Med-QUEST Healthcare Advisory Committee
Wednesday, November 17, 2021

State of Hawai‘i
Department of Human Services, Med-QUEST Division

AGENDA

I. Welcome/Call to Order

II. Introductions

III. Review of meeting participation guidelines and process

IV. Med-QUEST Program Activities Updates – Presentations on the latest Med-QUEST activities. Topics include:

   a. Med-QUEST Annual Plan Change and Federal Marketplace Open Enrollment

   b. Extension of the Public Health Emergency

   c. Med-QUEST Program Budget Requests for Fiscal Year 2023

   d. Medicaid Innovation Collaborative

   e. Public Comment

V. State Plan Amendment Presentations and Discussions

   a. State Plan Amendment Status Reports - Presentation on the status of State Plan Amendments previously reviewed by the MHAC.

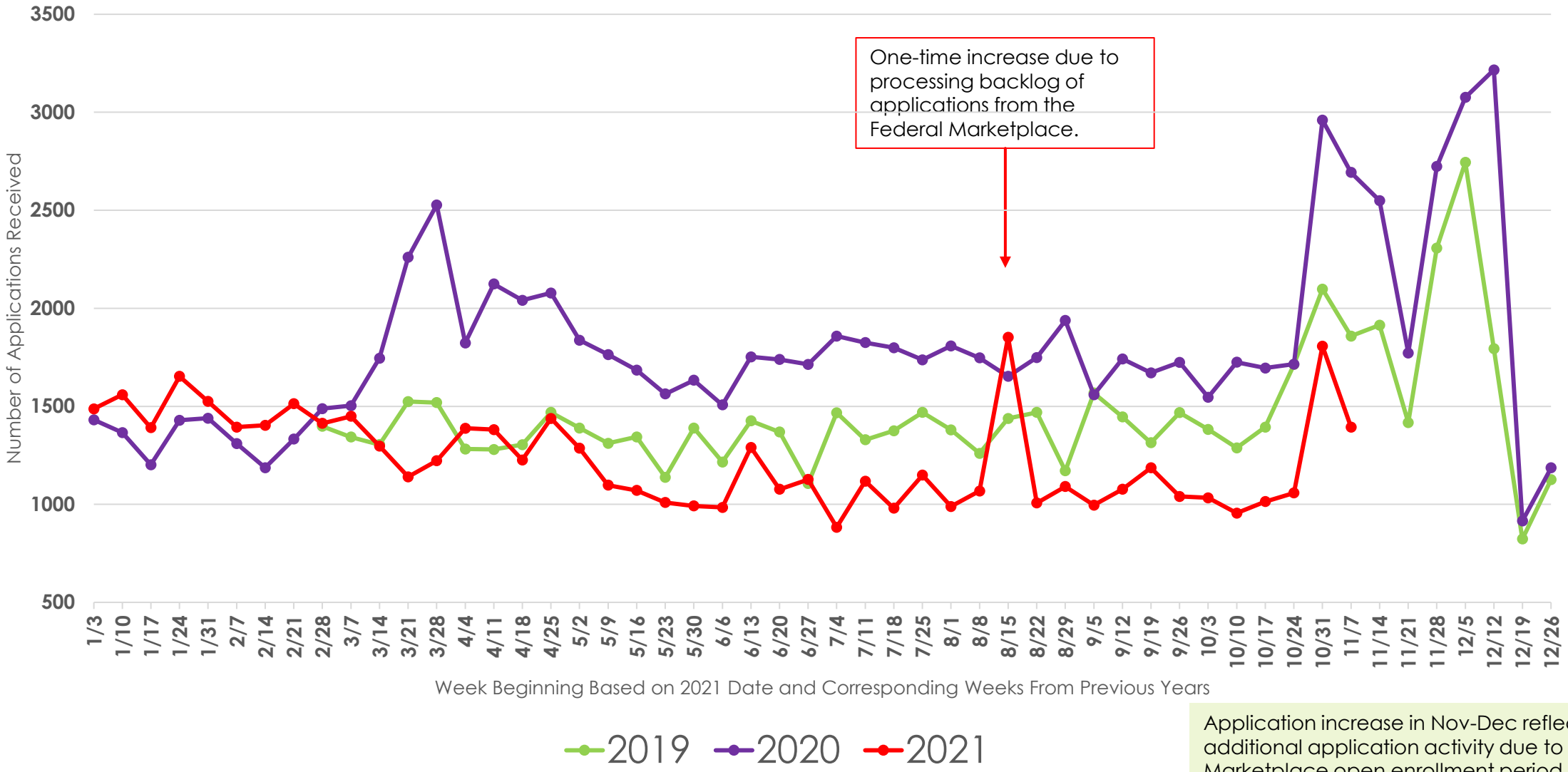
   b. SPA 21-016 Non-Emergency Transportation – This amendment updates the Non-Emergency Transportation sections of the state plan to align with changes to 42 CFR § 438.

