

Med-QUEST Healthcare Advisory Committee

August 20, 2025



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 - Presentation on current Med-QUEST program activities
 - a. Application and Enrollment Update
 - b. H.R.1 Impact Overview
 - c. Managed Care Program Annual Report
 - d. Medicaid Advisory Committee & Beneficiary Advisory Council
 - e. Public Comment
 - f. MHAC Comment
- V. Health Plan Member Communications Presentations
 - a. Hawaii Medical Services Association
 - b. Public Comment
 - c. MHAC Comment
- VI. State Plan Amendment Presentations and Discussions
 - a. State Plan Amendment: Updates - Presentation on the status of State Plan Amendments previously reviewed by the MHAC
 - b. State Plan Amendments: New - Presentation of State Plan Amendments currently being submitted for CMS approval
 - i. SPA 25-0013 Increase in State Supplemental Payments Effective 10/01/25
 - c. State Plan Amendments: Coming Soon – Presentation on upcoming State Plan Amendments
 - d. Public Comment
 - e. MHAC Comment
- VII. Next Meeting: Wednesday, October 15, 2025
- VIII. Adjourn



IV. MQD UPDATES:

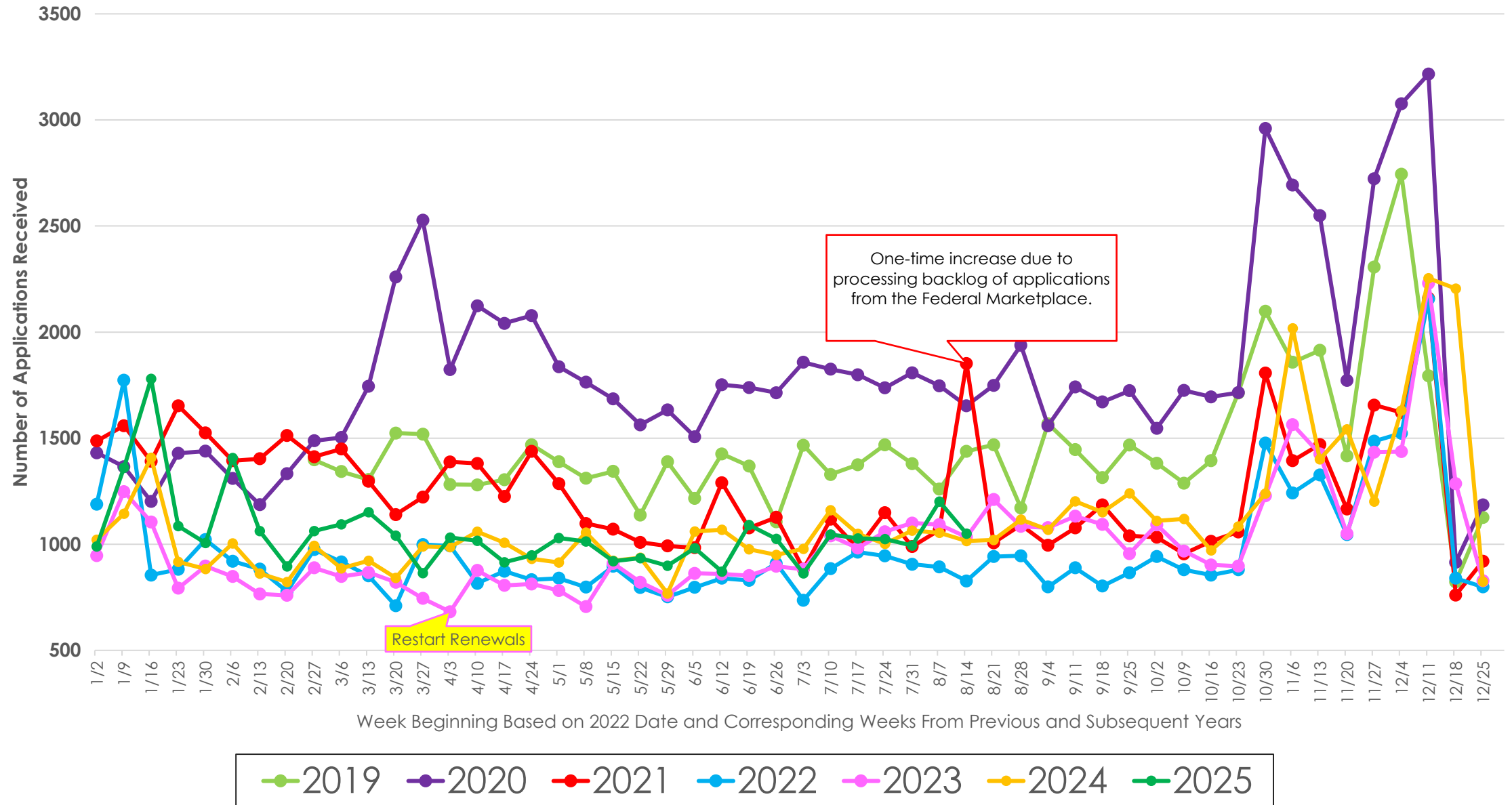


a. APPLICATION AND ENROLLMENT UPDATE

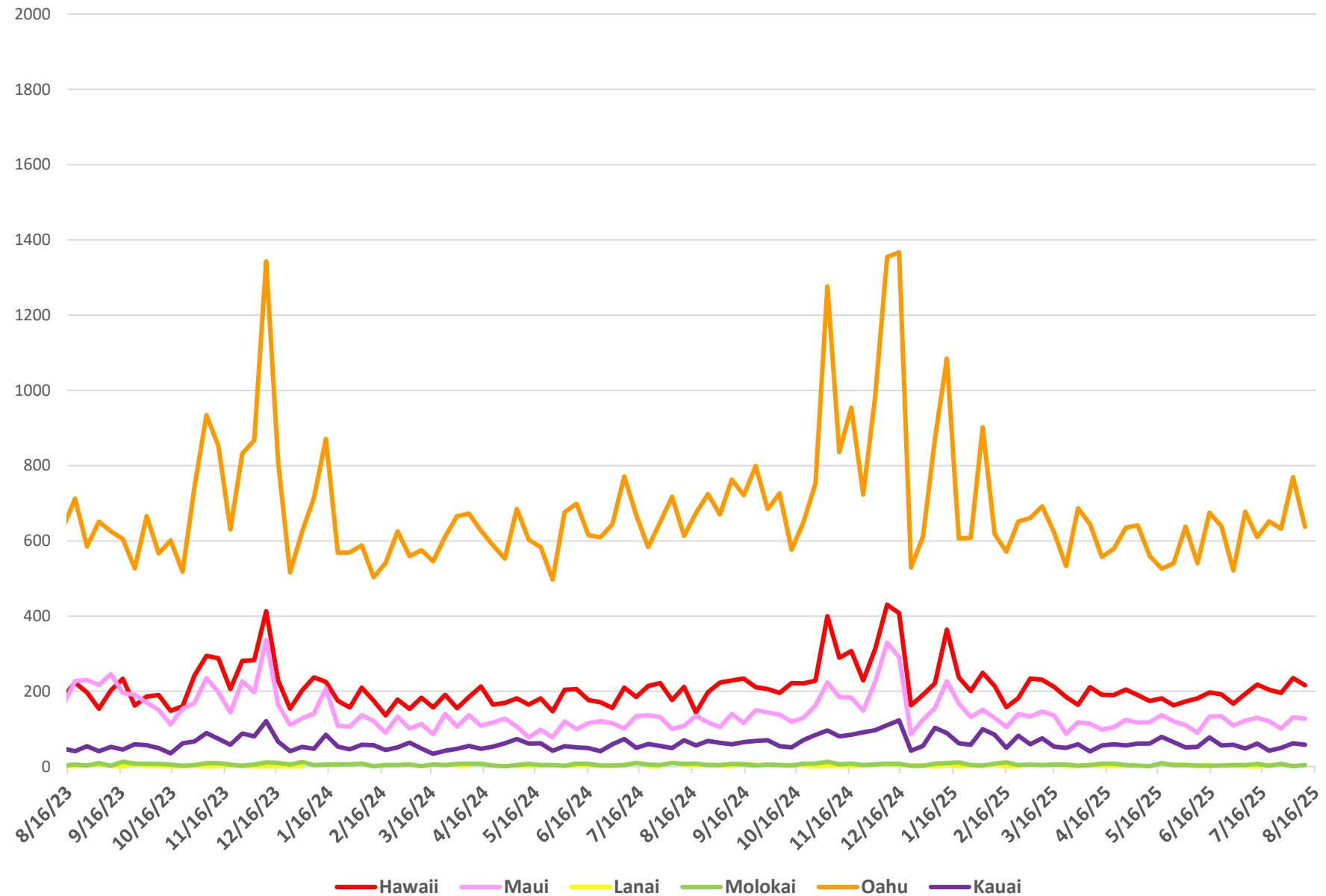


Hawai'i Medicaid Applications Received:

March 2020 to March 2023 MQD Received 209,251 Applications
As of April 2023 - August 16, 2025 MQD has received 133,467 Applications



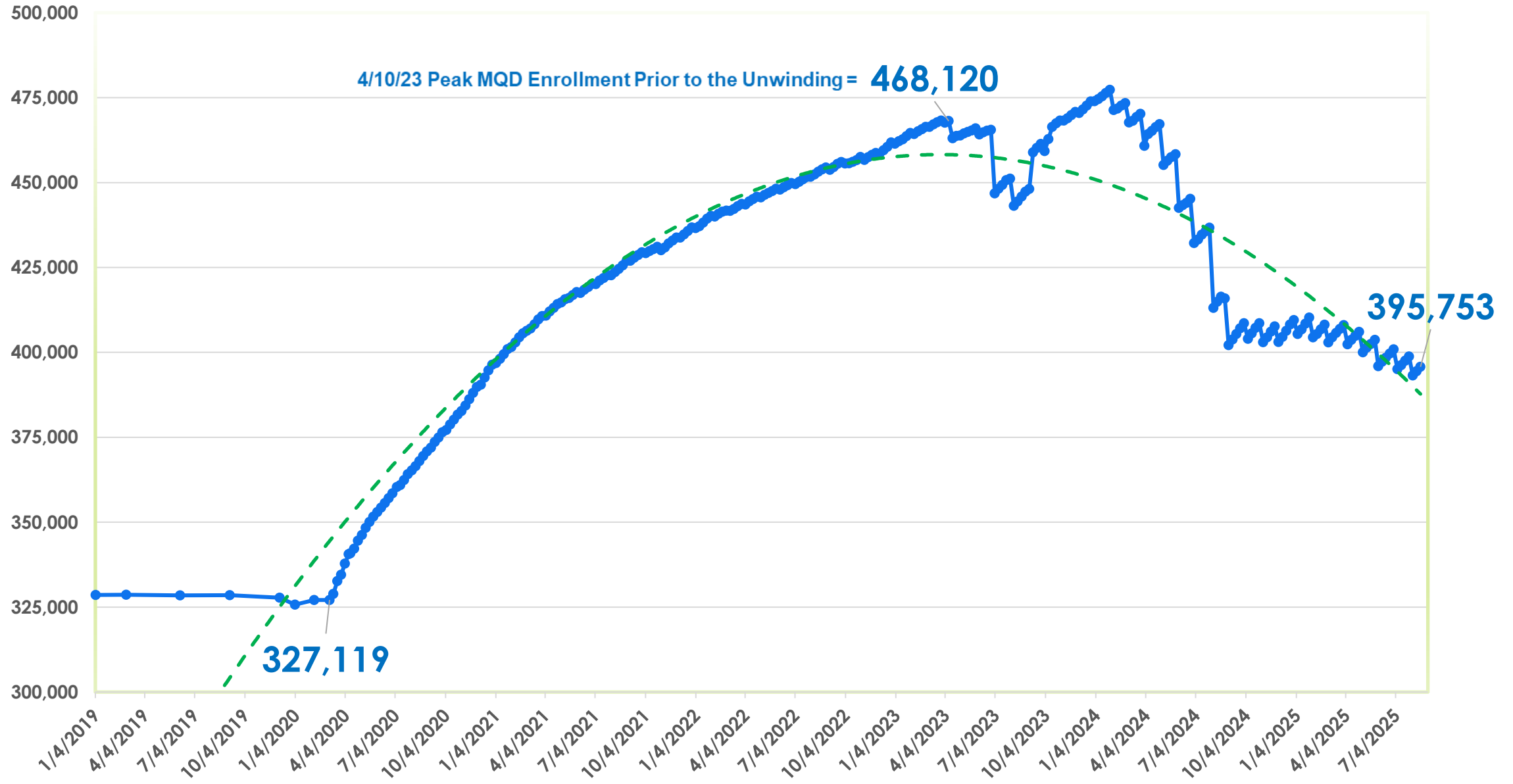
Applications by Island for past 2 years, 8/16/23- 8/16/25



