



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 17, 2018

MEMORANDUM

MEMO NO.
QI-1822

TO: QUEST Integration (QI) Health Plans

FROM: *Judy Mohr Peterson, PhD* *MM*
Med-QUEST Division Administrator

SUBJECT: PILOT REPORTING AND NOTIFICATIONS RELATED TO THE PROVISION OF
APPLIED BEHAVIORAL ANALYSIS (ABA)

The Department of Human Services, Med-QUEST Division (MQD) Health Care Services Branch (HCSB) is issuing this memorandum to inform QUEST Integration (QI) health plans of three (3) new ABA reporting and notification pilots. These reporting and notification pilots related to medically necessary ABA will inform MQD on the current provision of ABA through QI health plans and will shape future guidance on this QI benefit. The following three (3) pilots are effective immediately:

1. ABA Report (Attachment A, see ABA Pilot Report, Health Plan Reporting Tool, Excel Worksheets Sections I Summary and II Utilization, rev. 11.18). MQD will pilot this report with QI health plans during the first (1st) quarter of 2019 (ABA_1903). The initial pilot report is due April 30, 2019.
2. Submission of notice(s) of action (NOA) for all ABA requests. The QI health plan will submit to MQD copies of all NOAs issued to Early Periodic Screening Diagnostic and Treatment (EPSDT) eligible QI member for any ABA services within five (5) business days of sending a NOA to the QI member.

File upload process

- i. Submit to MQD through the Secure File Transfer Protocol (sFTP).
 - ii. Include “[QI Health Plan name]: ABA NOA Upload” in the email subject line.
 - iii. Notify MQD of the upload via the following emails: mqdcmcs@dhs.hawaii.gov; jindreginal@dhs.hawaii.gov; stthomas2@dhs.hawaii.gov.
3. Submission of all requests for grievance or appeals concerning ABA service. The QI health plan will submit to MQD copies of all requests for grievance or appeals by or on behalf of an EPSDT eligible QI member for any ABA service. QI health plans will submit these notices to MQD within five (5) business days of a QI health plan acknowledging receipt of a request for grievance or appeal.

File upload process

- i. Submit to MQD through the Secure File Transfer Protocol (sFTP).
- ii. Include “[QI Health Plan name]: ABA Grievance and Appeals Upload” in the email subject line.
- iii. Notify MQD of the upload via the following emails: mqdcmcs@dhs.hawaii.gov; jindreginal@dhs.hawaii.gov; stthomas2@dhs.hawaii.gov.

Upon receipt of an ABA NOA, grievance, or appeal, MQD may request additional documentation from the QI health plan. For more information on documentation required for authorization of medically necessary ABA services, see QI Memorandum, QI-1708, Attachment A issued May 31, 2017.

These initial reporting and notification pilots are time limited with an end date of March 31, 2019. MQD will review findings through notifications and the ABA Reports to evaluate the need to continue these pilots. Regardless, QI health plans will continue working together with MQD to monitor the provision of the EPSDT benefit and medically necessary ABA for eligible QI members.

If you have any questions, please contact Sharon Thomas at (808) 692-8161.

Attachment A: ABA Pilot Report