

# NOTICE TO REQUESTER

TO: Will Scolinos, America First Legal Foundation  
(Requester's name)

FROM: State of Hawai'i, Department of Human Services,

DATE THAT THE RECORD REQUEST WAS RECEIVED BY AGENCY: October 8, 2025

DATE OF THIS NOTICE: November 4, 2025

**GOVERNMENT RECORDS YOU REQUESTED** (attach copy of request or provide brief description below):

1. See attached copy of request.

**THIS NOTICE IS TO INFORM YOU THAT YOUR RECORD REQUEST:**

Will be granted in its entirety.

**Cannot be granted. Agency is unable to disclose the requested records for the following reason:**

Agency does not maintain the responsive records for requests # 1, 3, 4, 5, 6, 7, 9, 10, and 11. (HRS § 92F-3)

Agency needs further clarification or description of the records requested. Please contact the agency and provide the following information:

Requests 6, 8, and 11 require agency to create a summary or compilation from records, but requested information is not readily retrievable. (HRS § 92F-11(c))

**Will be granted in part (Requests 2, 4, and 8 attached) and denied in part (see above), OR**  **Is denied in its entirety. Although the agency maintains the requested records, it is not disclosing all or part of them based on the exemptions provided in HRS § 92F-13 and/or § 92F-22 or other laws cited below.**

(Describe the portions of records that the agency will not disclose.)

RECORDS OR INFORMATION WITHHELD	APPLICABLE STATUTES	AGENCY JUSTIFICATION
Communications between agency staff and the Department of the Attorney General for the purpose of litigation	HRS §92F-13(2)	Attorney-client privileged communications.

## REQUESTER'S RESPONSIBILITIES:

You are required to (1) pay any lawful fees and costs assessed; (2) make any necessary arrangements with the agency to inspect, copy or receive copies as instructed below; and (3) provide the agency any additional information requested.

**For questions about this notice or the records being sought, please ask the agency's contact person named at the top of this form.** Also, please submit your payment, if any, to the agency at the address listed at the top of this form. **DO NOT SEND YOUR PAYMENT** to the Office of Information Practices (OIP) unless you are requesting records directly from OIP.

If you do not comply with the requirements set forth in this notice within 20 business days after the postmark date of this notice or the date the agency makes the records available, you will be presumed to have abandoned your request and the agency shall have no further duty to process your request. Once the agency begins to process your request, you

may be liable for any fees and costs incurred. If you wish to cancel or modify your request, you must advise the agency upon receipt of this notice.

**Please note that the Office of Information Practices (OIP) does not maintain the records of other agencies, and a requester must seek records directly from the agency it believes maintains the records.** If the agency denies or fails to respond to your written request for records or if you have other questions regarding compliance with the UIPA, then you may contact OIP at (808) 586-1400, [oip@hawaii.gov](mailto:oip@hawaii.gov), or 250 South Hotel Street, Suite 107, Honolulu, Hawaii, 96813.

#### **METHOD & TIMING OF DISCLOSURE:**

Records available for public access in their entireties must be disclosed within a reasonable time, not to exceed 10 business days from the date the request was received, or after receipt of any prepayment required. Records not available in their entireties must be disclosed within 5 business days after this notice or after receipt of any prepayment required. HAR § 2-71-13(c). If incremental disclosure is authorized by HAR § 2-71-15, the first increment must be disclosed within 5 business days of this notice or after receipt of any prepayment required.

#### **Method of Disclosure:**

- Inspection at the following location:
- As requested, a copy of the record(s) will be provided in the following manner:
  - Available for pick-up at the following location:
  - Will be mailed to you.
  - Will be transmitted to you by other means requested:

**Timing of Disclosure:** All records, or the first increment if applicable, will be made available or provided to you:

- On \_\_\_\_\_, 20\_\_\_\_.
- After prepayment** of 50% of fees and 100% of costs, as estimated below.

**For incremental disclosures**, each subsequent increment will be disclosed within 20 business days after:

- The prior increment (if one prepayment of fees is required and received), or
- Receipt of each incremental prepayment, if prepayment for each increment is required.

**Records will be disclosed in increments because the records are voluminous and the following extenuating circumstances exist:**

- Agency must consult with another person to determine whether the record is exempt from disclosure under HRS chapter 92F.
- Request requires extensive agency efforts to search, review, or segregate the records or otherwise prepare the records for inspection or copying.
- Agency requires additional time to respond to the request in order to avoid an unreasonable interference with its other statutory duties and functions.
- A natural disaster or other situation beyond agency's control prevents agency from responding to the request within 10 business days.

#### **ESTIMATED FEES & COSTS AND PAYMENT:**

**FEES:** For personal record requests under Part III of chapter 92F, HRS, the agency may charge you for its costs only, and fee waivers do not apply.

For public record requests under Part II of chapter 92F, HRS, the agency is authorized to charge you fees to search for, review, and segregate your request (even if a record is subsequently found to not exist or will not be disclosed in its entirety). The agency must waive the first \$30 in fees assessed for general requesters, OR in the alternative, the first \$60 in fees when the agency finds that the request is made in the public interest. Only one waiver is provided for each request. See HAR §§ 2-71-19, -31 and -32.

**COSTS:** For either personal or public record requests, the agency may charge you for the costs of copying and delivering records in response to your request, and other lawful fees and costs.

**PREPAYMENT:** The agency may require prepayment of 50% of the total estimated fees and 100% of the total estimated costs prior to processing your request. If a prepayment is required, the agency may wait to start any search for or review of the records until the prepayment is received by the agency. Additionally, if you have outstanding fees or costs from previous requests, including abandoned requests, the agency may require prepayment of 100% of the unpaid balance from prior requests before it begins any search or review for the records you are now seeking.