   c. Public Comment

VI. Adjourn

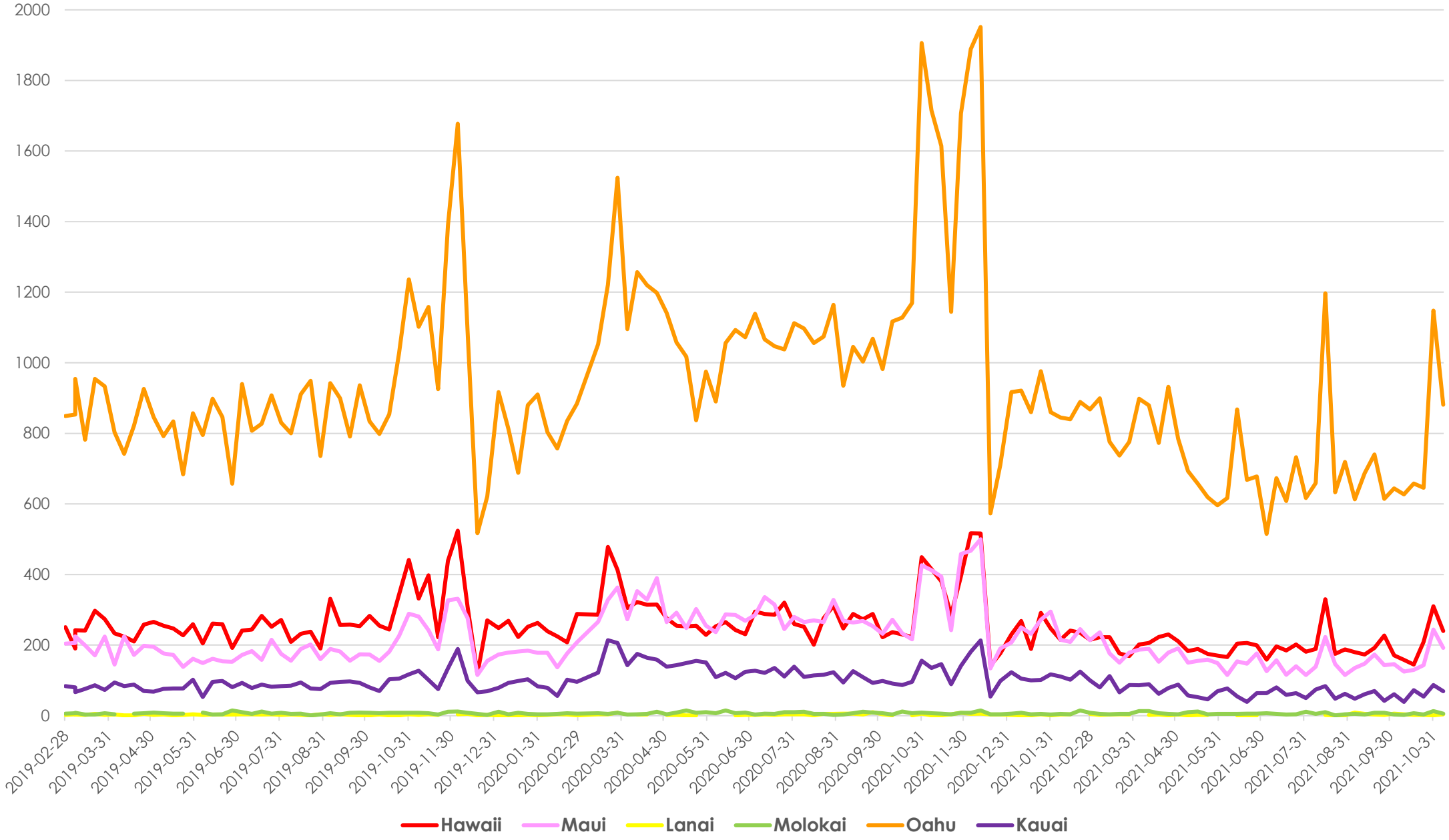
IV. Med-QUEST Program Activities Updates

Hawai‘i Medicaid Applications Received Per week: March 2020 to present MQD has Received 137,386 Applications

