Hawaii QUEST Integration
Quarterly Monitoring Report to CMS

Federal Fiscal Year 2021 1st Quarter
(DY27 Q1)

Hawaii QUEST Integration
Section 1115 Quarterly Report
Submitted: February 26, 2021

Reporting Period: October 2020 – December 2020

Federal Fiscal Quarter:	1st Quarter 2021
State Fiscal Quarter:	2nd Quarter 2021
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Demonstration Year:	27th Year (10/1/20-9/30/21)

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I. Introduction

Hawaii's QUEST Integration (QI) is a Department of Human Services (DHS) and Med-QUEST Division (MQD) comprehensive section 1115 (a) Demonstration that expands Medicaid coverage to children and adults originally implemented on August 1, 1994. QUEST Integration uses capitated managed care as a delivery system unless otherwise indicated. Also, QI provides Medicaid State Plan benefits and additional benefits (including institutional and home and community-based long-term-services and supports) based on medical necessity and clinical criteria, to beneficiaries eligible under the State Plan and to the Demonstration populations.

During the reporting period, MQD continued to focus on a comprehensive health care delivery system transformation, called the HOPE Initiative. "HOPE" stands for Hawaii-Medicaid Ohana-Nui Project Expansion, and the goal of the initiative is to achieve the Triple Aim of better health, better care, and sustainable costs for our community. Within five years, MQD anticipates that the investments in healthy families and healthy communities will translate to improved health and well-being through decreased onset of preventable illnesses, improved early detection and optimal management of conditions, and continued sustainable growth rate in healthcare spending from reductions in unnecessary care and shifts of care to appropriate settings.

MQD plans to procure a new QI contract effective July 1, 2021, with a targeted release of the QI Request for Proposal (RFP) in the last quarter of 2020. On July 21, 2020, MQD issued a Request for Information (RFI) for community needs, best practices, and resources. MQD received 37 responses from stakeholders and the public. All responses are available on the Med-QUEST website: medquest.hawaii.gov. Ongoing regular meetings have been continuing for the "HOPE Leadership Team" to discuss specific language changes to the QI Request for Proposal (RFP). Recent meetings have focused on refining the care coordination/service coordination model for the new QI RFP, to ensure alignment with HOPE goals.

MQD leadership continued targeted communications with QI health plans (Health Plans) during the Public Health Emergency (PHE). The Task Force that began meeting three times a week in the spring reduced the meeting frequency to two times a week and now in this latest quarter transitioned to meeting once a week, with an enhanced focus on ensuring the Home and Community Based Services (HCBS) residential settings have the Personal Protective Equipment (PPE) needed to prevent the spread of the COVID-19 virus (COVID-19). Ensuring compliance with the FFCRA provisions around continuing Medicaid eligibility and approved services, expanding telehealth access to services, and monitoring provider network adequacy during the PHE were other priorities during the Task Force meetings. The Medicaid Director continued to meet with Health Plan Chief Executive Officers (CEOs) once a week to discuss high-level issues around COVID-19, and MQD continued weekly meetings with Health Plan Chief Financial Officers (CFOs) to discuss financing impacts to Health Plans and to providers as a result of COVID-19.

MQD resources and activities during this reporting period continued to be focused on issues and interventions related to COVID-19. MQD continued to follow flexibilities afforded by CMS through the approved 1135, 1115, and 1915(c) waivers during the PHE. QI Health Plans continued to stock and distribute preventative PPE as needed to HCBS providers. MQD continued to have a stock of PPE "Go-Kits" to deploy to community residential settings when there is a COVID+ or suspected COVID+ case. A Go-kit contains a 14-day supply of PPE for primary and secondary caregivers in COVID-19+ homes – including disposable gloves, surgical masks, face shields, surgical gowns, shoe coverings, and use instructions – and are distributed one per member to the caregivers. This is in recognition of the negative impact that sick caregivers and secondary caregivers would have on provider capacity in the HCBS residential settings. QI Health Plans also developed additional Go-Kits for the HCBS population living in their own home, recognizing the additional need for COVID+ PPE in these settings. Finally, MQD began planning for a limited distribution of portable pulse oximeters to homes where COVID+ cases have been reported. The goal here is to equip the caregivers with an additional tool to monitor critical oxygen levels for high risk COVID+ members. The pulse oximeter will be packaged along with directions for use and additional documentation to ensure proper interpretation and necessary follow-up with outside clinicians. They are expected to be distributed along with the Go-Kits.

In this quarter, MQD began collaborating with Health Plans and State partners on strategizing for the COVID-19 vaccine roll-out. Our focus was on populations specific to Medicaid that were high on the State vaccine priority list. Similar to our concerns that the HCBS population would have a hard time getting access to PPE, the HCBS population was again identified as a cohort that would require additional planning for a successful COVID-19 vaccine implementation. Initial planning centered around utilizing smaller independent pharmacies to travel into the community to provide in-home vaccinations, as opposed to asking the fragile HCBS population to come to a vaccination site.

Lastly, in alignment with Hawaii statewide efforts to reduce the spread of COVID-19, MQD continued to enable its staff to work from home wherever feasible and practical. This was in recognition that each staff is going through different requirements and family situations, and that one size does not fit all. During the August month when Hawaii experienced a bump in COVID cases, there was a further move by staff away from working in the office toward working from home; this continued to be the case in the current quarter.

II. Budget Neutrality Monitoring Spreadsheet

The Budget Neutrality Workbook for the quarter ending September 30, 2020 was submitted to CMS by the November 30, 2020 deadline. The Budget Neutrality Summary (worksheet) for the quarter ending December 31, 2020 will be submitted separately by the February 28, 2021 deadline.

III. Events Affecting Healthcare Delivery

A. Approval & Contracting with New Plans

During this reporting period, no new contracts were awarded.

B. Benefits & Benefit Changes

Compliance with Section 1115 Demonstration Special Terms and Conditions

CMS approved several documents during the fourth quarter. The evaluation design for Hawaii's section 1115 demonstration entitled "Hawaii QUEST Integration" (Project Number 11-W00001/9 was approved on October 14, 2020 and posted on our website on October 19, 2020. The evaluation design for Hawaii's Section 1115 demonstration entitled, "Hawaii COVID-19 Public Health Emergency Demonstration" (Project Number 11-W00351/9) was approved on October 28, 2020 and posted on our website on November 2, 2020. MQD is working on implementation for all approved documents both internally and with the MCO's.

HOPE Initiative

MQD staff continues to work on the implementation of the HOPE initiative. One major area of focus was on writing requirements that were included in the MCO RFP. MQD made substantial changes in the areas of behavioral health and care coordination that included clarifying roles and responsibilities, increasing the use of evidence-based practices, improving access to care, and better addressing social risk factors. MQD also made similar changes to the CCS RFP. MQD also continues to work on other HOPE initiatives such as supporting palliative in community-based settings and developing additional strategies to advance primary care. All these efforts required intensive discussions with various teams and the consultants assigned to this task.

Monitoring implementation of eligibility provisions under the Family First Coronavirus Response Act (FFCRA) and Public Health Emergency (PHE)

PPDO continues to be very involved with MQD administration and staff to ensure continued receipt of the 6.2% FMAP offered to states who abide by the provisions in the FFCRA, as well as oversight of the numerous waivers allowed under the PHE to ensure continuation of coverage for our beneficiaries and reduction of barriers to our applicants. This has been an extremely coordinated and intense effort between the KOLEA systems office, Eligibility Branch, Systems office and our Finance Office, as well as continuous guidance and dialogue with CMS, and has continued since last quarter. With the extension of the PHE thru April 22, 2021, we will continue to monitor and

take actions on these provisions as appropriate, while also beginning discussions of best ways to transition back to "pre-COVID-19" rules and regulations once the PHE has ended.

