

735 Bishop Street, Suite 230
Honolulu, HI 96813-4816
Telephone 536.8442
Facsimile 524.0347

Barbara Luksch
Project Director
coverkids@aol.com
www.coveringkids.com



Hawai'i Covering Kids

Advocating Health Insurance for All Keiki and 'Ōpio

“Enrolling Children and Youths in QUEST and QExA” Information from Statewide Community Training Workshops

Questions and Answers

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Hawai'i Covering Kids is a project of the Hawai'i Primary Care Association

Complete Applications = Faster Processing! Decrease Pending Notices!

- a. If a nonpregnant adult in the household wants health insurance, use form 1100.
- b. **Answer ALL questions** and be sure the application has a signature with date.
- c. Do not write N/A—check YES or NO and write information if the answer is YES.
- d. The adult listed in Question 1 must also be listed in Question 3A. The case will be listed with this person's information and she/he will receive all correspondence from Med-QUEST.
- e. A complete mailing address is required.
- f. Print clearly.
- g. Use full legal names.
- h. **Staple copies of these documents: citizenship/alien status, photo identification, asset statements, and recent pay stub.**
- i. Mail or fax the application pages only. Do **not** send pages with this footnote: "You May Tear Off and Keep." The applicant should keep these pages.
- j. Do **not** send a duplicate application unless a Med-QUEST eligibility worker or supervisor requests it. Duplicate applications wreak havoc and cause processing delays.
- k. Please remind every customer that she/he must **report ALL household changes to Med-QUEST, including address and telephone number.**

Faxed Applications

Faxed applications and electronic applications without original copies are acceptable. When faxing applications to the Med-QUEST office, please remember the following:

- a. Your fax machine's receipt with the date and number of pages is your proof.
- b. Fax only 1 copy. Faxing forms more than once costs money for ink and paper, extra staff time, and is confusing.
- c. Use normal quality. Fine quality causes backups and jamming at the Med-QUEST office.
- d. Write the applicant's name (person listed in Question 1), social security number, and page count (Page 1 of 10, Page 2 of 10, etc.) at the top of each page. These identifiers on each page will result in proper routing and correct eligibility determination as well as avoid loss or misdirection.
- e. Do **not** fax pages with this footnote: "You May Tear Off and Keep." The applicant should keep these pages.
- f. Do **not** send a cover sheet.
- g. After the forms are faxed, do **not** mail the original to Med-QUEST. It becomes a duplicate application that wreaks havoc and causes processing delays.

Pending Notices

If all required information is not available when the application is submitted to Med-QUEST, the eligibility worker will mail a pending notice to the customer which gives her/him 10 days to submit the required information or forms. If an extension is needed beyond 10 days, a letter should explain the length of time needed and reason for delay.

Streamlining Verifications

- a. Med-QUEST accepts self-declaration for birth date, social security number, tax dependent status, and income. However, if information given on an application is questionable, Med-QUEST has the right to and may request additional information to confirm the information given.
- b. Med-QUEST staff will check state and federal computer interfaces to verify income matches self-declared information on the application. These include State Wage, Information and Collection Agency (SWICA), Social Security Administration Beneficiary Data Exchange (BENDEX), Supplemental Security Income State Data Exchange System (SDX), and Unemployment Insurance Benefit (UIB). If the customer had a recent change in her/his income that is not reflected on computer interfaces, please ask her/him to attach a recent pay stub, Social Security award letter, retirement income statement, or other income proof.
- c. If the applicant's household previously received assistance from DHS, information was probably verified and recorded in Med-QUEST's computer system (HAWI). Med-QUEST staff will check and use any non-financial information already documented on HAWI, therefore the applicant is not required to resubmit these documents. This will speed up the process and avoid a denial based on computer interface information.

Applications Submitted by Outstationed Eligibility Workers

If an outstationed eligibility worker submits an application, including form 1123, the Med-QUEST office will list the outstationed facility as the authorized representative in the address screen. If missing documents or other information is needed to process the application, the eligibility worker will contact the outstationed eligibility worker by telephone or email to follow-up.

Facilities With Agreements to Complete DHS 1100A

- Write the date an OEW does the initial application processing and interview on 1100A in the "Interview Date" box (upper right). This will be the application date. Indicate if information was provided by client statement (CS), office visit (OV), or telephone call (TC).
- Advise the client of her/his rights and responsibilities emphasizing the requirement to provide accurate and complete information. Also clearly explain that all changes in the household's situation must be reported to the applicant's Med-QUEST worker within ten days.
- The application and attachments—documents and other forms—must arrive at the local Med-QUEST office no later than 15 days from the interview date (explained in "a").
- If the applicant has not submitted all information, documents, and forms by the 15th day, explain missing items on 1100A in the "Follow-Up/Date Due" box.

Notes About Questions and Answers

- 1108 refers to the application "For Children and Pregnant Women Only" and 1100 refers to the regular application.
- Med-QUEST accepts self-declaration for social security number, birth date, and income. Verification for these items will only be requested if the application has questionable information.
- "Five-days retroactive" means QUEST health insurance starts the date Med-QUEST receives the application for eligible household members and payment will be considered for appropriate emergency room or hospital expenses that occurred within the previous five calendar days.
- If an applicant is temporarily visiting another island and suddenly requires health insurance to cover medical expenses, list the applicant's home address in Question 1 and send the application to the Med-QUEST office closest to that home address.

1. Public Health Insurance Programs

What is the difference between QUEST and QExA?

QUEST is for those under sixty-five years old, not certified blind or disabled, and not in a public institution. QExA is generally for people who are certified blind or disabled and/or over sixty-five years old. QUEST managed care plans are AlohaCare, HMSA, and Kaiser, and QExA managed care plans are Evercare and 'Ohana.