**The following is an itemization of what you must pay, based on the estimated fees and costs that the agency will charge you and the applicable waiver amount that will be deducted:**

**For public record requests only:**

<b>Fees:</b> Search	Estimate of time to be spent: ___ hours (\$2.50 for each 15-minute period)	\$
Review & segregation	Estimate of time to be spent: ___ hours (\$5.00 for each 15-minute period)	\$
Fees waived	<input checked="" type="checkbox"/> general (\$30), <b>OR</b> <input type="checkbox"/> public interest (\$60) <\$ ___> (Only one waiver per request)	
Other	Click or tap here to enter text. (Pursuant to HAR §§ 2-71-19 & 2-71-31)	\$
<b>Total Estimated Fees:</b>		<b>\$</b>

**For public or personal record requests:**

<b>Costs:</b> Copying	Estimate of # of pages to be copied: <u>37</u> (@ \$ <u>0.05</u> per page, pursuant to HRS § 92-21)	\$ <u>1.85</u>
Delivery	Postage	\$
Other	Click or tap here to enter text.	\$
<b>Total Estimated Costs:</b>		<b>\$ 1.85</b>

**TOTAL ESTIMATED FEES AND COSTS from above:** **\$1.85**

- The estimated fees and costs above are for the first incremental disclosure only. Additional fees and costs, and no further fee waivers, will apply to future incremental disclosures.**
- PREPAYMENT IS REQUIRED** (50% of fees + 100% of costs, as estimated above) **\$**
- UNPAID BALANCE FROM PRIOR REQUESTS** (100% must be paid before work begins) **\$**

**TOTAL AMOUNT DUE AT THIS TIME** **\$ WAIVED**

Payment may be made by:  cash  
 personal check payable to: Click or tap here to enter text.  
 other

**Submit your payment to the agency at the address listed at the beginning of this form, including the name of the agency's contact person.**



October 8, 2025

VIA Email: [dhs@dhs.hawaii.gov](mailto:dhs@dhs.hawaii.gov)  
Ryan Yamane  
Director  
Department of Human Services  
1390 Miller Street  
Room 209  
Honolulu, HI 96813

Dear Director Yamane:

America First Legal Foundation (“AFL”) is a national, nonprofit organization. AFL works to promote the rule of law in the United States, prevent executive overreach, ensure due process and equal protection for all Americans, and promote knowledge and understanding of the law and individual rights guaranteed under the Constitution and laws of the United States. AFL’s mission includes promoting government transparency and accountability by gathering official information, analyzing it, and disseminating it through reports, press releases, and/or other media, including social media platforms, all to educate the public.

Pursuant to the **Hawaii Open Records Law**, Haw. Rev. Stat. § 91-1 *et seq.*, We are requesting the following records:

**I. Records Request**

1. All audits from March 2025 through the present showing data leaks or unauthorized disclosure of Medicaid beneficiary data shared with the federal government.
2. All records from March 2025 through the present documenting data leaks or unauthorized disclosures of Medicaid beneficiary information shared with the federal government.
3. All records, including the results of any audit or investigation, showing the sharing of Hawaii state Medicaid beneficiary data with any immigration authority within the state.
4. All records showing that DOGE’s activities from January 2025 to the present interfered with the state’s ability to administer its Medicaid program.
5. All records from January 2025 to the present that show that the state incurred increased uncompensated costs for hospital care in which a treatment or

611 Pennsylvania Ave SE #231 320 South Madison Avenue  
Washington, DC 20003 Monroe, Georgia 30655

service was not paid for by an insurer or patient, yet is still mandated to be provided by EMTALA.

6. All records from January 2025 to the present that show that Medicaid-receiving hospitals in the state have been able to serve fewer patients in need.
7. All records from January 2025 to the present showing that State healthcare providers have faced increased administrative costs and burdens.
8. All records from January 2025 to the present showing that noncitizens and individuals in mixed-status families have deferred primary or preventative healthcare.
9. From January 2025 to the present, all documented deaths in the state of undocumented immigrants and their children have been due to a lack of medical care.
10. From January 2025 to the present, all records showing that the state incurred greater costs and burdens to conduct outreach efforts for enrolling families and children in federally-funded healthcare programs.
11. All records from January 2025 to the present showing that noncitizens were more reluctant to enroll in fully state-funded public health insurance programs.

## **II. Fee Waiver Request**

Per HAR § 2-71-31(d)(2) and HAR § 2-71-32(b), it is required that there is a mandatory fee waiver of the first \$30, and an agency shall waive \$60 of the fees that may be assessed if the agency finds that the waiver of fees would be in the public interest.<sup>1</sup> We request a waiver of all fees, which would be in the public interest because 1) the requested record pertains to the operation or activities of the agency 2) the record(s) are not readily available for the public to view 3) we have the primary intention and the ability to widely disseminate information from the record to the public at large.

## **III. Conclusion**

Haw. Code R. § 2-71-13 provides that records available for public access in their entirety be disclosed within ten business days. If access to the records requested takes longer than expected, please provide information about when records might be expected. If any or all parts of this request are denied, please cite each specific exemption you feel justifies the refusal to release the records and provide notification of the appeal procedures available under the law. If you have any questions about this request or believe further discussions regarding search and processing would facilitate a more efficient production of records, then please contact us at foia@aflegal.org.

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<sup>1</sup> Haw. Rev. Stat. §§ 2-71-31(d)(2), 2-71-32

Thank you in advance for your cooperation.

Sincerely,

/s/ Will Scolinos

America First Legal Foundation

## **DECLARATION OF JUDY MOHR PETERSON**

I, Judy Mohr Peterson, declare as follows:

1. I am a resident of the State of Hawai‘i. I am over the age of 18 and have personal knowledge of all the facts stated herein, except to those matters stated upon information and belief; as to those matters, I believe them to be true. If called as a witness, I could and would testify competently to the matters set forth below.

### **Professional and Agency Background**

2. I serve as the Medicaid Director for the State of Hawai‘i. I have been in this role since July 2015. Prior to that, I served as the Medicaid Director for the Oregon Health Authority in the State of Oregon (2009 - June 2015).

3. As the Medicaid Director, I am responsible for executive-level oversight and administration of State of Hawaii’s Medicaid program.