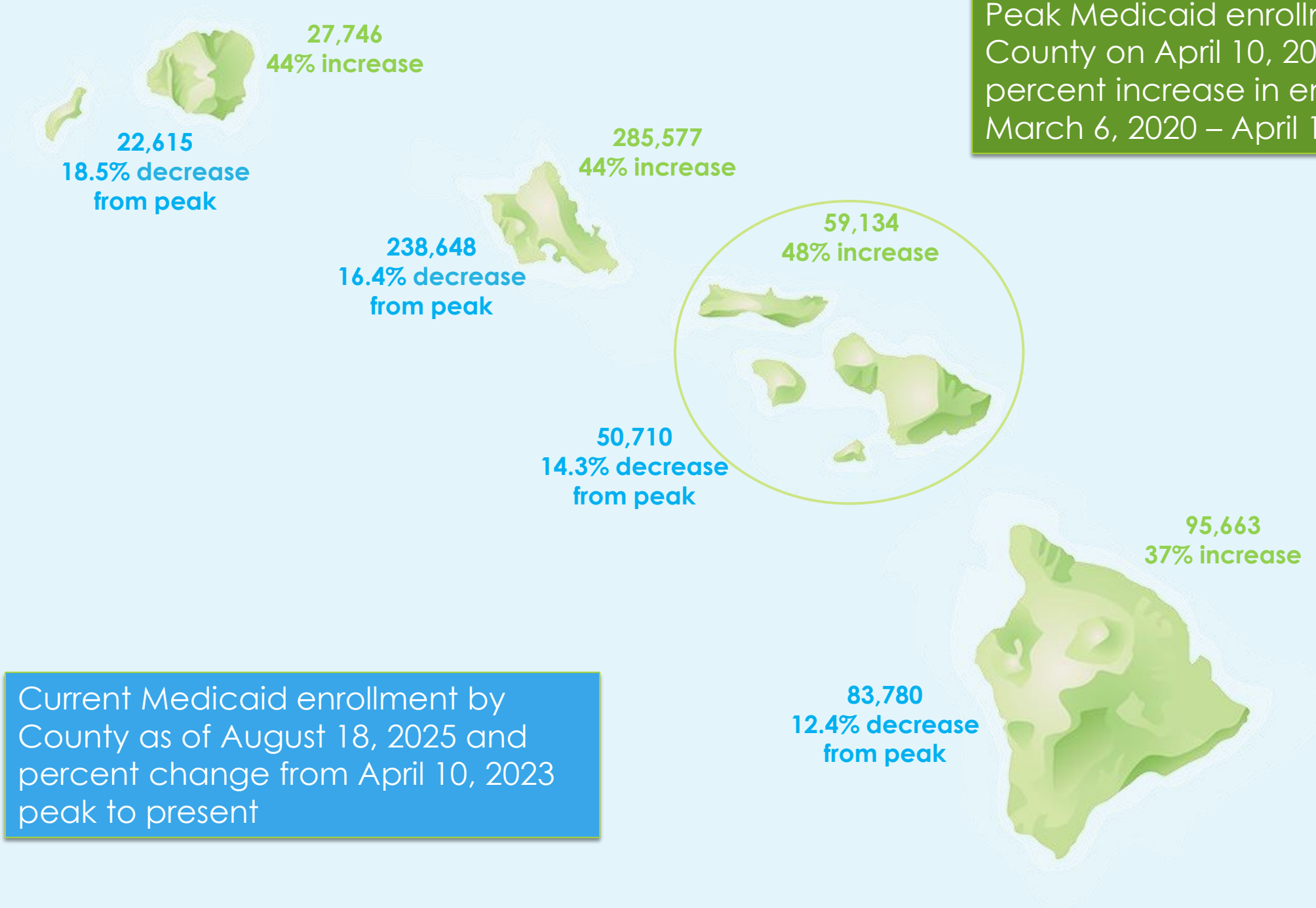
Hawai'i Medicaid Monthly Enrollment and Trend: January 2019 to August 18, 2025

141,001 New Enrollments from 3/6/2020 – 4/10/2023 (43% Increase)

72,367 fewer enrollments from 4/10/23 to 8/18/25 (15.5% decrease from peak enrollment prior to unwinding)



Peak Medicaid enrollment by County on April 10, 2023 and percent increase in enrollments from March 6, 2020 – April 10, 2023