2. Residency

a. How long must a person live in Hawai'i to be eligible?

Residency is defined as living in Hawai'i with the intent to stay indefinitely. There is no specified time.

b. How long can a person be out-of-state and continue receiving health insurance benefits?

Within ninety days of the date of departure, Med-QUEST will re-evaluate the individual's intent to return to Hawai'i. Med-QUEST must be informed of any out-of-state visit prior to the date of departure, date she/he intends to return to Hawai'i, and if the return date is extended beyond the date initially reported.

Questions for the customer: Did you inform Med-QUEST about the temporary absence (e.g., visiting hospitalized or dying relative, attending graduation, going on vacation, etc.) and the dates? Are there extenuating circumstances to extend the absence (e.g., relative's hospitalization continued, couldn't return due to airline scheduling, etc.)?

c. If a person attends school outside Hawai'i, is she/he still eligible?

Yes, if the student claims Hawai'i residency and intends to return to Hawai'i.

Note: The student should contact her/his health plan to discuss health care services outside Hawai'i. Also, if the student is under 21 years old, it is important to find out if she/he is claimed as a tax dependent because the parents' or legal guardians' income may be used to determine eligibility.

3. Foreign Students, Asylees, Immigrants, CFA Individuals, and Undocumented Aliens

a. Are students with F1 or F2 visas and their children eligible?

No. A parent who enters the United States temporarily to attend school as a student with no intention of abandoning residence in a foreign country is excluded from receiving health insurance. Residency for the newborn is correctly questioned. Med-QUEST assumes she/he is a United States citizen because the birth occurred in the United States. As an individual who is incapable of indicating intent, the residency of her/his parent would be considered that of the child. Therefore, if the parent has no intent of abandoning residence in a foreign country, the child would not meet the residency requirement although she/he may meet the citizenship requirement.

b. Are asylees or immigrants with V, K, or J visas eligible?

The person must be a lawful permanent resident (have a "green card").

c. What immigration documents should be attached to the application?

For each household member who is requesting health insurance, a copy of her/his permanent resident card (INS Form I-551 /Green Card) should be attached. Recent arrivals should attach a copy of the temporary I-551 stamp in a foreign passport or on Form I-94.

d. Is an undocumented immigrant required to apply for a social security number?

No. If she/he is applying for emergency medical services as an undocumented immigrant, she/he is not required to apply for a social security number.

e. When can undocumented immigrants qualify for health insurance?

The Med-QUEST application must be submitted AFTER the health care services have been completed and the residency requirement must be met. Services can include labor and delivery for pregnant women, medical emergencies, and hospitalization as determined by Med-QUEST's physicians. As much documentation as possible—admission and discharge summary, physician's progress notes, etc.—should be provided to determine the customer's emergent condition.

f. If an undocumented immigrant applies to Med-QUEST for a child, will she/he be deported?

No. There is no system link or automatic dialogue between Med-QUEST and the U. S. Citizenship and Immigration Services. Their computers do not communicate with each other.

g. If someone from the Federated States of Micronesia, Marshall Islands, or Republic of Palau loses her or his I-94 record, can a CFA stamp in her or his passport verify CFA status?

Yes. An I-94 or CFA stamp annotated with CFA /FSM (Micronesia), CFA /MIS (Marshall Islands), or CFA /PA (Palau) in the person's passport proves she or he entered the United States legally.

h. Is an entry date for CFA individuals required?

No. The application does not require this information.

Note: The Med-QUEST eligibility worker must input an entry date in HAWI. If there is no legible date on the I-94 or passport, she/he will input the application date.

4. Income

a. Whose income is counted for a pregnant teen who is under nineteen years old?

If the teen is living with the parents and/or is their tax dependent, the parents' income is counted to determine a pregnant teen's eligibility. If the teen is living outside her parents' home and not declared as a tax dependent, the teen's income is counted.

b. When a pregnant teen gives birth and applies for her newborn, what income is counted to determine the baby's eligibility?

The teen mother's income is counted. The baby's father's income is also counted if he is living in the same household as the baby.

Note: Since grandparents are not legally responsible for their grandchildren, Med-QUEST does not count the teenager's parents' income to determine the baby's eligibility.

c. If a grandparent applies for a grandchild living in her/his home, what income should be listed on the application?

Only list the child's income. If the child has no income, check Question 4A and explain the child is living with the grandparent.

Note: This answer also pertains to other adult relatives (e.g., auntie, uncle, etc.) or adults with a hānai child.

d. A 16-year-old teen applied for QUEST benefits under her name only for her baby. They are both living with the 16-year-old's mother. Since the 16-year-old's mother provides shelter and food for them, she wants to claim the 16-year-old as a dependent on her income tax forms. Will this affect the baby's eligibility?

No. The 16-year-old's mother is not legally responsible for the baby. If she claims the 16 year old as a dependent, it will not affect the baby's eligibility due to income.

e. If a child is living with her/his mother or father and stepparent and they only want health insurance for the child, whose income is counted?

The income of parents—natural, legal, and adoptive—is considered available to their children in families that include children under nineteen years old. Generally, if the child resides with the mother/father and is not adopted by the stepparent, only the mother's/father's income is counted.

f. A fourteen-year-old is living with his eighteen-year-old sister. The parents are deceased and the eighteen-year-old has legal guardianship of her sibling. What income is counted?

The eighteen-year old should sign the application, however Med-QUEST will not count her income for the fourteen-year-old unless he is adopted. Therefore only the fourteen-year-old's income, such as social security income, will count.

g. If Question 4A on an application is completed in detail and information is provided on how the household members pay for food, rent, and other living costs, must a signed statement also be completed?

