

# Med-QUEST Healthcare Advisory Committee

## November 18, 2020



Med-QUEST,  
DHS

# Med-QUEST Healthcare Advisory Committee Agenda

I. Welcome/Call to Order

II. Review of meeting participation guidelines and process

III. Presentation – What is the Med-QUEST Division and what is the Med-QUEST Healthcare Advisory Committee – Judy Mohr Peterson

IV. Presentation on the Federal Marketplace Open Enrollment – Puanani Crabbe Parker

V. Presentation – Med-QUEST's response to COVID-19 - Judy Mohr Peterson

VI.MHAC Member and Public Comment

VII.Adjourn





Med-QUEST, DHS

# Medicaid, Med-QUEST and Med-QUEST Healthcare Advisory Committee Overview

Judy Mohr Peterson, PhD  
Med-QUEST  
Hawaii State Medicaid Director

# **WHAT IS MEDICAID?**

## **FEDERAL & STATE SUMMARY**

## MEDICAID – A NATIONAL PERSPECTIVE:

- Largest health care coverage program in country covering **72+ million people**
- **Major payer** in the U.S. health care system:
  - 17 percent of national health care spending (2016)
  - 60 percent of nursing home and other long-term care expenses
  - More than 1/4 of all spending on mental health services and over a fifth of all spending on substance abuse treatment.
- **Coverage** of “Mandatory & Optional” benefits:
  - ≡ Typical health services like hospitalizations, doctors, prescription drugs, physical therapy, durable medical equipment
  - ↑ Comprehensive Behavioral health coverage (Mental Health and Addiction treatment);
  - + Non-traditional services: non-emergency medical transportation, Long term care – nursing homes, personal care assistance, adult foster homes
- **Joint federal/state program** with both sharing in the costs. As an “entitlement” program Medicaid is usually the largest federal dollar budget item in states. States can operate their Medicaid programs to meet their communities needs, often through waivers approved by federal government.



Medicaid Covers All That?  
It's The Backstop  
Of America's Ailing  
Health System



(Kaiser Health News, Sept 25, 2017)



<https://www.macpac.gov/medicaid-101/>

# Hawaii Medicaid: QUEST

## ■ The people:

- 1 in 4 served by Medicaid (375k)
- > 40% of all kids
- ~ 50% births



Med-QUEST,  
DHS



## ■ The health care delivery system

99.9% managed care via health plans, including long term care services:



- 1 Specialty Mental Health managed care plan for specialty mental health services for individuals with serious mental illnesses ('Ohana)
- Dental is “fee-for-service” with a very limited adult dental benefit

## ■ Medicaid Program organizational structure — Part of a Human Services agency. Hawaii's Behavioral Health programs are in a separate agency, Department of Health.

## ■ QUEST: Quality care, Universal access, Efficient utilization, Stabilizing costs, Transform the way health care is provided to recipients

# Med-QUEST Healthcare Advisory Committee

- The Med-QUEST Healthcare Advisory Committee (MHAC) is a federally mandated body (42 CFR Ch. IV § 431.12).
- The MHAC provides a formal mechanism to obtain the advice and counsel of MQD stakeholders.
- The MHAC provides input and feedback on MQD programs and initiatives.
- The MHAC is being re-launched and is still a work in progress!
- For more information visit **[Medquest.hawaii.gov/MHAC](https://medquest.hawaii.gov/MHAC)**



## Med-QUEST Healthcare Advisory Committee cont.

- Membership should include Medicaid members, physicians, Director of Dept. of Health and other community members
- Advise on broad range of topics including materials of Health Plans.





**WHO ARE WE, THE MED-QUEST DIVISION?**



# Med-QUEST Division



## *VISION*

The people of Hawai'i embrace health and wellness

## *MISSION*

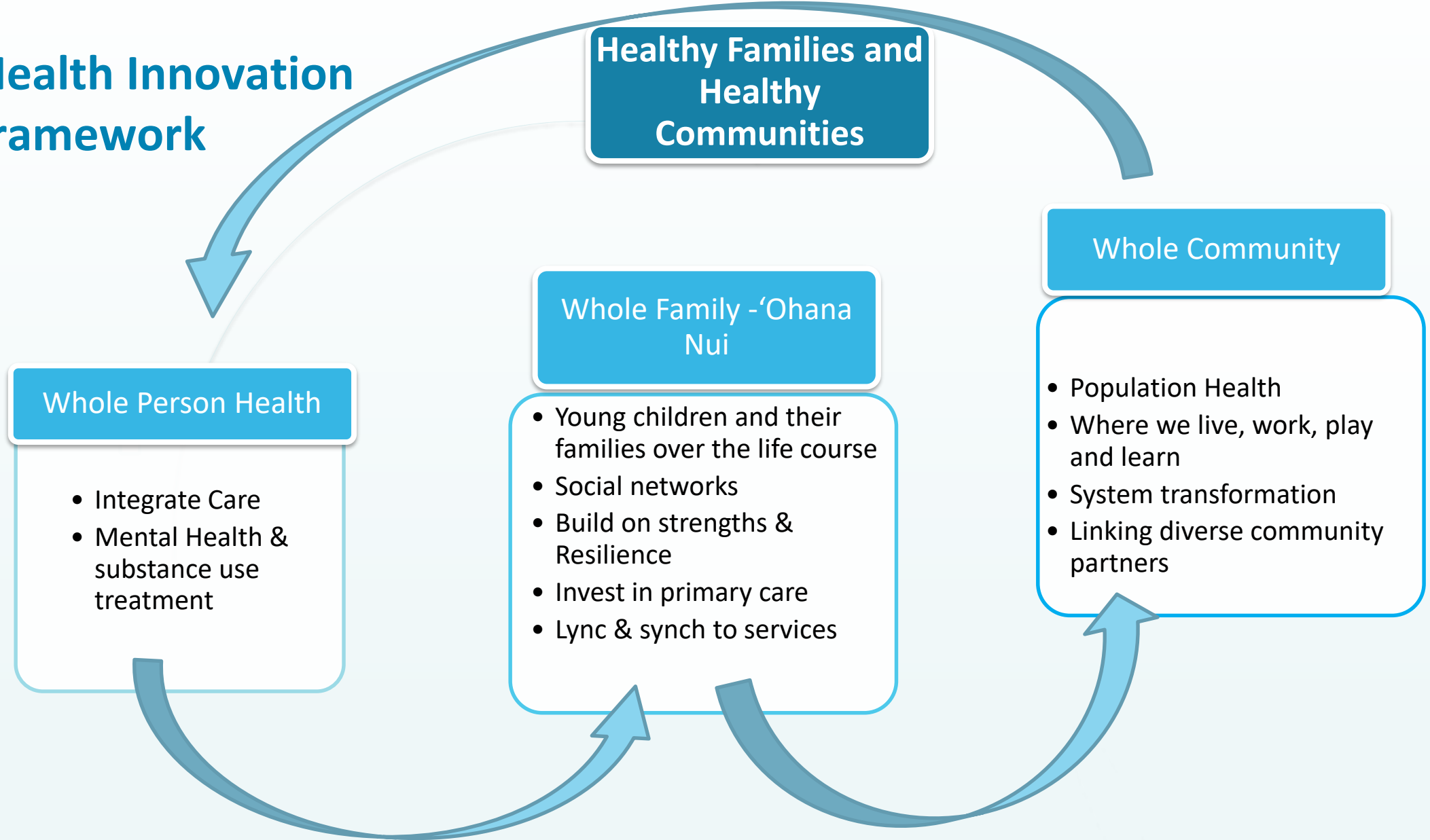
Empower Hawai'i's residents to improve and sustain wellbeing by developing, promoting and administering innovative and high-quality healthcare programs with aloha. 🌺

