

The Ombudsman Office complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of:

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- Race
- Color
- National Origin
- Age
- Disability
- Sex/Gender

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 808-746-3324(TTY: 1-877-447-5990 or 711).

(Ilocano) PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 808-746-3324 (TTY: 1-877-447-5990 or 711).

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 808-746-3324 (TTY: 1-877-447-5990 or 711).

(Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 808-746-3324(TTY: 1-877-447-5990 or 711)。

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 808-746-3324(TTY: 1-877-447-5990 or 711) 번으로 전화해 주십시오.

(Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 808-746-3324(TTY: 1-877-447-5990 or 711).

Koan Risk Solutions

1580 Makaloa St. Honolulu, HI 96814

## Hawaii Medicaid Ombudsman Services

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Beneficiaries and Providers

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# Medicaid Ombudsman Services

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The Hawaii Medicaid Ombudsman Office can assist you to navigate through the QUEST managed care system to access needed health services and guide you through the grievance and appeal system. The Ombudsman office can assist you with issues related to access to care, quality of care, and limitations to care. The Ombudsman Office will also address concerns of QUEST managed care providers.



## How Do I Contact the Ombudsman Office

You can contact the Ombudsman Office by:

Calling: Toll Free – 888-488-7988 Local - 1-808-746-3324

or

Email: [hiombudsman@koanrisksolutions.com](mailto:hiombudsman@koanrisksolutions.com)

or

Visit our office: By appointment only

1580 Makaloa St. #550

Honolulu, HI 96814

Office Hours

Monday- Friday 8:00am-4:30pm

Closed on Hawaii state holidays

## Frequently Asked Questions

- 1. What does Hawaii Medicaid's Ombudsman program do for me?** The Hawaii Medicaid Ombudsman Office can help you solve problems with your QUEST Integration health plan. The Ombudsman can also address concerns of managed care providers.
- 2. When should I contact the Ombudsman Office?** Contact the Ombudsman office if you are not happy with the quality of care you are receiving, do not have access to the health care you need or there are limitations to your healthcare from your QUEST Integration health plan
- 3. Do I qualify for Ombudsman services?** If you are a Medicaid beneficiary or Managed Care provider, you qualify for Ombudsman services.
- 4. How should I contact the Ombudsman?** Please call:  
Toll Free – 888-488-7988 or Local - 1-808-746-3324 or email us at:  
[hiombudsman@koanrisksolutions.com](mailto:hiombudsman@koanrisksolutions.com)
- 5. Who runs Hawaii Medicaid's Ombudsman program?** Koan Risk Solutions
- 6. How do I contact my QUEST Integration health plan to file a grievance?** You can contact the Ombudsman Office or the information is also listed on this pamphlet
- 7. How long should it take for my QUEST Integration health plan to respond to my grievance?** Your Quest Integration plan should acknowledge your grievance and appeal in writing within 5 working days and provide an answer to your grievance in 30 days.
- 8. Can I ask the Hawaii Medicaid Ombudsman office to represent me when I talk to my QUEST Integration health plan?** If you are the beneficiary, with your consent the Hawaii Medicaid Ombudsman office can represent you with your QUEST Integration plan. If you are a Managed Care Provider, the Medicaid Ombudsman office can help you connect with the health plan but will not be

## Health Plans Grievance and Appeals Information

Aloha Care - 973-0712(Oahu) or toll-free 1-877-973-0712 (TTY 1-877-447-5990)

Written grievances sent to: Aloha Care, Attn: Grievance & Appeals Division, 1357 Kapiolani Blvd, Suite 1250, Honolulu, HI 96814

HMSA -952-7843 or toll-free 1-800-440-0640 Ext 8743 (TTY 1-877-447-5990), Fax 948-8224

Written grievances sent to: HMSA QUEST Integration, PO Box 860, Honolulu HI 96808-0860, Attn: QUEST Integration Grievance Coordinator

Kaiser - 808-32-5330 or toll-free 1-800-651-2237 or 711 TTY

Written grievances sent to: Member Services, Kaiser Permanente, 711 Kapiolani Blvd, Honolulu, HI 96813

Ohana Health Plan - 1-888-846-4262 (TTY 711) or Fax: 1-813-865-6861

Written grievances sent to: Ohana Health Plan, Attention: Grievance Department, 949 Kamokila Blvd., 3rd floor, Suite 350, Kapolei, HI 96707

United Healthcare - 1-888-980-8728 (TTY 711) or Fax:1-844-700-7938

Written grievances sent to: UnitedHealthcare Community Plan, Attention: Appeals Department,

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## Hawaii Medicaid Ombudsman Office

**Local: 808-747-3224**

**Toll Free: 1-888-488-7988**

**Email:**

**[hiombudsman@koanrisksolutions.com](mailto:hiombudsman@koanrisksolutions.com)**

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