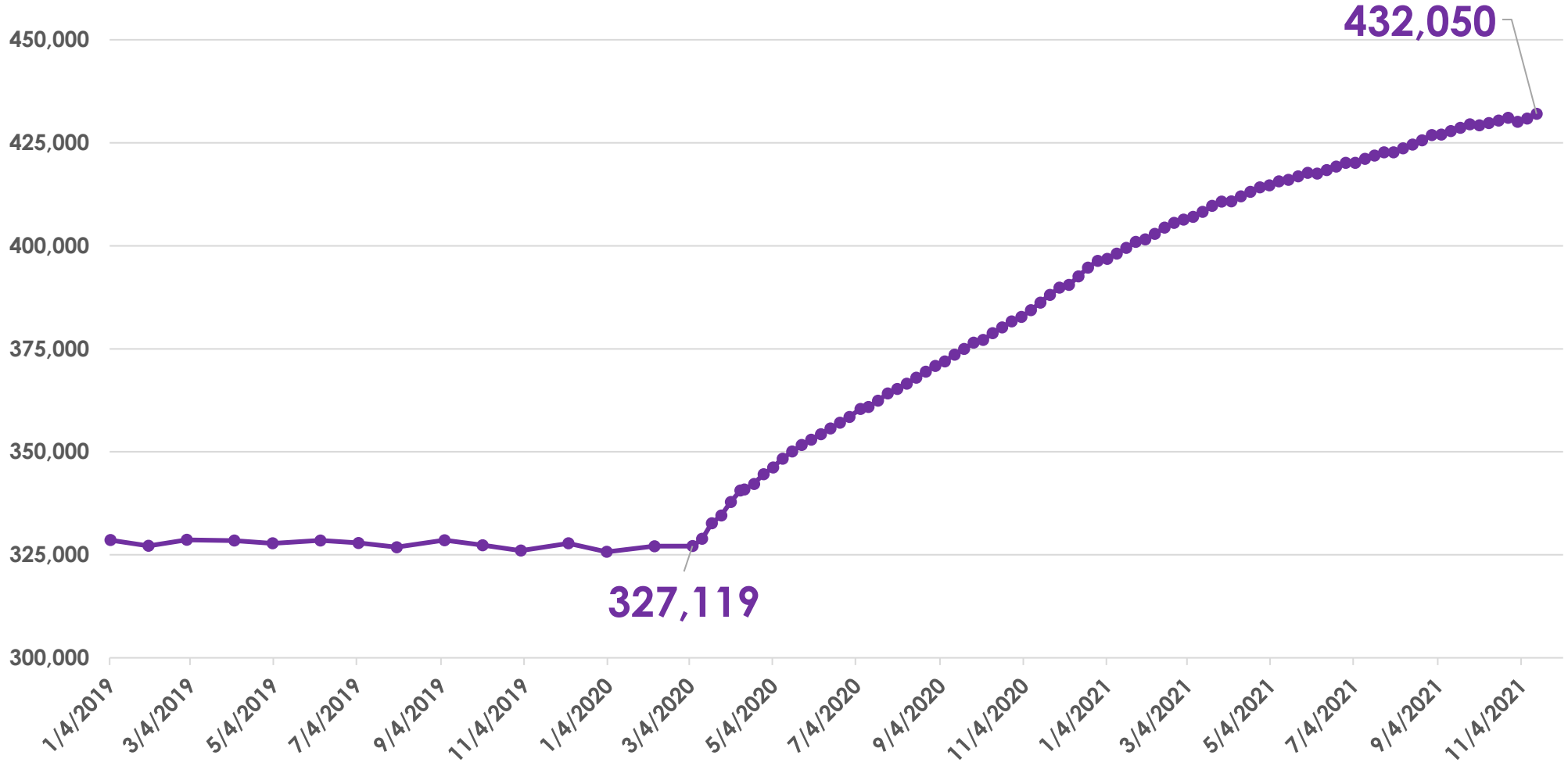


Application increase in Nov-Dec reflects additional application activity due to the Federal Marketplace open enrollment period.