4. The Department of Human Services is the single state agency responsible for administering the State of Hawai‘i Medicaid program, Med-QUEST, through its Med-QUEST Division. The Med-QUEST provides low-income individuals with medical assistance for comprehensive healthcare coverage and access to affordable, integrated, and high-quality healthcare at no or low cost. Med-QUEST’s coverage includes medical, dental, mental health, substance use disorder treatment, and long-term care. Med-QUEST’s mission is to empower Hawaii’s residents to improve and sustain wellbeing by developing, promoting, and administering innovative and high-quality healthcare programs with aloha.

5. Med-QUEST is one of the largest healthcare purchasers in Hawai‘i as Med-QUEST covers nearly one third of the state’s population. In total, Med-QUEST provides medical assistance to approximately 400,000 people, including 150,000 children, or about half of

Hawaii's (keiki/children), 60,000 seniors and people with disabilities, and 190,000 working-age adults.

6. Med-QUEST is authorized and funded in part through a Medicaid federal-state partnership. Hawai'i administers Med-QUEST pursuant to broad federal requirements as well as the terms of its "plan for medical assistance," also known as a State Plan, approved by the U.S. Centers for Medicare and Medicaid Services (CMS). Med-QUEST receives the federal Medicaid funding contribution, known as "Federal Financial Participation" (FFP), which covers a percentage of Med-QUEST's expenditures on eligible enrollees.

7. Most Med-QUEST enrollees are eligible for coverage paid for by joint federal and state funding. Med-QUEST uses FFP funding to pay for a significant portion of Med-QUEST's medical assistance coverage, while Hawai'i covers the remaining costs. To qualify for FFP funding, among other eligibility requirements, the enrollee must either be a citizen of the United States or have some other qualifying immigration status, for example lawful permanent residency. These individuals qualify for what is referred to as "full scope," federally funded Medicaid.

8. For Med-QUEST applicants who do not have a qualifying immigration status, federal law authorizes the use of federal funding to treat life threatening emergencies. Emergency Medicaid covers a life or limb threatening medical emergency, including labor and delivery for pregnant individuals.

#### **Data Sharing Between Med-QUEST and CMS**

9. Pursuant to federal law, and as a condition of receiving federal Medicaid funding, Hawai'i routinely shares certain categories of personal information regarding Med-QUEST enrollees with the federal government, including CMS.

10. For example, Med-QUEST submits monthly reports to CMS through the Transformed Medicaid Statistical Information System (T-MSIS). These reports include demographic and eligibility information, such as name, address, date of birth, Medicaid ID, Social Security number (if provided), and eligibility status, for every Med-QUEST enrollee, including those receiving emergency-only Medicaid. Hawaii's most recent transfer of data to T-MSIS occurred on June 16, 2025.

11. Hawai'i also routinely provides CMS with data in response to Medicaid supplemental reviews and audits for federal oversight purposes.

12. Med-QUEST relies on CMS to protect the confidentiality and security of the Medicaid data and to follow federal laws and regulations regarding redisclosure of that data, such as HHS's own prohibition on disclosure except as required for the purposes of administering the Medicaid program. Med-QUEST enforces strict state-level confidentiality rules through its administrative rules as required by 42 C.F.R. Part 431, Subpart F. Based on these understandings, Med-QUEST shares information and data with CMS for purposes of receiving FFP. Med-QUEST does so in compliance with the Health Insurance Portability and Accountability Act (HIPAA), the implementing regulations for HIPAA, and privacy regulations such as 42 C.F.R. Part 2, as a part of maintenance and operations of Hawaii's Medicaid program. Med-QUEST takes these data stewardship responsibilities seriously and works to ensure that only the minimum necessary information is shared.

13. Med-QUEST communicates clearly to Medicaid enrollees that their personal information will be kept confidential and secure, and used only to determine eligibility and administer benefits. This is reinforced through enrollment materials and consent forms stating that information is protected under federal and state law, and assurances that all of the

information will be kept private and secure, as required by law; notices on the Med-QUEST website, QUEST member handbook, and paper applications referencing privacy protections under HIPAA and Privacy statements, and public assurances during Medicaid redetermination and renewal outreach efforts, particularly in 2023–2024 during the unwinding of continuous coverage. Enrollees are not advised that their information may be shared with immigration enforcement authorities or for purposes unrelated to Medicaid administration. A true and correct copy of the Member Handbook is attached as Exhibit A.

14. In 2025, Med-QUEST maintained routine communication with CMS through monthly submissions per standard procedures. As of June 16, 2025, Hawaii’s T-MSIS data passed all critical, high-priority, and expenditure-focused quality measures on CMS’s Operations Dashboard.

#### **Harm from Disclosure of Medi-Cal PII Data to DHS**

15. On June 13, 2025, an article published by the Associated Press reporting that CMS had indeed shared confidential Medicaid data with DHS, including the personally identifiable information (PII) of millions of California, Illinois, Washington, and the District of Columbia. The reporting stated that two top advisers to the Secretary of Health and Human Services, Robert F. Kennedy Jr. ordered CMS staff to provide this data to DHS over the objections of those staff members.

16. As far as Med-QUEST is aware, CMS has not disclosed Medicaid PII data for Hawai‘i Medicaid enrollees to date.

17. However, based on my experience, I believe that the unauthorized disclosure of confidential data from other states by CMS to DHS has already harmed the State of Hawai‘i by

creating a significant chilling effect for immigrants and their family members, discouraging them from seeking medically necessary healthcare and Medicaid enrollment.

18. CMS' disclosure will likely result in a significant chilling effect for immigrants and their family members discouraging them from seeking medically necessary healthcare. Since the publishing of the Associated Press article covering the disclosure of Medicaid personal data to DHS, Med-QUEST's outreach staff have met with community advocates and their community outreach partners to reinforce the information about the disclosure and has assured them that no Hawaii data was included to the best of our knowledge at the time. The outreach staff are well aware of the chilling effect this could have on the immigrant communities served by Med-QUEST having experienced numerous requests to terminate legitimate coverage as a result of the introduction of the Public Charge rule several years prior.

