

Service ko an Medicaid Ombudsman

Hawaii Medicaid Ombudsman Office eo emaron jiban kin abnono ko am ikijien am taktō iben QUEST. O2ice in emaron jiban ikijien abañ ko rejelet am tōbar taktō, bareinwot bwe en bolet wewein am tobar takto ro, kab joñak ko emoj karoki ilo wewein bukot jiban non takto. O2ice in ej bareinwot kile abnōnō ko an taktō ro an QUEST.

Ombudsman Office eo ej loor kakien ikijien jimwe ko an armej ilo ejelok kaljeklok ilo lajtrak in:

- Armej in la
- Color in kil
- Lal eo kwar lotak ie
- Jete An Yiō
- Utamwe ilo enbwin im Kemalij
- Kōrā ke Eman/ Gender

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 808-746-3324/888-488-7988 (TTY: 1-877-447-5990/711).

(Ilocano) PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe gna awanan bayadna, ket sidadaan para kenyam. Awagan ti 808-746-3324/888-488-7988 (TTY: 1-877-447-5990/711).

(Tagalog) PAUNAWA: Kung Nagsasalita ka ng Tagalog, Maaari kang gumamit ng mga serbisyo ng tulong sa kika nang walang bayad. Tumawag sa 808-746-3324/888-488-7988 (TTY: 1-877-447-5990/711).

(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808-746-3324/888-488-7988 (TTY: 1-877-447-5990/711)。

(Korean) 주의: 한국어를 사용하시는 경우, 언어지원 서비스를 무료로 이용하실 수 있습니다. 808-746-3324/888-488-7988 (TTY: 1-877-447-5990/711) 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 808-746-3324/888-488-7988 (TTY: 1-877-447-5990/711).



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Beneficiaries and Providers

Provided by:

Koan Risk Solutions, Inc.

<https://www.himedicaidombudsman.com/>

hiombudsman@koanrisksolutions.com

Local: 808-746-3324

Toll-free: 1-888-488-7988

By appointment only

1580 Makaloa St. #550

Honolulu, HI 96814

Office Hours:

Monday – Friday, 8:00am-4:30pm HST*

Closed on Hawaii state holidays

*Hawaii Standard Time

Kajitok im Uaak Ko Part 1

1. Ta eo program eo an Hawaii Medicaid Office ej komane non io?

Program in an Hawaii Medicaid Office eo ej jiban eok na mejelan aikuij im aban ko am iben QUEST Integration health plan eo. Office in ej bareinwot kile abnono ko an takto ro rej lolorjake ejmour.

2. Ñaat ij aikuij in tobar office in an Ombudsman? Kojelaik lok office in elane ejab ju buruom kin wewein aer kar lale im etale eok ilo jikin takto, Kojjab kar maron tobar kōmadmōd eo kwoj aikuiji ilo wewein etale eok, ak kin bar un ko rejelet juon joñak eo takto ro rej loore jen QUEST Integration health plan eo am.

3. Imaron ke bok jiban kein jen Ombudsman office eo?? kwoj juon eo ej bok jiban ikijien takto ak juon eo ej lelok jiban ilo jikin takto inem komaron bok jiban jen office in an Ombudsman.

4. Ekijkan bwe in maron tobar Ombudsman? Kir lok 888-488-7988 (toll free) ak 1 808 -746-3324 (local) ak jeje lok ilo email: hiombudsman@koanrisksolutions.com

Kajitok im Uaak ko Part 2

1. Ra ta eo Hawaii Medicate ej kemelimi jermal ko an Ombudsman? Koan Risk Solutions.

2. Ekijkan ao tobar QUEST Integration health plan eo non koman abnono? Komaron call e lok Ombudsman office eo elane jaab eokwe lali melele kein ilo pamphlet in.

3. Ewi toon an QUEST Integration health plan eo ao letok iuak in abnono eo ao? QUEST Integration health plan eo am ej aikuuj kile abnono eo am im lewaj ilo jeje ilowan 5 ran in jermal ko im kalikkar waj iuaak in abnono eo am ilowan 30 ran.

4. Imaron ke kajitok iben Hawaii Medicaid Ombudsman Office eo bwe en binej jenkwa ilo konono ko ao ikijien QUEST Integration health plan eo ao?? Kin melim eo am einwot juon eo ej bok jiban ikijien takto, inem Hawaii Medicaid Ombudsman office eo emaron na ainikiom ilo QUEST Integration health plan eo am. Elane kwe eo kwoj lelok jiban jen jikin takto ko inem Medicaid Ombudsman office eo emaron jiban im na ainikiom iben health plan eo botab ejjab maron koman abnono ilo etam.

Melele Ikijien Abnono an Health Plans'

AlohaCare

808-973-0712 (local)
1-877-973-0712 (toll-free)
1-9877-447-5990 (TTY)
Mailing address: AlohaCare, Attn: Grievance & Appeals Division, 1357 Kapiolani Blvd, Suite C101, Honolulu, HI 96814

HMSA

808-952-7843 (local)
1-800-440-00640, ext. 7843 (toll-free)
1-877-447-5990 (TTY)
808-948-8224 (fax)
1-800-960-4672 (toll-free fax)
Mailing address: HMSA Quest Integration, PO Box 1958, Honolulu, HI 96805-1958

Kaiser Permanente

808-432-5330 (local)
1-800-651-2237 (toll-free)
711 (TTY)
Mailing Address: Grievance and Appeals Department, 711 Kapiolani Blvd, Honolulu, HI 96813

'Ohana Health Plan

1-888-846-4262 (toll-free)
711 (TTY)
Written grievances: 'Ohana Health Plan, Attention: Grievance Department, 820 Mililani St. #200, Honolulu, HI 96813
Written Appeals: 'Ohana Health Plan, Attn: Appeals Department, P.O. Box 31368, Tampa, FL 33631-3368

United Healthcare

1-888-980-8728 (toll-free)
711 (TTY)
1-844-700-7938 (fax)
Written grievances sent to: United Healthcare Community Plan, Attention: Appeals Department, 1132 Bishop St. #400, Honolulu, HI 96813