

# MED-QUEST HEALTHCARE ADVISORY COMMITTEE

## JULY 10, 2024



Med-QUEST, DHS

# MED-QUEST HEALTHCARE ADVISORY COMMITTEE AGENDA

- I. Welcome/Call to Order
- II. Introductions/Roll Call
- III. Review of meeting participation guidelines and process
- IV. Med-QUEST Updates - Presentation on current Med-QUEST program activities
  - a. Stay Well Stay Covered - Restart of the eligibility renewals process
  - b. Section 1115 Demonstration Renewal for 2024
  - c. New CMS Rules for MHAC
  - d. Health Plan Medicaid Membership Cards
  - e. Public Comment
- V. Dental Program Updates
  - a. Public Comment
- VI. Health Plan Member Communications Presentation
  - a. Kaiser Permanente
  - b. Public Comment
- VII. State Plan Amendment Presentations and Discussions
  - a. State Plan Amendment: Updates - Presentation on the status of State Plan Amendments previously reviewed by the MHAC
  - b. State Plan Amendments: New - Presentation of State Plan Amendments currently being submitted for CMS approval
    - i. SPA 24-0009 Vision Services: Health Service Initiative (HIS) Payment Methodology update
    - ii. SPA 24-0004 Hearing Services Health Service Initiative (HIS)
    - iii. SPA 24-0010 Advanced practice Registered Nurse Provider Services
  - c. State Plan Amendments: Coming Soon – Presentation on upcoming State Plan Amendments
  - d. Public Comment
- VIII. Next Meeting: Wednesday, August 21, 2024
- IX. Adjourn



