Hawaii QUEST Integration
Quarterly Monitoring Report to CMS

Federal Fiscal Year 2021 3rd Quarter
(DY27 Q3)

Hawaii QUEST Integration
Section 1115 Quarterly Report
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Table of Contents

I. Introduction 3

II. Operational Updates 4

A. Administration 4

Contracts 4

B. Policy and Program Development & Benefits 5

Transition of Cases 5

Compliance with Section 1115 Demonstration Special Terms and Conditions 5

HOPE Initiative 5

Monitoring implementation of eligibility provisions under the Family First Coronavirus Response Act (FFCRA) and Public Health Emergency (PHE) 5

Medicaid Eligibility Quality Control (MEQC) and the federal Payment Error Rate Measurement (PERM) program 5

Hawaii State Plan Amendments 6

Policy and Program Directives (PPDs) and Forms 6

Additional Work Projects 7

C. Availability and Access of Covered Services & Network Adequacy 7

D. Pertinent Legislative or Litigation Activity 8
E. Public Forums 8
III. Grievances, Appeals & State Fair Hearing 9
A. Member Grievances 9
1. Grievances to MQD Health Care Services Branch (HCSB) 9
2. Grievances to Health Plans 10
B. Member Appeals and State Fair Hearings 11
1. Appeals to Health Plans 11
2. Appeals to the State (State Fair Hearings) 12
IV. Health Plan Enrollment and Disenrollment 14
A. Health Plan Enrollment Summary 14
B. Health Plan Disenrollment Summary 15
V. Number of Beneficiaries who Chose an MCO and Number of Beneficiaries who Changed MCO After Auto-Assignment 16
A. Beneficiary Choice of Health Plan Exercised 16
VI. Demonstration Enrollment 16
A. Enrollment Counts 16
B. Member Month Reporting 17
C. Enrollment in Behavioral Health Programs 19
D. Enrollment in Long Term Services and Supports (LTSS) 19
VII. Outreach, Innovative Activities, and Beneficiary Support System 20
VIII. Delivery of Long Term Services and Supports (LTSS) 20
IX. State Efforts Related to the Collection and Verification of Encounter Data and Utilization Data 21
X. Impact of Demonstration in Providing Insurance Coverage 21
XI. Performance Metrics & Quality Assurance and Monitoring 22
A. Quality Activities (April – June 2021) 22
1. Validation of Performance Improvement Projects (PIPs) 22
2. Healthcare Effectiveness Data and Information Set (HEDIS) 22
3. Compliance Monitoring 23
4. Consumer Assessment of Healthcare Providers and Systems (CAHPS) 23
5. Provider Survey 24
6. Annual Technical Report 24
7. Technical Assistance 24
XII. Budget Neutrality and Financial Reporting Requirements 25

XIII. Evaluation Activities and Interim Findings....25
XIV. Other....26
Asset Verification Service (AVS) System....26
Provider Management System Upgrade (PMSU)....26
Electronic Visit Verification (EVV)....28
Clinical Care Guidelines....29
MQD Workshops and Other Events....30
A. Attachments....31
B. MQD Contact(s)....31

I. Introduction

Hawaii's QUEST Integration (QI) is a Department of Human Services (DHS) and Med-QUEST Division (MQD) comprehensive section 1115 (a) Demonstration that expands Medicaid coverage to children and adults originally implemented on August 1, 1994. QUEST Integration uses capitated managed care as a delivery system unless otherwise indicated. Also, QI provides Medicaid State Plan benefits and additional benefits including institutional and home and community-based long-term-services and supports, based on medical necessity and clinical criteria, to beneficiaries eligible under the State Plan and to the Demonstration populations.

During the reporting period, MQD continued to focus on a comprehensive health care delivery system transformation, called the HOPE Initiative. "HOPE" stands for Hawaii-Medicaid Ohana-Nui Project Expansion, and the goal of the initiative is to achieve the Triple Aim of better health, better care, and sustainable costs for our community. Within five years, MQD anticipates that the investments in healthy families and healthy communities will translate to improved health and well-being through decreased onset of preventable illnesses, improved early detection and optimal management of conditions, and continued sustainable growth rate in healthcare spending from reductions in unnecessary care and shifts of care to appropriate settings.

MQD awarded the new QI contract to five health plans. During this reporting period, MQD completed the Readiness Review.

MQD leadership continued targeted communications with QI health plans (Health Plans) during the Public Health Emergency (PHE). The Task Force began meeting three times a week in the spring of 2020. These have now been reduced to meeting once a week in the current quarter.

Although MQD resources and activities during this reporting period continued to be focused on issues and interventions related to COVID-19, and MQD continued to follow flexibilities afforded by CMS through the approved 1135, 1115, and 1915(c) waivers during the PHE, our focus shifted away from COVID prevention and PPE issues, and toward COVID vaccinations for the HCBS home-bound population. This was a continuation of the focus last quarter on populations specific to Medicaid that were high on the State vaccine priority list. Similar to our concerns that the HCBS population would have a hard time getting access to PPE, the HCBS population was again identified as a cohort that would require additional planning for a successful COVID-19 vaccine implementation.