19. This chilling effect will result in individuals forgoing benefits for which they are eligible or seeking to disenroll themselves and their families from the Med-QUEST. Some people will also avoid critical preventative care and necessary medical treatment, and in some cases may even avoid emergency medical services, possibly resulting in death or serious injury. This will ultimately unwind years of investment in expanding health coverage and access.

20. The chilling effect from this disclosure will also likely increase the risk of adverse health impacts for people in Hawai'i. By managing chronic conditions (e.g., diabetes, hypertension) early, it can improve health, and prevent expensive hospitalizations, while deferring care can result in late-stage disease detection, unintended pregnancy, adverse health effects during pregnancy and childbirth, overdose, and increased morbidity and mortality for late-stage disease.

21. These adverse health impacts will further strain Hawaii's scarce resources and budget. To the extent their treatment is left uncompensated, the cost of which will ultimately be shifted to the broader healthcare delivery system and the state.

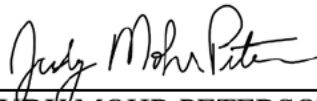
22. These poor health outcomes will also harm the overall health of all residents, by both straining Hawaii's healthcare delivery system as well as increasing the potential risks of the spread of infection and illness.

23. Hospitals are legally obligated to treat patients regardless of their ability to pay for emergency medical care. When individuals receive care at hospitals and cannot pay or refuse to enroll in Medicaid given the chilling effect of federal policies, the uncompensated care costs are pushed onto hospitals already operating on slim margins, potentially impacting service capacity and resulting in budget cuts, staffing reductions, and increased service costs for all individuals receiving care at the facility. This is especially difficult for rural and critical access hospitals that are the sole providers in their communities.

24. Overall, CMS's apparent disclosure undermines the Medicaid program by decreasing the trust of QUEST members and other stakeholders in the integrity of our program and the ability to keep their personal health information protected.

25. In January of this year, Hawaii's Medicaid program received an inquiry from one of the major hospitals asking about Med-QUEST's responsibility to report on immigration status. The inquiry stated "As you may imagine we are getting questions from families regarding their legal status. There is a real fear regarding their personal security with the new administration. I wondered if you could share what [Med-QUEST's] responsibility/stance is in terms of reporting immigration status? If a family member applies for a one time emergent coverage for their child- is the team at [Med-QUEST] required to report? Is there an actual policy that does not mandate

or allow this reporting?” If CMS shared confidential Medicaid data with DHS for the purposes of immigration enforcement, such a disclosure would represent an unprecedented and grave betrayal of public trust. If true, this disclosure has likely already caused significant harm to Hawaii’s ability operate and will cause further irreparable harm if not mitigated and repaired.



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JUDY MOHR PETERSON, PhD.  
Administrator, Med-QUEST Division  
Department of Human Services  
State of Hawai‘i

# EXHIBIT A



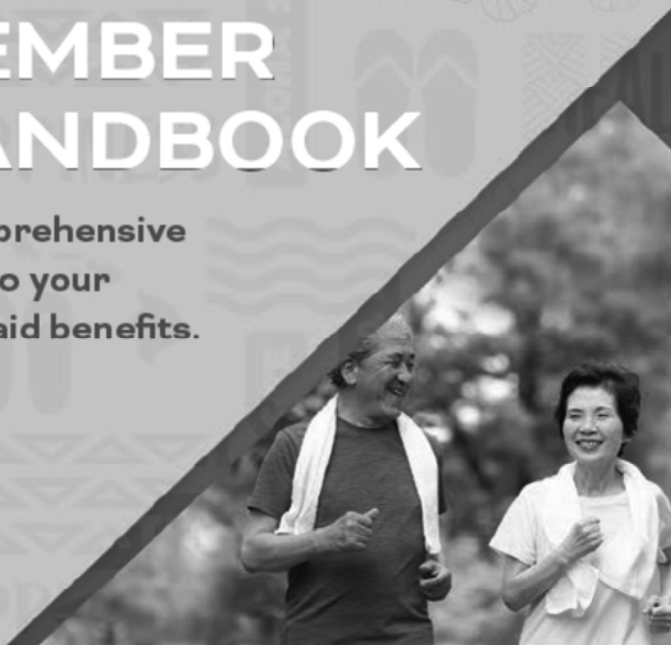
**QUEST**  
Hawai'i

FOR HEALTH FOR  
**WELLNESS**  
FOR YOU



**MEMBER  
HANDBOOK**

A comprehensive  
guide to your  
Medicaid benefits.



<p>Do you need help in another language? We will get you a free interpreter. Call <b>1-800-316-8005</b> to tell us which language you speak. (TTY: 711 or 1-800-603-1201).</p>	<p><b>English</b></p>
<p>Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti <b>1-800-316-8005</b> tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo. (TTY: 711 wenno 1-800-603-1201).</p>	<p><b>Ilocano</b></p>
<p>您需要其它語言嗎？如有需要，請致電 <b>1-800-316-8005</b>，我們會提供免費翻譯服務 (TTY: 711 或1-800-603-1201)。</p>	<p><b>Traditional Chinese</b></p>
<p>다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. 1-800-316-8005 로 전화해서 사용하는 언어를 알려주십시오 (TTY: 711 또는 1-800-603-1201).</p>	<p><b>Korean</b></p>
<p>Bạn có cần giúp đỡ bằng ngôn ngữ khác không ? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi <b>1-800-316-8005</b> nói cho chúng tôi biết bạn dùng ngôn ngữ nào. (TTY: 711 hoặc 1-800-603-1201).</p>	<p><b>Vietnamese Việt Nam</b></p>



**Aloha!**

As a Medicaid member, your health is very important to all of us.

Please read through this booklet to discover ways for you and your family members to make the most of your health coverage.

### **Choose a Health Plan**

If you are eligible for QUEST, you can choose a health plan for you and your family to enjoy a healthier life. The health plans work with your doctor to help you stay healthy and prevent illness.