## *CORE VALUES*


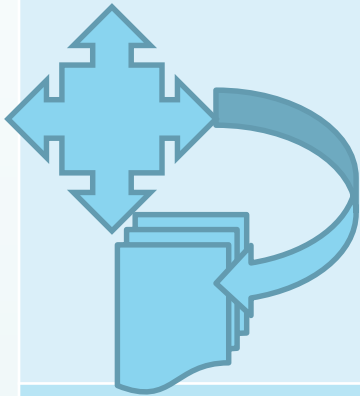

Hi'iola ~ Embracing wellness

- H Healthy Outcomes - We develop strategies and improvements necessary to promote overall wellbeing.
- I Integrity – We are accountable to the work we do, the resources we manage and the people we serve.
- ‘ ‘Ohana Nui – We focus on the whole family's needs, with priority on children ages 0 – 5 years old.
- I Innovation – We cultivate an atmosphere of continuous learning and improvement.
- O Optimism – We each make a difference for the people of Hawai'i.
- L Leadership – We are all leaders in the work we do.
- A Aloha – We extend warmth and caring to all.

# Hawaii Health Innovation Framework



# HOPE Project Summary

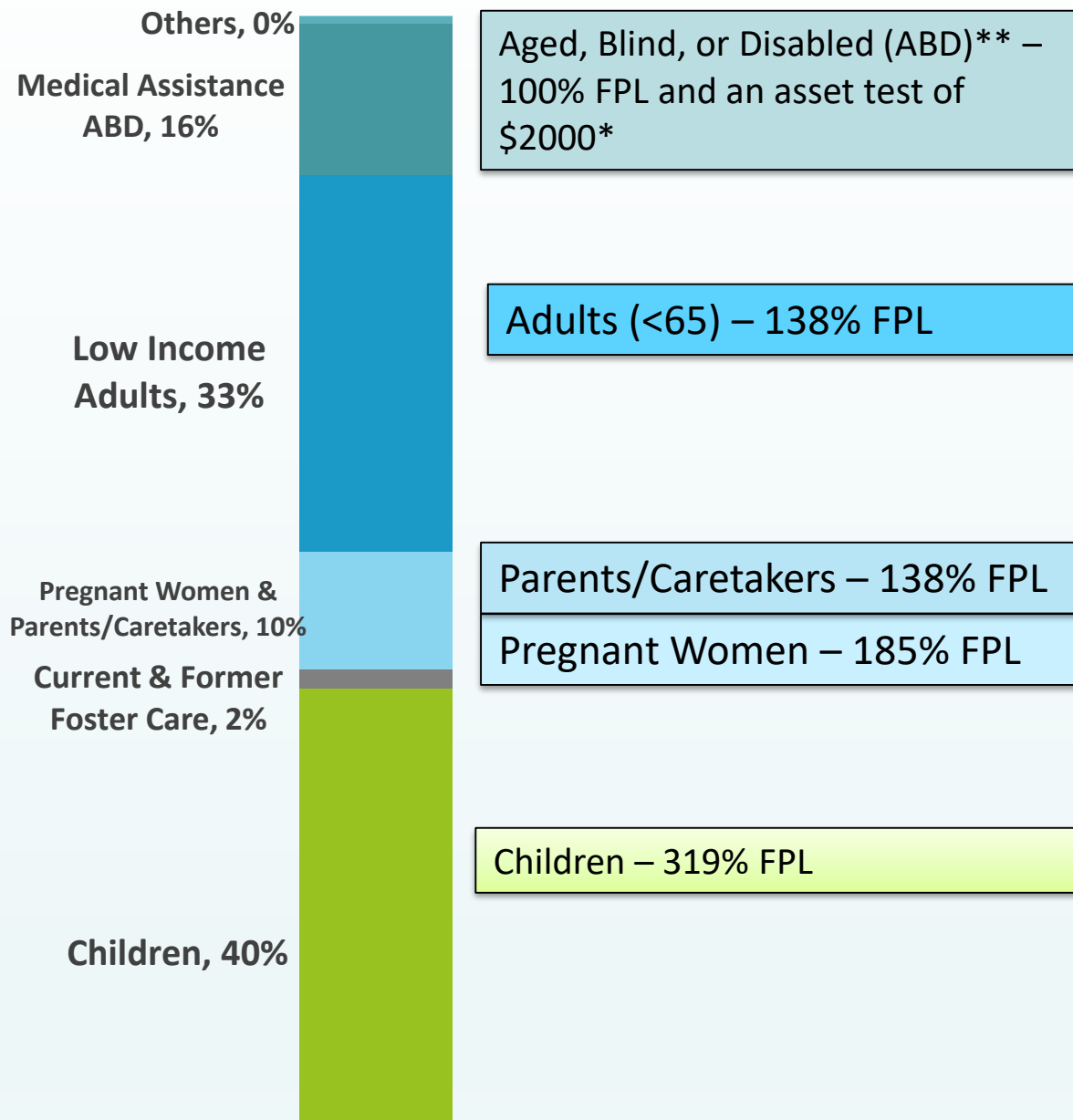
<b>Goals</b>  	<b>Healthy Families and Healthy Communities</b>  <b>Better Health, Better Care, and Sustainable Costs</b>			
<b>Strategies</b>  	1. Invest in primary care, prevention, and health promotion	2. Improve outcomes for High-Need, High-Cost Individuals	3. Payment Reform and Financial Alignment	4. Support community driven initiatives
<b>Foundational Building Blocks</b>  	1. Use <b>data &amp; analytics</b> to drive transformation & improve care			
	2. Increase <b>workforce capacity</b>			
	3. Accountability, <b>Performance measurement</b> and evaluation			