Applications by Island from March 2019 through November 15, 2021

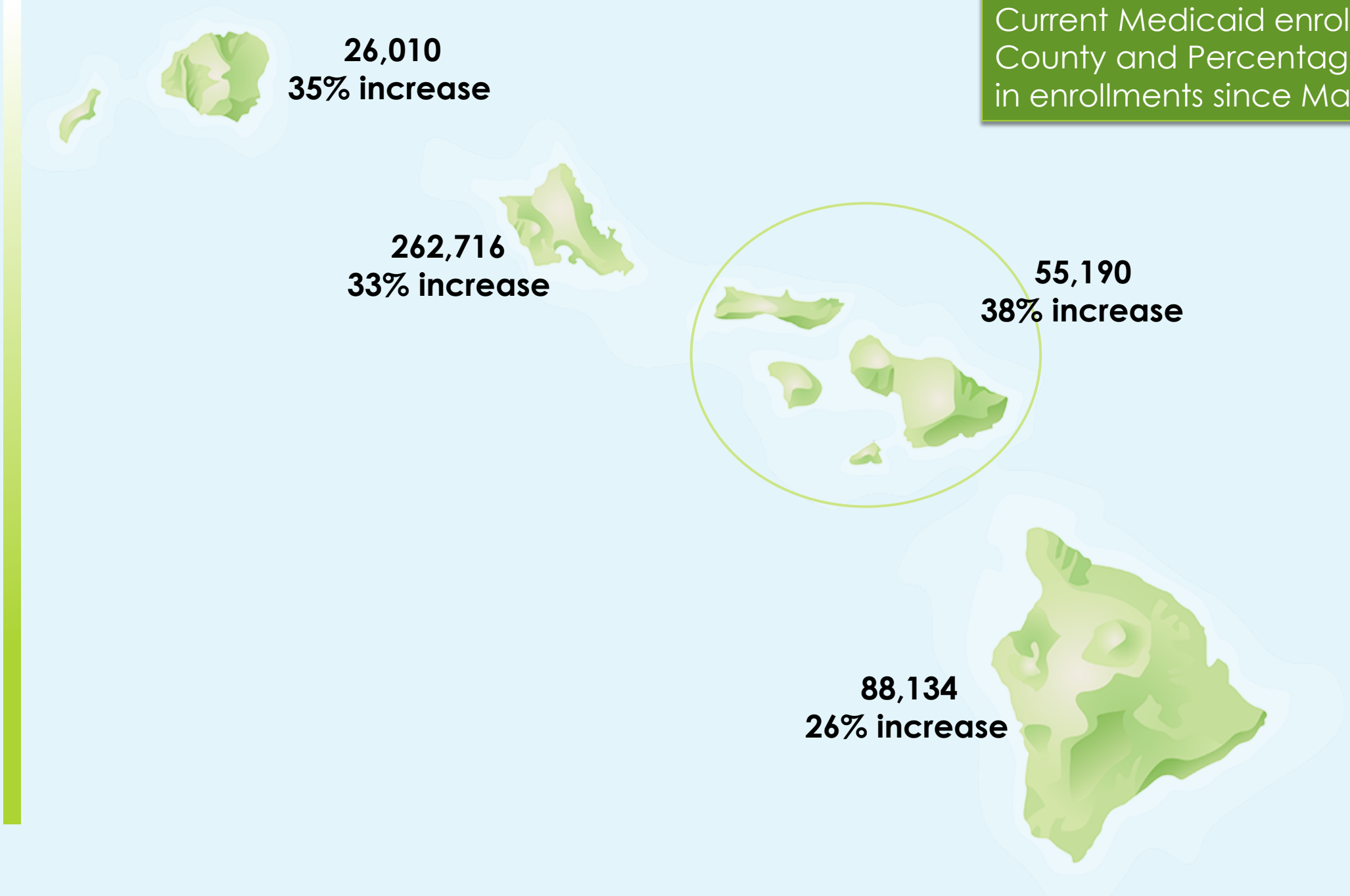


Hawai'i Medicaid Monthly Enrollment: January 2019 to present
104,931 New Enrollments since 3/6/2020 (32% Increase)



Total Enrollment, Hawaii Medicaid (Jan 2019 - Present)

Current Medicaid enrollment by County and Percentage increase in enrollments since March 6, 2020