### **Taking Care of You**

Please choose a health plan that works best for you and your family. We look forward to serving you.

We are in this together for health, for wellness, for you.

Mahalo nui loa,

**Judy Mohr Peterson**  
**Administrator**  
**Med-QUEST Division**  
**Hawaii Department of Human Services**

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## About QUEST

The Med-QUEST Division provides health care benefits to Hawai'i residents who are eligible for Medicaid through QUEST.

With QUEST, all eligible members of your family can choose a health plan that fits their health care needs.

All QUEST health plans offer Medicare plans and many provide extra benefits at no cost. You can choose traditional Medicare or a different Medicare Advantage plan. Using the same health plan for Medicare and Medicaid may help you coordinate services, get more benefits, and lower your drug costs. Visit [medicare.gov](https://www.medicare.gov) to learn about your options.

## Choose Your QUEST Health Plan

### Step 1: Learn About Your Choices

Choosing a health plan is important. You'll receive all your health care services from a single health plan. Your health plan can help you find doctors, hospitals and pharmacies.

When choosing a health plan, it's important to see if you can:

- Keep seeing the doctors you prefer.
- Go to the hospital, health care facility, or pharmacy you prefer.

### Health Care Provider Network

If there's a specific provider you want to see, call the health plan or visit their website to see if your provider is in their network.

Health Plans	Phone/Website
AlohaCare	1-877-973-0712 alohacare.org
HMSA	1-800-440-0640 hmsa.com/QUEST
Kaiser Permanente	1-800-651-2237 kpquest.org
'Ohana Health Plan	1-888-846-4262 ohanahealthplan.com
UnitedHealthcare Community Plan	1-888-980-8728 uhccommunityplan.com/hi

If your current provider doesn't accept QUEST (Medicaid) health insurance, call your health plan to help you find another doctor or provider.

## Step 2: Choose a Health Plan

When you apply for Medicaid, we encourage you to also let us know which health plan you prefer. If we don't know your preference, Med-QUEST will assign you to a health plan right away. You can stay with the health plan that Med-QUEST assigns to you or you may choose a different one.

If you stay with the health plan Med-QUEST has assigned to you, you don't have to do anything.

If you want to choose a different health plan, please tell Med-QUEST which health plan you have chosen within 90 days of the date of your enrollment choice notice. Your new health plan will start on the first day of the following month.

Once the 90-day period ends, you can change your health plan at any time as long as you have been in the health plan you are leaving for at least 12 months.

Your five choices for a QUEST health plan are:

- AlohaCare
- HMSA
- Kaiser Permanente (O'ahu and Maui only)
- 'Ohana Health Plan
- UnitedHealthcare Community Plan

### **Step 3: Submit Your Choice**

You can submit your health plan choice in three different ways:

**1 Call Med-QUEST Customer Service**

1-800-316-8005

The Hawai'i Relay Service 711 is available to hearing impaired, deaf, and speech impaired.

**2 Complete the Choice Form and fax it to:**

1-800-576-5504

**3 Complete the Choice Form and mail it to:**

State of Hawai'i  
Department of Human Services  
Med-QUEST Customer Service  
P.O. Box 700190  
Kapolei, Hawai'i 96709

Make sure to submit the Choice Form enclosed in your enrollment packet by the deadline. Your health plan will start the first day of the next month. For example, if you change plans anytime in May, you'll be enrolled in your new plan on June 1.

## **Health Plan for Your Newborn**

If you're pregnant and enrolled in a QUEST health plan on the date you deliver your child, your newborn will automatically be enrolled in your health plan for a minimum of 30 days from the date of birth.

If you are not enrolled in a QUEST health plan on the date you deliver your child, visit **[www.medquest.hawaii.gov](http://www.medquest.hawaii.gov)** and apply for health coverage for your newborn. Med-QUEST will enroll your newborn in the health plan offered by the same insurer as your commercial health plan, with coverage starting from your child's date of birth. You have the option to change your newborn's health plan after the first 30 days from your child's date of birth.

## **Postpartum Care**

Medicaid is dedicated to strengthening maternal health. Women receive 12 months of continuous postpartum coverage from the date their pregnancy ends. Regular postpartum visits help women recover both physically and mentally.

## **Reapplying for Medicaid**

If your Medicaid eligibility ends for any reason, your QUEST health plan enrollment will also end. You may reapply at any time. If you become eligible within 6 months from when you last had Medicaid benefits, Med-QUEST will assign you to your former health plan.

## **Get Started with Your New Plan**

After you choose a QUEST health plan, your plan will mail a welcome packet to you that includes:

- Membership cards for each family member covered
- Instructions on how to choose a primary care provider (PCP)

### **Receiving care before you receive your health plan membership card**

You'll receive a notice in the mail that tells you about the health plan you're enrolled in. If you need health care services before you receive your health plan membership card, simply show your notice to your doctor or other service provider.

Once you receive your membership card, you can use your card to receive services. Also, be sure to carry your Medicaid ID card, which Med-QUEST will mail to you once you are eligible.



## **Choose a Primary Care Provider (PCP)**

Your health plan will mail a welcome packet to you with forms asking you to choose a PCP. Your PCP will see you for regular checkups or when you're sick. When you need a specialist or other medical services, your PCP will arrange it for you. If you need help finding a PCP or specialist, ask your health plan for help. If you have a Medicare Advantage Plan and already have a PCP, let your health plan know the name of your Medicare PCP.

If you received services before you received the Med-QUEST enrollment notification, tell your PCP or other service provider. Your health plan may cover some of these services.

## Your QUEST Benefits

### Primary & Acute Care Services

Your QUEST benefits cover a broad range of services, including:



For a complete list of benefits, please visit <https://medquest.hawaii.gov/en/members-applicants/quest-integration-coverage.html>

## **Behavioral Health Services**

All of the QUEST health plans cover behavioral health services such as substance abuse treatment programs, ambulatory mental health services and psychiatric or psychological evaluation.