# Med-QUEST organization

~300 employees (277 permanent & 25 "Temporary Project based"; )

- Administration
  - Eligibility Branch & Customer Service Branch: ½ of all staff Related to eligibility or in call center staff
    - Oahu – 2 , Hawaii - 2, Kauai - 1, Maui - 1, Molokai/Lanai – 1/.5
    - Call Center (Kapolei)
  - Health Care Outreach Branch: Outreach to community – Medicaid & Marketplace
  - Health Care Services Branch: All Managed care related contracts, Quality Improvement/Assurance; Provider Services
  - Clinical Standards: Medical Officer, Psychiatrist, Pharmacist, Dentist)
  - Program & Policy: State Plan, Waivers, Administrative Rules, Guidance
  - Systems office/KOLEA PMO: MMIS; Eligibility app (KOLEA); our MQD office systems
  - Finance Office: Budget, Financial tracking, Provider/Financial Audits, Third Party liability, Liens, contracts
  - Healthcare Analytics Office

# WHO WE SERVE



## People Served as of March 2020 (N = 341,171) & Eligibility Criteria

**\*Long term supports and services (LTSS): e.g. Aged, Blind and Disabled with income; > 100% Medically Needy spend-down:** No income limit. However, medical expenses including LTSS must exceed the spend-down amount. If medical costs don't exceed the spend-down amount, the individual would not be eligible for assistance.

**\*\*Not the same definition used by BESSD**

2020 MAGI INCOME STANDARDS (Effective: 03/01/2020)														
Coverage Group	Parent/Caretaker Relative §17-1717-11 TMA §17-1717.1-12 <sup>3</sup>		Adult §17-1718-11		Child 6<19 §17-1715-11		Child 1<6 §17-1715-11		Child <1 §17-1715-11		Pregnant Woman §17-1716-11		S-CHIP Child <19 §17-1715-11	
Income Standards	MIN MAGI STD <sup>1</sup>	MAX MAGI STD <sup>2</sup>	MIN MAGI STD <sup>1</sup>	MAX MAGI STD <sup>2</sup>	MIN MAGI STD <sup>1</sup>	MAX MAGI STD <sup>2</sup>	MIN MAGI STD <sup>1</sup>	MAX MAGI STD <sup>2</sup>	MIN MAGI STD <sup>1</sup>	MAX MAGI STD <sup>2</sup>	MIN MAGI STD <sup>1</sup>	MAX MAGI STD <sup>2</sup>	MIN MAGI STD <sup>1</sup>	MAX MAGI STD <sup>2</sup>
FPL**	100%	105%	133%	138%	133%	138%	139%	144%	191%	196%	191%	196%	308%	313%
HH 1	\$1,224	\$1,285	\$1,628	\$1,689	\$1,628	\$1,689	\$1,701	\$1,762	\$2,337	\$2,398	\$2,337	\$2,398	\$3,768	\$3,830
2	\$1,653	\$1,736	\$2,198	\$2,281	\$2,198	\$2,281	\$2,297	\$2,380	\$3,157	\$3,239	\$3,157	\$3,239	\$5,090	\$5,173
3	\$2,082	\$2,186	\$2,769	\$2,873	\$2,769	\$2,873	\$2,894	\$2,998	\$3,976	\$4,081	\$3,976	\$4,081	\$6,412	\$6,516
4	\$2,511	\$2,637	\$3,340	\$3,465	\$3,340	\$3,465	\$3,491	\$3,616	\$4,796	\$4,922	\$4,796	\$4,922	\$7,734	\$7,859
5	\$2,940	\$3,087	\$3,911	\$4,058	\$3,911	\$4,058	\$4,087	\$4,234	\$5,616	\$5,763	\$5,616	\$5,763	\$9,056	\$9,203
6	\$3,370	\$3,538	\$4,481	\$4,650	\$4,481	\$4,650	\$4,684	\$4,852	\$6,436	\$6,604	\$6,436	\$6,604	\$10,378	\$10,546
7	\$3,799	\$3,989	\$5,052	\$5,242	\$5,052	\$5,242	\$5,280	\$5,470	\$7,255	\$7,445	\$7,255	\$7,445	\$11,699	\$11,889
8	\$4,228	\$4,439	\$5,623	\$5,834	\$5,623	\$5,834	\$5,877	\$6,088	\$8,075	\$8,286	\$8,075	\$8,286	\$13,021	\$13,233
9	\$4,657	\$4,890	\$6,194	\$6,427	\$6,194	\$6,427	\$6,473	\$6,706	\$8,895	\$9,128	\$8,895	\$9,128	\$14,343	\$14,576
10	\$5,086	\$5,341	\$6,765	\$7,019	\$6,765	\$7,019	\$7,070	\$7,324	\$9,714	\$9,969	\$9,714	\$9,969	\$15,665	\$15,919
Add'l HH Member	\$429	\$451	\$571	\$593	\$571	\$593	\$597	\$618	\$820	\$842	\$820	\$842	\$1,322	\$1,344

\*\*Federal Poverty Level

<sup>1</sup> MIN MAGI STANDARD: This is the minimum MAGI income standard for the State of Hawaii used to determine eligibility for an individual applying for participation in this MAGI group.