No.

h. An applicant writes she/he has no income and explains in Question 4A how living expenses are paid. However, Med-QUEST's databases show employment. What should the applicant do?

The applicant must provide employment termination verification using DHS 1266 (Employment Record and Payroll Certification Form) or an employer's letter verifying the last day she/he worked.

i. How do people who work odd jobs for cash prove income?

A note with the employer's name, signature, phone number, date, and gross monthly amount paid to the person can be used to verify income.

j. If a household generally has no income but occasionally gets cash (e.g., from family, friends, chores, recycling cans, etc.), what information must be provided in Question 4?

Check 4A and explain how food, rent, and clothes are paid. Next, list the cash payment in 4B "Other Income" and write the source.

k. If a person works odd jobs for cash and/or gets money from family members, where should the information be written?

The person should list this information in 4B under "Other Income." Write the name of the person receiving the income and gross monthly amount.

l. If there is involuntary separation of a household member (e.g., military, college, temporary job transfer, etc.), will Med-QUEST count her/his income?

The customer should contact the Med-QUEST eligibility worker to explain details about the household member's absence to determine if information about the separated household member should be included.

m. Does Med-QUEST accept a person's IRS Form W-2 (Wage and Tax Statement) to determine income eligibility?

No.

n. A 22-year-old woman and her 16-year-old sister are living together without their parents. The older sibling is not the legal guardian of her younger sister and there is no power of attorney. The parents send money for household expenses such as rent, food, and clothing. Since both sisters need health insurance should they apply together on one application?

Yes. They should apply on together on DHS 1100 and let the eligibility worker determine the best way to enable both the 22-year-old adult and her 16-year-old sibling qualify for medical assistance.

o. Is a form required to report income changes?

No. Information can be self-reported, however it is helpful to provide document copies (e.g., pay stub, income statement, etc.).

p. Can bank statements be used to verify income?

No. Deposits into bank accounts reflect net income and Med-QUEST uses gross income to determine eligibility.

q. If a person has rental income, what documents are acceptable?

The customer must provide one of these document copies:

- Copy of the rental agreement showing how much she/he receives each month, or
- Copies of the last three months rental receipts, or
- If the customer gets the rental income via a property management company, a statement from that company regarding monthly rental income.

In this situation, 1273C should only be used if the customer is self-employed, has a GET license, and wants to deduct property rental expenses.

5. Pregnant Women**a. Does a pregnant woman qualify at a higher income limit?**

Yes. She can qualify at 185% FPL if pregnancy is self-declared on the application.

b. How long does it take for a pregnant woman's application to be approved or denied?

Med-QUEST processes a complete pregnant woman application within five business days. The five-day clock starts the date Med-QUEST receives the complete application via facsimile, mail, or electronic upload regardless of the time it arrived. The five-day clock stops the date a determination is made (approval or denial) and a Med-QUEST eligibility worker enters the information in the Hawai'i Automated Welfare Information (HAWI) computer system. If information on the application is incomplete or questionable, it can take longer for Med-QUEST to approve or deny it. Med-QUEST will mail a ten-day pending notice requesting information and the five-day clock will start when it receives the essential facts. If Med-QUEST does not get the requested information within the ten days indicated on the pending notice, it will be denied.

Note: If a pregnant woman visits a Med-QUEST office with a complete application, eligibility determination may be made the same day.

c. Which application form should be completed if a woman who gave birth wants a Med-QUEST program to cover her labor and delivery expenses?

If Med-QUEST receives the application or the outstationed eligibility worker's interview date is the same month the woman gives birth, use 1108. Income eligibility will be 185% and asset information is not required.

However, if the application or interview date is the month after the baby's birth date, use 1100 because assets are counted and the income limit will be for a nonpregnant adult.

d. Are all pregnant immigrants who have been in the United States less than five years eligible?

No. The woman must be a lawful permanent resident (have a "green card").

e. If a pregnant ineligible alien is admitted to a hospital but doesn't want to sign papers, must she submit a Med-QUEST application?

Yes. She must send a completed application along with the hospital summary to find out if Med-QUEST can assist her. The Med-QUEST office cannot help her without an application.

f. When should a pregnant teen covered by her parent's health insurance apply for health insurance for her baby?

When the baby is born.

g. Should a pregnant woman complete form 1149 (Request for Emergency Processing of a Medical Application)?

Only if there is a life threatening medical emergency that will not be treated without health insurance.

h. Is a pregnant woman required to report the child's father if he lives in the home?

No. However, it could be advantageous to the applicant if the child's father is listed on the application depending on household size and income.

Note: Information on a child's father living in the home is needed after the baby is born if the woman and/or child want health insurance.

6. Newborns

a. If a mother is enrolled in a Hawai'i health insurance plan, is the newborn temporarily covered by her plan?

Yes. During the first thirty days of the baby's life, she/he is covered by the mother's private or public health insurance plan. QUEST and QExA cover all health care services, including well-baby check ups and emergency care. However, if the mother has a private plan only necessary care and treatment of medically diagnosed congenital defects and birth abnormalities will be covered once the baby is discharged from a hospital.

b. Can a customer call her Med-QUEST eligibility worker with notification of the baby's birth?

A newborn whose mother is a Med-QUEST recipient at the time of birth does not need an application. The best option is to contact the hospital's outstationed eligibility worker because she/he completed a newborn add-on form with accurate details that were also sent to the Hawai'i State Department of Health and Social Security Administration, including the baby's name, birth date, and gender. The newborn will be covered either by fee-for-service or under the mother's health plan. The facility or customer can call the mother's eligibility worker to add the baby, however it is very important the details match exactly what is written on the birth certificate.