## **Long Term Services & Support**

Long-term services and support for services like adult day care (non-medical care), skilled nursing or private duty nursing, must be applied for and are available based on an evaluation of required level of care.



For a complete list of benefits, please visit <https://medquest.hawaii.gov/en/members-applicants/quest-integration-coverage.html>

## **Disease Management Programs**

If you have or are at risk for certain chronic health conditions, ask your health plan about its disease management programs. These programs can help you:

- Learn about the condition
- Get regular checkups with your PCP and specialists
- Make healthy lifestyle changes
- Improve your condition with a treatment plan

All health plans provide disease management for asthma, heart disease, and diabetes. Some health plans offer other programs for certain medical conditions.

Contact your health plan or call your health plan's nurse line to learn more about its disease management program offerings.

## **Are You Under 21 Years of Age?**

The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program offers the following services to children and young adults under 21:

- Complete medical, mental and behavioral health, and dental care
- Developmental, autism, and lead screening
- Intensive behavioral therapies such as applied behavioral analysis (ABA) services for members with autism spectrum disorder (ASD) diagnosis
- Hearing, vision, and laboratory tests
- Immunizations as well as tuberculosis and skin tests

You'll receive help setting up appointments. Call your health plan for more information.

## After-Hours Care Nurse Line

If you have questions about a medical condition or if you are not sure if you should visit an emergency room or urgent care, call your health plan's after-hours care nurse line for medical advice and guidance. Call 24 hours a day, seven days a week.

Health Plans	Nurse Advice Line
AlohaCare	1-877-225-8839
HMSA	1-800-440-0640
Kaiser Permanente	1-833-833-3333
'Ohana Health Plan	1-800-919-8807
UnitedHealthcare Community Plan	1-888-980-8728

## **Traveling Off Island or Out of State**

If you're visiting a neighbor island or the mainland and need immediate care, your health plan will cover medically necessary emergency services and follow-up care. For non-emergency care on a neighbor island or the mainland, you'll need to get approval first from your health plan. QUEST doesn't pay for health care services in foreign countries.

## **Other Health Insurance**

If you have additional health insurance, please let Med-QUEST know.

## **Contacting Your Health Plan**

Call your health plan if you have:

- Problems with a doctor or other provider
- Problems accessing health care services
- A disagreement about your health plan
- To file a grievance or appeal

## **Member Complaints and Grievances**

Your health plan has a member grievance and appeal process to help address any problems. If you're concerned about your medical care or services, contact your health plan at the numbers on the back of your membership card.

If you're unable to work things out with your health plan, contact the State-Designated Medicaid Ombudsman:

1-888-488-7988 (toll-free)

## Dental Services and Benefits

Call Community Case Management Corp (CCMC) to find a dentist who accepts Medicaid:

O'ahu: 808-792-1070

Neighbor Islands: 1-888-792-1070 (toll-free)

If you're under age 21, you can receive:

- Diagnostic and preventive services once every six months.
- Non-emergency care that includes:
  - Endodontic therapy
  - Oral surgery
  - Periodontic therapy
  - Prosthodontic services
  - Restorations

If you are age 21 or older, you can receive the following dental services:

- Preventive services once every six months
- Diagnostic and radiology services
- Endodontic therapy
- Restorations
- Oral surgery
- Periodontal therapy
- Emergency and palliative treatment

Limited prosthodontic services will be allowed based on medical necessity.

Present your Medicaid ID card to the dentist.

## Partners in Healthcare

Other partners provide additional services:

- **Department of Education**  
**808-305-9712**  
Health education program
- **Department of Health**  
**808-594-0066 (O'ahu)**  
**1-800-235-5477 (Neighbor Islands)**  
ZERO TO THREE Early Intervention program
- **Department of Health**  
**Adult Mental Health Division**  
**808-643-2643**  
Behavioral health services for some adults with serious mental illness or serious and persistent mental illness
- **Department of Health**  
**Child Adolescent Mental Health Division**  
**808-733-9333**  
**1-800-294-5282 (toll-free)**  
Behavioral health services for children under age 21 with serious emotional disturbances
- **Department of Health**  
**Developmental Disabilities Division**  
**808-733-1689**  
Services for members with developmental or intellectual disabilities

## Reporting Changes to Med-QUEST

Report any change in your circumstances to us within 10 days. For example, you may have a change in your income, your health, the size of your household, or home and mailing address. If you don't report changes, it may affect your health plan eligibility. Use our eligibility system to quickly update your information, logon and select **Change of Circumstance**.

### How to Report Changes

There are three ways to report a change of circumstance to your household and check the status of your case.

#### 1 Kauhale On-Line Eligibility Assistance (KOLEA) Portal

It's a convenient and easy way to manage your account, any day at any time. With KOLEA, you can:

- Update your household status
- Submit documents
- Receive paperless correspondence
- Verify your health plan information

To begin, visit **medquest.hawaii.gov** and select **How to Apply**.

#### Already Have an Account

If you applied for Medicaid by creating an online account, select Sign In and enter your Username and Password.

## **Create a New Account**

If you have Medicaid but have not created an online account for yourself, you can do that right now by following these simple steps:

1. Visit **medical.mybenefits.hawaii.gov** and select **Sign Up**.
2. Enter your information and follow the steps to create your account.

Enroll in Paperless Preference to learn quickly about your eligibility for Medicaid.

Call Med-QUEST Customer Service if you need additional help setting up your account.

Remember to keep your Username, Password, and Security Questions in a safe place.

If you forget your Username, click on **Forgot My Username**.

If you forget your password, click on the link **Forgot Your Password**.

## 2 Call Med-QUEST Customer Service

Phone: 1-800-316-8005

The Hawai'i Relay Service 711 is available to hearing impaired, deaf, and speech impaired.

