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March 4, 2026

MEMORANDUM

MEMO NO.
QI 2608

TO: QUEST Integration (QI) Health Plans

FROM: Meredith Nichols *ms*
Acting Med-QUEST Division Administrator

SUBJECT: AUTO ASSIGNMENT ALGORITHM FOR QI MEMBERS EFFECTIVE MARCH 1, 2026 TO DECEMBER 31, 2028

The Med-QUEST Division (MQD) is issuing this memorandum to inform QUEST Integration (QI) health plans of changes to the auto-assignment algorithm for QI members, per Section 9.1.C.4.c. Given that 'Ohana Health Plan (OHP) does not intend to renew its QI contract beginning January 1, 2027, and that MQD and OHP agree to not increase the QI membership with OHP for the remainder of Calendar Year (CY) 2026, the number of statewide QI health plans available for auto-assignment has decreased from five to four in Honolulu and Maui counties, and from four to three in Hawai'i and Kaua'i counties, effective immediately.

The quality portion of the auto assignment algorithm used for QI members will be based on the performance measures listed below:

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)
CY2026	<ol style="list-style-type: none"> 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
CY2027	<ol style="list-style-type: none"> 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 	MY2025; RY2026
CY2028	<ol style="list-style-type: none"> 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 	MY2026; RY2027

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

Calendar Year (CY)	Quality Portion of the Auto-Assign Allocation
CY2026	70%
CY2027	70%
CY2028	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 one (1) through four (4) based on its score on each of the four (4) measures. The Health Plan with the highest score will be assigned a rank of one (1) and so on. If two (2) 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 (2) Health Plans are tied for first place on a given measure, they will both be assigned a rank of one (1), and the next scoring Health Plan shall receive a rank of three (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). 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

Four Health Plans

Ranking	Amount Applied
1 (highest ranking)	40.0%
2	30.0%
3	20.0%
4 (lowest ranking)	10.0%

Three Health Plans

Ranking	Amount Applied
1 (highest ranking)	50.0%
2	30.0%
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 = 4 or 3
- 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%	7.5%	35.5%	37.0%
2	30.0%	21.0%	7.5%	28.5%	28.0%
3	20.0%	14.0%	7.5%	21.5%	21.0%
4 (lowest ranking)	10.0%	7.0%	7.5%	14.5%	14.0%

Ranking	Amount Applied	Quality Portion (70%)	Non-Quality Portion (30%)	Total
1 (highest ranking)	50.0%	35%	10%	45%
2	30.0%	21%	10%	31%
3 (lowest ranking)	20.0%	14%	10%	24%

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 second rank, then MQD will redistribute as follows:

Previous:

Health Plan	% Allocated	Quality Portion (70%)	Non-Quality Portion (30%)	Total	Rounded Total
2	30.0%	21.0%	7.5%	28.5%	28.0%
3	20.0%	14.0%	7.5%	21.5%	21.0%

Re-Allocated:

Health Plan	% Allocated	Quality Portion (70%)	Non-Quality Portion (30%)	Total	Rounded Total
1 (highest ranking)	40.0%	28.0%	7.5%	35.5%	36.0%
2	25.0%	17.5%	7.5%	25.0%	25.0%
2	25.0%	17.5%	7.5%	25.0%	25.0%
4 (lowest ranking)	10.0%	7.0%	7.5%	14.5%	14.0%

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.

Signature: 

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