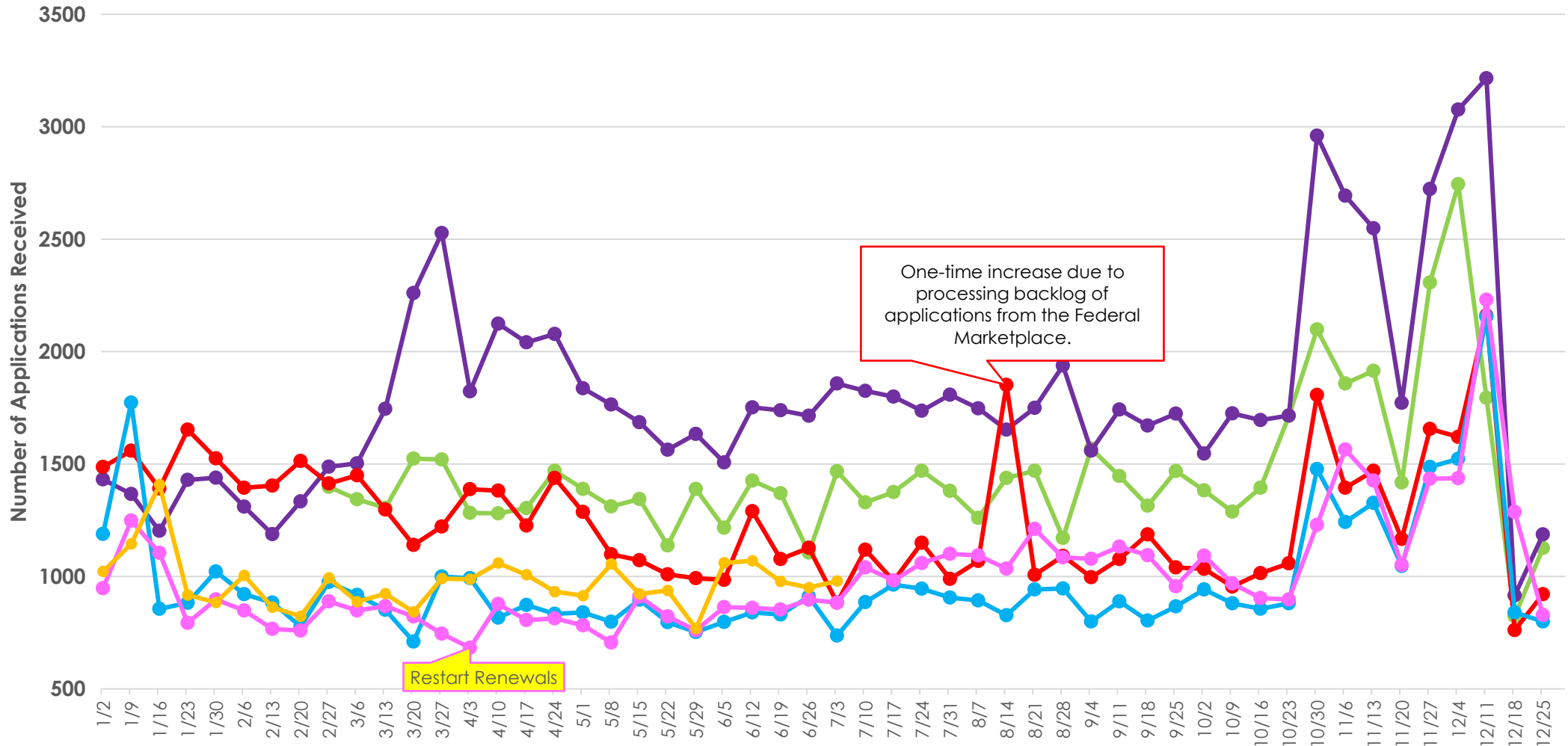
## **IV. MQD UPDATES:**

**Stay Well Stay Covered - Re-Restart of Renewals**



# Hawai'i Medicaid Applications Received:

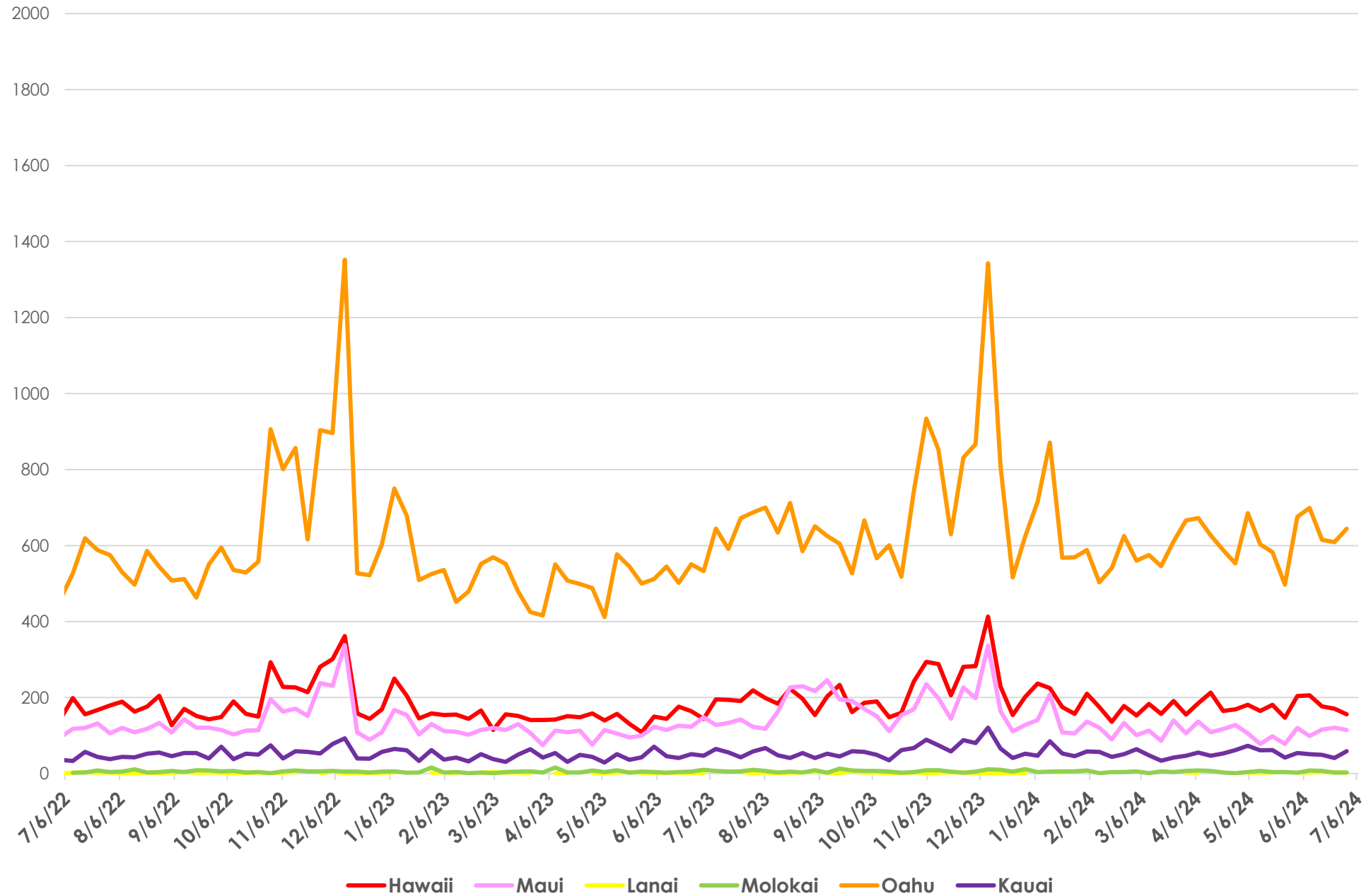
**March 2020 to March 2023 MQD Received 209,251 Applications**  
**As of April 2023 - July 6, 2024 MQD has received 67,032 Applications**



