Hawaii QUEST Integration
Quarterly Monitoring Report to CMS

Federal Fiscal Year 2021 2nd Quarter
(DY27 Q2)

Hawaii QUEST Integration
Section 1115 Quarterly Report
Submitted: May 27, 2021

Reporting Period: January 2021 – March 2021

Federal Fiscal Quarter:	2nd Quarter 2021
State Fiscal Quarter:	3rd Quarter 2021
Calendar Year:	1st Quarter 2021
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 is in process to procure new QI contracts effective July 1, 2021. 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. From those responses, the "HOPE Leadership Team" focused on refining the care coordination/service coordination model for the new QI RFP, to ensure alignment with HOPE goals. This was incorporated into the QI Request for Proposal (RFP) issued in December 2020. Proposals were submitted in February 2021, and contract awardees announced in March 2021. Execution of the contracts as well as Readiness Review activities are planned for April-June 2021.

MQD leadership continued targeted communications with QI health plans (Health Plans) during the Public Health Emergency (PHE). The Task Force began meeting three times a week in the spring of 2020. These have now been reduced to meeting once a week.

Although MQD resources and activities during this reporting period continued to be focused on issues and interventions related to COVID-19, and MQD continued to follow flexibilities afforded by CMS through the approved 1135, 1115, and 1915(c) waivers during the PHE, our focus shifted away from COVID prevention and PPE issues, and toward COVID vaccinations for the HCBS home-bound population. This was a continuation of the focus last quarter 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.

In this quarter, MQD collected, aggregated, and shared member lists with independent pharmacies willing to participate in the effort to travel into the community to provide in-home vaccinations for the fragile HCBS home-bound population. This population includes members residing in community care foster family homes, I/DD foster homes, and expanded adult residential care homes. Six independent pharmacies participated in this effort on Oahu, and one independent pharmacy participated on the Big Island. Over the course of 2 consecutive 4-week periods, pharmacies went into the homes of these members to vaccinate the member as well as all of the member's care givers. The first 4-week period was to complete the first dose of COVID vaccine, and the second 4-week period was to complete the 2nd final dose. In total, over 90% of the targeted home-community-bound population were fully vaccinated at the end of this effort. In contrast to this effort, on Maui county and Kauai county home-bound vaccinations were administered by each county's Department of Health Office.

MQD continued to project membership and budget items for 2021 and 2022 during this quarter for the state legislators. Although Medicaid membership is projected to increase through then end of 2021, and the 6.2% Federal Medical Assistance Percentage (FMAP) increase during the PHE helped with the budgetary pressures, the outlook for the programmatic budget appeared challenging over the next few years. Discussions with legislators started and continued through this quarter regarding adequate funding for the program.

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 August 2020, 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.

Lastly, the State of Hawaii COVID Re-Opening Strategy progressed throughout this quarter. One example of this progress was Honolulu county moving from Tier 1 (most restrictive status) to Tier 2 during this quarter. Other counties also had progress toward re-opening, and each county had their own standards and Tier levels.

II. Operational Updates

A. Administration

During this Report Period, MQD worked with our Dental Third Party Administrator on an investigation of a "credible allegation of fraud" against several servicing dentists of the Hawaii Dental Clinic (HDC). A determination will be made by MQD in April whether to suspend Medicaid payments to HDC.

Contracts

During this period, MQD awarded Community Care Services contract to Ohana Health Plan on February 8, 2021. This contract provides behavior health services to the SMI and SPMI eligible Medicaid beneficiaries. Also, QUEST integration (QI) Request for Proposal (RFP) issued on December 8, 2020 was awarded on March 15, 2021 to 5 Health Plans: Aloha Care, HMSA, Kaiser, Ohana Health Plan and UnitedHealth Care. QI contract provides all medically necessary services to all the eligible Medicaid beneficiaries. In addition, MQD issued a Dental Third Party Administration RFP on February 26, 2021 with an expected award date of April 28, 2021.

In addition to the new contracts, MQD also continues to meet and work with CMS on approval of the current QI contract Supplemental Changes 15 & 16 including revising the CAP rates for 2020 to include payment of the vaccination fee.

B. Policy and Program Development & Benefits

Transition of Cases

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 September 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. We also continue to work with our eligibility branch and KOLEA team to process ex-parte cases while ensuring Medicaid enrollment continues for all beneficiaries during the PHE.

Compliance with Section 1115 Demonstration Special Terms and Conditions

CMS approved one document during the second quarter. The Hawaii QUEST Integration (Project Number 11-W00001/9) authorities in the 1115 Attachment K was approved on March 25, 2021. This changed the end date of our Appendix K to be 6 months after the end of the federally declared COVID-19 public health emergency.

HOPE Initiative

MQD staff continues to work on the implementation of the HOPE initiative. As noted above, the next phase of this work focused on including the new HOPE initiatives in the revised MCO contracts and re-procuring the MCO contracts. Some of the HOPE initiatives that were included in the revised RFP addressed improving outcomes in the areas of behavioral health and care coordination. Contracts were awarded to five MCOs, and now the focus of the HOPE initiative is transitioning to contract monitoring and quality improvement. Additionally, MQD also re-procured the CCS contract and included HOPE initiatives in the contract and is now transitioning to contract monitoring and quality improvement activities.

MQD is also working on developing a community-based palliative care benefit and plans to submit an 1115 waiver amendment this summer. Additionally, MQD is also working on a CHIP Health Services Initiative State Plan Amendment focused on providing vision exams and glasses to low-income children.

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

Focus continues on various initiatives to ensure continued compliance with requirements associated with 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. Receiving the approval from CMS to extend the Hawaii QUEST Integration authorities in the 1115 Attachment K to be 6 months after the end of the PHE was useful and assisted us in continuing services to our HCBS members who are impacted by COVID-19. This has required enhanced collaboration and coordination with a wide diverse group in MQD including 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 July 14, 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.