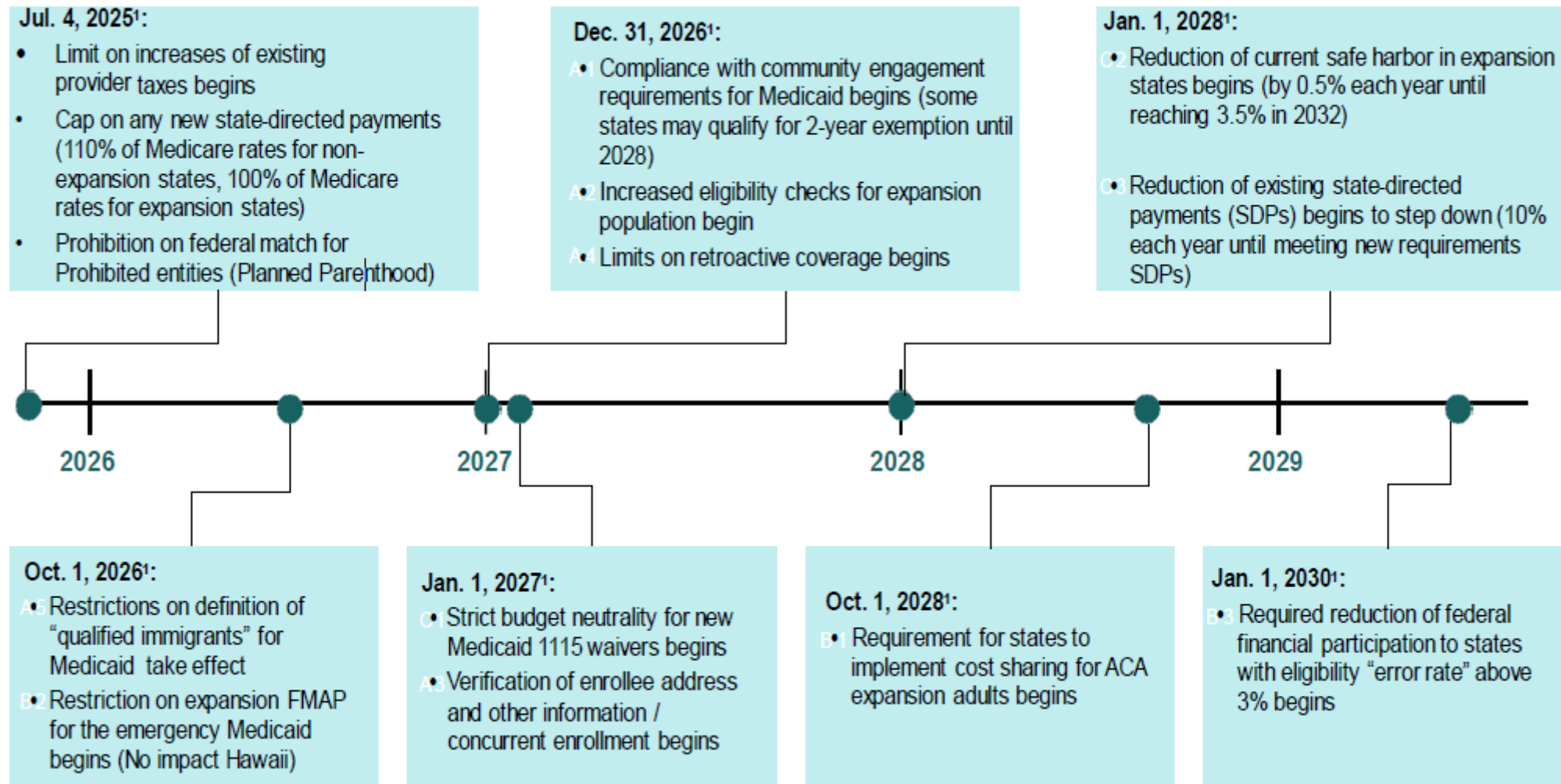


Current Medicaid enrollment by County as of August 18, 2025 and percent change from April 10, 2023 peak to present

b. H.R.1 IMPACT OVERVIEW



Timeline for effective dates of H.R.1's Medicaid policies



Immigrant eligibility – Limitations on who can qualify

- **Current:** A broad range of non-citizens may be eligible for Medicaid, including individuals lawfully present, certain Cuban and Haitian immigrants and Compact of Free Association (COFA) migrants.
- **Change:** Amends the definition of “qualified alien” to **cut** Medicaid eligibility for certain non-citizens **effective 10/1/2026:**
 - Refugees
 - humanitarian parolees
 - asylum grantees
 - certain spouses and children fleeing violence/abuse
 - certain trafficking victims
- **Impact:** We estimate that 1,200 to 2,400 current members will lose coverage under the new definitions of “qualified alien”.
 - Most who lose coverage would be eligible for emergency services only.
 - Some of the individuals may qualify for our state-funded Aged, Blind or Disabled category.

Changes to retroactive coverage:

- **Current law** allows up to 90-day retroactive coverage when individuals have incurred medical costs.
- **Change:** Creates new lower retroactive coverage periods (eff. 1/1/2027):
 - Adult expansion population: one month
 - Other Medicaid and CHIP eligibility categories: two months
- **Impact:** Could lead to increased costs for hospitals as they must see individuals in the emergency room, regardless of insurance status or ability to pay. It also could increase the medical debt of individuals.

Eligibility for Long Term Care - Revised home equity limit

- **Current:** To qualify for long term care, individuals must meet certain asset tests, and have a maximum home equity limit. As of 2025, the home equity limit maximum is \$1,097,000.11, and is inflated annually.
- **Change:** Sets a maximum home equity limit of \$1 million for purposes of determining eligibility for nursing facility services or other long-term care services (eff January 1, 2028)
 - Cannot be waived through asset disregards.
 - The \$1 million limit is not inflated annually
- **Impact:** These changes would differentially harm Aged, Blind and Disabled individuals in locations with high housing costs; make it more difficult to access long term care; and more difficult for individuals to age in their community or to pass their homes onto future generations, which can further exacerbate the housing crisis for families.

BUDGET RECONCILIATION ACT – ACA EXPANSION ADULTS

Budget Reconciliation Act: ACA Expansion Adult population

Expansion adult changes: Increased requirements/mandates for Low Income (ACA Expansion) adults to enroll and maintain coverage:

1. Increasing eligibility renewals to every 6 months from the current annual renewal
2. States are required to establish work/community engagement requirements for ACA Expansion adults **aged 19-64** as a condition of Medicaid eligibility
 - HHS must issue an interim final rule by June 1, 2026. The HHS Secretary can exempt a state from compliance if the state demonstrates a good faith effort. This exemption cannot be extended beyond December 31, 2028.
 - Qualifying activities include employment, education, or community service for 80 hours (month)
3. Cost share (co-pays) requirements for some expansion adults (>100% Federal Poverty Level).
 - Co-pays must be .01 to \$35;
 - Certain emergency, mental health and substance/alcohol use treatments preventive services are excluded
 - Services at certain locations such as Community Health Centers are excluded

Work/community engagement requirements

- **Applicable population:** ACA Expansion adults aged 19-64
- **Mandatory exceptions and optional hardship waivers**
 - **Mandatory exceptions for:**
 - pregnant women and individuals who are entitled to postpartum coverage
 - foster and former foster youth,
 - Indians/Urban Indians, veterans with rated disabilities,
 - medically frail,
 - AUD/SUD treatment,
 - meet work requirements for TANF/SNAP,
 - parents/caregivers of a dependent child ≤ 13 years of age and under, or of an individual with a disability;
 - incarcerated individuals, up to 90 days post-release
 - **Short-term hardship waivers:** States (with HHS Secretary approval) can offer short-term hardship waivers, including a new hardship waiver for individuals receiving out-of-community medical care for serious or complex conditions

Work/community engagement requirements (cont.)