MQD lead efforts to deliver in-home vaccinations for the fragile HCBS home-bound population. This population includes members residing in community care foster family homes, I/DD foster homes, and expanded adult residential care homes. The local pharmacy group administered the vaccinations on Oahu and Hawaii island. On Oahu, 1537 out of 1771 group homes (87% of the group homes) were completed. On the Hawaii island, 152 out of 168 group homes (90% of the group homes) were completed. For Kauai, the Kauai County organized the administration of the vaccines and completed over 90% of its 28 homes (22 CCFFHs, and 6 ARCHs). For Maui, up-to-date data is still pending, but efforts are underway.

MQD continued to project membership and budget items for 2021 and 2022 during this quarter for the state legislators. Although Medicaid membership is projected to increase through the end of 2021, and the 6.2% Federal Medical Assistance Percentage (FMAP) increase during the PHE helped with the budgetary pressures, the outlook for the programmatic budget appeared challenging over the next few years. Discussions with legislators continued through last quarter regarding adequate funding for the program.

In alignment with Hawaii statewide efforts to reduce the spread of COVID-19, MQD continued to enable its staff to work from home wherever feasible and practical. This was in recognition that each staff is going through different requirements and family situations, and that one size does not fit all. During August 2020, when Hawaii experienced a bump in COVID cases, there was a further move by staff away from working in the office toward working from home; this continued to be the case in the current quarter.

During this quarter, Hawaii intra-state travel was allowed to be exempted from quarantine with proof of vaccination.

II. Operational Updates

A. Administration

During the prior period, MQD worked with our Dental Third Party Administrator on an investigation of a "credible allegation of fraud" against several servicing dentists of the Hawaii Dental Clinic (HDC). A determination was made as of April 23, 2021 to suspend payments to five dentists in the HDC.

Contracts

MQD awarded Dental Third Party Administration RFP on April 28, 2021 to Hawaii Dental Services for a three years contract. During this period, MQD received supplemental contract approval from CMS for the 2018 CCS RFP.

In addition, MQD continues to meet and work with CMS on approval of the following:

- Previous QI contract Supplemental Changes 15 & 16, including revising the CAP rates for 2020 to include payment of the vaccination fee;
- New QI contract; and
- New CCS contract.

B. Policy and Program Development & Benefits

Transition of Cases

During the reporting period, an action plan for transition of cases continues to be worked on in preparation for the termination of the health pandemic emergency (HPE) period, which has been extended to September 20, 2021. MQD also worked on implementation of the CMS approved multiple submissions by the State of Hawaii for all Appendix K and other waiver provisions both internally and with the MCO's. We also continue to work with our eligibility branch and KOLEA team to process ex-parte cases while ensuring Medicaid enrollment continues for all beneficiaries during the PHE.

Compliance with Section 1115 Demonstration Special Terms and Conditions

CMS approved one document during the third quarter. The request for an extension to file our initial Spending Plan for Implementation of American Rescue Plan Act of 2021, Section 9817 was approved on June 1, 2021. This changed the due date from June 12, 2021 to July 12, 2021.

HOPE Initiative

MQD staff continues to work on the implementation of the HOPE initiative. One area of focus is on the high-needs/high-cost population. MQD staff worked on developing a draft community-based palliative care benefit and held a summit with over one hundred stakeholders to solicit feedback on the proposal. MQD intends to seek approval for benefit later in the year. Another area of focus is on improving children's health, and MQD submitted a CHIP Health Services Initiative State Plan Amendment that focus on providing vision exams and glasses to low-income children.

Monitoring implementation of eligibility provisions under the Family First Coronavirus Response Act (FFCRA) and Public Health Emergency (PHE)

Focus continues on various initiatives to ensure continued compliance with requirements associated with the 6.2% FMAP offered to states who abide by the provisions in the FFCRA, as well as oversight of the numerous waivers allowed under the PHE to ensure continuation of coverage for our beneficiaries and reduction of barriers to our applicants. Receiving the approval from CMS to extend the Hawaii QUEST Integration authorities in the 1115 Attachment K to be 6 months after the end of the PHE was useful and assisted us in continuing services to our HCBS members who are impacted by COVID-19. This has required enhanced collaboration and coordination with a wide diverse group in MQD including the KOLEA systems office, Eligibility Branch, Systems office and our Finance Office, as well as continuous guidance and dialogue with CMS, and has continued since last quarter. With the extension of the PHE thru September, 2021, we will continue to monitor and take actions on these provisions as appropriate, while also beginning discussions of best ways to transition back to "pre-COVID-19" rules and regulations once the PHE has ended.

