

Med-QUEST Healthcare Advisory Committee

June 22, 2022



Med-QUEST, DHS

Med-QUEST Healthcare Advisory Committee Agenda

- I. Welcome/Call to Order
- II. Introductions/Roll Call
- III. Review of meeting participation guidelines and process
- IV. Med-QUEST Updates
 - a. Outreach contract awards
 - b. Dental services – Update
 - c. Other updates
 - d. Public Comment
- V. State Plan Amendment Presentations and Discussions
 - a. Updates - Presentation on the status of State Plan Amendments previously reviewed by the MHAC.
 - b. Presentation of State Plan Amendments being submitted for CMS approval
 - i. 22-0010 CHIP Matrix
 - ii. 22-0011 Recovery Audit Contractor (RAC) 2022 Procurement
 - iii. 22-0009 Pregnant Woman Extended Coverage (Proxy Payment Methodology)
 - c. Public Comment
- VI. MQD Member Communications:
 - a. Annual Plan Change
 - i. MHAC review of the Health Plan ads
 - b. Public Health Emergency Unwinding
 - c. Public Comment



Med-QUEST Updates

- Outreach contract awards
- Dental services – Update
- Other
- Public Comment



MQD Updates: Restoration of dental benefit for adults

- Basic preventative services like cleanings, x-rays and exams will be covered. Some restorative services like fillings, crowns, the MQD adult population (~266k)
- We are targeting to start services in January 2023.
- To implement the expanded dental benefits, we have a lot of administrative work that has to be completed before we can start, such as getting approval from the federal government and updating our administrative rules.
- State Plan Amendments: MQD submitted draft SPA of expanded benefits to CMS for their informal review and feedback in early June.
- Once we start the benefits, no one will need to take any special action to be able to use them. As with all of QUEST services, the covered dental services will be free.
- We are always looking for more dentists to help serve our community. If you know of any, please do let us or HDS know, and we will reach out.



V. STATE PLAN AMENDMENT PRESENTATIONS AND DISCUSSIONS: UPDATES



State Plan Updates

- **21-0012 Pharmacy and Preventative Services** – **Approved today, 6/22/22**
- **21-0013 Pharmacy and Podiatry Services** – **Once 21-0012 is approved Hawaii will update ABP version.**
- **22-0007 COVID-19 Vaccine (1 year post PHE)** - **Tribal Consultation letter sent to Ke Ola Mamo 06/07/22**
- **22-0001 Yearly Optional State Supplementary Payment** **Approved 04/29/22**
- **22-0004-Consolidated Appropriations Act SPA (title changed to “Routine Costs for Clinical Trials”)** **Approved 05/06/22**
- **22-0005 Consolidated Appropriations Act SPA (title changed to “Routine Costs for Clinical Trials”)** **Once 21-0013 is approved Hawaii will update ABP version.**
- **22-0003 CAMHD-** **Waiting on CMS initial review comments from Hawaii initial SPA submission.**



State Plan Updates

- **22-0012 Restoration of Basic Dental Benefits for Adults** – pre submission draft sent to CMS for review 06/06/22.
- **22-0008 Post Partum extension (12 months- under American Rescue Plan Act)** – Preparing SPA packet for submission to CMS 06/30/22.



V. STATE PLAN AMENDMENT PRESENTATIONS AND DISCUSSIONS: NEW



22-0010 CHIP MATRIX

Background:

- Connected to Annual Report required under Sections 2108(a) and 2108(e) of the Social Security Act, and regulations at 42 CFR §457.750.
- Housekeeping

SPA language:

State Plan Objectives and Goals from the FFY 2021 CARTS Template are added to the CHIP MATRIX template in the CHIP SPA.

1. Reduce the number of uninsured children.
2. Increase the use of preventative care by increasing in 1% of annual well-care visits among adolescents.
3. Related to CHIP and Medicaid Enrollment- Continue information and outreach activities about Medicaid programs, including Title XXI Medicaid expansion.



22-0011 Recovery Audit Contractor (RAC) 2022 Procurement

Background:

Hawaii will be submitting a new state plan amendment to reflect reprocured contract with recovery audit contractors effective 7/1/2022.