- **Compliance standard:** Individuals meet the requirement by engaging in at least 80 hours per month of qualifying activities:
 - Working, community service or a work program, or at least half-time enrollment in an educational program, or a combination of these activities for 80 hours;
 - Monthly income that is at least 80 times the federal hourly minimum wage; seasonal workers with average monthly income over previous 6 months that is at least 80 times the federal hourly minimum wage)
- **Verification:** States required to verify at application (must meet requirement for at least the preceding month, and no more than 3 preceding months); and ongoing (must meet requirement for at least one month during eligibility window).
- **Ex parte:** States are required to use an automated process (ex parte) to determine: 1) if an individual has met the requirement to demonstrate community engagement; 2) if the individual has met an exception.
- **Outreach & Due Process requirements:** States are required to: conduct advance outreach to members to make them aware of the requirements; establish due process procedures; provide members who are not compliant with 30 days to demonstrate compliance or exempted status; follow typical disenrollment requirements (assess eligibility on other bases, notice, fair hearings).

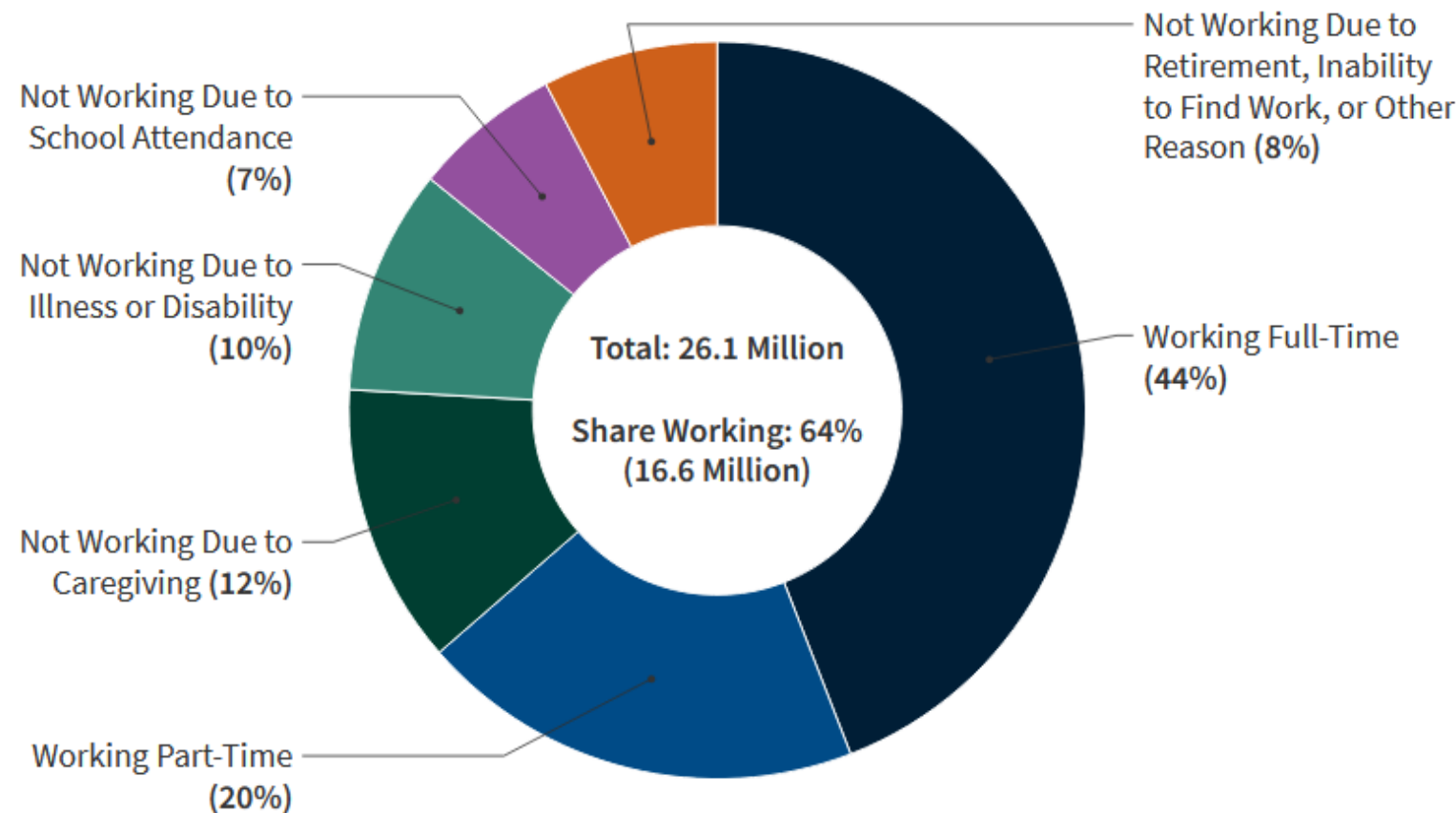
Work/community engagement requirements (cont.)

- **Prohibition on waivers:** A state cannot waive this provision under an 1115 waiver.
- **Interaction with other provisions:** For purposes of Federal Marketplace coverage, an individual will not be eligible for Advanced Premium Tax Credits, since they will be determined to be eligible for minimum essential coverage if they would have been eligible for Medicaid but did not meet the work requirement.
- **Prohibition on conflicts on interest:** States cannot use a managed care organization/health plan or other contractor to determine beneficiary compliance with the community engagement requirement, unless the contractor has no direct or indirect financial relationship with any entity that is contractually responsible for coverage

Work Requirements-Background

Work Status & Barriers to Work Among Medicaid Adults, 2023

Includes Medicaid covered adults (age 19-64) who do not receive benefits from Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and are not also covered by Medicare.



Of working age adults covered through Med-QUEST:
61.5 % Employed
(36% FT and 25.5% PT)

Note: Total may not sum to 100% due to rounding. Working Full-Time is based on total number of hours worked per week (at least 35 hours). Full-time workers may be simultaneously working more than one job.

Source: KFF analysis of the March 2024 Current Population Survey ASEC Supplement • [Get the data](#) • [Download PNG](#)

KFF

Work Requirements-Potential Impact

Per national **guesstimates**, if implementation followed other states' implementation:

20 to 40% or 27,000 to 54,000 of current Med-QUEST members could lose coverage.