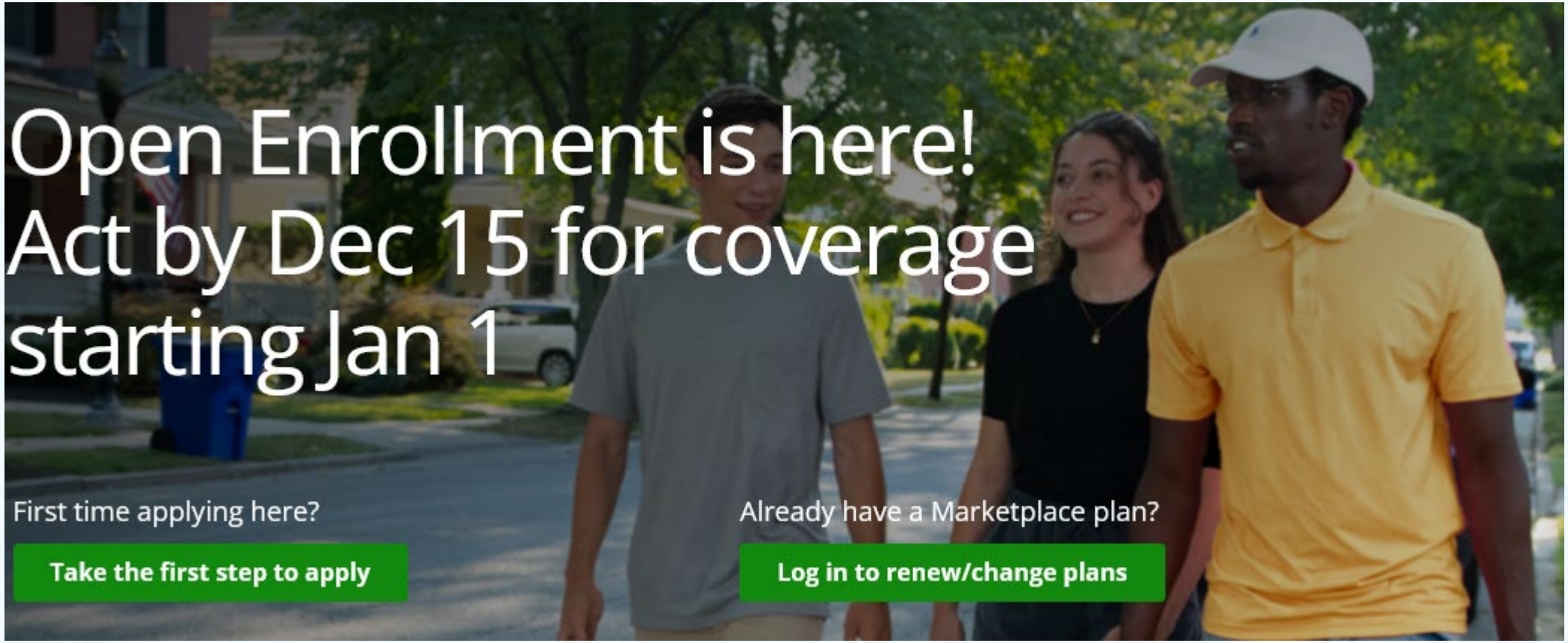
2021 QI Annual Plan Change

Approximately 6,000 plan changes processed, represents 1.45% of the clients eligible for plan change.

The number of plan changes received by island.

Oahu 4,006
Maui 911
Hawaii 781
Kauai 278
Molokai 6

Federal Health Insurance Marketplace – www.healthcare.gov



Open Enrollment for 2022 has been extended this year from November 1, 2021 through January 15, 2022

Med-QUEST Division

Federal Poverty Level (FPL) for Your Household Monthly Income		
Household Size	Apply for Medicaid at Medical.mybenefits.hawaii.gov if your monthly household income is below these amounts: *Note that there are higher limits for pregnant women and children so please be sure to apply for Medicaid to see if you are eligible for coverage*	Apply for Marketplace coverage at HealthCare.gov if your monthly household income is higher than the 138% Medicaid limit. The Marketplace offers subsidies for households whose incomes are up to 400% of the FPL.
	Medicaid Limit	Marketplace Subsidy Limit
1	$1,705	$4,940
2	$2,305	$6,680
3	$2,905	$8,420
4	$3,506	$10,160
5	$4,106	$11,900

Med-QUEST Division

FY 2023 Budget Requests :

- HMS 401 Budget Requests
  - Home and Community Based Financial Plan (ARPA) carry-over
  - Extending Post-partum eligibility benefit option (ARPA)
  - Basic dental benefit for adult restoration
- HMS 902 Budget Requests
  - Re-fund positions
  - KOLEA (Eligibility System) base budget restoration

Medicaid Innovation Collaborative

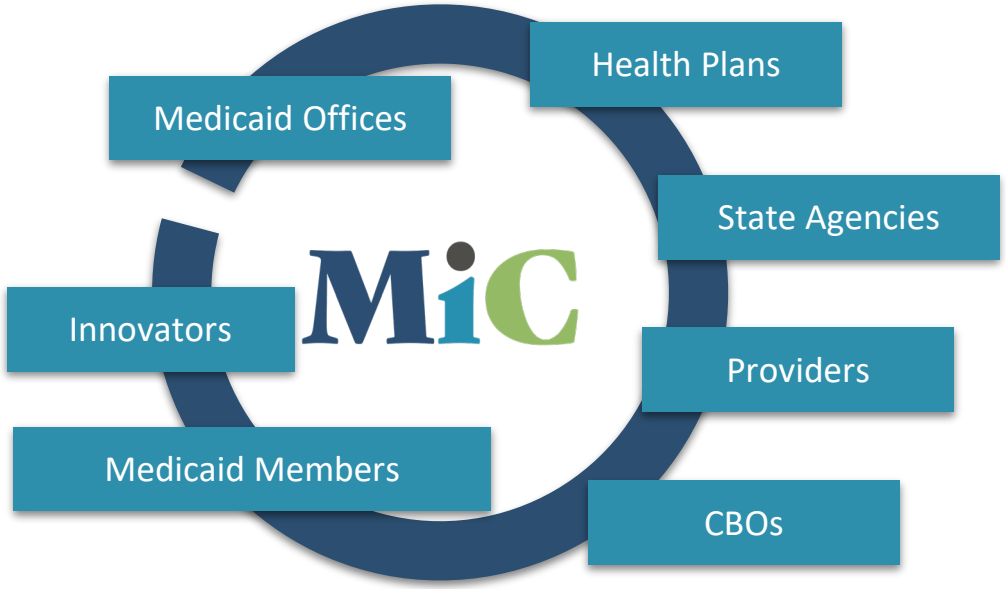
Introduction to MIC Program & Incorporating Member Voice

www.medicaidcollaborative.org

Medicaid Innovation Collaborative catalyzes and enables innovation in Medicaid that advances health equity, transforming the health and wellbeing of our most vulnerable patient populations at scale