Note: Photo identification and a copy of the birth certificate are no longer required for a newborn whose mother is a Medicaid recipient at the time of birth. The baby is permanently exempt from submitting these documents to Med-QUEST.

c. Is there a time limit to add a newborn to the mother's case for the baby to be covered by QUEST or QExA?

The baby remains eligible for one year.

Note: Hospitals do not send add-on forms to Med-QUEST without a baby's name. However, the baby can be added within one year when a name is decided for the birth certificate.

d. If the mother is not a Med-QUEST recipient, however the father or baby's siblings have coverage is it considered an add-on?

No. A new application (1108) must be completed.

e. If a pregnant teen is a Med-QUEST recipient listed on her mother's Med-QUEST case, what is the health insurance procedure when the baby is born?

The newborn should be added to her/his grandmother's case through an add-on form submitted by the hospital.

f. What happens if the mother is not a QUEST or QExA recipient and an application is submitted for a newborn after "five-days retroactive?"

Generally, if Med-QUEST receives an application within five calendar days from the date of birth, the baby's expenses could be covered if childbirth took place in an emergency room or hospital. However, if an initial application is received more than five days after delivery and the mother is uninsured, the birth expenses will not be covered. The exception is a child who is blind and/or disabled and eligible for QExA when the retroactive period is three months.

Note: If the mother has health insurance the baby is covered during the first thirty days of life by the mother's plan. QUEST and QExA cover all health care services, including well-baby check ups and emergency care. However, after the baby is discharged from a hospital, the mother's private plan only covers necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

g. A newborn hospital birth record on hospital letterhead is submitted with an application. Should Med-QUEST determine eligibility without waiting for a birth certificate and social security number?

Yes.

7. Children

a. A pregnant teen is living with her parents and currently covered by their health insurance. After she gives birth, who should apply to enroll her baby in a Med-QUEST program?

The teen is legally responsible for her child, therefore she should apply for the baby and be listed in Questions 1 and 3A. The household members listed in Question 3 are the teen and baby (and the baby's father if he is living in the home). However, if the teen is unfit to care for her baby, an adult who becomes responsible for the child should apply.

b. If a single mother is applying for health insurance only for her children, are asset verifications required?

No. Asset information is not required for children. Use 1108 because it does not include the question about assets.

c. Can a child apply for herself/himself if homeless, living alone, or living with friends?

Yes. If a child is not living with her/his parents or under the care of a specified relative, the child may apply for herself/himself.

Note: Med-QUEST does not require a legal emancipation document.

d. What happens if a child is placed in a treatment facility and her/his QUEST health insurance is currently through the parents?

The QUEST health plan should be notified about the child's placement. The child's new situation should also be reported to the Med-QUEST eligibility worker because it may affect the child's eligibility.

e. What happens if a child currently receiving health insurance under her/his parents is placed in Hawai'i Youth Correctional Facility (HYCF)?

If the child is placed in HYCF due to a statutory offense (e.g., curfew violation, skipping school, etc.), the child is not considered an inmate of a public institution and is under the jurisdiction of her/his parents. Therefore, she/he would continue receiving health insurance under the parents' plan. If the child is placed in HYCF due to a criminal offense (e.g., robbery, theft, etc.), the child is considered an inmate of a public institution under court jurisdiction and the institution must apply for the child.

f. Is the Hawai'i State Department of Health (DOH) required to complete an application if a child is receiving mental health services under DOH?

A child's parent must apply for health insurance for the child if the child is residing with her/him.

g. If a child has medical insurance but not dental or vision coverage, can Med-QUEST help?

If household income is at the regular Medicaid level (not the expansion level), the child might qualify with third party liability coverage. It is recommended the parent or guardian completes an application and sends it to Med-QUEST to determine this eligibility.

h. A father is required to provide health insurance for his child but does not. If the child is living with the mother only (father is not in the home), can the mother apply for a Med-QUEST program for the child?

Yes.

i. What happens when a child turns nineteen years old?

There is an alert in the Hawai'i Automated Welfare Information (HAWI) computer system and the eligibility worker sends an adult application (1100) for the customer to complete. A separate case will be opened for the nineteen-year-old person who must now qualify at a new income level and her/his assets will be counted.

j. A mother is pregnant and has a two-year-old child. She is only applying for health insurance for her two-year-old. Is the unborn child counted in the household size?

No. The unborn child is only counted in household size if the pregnant woman wants health insurance.

k. A child lives with a parent and adult guardian (e.g., grandparent, adult family member, friend, etc.). The parent is involved with drug abuse, wandering about, and not responsibly caring for the child, therefore the guardian takes care of the child. Can the guardian apply for the child?

If the child's parent is living in the home with the child and the guardian hasn't formally adopted the child, the parent is still responsible for the child and must apply on his/her behalf. Med-QUEST would count the parent's income to determine eligibility. If the parent doesn't actually live with the child (e.g., drops in now and then) and the guardian is responsible for the child, the guardian can apply on behalf of the child.

If the parent stays overnight at the residence only periodically during each month, the guardian should apply for the child using form 1108. The guardian must list her/himself in Questions 1 and 3A and explain the relationship under "Other" (e.g., grandparent, aunt, uncle, friend, etc.). Write the child's information in 3B. Write the parent's information in Question 3C, but indicate she/he does not want medical assistance. The parent's income will be used to determine the child's eligibility, therefore if the parent is employed explain the details in Question 4B. Otherwise check the box for Question 4A and explain how basic living costs are provided (e.g., child and child's parent live with the guardian who provides basic needs). It is helpful for Med-QUEST to explain the family situation by writing information at the top of page 2. For example: Grandparent is the child's guardian because the parent does not have a residence and is seldom at this home, therefore the grandparent is applying for the child.