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

The Booz Allen Hamilton, Eligibility Review Contractors (ERC) are done with system reviews and in the process of analyzing the data and requesting missing verification. Efforts continued to identify and provide any missing documentation. Additionally, MQD is analyzing and providing documentation for any disagreements with the findings, or a Difference Resolutions (DR). A DR is reviewed by the ERC and if upheld the state has 15 days to appeal to CMS.

In light of the demands, time, and requirements of PERM, MQD is proposing a new process to help support the increasing complexity, workloads and demands of the PERM process. One suggested idea is the development of a new PERM/MEQC team whose primary focus is to review findings, provide supporting documentation and dispute error findings as appropriately. The team will be responsible to identify the potential error causes, best practices, and recommendation for future system modifications and changes to Standard Operating Procedures.

MEQC is underway with working with KOLEA Team and Unisys for the sample pull. Several meetings with CMS and the Quality Control Office were conducted to obtain the necessary uninterested for each criteria identified in the Sampling plan and then presented to Unisys. As of March 2021, with the help of CMS, narrowed down the parameters for the Active and Negative Sample universe to Unisys for action.

Hawaii State Plan Amendments

PPDO completed the following SPAs for this quarter:

- **SPA 20-0003 FFS DME in relation to 19-0005** - Approved 03/01/21
  Description: Required to meet CMS requirements as stated 19-0005 companion letter request to Hawaii. This amendment updates Attachment 4.19-B, by creating a new page (2.1) to include updated fee schedule dates and weblinks for EPSDT, home pharmacy, home health agency services and medical supplies.
  Note: 03/09/21 CMS following up on DME Demonstration supporting documentation. Hawaii coordinating response. 03/25/21 CMS checking on DME Demonstration supporting documentation, Hawaii updated plan to send before end of day.

- **SPA 21-0006 Nursing Facility Pass-through Phase out** - Approved 03/25/21
  Description: Amendment required to be in compliance with 42 CFR §438.6(c)(2) as amended in the final rule, "Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability"; Final Rule, 81 Fed. Reg. 27498 (May 6, 2016). The pass-through payments as currently structured do not meet the conditions of the final rule. Hawaii will be allowed a transition period for implementation of this amendment.

Policy and Program Directives (PPDs) and Forms

The following PPDs were issued during this quarter.

21-001 1/8/2021 2021 MEDICARE PREMIUMS, DEDUCTIBLES AND CO-INSURANCE AMOUNTS

21-002 2/18/2021 2021 INCREASE IN THE RESOURCE LIMITS FOR THE MEDICARE SAVINGS PROGRAMS: QMB, SLMB AND QI-

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

QI-2104A: CCFFH and EARCH Rates for HCBS (Addendum to QI-2104)
QI-2104: Community Care Foster Family Home and Expanded Adult Residential Care Home Rates for Home and Community Based Services Effective January 1, 2021

QI-2103: Medicaid Eligibility for Freely Associated States Under the Compact of Free Association (COFA) Citizens

QI-2102: Civil Rights Awareness Training Requirements

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 been able to work on implementation of the pilot program for alignment with the Dual Special Needs Plan population, continued to address 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 individuals from the Compact of Free Association nations and implementation of a new state law affecting adolescent mental health services. Med-QUEST continues collaboration with the Department of Education for Administrative Medicaid Claiming. Specifically, the focus continuing for this quarter included redrafting of the MOA, continued work on the Random Moment in Time sampling 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.

C. Availability and Access of Covered Services & Network Adequacy

MQD extended the HCBS level-of-care assessment waiver for an additional six months during this quarter.

MQD's planned issue of memorandum in FFY 2020 Q2 outlining the data requirements around Community Integration Services (CIS) for our homeless population was delayed for additional review and refinement, and is now forecasted to be issued in early FFY 2021 Q3.

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.

D. 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 filed a Motion for Summary Judgement on February 3, 2021 to dismiss this case. As part of this motion, depositions of MQD staff were planned for the future.

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. On February 15, 2021 the judge in the Plavix case found in favor of the State of Hawaii, and awarded $834 million in civil penalties against the Defendants. It is assumed that there will be an appeal by the defendant.

The Liberty Dialysis trial, related to inappropriate billing of dialysis services, was re-scheduled for January 2022. Outcome is pending.

E. Public Forums

There were no public forums conducted during this reporting period.

III. Grievances, Appeals & State Fair Hearing

A. Member Grievances

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

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

January 2021 – March 2021 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	0
Provider/Provider Staff Behavior/Services	9
Transportation Customer Service	0
Treatment Plan/Diagnosis	0
Fraud and Abuse of Services	0
Billing/Payments	3
Member Rights	9
Medication	0
General Information	3
Forward to Other Departments	4
Total	**28**

Some grievances fit into multiple categories.