Collaboration with the Department of Education (DOE) to increase Medicaid Claiming for School Based Services

Med-QUEST continues collaboration with DOE for Medicaid Claiming issues. The focus continuing for this quarter included coordinating meetings with HCSB office to schedule training for provider enrollments and assistance with specific codes for medically needy services, continued work on the RMT plan for Administrative Claiming and drafting of the school health services SPA with CMS. Efforts continue to engage with other DOE staff whose participation is integral to this work. It has been challenging due to COVID-19 issues taking precedence, however, we are doing our best to work around them.

Medicaid Eligibility Quality Control (MEQC) and the federal Payment Error Rate Measurement (PERM) program

During the last quarter of 2020, PERM FY2021 federal team requested updated rules, waivers, and changes made to the system due to the Public Health Emergency (PHE). The PHE resulted in a reduction of the original sample size of 800 to approximately ½ that was subjected to be reviewed. Bi-weekly meeting were established to discuss Hawaii specific issues and clarifications of eligibility, system design, and reporting requirements using the PERM SFTP sites and PERM reporting online tool. Training and access were conducted during this quarter. In addition to bi-weekly meetings, the PERM team meets monthly with all state calls. Re-education and re-establishing PERM requirements/procedures with the Eligibility Branch was a challenge to onboard procedures virtually with the use of MS/TEAMS as request for additional information and findings began on a weekly basis.

PPDO collaborated with Hawaii Quality Control Office (QC) on a regular basis as the deadline to provide a proposal was drawing near, and CMS was clear that MEQC will commence as planned during the PHE. PPDO coordinated meetings and act as liaison with the other offices within MQD. QC was able to submit the proposal by the due date and received final approval from CMS on 12/31/20.

Hawaii Administrative Rules

PPDO continues work amending the Hawaii Administrative Rules as well as the Medicaid State Plan to ensure compliance with new federal and state regulations and guidelines.

No Hawaii Administrative Rules were amended, however, during this period. However, as summarized in the first paragraph of this section, several waiver documents were approved during this quarter.

Policy and Program Directives (PPDs) and Forms

The following PPDs were issued during this quarter.

- 20-005: 12/5/2020"Death Payments Program" was issued 09/21/20. This PPD clarifies eligibility requirements for an unclaimed body under the provisions of Hawaii Administrative Rules (HAR) Chapter 17-1745-4.
- 20-006: 12/7/2020 2021 SSA RSDI SSI and VA COST OF LIVING INCREASE
- 20-007: 12/7/2020 2021 SPOUSAL IMPOVERISHMENT STANDARD AND THE HOME EQUITY LIMIT FOR LTC INDIVIDUALS
- 20-008: 12/15/20 DEATH PAYMENTS PROGRAM AUTHORIZED VENDOR LIST FOR UNCLAIMED BODIES

In addition, fillable forms (DHS 1123, DHS 1128 DHS 1133, DHS 1135, DHS 1136, DHS 1137, DHS 1148 DHS 1151, 1161 and DHS 1163) were made available for MQD and provider use online. DHS 1139 (interim) was updated to use with the new HOKU provider enrollment system issued. PPDO also assisted with BPMO P&P regarding the Forms Management Program.

To inform providers of specific policy changes, the following provider memos were released during this period:

- QI-2042: Medicaid Fee-For-Service Federally Qualified Health Center (FQHC) & Rural Health Clinic (RHC) Prospective Payment System (PPS) Rates - Effective January 1, 2021 through December 31, 2021
- QI-2041: Medicaid Fee-For-Service Rates - Effective January 1, 2021 (Addendum to QI-2022)
- QI-2040: Medicaid Fee-For-Service Hospice Nursing Facility Rates for Hospice Hilo dba Hawaii Care Choices and St. Francis Hospice - Effective January 1, 2021
- QI-2039: Dental Services Requiring General Anesthesia Performed in a Hospital Setting
- QI-2038: Orally Administered Drugs to Terminate a Pregnancy During the Public Health Emergency
- QI-2037A: COVID-19 Pandemic Action Plan for QI Health Plans - Part V (Addendum)
- QI-2037: COVID-19 Pandemic Action Plan for QI Health Plans - Part V
- QI-2036: Telehealth Guidance During the Public Health Emergency related to EPSDT Visits
- QI-2035: Suspension to Provider (Paul A. Kaiwi, Jr.)
- QI-2033: COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured

PPDO continues the work of ensuring programs and policies align with State initiatives and continues to broaden collaborative efforts with other divisions, offices and other both public and private entities, and continues to be a collaborative member of the KALO leadership teams.

Additional Work Projects

PPDO partners with the Health Care Services Branch and Clinical Standards Branch on various projects, initiatives, and issues that have direct impact on benefits in the 1115 Demonstration Waiver and the 1915C Waiver. This quarter we have continued work on reviewing options for alignment with the Dual Special Needs Plan population, overseeing the MCO's development of a joint telehealth plan for all Medicaid providers and members to utilize, which was approved on December 29, 2020, addressing issues related to Hospice Services, Medication Assisted Treatment, application of EPSDT benefits, collection of cost share, oversight of the Self-Direct process, concurrent review of inpatient hospital stays, implementation of new Federal law covering COFA individuals and implementation of a new state law affecting adolescent mental health services.

C. Enrollment and Disenrollment

The Customer Service Branch (CSB), Eligibility Branch (EB), and Health Care Outreach Branch (HCOB) remain committed to assist community members complete their Medicaid application and pre-enroll in a QI health plan. Since federal fiscal year 2020, Med-QUEST continued to enhance technology and completed the installation of Voice over Internet Protocol (VoIP) in two EB offices, Kauai and Kailua-Kona. VoIP increased the amount of staff available to answer calls from the public, whether working in-office or remotely, and complete the application intake process by phone. A pre-selection of QI plan completes the application and ensures immediate enrollment when applicant is deemed eligible for Medicaid. HCOB manages community activity and ensures navigators follow the same process as Med-QUEST staff with assisting the public.

In December 2020, Med-QUEST added a webform to its online version of the Medicaid application which allows applicants to pre-select a QI health plan for each household member that applied. The webform is processed by CSB upon receipt. CSB will take necessary action to honor beneficiary choice if form received after business hours.

1. Enrollment Summary

The 2020 QI Annual Plan Change was October 1 through 31, enrollments applied January 1, 2021. Beneficiaries were mailed an enrollment packet in September. Of the 365,306 beneficiaries eligible to participate during the annual plan change, 5,316 (1.24%) elected to enroll in a different health plan for the 2021 benefit year (January to December 2021). The table below is a summary of the annual plan change activity by QI health plan and service area. The numbers reflect new members each plan gained January 1, 2021.

MAGI Excepted	Oahu	Kauai	Hawaii	Maui	Molokai	Lanai	Total
AlohaCare	57	7	3	13	2	1	83
HMSA	174	12	29	37	2	0	337
Kaiser	40	0	0	26	0	0	320
Ohana Health Plan	37	3	5	3	0	0	114
UnitedHealthcare Community Plan	329	7	15	15	2	0	416
Total	637	29	52	94	6	1	819
Beneficiaries w/APC Choice	1.10%	0.05%	0.09%	0.16%	0.01%	0.00%	1.41%
MAGI	Oahu	Kauai	Hawaii	Maui	Molokai	Lanai	Total
AlohaCare	466	85	199	100	33	6	889
HMSA	1632	167	509	218	10	1	3426
Kaiser	535	3	0	280	0	0	3355
Ohana Health Plan	46	1	15	8	0	0	888
UnitedHealthcare Community Plan	129	3	36	15	0	0	253
Total	2808	259	759	621	43	7	4497
Beneficiaries w/APC Choice	0.91%	0.08%	0.25%	0.20%	0.01%	0.00%	1.46%

[Member Choice of Health Plan Exercised, appears in section XII.A.]