<sup>2</sup> MAX MAGI STANDARD: This is the minimum MAGI income standard plus the 5% disregard used to determine eligibility for an individual whose income exceeds the minimum income standard under this MAGI group. The 5% income disregard is ONLY added to the highest income standard the individual qualifies for and ONLY if it will make them eligible.

<sup>3</sup> Effective 10/1/16, The Centers for Medicare and Medicaid Services approved Hawaii's request to extend Transitional Medical Assistance (TMA) for twelve consecutive months due to earned income-related reasons.

NOTE: ASSETS ARE EXEMPT FOR INDIVIDUALS SUBJECT TO MAGI METHODOLOGY

3/1/2020

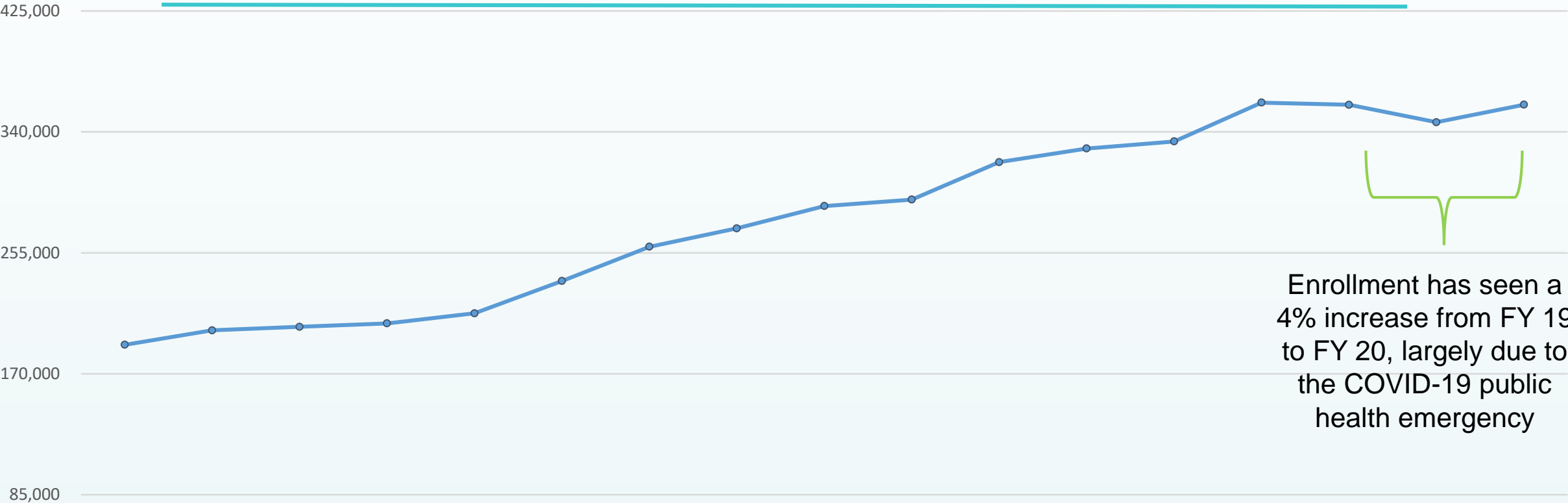


2020 MAGI-EXCEPTED INCOME STANDARDS (Effective: 03/01/2020)							
Coverage Group	Medically Needy (MN) (Aged, Blind, Disabled) §17-1719-11	Mandatory Categorically. Needy (MCN) (Aged, Blind, Disabled) §17-1719-11	Optional Categorically Needy(OCN) (Aged, Disabled) QMB/BHH §§17-1719-11 17-1722-10 17-1722.3-9	SLMB §17-1722-18	QI-1 §17-1722-70	QDWI §17-1722-26	Medically Needy Spenddown (Pregnant Women/ Children) §17-1730.1-11
HH Size	MNIL*	SSI Income Standard*	100%**	120%**	135%**	200%**	300%**
1	\$469	\$783	\$1,224	\$1,468	\$1,652	\$2,447	\$3,670
2	\$632	\$1,175	\$1,653	\$1,983	\$2,231	\$3,305	\$4,958
3	\$795	\$1,567	\$2,082	\$2,498	\$2,811	\$4,164	\$6,245
4	\$958	\$1,959	\$2,511	\$3,013	\$3,390	\$5,022	\$7,533
5	\$1,121	\$2,351	\$2,940	\$3,528	\$3,969	\$5,880	\$8,820
6	\$1,284	\$2,743	\$3,370	\$4,043	\$4,549	\$6,739	\$10,108
7	\$1,447	\$3,135	\$3,799	\$4,558	\$5,128	\$7,597	\$11,395
8	\$1,610	\$3,527	\$4,228	\$5,073	\$5,708	\$8,455	\$12,683
9	\$1,773	\$3,919	\$4,657	\$5,588	\$6,287	\$9,314	\$13,970
10	\$1,936	\$4,311	\$5,086	\$6,103	\$6,866	\$10,172	\$15,258
Add'l Member	\$163	\$392	\$429	\$515	\$580	\$859	\$1,288

\* MNIL, SSI: Applicable income standards for these groups. \*\* FPL: Federal Poverty Level

2020 MAGI-EXCEPTED ASSET LIMITS			
COVERAGE GROUP	AGED, BLIND OR DISABLED, SPENDDOWN	QDWI	QMB, SLMB, QI-1
HH-1	\$2,000	\$4,000	\$7,860
HH-2	\$3,000	\$6,000	\$11,800
Add'l Individual	\$250	\$500	\$500

# Enrollment has grown substantially from 2003 to 2020



FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20
190,381	200,534	202,980	205,397	212,489	235,203	259,307	272,218	287,902	292,423	318,756	328,373	333,322	360,622	359,119	346,820	359,136