Goal is to not have that level of drop-off!!!

The parameters of these work requirements are substantively different than what has been implemented in the few other states that implemented work requirements.

Next Steps: Evaluating resources MQD will need to implement

- Human resources
 - Temporary and permanent staffing increases
 - Contracting for specialized experience
- Significant changes to all areas of Medicaid operations will be required, including to information systems, business processes, training, outreach and communication materials.
 - Eligibility changes and work/community engagement requirements are “stacked” requirements adding exponentially more complexity to an already complex program with very aggressive implementation deadlines
 - New Data Agreements (MOUs) and new data integration/connections will be required
 - New systems to track and verify work, community engagement, exempted populations, and paying of co-pays
 - Hawaii Administrative Rule, Medicaid State Plan, Health Plan Contracts will all need to be revised
 - Mandated expansion of outreach and communication efforts.

Broader questions we are all thinking through together:

- **How will we support the health and wellbeing of Hawaii residents who are no longer eligible for QUEST?**
 - Those who are no longer able to afford the increased premiums on the HealthCare.gov marketplace (1/1/26)
 - Certain Immigrants (10/1/2026)
 - Those who are unable to meet work/engagement requirements (1/1/2027)
 - Those who are receiving/applying for long term care, but who have equity in their home that is valued above the new \$1,000,000 Home Equity cap (1/1/2028)

c. MANAGED CARE PROGRAM ANNUAL REPORT



MCPAR

Managed care program annual report

Agenda:

1. Background
2. Content
3. Process to Complete Report
4. Access
5. Contacts



Report Background

- MCPAR -- Managed Care Program Annual Report
- Authority -- 42 CFR §438.66(e)
- 2 reports each year:
 - **Community Care Services (CCS)** MCPAR – due end of December
 - **QUEST** MCPAR – due end of June
- CMS provides the template (evolving)



Report Background

- **Purpose**

- Improve Medicaid and CHIP managed care monitoring and oversight
- Improve access to services

- **Strategy**

- MCPAR is a tool for both states and CMS to leverage
- MCPAR helps identify areas needing technical assistance
- MCPAR aids CMS in providing support to federal and state access monitoring

[June 2021 CMCS Informational Bulletin](#)

[CIB: Medicaid and CHIP Managed Care Monitoring and Oversight Tools](#)



Report Content

10 Original Subject Areas:

Program
enrollment and
service area
expansions

Financial
performance

Encounter data
reporting

Grievances,
appeals, and state
fair hearings

Availability,
accessibility, and
network adequacy

Delegated entities

Quality and
performance
measures

Sanctions and
corrective action
plans

Beneficiary
support system
(BSS)

Program integrity



Report Content

3 New Additions:

Mental Health Parity
(due Dec 2024)

In Lieu of Services &
Settings (ILOS)
(due Dec 2025)

Outcomes of Resolved
Appeals [3 new Qs]
(due Jun 2025)



Process to Complete Report

- Division-wide report
- Reporters across the division contribute report content
- MQD's Health Analytics Office (HAO) reviews the content
- An MQD report lead maintains timeline to completion
- Content is entered into a CMS portal, and the final report is generated



MCPAR Access

Posted by both state and CMS

CMS: [Public Access to State Submitted MCPARs | Medicaid](#)

State: <https://medquest.hawaii.gov/en/resources/reports/cmsreports.html>



CMS Information on MCPAR

Link: <https://www.medicaid.gov/medicaid/managed-care/guidance/medicaid-and-chip-managed-care-reporting/index.html#>



MCPAR CMS and Hawaii Contacts

CMS Contacts

Resources

- For questions about MDCT access or other technical issues, please email the MDCT Help Desk at mdct_help@cms.hhs.gov.
- For questions about MCPAR content (e.g., how to complete a specific MCPAR field) or state-specific issues, please email the Managed Care TA team at ManagedCareTA@cms.hhs.gov.
- The Medicaid and CHIP Managed Care Reporting site has due dates, frequently asked questions (FAQs), a link to the MCPAR Microsoft® Excel® template, and instructions on accessing MDCT:
<https://www.medicaid.gov/medicaid/managed-care/guidance/medicaid-and-chip-managed-care-reporting/index.html>

Hawaii Contacts

Megan Hironaka:
mhironaka@dhs.hawaii.gov

Priscilla Thode:
pthode@dhs.hawaii.gov



d. Medicaid Advisory Committee & Beneficiary Advisory Council



NOTHING ABOUT US WITHOUT US

- Med-QUEST is dedicated to building programs that reflect the needs of those we serve by:
 - Working with members and community organizations to improve care and outcomes.
 - Listening, learning, and collaborating to guide decisions.
 - Embracing the belief “*nothing about us, without us*” by including those we serve in decisions that impact their care.
- These commitments will continue to guide Med-QUEST as we transition to different advisory council requirements.



BACKGROUND

- The April 2024 CMS Access Final Rule created the Beneficiary Advisory Council (BAC) and established requirements for the Med-QUEST Healthcare Advisory Committee (MHAC) to continue its work as the Medicaid Advisory Committee (MAC).
- The MHAC will transition to be called the MAC.
- The MAC will continue to foster open communication, strengthen collaboration, and support transparency and accountability.
- The BAC will be a new feedback group focused on capturing the member's lived experience.



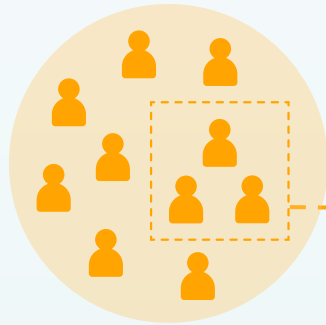
ROLES AND MEMBERSHIP

Beneficiary Advisory Council (BAC)

Is a group for ***people with lived experience*** with Medicaid services.