2. Disenrollment Summary

	# of Beneficiaries	Reason
Beneficiaries that requested plan-to-plan change with cause	7	**7 Continuity of Care** ○ 3 beneficiaries primary care physician not participating with QI plan ○ 1 Pregnant woman in third trimester ○ 3 clients in behavioral health therapy.
Beneficiaries that requested plan-to-plan change from health plan	26	**Loss / Gain** AlohaCare 4 / 4 HMSA 0 / 9 Kaiser 8 / 6 Ohana Health Plan 8 / 0 UnitedHealthcare Community Plan 6 / 7 26 / 26

		Reason PCP Continuity 14 LTC Placement 0 Behavioral Therapy 2 Specialist* 2 TPL** 4 Seek service outside Kaiser network 2 Family Continuity 2 26 *Cardiologist **Obstetrician
Beneficiaries that changed health plan after being auto-assigned	4,646	[redacted]

D. Quality of Care

See EQRO information in section XIV. (Quality Assurance and Monitoring Activity).

E. Access that is Relevant to the Demonstration

MQD worked to expand the availability of telehealth during the PHE. MQD issued additional clarifying guidance for the delivery of Applied Behavioral Analysis (ABA) services via telehealth. Additional codes were considered as deliverable via telehealth, and factors for consideration were outlined for providers when allowing ABA services via telehealth. This guidance can be found in memo QI-2028 issued on July 21, 2020.

MQD issued memorandum in FFY 2020 Q2 outlining the data requirements around Community Integration Services (CIS) for our homeless population. In the current quarter MQD has taken additional steps to further define CIS policy around housing assessments, housing support/crisis plans, service authorizations, billing and payment, credentialing and contracting, program integrity and documentation, and member disenrollment. Near the end of September, MQD shared with community partners and MCOs a draft of this subsequent memo that will cover criteria, processes, and codes for these services. Specific feedback on this draft was received and is being integrated into a forth coming final draft.

MQD continues regular meetings with sister divisions that are a part of the Hawaii Department of Health (DOH), including Child and Adolescent Mental Health Division (CAMHD), Alcohol and Drug Abuse Division (ADAD), Adult Mental Health Division (AMHD), and Developmental Disabilities Division (DDD). The goal of these meetings is to align and coordinate the behavioral health services that QI members receive with existing services that are available through DOH. These productive meetings have continued to inform QI RFP language changes.

F. Pertinent Legislative or Litigation Activity

There are a number of ongoing workgroups that were established by the legislature that MQD is participating in including: Earned Income Disregard Program; Intellectual and Developmental Disabilities Medicaid Waiver Administrative Claiming Special Fund which requires MQD and DOH to engage with stakeholders to develop and distribute information about accessing Medicaid services; and a Behavioral Health Care Workgroup.

MQD was notified during the 3rd quarter of FFY 2019 of being party to a lawsuit along with the Children and Adolescent Mental Health Division, Dept. of Health for the provision of mental health services for a child/young adult. In this quarter, MQD has gathered additional information and submitted it to MQD's Attorney Generals on the case, but there has been no significant movement with the case.

MQD has been pursuing litigation regarding a drug, Plavix, for which MQD believes the manufacturers withheld critical information on drug efficacy as it relates to patient ethnicity. Several key MQD employees were deposed in the 2nd quarter of FFY 2020. The trial occurred during this reporting period and the judge's ruling is expected to be announced in the 2nd quarter of FFY 2021.

A case is scheduled to go to court in the 2nd quarter of FFY 2021 that has to do with inappropriate billing of dialysis services.

G. Public Forums

There were no public forums conducted during this reporting period.

IV. Grievances, Appeals & State Fair Hearing

A. Grievance Events that Affect Health Care Delivery

See section IV.B. (Member Grievances and Appeals Filed During the Reporting Period by Type), below.

B. Member Grievances and Appeals Filed During the Reporting Period by Type

The following tables provide grievance and appeal events received during this reporting period.

1. Grievances to MQD Health Care Services Branch (HCSB)

October 2020 – December 2020 Types of Member Grievances to HCSB

Description: The following are grievances received by the HCSB of MQD. These DO NOT include the grievances received by the Health Plans, which are reported in a separate table below.	
Health Plan Policy	1
Provider/Provider Staff Behavior/Services	1
Transportation Customer Service	0
Treatment Plan/Diagnosis	2
Fraud and Abuse of Services	2
Billing/Payments	1
Member Rights	7
Medication	1
General Information	6
Forward to Other Departments	5
Total	**26**

Some grievances fit into multiple categories.

Month	**# of Member Grievances to HCSB by Month**
October 2020	10
November 2020	12
December 2020	04
Total	**26**

Status of Member Grievances Addressed by HCSB					
		Oct 2020	Nov 2020	Dec 2020	**TOTAL**
Received		10	12	4	26
Status					
Referred to Subject Matter Expert		7	11	3	20
Health Plan resolved with Members		1	0	0	1
Member withdrew grievance		0	0	0	0
Resolution in Health Plan favor		1	1	0	2
Resolution in Member's favor		1	0	0	1
Still awaiting resolution		0	0	1	1
Return to Health Plan awaiting Resolution Letter		0	0	0	0

Carry-over from previous Quarter		0	0	0	0

2. Grievances to Health Plans

Types of Member Grievances Reported to Health Plans				
		Oct – Dec 2020		
		QI	**CCS**	**Total**
Provider Policy		7	0	7
Health Plan Policy		28	0	28
Provider/Provider Staff Behavior		105	0	105
Health Plan Staff Behavior		49	1	50
Appointment Availability		5	0	5
Network Adequacy/ Availability		0	0	0
Waiting Times (office, transportation)		79	0	79
Condition of Office/ Transportation		5	0	5
Transportation Customer Service		19	0	19
Treatment Plan/Diagnosis		35	0	35
Provider Competency		24	0	24
Interpreter		0	0	0
Fraud and Abuse of Services		3	2	5
Billing/Payments		36	0	36
Health Plan Information		11	0	11
Provider Communication		4	5	9
Member Rights		12	7	19

Status of Member Grievances Reported to Health Plans				
		Oct – Dec 2020		
		QI	**CCS**	**Total**
Total number filed during the reporting period		326	12	338
Status received from Health Plans				

Total number that received timely acknowledgement from health plan		310	12	322
Total number not receiving timely acknowledgement from health plan		16	0	16
Total number expected to receive timely acknowledgement during next reporting period		10	0	10
Total number that received timely decision from health plan		319	11	330
Total number not receiving timely decision from health plan		22	1	23
Total number expected to receive timely decision during next reporting period		9	0	9
Total number currently unresolved during the reporting period		12	1	13

3. Appeals to Health Plans

During October – December 2020, there were a total of 311 Appeals submitted with the Health Plans.

Types of Member Appeals to Health Plans		
		Oct – Dec 2020
Service denial		45
Service denial due to not a covered benefit		5
Service denial due to not medically necessary		256
Service reduction, suspension or termination		2
Payment denial		5
Timeliness of service		0
Prior authorization timeliness		0
Other		5

Status of Member Appeals to Health Plans		
		Oct – Dec 2020
Total number filed during the reporting period		311
Status received from Health Plans		
Total number that received timely acknowledgement from health plan		297
Total number not receiving timely acknowledgement from health plan		5
Total number expected to receive timely acknowledgement during next reporting period		9
Total number that received timely decision from health plan		294
Total number not receiving timely decision from health plan		2
Total number expected to receive timely decision during next reporting period		17
Total number currently unresolved during the reporting period		17
Total number overturned		172

4. Appeals to the State (State Fair Hearings)

For October 2020 - December 2020, there was a total of 12 Appeals submitted to AAO. Nine (9) were resolved, and we are awaiting three (3) resolution.