Our program enables the Medicaid ecosystem to coordinate and collaborate on deploying digital health & care delivery innovation

...these innovations will reflect the diverse range of priorities and constraints of key stakeholders...



....and meaningfully **advance health equity** by enabling the Medicaid ecosystem to...

...address social determinants

UNITE US · Healthify · REEMA

...fill in maternity care gaps

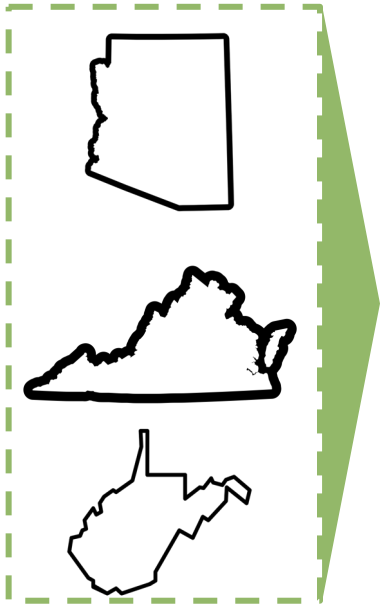
BABYSCRIPTS™ · mahmee

...increase access to behavioral care

Pyx Health · Boulder · MIND RIGHT

MIC is structured as a 12-month cohort program, spearheaded by the state Medicaid agencies

Working with four Medicaid offices to address behavioral health...



Adolescent Behavioral Health Access

Maternal Mental Health and SUD

Start

Collaborate with a cohort of Medicaid agencies, select a health equity goal, provide these agencies with funding, technical assistance and resources

Work with their MCOs to address a health disparity

Conduct interviews and understand the challenges by speaking with beneficiaries

Establish clear benchmarks of success and levers to implement

Identify tech-enabled private-sector innovations with high impact/ROI

Connect the State, plans, and members with the right solution

Develop action plans to achieve benchmarks

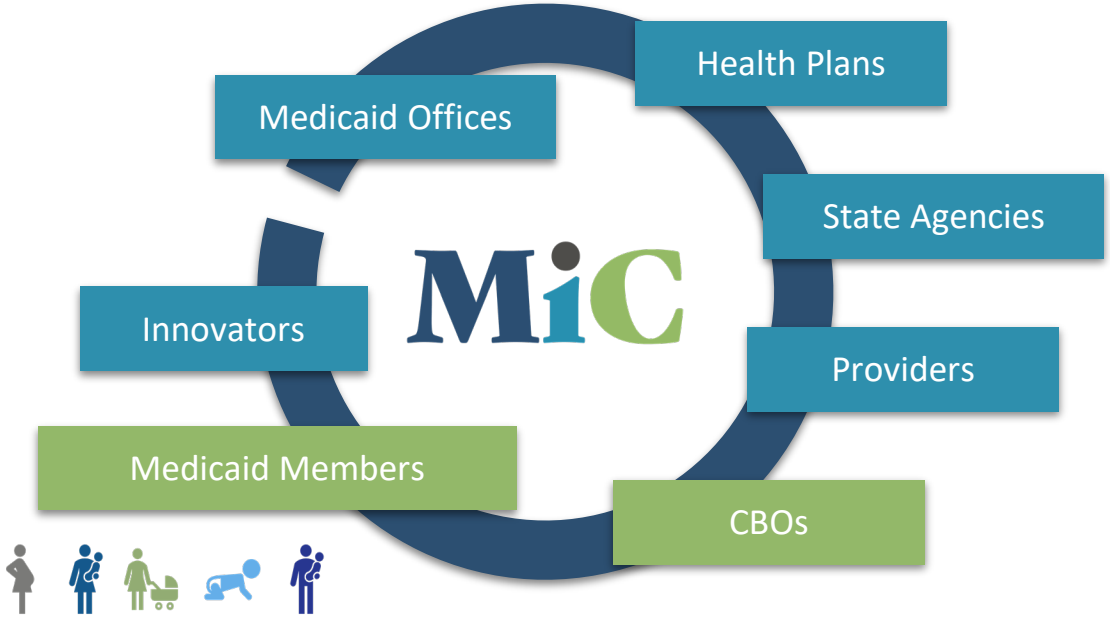
Finish

MiC

MiC Medicaid Innovation Collaborative

Member voice is the most essential part of the Medicaid Innovation Collaborative

Member voice – often left out of the conversation – is critical for the success of any innovation that aims to advance health equity