Medicaid Eligibility Quality Control (MEQC) and the federal Payment Error Rate Measurement (PERM) program

The Booz Allen Hamilton, Eligibility Review Contractors (ERC) completed the report of findings and the appeal process was finalized in May 2021. On July 14, 2021, a PERM RY21 Overview of Findings and Corrective Action Plan (CAP0 requirements were shared with MQD Steering Committee to prepare for the nest steps. Total cases subjected for review were 302 out of the modified 465 samples pulled. The error findings could be due to a dollar error, technical error or both. An official Findings Summary Report is expected by the end of November 2021 and a CAP requirement is due within 90-days from the Findings Summary Report receipt date.

The CAP requires a Point of Contact who is responsible to design, implement, and monitor the Provider CAP, Claims Processing CAP, and the Eligibility Determination CAP. The Next CAP meeting with CMS is September 22, 2021.

On May 13, 2021, CMS announced that the MEQC RY21 sample-size has been reduced from 800 to 200 due to the continued Public Health Emergency (PHE). The Quality Control (QC) Office is in the process of reviewing cases however MQD has not received a report of findings to date. The department's Administrative Appeals Office agreed to mediate any difference resolutions between MQD and QC.

On August 3, 2021, MQD began discussion of the proposed new PERM/MEQC team and the necessity of a specialized team. The STC committed to engage stakeholders for further discussion and resolution in order to comply with the expectations of the PERM CAP requirements.

Hawaii State Plan Amendments

PPDO completed the following SPAs for this quarter:

- **SPA 21-0001 Optional State Supplementary Payment** Approved 05/03/21
  Effective January 2021, Supplemental Security Income beneficiaries received a 1.3% Cost of Living Adjustment increase from the Social Security Administration. Therefore, this amendment is required to increase the monthly income standards for Domiciliary Care Type I from $1434.90 to $1445.90 and for Domiciliary Care Type II from $1542.90 to $1553.90.

- **SPA 21-0008 COVID Vaccine Emergency SPA** Approved 05/07/21
  This amendment to the Medicaid State Plan adds new verbiage to Section 7-General Provisions, 7.5. Medicaid Disaster Relief for the COVID-19 National Emergency, Section E-Payments (page 7). Hawaii is selecting Option 2, which will increase payment reimbursement rates for COVID vaccine administration. It also requests for modification of the public notice and tribal consultation requirements.

- **SPA 21-0004 Ticket to Work and Work Incentives Group** Approved 05/10/21
  This amendment to the Medicaid State Plan creates a new eligibility group. This group, also identified under the "Ticket to Work and Work Incentives Improvement Act" authority, allows individuals with a disability at least 19 years of age but less than 65 years of age whose income is below 138% of the Federal Poverty Level and applicable Household size a resource standard equal to three (3) times the SSI resource limit adjusted annually by the increase in the consumer price index to qualify and or keep their Medicaid coverage.

- **SPA 21-0002 Smoking Cessation** Approved 05/20/21
  This amendment to the Medicaid State Plan removes limits for smoking cessation counseling and pharmacotherapy, which are currently set at two quit attempts per year, unless approved using a prior authorization process. This will allow smoking cessation services to be provided based on medical need without the need for additional authorizations.

- **SPA 21-0003 Smoking Cessation ABP** Approved 06/14/21
  The amendment to the Medicaid State Alternative Benefit Plan removes limits for smoking cessation counseling and pharmacotherapy, which are currently set at two quit attempts per year, unless approved using a prior authorization process. This will allow smoking cessation services to be provided based on medical need without the need for additional authorizations.

Policy and Program Directives (PPDs) and Forms

The following PPDs were issued during this quarter.

- **21-003** 04/01/2021
  MEDICAL MASS CHANGE 03/21 DUE TO THE INCREASE IN THE FEDERAL POVERTY LEVELS FOR 2021.

To inform providers of specific policy changes, the following provider memos were released during this period:

- **QI-2116** Implementation of all Patients Refined Diagnosis Related Groups (APR DRG
- **QI-2115** Auto Assignment Algorithm for Quest Integration (QI) Members effective July 1, 2021 - December 31, 2021
- **QI-2113** Medicaid Fee-For-Service Rates effective July 1, 2021
- **QI-2112** Medicaid Fee-For-Service Hospice Nursing Facilities Rates effective July 1, 2021 - December 31, 2021
- **QI-2111** Community Integration Services (CIS) Rapid Cycle Assessments (RCAs)
- **QI-2109** Hospice for Members Receiving Home and Community Based Services (HCBS)
- **QI-2108A** Payment Suspension to Providers (Hawaii Dental Clinic) (Addendum to QI-2108)
- **QI-2108** Payment Suspension to Providers (Hawaii Dental Clinic)
- **QI-2107A** Covid-19 Pandemic Action Plan for QI Health Plans - Part VI (Addendum to QI-2107)
- **QI-2107** Covid-19 Pandemic Action Plan for QI Health Plans - Part VI
- **QI-2106** Medicaid Rural Health Clinic Prospective Payment System Dental Rates for Kahuku Medical Center - Effective October 12, 2020 through December 31, 2021
- **QI-2105** Community Integration Services (CIS) Implementation Guidelines: Overview, Member Eligibility, Service Delivery, Coordination & Reimbursement

PPDO continues the work of ensuring programs and policies align with State initiatives and continues to broaden collaborative efforts with other divisions, offices and other both public and private entities, and continues to be a collaborative member of the KALO leadership teams.

