

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

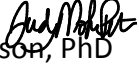
Med-QUEST Division
Health Care Services Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

April 20, 2020

MEMORANDUM

MEMO NO.
QI-2014

TO: QUEST Integration (QI) Health Plans

FROM: 
Judy Mohr Peterson, PhD
Med-QUEST Division (MQD) Administrator

SUBJECT: COVID-19 PANDEMIC ACTION PLAN FOR QI HEALTH PLANS – PART II

The purpose of this memorandum is to operationalize some of the waivers and flexibilities that DHS-MQD has received or requested, and offers additional guidance to the QI-2009 memorandum dated March 30, 2020 which outlines a pandemic action plan for QI health plans. The goal of the pandemic action plan is to maintain the health and safety of the QI members and health plan personnel, and the continued access to necessary services during and through the Public Health Emergency (PHE) that was declared by the Secretary of the Department of Health and Human Services on January 31, 2020, and shall remain in effect through the last day of the final month of the Public Health Emergency (PHE).

Below are details on how waivers shall be operationalized:

1. **Waiver: Section 1919(e)(7) of the Act regarding Pre-Admission Screening and Annual Resident Review (PASRR)** – *Section 1919(e)(7) of the Act allows PASRR Level I and Level II assessments to be waived for 30 days. All new admissions can be treated like exempted hospital discharges. After 30 days, new admissions with mental illness (MI) or intellectual disability (ID) should receive a Resident Review as soon as resources become available.*
 - a. Waiver to be operationalized as written for PASRR assessments.
 - b. Level 1 and Level 2 PASRR assessments will be waived for 30 days, effectively treating all new admissions as exempted hospital discharges. After 30 days, new admissions with MI or ID shall receive a Resident Review as soon as resources become available.

2. **42 C.F.R. §431.221(d) regarding State Fair Hearing Requests and Appeal Timelines** - CMS *approves a waiver under section 1135 that allows enrollees to have more than 90 days, up to an additional 120 days for an eligibility or Fee-For-Service (FFS) appeal to request a fair hearing.*
 - a. We are in agreement with the waiver as written, but are applying different waiver timelines for the eligibility and FFS options.
 - b. Enrollees will now have an additional 90 days to request an eligibility appeal fair hearing, up to 180 days
 - c. Enrollees in any Medicaid FFS program will now have 210 days to request an appeal for a fair hearing, up from 90 days.

3. **42 C.F.R. §438.408(f)(1) regarding State Fair Hearing Requests and Appeal Timelines** – *Modification of the timeframe for managed care entities to resolve appeals under 42 C.F.R. §438.408(f)(1) before an enrollee may request a State fair hearing to no less than one day in accordance with the requirements specified below.*
 - a. We are not operationalizing this waiver at this time.

4. **42 C.F.R. §438.408(f)(2) regarding State Fair Hearing Requests and Appeal Timelines** – *Any managed care enrollee for whom the 120 day deadline described in 42 C.F.R. §438.408(f)(2) would have occurred between March 1, 2020 through the end of the public health emergency, are allowed up to an additional 120 days to request a State Fair Hearing.*
 - a. The waiver will be operationalized as written for Managed Care Fair Hearings.
 - b. Managed care enrollees will now have up to 210 days to request a State Fair Hearing. This option becomes available to the enrollee after the appeal process with the managed care plan is exhausted.
 - c. At this time, there will be no modification to the timeframe for managed care entities to resolve appeals under 42 C.F.R. §438.408(f)(1)

If you have any questions, please contact Jon Fujii at jfujii@dhs.hawaii.gov