As you work with (or are connected to) patients and families on the ground, we need your help to incorporate member voice. Specifically, we aim to work with you to:

- Conduct 45 high-quality interviews through introductions to clinics, community organizations (recruiting approx. 8-10 per clinic location)
- Hear from your organization best practices and challenges
- Hear from your organization if there are any questions or concerns you'd want to learn about

Meet The Collaborative

Founding Program Partners

Impact investment firm serving low-income communities, with portfolio companies that reach 20M+ Medicaid members

Works with states and MCOs to help facilitate innovation and vendor sourcing in Medicaid

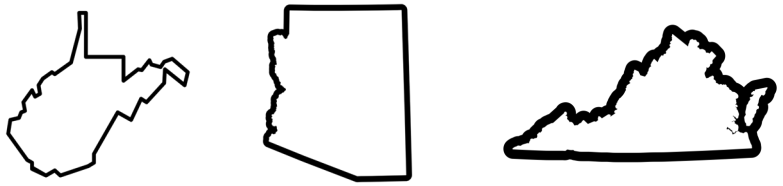
A leader in policy and TA to states and plans dedicated to improving health care delivery for low-income Americans

Dedicated to transforming care by fostering authentic consumer partnerships throughout the healthcare system.

2021 State Cohort

The first State Cohort includes Arizona, Hawaii, Virginia, and West Virginia, representing 3M+ lives in Medicaid. The State Cohort has selected two primary areas of focus within behavioral health, with specific challenges within each:

Increasing access to services and addressing challenges in behavioral health for adolescents and youth crisis support*

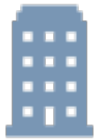


*In our initial research, there may be limited tech-enabled solutions for crisis response, but all states have expressed interest in reviewing upstream solutions that prevent crisis episodes and/or expand access to services.

Engaging high-priority sub-populations in SUD and mental health treatment, specifically on pregnant moms and new moms, with a focus on certain minority populations

Program Participants

MiC Medicaid Innovation Collaborative



MIC Team

Key Responsibilities:

- Provide ongoing technical assistance to states and MCO partners
- Conduct state-specific research to understand gaps to be addressed to inform RFI, a document that outlines criteria for private-sector, tech-enabled solutions
- Source private-sector innovations and run selection process
- Facilitate peer learning

State Medicaid Agency

Key Responsibilities:

- Identify and establish health disparity focus
- Help connect with MCOs and other project stakeholders (e.g., providers to connect to beneficiaries for interviews)
- Participate in technical assistance meetings
- Develop benchmarks for success

Managed Care Organizations

Key Responsibilities:

- Participate in MCO cohort
- Develop and present Action Plan to achieve benchmark at the end of the program
- Attend technical assistance meetings with CHCS
- Participate in the solution selection process and showcase

Community & Beneficiaries

Key Responsibilities:

- Participate in interviews and surveys that inform solutions sourced
- Engage in helping to create the question guide and review the findings
- Opportunity to participate in the solution selection process and showcase

MIC Benefits for Providers and CBOs

MIC will share the findings of the research with the community and participating organizations. This will better inform disparities in care and member needs

States have clearly defined a health equity goal they want to solve which will focus effort and increase impact.

Working with providers and community members confirms the needs.

MIC will speak with beneficiaries in the state and give insight on their feedback which will inform the RFI.

Member voice will directly inform the evaluation and criteria for solutions.

Through a national RFI, the program will source vendors solving the challenge. Members of the provider community will be invited to hear from the most promising.

Working with CHCS, the state will define benchmarks for success and levers to implement solutions.

There is no cost to the state, MCOs, or community to participate. MIC is grant funded through healthcare foundations.

Hawaii

State Medicaid Director	Judy Mohr Peterson, jmohrpeterson@dhs.hawaii.gov
State Liaison	Jon Fujii, jfujii@dhs.hawaii.gov

Area Of Focus:

Engaging high-priority sub-populations in SUD and/or mental health treatment.

Elaboration (Subject to Final Confirmation):

Both SUD and MH, focus on Native Hawaiian pregnant moms/new moms

Primary focus on behavioral health needs (MH + SUD) for Native Hawaiian pregnant women and new mothers (+/- 12 months from birthdate of newborn). As a secondary focus, expand the criteria from Native Hawaiians to other Pacific Islanders – specifically Micronesians, Palauans & Marshallese.