Members must include:

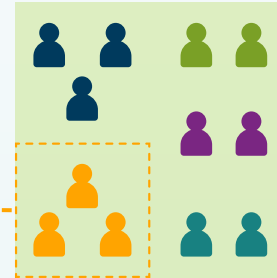
- ✓ Current and/or former Medicaid members
- ✓ Family of members
- ✓ Caregivers of members



Medicaid Advisory Committee (MAC)

Is a group of ***diverse Medicaid stakeholders***. Members must include:

- ✓ BAC members
- ✓ Clinical providers
- ✓ Participating health plans
- ✓ Other state agencies
- ✓ Community-based organizations



TRANSITIONING FROM MHAC TO MAC

	MHAC	MAC
Council Name	• Med-QUEST Healthcare Advisory Committee (MHAC)	• Medicaid Advisory Committee (MAC)
Scope	• Focus on medical care • Health plan marketing • State plan and amendments	• Focus on the entire Medicaid program
Beneficiary Advisory Council (BAC)	• N/A	• A few BAC members are part of the MAC
Representation	• MQD members • Healthcare service providers • Healthcare stakeholders • Department of Health	• BAC members (current/former MQD members, family, caregivers) • Clinical providers • Health plans • Other state agencies • Community-based organizations



TRANSITIONING FROM MHAC TO MAC

	MHAC	MAC
Recruitment Process	• Volunteer members	• Enhanced process with expanded representation
Meetings	• Hybrid	• No change
Public Access	• Meeting notice, agenda, materials, recordings, and bylaws posted on state website • All meetings open to the public with time for comments	• Attendance records and meeting minutes, in addition to current documents, posted on state website • At least 2 meetings per year open to the public with time for comments
Reporting	• N/A	• Annual progress reports beginning in 2026



FOCUS AREAS

- The MAC and BAC will provide feedback to Med-QUEST on program areas

including:



SUMMARY

- The MHAC plays a key role in strengthening Med-QUEST to better serve our community.
- These changes aim to continue to:
 - Build more transparency and accountability.
 - Create better communication between Med-QUEST and those with lived Medicaid experience.
 - Identify challenges and find ways to improve QUEST services.
 - Ensure Med-QUEST programs reflect the needs of our people.
 - Strengthen Med-QUEST oversight and reporting practices.



NEXT STEPS

- The experience, insight, and dedication of MHAC members has been invaluable in shaping decisions and strengthening the Medicaid program. We look forward to continuing this work with you!
- We look forward to gathering your feedback on the MAC bylaws at the next meeting on October 15th.
- Members interested in continuing to support the MAC are encouraged to connect with Alfred Herrera for more information.



e. PUBLIC COMMENT



f. MHAC COMMENT



V. HEALTH PLAN MEMBER COMMUNICATIONS PRESENTATIONS

a. HAWAII MEDICAL SERVICES ASSOCIATION



HMSA's QUEST **Member Communication Strategy**

August 20, 2025



An Independent Licensee of the Blue Cross and Blue Shield Association

Value of Member Voices

"I felt heard and wanted to share that these LTSS Advisory Committee meetings are so essential for members and caregivers to express their concerns and gratitude to all that you do in the community."

Our guiding principles

Purpose: **Together,** we improve the lives of our members and the health of Hawaii. Caring for our families, friends, and neighbors is our privilege.

Vision: A Hawaii where **families and communities** live ever-healthier lives.

Strategy: As a health organization, HMSA will strengthen the free-choice model for Hawaii by improving

Directing: affordability, **quality, and health outcomes** through integration of health care financing and

We've heard you

Updates to hmsa.com

- QUEST landing page includes language translation options for Chinese, Hawaiian, Ilocano, Korean, Tagalog, and Vietnamese.
- Entire site has the option to adjust text size.

Testing ways we can improve more targeted messaging

- E.g. Breast cancer screening campaign.

Our impact

- Meet our members where they are.

Layered Approach

Malama Kidney
CKD Education

Community

- 1:1 (medical & non-medical)

Provider

- 1:1 (medical)

HMSA

- Broad Based
- Inbound
- Outbound

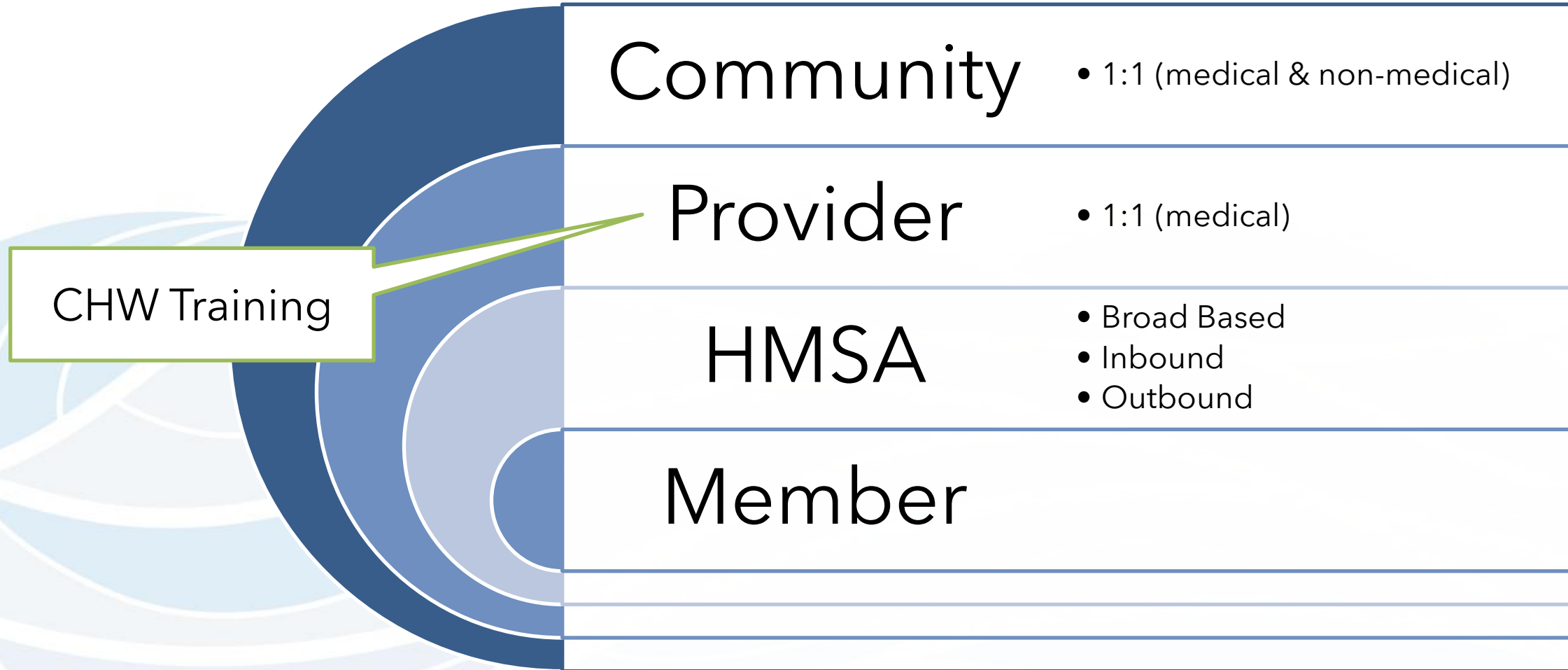
Member

Malama Kidney Collaboration



<https://www.malamakidney.com/patient-education>

Layered Approach



CHW Training

Community

- 1:1 (medical & non-medical)