Month	# of Member Grievances to HCSB by Month
January 2021	14
February 2021	7
March 2021	7
Total	**28**

Status of Member Grievances Addressed by HCSB					
		Jan 2021	Feb 2021	Mar 2021	**TOTAL**
Received		**14**	**7**	**7**	**28**
Status					
Referred to Subject Matter Expert		7	0	1	8
Health Plan resolved with Members		2	3	3	8
Member withdrew grievance		0	1	2	3
Resolution in Health Plan favor		2	1	0	3
Resolution in Member's favor		2	0	0	2
Still awaiting resolution		0	2	1	3
Return to Health Plan awaiting Resolution Letter		1	0	0	1
Carry-over from previous Quarter		0	0	0	0

2. Grievances to Health Plans

Types of Member Grievances Reported to Health Plans	
	Jan – Mar 2021
	Total
Provider Policy	7
Health Plan Policy	27
Provider/Provider Staff Behavior	146

Health Plan Staff Behavior	32
Appointment Availability	12
Network Adequacy/ Availability	3
Waiting Times (office, transportation)	158
Condition of Office/ Transportation	6
Transportation Customer Service	14
Treatment Plan/Diagnosis	22
Provider Competency	25
Interpreter	0
Fraud and Abuse of Services	1
Billing/Payments	37
Health Plan Information	7
Provider Communication	13
Member Rights	20

Status of Member Grievances Reported to Health Plans	
	Jan – Mar 2021
	Total
Total number filed during the reporting period	382
Status received from Health Plans	
Total number that received timely acknowledgement from health plan	350
Total number not receiving timely acknowledgement from health plan	32
Total number expected to receive timely acknowledgement during next reporting period	16
Total number that received timely decision from health plan	337
Total number not receiving timely decision from health plan	24
Total number expected to receive timely decision during next reporting period	36
Total number currently unresolved during the reporting period	36

B. Member Appeals and State Fair Hearings

1. Appeals to Health Plans

During January – March 2021, there were a total of 284 Appeals submitted with the Health Plans.

Types of Member Appeals to Health Plans		
		Jan – Mar 2021
Service denial		47
Service denial due to not a covered benefit		4
Service denial due to not medically necessary		233
Service reduction, suspension or termination		0
Payment denial		1
Timeliness of service		0
Prior authorization timeliness		0
Other		0

Status of Member Appeals to Health Plans		
		Jan – Mar 2021
Total number filed during the reporting period		284
Status received from Health Plans		
Total number that received timely acknowledgement from health plan		264
Total number not receiving timely acknowledgement from health plan		20
Total number expected to receive timely acknowledgement during next reporting period		17
Total number that received timely decision from health plan		258

Total number not receiving timely decision from health plan		19
Total number expected to receive timely decision during next reporting period		24
Total number currently unresolved during the reporting period		66
Total number overturned		140

2. Appeals to the State (State Fair Hearings)

For January - March 2021, there was a total of ten (10) Appeals submitted to AAO. Nine (9) were resolved, and we are awaiting one (1) resolution.

Types of Member Appeals to State Administrative Appeals Office (AAO)					
		Jan 2021	Feb 2021	Mar 2021	**TOTAL**
Medical		2	1	0	3
Home and Community Based Services (HCBS)		0	0	1	1
Van Modification		0	0	0	0
Applied Behavioral Analysis (ABA)		0	0	0	0
Durable Medical Equipment		1	1	1	3
Reimbursement		0	2	0	2
Medication		0	0	0	0
Miscellaneous		1	0	0	1

Status of Member Appeals to State Administrative Appeals Office (AAO)					
		Jan 2021	Feb 2021	Mar 2021	**TOTAL**
Submitted		4	4	2	10

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	0	6
Dismiss as untimely filing		0	0	0	0
Member withdrew hearing request		0	0	0	0
Resolution in DHS' favor		0	1	1	2
Resolution in Member's favor		0	1	0	1
Still awaiting resolution		0	0	1	1

IV. Number of Beneficiaries who Chose an MCO and Number of Beneficiaries who Changed MCO After Auto-Assignment

A. Beneficiary Choice of Health Plan Exercised

January 2021 – March 2021	Number of Beneficiaries
Chose a health plan when they became eligible	**5427**
Automatically assigned when they became eligible	**6425**
Changed their health plan after being automatically assigned	**2438**
Beneficiaries in the ABD program who changed their health plan within days 61 to 90 after confirmation notice was issued	**18**

During this reporting period, 5,427 individuals chose their health plan since they became eligible in the previous quarter, 2,438 changed their health plan after being automatically assigned. In addition, 18 individuals in the aged, blind, and disabled (ABD) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

V. Demonstration Enrollment

A. Enrollment Counts

		Member Months	Unduplicated Members
Medicaid Eligibility Groups	**FPL Level and/or other qualifying Criteria**	**Jan 2021 – March 2021**	**Jan 2021 – March 2021**
Mandatory State Plan Groups			
State Plan Children	State Plan Children	386,086	126,998
State Plan Adults	State Plan Adults State Plan Adults-Pregnant Immigrant/Compact of Free Association (COFA)	125,516	40,663
Aged	Aged w/Medicare Aged w/o Medicare	97,636	32,924
Blind or Disabled (B/D)	B/D w/Medicare B/D w/o Medicare Breast and Cervical Cancer Treatment Program (BCCTP)	78,830	26,350
Expansion State Adults	Expansion State Adults	384,568	125,574
Newly Eligible Adults	Newly Eligible Adults	84,198	27,139
Optional State Plan Children	Optional State Plan Children	0	0
Foster Care Children, 19-20 years old	Foster Care Children, 19-20 years old	1,931	642
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)	87,112	28,453
Total		**1,245,877**	**408,743**

State Reported Enrollment in the Demonstration (as requested)	Current Enrollees
Title XIX funded State Plan	227,577
Title XXI funded State Plan	28,453
Title XIX funded Expansion	152,713
Enrollment current as of	03/31/2021

B. Member Month Reporting

For Use in Budget Neutrality Calculations

Without Waiver Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending 03/31/21
EG 1 – Children	129,110	129,378	129,529	388,017
EG 2 – Adults	41,189	41,899	42,428	125,516
EG 3 – Aged	32,447	32,392	32,797	97,636
EG 4 – Blind/Disabled	26,255	26,200	26,375	78,830
EG 5 – VIII-Like Adults	0	0	0	0
EG 6 – VIII Group Combined	154,646	155,577	158,543	468,766

For Informational Purposes Only

With Waiver Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending 03/31/21
State Plan Children	125,045	125,787	127,480	386,086
State Plan Adults	39,132	40,540	40,325	125,516
Aged	29,861	30,247	30,390	97,636
Blind or Disabled	24,654	24,866	25,648	78,830
Expansion State Adults	115,321	117,918	122,908	384,568
Newly Eligible Adults	24,940	25,341	27,334	84,198

Optional State Plan Children	**0**	**0**	**0**	**0**
Foster Care Children, 19-20 years old	**619**	**620**	**633**	**1,931**
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.	**4,895**
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).	**653**

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.	**843**

D. Enrollment in Long Term Services and Supports (LTSS)

Long Term Services and Supports (LTSS) enrollment reported by the Health Plans are as follows.

