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May 31, 2022

MEMORANDUM

<u>MEMO NO.</u>
QI-2207
[Supersedes QI-2127]

TO: QUEST Integration (QI) Health Plans

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

SUBJECT: AUTO ASSIGNMENT ALGORITHM FOR QUEST INTEGRATION (QI) MEMBERS
                   EFFECTIVE JULY 1, 2022 – DECEMBER 31, 2026

The Med-QUEST Division (MQD) is issuing this memorandum to inform the QUEST Integration health plans of the auto-assign algorithm for QI members, per Section 9.1.C.4.c for 2022.

Effective July 1, 2022 thru December 31, 2022, the auto-assign percentage shall be split equally among the available health plan on each island:

- For islands with five (5) health plans available, each plan shall have 20% auto-assign.

- For islands with four (4) health plans available, each plan shall have 25% auto-assign.

Effective January 1, 2023 through December 31, 2026, the quality portion of the auto-assignment algorithm used for QI members will be based on the performance measures described in Table 1. MQD reserves the right to substitute measures either due to measure revisions or retirements, as strategic priorities change, or as statewide performance goals for measures are reached.

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Table 1: Metrics Selected for the Quality Portion of Auto-Assign Algorithm by Calendar Year

Calendar Year (CY)	Measures	Measurement Year (MY)/Reporting Year (RY)
CY2023	1. Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care 2. Follow-Up After Hospitalization for Mental Illness (FUM), within seven (7) days of discharge 3. Consumer Assessment of Healthcare Providers and Systems (CAHPS) Getting Needed Care 4. Early and Periodic Screening Diagnosis and Treatment (EPSDT) Participant Ratio	MY2021; RY2022
CY2024	1. Child & Adolescent Well-Care Visits, Total, 3-21 years 2. Controlling High Blood Pressure, 18-64 years 3. Initiation and Engagement of Alcohol and Other Drug Use or Dependence Treatment, Engagement, Total, 18+ years 4. Screening for Depression and Follow-Up Plan, Adults, 18+ years	MY2022; RY2023
CY2025	1. Child & Adolescent Well-Care Visits, Total, 3-21 years 2. Controlling High Blood Pressure, 18-64 years 3. Initiation and Engagement of Alcohol and Other Drug Use or Dependence Treatment, Engagement, Total, 18+ years 4. Screening for Depression and Follow-Up Plan, Adults, 18+ years	MY2023; RY2024
CY2026	1. Child & Adolescent Well-Care Visits, Total, 3-21 years 2. Controlling High Blood Pressure, 18-64 years 3. Initiation and Engagement of Alcohol and Other Drug Use or Dependence Treatment, Engagement, Total, 18+ years 4. Screening for Depression and Follow-Up Plan, Adults, 18+ years	MY2024; RY2025

Please note that the quality portion of the auto-assign allocation will be phased in, as allowed in Section 9.1.C of the QI RFP-MQD-2021-008, as described in Table 2. MQD reserves the right to update or change the quality portion of the auto-assign allocation as strategic priorities change, if the desired improvements in performance are not achieved, or as statewide performance goals for measures are reached.

Table 2: Quality Portion of the Auto-Assign Allocation by Calendar Year

Calendar Year (CY)	Quality Portion of the Auto-Assign Allocation
CY2023	70%
CY2024	50%
CY2025	60%
CY2026	70%

Health Plans' Healthcare Effectiveness Data and Information Set (HEDIS) scores, and other performance measures, shall be represented as percentages ranging from 0-100%, rounded to one decimal place. Each Health Plan shall receive an ordinal rank of 1 through 5 based on its score on each of the four (4) measures. The Health Plan with the highest score will be assigned a rank of 1 and so on. If two Health Plans have the same score on a given measure, they shall receive the same rank, and the next lower rank shall be skipped. In other words, if two Health Plans are tied for first place on a given measure, they will both be assigned a rank of 1, and the next scoring Health Plan shall receive a rank of 3. After ordinal ranks for each measure have been assigned, the Health Plans' rank scores across all four (4) measures will be added up. The Health Plan with the lowest total score will be ranked the highest overall, and so on.

The Health Plan's overall rank will be used to determine the percentage of the total quality portion of the auto-assign allocation that will be attributed to the Health Plan (Table 3). In the case where one or more Health Plan(s) is enrollment capped, or otherwise unavailable for auto-assignment, auto-assign distributions for scenarios that include only four or three Health Plans as provided below shall be used (also in Table 3). MQD reserves the right to update or change the amount of the quality portion applied based on rank score as strategic priorities change, if the desired improvements in performance are not achieved, or as statewide performance goals for measures are reached.

Table 3: Amount of the Quality Portion Applied Based On Rank Score

Five Health Plans		Four Health Plans		Three Health Plans	
Ranking	Amount Applied	Ranking	Amount Applied	Ranking	Amount Applied
1 (highest ranking)	40.0%	1 (highest ranking)	40.0%	1 (highest ranking)	50.0%
2	30.0%	2	30.0%	2	30.0%

3	15.0%
4	10.0%
5 (lowest ranking)	5.0%

3	20.0%
4 (lowest ranking)	10.0%

3 (lowest ranking)	20.0%

In any of the distributions, should the total percentage allocated to a given Health Plan not be a whole number, percentages may be arbitrarily rounded up or down, generally in favor of the highest-ranking health plan.

For purposes of illustration, the example below calculates the total percentage of all auto-assignments allocated to Health Plans, under the following parameters:

a) Number of Health Plans operating and included in auto-assignment = 5
b) Quality Portion of the Auto-Assign Allocation = 70%

Both Totals and Rounded Totals are provided in the scenarios below; the rounded total will be used to configure the auto-assign algorithm.

Health Plan	% Allocated	Quality Portion (70%)	Non-Quality Portion (30%)	Total	Rounded Total
1 (highest ranking)	40.0%	28.0%	6.0%	**34.0%**	**35.0%**
2	30.0%	21.0%	6.0%	**27.0%**	**27.0%**
3	15.0%	10.5%	6.0%	**16.5%**	**16.0%**
4	10.0%	7.0%	6.0%	**13.0%**	**13.0%**
5 (lowest ranking)	5.0%	3.5%	6.0%	**9.5%**	**9.0%**

If two or more health plans are tied for the same rank, MQD shall equally re-distribute the auto-assignment allocations for both plans. As an example, should two health plans be tied for the third rank, then MQD will redistribute as follows:

Previous:

Health Plan	% Allocated	Quality Portion (70%)	Non-Quality Portion (30%)	Total	Rounded Total
3	15.0%	10.5%	6.0%	**16.5%**	**16.0%**
4	10.0%	7.0%	6.0%	**13.0%**	**13.0%**

Re-Allocated:

Health Plan	% Allocated	Quality Portion (70%)	Non-Quality Portion (30%)	Total	Rounded Total
1 (highest ranking)	40.0%	28.0%	6.0%	**34.0%**	**36.0%**
2	30.0%	21.0%	6.0%	**27.0%**	**27.0%**

3	12.5%	8.75%	6.0%	**14.75%**	**14.0%**
3	12.5%	8.75%	6.0%	**14.75%**	**14.0%**
5 (lowest ranking)	5.0%	3.5%	6.0%	**9.5%**	**9.0%**

During the re-allocation process, the highest-ranking health plans may be affected because of additional rounding.

Please contact Jon Fujii via email at jfujii@dhs.hawaii.gov should you have any questions.