Types of Member Appeals to State Administrative Appeals Office (AAO)					
		Oct 2020	Nov 2020	Dec 2020	**TOTAL**
Medical		3	1	2	6
Home and Community Based Services (HCBS)		1	0	0	1
Van Modification		0	0	0	0
Applied Behavioral Analysis (ABA)		0	0	0	0
Durable Medical Equipment		1	1	0	2

Reimbursement		0	0	0	0
Medication		1	0	0	1
Miscellaneous		0	1	1	2

Status of Member Appeals to State Administrative Appeals Office (AAO)					
		Oct 2020	Nov 2020	Dec 2020	**TOTAL**
Submitted		6	3	3	12
Status received from AAO					
Department of Human Services (DHS) resolved with health plan or Department of Health Developmental Disabilities Division (DOH-DDD) in Member's favor prior to going to hearing		4	2	2	8
Dismiss as untimely filing		0	0	0	0
Member withdrew hearing request		0	0	0	0
Resolution in DHS' favor		1	0	0	1
Resolution in Member's favor		0	0	0	0
Still awaiting resolution		1	1	1	3

V. Adverse Incidents

A. Long Term Services and Supports (LTSS)

The LTSS category includes a number of different provider types such as Community Care Foster Family Homes (CCFFHSs), Extended Adult Residential Care Homes (EARCHs), ICF DD/ID facilities and nursing facilities.
For October 2020 - December 2020, there were 419 adverse events from the Health Plan, 9 adverse events from Nursing Facilities, and 6 adverse events from ICF DD/ID for a total of 434 adverse events.

Oct 2020 – Dec 2020	Health Plan	Nursing Facility	ICF DD/ID	TOTAL
Fall	151	8	0	159
Hospital	80	0	0	80
Death	28	0	1	29
Emergency Room Visit	95	0	5	100
Injury	59	1	0	60
Med Error	6	0	0	6
TOTAL	419	9	6	434

VI. State Efforts Related to the Collection and Verification of Encounter Data and Utilization Data

MQD conducts a monthly encounter validation meeting with all participating MCOs to address major issues in encounter data submission or validation. Ongoing engagement supports a continuous data quality improvement initiative aimed at decreasing the number of encounters that fail system edits. MQD has developed an encounter reconciliation process directly with the MCOs that accounts for financial discrepancies between encounters submitted by the MCOs and accepted by MQD. The protocol for this reconciliation process has undergone iterative improvements, and the reconciliation is conducted at least twice per year. Substantial work has also begun to investigate and address the sources of discrepancies between the MCOs' and MQD's systems. MQD is currently working with its contracted actuary, Milliman, to refine a reconciliation process that will also compare encounters submitted by the MCOs to Milliman for rate development to those submitted and accepted by MQD. This process has been conducted on an ad hoc basis in the past but will be folded into an ongoing reconciliation process conducted annually. Triangulation of the reconciliation process to identify discrepancies found in the three systems (MCOs, Milliman, and MQD), and reconciliation of those differences, will enable improvements in data quality to support the use of data in the State Medicaid encounter system for future rate setting.

In addition to encounter data reconciliation, MQD has also worked closely with Milliman to effectively increase the financial consequences to MCOs associated with poor data quality in the State Medicaid encounter system; specifically, risk sharing for high cost newborns is based on encounters found within the State Medicaid encounter system. Beginning in 2019, risk sharing for high cost drugs will also be based on encounters found within the State Medicaid encounter system. Beyond these measures, MQD has also built new provisions into the managed care re-procurement RFP to enhance oversight into encounter data submissions during the next contract cycle.

MQD has also made substantial progress in a contract with its EQRO to conduct an external encounter data validation project. The project includes a full assessment of the Hawaii encounter pend system, including pend system edits; describes in detail the current process by which MCOs prepare files for MQD and the data challenges experienced or incurred as a result; and result in a full data quality profile of Hawaii encounter data along with the development of a data quality protocol that may be implemented by MQD to track improvements in quality as processes are refined and improved. The project is expected to be completed by the second quarter of FFY 2021, and will inform future efforts to improve encounter data quality.

Beginning with FFY 2021, MQD has additional funding to implement encounter data validation supports to improve encounter data validation, processing, investigations, and support from AHCCCS. As a result, tremendous planning and implementation of new work began during FFY 2021 1st Quarter.

1) MQD now has a weekly meeting with AHCCCS to more routinely discuss issues, identify misalignments between states, and develop solutions in close partnership with AHCCCS.

2) AHCCCS has begun recruitment and contracting efforts to support MQD in a much needed policy-validation re-alignment exercise. The scope of work will include a needs assessment, followed by facilitation activities with stakeholders to develop solutions, and action planning to implement the solutions developed. The work order for the new scope of work is expected to be released in the second quarter of FFY 2021.

VII. Action Plans for Addressing Issues Identified In:

A. Policy

During the reporting period, an action plan for transition of cases continues to be worked on in preparation for the termination of the health pandemic emergency (HPE) period, which has been extended to April 20, 2021. MQD also worked on implementation of the CMS approved multiple submissions by the State of Hawaii for all Appendix K and other waiver provisions both internally and with the MCO's. Additionally, Phase 1 of the Asset Verification System (AVS) for eligibility determinations was implemented in December, with work continuing on Phase 2, scheduled for implementation in mid-February 2021.

B. Administration

Med-QUEST is working with the New England States Consortium Systems Organizations (NESCSO) for the implementation of an asset verification service (AVS) system leveraging NESCSO's contract with Public Consulting Group (PCG). Med-QUEST, NESCSO, and PCG held a Kick-off Meeting on April 16, 2020 to initiate the project and successfully implemented an AVS Portal on July 27, 2020. On December 21, 2020, Med-QUEST implemented the first of two phases to integrate the interface between the State's medical eligibility system and the asset verification service.

Phase I implemented an interface between the Medicaid system and the AVS system to facilitate automated requests to and from the AVS system. AVS response data is presented to workers in the Medicaid system for their

review. Phase II will automate the verification and eligibility steps of the process, eliminating the need for workers to manually review AVS response data.

AVS Integration Phase I requests electronic asset verification at time of application, renewal, and changes in circumstances for all individuals subject to asset verification under section 1940 of the Social Security Act. Phase I also includes integration of a monthly bank file listing all financial institutions available via the AVS, data conversion of existing bank information to aid in verification of existing beneficiary asset information, and a number of enhancements to the user interface that include new task workflows and views to display AVS data. Phase II, scheduled for implementation on February 22, 2021, will introduce intelligent rules for automated verification and eligibility determinations triggered by logic and rules that will evaluate asset details against thresholds and holding/transfer periods.

The State of Hawaii believes that pursuant to section 1903(i)(24) of the Social Security Act (the Act), execution of this phased implementation plan brings the State into compliance with federal requirements under section 1940 of the Act within 12 months of our approval of this CAP.

C. Budget

See section IX. (Financial and Budget Neutrality Development and Issues), below.

VIII. Expenditure Containment Initiatives

No new containment initiatives for this reporting period.

IX. Financial and Budget Neutrality Development and Issues

There were no significant issues.