Health Plan	Jan 2021	Feb 2021	Mar 2021
Aloha Care	478	481	586
HMSA	752	608	621
Kaiser	347	353	348
Ohana	2507	2486	2387
United Healthcare	2238	2145	2078
Total	**6322**	**6073**	**6020**

VI. Outreach, Innovative Activities, and Beneficiary Support System

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). During the first quarter of 2021 our branch and community partners were extremely busy conducting outreach to all of our COFA residents who applied and enrolled to a health plan through www.healthcare.gov during open enrollment, to inform them that COFA residents may now apply to Med-QUEST and if determined eligible will be able to select a QUEST Integration health plan and will then need to terminate their coverage at www.healthcare.gov. Hawaii was one of the first states to implement this bill. We created simple messaging in-language and distributed to all of our partners to share with their COFA communities they serve and to continue helping the community apply to Med-QUEST. See messaging below.

Citizens from the Compact of Free Association nations (COFA) - Federated States of Micronesia, Republic of Marshall Islands, Republic of Palau
You may now be eligible for Medicaid. We encourage you to apply to Med-QUEST:

1. online at https://medical.mybenefits.hawaii.gov
2. By phone at 808-524-3370 (Oahu) or 1-800-316-8005 (Neighbor Islands)

Meet with a Kokua from the Med-QUEST Community Partners to complete your application
https://medquest.hawaii.gov/en/resources/community-partners.html

Chuukese:
Ngeni aramasen ekkewe muun Compact of Free Association (COFA) - Federated States of Micronesia, Republic of Marshall Islands, Republic of Palau
Iei ewe Medicaid a pwan suk sefan ngeni kich. Iei popun ach kapasen pesepes ngeni kich sia tongeni amasou ngeni Med-QUEST: Iei anen omw kopwe amasaou ngeni:

1. Won nain ren https://medical.mybenefits.hawaii.gov
2. Kori ekkei fon nampa ren 808-524-3370 (Oahu) 1-800-316-8005 (Neighbor Islands)
3. Churi ika kori emon ekkewe Kokua seni Med-QUEST Community Partners an epwe anisuk ren noum we taropwen amasou. Ika anisuk ne amasou won ei nenien: https://medquest.hawaii.gov/en/resources/community-partners.html

Marshallese:
Armej in lal ko iumin Compact of Free Association (COFA) eo – Federated States of Micronesia, Republic of Marshall Islands, Republic of Palau
Kom maron apply nan Medicaid eo kio. Kim ej rōjañ bwe komin apply ilo Med-QUEST:

1. online ilo https://medical.mybenefits.hawaii.gov
2. Ilo telephone kom naj call e 808-524-3370 (Oahu) ak 1-800-316-8005 (Neighbor Islands)
3. Jibadrōk Kokua ro rej mottan Med-QUEST Community Partners nan aer jipañ kanne application eo am https://medquest.hawaii.gov/en/resources/community-partners.html

Kosraen:
Mwet ke Compact of Free Assciation nations (COFA) – Federated Stae of Micronesia, Republic of Marshall Islands, Republic of Palau
Sulpac na ikacklah kasru ke Medicaid nuh sesr. Kuht lihksreni kwacfe sesr kewa in nwacklah ke Med-Quest:

1. Nwacklah online ke https://medical.mybenefits.hawaii.gov
2. Pangon nampuh se 808-525-3370 (Oahu) kuh 1-800-3005 (Neighbor Islands)
3. Kuh sifana osun nuh sin mwet Kokua ke Med-Quest Community Partners in kasruh nwaklah application lom an https://medquest.hawaii.gov/en/resources/community-partners.html

Pohnpeian:
Ong kumwail akan me wia towe mehlel in Compact of free Association de (COFA) - Federated States of Micronesia, Republic of Marshall Islands, Republic of Palau
En wehwehieng wehi me kumwail kakehr en iang naineki medicaid. Eri se men kangongongeh kin kumwail en nsohnohkihda ong iang alehda de wiahda sapwelmamwail Med-QUEST:

1. Mwail kak ketla online ni website https://medical.mybenefits.hawaii.gov
2. De eker nempehn delepwohn 808-524-3370 (Oahu) de 1-800-316-8005 (Neighbor Islands)
3. De komw kak tueng tohn doadoahk en med-quest en sewesei komwi audehda sapwelmomwi application https://medquest.hawaii.gov/en/resources/community-partners.html

When the Biden Administration announced the signing of the American Rescue Plan, our Branch sent out email communications and scheduled a Statewide virtual Teams call with our community partners to highlight the details of how this plan can further assist our residents with lowering their premium on the Federal Health Insurance Marketplace; helping those who may have been eligible for COBRA in 2020 to current but elected not to sign up for the coverage due to the expense, may now be able to obtain $0 cost COBRA coverage from 4/1/2021 – 9/30/2021.