Additional Work Projects

PPDO partners with the Health Care Services Branch and Clinical Standards Branch on various projects, initiatives, and issues that have direct impact on benefits in the 1115 Demonstration Waiver and the 1915C Waiver. This quarter we continue the work on implementation of the pilot program for alignment with the Dual Special Needs Plan population, continued to address issues related to Hospice Services, Medication Assisted Treatment, application of EPSDT benefits, and telehealth. We also worked on various sections related to the American Rescue Plan Act including section 9811 (100% FMAP for vaccine administration), 9815 (100% FMAP for services received through Native Hawaiian health care systems) and 9817 (10% point FMAP for HCBS). Med-QUEST continues collaboration with the Department of Education for Administrative Medicaid Claiming. Specifically, continued work on the Random Moment in Time sampling plan for Administrative Claiming and drafting of the school health services SPA with CMS, and helping DOE providers comply with Medicaid requirements to for school-based services Efforts continue to engage with other DOE staff offices whose participation is integral to this work.

C. Availability and Access of Covered Services & Network Adequacy

During the start of the PHE in 2020, in-person SC visits were prohibited with only a few exceptions. In this quarter, MQD issued guidance for plans to resume in-person service coordinator (SC) visits for certain HCBS members. This guidance was issued because of a concern that these members had not received an in-person SC visit for up to 15 consecutive months.

MQD continued the extension of the HCBS level-of-care assessment waiver for an additional six months during this quarter. These extensions began in 2020 out of a concern to minimize in-person contact that typically occurs during these level of care assessments.

Also, MQD continues regular meetings with sister divisions that are a part of the Hawaii Department of Health (DOH), including Child and Adolescent Mental Health Division (CAMHD), Alcohol and Drug Abuse Division (ADAD), Adult Mental Health Division (AMHD), and Developmental Disabilities Division (DDD). The goal of these meetings is to align and coordinate the behavioral health services that QI members receive with existing services that are available through DOH. These productive meetings have continued to inform QI RFP language changes.

D. Pertinent Legislative or Litigation Activity

There are a number of ongoing workgroups that were established by the legislature that MQD is participating in including: Earned Income Disregard Program; Intellectual and Developmental Disabilities Medicaid Waiver Administrative Claiming Special Fund which requires MQD and DOH to engage with stakeholders to develop and distribute information about accessing Medicaid services; and a Behavioral Health Care Workgroup.
MQD was notified during the 3rd quarter of FFY 2019 of being party to a lawsuit along with the Children and Adolescent Mental Health Division, Dept. of Health for the provision of mental health services for a child/young adult. In this quarter, MQD filed a Motion for Summary Judgement on February 3, 2021 to dismiss this case. As part of this motion, depositions of MQD staff were planned for the future.

MQD has been pursuing litigation regarding a drug, Plavix, for which MQD believes the manufacturers withheld critical information on drug efficacy as it relates to patient ethnicity. Several key MQD employees were deposed in the 2nd quarter of FFY 2020. On February 15, 2021 the judge in the Plavix case found in favor of the State of Hawaii, and awarded $834 million in civil penalties against the Defendants. It is assumed that there will be an appeal by the defendant.

The Liberty Dialysis trial, related to inappropriate billing of dialysis services, was re-scheduled for January 2022. Outcome is pending.

E. Public Forums

In accordance with 42 CFR 431.420 (c), the State held its annual public forum for the QUEST Integration Section 1115 Demonstration Project on Wednesday, May 5, 2021 at 6:00 p.m. during the Med-QUEST Healthcare Advisory Committee Meeting (MHAC) meeting. During this public forum we reported out on various issues including our mission, increased enrollment, the supportive housing benefit under community integration services and the added community transition services that includes transitional case management services, housing quality and safety improvement services, legal assistance and securing house payments. We also reviewed the approvals by CMS during the past year, such as, the Hawaii Behavioral Health Services Protocol, the Demonstration Waiver Evaluation Design, various Appendix K's during the PHE and the PHE 1115 Demonstration Waiver Evaluation Design.

No comments were received by the public regarding the information presented. Comments were received from the MHAC members regarding how long the Demonstration Project lasts and the process the State follows if changes will be made to the next Demonstration Project. The State explained that the Demonstration Project is for five years and that the State can do amendments to the Demonstration Project as needed. MHAC members also commented on the enrollment numbers and why there was an increase during the PHE. The State explained that during the PHE the State will not terminate any Medicaid members unless they request termination, move out of state, or are deceased. The State also commented that the majority of the increase in enrollment was with the Low Income Adult population and that we anticipate higher enrollment in Medicaid for at least one more year.