SPA language:

The new SPA will include:

- the name of the contractor;
- the contract period (both the starting and ending dates);
- the contingency fee; and
- any exceptions that the state is requesting.



22-0009 Pregnant Woman Proxy Payment Methodology

Background:

The American Rescue Plan 9812 option allows States to extend Medicaid coverage for pregnant women to 12 months. Hawaii is selecting this option by submitting SPA 22-0008 “Post-Partum 1 year under provisions of the American Rescue Plan Act of 2021”.

SPA 22-0009, Pregnant Woman Proxy Payment Methodology, is needed to describe the proxy payment methodology for the extension in order to ensure Hawaii can continue to receive the higher federal Medicaid matching rate for those women who would have been eligible for the higher federal matching percentage if the women had been moved to the “Low Income Adult” group if it were not for the extended postpartum coverage.

SPA language:

New State Plan page to be developed

Supplement 19 to Attachment 2.6 A to describe payment methodology for the 1 year extension



PUBLIC COMMENT



VI. MQD MEMBER COMMUNICATIONS

ANNUAL PLAN CHANGE (APC) ADS



Annual Plan Change member communications:

- Letter
- Newsletter/key information
- Card to update contact info including address, phone and/or cell and email address
- Self-addressed/stamped envelope
- Plan change request
- Brochure with QUEST Health Plan ads



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KEEPING YOU HEALTHY

We focus on preventive care. Take a free online health assessment and use our convenient tools to help you live healthy.

For more information, please call **808-432-5330** or **1-800-651-2237** (toll-free) or **711** (TTY).

kpquest.org



OHANA APC AD



New look, same great coverage



**'OHANA HEALTH
PLAN IS HERE
FOR YOU.**

With the QUEST Integration program, you're covered! You get benefits like primary and urgent care, mental health support, and prescription drugs on top of extra benefits for 'Ohana members like:

-  Over-the-counter savings on the items you need.
-  Specialized disease management programs to suit your needs and conditions.
-  Earn rewards for completing healthy activities with My Health Pays*.
-  We can help members 18 and older take the GED test on us.

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OH22-049 2023 Q1 APC Ohana Decision Booklet Ad

UHC APC AD



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On My Way interactive website to promote independence for young adults transitioning into adulthood

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UnitedHealthcare Community Plan of Hawai'i was awarded Distinctions for Multicultural Health Care and Long-Term Care Services & Support by the NCOA.

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516-CST35153 6/22



MED-QUEST PLANNING FOR PHE UNWINDING

Continuous Medicaid coverage requirement
ending once the Public Health Emergency
Declaration ends

Member Communication



Public Health Emergency & Unwinding

- The ongoing COVID-19 outbreak and implementation of federal policies to address the PHE have **disrupted routine Medicaid, CHIP, and BHP eligibility and enrollment operations.**
- The expiration of the continuous coverage requirement authorized by the Families First Coronavirus Response Act (FFCRA) presents the **single largest health coverage transition event since the first open enrollment period of the Affordable Care Act.**
- As a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under the FFCRA, states have been required to maintain enrollment of nearly all Medicaid enrollees.
 - *Disenrollments only allowed for individuals who move out of state, voluntarily request to cease their Medicaid enrollment or pass away.*
- During the PHE, MQD has processed redeterminations on most existing simple cases using federal and state data sources to validate information.
 - *Where continued eligibility was indicated, those cases will wait to be redetermined a year from when the last successful determination was made.*
 - *Where continued eligibility could not be determined, our system has kept the individuals enrolled in accordance with CMS' continuous coverage requirement. These cases will be evenly spread out for redetermination over the 12-month period of PHE unwinding. Generally, the oldest cases will be redetermined first.*



Renewals and Redeterminations

- **MQD will begin regular eligibility redeterminations the 1st of the month after the PHE declaration ends.**
- **CMS has encouraged states to take 12 months to process all eligibility redeterminations.**
 - *More time for renewal processing to avoid “churn.” Churn happens when someone is found ineligible for a procedural matter (wrong address, failure to provide any needed documentation and then is returned to Medicaid once the documentation needs are met.)*
 - *Spreading the redeterminations across the full year avoids any bulges in eligibility case loads that would then perpetuate every following year that case is active.*
- **If MQD’s system is aware that an individual or family is houseless, those cases will be pushed to the end of the 12 month period to allow for more time to seek and report alternate contact information.**
- **MQD will also delay any newly eligible Medicaid/Medicare “dual” members 6 months out from their Medicare eligibility date.**
 - *This will allow more time for individuals who are becoming Medicare eligible more time to provide information that would demonstrate they are still additionally eligible for Medicaid*