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

● 2019   
 ● 2020   
 ● 2021   
 ● 2022   
 ● 2023   
 ● 2024

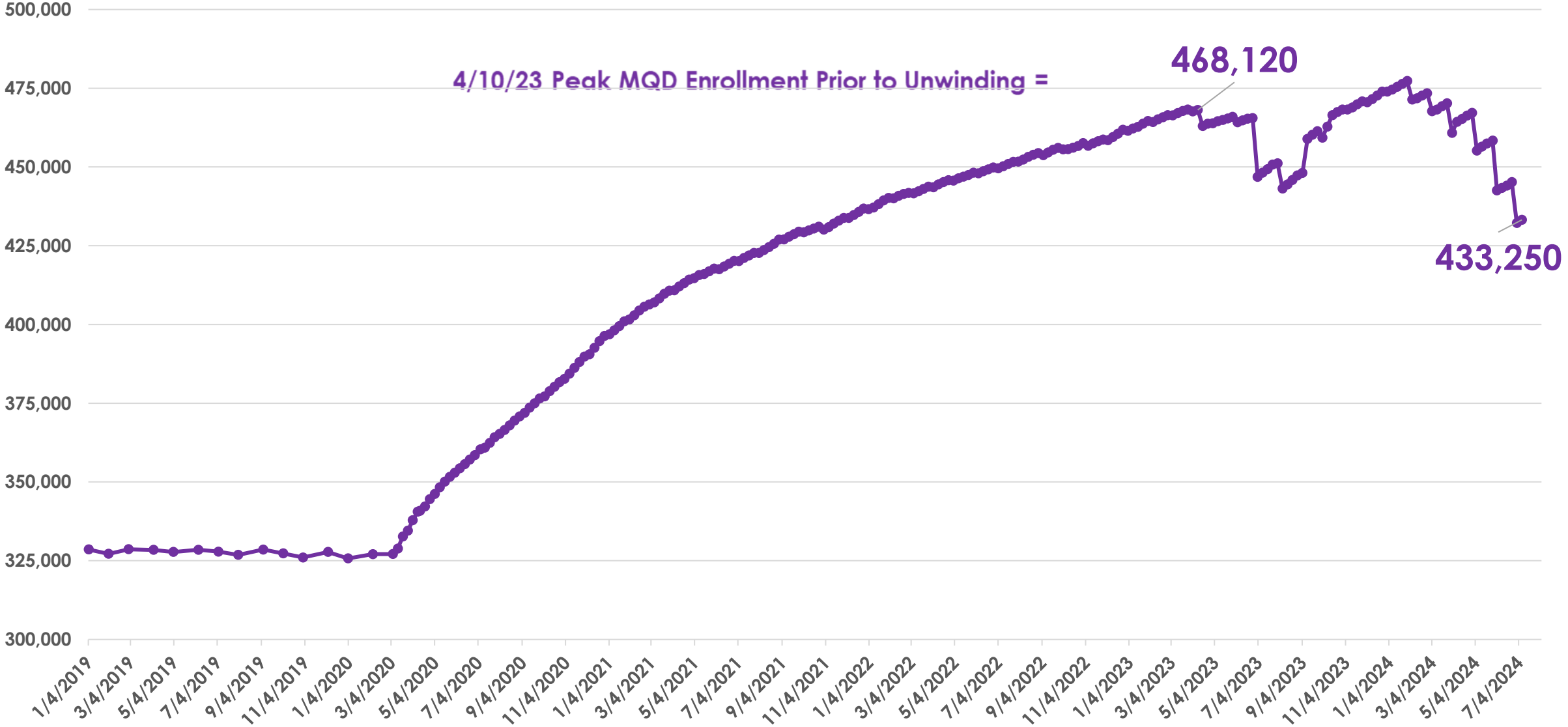
# Applications by Island for past 2 years, 7/6/22- 7/6/24