III. Grievances, Appeals & State Fair Hearing

A. Member Grievances

The following tables provide grievance and appeal events received during this reporting period.

1. Grievances to MQD Health Care Services Branch (HCSB)

April 2021 – June 2021 Types of Member Grievances to HCSB	
Description: The following are grievances received by the HCSB of MQD. These DO NOT include the grievances received by the Health Plans, which are reported in a separate table below.	
Health Plan Policy	3
Provider/Provider Staff Behavior/Services	9
Transportation Customer Service	5
Treatment Plan/Diagnosis	0
Fraud and Abuse of Services	1
Billing/Payments	3
Member Rights	8
Medication	1
General Information	6
Forward to Other Departments	0
Total	**36**

Some grievances fit into multiple categories.

Month	# of Member Grievances to HCSB by Month
April 2021	13
May 2021	14
June 2021	9
Total	**36**

Status of Member Grievances Addressed by HCSB					
		Apr 2021	May 2021	Jun 2021	**TOTAL**
Received		**13**	**14**	**9**	**36**

Status					
Referred to Subject Matter Expert		8	3	2	13
Health Plan resolved with Members		0	0	0	0
Member withdrew grievance		0	0	0	0
Resolution in Health Plan favor		0	0	0	0
Resolution in Member's favor		0	0	0	0
Still awaiting resolution		5	11	7	23
Return to Health Plan awaiting Resolution Letter		0	0	0	0
Carry-over from previous Quarter		0	0	0	0

2. Grievances to Health Plans

Types of Member Grievances Reported to Health Plans	
	Apr – Jun 2021
	Total = 566
Provider Policy	9
Health Plan Policy	21
Provider/Provider Staff Behavior	125
Health Plan Staff Behavior	42
Appointment Availability	14
Network Adequacy/ Availability	2
Waiting Times (office, transportation)	156
Condition of Office/ Transportation	8
Transportation Customer Service	56
Treatment Plan/Diagnosis	22
Provider Competency	35
Interpreter	0
Fraud and Abuse of Services	3
Billing/Payments	35
Health Plan Information	7
Provider Communication	23
Member Rights	8

Status of Member Grievances Reported to Health Plans	
	Apr – Jun 2021
	Total
Total number filed during the reporting period	**448**
Status received from Health Plans	
Total number that received timely acknowledgement from health plan	428
Total number not receiving timely acknowledgement from health plan	20
Total number expected to receive timely acknowledgement during next reporting period	11
Total number that received timely decision from health plan	414
Total number not receiving timely decision from health plan	12
Total number expected to receive timely decision during next reporting period	13
Total number currently unresolved during the reporting period	30

B. Member Appeals and State Fair Hearings

1. Appeals to Health Plans

During April – June 2021, there were a total of 321 Appeals submitted with the Health Plans.

Types of Member Appeals to Health Plans		
		Apr – Jun 2021
Service denial		54
Service denial due to not a covered benefit		5
Service denial due to not medically necessary		265

Service reduction, suspension or termination		0
Payment denial		1
Timeliness of service		0
Prior authorization timeliness		0
Other		0

Status of Member Appeals to Health Plans		
		Apr – Jun 2021
Total number filed during the reporting period		321
Status received from Health Plans		
Total number that received timely acknowledgement from health plan		284
Total number not receiving timely acknowledgement from health plan		36
Total number expected to receive timely acknowledgement during next reporting period		33
Total number that received timely decision from health plan		278
Total number not receiving timely decision from health plan		34
Total number expected to receive timely decision during next reporting period		41
Total number currently unresolved during the reporting period		41
Total number overturned		140

2. Appeals to the State (State Fair Hearings)

For April - June 2021, there was a total of seven (7) Appeals submitted to AAO. Six (6) were resolved, and we are awaiting one (1) resolution.

Types of Member Appeals to State Administrative Appeals Office (AAO)					
		Apr 2021	May 2021	Jun 2021	**TOTAL**
Medical		2	1	1	4
Home and Community Based Services (HCBS)		0	0	0	0
Van Modification		0	0	0	0
Applied Behavioral Analysis (ABA)		0	0	0	0
Durable Medical Equipment		0	0	0	0
Reimbursement		0	1	0	1
Medication		1	1	0	2
Miscellaneous		0	0	0	0

Status of Member Appeals to State Administrative Appeals Office (AAO)					
		Apr 2021	May 2021	Jun 2021	**TOTAL**
Submitted		3	3	1	7
Status received from AAO					
Department of Human Services (DHS) resolved with health plan or Department of Health Developmental Disabilities Division (DOH-DDD) in Member's favor prior to going to hearing		3	2	1	6
Dismiss as untimely filing		0	0	0	0
Member withdrew hearing request		0	0	0	0
Resolution in DHS' favor		0	0	0	0

Resolution in Member's favor		0	0	0	0
Still awaiting resolution		0	0	1	1

IV. Health Plan Enrollment and Disenrollment

The Customer Service Branch (CSB), Eligibility Branch (EB), and Health Care Outreach Branch (HCOB) remain committed to assist community members complete their Medicaid application and pre-enroll in a QI health plan. Since federal fiscal year 2021, Med-QUEST continued to enhance technology and completed the installation of Voice over Internet Protocol (VoIP) in Service Centers located in Kauai, Kailua-Kona and Maui. VoIP increased the amount of staff available to answer calls from the public, whether working in-office or remotely, to complete the application intake process by phone. A pre-selection of QI plan completes the application and ensures immediate enrollment when applicant is deemed eligible for Medicaid. HCOB manages community activity and ensures navigators follow the same process as Med-QUEST staff with assisting the public.