Provider

- 1:1 (medical)

HMSA

- Broad Based
- Inbound
- Outbound

Member

CHW Collaboration



Partnership with NHPI CHW Alliance and HIPHI CHW Association

3 Module Training:

- Health Insurance 101
- HMSA Programs
- Medicaid, Medicare, DSNP

Medicaid - What is it?

- Medicaid is funded through federal and state government partnership and administered uniquely by each state.
- Hawaii's Medicaid Program is called QUEST.
- It contracts health plans to provide care and coverage of medical and mental services for residents who meet eligibility requirements.
- QUEST is a managed care plan and is led by your PCP. Your PCP will coordinate your care with a team who will help you with all your health care needs.

Quality care.

Universal access.

Who Qualifies for Medicaid?

- ☐ U.S. citizen or qualified alien.
- ☐ With documentation of citizenship and identification.
- ☐ From a country that is part of the Compact of Free Association (COFA). (Returned as of December 31, 2018)
- ☐ Resident of Hawaii.
- ☐ Has a Social Security number.
- ☐ Not a resident of a public institution.
- ☐ Meets income test.
- ☐ Meets asset test (aged, blind, or disabled).

Take the Pre-assessment here:

When to Call HMSA

Question	DHS/Med QUEST	HMSA
What's going on with my QUEST application?	x	
I got a full-time job.		
Do I have to pay for my care?		
Why was my application denied?		
I just got married.		
Does my HMO have a network of providers?		
What services are covered?		
I want to change my plan.		
I need to see a specialist.		

HCS Program Descriptions

Special Health Care Needs	Expanded Health Care Needs	Long-term Support Services	Community Integration Services	Going Home Plus
• Care assessment and support, health education, resource support. • Chronic conditions and health needs: - Physical - Behavioral - Developmental - Emotional	• Support for members with complex health and social needs or those at risk to develop complex health needs. • Often those with frequent, preventable emergency department visits. • Provides similar service as Special Health Care Needs (SCHN).	• Services for members in an intermediate care facility or residential facility receiving nursing facility level of care. • At risk of institutionalization due to worsening level of care.	• For unsheltered members or members with housing insecurity. • Prepares and supports individuals to be successful tenants in independent living housing.	• Eligible institutionalized members with at least 90 days of federal medical assistance eligibility. • Community Integration Services (CIS)-eligible members institutionalized for at least 60 days. • Services and relocation assistance.

55

Layered Approach

Breast Cancer
Screening Campaign
PAPPS Program

Community

- 1:1 (medical & non-medical)

Provider

- 1:1 (medical)

HMSA

- Broad Based
- Inbound
- Outbound Programs

Member

Breast Cancer Screening Campaign

Pacific Islander Language Disparities

Goal:

- Assess how many members closed gap.
- Apply lessons learned on new opportunities.



Pregnancy and Postpartum Support Program (PAPPS)

“Looking back, I can’t put into words how helpful Brandy was. I don’t know if she would have made it through without her.”

Mahalo!
Questions?

b. PUBLIC COMMENT



c. MHAC COMMENT



VI. STATE PLAN AMENDMENT (SPA) PRESENTATIONS AND DISCUSSIONS



**a. STATE PLAN AMENDMENT: UPDATES -
PRESENTATION ON THE STATUS OF STATE PLAN
AMENDMENTS PREVIOUSLY REVIEWED BY THE
MHAC**



State Plan Updates

- SPA 24-0008 Third Party Liability Assurances- Approved 07/09/25 Effective 01/01/24
- SPA 24-0002 Diabetes Prevention Program- Approved 07/07/25 Effective 07/01/24
- SPA 25-0006 Nursing Facility edits age 21 and over alignment- Approved 08/07/25 Effective 05/01/25.
- SPA 25-0009 Dental Services -Approved 08/12/25 Effective 04/01/25.
- SPA 25-0009 Medical Supplies and Home Pharmacy alignment -Under CMS review
- SPA 23-0007 Medicaid Application-In RAI



State Plan Updates

- **SPA 25-0010 Medication Assisted Treatment (MAT)**- Hawaii met with CMS on 06/16/25 and after further discussion has decided to place SPA submission on HOLD.
- **SPA 25-0007 Medical Care Advisory Committees (MCAC) Requirements** –CMS reviewing internally if Hawaii needs to submit a SPA.



**b. STATE PLAN AMENDMENT PRESENTATIONS AND
DISCUSSIONS: NEW - PRESENTATION OF STATE
PLAN AMENDMENTS CURRENTLY BEING SUBMITTED
FOR CMS APPROVAL**



SPA 25-0013 Increase in State Supplemental Payment

Background:

On May 14, 2025 Hawaii Governor Dr. Josh Green signed ACT 045 into law increasing the State Supplement Payment by \$45.00.

Optional State Supplement Beneficiaries Reviewable Unit:

For individuals living in Domiciliary Care Homes Type I
Individual \$829

For individuals living in Domiciliary Care Homes Type II
Individual \$937

Submission to CMS- prior to September 30, 2025

Proposed Effective Date October 1, 2025



C. STATE PLAN AMENDMENT: Coming Soon

- SPA 25-0012 Clinic Benefits



d. PUBLIC COMMENT



e. MHAC COMMENT



VII. Next Meeting: October 15, 2025

VIII. ADJOURN



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 background, some dark, vertical stalks are visible. The word "Mahalo!" is written in a large, white, sans-serif font across the middle of the image.

Mahalo!