



# Hawaii Teamsters HMO – FAQ's

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**Q: Who is HMA?**

**A:** Hawaii Mainland Administrators (HMA) is a Third-Party Claims Administrator (TPA) that provides claims administrative services for the Hawaii Teamsters Health and Welfare Trust Fund and helps eligible members get the most from their benefit plan

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**Q: Where is HMA located?**

**A:** HMA is located on the corner of Kapiolani Boulevard and Keeaumoku Street in the Pacific Guardian Tower:

1440 Kapiolani Boulevard, Suite 1020

Honolulu, Hawaii 96814

Office Hours – Monday through Friday from 7:30 a.m.–5:00 p.m.

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**Q: What is a TPA?**

**A:** A TPA is a company that the Board of Trustees hired to handle the many tasks associated with managing a health benefit plan. HMA processes your medical claims, making sure they are handled quickly and accurately. We even have medical professionals on staff who can help coordinate your care if you are in the hospital or are dealing with a chronic health condition. HMA also answers questions from providers and members who can call our Customer Service Department at (808) 951-4641 or toll free at (877) 384-2875.

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**Q: How do I request a new ID card?**

**A.:** You may request for a new ID card by contacting our Customer Service Department at (808) 951-4641 or toll free (877) 384-2875. There is no charge and it will be mailed to you within 3-5 business days.

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**Q: How do I update my Coordination of Benefits (COB)?**

**A:** To update your Coordination of Benefits please call our Customer Service Department at (808) 951-4641 or toll free (877) 384-2875 and provide your other insurance information over the phone to a representative. A COB questionnaire can be mailed to you to complete and return. The COB questionnaire and other forms can also be found in the Forms and Documents tab on HMA's website:

[www.hma-hi.com/Teamsters-HMO](http://www.hma-hi.com/Teamsters-HMO)

*Note:* There is no Coordination of Benefits under the Hawaii Teamsters HMO Plan. This Plan will not pay benefits on a secondary basis.

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**Q: Who can I call for questions regarding my claims, benefits and provider participation?**

**A:** Contact our Customer Service Department at (808) 951-4641 or toll free (877) 384-2875.

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**Q: What is the difference between participating and non-participating providers?**

**A:** A Non-Participating provider is a provider who has not agreed to participate in the plan's network. Claims submitted by a non-participating provider will be paid directly to the covered person. The covered person is responsible for checking benefits, submission of claims and payment for all non-eligible charges including the balance bill. Participating providers have signed a contract to participate in the plan's network and agree to provide the needed healthcare services at the agreed upon fee. Members are encouraged to use participating providers for convenience and to maximize savings.

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**Q: What should I do in case of an emergency?**

**A:** For immediate medical attention or an emergency, please call 911. After your treatment, you may need to contact our Customer Service Department at (808) 951-4641 or toll free (877) 384-2875. Check the back of your ID card for additional information.

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**Q: What is an HMO?**

**A:** A Health Management Organization (HMO) is a closed network of physicians, other health care providers, and hospitals. With an HMO plan, a member must select a Primary Care Physician (PCP). All care you receive must be provided or arranged by your PCP except for emergency care. Your PCP will need to submit a referral for approval before you can see a specialist or other providers.

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**Q: Do I need a referral to see a specialist if I am covered under the HMO plan?**

**A:** Yes, your PCP must submit a referral request to HMA Health Services Department for review and approval prior to services being rendered.

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**Q: Where can I have my elective services and surgeries rendered if I am covered under the HMO plan?**

**A:** All elective services and surgeries must be done at Queens Medical Center or Queens Medical Center West. Children that need x-rays or mothers with high risk pregnancy or need their annual mammograms, these services can be done at Kapiolani Womens and Children Medical Center as this facility specializes in these services.

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**Q: What happens if a specialist is not available on my home island and I am covered under the HMO plan?**

**A:** If you are residing on the neighbor island and there is no specialist available, your PCP must submit a referral request and a travel prior authorization request to HMA for review and approval prior to traveling to Oahu.

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**Q: Am I covered while traveling Out of State?**

**A:** Yes. Prior authorization is required prior to receiving non-emergency services outside the State of Hawaii. Benefit payments will be based on the type of service and provider status. Please contact HMA to find a participating provider near you.

HMA – Toll Free 1-(877)-384-2875

Benefit payments for covered services rendered outside the State of Hawaii shall not exceed 150% of the Hawaii Eligible Charges for the same or comparable services rendered in the State of Hawaii, which means regardless if the provider is participating or non-participating you may be liable for any balance not paid by the Plan. It is important to seek services in the State of Hawaii whenever possible to minimize your out of pocket expenses.

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**Q: How do I get reimbursed for emergency services received in a foreign country?**

**A:** You will be reimbursed at the non-participating benefit level for covered services. You must do the following:

1. Pay for the services up front;
2. Provide copies of the medical records/notes, including your diagnosis (translated into English); and
3. Provide copies of the receipt showing how much you paid (translated into English and converted into US dollars).

\* For assistance with translating your documents into English and currency into U.S. dollars an option available is to visit: [www.oanda.com](http://www.oanda.com) (currency) and [translate.google.com](http://translate.google.com) (documents).

Send your translated receipts and medical records/notes to:

HMA – Claims Department  
P O Box 135005  
Honolulu, HI 96801-5005

Please be sure all items are clear and readable, if not, this may delay your reimbursement. Also, be sure to include a daytime contact number so that HMA can contact you should they have questions or need additional information. Please allow up to 4-6 weeks for processing. *Note:* Submissions received more than one year after the date of service will be denied and no reimbursement will be made.

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