Fax: 1-800-576-5504

Mail: PO Box 3490, Honolulu, HI 96811-3490

## 3 Visit the Med-QUEST Service Center nearest you.

### Hawai'i

East Hawai'i  
1404 Kilauea Avenue  
Hilo, HI 96720

West Hawai'i  
75-5591 Palani Road  
Suite 3004  
Kailua-Kona, HI 96740

### Kaua'i

4473 Pahee Street  
Suite A  
Lihue, HI 96766

### Lāna'i

730 Lanai Avenue  
Lanai City, HI 96763

### Maui

210 Imi Kala Street  
Suite 101  
Wailuku, HI 96793

### Moloka'i

65 Makaena Street  
Suite 110  
Kaunakakai, HI 96748

### O'ahu

Kapolei  
601 Kamokila Blvd  
Suite 415  
Kapolei, HI 96707

Waipahu  
94-275 Mokuola Street  
Suite 301  
Waipahu, HI 96797

Honolulu  
1350 South King Street  
Suite 200  
Honolulu, HI 96814



**If you applied for Medicaid,  
but are not eligible, you may be  
eligible for coverage through the  
Federal Health Insurance  
Marketplace,  
HealthCare.gov**

### **3 Ways to Enroll**

1. Apply **online** at HealthCare.gov
2. Apply over the **phone** by calling:  
1-800-318-2596  
For TTY, call 1-855-889-4325
3. **In-Person:** Meet with a Kōkua to  
complete your application

**For information on how to  
meet with a Kōkua, visit:**

medquest.hawaii.gov/gethelp  
or call 808-692-8151

The Hawai'i Relay Service 711 is  
available to hearing impaired, deaf,  
and speech impaired.



## **NOTICE OF PRIVACY PRACTICES**

Effective: 08/01/2016

THIS NOTICE DESCRIBES HOW MEDICAL AND OTHER PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY**

**THIS NOTICE IS AVAILABLE IN BIGGER PRINT  
UPON REQUEST**

The Department of Human Services (DHS), Med-QUEST Division (MQD) is committed to protecting your confidential information relating to your participation in the DHS medical assistance programs. We refer to this information as "Protected Health Information" (PHI) and "Personal Identifiable Information" (PII), which includes Social Security numbers, income information, and medical information such as a disease or prescribed medication. We are required by law to maintain the privacy of your confidential information, provide this notice to you, obey the terms of (PHI) in this notice, and also notify you if there is a breach of your confidential information. We reserve the right to change the terms of this notice and make the new notice apply to all of your confidential health information that we maintain. If there are changes to the way we access, use or disclose your PHI, we will mail a new notice to you within sixty (60) days of the changes.

If you have questions or would like to report a problem with how we access, use or disclose your PHI, please contact the DHS HIPAA Compliance Manager by phone at (808) 692-8071 or by writing to the address listed at the bottom of this notice.

## YOUR RIGHTS TO PRIVACY

We will not share your PHI without your permission except as described in this notice or required by law. We will not sell your PHI, use or disclose your information for marketing, or use your information for fund raising.

We have procedures and forms to help you access and protect your health information. You can get the forms from any MQD office or on the MQD website at [www.med-quest.us](http://www.med-quest.us). Click the "FORMS" link at the bottom of the left hand column.

You have the right to, at any time to:

- Get a paper copy of this notice. We included a copy of this notice on the Medicaid application and with your Medicaid ID card. You can also see a copy of this notice on our [www.med-quest.us](http://www.med-quest.us) website.
- Use Form 1123 to give MQD permission to disclose your health information to another person. MQD must have your permission to use or disclose psychotherapy notes and for all other uses and disclosures not described in this Notice. If you tell MQD to share your health information, you can change your mind at any time if you tell us in writing.
- Use form DHS 8028 to limit MQD use and/or disclosure of your medical information for treatment, payment, or our operations, or to people who are involved in your health care. MQD does not have to agree to your request and may say "no" if it would affect your care unless you limit disclosure of your information for purposes of payment or health care operations and we are not required by another law to disclose that information.
- Use form DHS 1123 to ask MQD to contact you in a different way, such as by email or fax, at a different mailing address or phone number.
- Look at or get a copy of your health and claims records and other health information. You may be charged a processing and postage fee for this request.
- Use form DHS 8024 to change or add information to your health and claims records. However, MQD will not change the original records. If MQD says "no" to your request, you will be told why in writing.

- Use form DHS 8027 to find out how many times MQD disclosed your health information in the last six years, who it was shared with, and why. This will not include disclosures for purposes of treatment, payment, health care operations, made to you or with your permission, and certain other disclosures such as to law enforcement, correctional facilities, and other national security and intelligence purposes.
- Use form DHS 1121 to choose a person to act as your authorized representative to help you exercise your rights and make choices about your health information, includes helping you with applying for medical assistance.
- Receive notice from MQD if your unsecured confidential information was accessed, used, or disclosed in a manner not permitted by law and violates your right to privacy or security of that information.
- Cancel any authorization by telling us in writing, that you want to cancel an authorization to disclose your confidential information to a third party.

## **OUR USES and DISCLOSURES of PROTECTED HEALTH INFORMATION**

- We may access, use and or share your health information for the reasons listed below only if the disclosure is directly related to how we run the Medicaid program.
- Treatment - to approve or deny your medical treatment. For example, our staff may review the treatment plan from your health care provider to see if the treatment is appropriate.
- Payment - to determine your eligibility for Medicaid coverage or to pay your health plan or health care provider. For example, we may share your health information with federal or state agencies to determine if you are eligible for the Medicaid program, or to your health plan so we can make payment to the health plan.
- Health Care Operations - to run our programs and contact you when necessary. For example, we contract with consultants who review the records of hospitals to determine if they are providing good quality of care.
- Informational Purposes - to give you helpful information about health plan choices, program benefit updates, free medical exams, and consumer protection issues.

## **DISCLOSURES NOT REQUIRING YOUR PERMISSION**

We can disclose your health information as follows only if the disclosure is directly related to how we run the Medicaid program, a court orders us to disclose the information, or other laws require us to disclose the information.