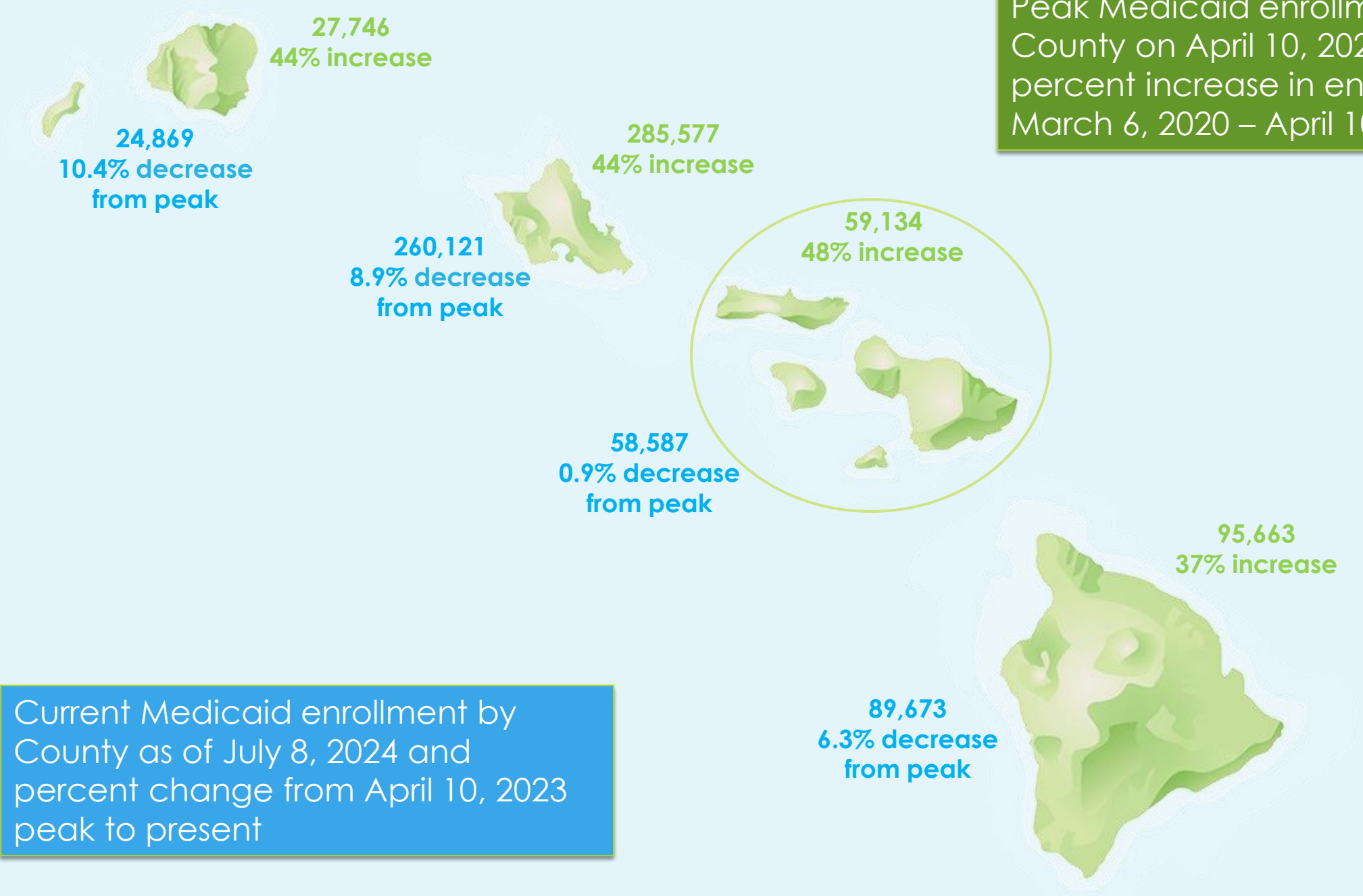
# Hawai'i Medicaid Monthly Enrollment: January 2019 to July 8, 2024