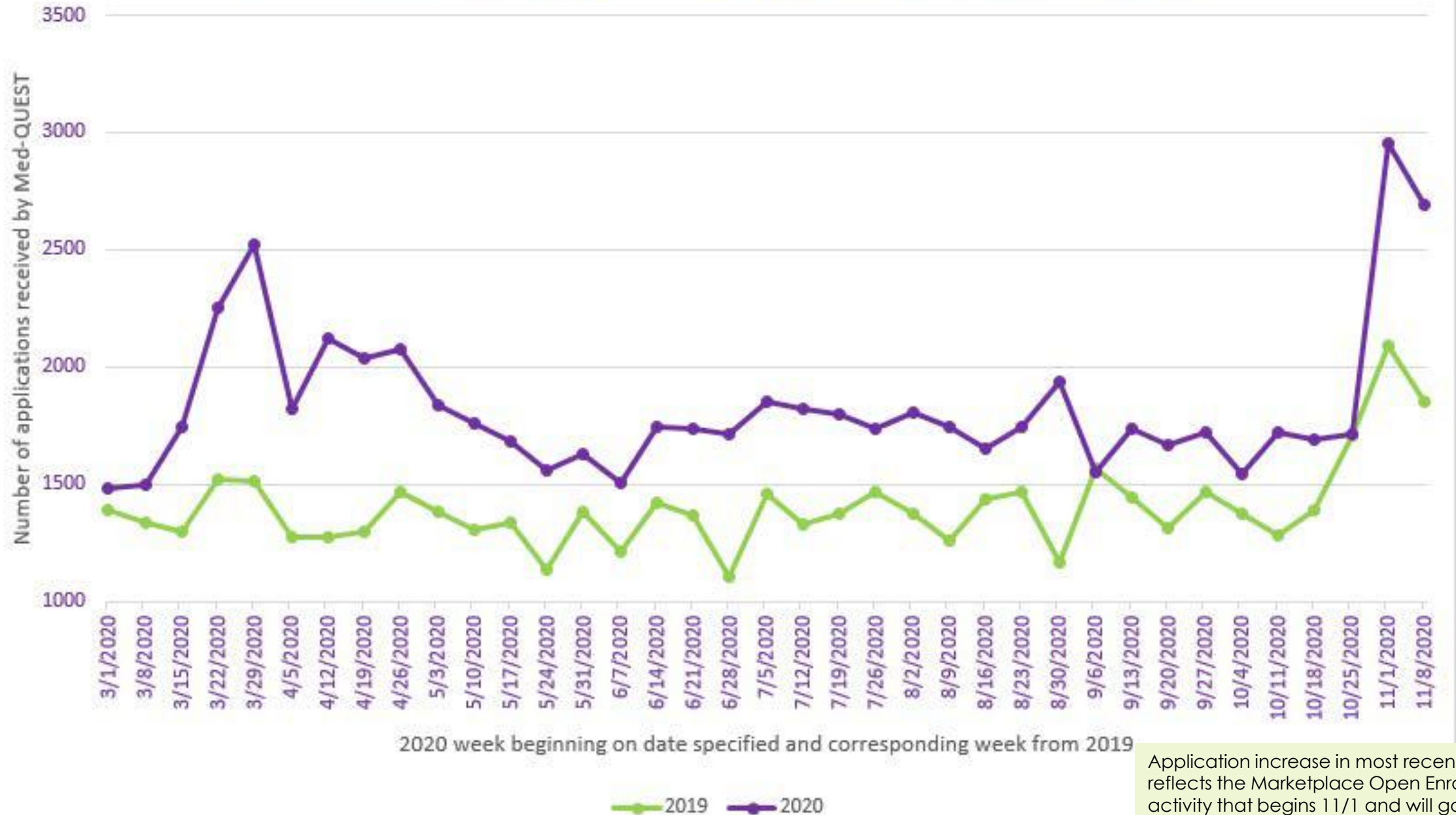


386,212 in November 2020

# Increase in applications by County for the thirty-seven week period from the first week in March through Saturday, November 14, 2020 (2019 vs 2020)

Count	2019	2020	Percentage Increase in Applications
Honolulu	32,000	41,405	29%
Maui	7,148	10,987	54%
Hawai'i	9,508	10,584	11%
Kaua'i	3,200	4,724	48%
Statewide	51,856	67,700	31%

## Hawai'i Medicaid Applications per week: 2019 vs 2020



Application increase in most recent weeks reflects the Marketplace Open Enrollment activity that begins 11/1 and will go through 12/15

# Hawai'i Medicaid Monthly Enrollment: 2019 vs 2020

60,175 New Enrollments since 3/4/2020

18.3% Increase in enrollments in 36.5 weeks



# Increase In Enrollment By County (11/15/2019 vs. 11/16/2020)

County	2019	2020	% Change
Honolulu	199,442	233,404	17.03%
Maui	40,538	49,104	21.13%
Hawai'i	70,777	80,354	13.53%
Kaua'i	19,493	23,350	19.79%
Statewide	330,250	386,212	16.95%