- To other government agencies and/or organizations for you to receive benefits, services or disaster relief.
- To public health agencies for disease control and prevention, problems with medical products or medications, and victims of abuse, neglect or domestic violence.
- To government agencies responsible for oversight of the health care system, including the Medicaid program, the U.S. Department of Health and Human Services, and the Office of Civil Rights.
- In the course of court and administrative proceedings, provided certain protective procedures are followed.
- To law enforcement officials for certain law enforcement purposes such as identifying or locating an individual, a missing person, or a victim of a crime.
- To coroners, medical examiners, and funeral directors who need the information to carry out their duties.
- To organ donation and disease registries for purposes of facilitating organ and tissue donation and transplantation.
- For research purposes under certain limited situations.
- To prevent or lessen a serious threat to the health and safety of a person or the public.
- For national security, intelligence and/or protective services for the President. We may also disclose health information to appropriate military authorities if you are or have been a member of the U.S. armed forces.
- To correctional facility or law enforcement officials to maintain the health, safety and security of the corrections system.
- To other government programs that serve the same or similar populations as Hawaii Medicaid, to help coordinate services and improve program management.

- As necessary to comply with laws relating to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault. If you feel that your privacy rights have been violated, you can file a written complaint with:

DHS HIPAA Compliance Manager  
Office of Civil Rights, DHHS  
P.O. Box 700190  
Kapolei, HI 96709-0190

OR

90 7th Street, Suite 4-100  
San Francisco, CA 94103

We will not retaliate against you for filing a complaint.

## **NOTICE**

### **SECTION 1557 AFFORDABLE CARE ACT (ACA)**

The Department of Human Services (DHS) complies with applicable federal and state\* civil rights laws and does not discriminate, exclude people or treat people differently because of:

- Race
- Disability
- Age
- National Origin
- Color
- Sex/Gender (Expression or Identity)

\*Additional protected groups are covered under Hawaii Revised Statutes.

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

- Qualified sign language interpreters
- Written information on other formats (large print, audio, accessible electronic)

The department also 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 DHS/Med-Quest Division,  
Customer Service at:

O'ahu: 808-524-3370

Neighbor Islands: 1-800-316-8005

The Hawai'i Relay Service 711 is available to hearing impaired,  
deaf, and speech impaired.

If you believe that DHS has discriminated in any way on the  
basis of race, color, national origin, age, disability or sex/gender  
(expression or identify) or any protected group covered by Hawaii  
Revised Statutes, currently or will be added later, may file a  
discrimination complaint at:

State of Hawaii, Department of Human Services  
Personnel Office, Civil Rights Compliance Officer  
P.O. Box 339  
Honolulu, Hawaii 96809-0339

Phone: 808-586-4955 or 711 for relay services

Email: [DHSCivilRightsBox@dhs.hawaii.gov](mailto:DHSCivilRightsBox@dhs.hawaii.gov)

You may file a discrimination complaint in person, mail, fax, or  
email. Discrimination Complaint and Consent/Release forms are  
available at [humanservices.hawaii.gov](http://humanservices.hawaii.gov) in the Civil Rights Corner,  
under Forms.

You may also file a discrimination complaint with the U. S.  
Department of Health and Human Services (USHHS), Office for  
Civil Rights, electronically through the Office of Civil Rights Portal,  
available at [ocrportal.hhs.gov/ocr/smartscreen/main.jsf](http://ocrportal.hhs.gov/ocr/smartscreen/main.jsf), or by  
mail or phone at:

U. S. Department of Health and Human Services Office for Civil  
Rights (OCR)  
200 Independence Avenue, SW, Room 509F, HHH Building  
Washington, DC 20201

Phone: 1-800-368-1019, TDD: 800-537-7697

USHHS Discrimination Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>



QUEST  
Hawai'i

ALOHA STATE

HAPPINESS

HEALTH

HAPPINESS

HEALTH

HEALTH

HAPPINESS

ALOHA STATE

ALOHA STATE

HEALTH

ALOHA STATE

HEALTH

ALOHA STATE

FOR HEALTH FOR  
WELLNESS  
FOR YOU



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

April 22, 2025

Re: Payment Management System (PMS) - Updated payment processing steps

Dear ACF Grant Award Recipients,

As part of the implementation of [Executive Order 14222 - Implementing the President's "Department of Government Efficiency" Cost Efficiency Initiative](#), a new process has been created to enhance transparency and accountability for federal funding.

In accordance with Section 3 of E.O. 14222, PMS introduced a new mandatory field in the payment request screen at the [grant subaccount](#) level on March 17, 2025. This field, limited to 1,000 characters, requires a justification from your organization explaining the purpose of the payment at the subaccount level. You are encouraged to include detailed justifications.

Federal awarding agencies will review these payment request justifications and either approve them or request clarification (more detail) from your organization. If clarification is needed, your organization will receive an email from [defendthespend@hhs.gov](mailto:defendthespend@hhs.gov) to submit a revised justification. This communication will direct you to a website that is hosted on [doge.gov](http://doge.gov). Both [hhs.gov](http://hhs.gov) and [doge.gov](http://doge.gov) are valid U.S. government domains that may be interacted with for award-related matters.

As a result of this change, we have seen that processing times for new payment requests may be different than those experienced previously. We encourage your organization to plan accordingly. Please consider the following to facilitate the expedient processing of your payment requests:

- Increase the “lead time” between your organization’s need and payment request;
- Structure payment requests to include only one awarding agency; minimize the number of grant subaccounts; and group subaccounts to those within the same program area;
- **Provide a strong justification for your payment request to include details such as the program name, time period covered by the payment request, a clear description or summary of approved expenses or activities and, as applicable, the approved budget line categories for expenditures** (e.g., Personnel, Fringe, Supplies, Travel, Contractual, Other);
- Ensure your justifications **do not include** any names or other personally identifiable, sensitive, or proprietary information; and
- Respond promptly and thoroughly to any requests for clarification received from [defendthespend@hhs.gov](mailto:defendthespend@hhs.gov).

Please share this guidance with any staff responsible for submitting payment requests in PMS. Thank you for your efforts to ensure that taxpayer dollars are utilized to support the purposes for which they were awarded.