X. Monthly Enrollment Reports for Demonstration Participants

A. Enrollment Counts

		Member Months	Unduplicated Members
Medicaid Eligibility Groups	**FPL Level and/or other qualifying Criteria**	**Oct 2020 – Dec 2020**	**Oct 2020 – Dec 2020**
Mandatory State Plan Groups			
State Plan Children	State Plan Children	378,312	124,651
State Plan Adults	State Plan Adults State Plan Adults-Pregnant Immigrant/Compact of Free Association (COFA)	119,997	38,452
Aged	Aged w/Medicare Aged w/o Medicare	90,498	30,315
Blind or Disabled (B/D)	B/D w/Medicare B/D w/o Medicare Breast and Cervical Cancer Treatment Program (BCCTP)	75,168	24,796
Expansion State Adults	Expansion State Adults	356,147	115,873
Newly Eligible Adults	Newly Eligible Adults	77,615	24,974
Optional State Plan Children	Optional State Plan Children	0	0
Foster Care Children, 19-20 years old	Foster Care Children, 19-20 years old	1,872	615
Medically Needy Adults	Medically Needy Adults	0	0
Demonstration Eligible Adults	Demonstration Eligible Adults	0	0
Demonstration Eligible Children	Demonstration Eligible Children	0	0
VIII-Like Group	VIII-Like Group	0	0
UCC-Governmental	UCC-Governmental	0	0
UCC-Governmental LTC	UCC-Governmental LTC	0	0
UCC-Private	UCC-Private	0	0
CHIP	CHIP (HI01), CHIPRA (HI02)	87,589	29,098
Total		**1,187,198**	**389,234**

State Reported Enrollment in the Demonstration (as requested)	**Current Enrollees**
Title XIX funded State Plan	219,289
Title XXI funded State Plan	29,098
Title XIX funded Expansion	140,847
Enrollment current as of	12/31/2020

B. Member Month Reporting

For Use in Budget Neutrality Calculations

Without Waiver Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending 12/31/20
EG 1 – Children	125,664	126,407	128,113	380,184
EG 2 – Adults	39,132	40,540	40,325	119,997
EG 3 – Aged	29,861	30,247	30,390	90,498
EG 4 – Blind/Disabled	24,654	24,866	25,648	75,168
EG 5 – VIII-Like Adults	0	0	0	0
EG 6 – VIII Group Combined	140,261	143,259	150,242	433,762

For Informational Purposes Only

With Waiver Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending 12/31/20
State Plan Children	125,045	125,787	127,480	378,312
State Plan Adults	39,132	40,540	40,325	119,997
Aged	29,861	30,247	30,390	90,498
Blind or Disabled	24,654	24,866	25,648	75,168
Expansion State Adults	115,321	117,918	122,908	356,147
Newly Eligible Adults	24,940	25,341	27,334	77,615
Optional State Plan Children	0	0	0	0

Foster Care Children, 19-20 years old	**619**	**620**	**633**	**1,872**
Medically Needy Adults	**0**	**0**	**0**	**0**
Demonstration Eligible Adults	**0**	**0**	**0**	**0**
Demonstration Eligible Children	**0**	**0**	**0**	**0**
VIII-Like Group	**0**	**0**	**0**	**0**
UCC-Governmental	**0**	**0**	**0**	**0**
UCC-Governmental LTC	**0**	**0**	**0**	**0**
UCC-Private	**0**	**0**	**0**	**0**

C. Enrollment in Behavioral Health Programs

Point-in-Time (1st day of last month in reporting quarter)

Program	# of Individuals
Community Care Services (CCS) Adult (at least 18 years old) QI beneficiaries with a serious mental illness (SMI) or serious and persistent mental illness (SPMI) who meet the program criteria, receive all behavioral health services through the CCS program.	**4,789**
Early Intervention Program (EIP/DOH) Infant and toddlers from birth to 3 years old receive services to assist in the following developmental areas: physical (sits, walks); cognitive (pays attention, solves problems); communication (talks, understands); social or emotional (plays with others, has confidence); and adaptive (eats, dresses self).	**738**
Child and Adolescent Mental Health Division (CAMHD/DOH) Children and adolescents age 3 years old to 18 or 20 years old (depending on an educational assessment), receive behavioral health services utilizing Evidence-Based Practices and an Evidence-Based Services Committee, from the state Department of Health.	**822**

D. Enrollment of Individuals Eligible for Long Term Services and Supports (LTSS)

Long Term Services and Supports (LTSS) enrollment reported by the health plans is as follows.

Health Plan	Oct 2020	Nov 2020	Dec 2020
Aloha Care	524	504	497
HMSA	698	691	690
Kaiser	310	322	345
Ohana	2678	2514	2499
United Healthcare	2058	2110	2160
Total	**6268**	**6141**	**6191**

Plan-to-plan change requests and results, specifically for LTSS members, are not tracked. The QI program includes LTSS services amongst its benefits.

XI. Outreach and Innovative Activities

The Health Care Outreach Branch (HCOB), together with our Community Partners have been assisting residents to apply for Medicaid through our online system. Many of the Hawaii Unions terminated health coverage for employees at the end of October, November and December, so we were able help those who reached out to us apply to Medicaid. If they were denied due to their income exceeded the Medicaid threshold, we were able to help them apply and enroll for coverage through the Federal Health Insurance Marketplace.

HCOB worked with community partners to ensure a smooth transition of health coverage for justice involved populations, by working closely with the Department of Public Safety to help unsuspend coverage or reapply those who were being released, due to the COVID-19 situation. During this period the HCOB team was able to suspend/unsuspend, submit applications and supplemental forms for over 35 incarcerated. This pandemic has put a tremendous stress on our residents who have mental health/behavioral health challenges and our branch worked closely with the Hawaii State Hospital to ensure we were helping to seamlessly suspend and/or unsuspend patients health coverage with Med-QUEST. During this period, we assisted over 42 patients.

On December 27, 2020, the Omnibus Bill was signed into law, which restored Medicaid benefits to citizens from the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau, the nations which are covered under the Compact of Freely Associated States (COFA). On 12/28/2020, Med-QUEST administrators met to discuss the modifications we needed to make to our eligibility system and put in place a manual system for determining applications for this population, and began outreach to our community partners statewide, to inform them of the changes and how to proceed with applying COFA citizens in our state to Medicaid.

XII. Number of Participants who Chose an MCO and Number of Participants who Changed MCO After Auto-Assignment

A. Member Choice of Health Plan Exercised

October 2020 – December 2020	Number of Members
Individuals who chose a health plan when they became eligible	**3,268**
Individuals who were auto-assigned when they became eligible	**11,538**
Individuals who changed their health plan after being auto-assigned	**4,646**
Individuals who changed their health plan outside of allowable choice period (i.e., plan-to-plan change)	**26**
Individuals in the ABD program that changed their health plan within days 61 to 90 after confirmation notice was issued	**23**

During this reporting period, 3,268 individuals chose their health plan since they became eligible in the previous quarter, 4,646 changed their health plan after being auto-assigned. In addition, 23 individuals in the aged, blind, and disabled (ABD) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

XIII. Demonstration Evaluation and Interim Findings

During FFY 2021 1st Quarter, MQD's Health Analytics Office (HAO) received approval from CMS on its submitted evaluation design to support the PHE 1115 Demonstration ("Hawaii COVID-19 Public Health Emergency Demonstration" - 11-W-00351/9). Additionally, upon receiving final approval of the 1115 Demonstration Evaluation Design (2019-2024), the University of Hawaii team (MQD's external evaluators) began efforts to recruit a team of graduate students to support the evaluation project. MQD extended its contract with the University of Hawaii, and signed a business associate agreement, so the team may begin to have access to MQD data as early as the second quarter of FFY 2021. Early planning efforts related to evaluation have begun; in the second quarter of FFY 2021,

the UH evaluation team is expected to support MQD in implementing several data collection efforts to support the evaluation of the program.