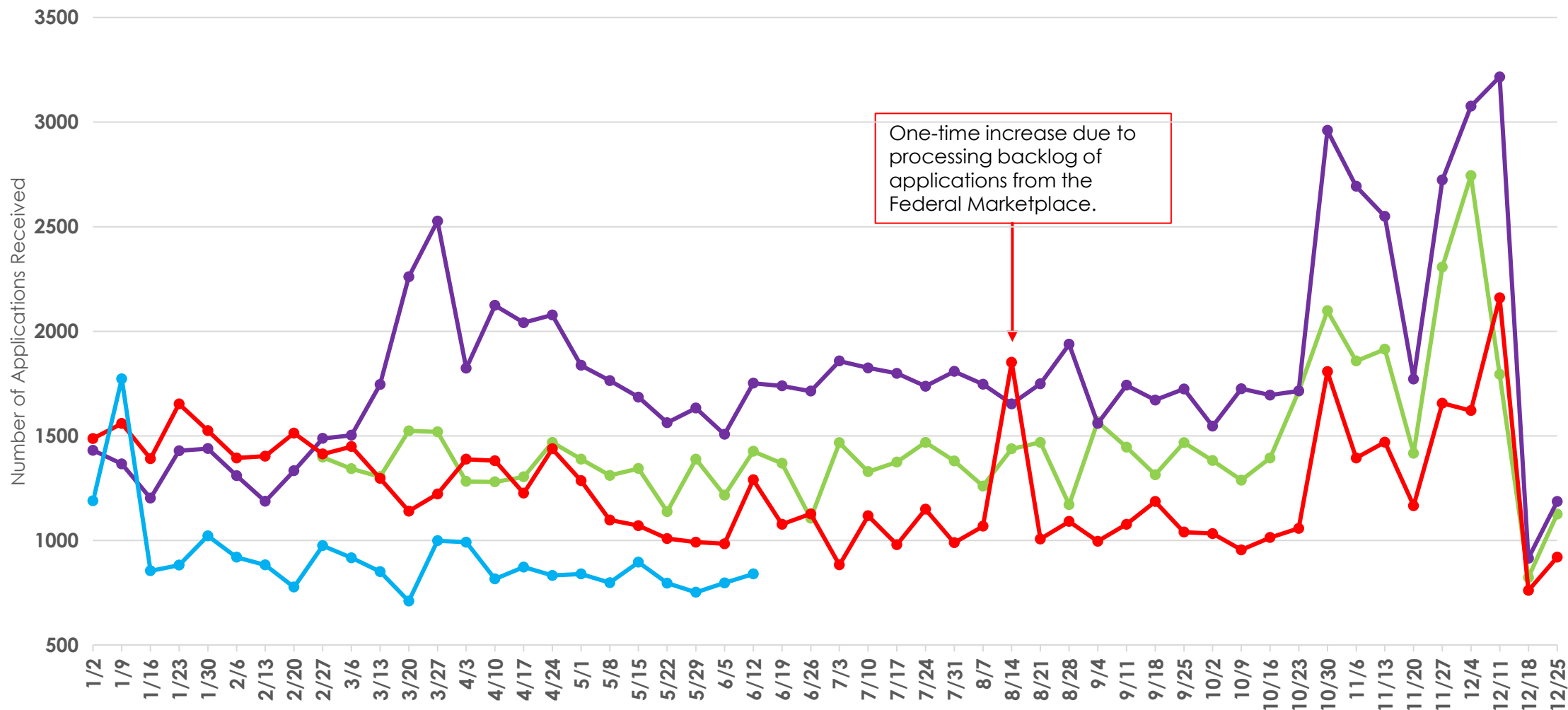


Update Member Contact info – Outreach, partnerships & communication

- Nationally, there is recognition that **contact information, particularly mailing addresses, will be a key factor** embark upon redeterminations for covered individuals who have not had to worry about coverage loss for over two-three years.
- Plan to work with providers, health plans, community partners and other agencies to **help remind Medicaid members that they should update their address with MQD** if they have moved in the past two – three years.
- Key Strategies:
 - Pink Letter Campaign
 - Website information
 - Elected officials' social media platforms and newsletters
 - Agencies/Community Partner social media platforms and newsletters