The COVID-19 pandemic has been challenging for everyone. The one thing we have done better is conducting outreach differently given all of the restrictions with masks, social distancing, etc. by holding virtual talk story sessions/webinars, scheduled drive through education and assistance sessions in parking lots of our community partners, connecting with other grassroot organizations who directly serve those most needy and directly impacted and providing resource information flyers to organizations such as food banks, COVID-19 testing sites, Grab N Go breakfast and lunches through the Department of Education.

During this period, the HCOB team is still seeing a large number of residents being admitted to Hawaii State Hospital and have worked to help these members suspend their Medicaid coverage. 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 70 patients suspend or unsuspend their coverage or submit new application to Med-QUEST.

VII. Delivery of 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 January - March 2021, there were 391 adverse events from the Health Plan, 14 adverse events from Nursing Facilities, and 9 adverse events from ICF DD/ID for a total of 414 adverse events.

Jan 2021 – Mar 2021	**Health Plan**	**Nursing Facility**	**ICF DD/ID**	**TOTAL**
Fall	135	12	0	**147**
Hospital	62	1	3	**66**
Death	26	0	0	**26**
Emergency Room Visit	108	1	5	**114**
Injury	36	0	1	**37**
Med Error	10	0	0	**10**
Aspiration	14	0	0	**14**
TOTAL	**391**	**14**	**9**	**414**

VIII. 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 During FFY 2021, 2nd Quarter, MQD worked with its contracted actuary, Milliman, to refine the reconciliation process that will also compare encounters submitted by the MCOs to Milliman for rate development to those submitted and accepted by MQD. The revised forms were disseminated to MCOs; the first reconciliations using the new templates is expected in FFY 2021, 3rd Quarter. 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 calculations for high cost newborns and risk sharing for high cost drugs are transitioning to be solely determined 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. During FFY 2021, 2nd Quarter, MQD developed additional questions to support the creation of an Encounter Data Financial Summary report template for its MCOs to begin using in FFY 2022. The new report includes additional data collection used to comprehensively evaluate timeliness, completeness, and accuracy of encounter data.

MQD also completed a contract with its EQRO to conduct an external encounter data validation project. The project included a full assessment of the Hawaii encounter pend system, including pend system edits; described in detail the current process by which MCOs prepare files for MQD and the data challenges experienced or incurred as a result; and resulted 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 will inform future efforts to improve encounter data quality.

Beginning with FFY 2021, MQD has had 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 work continued into FFY 2021, 2nd Quarter. 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. During FFY 2021, 2nd Quarter, MQD and AHCCCS developed a systematic approach to investigating and addressing encounter data quality issues; implemented a pend report that allows for monthly tracking of pends; and recruited a consultant to support specialized systems documentation work focused on identifying discrepancies and errors in MQD's encounter validation process that are contributing to pends. Additionally, AHCCCS issued a request for proposals for a documentation consultant. The documentation consultant will 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 begin in the third quarter of FFY 2021.

IX. Impact of Demonstration in Providing Insurance Coverage

This section is new and will be populated in future reports. Data is not currently available for this section.

X. Performance Metrics & Quality Assurance and Monitoring

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)

PIPs are an organized way for health plans to assess healthcare processes and design interventions to improve member health, functional status, and/or satisfaction. The MQD required the health plans to conduct rapid-cycle PIPs based on plan-specific data that demonstrated a need for improvement.

January:

- Scheduled webinar with the health plans for Module 4 (PDSA) and 5 (PIP Conclusions) training on 02/11/21.
- Provided technical assistance to Kaiser for its Adolescent Well Care Visits PIP on 01/26/21.

February:

- Conducted Module 4 and 5 training webinars on 02/11/21.
- Conducted meeting with the MQD about the next set of rapid-cycle PIP topics on 02/16/21 and sent a summary of the meeting to the MQD on 02/19/21.

March:

- Continue to provide PIP technical assistance to the health plans and the MQD, as requested.

2. Healthcare Effectiveness Data and Information Set (HEDIS)

MQD's EQRO validates the HEDIS and non-HEDIS state-defined measure rates required by the MQD to evaluate the accuracy of the results. The EQRO continues to assess the PM results and their impact on improving the health outcomes of members. The EQRO conducts validation of the PM rates following the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)1-3 Compliance Audit™,1-4 timeline.

January:

- Received HEDIS MY 2020-2021 Roadmap from all five health plans by 01/29/21.
- Completed survey sample frame validation and provided results report to each health plan by 01/29/21.

February:

- Approval of four health plan's Healthcare Organization Questionnaire (HOQ) submission has been completed as of 02/03/21.
- HSAG provided technical assistance to the MQD as requested.

March:

- Completed source code review for all non-HEDIS measures, including corrective actions, on 03/01/21.
- Finalized approval for all MCO standard and nonstandard supplemental data on 03/31/21.

3. Compliance Monitoring

MQD's EQRO evaluates the health plans' compliance with State and federal requirements for organizational and structural performance.

January:

- Provided technical assistance on CAPs to KFHP on 01/12/21 and 01/20/21 for Standards: Provider Selection, Subcontracts and Delegation, Credentialing and Program Integrity.
- Completed CAPs review of 'Ohana QI and 'Ohana CCS for the Standard Subcontracts and Delegation, and CAPS for UHC CP QI for Program Integrity Standard. Submitted CAP documents to the MQD for review on 01/14/21.
- MQD provided feedback on CAPs on 01/26/21. Email notification sent to 'Ohana on 01/27/21 requesting additional documentation.
- Email notification sent to UHCCP on 01/27/21 closing CAPs.

