

What is the Community Care Services (CCS) Member Matters Advisory Committee?

This group is made up of 'Ohana Health Plan Community Care Services members. They meet online and in person at 'Ohana Health Plan, Kapolei office, about two times a year. The group talks with CCS leaders and directors about how the plan runs and how it can better serve its members.



Purpose:

- ✓ To increase communication between CCS and its members.
- ✓ To learn what members think of CCS.
- ✓ To provide better care to CCS members.
- ✓ To learn about barriers that members face in getting care.
- ✓ To come up with ideas for better health education for members.
- ✓ To give advice on how to better run CCS.



What is Expected of You:

- ✓ A willingness to serve
- ✓ The ability to attend one-hour meetings online or in person at 'Ohana Health Plan, Kapolei location.



How Members are Nominated:

Case Managers can nominate members. The nomination form has a set of questions that will determine the member's qualification to participate.



Basic Requirements:

- ✓ Current 'Ohana Health Plan CCS member.
- ✓ At least 18 years old.
- ✓ Interested in joining the group.
- ✓ Excellent communication skills.
- ✓ Good listener.
- ✓ Ability to give feedback in a group setting.



We're here to help! If you have any questions, please contact 'Ohana CCS Member Services toll-free at **1-866-401-7540 (TTY 711)** 24 hours a day, seven days a week.

'Ohana Health Plan Community Care Services Member Matters Advisory Community (CCS MMAC) FAQ's

Q I have a specific topic that I want the CCS MMAC to discuss. Is this the right group to address this topic?

A The CCS MMAC does not focus on one specific issue. It is a group that gives feedback on business topics that are determined by 'Ohana Health Plan leaders.

Q If I applied last year and wasn't selected, may I re-apply this year?

A Case managers are welcome to re-nominate a member. Please use the new nomination form.

Q How are applicants selected?

A Case managers submit an application based on the needed qualifications to serve in the CCS MMAC. These qualifications include the member's condition, their willingness to serve and represent others, their availability to attend most meetings, and their agreement to be identified as a member of the CCS MMAC.

Q When will applicants be notified of their application status?

A All nominated members will be selected and notified within 30 days.

Q When will meetings be held?

A Meetings occur at least twice a year.

‘Ohana Health Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of race, color, national origin, age, disability or sex.

‘Ohana Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

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

‘Ohana Health Plan 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 **1-888-846-4262 (TTY 711)**.

If you believe that ‘Ohana Health Plan has failed to provide these services or discriminated in another way, you can file a grievance with:

‘Ohana Health Plan
Attn: Grievance Department
820 Mililani Street
Suite 200
Honolulu, HI 96813
Toll-free: **1-888-846-4262**
TDD/TTY: **711**
Fax: **1-813-865-6861**

You can file a grievance in person or by mail or fax. If you need help filing a grievance we are available to help you. Call Customer Service toll-free at **1-888-846-4262 (TTY: 711)**.

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

(English) Do you need help in another language? We will get you a free interpreter. Call **1-888-846-4262** (TTY: **711**).

(Cantonese) 您需要其他語言的協助嗎？我們提供您免費的口譯服務。請致電 **1-888-846-4262** (TTY: **711**)。

(Chuukese) En mi mochen emon chon awewe/chon chiaku non pwan ew fos? Sipwe angei emon chon chiaku esapw kame. Kekkeri **1-888-846-4262** (TTY: **711**).

(French) Vous avez besoin d'aide dans une autre langue ? Nous vous trouverons un interprète gratuitement. Appelez le **1-888-846-4262** (TTY: **711**).

(German) Benötigen Sie Hilfe in einer anderen Sprache? Wir stellen Ihnen kostenlos einen Dolmetscher zur Verfügung. Sie erreichen uns unter: **1-888-846-4262** (TTY: **711**).

(Hawaiian) Pono 'oe i ke kōkua ma ka 'ōlelo 'ē a'e? E loa'a iā mākou kahi unuhi 'ōlelo unuhi 'ōlelo. E kelepona iā **1-888-846-4262** (TTY: **711**).

(Ilocano) Masapulmo kadi ti tulong iti sabali a lengguahe? Ipaayandaka iti libre nga interpreter. Umawag iti **1-888-846-4262** (TTY: **711**).

(Japanese) 他の言語でのサポートが必要ですか？通訳を無料でご用意します。 **1-888-846-4262** (TTY: **711**) までお電話ください。

(Korean) 다른 언어로 도움을 받으셔야 합니까? 무료 통역사를 지원해 드립니다. **1-888-846-4262** (TTY: **711**)번으로 연락해 주십시오.

(Mandarin) 您是否需要其他语言的帮助？我们将为您提供免费的翻译服务。请致电 **1-888-846-4262** (TTY: **711**)。

(Marshallese) Kwōj ke aikuj jibañ kin bar juon kajin? Kim naj lewaj juon riukok ejellok wonnen. Kūrlok **1-888-846-4262** (TTY: **711**).

(Samoan) O e manaomia se fesoasoani i se isi gagana? Matou te sueina se faaliliu upu e le tologiina. Vala'au le **1-888-846-4262** (TTY: **711**).

(Spanish) ¿Necesita ayuda en otro idioma? Le conseguiremos un intérprete gratuito. Llame al **1-888-846-4262** (TTY: **711**).

(Tagalog) Kailangan ba ninyo ng tulong sa ibang wika? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa **1-888-846-4262** (TTY: **711**).

(Tongan) 'Oku ke fiema'u tokoni 'i ha toe lea kehe? Te mau 'omi ta'etotongi ha tokotaha fakatonulea. Tā ki he **1-888-846-4262** (TTY: **711**).

(Vietnamese) Quý vị có cần trợ giúp bằng ngôn ngữ khác không? Chúng tôi sẽ cung cấp cho quý vị một phiên dịch viên miễn phí. Hãy gọi đến số **1-888-846-4262** (TTY: **711**).

(Visayan) Nagkinahanglan ka bag tabang gikan sa laing pinulongan? Hatagan ka namo og libreng tighubad. Tawag sa **1-888-846-4262** (TTY: **711**).

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