In December 2020, Med-QUEST added a webform to its online version of the Medicaid application which allows applicants to pre-select a QI health plan for each household member that applied. The webform is processed by CSB upon receipt. CSB takes necessary action to honor beneficiary choice if form received after business hours.

A. Health Plan Enrollment Summary

The 2020 QI Annual Plan Change was October 1 through 31, enrollments applied January 1, 2021. Beneficiaries were mailed an enrollment packet in September. Of the 365,306 beneficiaries eligible to participate during the annual plan change, 5,316 (1.24%) elected to enroll in a different health plan for the 2021 benefit year (January to December 2021). The table below is a summary of the annual plan change activity by QI health plan and service area. The numbers reflect new members each plan gained January 1, 2021.

MAGI Excepted	Oahu	Kauai	Hawaii	Maui	Molokai	Lanai	Total
AlohaCare	57	7	3	13	2	1	83
HMSA	174	12	29	37	2	0	337
Kaiser	40	0	0	26	0	0	320
Ohana Health Plan	37	3	5	3	0	0	114
UnitedHealthcare Community Plan	329	7	15	15	2	0	416
Total	637	29	52	94	6	1	819
Beneficiaries w/APC Choice	1.10%	0.05%	0.09%	0.16%	0.01%	0.00%	1.41%
MAGI	Oahu	Kauai	Hawaii	Maui	Molokai	Lanai	Total
AlohaCare	466	85	199	100	33	6	889
HMSA	1632	167	509	218	10	1	3426
Kaiser	535	3	0	280	0	0	3355
Ohana Health Plan	46	1	15	8	0	0	888
UnitedHealthcare Community Plan	129	3	36	15	0	0	253

Total	2808	259	759	621	43	7	4497
Beneficiaries w/APC Choice	0.91%	0.08%	0.25%	0.20%	0.01%	0.00%	1.46%

B. Health Plan Disenrollment Summary

	# of Beneficiaries	Reason
Beneficiaries that requested plan-to-plan change with cause	7	**7 Continuity of Care** ○ 2 beneficiaries primary care physician not participating with QI plan ○ 1 Pregnant woman in third trimester ○ 2 clients in behavioral health therapy. ○ 1 client in long term care ○ 1 client in Medical Treatment
Beneficiaries that requested plan-to-plan change from health plan	93	**Loss / Gain** AlohaCare 21 / 22 HMSA 8 / 30 Kaiser 2 / 26 Ohana Health Plan 39 / 1 UnitedHealthcare Community Plan 23 / 14 Total 93 / 93 **Reason** PCP Continuity 36 LTC Placement 4 Behavioral Therapy 1 Specialist* 25 TPL** 19 Seek service outside Kaiser network 5 Family Continuity 3 Total 93 *Cardiologist, Obstetrician **Commercial TPL and Medicare Advantage

V. Number of Beneficiaries who Chose an MCO and Number of Beneficiaries who Changed MCO After Auto-Assignment

A. Beneficiary Choice of Health Plan Exercised

April 2021 – June 2021	Number of Beneficiaries
Chose a health plan when they became eligible	**4089**
Automatically assigned when they became eligible	**5104**
Changed their health plan after being automatically assigned	**1707**
Beneficiaries in the ABD program who changed their health plan within days 61 to 90 after confirmation notice was issued	**11**

During this reporting period, 5,104 individuals chose their health plan since they became eligible in the previous quarter, 1,707 changed their health plan after being automatically assigned. In addition, 11 individuals in the aged, blind, and disabled (ABD) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

VI. Demonstration Enrollment

A. Enrollment Counts

		Member Months	**Unduplicated Members**
Medicaid Eligibility Groups	**FPL Level and/or other qualifying Criteria**	**Jan 2021 – March 2021**	**Jan 2021 – March 2021**
Mandatory State Plan Groups			
State Plan Children	State Plan Children	392,063	129,748
State Plan Adults	State Plan Adults State Plan Adults-Pregnant Immigrant/Compact of Free Association (COFA)	128,600	41,953
Aged	Aged w/Medicare Aged w/o Medicare	100,005	33,364