February:

- Received and reviewed updated CAP and supporting documentation from KFHP on 02/01/21.
- Reviewed additional documents submitted by 'Ohana QI and 'Ohana CCS on 02/05/21 and submitted to the MQD for review on 02/09/21. MQD provided feedback on 02/16/21.
- Email notification sent to 'Ohana QI and 'Ohana CCS on 02/16/21 closing CAPs.
- Completed review of KFHPs CAPs. Submitted CAP documents to the MQD for review on 02/22/21.

March:

- Received feedback from the MQD on KFHPs CAPs on 03/03/21 and sent follow-up email to KFHP regarding open CAP items on 03/03/21.

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

The EQRO conducts CAHPS surveys of the Child QI health plans and Children's Health Insurance Program (CHIP) populations to learn more about members' experiences with care.

January:

- MQD received updated CAHPS timeline on 01/04/21.
- Received 2021 sample frame files from the MQD on 01/07/21.
- Submitted CAHPS 2021 survey materials to NCQA for approval prior to volume printing on 01/15/21.

- Received sample frame file for CHIP and updated sample frame files for the QI health plans on 01/20/21.
- Received a deduplication file for UnitedHealthcare Community Plan (UHC CP) QI on 01/27/21.
- Received updated sample frame files for the QI health plans on 01/28/21.
- HEDIS Auditors completed validation of the sample frame files on 01/29/21.
- Sent sample frames to subcontractor, including deduplication file for UHC CP QI on 01/29/21.

February:

- Selected survey samples on 02/05/21.
- Ran survey samples through the U.S. Postal Service's National Change of Address (NCOA) system on 02/11/21.
- Notified MQD that the samples have been selected and address information has been updated on 02/11/21.
- MQD received final copies of survey materials for each population to be surveyed on 02/11/21.
- Printed and produced survey packets on 02/17/21.
- Mailed first questionnaires and cover letters to members on 02/18/21.
- Mailed first postcard reminders to non-respondents on 02/25/21.

March:

- Mailed second questionnaires and cover letters to non-respondents on 03/25/21.
- Sent weekly disposition reports to MQD on 03/12/21, 03/19/21, and 03/26/21.

Weekly Disposition Report
CAHPS 5.1H Child Medicaid Health Plan Survey
Hawaii Med-QUEST
March 12, 2021

	Sample Size	2021 Preliminary Response Rate	2019 Child/ 2020 CHIP Response Rate	Completes			Returns			Ineligible			
				Total	Phone	Mail	Mail 1	Mail 2	Undel.	Total	Not Enr.	Dec.	Lang.
Hawaii Child Medicaid Total—QUEST Integration	**10,725**	**4.09%**	**7.62%**	**439**	**0**	**439**	**439**	**0**	**741**	**0**	**0**	**0**	**0**
AlohaCare	2,145	2.84%	6.20%	61	0	61	61	0	169	0	0	0	0
HMSA	2,145	5.64%	9.09%	121	0	121	121	0	112	0	0	0	0
KFHP	2,145	4.90%	9.84%	105	0	105	105	0	98	0	0	0	0
'Ohana	2,145	3.92%	7.37%	84	0	84	84	0	169	0	0	0	0
UHC CP	2,145	3.17%	5.59%	68	0	68	68	0	193	0	0	0	0
Hawaii Child Medicaid Total—CHIP	**2,145**	**5.73%**	**10.91%**	**123**	**0**	**123**	**123**	**0**	**54**	**0**	**0**	**0**	**0**
Hawaii CHIP	2,145	5.73%	10.91%	123	0	123	123	0	54	0	0	0	0

Weekly Disposition Report
CAHPS 5.1H Child Medicaid Health Plan Survey
Hawaii Med-QUEST
March 19, 2021

	Sample Size	2021 Preliminary Response Rate	2019 Child/ 2020 CHIP Response Rate	Completes			Returns			Ineligible			
				Total	Phone	Mail	Mail 1	Mail 2	Undel.	Total	Not Enr.	Dec.	Lang.
Hawaii Child Medicaid Total—QUEST Integration	**10,725**	**6.99%**	**8.43%**	**750**	**0**	**750**	**750**	**0**	**905**	**0**	**0**	**0**	**0**
AlohaCare	2,145	5.45%	6.95%	117	0	117	117	0	200	0	0	0	0
HMSA	2,145	9.79%	10.02%	210	0	210	210	0	132	0	0	0	0
KFHP	2,145	8.25%	10.86%	177	0	177	177	0	121	0	0	0	0
'Ohana	2,145	6.06%	8.02%	130	0	130	130	0	216	0	0	0	0
UHC CP	2,145	5.41%	6.29%	116	0	116	116	0	236	0	0	0	0
Hawaii Child Medicaid Total—CHIP	**2,145**	**10.44%**	**11.56%**	**224**	**0**	**224**	**224**	**0**	**67**	**0**	**0**	**0**	**0**
Hawaii CHIP	2,145	10.44%	11.56%	224	0	224	224	0	67	0	0	0	0

Weekly Disposition Report
CAHPS 5.1H Child Medicaid Health Plan Survey
Hawaii Med-QUEST
March 26, 2021

	Sample Size	2021 Preliminary Response Rate	2019 Child/ 2020 CHIP Response Rate	Completes			Returns			Ineligible			
				Total	Phone	Mail	Mail 1	Mail 2	Undel.	Total	Not Enr.	Dec.	Lang.
Hawaii Child Medicaid Total—QUEST Integration	**10,725**	**8.42%**	**8.54%**	**903**	**0**	**903**	**903**	**0**	**948**	**0**	**0**	**0**	**0**
AlohaCare	2,145	6.90%	6.99%	148	0	148	148	0	204	0	0	0	0
HMSA	2,145	11.89%	10.12%	255	0	255	255	0	147	0	0	0	0
KFHP	2,145	9.79%	11.05%	210	0	210	210	0	127	0	0	0	0

'Ohana	2,145	7.18%	8.07%	154	0	154	154	0	226	0	0	0	0
UHC CP	2,145	6.34%	6.48%	136	0	136	136	0	244	0	0	0	0
Hawaii Child Medicaid Total—CHIP	**2,145**	**13.05%**	**12.63%**	**280**	**0**	**280**	**280**	**0**	**71**	**0**	**0**	**0**	**0**
Hawaii CHIP	2,145	13.05%	12.63%	280	0	280	280	0	71	0	0	0	0
Note: Preliminary response rates do not reflect the final reconciliation process. All reported response rates are preliminary until the final reconciliation is completed after the close of the survey field.													