If the parent only drops by the residence from time to time but does not stay overnight, the guardian should apply for the child using form 1108. The guardian should list her/himself in Questions 1 and 3A. Write the child's information in 3B. Only the child's income will be used to determine her/his eligibility, so if the child has no income check the box for Question 4A and write: Child living with guardian and child has no income.

8. Application Signature and Applicant Representative

a. Who should sign the application?

An applicant who is capable of acting on her or his own behalf must sign the application for it to be a complete application. This ensures the applicant is assigning her or his rights to third party payments, the information provided is true under penalty of perjury, and the applicant understands her or his rights and responsibilities. If the applicant is incapable of acting on her or his own behalf or is deceased, someone else can submit an application. In this situation, documentation such as a statement from the applicant's physician explaining the applicant's inability to act on her or his own behalf or power of attorney must be attached. A written statement from a hospital, nursing home, or mortuary can be used to verify an applicant's death.

b. If a household has two or more adults requesting medical assistance who are not legally responsible for each other (e.g., common law couple or parents with an 18-year-old child), who should sign the application?

All adults must sign the application. If only one adult signs, the eligibility worker will send a pending notice with Form 1247A for the other adult to sign.

c. Who should sign "Certification by Person Assisting the Applicant in Completing This Application" on the last page?

The person who signs will be recorded by Med-QUEST as the customer's authorized representative (AR). The authorized representative can receive or give information on eligibility only. If the AR wants additional information, form DHS 1123 must be completed.

d. When is it necessary to complete form 1123 (Authorization to Disclose Confidential Information by Med-QUEST Division)?

If the customer completes 1123, it authorizes another person to receive information about eligibility as well as HIPAA-protected information (e.g., health plan, health matters, etc.). This person will be listed as the Medical Representative (Med Rep) in Med-QUEST's computer system (HAWI).

e. Who should we contact if there is a question about a customer's health plan?

Call Med-QUEST's Customer Service Section at 524-3370 on O'ahu or 1-800-316-8005 from the Neighbor Islands. Health care providers, including community health centers and hospitals, who are "covered entities" (e.g., submit reimbursement claims or process billing for patients), must give a provider identification number to discuss the customer's case. Other people or organizations must be listed as the customer's Medical Representative (Med Rep) in Med-QUEST's computer system (HAWI) to discuss these details.

9. Emergency Medical Services

a. What is considered a medical emergency?

The condition places the person's health in jeopardy and could result in serious impairment to body functions or serious dysfunction of any body organ or part.

b. If there is an emergency, whom do we call to track down a submitted form 1149 (Request for Emergency Processing of a Medical Application)?

Call the supervisor first. If there is no action, call the eligibility branch administrator.

c. Will all medical expenses be paid if form 1149 and a Med-QUEST application are completed?

Form 1149 expedites the application process due to a medical emergency. It does not guarantee payment for services.

d. If a physician, dentist or advanced practice registered nurse (APRN) signs form 1149 and the Med-QUEST application is approved, how can the customer's prescription be filled?

After a Med-QUEST application is approved, it takes approximately three days for pharmacy computer systems to have the updated information. In the meantime, a customer can call the Med-QUEST eligibility worker and request a coupon. The customer (or authorized representative if form 1123 is completed) can pick it up at the Med-QUEST office. Alternatively, the eligibility worker can fax the coupon to a pharmacy and then mail it to them. If the pharmacy will accept faxed coupons, write the pharmacy's name, pharmacy's fax number, and date the prescription will be filled on form 1149.

e. Are coupons used for regular emergencies?

No. Generally, Med-QUEST only uses coupons for pharmacy emergencies when information is not in the pharmacist's computer system for several days and for payment of emergency services for undocumented aliens. Coupons are no longer a guarantee of payment and bills will not be paid if information is not in Med-QUEST's computer system (HAWI). If a coupon is required and the eligibility worker does not provide one, contact the Med-QUEST supervisor or if she/he is unavailable contact the eligibility branch administrator.

f. A patient will be discharged from a hospital and needs ongoing prescription drugs. Should the outstationed eligibility worker complete form 1149?

No. If it is a life-threatening emergency, the patient will not be discharged.

10. Household Relationships

a. What if a boyfriend and his girlfriend apply together?

The couple can be processed as one case or two separate cases depending on what is more advantageous to them. However, if only one of the adults wants health insurance, list only the person who is requesting coverage on the application.

b. What if the boyfriend and his girlfriend have a common child?

If the couple has a common child who needs health insurance, the boyfriend, girlfriend, and common child must all be listed on the application. Med-QUEST will process it as a family.

If only the boyfriend or girlfriend wants health insurance, list the adult who is requesting coverage and his/her child on the application. In this situation, the biological parent is living with his/her child so both parent and child must be included. Indicate the child does not want medical assistance in Question 3A.

c. For common-law relationships, how long must the couple be together?

Hawai'i does not recognize common-law marriages. However, if the couple presents themselves in the community as husband and wife and has a common child, they must all be listed on the application.

d. If grandparents are applying for grandchildren, is legal guardianship required?

No.

11. Renewal

a. If a customer already reported a change, is she/he required to write it on the renewal form (e.g., income, address, telephone number, addition or removal from the household, etc.)?

Yes. If the reported change does not appear on the prepopulated form, the customer must write it.

b. Is there a time limit for completing and returning a renewal form?

There is a due date, however the last business day of the month the form is due is the last day the form can be submitted.

c. Are there exceptions for a late renewal (e.g., not receiving mail)? Does Med-QUEST call customers to follow-up on renewals?