XIV. Quality Assurance and Monitoring Activity

A. Quality Activities

The External Quality Review Organization (EQRO) oversees the health plans for the Quest Integration (QI) and Community Care Services (CCS) programs. Health Services Advisory Group (HSAG), the EQRO, performed the following activities this quarter:

1. Validation of Performance Improvement Projects (PIPs)

October:

- Received 2nd Module 4 intervention progress updates from Kaiser (FUH PIP) on 10/23/20.
- Reviewed and provided feedback on the 2nd Module 4 intervention progress updates from Ohana Quest (WCV PIP) on 10/23/20, AlohaCare (both PIPs) on 10/26/20, and UHC (AWC PIP) on 11/2/20.

November:

- Reviewed and provided feedback on the 2nd Module 4 intervention progress update from Kaiser (FUH PIP) on 11/12/20.
- Received 2nd Module 4 intervention progress updates from UHC (FUH PIP), HMSA (both PIPs) and Kaiser (AWC PIP) on 11/30/20.
- Provided technical assistance via teleconference on 11/24/20 to Ohana upon request in preparation for its 2nd Module 4 intervention progress updates for Ohana Quest (FUH PIP) and Ohana CCS (both PIPs). Ohana was granted an extension for the 2nd check-in submissions from 11/30/20 to 12/07/20.

December:

- Reviewed and provided feedback on 2nd Module 4 intervention progress updates from UHC (FUH PIP), HMSA (both PIPs), Kaiser (AWC PIP), Ohana Quest (FUH PIP) and Ohana CCS (both PIPs) by 12/18/20.

2. Healthcare Effectiveness Data and Information Set (HEDIS)

October:

- HSAG forwarded the HEDIS MY 2020 Roadmap to QI health plans upon release from NCQA on 10/01/20.
- HSAG submitted the Audit Introductory Packet to the Quest Integration (QI) health plans on 10/09/20.
- HSAG submitted the Medical Record Review (MRRV) Introductory packet to the QI health plans on 10/14/20.
- HSAG held technical assistance webinar with MQD and QI health plans to review reportable measures and required rates on 10/14/20.

November:

- HSAG sent the Survey Sample Frame Validation Process Packet to the QI health plans on 11/10/20.
- HSAG conducted Technical Assistance call to review MY 2020 audit scope and MQD reporting requirements on 11/10/20.

- HSAG scheduled HEDIS virtual audits with four health plans by 11/30/20. One plan is pending confirmation date.
- HSAG provided technical assistance to the MQD and the health plans as requested.

December:
- HSAG received survey sample frame source code on 12/01/20.
- Confirmed the MY 2020-2021 measure list and none of the measures are non-certified hybrid measures, needing source code review.
- HSAG provided technical assistance to the MQD and the health plans as requested.

3. Compliance Monitoring

October:
- Conducted a technical assistance call with UHCCP regarding completion of the corrective action plan (CAP) template on 10/22/20.
- Received completed CAPs from the health plans by 10/29/20.

November:
- Completed initial review of health plan CAPs and submitted them to the MQD for review and approval on 11/13/20.
- Received MQD feedback and approval on the health plan CAPs on 11/23/20.
- Provided feedback to the health plans regarding CAPs on 11/23/20.
- HMSA provided evidence of implementation of CAPs. HMSAs CAPs were closed on 11/23/20.

December:
- Received CAP update and supporting documents from AlohaCare on 12/01/20.
- Provided CAP feedback to AlohaCare on 12/22/20. AlohaCare submitted additional documentation of CAP completion on 12/23/20. HSAG and the MQD reviewed documentation supporting CAP implementation and closed CAP on 12/28/20. Notification email sent to AlohaCare on 12/29/20.
- Received CAP update and supporting documentation from ‘Ohana QI and ‘Ohana CCS on 12/22/20.
- Received CAP update and supporting documentation from UHC CP QI on 12/23/20

4. Consumer Assessment of Healthcare Providers and Systems (CAHPS)

October:
- Attended NCQA HEDIS/CAHPS 2020 survey vendor training on 10/07/20.

November:
- Sent draft notification email of deduplication requirements (e.g., NCQA notification, data preparation) and timeframes for QI health plans to the MQD for review on 11/04/20.
- Received approval from the MQD on the deduplication request notification email on 11/06/20.
- Sent survey notification letter with data submission and administrative requirements to the MQD, including supplemental questions, text for English language cover letters and postcards, and sample frame creation instructions to the MQD on 11/06/20.
- Notified QI health plans of deduplication requirements (e.g., NCQA notification, data preparation) and timeframes on 11/13/20.
- Received source code from the MQD on 11/20/20, and the test sample frame files (CHIP and one child health plan) generated by the MQD for review on 11/24/20.

- Received request for deduplicated sample from 'Ohana QI on 11/23/20.

December:
- Received deduplicated sample request from UnitedHealthcare Community Plan QI on 12/02/20.
- Received final approval from the MQD on supplemental questions to include in the 2021 surveys, language block, CHIP cover letters text, and completed administrative forms on 12/02/20.
- Reviewed test sample frame files for CHIP and UnitedHealthcare Community Plan QI and provided feedback to MQD on 12/08/20

5. Provider Survey

October:
- Discussed the survey administration with the MQD and received confirmation to postpone the survey administration until 2021 on 10/09/20.
- Informed MQD that there would be no cost to postponing the survey administration on 10/13/20.

November:
- This activity is postponed until 2021.

December:
- None at this time.

6. Annual Technical Report

October:
- Continued compiling/analyzing data and incorporating HSAG's findings, conclusions, and recommendations into the draft EQR technical report sections.

November:
- Continued compiling/analyzing data and incorporating HSAG's findings, conclusions, and recommendations into the draft EQR technical report sections.

December:
- Submitted draft report for editorial review and analytic validation on 12/14/20.

7. Technical Assistance

October:
- Provided technical assistance to the MQD and Health Analytics Office (HAO) as needed.
- Participated in the EQR workgroup meeting with the MQD on 10/01/20 and provided a document outlining the discussion and additional assistance HSAG could provide on 10/02/20.
- Submitted the draft PLD file layout for review and feedback from HAO on 10/09/20.
- Conducted a meeting with HAO to discuss the MQDs Hospital P4P program on 10/13/20 and provided a cost estimate and scope of work to HAO on 10/27/20.
- Received feedback from HAO on the PLD file layout on 10/19/20 and 10/23/20.

November:
- Provided technical assistance to the MQD and Health Analytics Office (HAO) as needed.

- Received approval from HAO and MQD regarding the Hospital P4P technical assistance scope of work and budget on 11/10/20

December:

- Provided technical assistance to the MQD and Health Analytics Office (HAO) as needed.
- Conducted Hospital P4P kick-off meeting with HAO on 12/01/20.
- Participated in EQR workgroup meeting with the MQD on 12/10/20.
- Conducted Hospital P4P workplan meeting with HAO on 12/16/20.

XV. Quality Strategy Impacting the Demonstration

The Division awaits approval of the Quality Strategy that was submitted to CMS in October 2020. Clinical Standards Office staff has started work with our Health Analytics Office to develop more detailed data sets for reporting. The data sets will provide clinical staff with information to assist in making clinical decisions regarding utilization and better analyzing quality of care and health outcomes.