Blind or Disabled (B/D)	B/D w/Medicare B/D w/o Medicare Breast and Cervical Cancer Treatment Program (BCCTP)	77,999	26,451
Expansion State Adults	Expansion State Adults	395,509	130,387
Newly Eligible Adults	Newly Eligible Adults	85,922	28,184
Optional State Plan Children	Optional State Plan Children	0	0
Foster Care Children, 19-20 years old	Foster Care Children, 19-20 years old	1,963	647
Medically Needy Adults	Medically Needy Adults	0	0
Demonstration Eligible Adults	Demonstration Eligible Adults	0	0
Demonstration Eligible Children	Demonstration Eligible Children	0	0
VIII-Like Group	VIII-Like Group	0	0
UCC-Governmental	UCC-Governmental	0	0
UCC-Governmental LTC	UCC-Governmental LTC	0	0
UCC-Private	UCC-Private	0	0
CHIP	CHIP (HI01), CHIPRA (HI02)	85,162	28,735
Total		**1,267,223**	**419,469**

State Reported Enrollment in the Demonstration (as requested)	**Current Enrollees**
Title XIX funded State Plan	232,163
Title XXI funded State Plan	28,735
Title XIX funded Expansion	158,571
Enrollment current as of	06/30/2021

B. Member Month Reporting

For Use in Budget Neutrality Calculations

Without Waiver Eligibility Group	**Month 1**	**Month 2**	**Month 3**	**Total for Quarter Ending 03/31/21**
EG 1 – Children	**129,914**	**131,214**	**130,935**	**392,063**
EG 2 – Adults	**43,194**	**43,667**	**43,131**	**129,692**
EG 3 – Aged	**33,164**	**33,481**	**33,360**	**100,005**

EG 4 – Blind/Disabled	26,290	26,479	25,230	77,999
EG 5 – VIII-Like Adults	0	0	0	0
EG 6 – VIII Group Combined	160,779	162,313	158,339	481,431

For Informational Purposes Only

With Waiver Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending 03/31/21
State Plan Children	129,914	131,214	130,935	392,063
State Plan Adults	42,549	42,703	42,477	127,729
Aged	33,164	33,481	33,360	100,005
Blind or Disabled	26,290	26,479	25,230	77,999
Expansion State Adults	132,128	133,563	129,818	395,509
Newly Eligible Adults	28,651	28,750	28,521	85,922
Optional State Plan Children	0	0	0	0
Foster Care Children, 19-20 years old	645	664	654	1,963
Medically Needy Adults	0	0	0	0
Demonstration Eligible Adults	0	0	0	0
Demonstration Eligible Children	0	0	0	0
VIII-Like Group	0	0	0	0
UCC-Governmental	0	0	0	0

UCC-Governmental LTC	0	0	0	0
UCC-Private	0	0	0	0

C. Enrollment in Behavioral Health Programs

Point-in-Time (1st day of last month in reporting quarter)

Program	# of Individuals
Community Care Services (CCS) Adult (at least 18 years old) QI beneficiaries with a serious mental illness (SMI) or serious and persistent mental illness (SPMI) who meet the program criteria, receive all behavioral health services through the CCS program.	**4,945**
Early Intervention Program (EIP/DOH) Infant and toddlers from birth to 3 years old receive services to assist in the following developmental areas: physical (sits, walks); cognitive (pays attention, solves problems); communication (talks, understands); social or emotional (plays with others, has confidence); and adaptive (eats, dresses self).	**694**
Child and Adolescent Mental Health Division (CAMHD/DOH) Children and adolescents age 3 years old to 18 or 20 years old (depending on an educational assessment), receive behavioral health services utilizing Evidence-Based Practices and an Evidence-Based Services Committee, from the state Department of Health.	**855**

D. Enrollment in Long Term Services and Supports (LTSS)

Long Term Services and Supports (LTSS) enrollment reported by the Health Plans are as follows.

Health Plan	Apr 2021	May 2021	Jun 2021*
Aloha Care	455	425	
HMSA	636	632	638
Kaiser	324	330	
Ohana	2444	2382	
United Healthcare	2235	2289	
Total	**6094**	**6058**	**638**

*Data unavailable. Data compiled for this table is taken from QUEST Integration Dashboards. QUEST Integration Dashboards are no longer reported to MQD from the Health Plans as of July 1, 2021. June data for LTSS enrollment are usually reported in the following July QUEST Integration Dashboards. HMSA happened to provide its June LTSS enrollment data in its June 2021 QUEST Integration Dashboard.

VII. Outreach, Innovative Activities, and Beneficiary Support System

The COVID-19 pandemic continues to be challenging for Hawaii residents especially those who are most vulnerable in the state, such as the homeless, Micronesians, immigrants and justice involved populations. The Health Care Outreach Branch (HCOB) continues to work with our community partners to provide education, support and guidance in assisting residents to apply for Medicaid for those who currently do not have any health coverage. During this time we continue to target our outreach within the Micronesian communities as they have been greatly impacted by the COVID-19 pandemic. Our goal is to educate them about the restoration of Medicaid benefits to their community and apply them to Medicaid if they are eligible.