It is the customer's responsibility to complete the renewal form. Timely and adequate notice is sent the month before health insurance is stopped, so she/he is informed the case will close. It is also the customer's responsibility to report address changes. Currently, there are no follow-up telephone calls to the customer for non-receipt of the renewal form. However, the eligibility worker may contact the customer regarding questions or clarification on the completed renewal form.

12. Language Access

If a customer doesn't speak English, will an interpreter be provided?

Yes. The applicant can request an interpreter on the "Bilingual and Sign Interpreter Services" page. It is also helpful to write the applicant's best language in Question 1 to facilitate communication.

If a person who does not speak English visits a Med-QUEST office or calls on the telephone, Med-QUEST has procedures to use a Med-QUEST bilingual employee, Hawai'i State Department of Human Services volunteer interpreter, or Tele-Interpreters.

13. Foster Care**a. Can the plastic Med-QUEST and health plan cards go to the foster family instead of the foster care unit?**

When a child is removed from her/his home, she/he usually goes to an emergency shelter until a long-term placement is found. The cards will be mailed to the social worker's unit unless the Med-QUEST eligibility worker is instructed differently.

b. What if a child currently receiving health insurance under his/her parents is placed in foster care?

Child Welfare Services must apply for the child because the state has custody.

c. If a child under 18 years old in foster care is pregnant, who is notified?

The Child Welfare Services' social worker should notify the Med-QUEST eligibility worker. However, if Med-QUEST is notified through another source (customer, health plan, etc.), the eligibility worker will notify the Child Welfare Services' social worker.

14. Assets**a. Does Med-QUEST count the values of a family's home and car?**

The applicant's residence is exempt. Med-QUEST does not count cars owned by the applicants.

b. Why are burial plans and burial plots listed as assets?

The information is used if there is a request for funeral services.

Note: One burial space (e.g., plot, vault, niche, etc.) is exempt per family member if it is intended for the Med-QUEST customer or the applicant's immediate family member. A limited value of bona fide funeral or burial plans or agreements is also exempt.

c. Should information about a customer's motor vehicle insurance be listed on the application?

Motor vehicle insurance details are only required if there was an accident involving a motor vehicle. Therefore, motor vehicle insurance or no-fault information should be listed only if a household member who wants health insurance sustained an accident-related injury involving a motor vehicle as indicated in question 8E on 1100 or 5D on 1108: "Does anyone have medical problems due to an accident?"

d. If there is an ATM receipt showing a balance on the first day of the month, must the applicant also provide a document that matches her/him to the bank account?

No, as long as the ATM receipt information does not contradict what is reported on the application or is in the case record.

15. Self-Employed

These self-employment forms are available in typeable PDF at www.coveringkids.com/library:

1273C	Report of Self-Employment Earnings
SEBEXP	Itemized Record of Self-Employment Business Expenses
SEBINC	Itemized Record of Self-Employment Business Income

a. Who is considered self-employed?

Self-employment is performing services or selling goods by an individual or group who legally decide what must be done and how it is done. The person or group is not subject to the will and control of an employer.

b. If people work odd jobs for cash are they considered self-employed?

Yes. However, if the household wants business expenses deducted from gross income, copies of expense receipts and verification of general excise tax (GET) license are required.

c. Are any household members required to pay 50% premium share if someone is self-employed?

No. This requirement was eliminated effective 01/01/08.

d. How is self-employment income determined when it fluctuates?

Med-QUEST uses a three-month average of self-employment income. The applicant should complete a copy of 1273C for each month.

Note: If the household wants business expenses deducted from gross income, copies of expense receipts and verification of general excise tax (GET) license are needed. Also, to deduct home business space a copy of the most recent tax return must be attached.

e. If a person owns a company that is a corporation, is she/he considered self-employed?

No. The person is considered an employee of the corporation. Her/his salary should be listed as income. Also, if the adult wants health insurance, the number of shares owned and current price must be listed as an asset under "Stocks and Bonds."

16. Citizenship, Alien Status, and Photo Identification Requirements**a. What documents must be submitted with a Med-QUEST application?**

The federal government requires one copy of a citizenship or alien status document and one copy of photo identification for each person who wants health insurance.

Photo Identification—A **copy** of ONE ITEM ONLY:

- Passport
- State Identification Card
- Driver License or Permit
- School Identification
- Bus Pass
- Certificate of Naturalization or U.S. Citizenship
- Government Issued Card with Same Information as Driver License
- Draft Record
- U.S. Military or Military Dependent Card
- U.S. Coast Guard Merchant Mariner Card
- Certificate of Indian Blood or U.S. American Indian/Alaskan Native Tribal Document
- Permanent Resident Card (I-551)
- Other Official Photo Identification
- Affidavit (Children Under 16 Years Old Only)

United States Citizen—A **copy** of ONE ITEM ONLY:

- * U.S. Passport
- * Certified U.S. Birth Certificate
- * Current Hawai'i State Identification Card (front and back)
- * Certificate of Naturalization (N-550 or N-570)
- * Certificate of U.S. Citizenship (N-560 or N-561)
- * Certificate or Report of Birth Abroad (DS-1350, FS-240, or FS-545)
- * Northern Mariana Identification Card (I-873)
- * American Indian KIC Card (I-872)
- * U.S. Military Record (DD-214)
- * U.S. Final Adoption Decree
- * U.S. Civil Service Employment Before June 1, 1976
- * U.S. Citizen ID Card (I-179 or I-197)
- * Verification with Department of Homeland Security's Systematic Alien Verification for Entitlements (SAVE) Database for Naturalized Citizens

Alien Status—A **copy** of ONE ITEM ONLY:

- * Permanent Resident Card (I-551)
- * Arrival/Departure Record (I-94)
- * Recent Arrivals Only: Foreign Passport or I-94 with I-551 Stamp

- * Employment Authorization Card (I-688B)
- * Refugee Travel Document (I-571)
- * U.S. Veteran Discharge Papers (DD-214)
- * Active Duty Orders

These people are not required to provide citizenship, alien status, or photo identification documents:

- * Eligible for Medicare
- * Supplemental Security Income (SSI) Recipients
- * Social Security Disability (SSDI) Recipients
- * Children assisted by Child Welfare Services
- * Babies born to Medicaid recipient mothers

b. What if a birth certificate is lost?