 - Managed Care Organizations
 - Health Plans will provide MQD a monthly data file of any updated addresses that they have verified from a Medicaid member
 - Health plans will partner with MQD in getting the word out to members to update their addresses and to be on the lookout for and read any pink letters from MQD and to respond to MQD, if necessary, with any requested documents.
 - All returned mail received by MQD will be researched with every possible attempt made to contact the individual prior to terminating their coverage.



Hawai'i Medicaid Applications Received Per week: March 2020 to June 18, 2022 MQD has Received 169,126 Applications



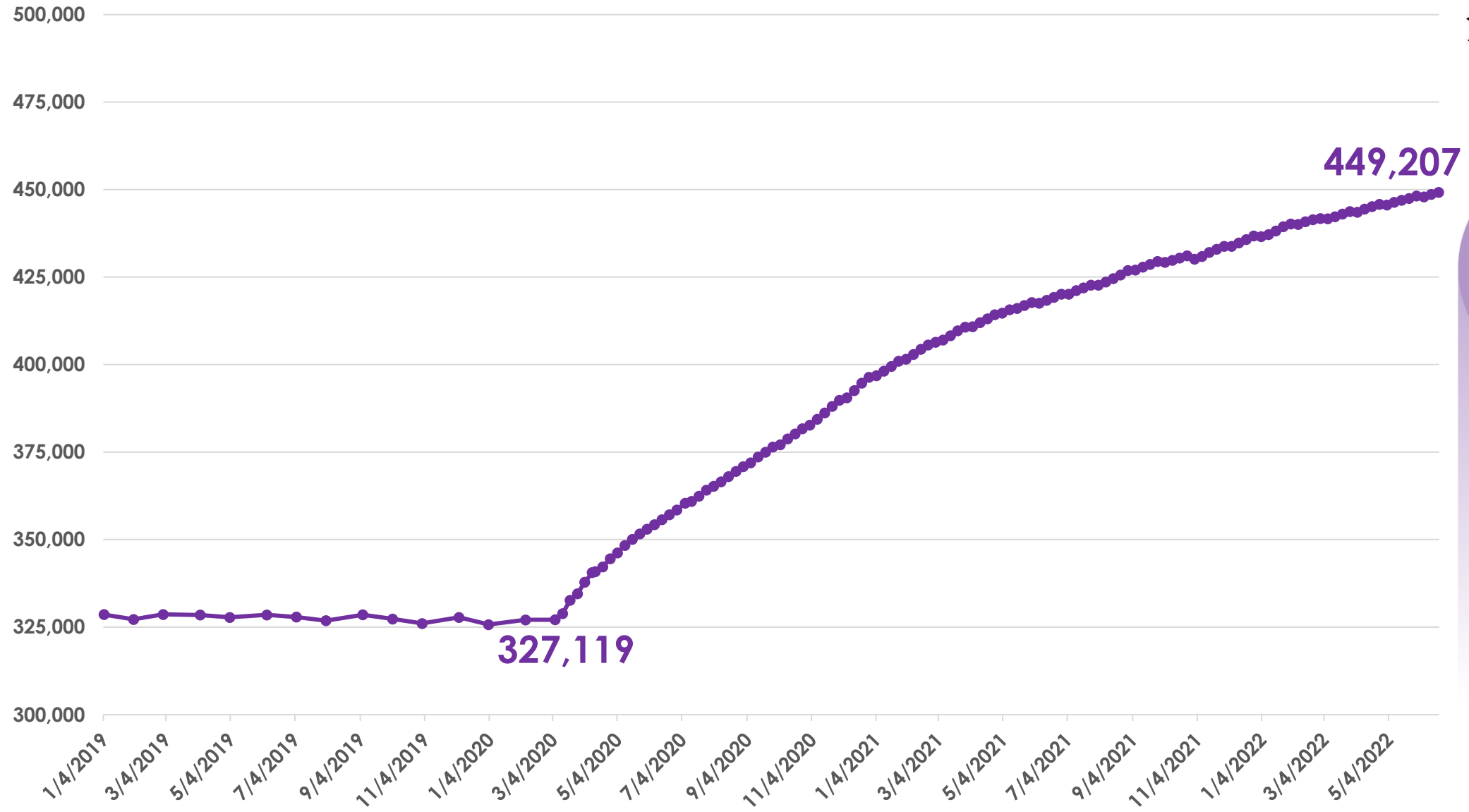
Week Beginning Based on 2022 Date and Corresponding Weeks From Previous Years