# **LONG TERM SUPPORTS AND SERVICES**

## Long Term Supports and Services(LTSS): Home and Community Based Services & Nursing Facilities

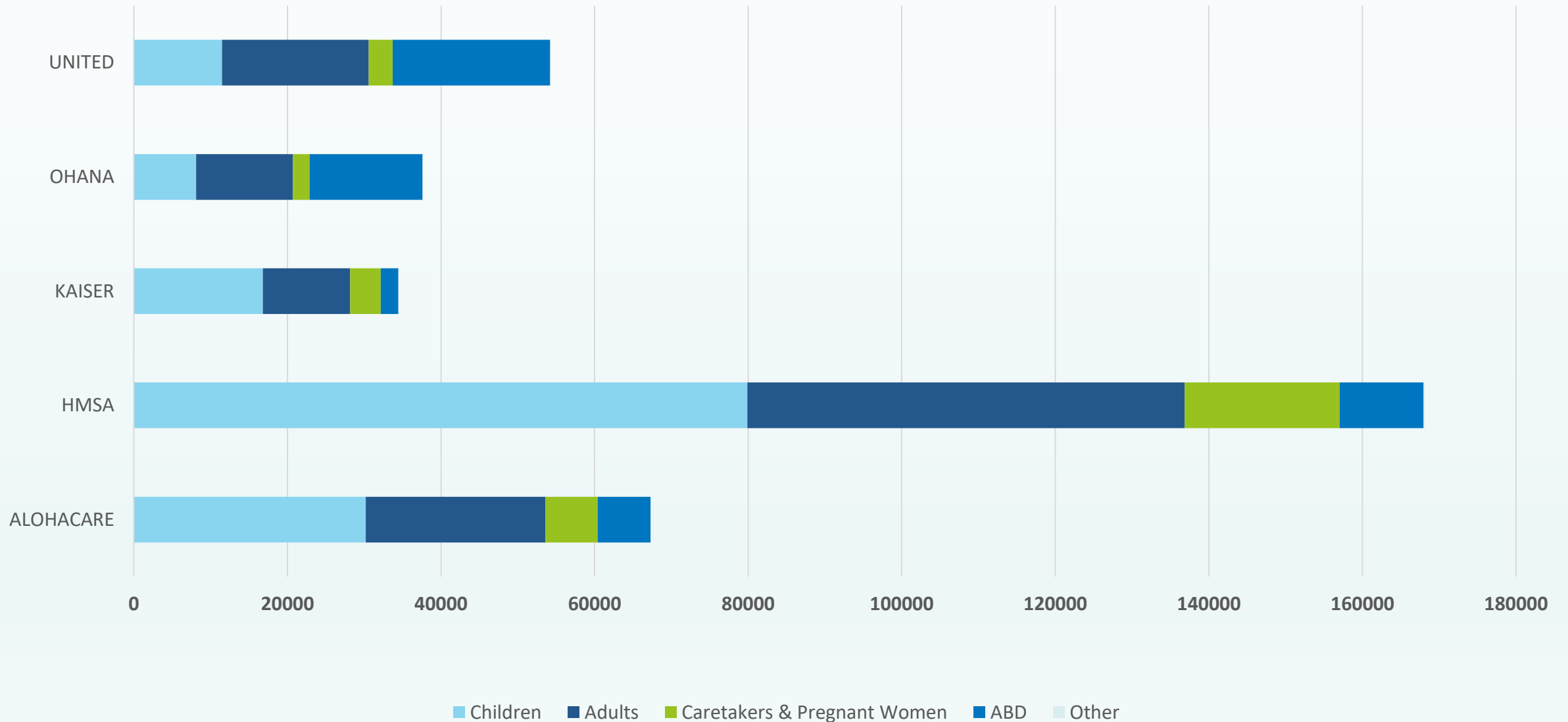
- Home and Community Based Services (HCBS): Focus and intent to allow choice, community integration so that people to remain in the least restrictive environment as possible
- HCBS “settings” rules – 2013 have until 2023 to implement HCBS Transition Plan
  - Focus on supporting individuals to live with as much autonomy/choice as possible; settings must be “integrated into community”
  - Person-centered/Choice (e.g. Developmental Disabilities - Supported employment, Live independently – with whom; when and what to eat)

LTSS includes long term care in Nursing Facilities



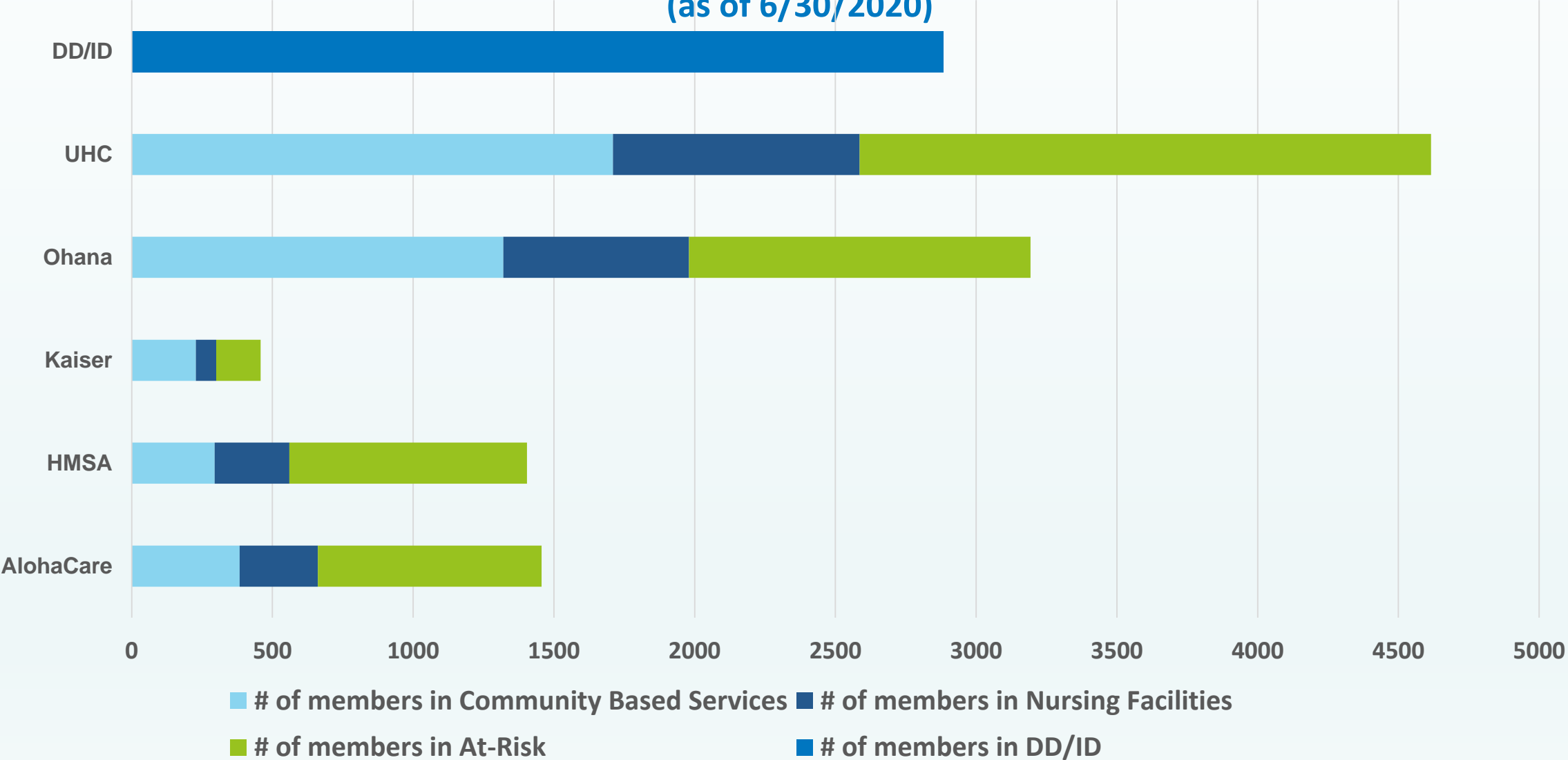
# QI & Community Cares Services Enrollment