XVI. Other

Status of Current QUEST Integration and Other Contracts

During this period, MQD submitted QI RFP supplemental change #16 while waiting for CMS's final approval for supplemental change #15. MQD sent the executed Health Plan contracts to CMS for supplemental change #15 and responded to CMS's OACT questions regarding the rates and pre-prints for supplemental change #16.

Provider Management System Upgrade (PMSU)

In partnership with Arizona Health Care Cost Containment System (AHCCCS), MQD has moved forward with upgrading existing provider management software. A PMSU vendor, CNSI, was selected in FFY 2018 quarter three, and we received approval of this vendor contract in FFY 2019 quarter one. The Internal Verification & Validation (IVV) vendor was selected in FFY 2018 quarter four, to monitor the PMSU project. The initial go-live date of August 26, 2019 was postponed until March 2, 2020, to account for unforeseen complexities in business rules development and software coding and implementation. The go-live date was then postponed to April 13, 2020 to ensure thorough testing of the system. As we approached April 13, MQD and AHCCCS decided to postpone the go-live date due to the COVID-19 public health emergency (PHE). The final go-live date was August 3.

MQD named the PMSU project, Hawaii's Online Kahu Utility (HOKU). Hoku, in Hawaiian means guiding star. Kahu, in Hawaiian means caretaker or pastor, one who looks after their flock. Med-QUEST providers are caretakers looking after and taking care of members.

MQD communicated an addendum memo (QI-2006B) to the MCOs and providers that included information about the new go-live date, updated registration in HOKU by waves, updated information about training materials and schedule and what an application ID is.

MQD issued a request for proposal in 2019 to secure a vendor for our Provider Enrollment and Revalidation contract. MQD awarded the contract to Koan, with an effective contract date of January 1, 2020. With the Provider Enrollment and Revalidation contract, Koan is responsible with managing MQD's provider hotline, imaging (scanning) provider applications and assisting with screening and inputting provider enrollment and revalidation applications.

HOKU's go-live date was August 3, 2020. In preparation of the go-live date, MQD worked in partnership with AHCCCS and CNSI to perform test cases and discuss system defects. Once HOKU went live, MQD conducted various training sessions and provided training materials (YouTube videos and PPT slide decks). During the first few months of HOKU's go-live period, MQD and Koan staff began to learn how to navigate HOKU, review applications and approve/deny applications in the live environment. MQD and Koan began meeting daily to discuss issues and ask questions, and also meet with CNSI a few times each week to discuss identified issues and request assistance for specific application review steps. As issues are identified and confirmed, MQD creates an incident ticket in CNSI's JIRA website. Once a ticket is created, CNSI triages the issue and responds/updates MQD.
MQD launched HOKU in phases (Waves) to prevent an overflow of applications entering the system at once. Before each Wave, MQD worked with our vendor, Cardinal, to mail the Application ID correspondences to each provider prior to each Wave start date. The Application ID letter informs the provider of their Application ID number and about registering in HOKU. The PMSUP vendor, CNIS, emailed Application ID letters to providers that MQD had an email address for. On August 3rd, HOKU was available to new Medicaid providers (enrolling for the first time) and our Wave 0 plans/organizations, Kaiser and Hawaii Pacific Health, who have internal administrative staff that enroll the providers for their plan/organization. MQD wanted to work in partnership with Kaiser and Hawaii Pacific Health to minimize the amount of external communication regarding provider application questions and issues. On August 10th, Wave 1 began, which included Group billers. Then on September 14th, Wave 2 began Wave 2 included individual providers (except for MDs), Adult Foster Care providers, Home Care Agencies, Adult Day Health and Case Management Agencies.

In the 3rd quarter of 2020, the last two waves were given access to HOKU. Wave 3 began on October 26th and was for all MDs (physicians). Wave 4 began on December 14th and was for all remaining provider types, which included hospitals, pharmacies, labs, various agencies, etc. MQD has seen in increase in the number of applications of submitted by existing providers, registering in HOKU. Our goal is to ger majority of our providers in HOKU and tremendously decrease paper applications. MQD & Koan staff continued to become familiar with the HOKU system on how to review and process applications. As staff reviewed different provider types, some situations and/or issues were identified. These were brought up with CNSI during our meetings each week and triaged for a solution or added to a future HOKU release. After finalized testing of defects and enhancements, CNSI continues to incorporate the fixes in HOKU releases (updates). One the system is updated; the information is passed on to MQD and Koan staff. Lastly, MQD prioritized EVV providers to ensure that they are active and can proceed with the EVV project.

Below is a snapshot of the provider application statistics at the end of December.

Application Status	Number of Applications	Description
In Process	1,041	Number of applications providers are currently working on in HOKU but have not yet submitted.
In Review	1,495	Number of applications providers submitted in HOKU and are awaiting State Review.
Approved	522	Number of applications State reviewed and approved.

Electronic Visit Verification (EVV)

In accordance with the 21st Century Cures Act, Med-QUEST Division (MQD) is working towards the implementation of Electronic Visit Verification (EVV). In the federal fiscal year (FFY) 2021 Quarter 1 (Q1), MQD continued to collaborate with Arizona Health Care Cost Containment System (AHCCCS) towards implementation.

During this quarter, MQD successfully performed the soft launch of EVV with the MCOs and provider agencies in early October. MQD implemented a state-wide mandatory EVV use date of December 30th, 2020. MCO self-directed departments began the training the self-directed members in December. As EVV implementation started in October, stakeholder communications were increased through multiple methods.

MQD's future EVV workplans include:

Apply final updates and submit the EVV evidence packets to CMS/MITRE. Monitoring of EVV utilization across the MCOs and provider agencies. Continual outreach activities are scheduled multiple times a month with MCOs and provider agencies to ensure full EVV utilization. The team will continue working with the IV&V provider to ensure the Medicaid Enterprise Certification Lifecycle requirements are met as well as ensuring a successful implementation and certification of the EVV solution.

OCTOBER

During the month of October 2020, HI went live with a soft launch of EVV statewide. All MQD members and the majority of EVV providers and authorizations were loaded into the state vendor Sandata. The first of many instructor-led webinar training sessions commenced. This allowed provider agencies to begin setting up and configuring the EVV solution. EVV visits were also starting to be recorded. The CMS Operational Readiness Review meeting was held. Hosted a third virtual EVV town hall meeting open to the public. The AZ and HI EVV Project Teams continued to work the project schedule, participated in focused workstreams that address training, outreach, support, device management, and certification. Meetings were hosted with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV status and questions. Aligning with the Open Model approach, Alternate EVV vendor testing with Sandata continued.

NOVEMBER

During the month of November 2020, additional instructor-led webinar training sessions continued. All but one MCO completed the claims validation testing with the EVV vendor. The remaining MCO has manual EVV claims validation process implemented until testing is complete. Authorization upload issues were discovered by the EVV vendor that were assessed and resolved. The EVV Project Teams continued focused workstream meetings that address training, outreach, support, device management, and certification. Meetings were hosted with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project. Finalized and approved the EVV training schedule. Met with the provider agencies to review the training schedule, authorization cutover and 3rd party EVV vendor requirements.

DECEMBER

During the month of December, additional instructor-led webinar training sessions continued. Additional authorization upload issues were discovered by the EVV vendor that were assessed and resolved. Met one-on-one with many provider agencies to address EVV questions and perform mini-training sessions. Hosted the eighth EVV town hall meeting open to the public. Implemented the statewide mandatory use of EVV on the 30th of December 2020.