—2019 —2020 —2021 —2022

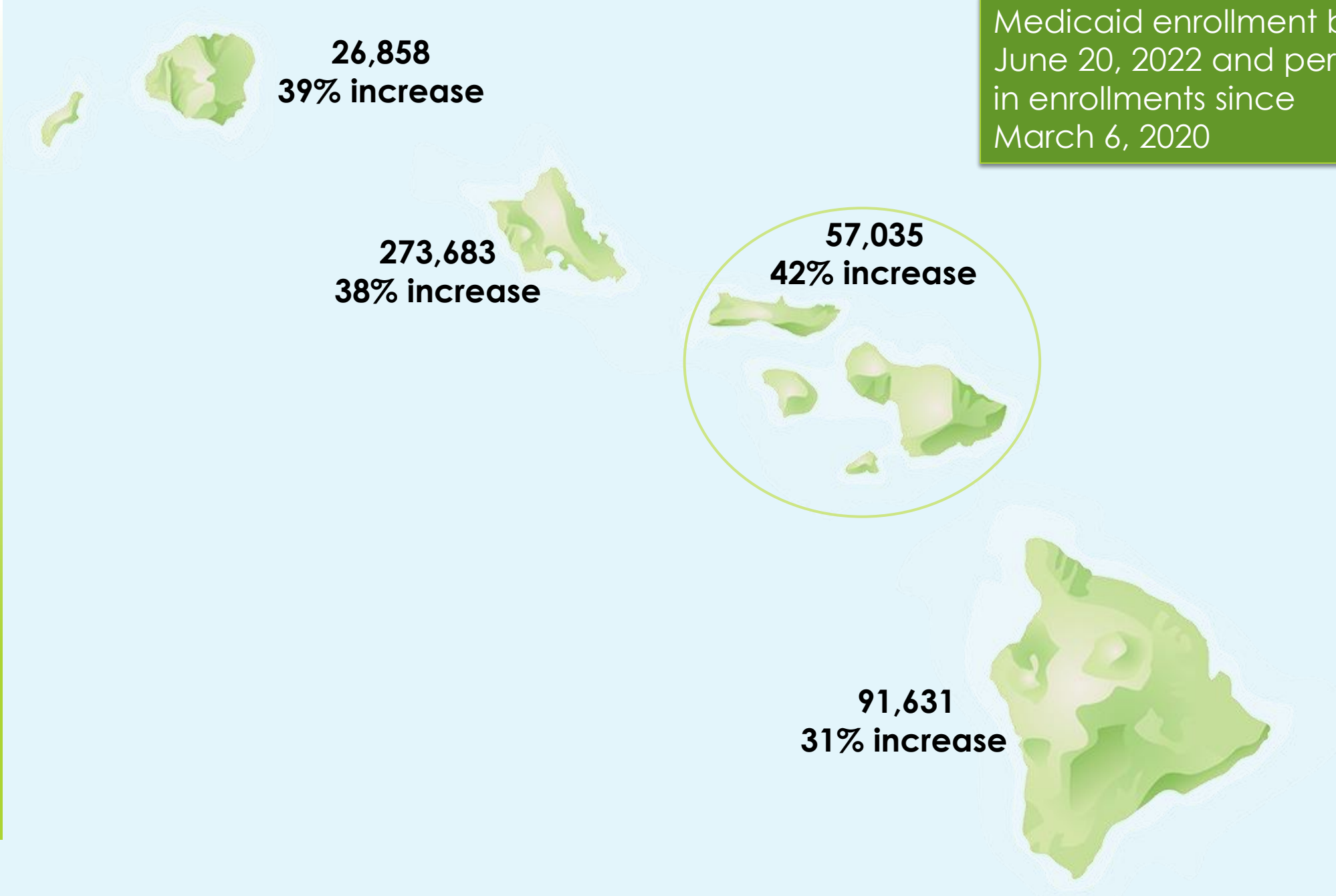
Application increase in Nov-Dec (and in Jan 2022) reflects additional application activity due to the Federal Marketplace open enrollment period.