(as of 6/30/2020)



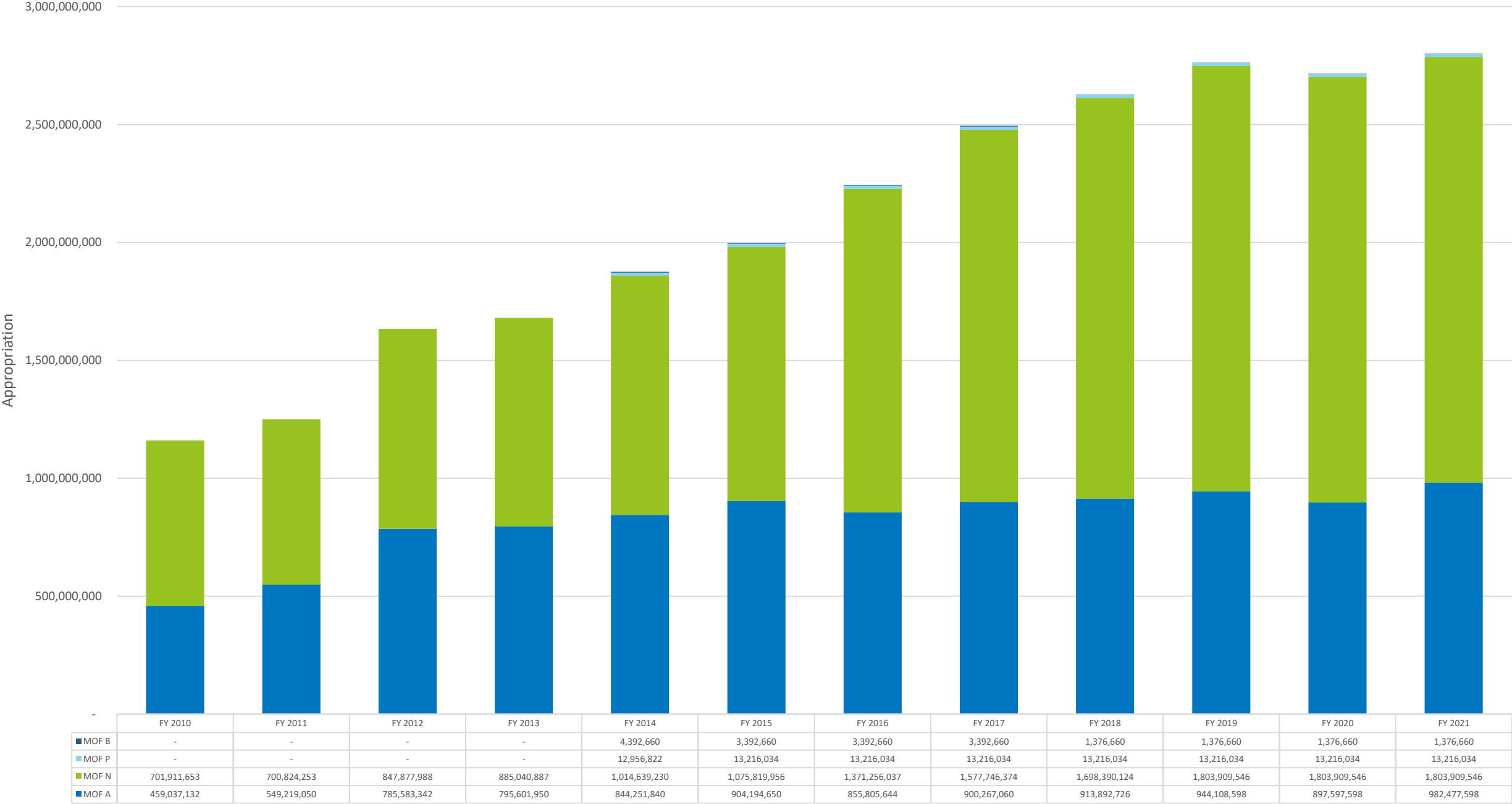
# # of Members using LTSS & # of Developmental and Intellectual Disabilities (DDI)

(as of 6/30/2020)



# **WHAT ABOUT MEDICAID FINANCE?**

HMS 401 Budget Appropriation History FYs 2010 - 2021



# **KALO project: Business Process Redesign**

**Med-QUEST has AWESOME staff serving our clients...**



**...but some outdated and broken processes.**

# Med-QUEST's KALO Project:

## Business process re-design

- Kōkua: To help and serve
- Aloha: Caring
- Lokahi: Unity
- Ohana: Family –  
we are all connected