5. Provider Survey

Due to COVID-19 and HSAG's findings of other states receiving only 2% Response Rate on this survey, MQD decided to postpone this activity.

January:

- Met with MQD on 01/12/21 to discuss provider survey administration.
- MQD decided on 01/15/21 that the Provider Survey will be postponed allowing providers to prioritize more critical issues during the PHE.

February:

- This activity is currently postponed.

March:

- This activity is currently postponed.

6. Annual Technical Report

January:

- MQD received draft EQR technical report for review and comment on 01/11/21.

February:

- Received approval of the 2020 EQR Technical Report from the MQD on 02/02/21.
- Finalized and submitted the 508-compliant EQR technical report to the MQD on 02/17/21.
- Five hard copies of the report shipped via FedEx to the MQD on 02/17/21.

March:

- Sent notification email to all health plans with the link to the 2020 EQR Technical Report on the MQD website and the final PDF file of the report on 03/05/21.
- MQD received letter from CMS regarding CMS's review of the 2018 and 2019 EQR Technical Reports on 03/12/21. MQD and HSAG discussed and drafted response letter on 03/26/21.

7. Technical Assistance

January:

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

- Submitted Hospital P4P workplan to HAO for review and feedback on 01/04/21.
- Submitted Hospital P4P Environmental Scan Report Template to HAO for review and feedback on 01/14/21.
- Received feedback on the Hospital P4P workplan and report template from the HAO on 01/21/21.
- Conducted Hospital P4P update meeting with HAO on 01/15/21 and 01/28/21.

February:

- Received request from HAO for HSAG to provide reporting templates/guidelines provided to the health plans for incorporation into the MCO Health Plan Manual on 02/09/21.
- Received request from HAO to re-validate CY2019 P4P rates and payouts on 02/16/21. Completed validation and submitted P4P Excel document to HAO on 02/18/21.
- Conducted Hospital P4P update meeting with HAO on 02/25/21.
- Submitted the Hospital P4P Environmental Scan Report to the HAO on 02/27/21.

March:

- Conducted presentation of the Hospital P4P Environmental Scan results to the MQD and the HAO on 03/01/21.
- Provided PIP and PMV reporting templates to the HAO on 03/07/21 for consideration in the HAO's development of the health plan report manual.
- Conducted Hospital P4P update meeting with HAO on 03/11/21.

XI. Budget Neutrality and Financial Reporting Requirements

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

XII. Evaluation Activities and Interim Findings

During FFY 2021 2nd Quarter, MQD's Health Analytics Office (HAO) worked closely with a newly recruited team at the University of Hawaii (MQD's external evaluators) to provide training and beginning planning and data collection activities. Data planning activities included the creation of brand new report templates to support a variety of reports that will collect data to support the evaluation project. Specifically, report templates were designed to collect new information on value-based purchasing and alternative payment models; special health care needs populations; LTSS populations; the CIS population; social determinants of health and health disparities; and the advancing primary care initiative. In addition, progress was made in granting access to MQD data.

XIII. Other

Asset Verification Service (AVS) System

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 II was implemented on February 22, 2021, introducing more automation to the verification and eligibility process.

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 automated 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 introduced 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. In response to a February 25, 2021 call with CMS, MQD sent a letter to CMS on March 25, 2021 requesting closure of this CAP. CMS has acknowledged receipt of the request and the State of Hawaii is awaiting further response from CMS.

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. Wave 3 began on October 26th and included all MDs (physicians). Finally, Wave 4 began on December 14th and included all remaining provider types (hospitals, pharmacies, labs, various agencies, etc.).

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). Once the system is updated; the information is passed on to MQD and Koan staff.

MQD's goal is to increase the throughput of applications in HOKU. To achieve that, MQD has been working with a heavy focus on a few key areas.

- **Group Billers**
    - MQD is focusing on getting Group Biller applications approved to ensure the process of approving the Rendering/Servicing providers associated with a Group Biller is streamlined.

- **Training**
    - MQD added additional MQD and Koan staff to assist with applications. Training is ongoing as staff started off with a specific enrollment type, then are trained on additional enrollment types. Also, there has been training to move staff to a place where they are able to complete applications fully

by themselves. MQD is in the process of working with Koan to add on additional staffing to assist with provider enrollment. The same training plan will be followed.

- **Business Processes**
  - With an online enrollment system and additional staffing, MQD has been reviewing business processes and revising them to meet business needs, while ensuring that State and Federal guidelines are followed.

- **HOKU System Improvements**
  - Continuously focusing on HOKU system issues/enhancements will improve and increase the productivity of reviewers.

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

Application Status	Number of Applications	Description
In Process	1,500	Number of applications providers are currently working on in HOKU but have not yet submitted.
In Review	1,769	Number of applications providers submitted in HOKU and are awaiting State Review.
Approved	1,581	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 2 (Q2), MQD continued to collaborate with Arizona Health Care Cost Containment System (AHCCCS) towards implementation.