EVV Townhall Meetings Held

Who	Date	Time
Public-QI-All/DDD-All	9/30/2020	2-3 PM
DDD-All	10/20/2020	3-4 PM
DDD-Consumer Direct (Acumen)	10/27/2020	5-6 PM
DDD-Consumer Direct (Acumen)	11/2/2020	9-10 AM
DDD-Agency	11/5/2020	2-3 PM
DDD-Consumer Direct (Acumen)	11/7/2020	9-10 AM
DDD-Agency	11/12/2020	2-3 PM
QI-Self Direct	11/17/2020	1-2 PM
QI-Agency	12/22/2020	2-3 PM

Clinical Care Guidelines

The pandemic and access to services continues to be at the forefront of work. The Division issued guidance to providers regarding EPSDT services that allows increased access to visits to be conducted using a telehealth modality if an in-person visit is not possible due to a family member having COVID or the family is not comfortable going to the provider's office. Components that cannot be done due to the telehealth visit, those components need to be completed as soon as possible or as soon after the end of the PHE.

The Division worked with all health plans to develop a Pay for Performance measure to develop a plan to increase utilization of telehealth to access care. While use of telehealth has increased it was still felt that providers and recipients needed more information about the option to utilize telehealth modalities to increase access to services during and after the pandemic. The plan includes a timeline for implementing the plan, developing education materials for providers and recipients, and surveys to determine a baseline and to measure the increase in utilization.

MQD Workshops and Other Events

Focus:	COVID 19 Updates for Medicaid Providers
For:	Case Managers and Residential Caregivers and MCO Service Coordination Supervisors

Speaker	Curtis Toma, MD/ QI Quality Staff	**Location**	Webinars
Length	1 hour per session (10 sessions)	**Dates**	March 23,2020 May, 2020 June 8, 2020 July 9, 2020 July 27,2020 August 6, 2020 August 13,2020 September 24, 2020 October 6, 2020 October 28, 2020
Attendees	Approximately 50-350+ based on content and target audience		
Description	COVID 19 Updates, Infection Control Trainings, Case Reporting, PPE and Flu Shot Distribution and Other Pertinent Discussion		
Objectives/Outcomes	• Ensure safe practices, supports and timely coordination to keep COVID infections in community residences low and eliminate COVID spread. • Facilitate access to PPE, testing, hospitals and nursing home for caregivers and members • Engage, MCOS, home-caregivers and case managers to develop timely distribution mechanisms for PPE, Flu shots and other medical equipment statewide. • Provide updates on State COVID practices, stats and protocol changes. • Thank caregivers, vendors and MCOs for teamwork and implementation of effective COVID controls statewide.		

Focus:	**HOKU Provider Enrollment Training**		
For:	**Medicaid Providers**		
Speaker	Kelli Komatsu	**Location**	Go to Webinar
Length	1.5 hours	**Date**	Every Tuesday and Thursday
Attendees	Approximately 155		
Description	On August 3, 2020, the Med-QUEST Division launched a new web-based provider enrollment system called HOKU. Training is provided to inform and assist providers in navigating the new system. Providers learn how to enroll, update, and make changes to their information online. This will reduce paper processing and will save time for both providers and State of Hawaii staff.		

Focus:	**Dementia and Person Cantered Communication Practices in Foster Homes**
For:	**Community Care Foster Family Home Caregivers (CCFFH) / EARCH Home HCBS Medicaid Providers**

Trainer	Kevin Kawamoto, UH	**Location**	Webinar
Length	1.5 hours per session	**Dates**	October 6, 2020- 1 session
Attendees	Approximately 382		
Description	Person Centered Approaches to care giving persons with dementia living in community-based residences – foster home/EARCHs		
Objectives/Outcomes	• Tips to make residents feel welcome in their home • Identifying barriers to good communication with residents • Practicing effective 'person-centered' communication • Understanding that communication is verbal, non-verbal, and environmental		

Focus:	**HOKU Provider Enrollment Training**		
For:	**Medicaid Residential Providers with the United Home Care Association of Hawaii**		
Speaker	Aileen Manuel	**Location**	Go to Webinar
Length	1.5 hours	**Date**	October 7, 2020
Attendees	Approximately 155		
Description	On August 3, 2020, the Med-QUEST Division launched a new web-based provider enrollment system called HOKU. Training is provided to inform and assist providers in navigating the new system. Providers learn how to enroll, update, and make changes to their information online. This will reduce paper processing and will save time for both providers and State of Hawaii staff.		

Focus:	**Diabetes Training for Caregivers**		
For:	**CCFFH/EARCH Caregivers HCBS Medicaid Providers**		
Trainer	Grace Shonhardt, MSN, APRN-Rx, CDE	**Location**	Webinar
Length	2 hours per session	**Dates**	October 24, 2020- 1 session
Attendees	Approximately 391		
Description	Help caregivers manage residents with **diabetes** and problem solve issues in their homes to improve compliance with diet, medications and exercise.		
Objectives/Outcomes	• Understand the risk factors and pathology of diabetes • Identify the symptoms of high blood glucose and how diabetes is diagnosed • Understand what to cook for diabetics, portion size; impact of carbohydrates, exercise and obesity • Overview of diabetes medicines, diabetes monitoring and testing.		

Focus:	**1915(c) I/DD Waiver Renewal Information Sessions**

For:	General public, waiver participants, families, caregivers, providers, and DDD program staff.		
Speaker	Grace Schonhardt	**Location**	Go to Webinar
Length	1.0 hours	**Date**	October 29, 2020 November 10, 2020 November 19, 2020 November 23, 2020
Attendees	Approximately 200+		
Description	The state seeks public comments to the changes to the 1915(c) I/DD Waiver. Multiple information sessions held statewide on the changes. Public comment period starts on December 1, 2020 to January 10, 2021.		

Focus:	Electronic Visit Verification (EVV) Townhall Trainings		
For:	**Med QUEST Members and Caregivers who will be using the EVV system**		
Trainer	MQD EVV Team	**Location**	Webinar
Length	1.5 hours per session	**Dates**	September 30, 2020 October 20, 2020 November 17,2020 December 22, 2020
Attendees	Approximately 50 – 325, varied by session		
Description	Provide an EVV overview for members and caregivers. Review the implementation timeline. Separate trainings were offered to Members who receive services through an agency, members who receive Self Direct services, I/DD Waiver Members who receive agency services and I/DD Waiver Members who receive Self Direct services.		
Objectives/Outcomes	• What is EVV. Why Hawaii Medicaid is implementing EVV • What provider types and Medicaid services are required to participate in EVV. • How EVV works. • How the QI health plan and the I/DD Waiver program will assist Members to participate and learn how to use the system		

Focus:	Understanding		
For:	**QUEST Integration HCBS Service Coordinators and Case Managers**		
Trainer	MQD Staff	**Location**	Webinar
Length	1.5 hours per session	**Dates**	December 22, 2020 January 5, 2021 January 20, 2021
Attendees	Approximately 50 – 225, varied by session		
Description	Review new Medicaid reporting forms for HCBS enrollment and termination. Review how cost share works for LTSS members		

A. Attachments

Attachment A: QUEST Integration Dashboard for October 2020 – December 2020
The QUEST Integration Dashboard compiles monthly data submitted by the Health Plans to MQD, regarding enrollment, network providers, call center calls, medical claims, prior authorizations, non-emergency transports, grievances, appeals, and utilization.

Attachment B: Up-To-Date Budget Neutrality Summary
The Budget Neutrality Summary (worksheet) for the quarter ending 9/30/2020 is attached. The Budget Neutrality Summary for the quarter ending 12/31/2020 will be submitted by the 2/28/2021 deadline.

Attachment C: Budget Neutrality Workbook
The Budget Neutrality Workbook for the quarter ending 09/30/2020 is attached. The Budget Neutrality Workbook for the quarter ending 12/31/2020 will be submitted by the 2/28/2021 deadline.

B. MQD Contact(s)

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