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

34,870 fewer enrollments from 4/10/23 to 7/8/24 (7.4% decrease from prior Peak Enrollment)



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



Current Medicaid enrollment by County as of July 8, 2024 and percent change from April 10, 2023 peak to present

MQD reached a milestone in June 2024 as it began eligibility renewal processing for the last group of members who had not yet been renewed since the COVID PHE ended in March 2023. Eligibility renewals for this last group, with a few exceptions, will be complete by the end of July 2024.

Renewals will continue on an annual basis for each Med-QUEST member moving forward.

**REVISED ELIGIBILITY RENEWAL SCHEDULE:**

Renewal month listed in the letter you received in March 2023:		Your new Renewal month after the pause:
September 2023	→	December 2023
October 2023	→	January 2024
November 2023	→	February 2024
December 2023	→	March 2024
January 2024	→	April 2024
February 2024	→	May 2024
March 2024	→	June 2024

**FOR MAUI COUNTY\* ONLY:**

Renewal month listed in the letter you received in March 2023:		Your new Renewal month after the pause:
September 2023	→	April 2024
October 2023	→	April 2024
November 2023	→	May 2024
December 2023	→	May 2024
January 2024	→	June 2024
February 2024	→	June 2024
March 2024	→	June 2024

**\*All those living in West Maui as of August 2023 will not go through renewal until June 2024**

*These revised schedules apply to those Med-QUEST Members who have not gone through their eligibility renewal in 2023.*

*Please note that if our automated system is able to process your renewal without reaching out to you, you will receive a notice confirming your successful renewal. This may happen prior to the months listed above.*





## **IV. MQD UPDATES:**

**SECTION 1115 DEMONSTRATION RENEWAL FOR 2024**



## **IV. MQD UPDATES:**

### **NEW CMS RULES FOR MED-QUEST HEALTHCARE ADVISORY COMMITTEE**



## **IV. MQD UPDATES:**

### HEALTH PLAN MEDICAID MEMBERSHIP CARDS



# **PUBLIC COMMENT**



# V. DENTAL PROGRAM UPDATES



# CHAPTER 14 – DENTAL BENEFITS

(PAYMENTS TO DENTISTS FOR SELECTED SERVICES)

**2023: COMPREHENSIVE ADULT BENEFITS**

**2024-2026: IMPROVEMENTS AND REVISIONS**

**GOAL: IMPROVE HEALTH, INCREASE VALUE, COVERAGE  
FOR MORE INDIVIDUALS**



# **GUIDING PRINCIPLES: IMPROVEMENTS TO DENTAL PAYMENTS**

## **1) MORE PAYMENT TO DENTISTS FOR DENTAL SERVICES WITH LONG-TERM HEALTH VALUE**

- PREVENTION OF DISEASE**
- CHILDREN AND ADULTS**

## **2) MORE PAYMENT TO DENTISTS FOR CRITICAL SERVICES FOR INDIVIDUALS WITH SPECIAL MEDICAL OR DEVELOPMENTAL NEEDS**

- CHILDREN AND ADULTS**

## **3) MEANINGFUL USE OF PUBLIC MONEY: LESS PAYMENT TO DENTISTS FOR INSTANCES OF PROVIDER FRAUD OR MISUSE OR WASTE**



# OUR PROCESS FOR MAKING IMPROVEMENTS:

## 1. IDENTIFICATION OF A TOPIC OF CHANGE:

PATIENTS, PROVIDERS, EXPERTS, DATA ANALYSIS, INDUSTRY TRENDS

## 2. DESIGN OF A CHANGE

INTERNAL DEVELOPMENT

EXTERNAL PARTNER INPUT (CURRENTLY BUILDING MECHANISM)