During this quarter, MQD continued the soft launch of EVV with the MCOs and provider agencies. Stakeholder communications and training continued through multiple methods.

MQD's future EVV work plans 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.

JANUARY

During the month of January 2021, 100% of provider IDs became active and were ready for authorizations and EVV visits. Achieved a 95% completion rate for the provider agency self-paced Sandata administration training allowing provider agencies to begin setting up and configuring the EVV solution. The final sessions of Sandata instructor-led training completed. The EVV vendor Sandata fixed a second Authorization load issue. 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.

FEBRUARY

During the month of February 2021, Med-QUEST performed outreach to all EVV provider agencies that have not loaded visits. Increased outreach activity for provider agencies from monthly meetings to bi-weekly. All MCOs completed the second round of authorization validation between what was sent to the EVV vendor and what is found in production. As a result of the authorization validation efforts, MCOs identified missing authorizations for correction and resubmission. The EVV vendor Sandata fixed a mobile application issue that prevented switching services when capturing visits. 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 deliverables and timelines.

MARCH

During the month of March 2021, multiple 1-on-1 provider agency review sessions were held to review EVV visit statuses, so they clearly understand the overall situation when the hard edit is turned on. The majority of authorizations were sent from the state and MCOs to be loaded into the state EVV vendor Sandata. However, an issue persists with the EVV vendor getting the authorizations transferred from a staging environment to the production environment. Established and held 1st weekly Alt EVV Vendor group meeting to review EVV requirements and address/resolve visit upload issues. Met with 1-on-1 with Alt EVV vendors to address issues preventing visit uploads. Attended the second of three DOMO (Business intelligence reporting tool) training sessions with Sandata. All bulk orders for the Self-directed devices from the EVV vendor was delivered. Determined the Hard Edit date needed to move from 4/1/21 to 7/1/21 due to technical issues encountered by the EVV vendor. The technical issue is related to the authorizations not loading and is a roadblock stopping the Hard Edit date from being implemented. An authorization establishes the relationship between the Provider, Member, and Service before a visit can reach a status that suffices as approval for EVV claim validation.

Clinical Care Guidelines

Through this ongoing COVID-19 public health emergency (PHE), MQD continued to address pandemic-related concerns such as planning and collaborating to carry out COVID-19 vaccinations for beneficiaries at most risk for severe illness if infected with COVID-19, and personal protective equipment sourcing and training on proper use for home and community-based (HCB) provider-operated homes.

Planning for operations post-PHE continued, including future telehealth policy planning, and collaborating with our managed care organizations (MCOs) to resume in-person assessments for beneficiaries residing in HCB provider-operated homes. In addition to the ongoing review of quarterly member grievance and appeal reports from our MCOs, an analysis of beneficiary appeals for years 2015 through 2020 identified high-frequency and emerging clinical issues to inform future policy decisions.

Finally, notifications to stakeholders were made concerning recent policy changes such as dental services requiring general anesthesia performed in a hospital setting and Medicaid eligibility for the previously ineligible citizens of the Freely Associated States under the Compact of Free Association (COFA), Inclusion of COFA under Medicaid will result in better access to health care and health outcomes for this population.

MQD Workshops and Other Events

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		

Focus:	COVID 19 Vaccination Plan		
For:	**Case Managers, Residential Caregivers, MCO Service Coordination Supervisors**		
Speaker	Curtis Toma, MD/QI Quality Staff	**Location**	Webinars
Length	1 hour per session (3 sessions)	**Dates**	January 11, 2021 January 12, 2021 January 13, 2021
Attendees	Approximately 50-350+ based on content and target audience		
Description	COVID 19 Updates, Statewide Vaccination Plan		
Objectives/Outcomes	• Ensure implementation of Statewide Vaccination Plan for high risk individuals that reside in licensed/certified residential settings • Educate on pre-registration process and scheduling logistics • Open discussion for questions to guest speakers/experts		

Focus:	COVID 19 Vaccination Plan		
For:	**Members, Family, and other Stakeholders**		
Speaker	Curtis Toma, MD/AARP/Lt. Gov Josh Green	**Location**	Webinars
Length	1 hour per session (2 sessions)	**Dates**	January 30, 2021 February 12, 2021
Attendees	Approximately 50-350+ based on content and target audience		
Description	COVID 19 Updates, Statewide Vaccination Plan		
Objectives/Outcomes	• Ensure implementation of Statewide Vaccination Plan for high risk individuals that reside in licensed/certified residential settings		

	• Educate on pre-registration process and scheduling logistics • Open discussion for questions to guest speakers/experts

Focus:	**National Center on Advancing Person-Centered Practices and Systems (NCAPPS): Stakeholders Engagement**		
For:	**Self-advocates, Advisory, Councils, State Agencies, MCOs, and other Stakeholders**		
Speaker	Aileen Manuel/NCAPPS team	**Location**	Go to Webinar
Length	1.0 hours (4 sessions)	**Date**	January 21, 2021 February 11, 2021 March 17, 2021 March 29, 2021
Attendees	Approximately 20+		
Description	• Introduction to NCAPPS • Review national core competencies • Discuss core competency alignment to current processes and identify areas for improvement • Gather stakeholder input on core competencies		

A. Attachments

Attachment A: QUEST Integration Dashboard for January 2021 – March 2021
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 12/31/2020 is attached. The Budget Neutrality Summary for the quarter ending 03/31/2021 will be submitted by the 05/31/2021 deadline.

Attachment C: Budget Neutrality Workbook
The Budget Neutrality Workbook for the quarter ending 12/31/2020 is attached. The Budget Neutrality Workbook for the quarter ending 03/31/2021 will be submitted by the 05/31/2021 deadline.

B. MQD Contact(s)

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