-for-service (FFS) system.

QExA was set up so that its members would receive the following:

- **Enhanced quality health care services**
- **Improved access to health care services**
- **Service coordination**
- **Outreach services**

‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.



Question: Who can enroll into QExA?

Answer: QExA provides health care services to aged, blind or disabled (ABD) people. Covered groups include:

- ABD individuals living at home
- ABD individuals residing in long-term care institutions
- ABD individuals enrolled in an existing home- and community-based services program and residing in the community setting
- Other relatively small, specialized ABD populations

(Note: Covered groups also include members who get both Medicare and Medicaid.)

Question: Does 'Ohana have a Medicare program?

Answer: Yes. 'Ohana has a Medicare insurance program. Qualified members can join. However, it is not required. Members can remain with regular Medicare or the program in which they are currently enrolled.

Question: When will members be enrolled into QExA?

Answer: Enrollment into QExA will start by February 1, 2009. Members will receive an initial enrollment packet. This packet will include information about the program changes scheduled to occur on February 1, 2009. Members will receive a follow-up enrollment packet by October 1, 2008. This will:

- Describe the program
- Provide information about the choices of managed care health plans
- Give the time frames for making a health plan decision

Eligible members will need to choose a health plan between October 1 and December 1, 2008. If they do not, the State will assign them to a health plan.

(Note: Moloka'i and Lana'i members can only receive their services through 'Ohana.)



Question: Will Medicaid fee-for-service (FFS) members be automatically enrolled into QExA?

Answer: Yes. Those who are eligible will be enrolled into QExA. They will have a choice of which managed care health plan they would like to provide their health care services. Members will receive an enrollment packet by October 1, 2008. It will describe the program, the choice of managed care health plans and the time frames for making a health plan decision. Eligible members will need to choose a health plan between October 1 and December 1, 2008. If they do not, the State will assign them to a health plan.

(Note: Moloka'i and Lana'i members can only receive their services through 'Ohana.)

Question: Will the services members currently receive through Medicaid FFS change?

Answer: With QExA, ABD Medicaid members will still be eligible for the same services they get today through Medicaid FFS.

Question: Will members have to pay more with QExA?

Answer: No. There are no additional costs to become a QExA member.

Question: Will QExA members get a new identification (ID) card?

Answer: Yes. Once enrolled in QExA, members will receive an ID card. The card will be from the managed care health plan they chose or were assigned to. This card will list important information, including:

- The member's start date with the plan
- The member's PCP's name, address and phone number

Question: Can members get services before receiving a member ID card?

Answer: Yes. Members can receive services before they get an ID card. Members just need to show their QExA confirmation notice to the doctor/service provider. The QExA notice is confirmation of health plan enrollment.



Question: Will members have to find a new doctor/PCP?

Answer: Many of the doctors who currently see Medicaid members will be a part of QExA. Information about the managed care health plans and the doctors who will be in their networks will be available during the QExA enrollment period. Members may also ask their current providers to think about joining the QExA health plan networks.

‘Ohana members must choose a primary care provider (PCP). A PCP manages all of the member’s health care needs. Members have 15 days from the date they get their welcome letter to choose a PCP. If a choice is not made, a PCP will be assigned by the health plan.

To change PCP’s:

- Call Customer Service at 1-888-846-4262 (TTY/TDD: 1-877-247-6272) Monday through Friday, 7:45am to 5:30pm HST
- Visit the Web at www.ohanahealthplan.com to complete the PCP change form
- Complete and mail the PCP change form that was included with the new member welcome letter

Once the change is made, a new ID card will be sent.

Members can change their PCP at any time. If the change is made between the 1st and 10th of the month, it will immediately become effective. Changes made after the 10th of the month will become effective the 1st of the following month.

Question: Will providers be informed of the new changes?

Answer: QExA and the managed care health plans are working to inform health care providers about these changes. As with any new program, it may take some time for everyone to learn how the program works. ‘Ohana Customer Service representatives are available to answer questions that providers have about the program. If there is a problem, have the provider call Customer Service at 1-888-846-4262 (TTY/TDD: 1-877-247-6272) Monday through Friday, 7:45am to 5:30pm HST.

(Note: Members should keep all scheduled appointments.)



Question: What else can a member expect when they join ‘Ohana?

Answer: Once enrolled, members will receive a welcome call from ‘Ohana Customer Service. Customer Service will welcome the member to the health plan. They will answer questions about covered services and benefits too.

Members will get a welcome packet in the mail. The packet will have information about their new health plan benefits.

Members will also be contacted by service coordinators (case managers). The service coordinators will:

- **Set up face-to-face appointments with members to learn more about their health and functional history**
- **Arrange care with doctor(s) and other services**
- **Create care plans that identify member-specific needs**
- **Find answers to questions about things like benefits, medical care or medicines**

Question: Who can members call for more information?

Answer: Members can call ‘Ohana Customer Service at 1-888-846-4262 (TTY/TDD: 1-877-247-6272) if they have problems with:

- **A service provider**
- **Accessing health care**
- **Do not agree with the services they receive**

Customer Service can be reached Monday through Friday, 7:45am to 5:30pm HST.

QExA also has a call center open to help members. Members can call 1-866-928-1959 (TTY/TDD: 1-866-928-1958) to get information about the managed care health plans and health care providers. QExA enrollment counselors are available to answer questions about the program. They will also be able to help members select a health plan.



Question: What is the QExA Ombudsman program?

Answer: The QExA Ombudsman program is available to all members to:

- **Assure access to care**
- **Promote quality of care**
- **Help achieve member satisfaction with the QExA program**

Contact Information for the Ombudsman Program

QExA Ombudsman: Hilopa‘a Family to Family Health Information Center

O‘ahu: 1-808-791-3467

Hawai‘i: 1-808-333-3053

Maui and Lana‘i: 1-808-270-1536

Moloka‘i: 1-808-660-0063

Kaua‘i: 1-808-447-1749

E-mail: qexa@hilopaa.org

Web site: <http://hilopaa.org/qexa.aspx>

Fax: 1-808-531-3595

Other Important Phone Numbers

Med-QUEST Customer Service

O‘ahu: 524-3370

O‘ahu TTY: 1-800-603-1201

Neighbor Islands toll-free: 1-800-316-8005

Neighbor Islands TTY: 1-800-603-1201

QExA Enrollment Choice Counselor

Toll-free: 1-866-928-1959

Toll-free TTY: 1-866-928-1958



在该文档中包含重要信息。若想获取其他语言版本的该信息或对其进行口头翻译, 请联系我们的客户服务部 1-888-846-4262 (TTY/TDD (聋哑人士专线电话号码): 1-877-247-6272)。

Daytoy a dokumento ket naglaon iti napateg nga impormasyon. Tapno dawaten daytoy nga impormasyon iti sabali a lengguwahe wenno tapno maipatarus bayat pannakaibasana, makiuman koma iti Serbisyo iti Kliyente (Customer Service) iti 1-888-846-4262 (TTY/TDD: 1-877-247-6272).

이 서류는 중요한 정보를 담고 있습니다. 이 정보를 다른 언어로 번역된 것을 원하시거나 이 내용에 대한 구두 통역을 원하시면, 고객 서비스 1-888-846-4262 (TTY/TDD: 1-877-247-6272) (으)로 연락주시기 바랍니다.

Ang dokumentong ito ay naglalaman ng mahalagang impormasyon. Upang hingin ito sa ibang lengguwahe o maisalin ito nang pasalita, mangyaring makipag-ugnayan sa Serbisyo sa Kostumer (Customer Service) sa 1-888-846-4262 (TTY/TDD: 1-877-247-6272).