## 3. IMPLEMENTATION AND MONITORING

EXPECTED AND UNEXPECTED RESULTS

## 4. ONGOING REVIEW AND RE-ADJUSTMENT

MULTI-YEAR





## **CURRENT ITEMS UNDER CONSIDERATION OR DEVELOPMENT**

### **1) NEW PREVENTION BENEFITS:**

**PAYMENTS TO DENTISTS FOR  
D1355 DENTAL CARIES PREVENTION AGENT  
D4346 SCALING IN THE PRESENCE OF INFLAMMATION  
OTHERS?**

### **2) NEW SPECIAL MEDICAL NEEDS BENEFITS:**

**PAYMENTS TO DENTISTS FOR  
D9920 BEHAVIOR MANAGEMENT FOR SPECIAL NEEDS INDIVIDUALS  
OTHERS?**

### **3) MEANINGFUL USE OF FUNDS, DISINCENTIVIZING FRAUD / MISUSE / WASTE**

**CREATED CRITERIA FOR PAYMENTS FOR SOME BILLED SERVICES (LAUGHING GAS)  
INCREASING IDENTIFICATION AND REVIEW OF UNUSUAL OR SUSPICIOUS CLAIMS**



# **PUBLIC COMMENT**



# **VI. HEALTH PLAN MEMBER COMMUNICATIONS PRESENTATION**

**KAISER PERMANENTE**



# **PUBLIC COMMENT**



# **VII. STATE PLAN AMENDMENT (SPA) PRESENTATIONS AND DISCUSSIONS**



# State Plan Updates

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- SPA 22-0013 Community Palliative Care **Approved 05/07/24 Effective 01/01/23**
- SPA 24-0005 Add Mental Health Counselors and Marriage Family Therapist to list of Medicaid Providers that can provide services under Rural Health Clinics/Federally Qualified Health Centers **-Approved 06/21/24 Effective 03/15/24**
- SPA 23-0007 Medicaid Application (DHS 1100 “Application For Health Coverage & Help Paying Costs”) – **Under CMS review**
- §SPA 24-0002 Diabetes Prevention Program-**Submitted the SPA packet to CMS on 05/31/24. Reviewing CMS additional questions.**
- SPA 24-0003 Non-Emergency Medical Transportation (NEMT) **-Under CMS review.**
- SPA 24-0006 Enrollment Cap Removal—**Meeting with CMS 07/17/24 to discuss SPA submission.**
- SPA 24-0008 2024 Third Party Liability Requirements - **–Received Request for Additional Information (RAI) letter from CMS.**



# **VII. STATE PLAN AMENDMENT PRESENTATIONS AND DISCUSSIONS: NEW**



# SPA 24-0009- Vision Services: Health Service Initiative (HSI) Payment Methodology updated

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## **Background:**

The Children Health Insurance Program (CHIP) allows states to use a limited amount of CHIP funding to implement health services initiatives (HSIs) focused on improving health of eligible children under Section 2105(a)(1)(D)(ii) regulations and 42 CFR 457.10 requirements. In 2021, Hawaii submitted CHIP HSI (SPA 21-0010) to improve the health of low-income children by increasing their access to needed vision services and glasses through a targeted school-based initiative. Hawaii received approval of this SPA on September 16, 2021.

Since CMS's approval, this program has provided over 4,000 exams and 3,500 pairs of glasses to low-income children whose vision needs were otherwise not being met. Hawaii is transmitting SPA 24-0009 "Modification of Vision Services HSI Methodology" to reduce the Employer-Sponsored Insurance (ESI) deduction methodology currently listed in the Hawaii CHIP State Plan add additional description to what this deduction is.



**Submitted to CMS 05/31/24 Proposed Effective Date 07/01/23**



# SPA 24-0009- Vision Services: Health Service Initiative (HSI) Payment Methodology updated (continued).

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## SPA language:

### ESI Enrollment Deduction

Modification of current employer-sponsored insurance (ESI) deduction from 64% to 20%

### HSI Reimbursement

The qualified vision services provider will then submit information to the Med-QUEST Division describing services (e.g., vision exams, corrective lenses and frames) provided for which it seeks HSI reimbursement.