If someone who needs medical assistance must get a new birth certificate, attach a copy of the birth certificate paper application or electronic confirmation and money order. The Med-QUEST eligibility worker will wait 45 days from the date Med-QUEST received the application to determine eligibility. When the birth certificate arrives in the mail, immediately send **a copy** to Med-QUEST or the person will be denied.

c. If someone from the Federated States of Micronesia, Marshall Islands, or Republic of Palau loses her or his I-94 record, can a CFA stamp in her/his passport verify CFA status?

Yes. An I-94 or CFA stamp annotated with CFA/FSM (Micronesia), CFA/MIS (Marshall Islands), or CFA/PA (Palau) in the person's passport proves she/he entered the United States legally.

d. A photo identification affidavit can be used in place of photo identification for children under sixteen years old. Where can I get a copy of it (Form 8000K)?

It can be downloaded from the Library of Forms section at www.coveringkids.com.

e. Should the photo identification affidavit for children under sixteen years old (Form 8000K) be notarized or have an organization witness it?

No.

f. If an organization's representative or health care provider photocopies the photo identification and the photo appears black, fuzzy, or blank, what should she/he do?

The organization's representative or health care provider should write on the photo identification copy, "I viewed original photo."

g. Are household members required to be with the applicant to make sure photo identity documents belong to them?

No. It is NOT necessary for each household member to be present to show it is her/his picture.

h. Is an expired photo identification acceptable as photo identification?

Yes.

i. Is there a time limit for acceptable photo identification documents?

No. A copy of any acceptable photo document regardless of age is okay.

j. If someone submits U.S. citizenship, alien status, or photo identification documents with conflicting names or other legal details, must she/he also attach proof of the information changed?

Yes. The person must submit a copy of the marriage certificate, adoption certificate, revised birth certificate, court document, or other proof so Med-QUEST can confirm citizenship.

k. If an 8000K was completed for a child under 16 years old who is enrolled in a Med-QUEST program, must she/he reverify in the future through a different photo identification document?

No. 8000K is a sworn affidavit signed under penalty of perjury and meets the CMS one-time requirement for photo identification.

I. Can an expired U.S. passport be used for citizenship documentation and photo identification?

Yes.

Note: The exception is an emergency passport issued with limitations. Therefore, if the expired U. S. passport was originally issued for a period of less than five years it is not acceptable.

17. Benefit, Employment, and Support Services Division (BESSD)**a. If customers apply for both BESSD programs and health insurance, where are the forms sent?**

BESSD's application for financial assistance and food stamps (1240) has a Med-QUEST application (1100) attached to it.

- If a customer is already enrolled in a Med-QUEST program or does not want health insurance: Do NOT complete or send 1100. Complete only 1240 and send it to the local BESSD office. Attach a letter explaining why form 1100 is not attached to 1240.
- If a customer also needs health insurance: Complete 1100 and send it with a completed 1240 to the local BESSD office.

b. If a health insurance application is submitted to Med-QUEST and the family later applies for financial assistance at a BESSD office, why is the health insurance application denied?

If the financial assistance application is approved and the application date is the same or before the Med-QUEST application, the health insurance application will be denied. Health insurance benefits begin the same date as financial assistance, so there is no need for the application at Med-QUEST.

Note: If the application shows medical services within "five-days retroactive," the health insurance application will be approved for one month then closed.

c. When a person who is enrolled in a Med-QUEST program later wants financial assistance and/or food stamps, what happens to the Med-QUEST case?

If the person applies for financial assistance and is approved, the medical-only case will usually close out because the individual receives medical benefits through the financial assistance case. It is a seamless change process because the medical case will not close until the financial case is opened. The health plan remains the same.

For food stamps, if it's an aged, blind, or disabled (ABD) case, the medical case will be sent to the local BESSD unit and they will handle both food stamps and medical. If the individual is not ABD, the food stamps case is with BESSD and the medical case stays with Med-QUEST.

d. If someone is enrolled in a Med-QUEST program but the case belongs to BESSD, whom should we call if there are Med-QUEST questions?

Call the BESSD eligibility worker.

18. Miscellaneous**a. Who should be notified if the person moves to another island?**

The customer should contact the local Med-QUEST office near the new home. She/he should also contact the health plan.

b. Should original verifications be submitted?

No. If a document is requested, only submit copies (e.g., I-94, permanent resident card, pay information, etc.).

c. If the case is closed can the customer reapply? How many times?

Yes. There is no limit on the number of times a person can apply.

d. For health care providers, how long does it take for Med-QUEST's web site and Automated Voice Response System (AVRS) to list the customer's application status?

When a Med-QUEST eligibility worker approves or denies an application, the information is typed into the HAWI computer system. The HAWI information is loaded into the Hawai'i Prepaid Medical Management Information System (HPMMIS) nightly and it takes one to two days for it to appear on the web site and in AVRS.

e. Do hospitals submit applications for their uninsured patients?

Yes. They have staff dedicated to this task. However, it is the customer's responsibility to ensure the application is completed and she/he should follow up with hospital staff.

f. If the hospital initiated the application and Med-QUEST needs additional documents to process it, where should the customer send her/his papers?