**Because 'ohana matters....**



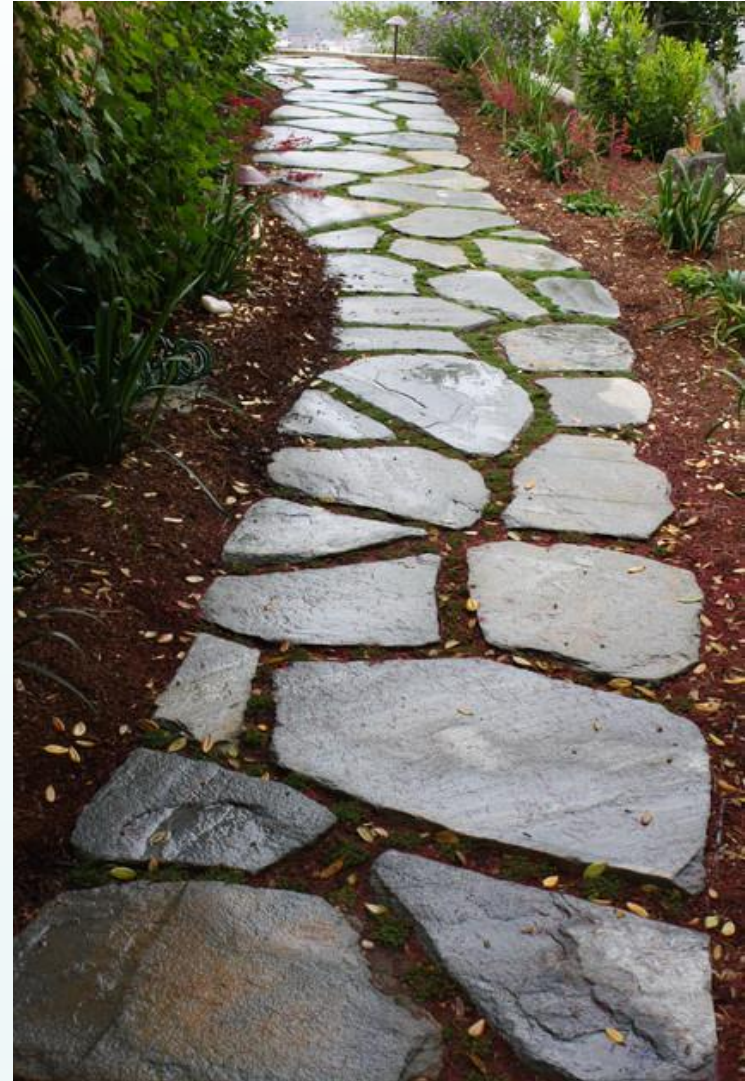


## Goals: Working together to improve our client's experience and create a positive work environment

- Improve our client's experience
  - Treat all with dignity and respect
  - No wrong door approach
- Streamline processes with accuracy and timeliness
  - Reduce handoffs and cycle-time
- Build effective teams w/ ALOHA
  - Consistent processes; standardized documentation; leadership training
- Create and promote 'Ohana nui services
  - Take a whole family approach
  - Connect and provide access with broad range of services

# Building the Foundation and Path for Organizational Transformation

- Through engagement
- To service-based teams



working together to improve client service  
and create a positive workplace



**INVEST IN LEADERS**  
Leadership  
Development  
Retreats & Cohorts

**TEAM TALKS  
COMMUNICATIONS  
&  
MEASURES (KPIs)**

**TEAMBUILDING &  
TEAM SKILLS  
TRAINING**

**TECHNOLOGY  
IMPROVEMENTS**

**SURVEY  
CLIENTS**

**SERVICE  
CENTERS**

**SERVICE BASED  
TEAM  
EXPECTATIONS**

**PROCESS IMPROVEMENT TEAM**  
Process design, training,  
trainers

**Med-QUEST With  
BerryDunn**

**KALO PLAN**  
BUILDING SERVICE-BASED TEAMS

# **PRESENTATION ON THE FEDERAL MARKETPLACE OPEN ENROLLMENT**

Puanani Crabbe Parker  
Health Care Outreach Branch Administrator  
Med-QUEST







## Key Dates for the Health Insurance Marketplace

Get ready for Open Enrollment – mark key dates on your calendar and follow the tips below.

### 4 Key Dates

- **November 1, 2020:** Open Enrollment starts for 2021.
- **December 15, 2020:** Open Enrollment ends.
- **December 31, 2020:** Coverage ends for 2020 Marketplace plans.
- **January 1, 2021:** Coverage can begin for 2021 Marketplace plans.

### Visit HealthCare.gov

- Sign up to get emails or texts with the latest news and reminders of important dates.
- If you have Marketplace coverage now, review your application at **HealthCare.gov** to make sure it's up-to-date and report any life changes.
- If you don't have Marketplace coverage now, create an account and see what coverage or help with costs you may qualify for.
- Apply and enroll in health coverage.

You have the right to get Marketplace information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

Paid for by the Department of Health & Human Services.



Health Insurance Marketplace

CMS Product No. 11660  
Revised May 2020

For those who are not eligible for Medicaid, NOW is the time to get covered on HealthCare.Gov  
1-800-318-2596 for more information  
TTY users can call 1-855-889-4325

## 4 Key Dates

- **November 1, 2020:** Open Enrollment starts for 2021.
- **December 15, 2020:** Open Enrollment ends.
- **December 31, 2020:** Coverage ends for 2020 Marketplace plans.
- **January 1, 2021:** Coverage can begin for 2021 Marketplace plans.



# IMPACT OF COVID

Judy Mohr Peterson  
Med-QUEST Administrator



# COVID Impact: What was the best way that we could serve our members, community and our staff with safety, health and well-being of all in mind?

## ■ Impact on Program

- Federal enhanced FMAP
  - MOE and Continuous Coverage
  - Change Processes and KOLEA systems to adjust
- Increases in applications and numbers of people served
- Federal “Emergency Waivers”
  - Support Providers - \$\$ and lots of different kinds of flexibilities from signing of forms to timelines to turn things
- How to provide services: TELEHEALTH



# COVID Impact

- Impact on Program:
  - Rescinded QI contract awards (January 2020)
- COVID preparedness
  - Testing
  - PPE – obtaining/distributing
    - COVID+ “Go Kits”
  - Tremendous collaboration – MQD staff to Health Plan staff to Providers!





# COVID Impact

- State Budget: Over \$1 billion shortfall
  - Hiring freeze currently;
  - Other measures likely
- Staff: DHS adopted “If can tele-work, you should”
  - ZERO percent tele-worked on a regular basis; single-digit percent tele-worked at all
  - Over 95 percent teleworking
  - Investments in laptops, cameras, new phone systems, learning Zoom, Teams, WebEx etc.
  - Daily touch-base that continue for some staff
  - Monthly All-Staff (silver lining)



# QUESTIONS?





**Mahalo!**