### The invoice will:

- Reflect all vision screening services furnished by the qualified vision screening provider for children under the age of 19;
- Reflect all vision exams, corrective lenses and frames furnished to children under age 19 who were not identified by the third-party billing service as being enrolled in Medicaid or CHIP;
- Apply the ESI deduction to exams and glasses; and
- Identify the full payment owed to the qualified vision services provider.

**Submitted to CMS 05/31/24**

**Proposed Effective Date 07/01/23**



# SPA 24-0004- Hearing Services Health Service Initiative (HSI)

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## Background:

The CDC estimates that almost 15 percent of children between the ages of 6-19 experience low- or high-frequency hearing loss in one or both ears. Hearing loss can happen at any age and can affect a child's early ability to develop communication, language, and social skills. Moreover, hearing loss or difficulties in childhood can have longer-term consequences; a CDC longitudinal study found that approximately 40 percent of young adults who experienced hearing loss during childhood reported experiencing at least one limitation in daily functioning in early adulthood. To promote development and wellbeing in the short- and long-term, it is imperative to identify and, as needed, intervene to address hearing loss in children as early as possible.

Hawaii seeks to use the HSI option offer hearing screenings and, as appropriate, hearing exams and referrals for hearing devices to low-income children through a targeted, school-based initiative.

**Submission to CMS 06/28/24**

**Proposed Effective Date 01/01/24**



# SPA 24-0004-Hearing Services Health Service Initiative (HSI) continued

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## SPA language:

Hawaii intends to contract with:

- A qualified hearing screening provider to provide hearing screenings onsite at certain Hawaii schools. Hawaii is currently engaged with Project Vision Hawaii, a nonprofit organization and the only mobile health screening program in Hawaii that provides statewide services in medically underserved communities.
- A qualified hearing services provider to offer hearing exams and screenings onsite at certain Hawaii schools.

In these schools:

- The qualified hearing screening provider and qualified hearing services provider will jointly provide children with parent/guardian consent forms that provide information about the services and allow a parent/guardian to opt-out of, or decline, the services. An opt-out consent process is consistent with Hawaii law with respect to these types of services and settings. The school will maintain a list of children whose parents consented to the services.
- The qualified hearing screening provider will conduct a hearing screening for all participating children to identify which children require a hearing exam and potentially hearing devices.
- The qualified hearing screening provider will supply the qualified hearing services provider with a list of children who have been identified as needing further hearing services.
- For children who have been identified as needing services by the hearing screening, the qualified hearing services provider will perform one hearing exam (which could be fitted onsite at the school campus) and, if needed, will coordinate service for hearing devices needed (which could be fitted onsite at the school campus).



# SPA 24-0010 Advanced Practice Registered Nurse (APRN) Provider Services

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## Background:

Hawaii is adding Advanced Practice Registered Nurse definition to the "Service of Other Providers" section in our Medicaid State Plan. Hawaii intends to identify specific types of Advanced Practice Registered Nurses (i.e. Certified Registered Nurse Anesthetists (CRNA's), Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs) and Certified Nurse-Midwives (CNMs)) as identified in Medicare to Supplement to Attachment 3.1-A and 3.1-B pg. 2a (new page).

## SPA language:

### 3. Advanced Practice Registered Nurse:

Services provided by a licensed Advanced Practice Registered Nurse (APRN) as designated under Medicare within their scope of practice according to state law, such as Certified Registered Nurse Anesthetists (CRNAs), Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Nurse-Midwives (CNMs).

This section includes and does not limit services provided by licensed Certified Nurse Midwives, Pediatric Nurse Practitioners, Family Nurse Practitioners, or Advanced Practice Registered Nurse in behavioral health as addressed in other sections of the Medicaid State Plan.

**Submission to CMS 06/27/24**

**Proposed Effective Date July 01, 2024**



## **VII. STATE PLAN AMENDMENT: Coming Soon**

- **SPA 24-0007 Vaccine Administration Rate Increase**



# **PUBLIC COMMENT**



**VIII. Next Meeting: Wednesday, August 21,  
2024**

**IX. ADJOURN**



A photograph showing a dense field of large, heart-shaped green leaves, characteristic of taro plants. The leaves are vibrant green and have prominent veins. The background is slightly blurred, showing more of the same plants. The word "Mahalo!" is written in a large, white, sans-serif font across the middle of the image.

**Mahalo!**