The documents should be sent to hospital personnel assisting with the application. They will follow-up with Med-QUEST regarding the application and additional documents.

g. What happens if a customer dies?

It must be reported to the Med-QUEST eligibility worker. If assistance is needed to pay funeral or burial services, the caller should request a Funeral Payments Program brochure and application.

h. Why are two forms required to establish a disability?

Form 1127 (Medical History and Disability Statement) is completed by the applicant and used by the Aid to Disabled Review Committee to determine the individual's profile. Form 1128 (Disability Report) is completed by the applicant and physician and used by the health plans or Med-QUEST if they think the customer may meet the definition of a disabled person.

i. Who initiates the switch from QUEST to QExA or Medicaid?

Requests to move someone who is blind or disabled from QUEST to QExA or Medicaid generally come from the health plan and/or health care provider. They help the family complete the two forms (1127 and 1128) for approval. However, the client also has the right to request the move to another medical coverage group.

j. Sometimes an outstationed eligibility worker submits an application and when she/he checks with Med-QUEST there is no record of the application. Why?

If the application is adding a person to an existing case, it is not registered as an application and does not show up in Med-QUEST's system as an application. The application is sent to the eligibility worker who has the existing case. You can call the eligibility worker or if you do not know whom it is, contact the supervisor and she/he can tell you.

k. If a health plan or outstationed eligibility worker discovers a customer has moved out-of-state, must a new address be listed on form 1179 (Change Report Form)?

No. Write as much information as possible on the form and Med-QUEST will follow-up.

l. If an application is denied, can the person reapply?

Yes. If it is within 120 days from the date Med-QUEST received the application, she/he can go to the Med-QUEST office and re-sign the original application. If this is not convenient or it is past the time limit, the person can submit a new application.

If an outstationed worker (OEW) has the original application (it was faxed to Med-QUEST and she/he kept the original copy), the OEW can help the customer within 120 days of the date Med-QUEST received the application. The OEW should have the customer review the application, date and initial any changed information, re-sign it next to the signature line and write the current date, and send it to Med-QUEST. At the top of the application on page 1, the OEW must write that it is a re-signed application so Med-QUEST knows it is a new application.

m. What happens if two different applications for the same household are mistakenly sent to Med-QUEST?

The application with the earliest registration date will be used and the duplicate application will be matched with the first one. The eligibility worker must also reconcile any conflicting information on the different applications.

Note: Do **NOT** send more than one application unless a Med-QUEST eligibility worker or supervisor requests it. This creates processing delays and additional work to compare information written on the different applications.

n. If someone requesting health insurance has an injury requiring medical care, should it be reported on the application?

Yes. If the person has a medical problem or needs medical treatment due to an accident or incident, list details in 8E on 1100 or 5D on 1108 and complete forms 1125 (Assignment of Payment, Repayment Agreement, and Authorization and Waiver for Release of Information) and 1125A (Supplement to Assignment of Payment).

Note: Medicaid is the payer of last resort, therefore Med-QUEST makes a reasonable effort to exhaust all other insurance sources (e.g., motor vehicle, worker compensation, homeowner, renter, business, etc.) before billing the Med-QUEST programs. It is called third-party liability (TPL).

o. If a person recently applied for a social security number, can she/he also send an application to Med-QUEST?

Yes. When someone applies for a social security number, the Social Security Administration issues a letter stating the applicant will receive a card within two weeks of the letter's date. A copy of this document should be attached to the Med-QUEST application or sent to the Med-QUEST eligibility worker. Federal law requires a social security number for someone to receive benefits from a Med-QUEST program (except ineligible aliens who received emergency services), therefore the person must inform Med-QUEST of her/his social security number as soon as it is issued.

p. If an outstationed eligibility worker (OEW) submits an incomplete application to Med-QUEST, what will happen?

The OEW should make sure the application is signed, lists the applicant's mailing address in Question 1, and includes pages 1-6 (1100) or pages 1-5 (1108). If an application is missing a signature and/or page, it will be returned to the OEW and the date will not be preserved.

Occasionally, an OEW is unable to get the applicant's mailing address, income, assets, citizenship/alien status papers, photo identification, or other required details within the 15-days allowed by Med-QUEST for OEWs to submit applications. The OEW should note on 1100A what information is missing and dates and times the OEW tried to get the information. In this situation, the Med-QUEST eligibility worker will follow-up directly with the applicant.

q. Are employed people eligible for QUEST?

If the employed person is eighteen through sixty-four years old and receives or is eligible to receive employer-sponsored health insurance, she/he is generally not eligible for QUEST. This pertains to the employed person and not her/his dependents. However, it does not apply to these people:

- Pregnant;
- Eligible for General Assistance (GA) Financial Assistance;
- Eligible for Transitional Medical Assistance (TMA);
- Covered Under Section 1931 of the Social Security Act; or
- Aged, Blind, and/or Disabled and Eligible for QExA.

r. What if an employer does not offer employer-sponsored health insurance?

Hawai'i employers are required by law to offer employer-sponsored health insurance to anyone who works over twenty hours per week. If you find an employer who is not following the law—or is trying to avoid it by hiring, laying off, and rehiring an employee—please call the Hawai'i State Department of Labor and Industrial Relations Disability Compensation Division at 586-9151.

s. Can an applicant request more time to gather necessary verification?

Yes. The applicant has thirty days from date Med-QUEST receives the application to submit verifications required to determine eligibility. An eligibility worker can extend a pending date if the individual proves she/he has attempted to get verification but needs more time due to circumstances beyond her/his control. The applicant should contact the eligibility worker to request an extension.