Hawai'i Medicaid Monthly Enrollment: January 2019 to June 20, 2022

122,088 New Enrollments since 3/6/2020 (37% Increase)



Medicaid enrollment by County on June 20, 2022 and percent increase in enrollments since March 6, 2020





**Medicaid Renewal Letters
coming in pink envelopes!**

Are you covered by Medicaid/Med-QUEST?

Is your mailing address up to date?

Check that Med-QUEST has your current mailing address

**Visit medquest.hawaii.gov
to update your account**

or

Call 1-800-316-8005



Have you heard the news?

Med-QUEST Hawaii

will restart eligibility reviews.



DON'T RISK A GAP IN YOUR MEDICAID COVERAGE.
GET READY TO RENEW NOW.

Following these steps will help determine if you still qualify:



Make sure your contact
information is up to date.



Check your mail
for a letter.



Complete your renewal
form (if you get one).

Have Questions?

Visit

medquest.hawaii.gov

or call

[1-800-316-8005](tel:1-800-316-8005)

for help or to update your contact information today.

DON'T RISK A GAP IN YOUR MEDICAID COVERAGE.
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or call

[1-800-316-8005](tel:1-800-316-8005)

for help or to update your contact information today.

Key Messages

State messaging should focus on encouraging people to get ready to renew their Medicaid or CHIP coverage, and shouldn't focus on why renewal is important right now. It should be simple, direct, and informative:

- 1. Update your contact information** – Make sure [Name of State Medicaid or CHIP program] has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
- 2. Check your mail** – [Name of State Medicaid or CHIP program] will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
- 3. Complete your renewal form (if you get one)** – Fill out the form and return it to [Name of State Medicaid or CHIP program] right away to help avoid a gap in your Medicaid or CHIP coverage.

Other important messages:

- If you no longer qualify for Medicaid or CHIP, you may be able to get health coverage through the Health Insurance Marketplace®. Marketplace plans are:
 - » Affordable. 4 out of 5 enrollees can find plans that cost less than \$10 a month.
 - » Comprehensive. All plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.
- Losing Medicaid or CHIP coverage is a **Qualifying Life Event (QLE)**, which allows you to enroll in a Marketplace plan outside of the Open Enrollment Period.
- Visit **HealthCare.gov** or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to get details about Marketplace coverage.
- If your child no longer qualifies for Medicaid, you may be able to get them health coverage through your state's Children Health Insurance Program (CHIP).
- For more information about Medicaid renewal or CHIP coverage, contact your **state Medicaid office** or visit **Medicaid.gov**.

State Unwinding Strategies: Common Themes

Renewals & Redeterminations

- Renewal processes during the PHE
- Planned distribution & prioritization of renewals for unwinding

Updating Enrollee Contact Information

- Coordination with managed care plans & other partnerships
- Returned mail and beneficiary engagement strategies
- Social media and state systems and operational updates

Workforce Capacity

- Expanding workplace flexibilities to support hiring and retention
- Leveraging vendors and other contractor support
- Systems and policy changes to promote automation

Outreach, Partnerships, & Communication

- Partnerships with providers and community-based organizations
- Messaging
- Targeted communications strategies

PUBLIC COMMENT



A photograph of a lush field of taro plants. The plants feature large, vibrant green, heart-shaped leaves with prominent veins. The leaves are densely packed, creating a thick canopy. In the center of the image, the word "Mahalo!" is written in a large, white, sans-serif font. The background shows more of the same plants, with some dark stems visible. The overall scene is bright and healthy.

Mahalo!