Medicaid Innovation Collaborative

www.medicaidcollaborative.org

Email: kyle@medicaidcollaborative.org

Comments/Questions

V. State Plan Amendment Presentations and Discussions

State Plan Amendments Approved:

SPA 21-011 (update) APR DRG Implementation Date Change – APR DRG implementation date change from 1/1/2022 to 7/1/2022. Approved 11/15/21
Link at https://medquest.hawaii.gov/en/about/state-plan-1115.html to be updated with new State Plan
Description: *This SPA implements a new inpatient reimbursement model under a (APR-DRG) based payment for Hawaii Quest-Integration.*

21-0014 Disproportionate Share Payments for Disproportionate Share Hospitals Approved 10/27/21
Link to updated State Plan pages at https://medquest.hawaii.gov/en/about/state-plan-1115.html
Description: *changes the payment methodology for distribution of Medicaid Disproportionate Share Hospital(s) (DSH) funds to reflect a more equitable distribution.*

21-0015 Hospice Methodology Clarification Approved 10/25/21
Link to updated State Plan pages at https://medquest.hawaii.gov/en/about/state-plan-1115.html
Description: *Creates a new page (Attachment 4.19-B pg. 8.4) for the Hospice payment section in state plan to clarify the payment methodology and to minimize administrative burden.*

Med-QUEST Division

21-0012 Pharmacy and Preventative Services –11/08/21 Hawaii received additional questions from CMS. We are discussing in house how we will be responding to questions and next steps.

Background: This amendment defines and clarifies Pharmacy Services, what it covers, by whom and how services are provided. Changes in laws at the federal and state level allow pharmacists to administer and bill for certain services such as vaccine administration. Pharmacy can already bill, and this clarification will also include services provided by the pharmacist.

SPA language:

"2) Pharmacy Services that includes services provided by a licensed pharmacist within their scope of practice with the following limitations:

- Pharmacists must have appropriate training that includes programs approved by the Accreditation Council for Pharmacy Education (ACPE), curriculum-based programs from an ACPE-accredited college of pharmacy, state or local health department programs or programs recognized by the board of pharmacy;
- Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Limited to medically necessary services only."

Med-QUEST Division

21-0016 Non-Emergency Medical Transportation (NEMT)

Hawaii is working on the pre-State Plan submission process. Goal to submit SPA packet to CMS week of December 23.

Background: The proposed amendment is required under Section 209 as assurance that Hawaii meets NEMT provider and driver requirements.

SPA language:

Attachment 3.1-D pg. 1

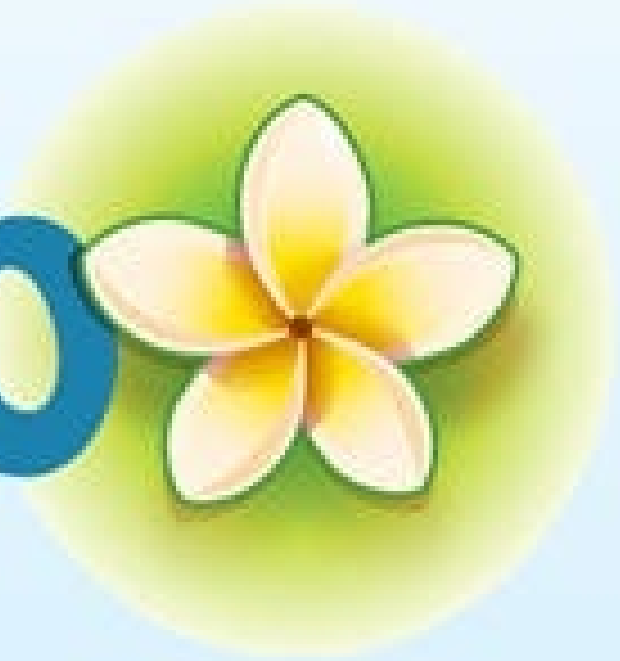
(1) Bus and public transportation when a beneficiary resides in areas served by the bus and public transportation system.
(2) Taxi, wheelchair van, and commercial carrier transportation is provided for beneficiaries[~~recipients~~] residing in areas not served by the bus or public transportation system, or when travel by bus would be either hazardous or cause extreme hardship to a beneficiary[~~recipient~~] who is ill or has a physical or [~~mental impairment.~~] intellectual/developmental disability.

Attachment 3.1-D pg. 2

Pursuant to the Consolidation Appropriations Act, 2021, Section 209, section 1902(a)(87), the State of Hawaii attests that effective December 27, 2021, any provider (including a transportation network company)or individual driver of non-emergency transportation to medically necessary services receiving payment under such plan (but excluding any public transit authority), meets the following requirements:

(A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
(B) Each such individual driver has a valid driver's license;
(C) Each such provider has in place a process to address any violation of a state drug law; and
(D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

Med-QUEST Division

Comments/Questions

Mahalo