HCOB is connecting and working with more grassroot organizations who are in the community providing services, such as, Project Vision Hawaii's HieHie mobile hot water private showers, along with other street outreach partners to address the unique needs of everyone. At many events one may find health care services, applications for Medicaid, food stamps, housing referrals, documentations assistance is provided all in one location.

We continue to work with social workers within justice involved and other public institutionalized populations to ensure their transition on and off Medicaid benefits is a smoother process.

VIII. Delivery of Long Term Services and Supports (LTSS)

The LTSS category includes a number of different provider types such as Community Care Foster Family Homes (CCFFHSs), Extended Adult Residential Care Homes (EARCHs), ICF DD/ID facilities and nursing facilities.
For April - June 2021, there were 380 adverse events from the Health Plan, 20 adverse events from Nursing Facilities, and 7 adverse events from ICF DD/ID for a total of 407 adverse events.

Apr 2021 – Jun 2021	**Health Plan**	**Nursing Facility**	**ICF DD/ID**	**TOTAL**
Fall	122	14	0	**136**
Hospital	74	0	1	**75**
Death	21	0	0	**21**

Emergency Room Visit	86	0	5	**91**
Injury	72	5	0	**77**
Med Error	5	0	1	**5**
Aspiration	0	1	0	**2**
TOTAL	**380**	**20**	**7**	**407**

IX. State Efforts Related to the Collection and Verification of Encounter Data and Utilization Data

During FFY 2021 3rd Quarter MQD initiated a new contract with a documentation consultant who will support MQD in the policy re-alignment exercise described in FFY 2021 2nd Quarter Report. This consultant will document current alignment between policy and data validation edits to identify any misalignments that result in encounters pending. The consultant will conduct a needs assessment, followed by facilitation activities with stakeholders to develop solutions, and action planning to implement the solutions developed. During FFY 2021 3rd Quarter the consultant established the initial repositories and templates for this project; the consultant will deliver findings for the needs assessment on a monthly basis going forward.

This quarter MQD continued its work with AHCCCS and a consultant to support specialized systems documentation work focused on identifying discrepancies and errors in MQD's encounter validation process that are contributing to pends. During FFY 2021 3rd quarter MQD conducted one-time refreshes to internal reference tables used in encounter validation and instituted new processes to ensure our internal reference tables remain updated systematically going forward. This project will ensure encounters due not pend unnecessarily and that MQD staff will save time researching individual codes missing from internal reference tables.

MQD continues to conduct a monthly encounter validation meeting with all participating MCOs to address major issues in encounter data submission or validation. During FFY 2021 3rd Quarter this meeting focused on the introduction of new encounter data validation edits related to the implementation of APR DRG pricing, the provision of services by Non-Emergency Medical Transportation providers, and the limited use of "unspecified" diagnosis codes. During this quarter's meetings MQD also worked with MCOs to improve encounter data submission guidance for newly established programs including the Community Integration Services.

X. Impact of Demonstration in Providing Insurance Coverage

This section is new and will be populated in future reports. Data is not currently available for this section.

XI. Performance Metrics & Quality Assurance and Monitoring

A. Quality Activities (April – June 2021)

The External Quality Review Organization (EQRO) oversees the health plans for the Quest Integration (QI) and Community Care Services (CCS) programs. Health Services Advisory Group (HSAG), the EQRO, performed the following activities this quarter:

1. Validation of Performance Improvement Projects (PIPs)

MQD's EQRO validates PIPs to ensure the health plans designed, conducted, and reported the projects in a methodologically sound manner consistent with the CMS protocols for PIPs.

April

- Received Modules 4 and 5 from the health plans by 04/16/21.
- Provided technical assistance to Kaiser, Ohana, Ohana CCS, and AlohaCare upon request.

May

- Attended MCO Report Review meeting organized by Ranjani Starr (MQD) on 05/14/21.
- Participated in PIP topics discussion meeting with the MQD/HAO on 05/24/21.
- Conduct Modules 4 and 5 validations.

June

- Sent the Module 4 and 5 validation tools to the MQD and plans on 06/04/21.
- Participated in PIP topic work group meeting with the MQD/HAO on 06/09/21 and 06/24/21.

2. Healthcare Effectiveness Data and Information Set (HEDIS)

MQD's EQRO validates the HEDIS and non-HEDIS state-defined measure rates required by the MQD to evaluate the accuracy of the results. The EQRO continues to assess the PM results and their impact on improving the health outcomes of members. The EQRO conducts validation of the PM rates following the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)1-3 Compliance Audit™,1-4 timeline.

April

- Received preliminary rates from MCO's on 04/16/21.
- Completed preliminary rate review on 04/30/21.

May

- Received Attachment 1: Final Numerator Compliant Counts for all hybrid measures and exclusions from MCOs on 05/07/21.
- Provided MRRV measure selection letters to MCOs on 05/11/21.
- Received Attachment 2: MR Numerator Positive Care Listings for selected MRRV measure and Attachment 3: MR Exclusion Case Listings for all exclusions from MCOs on 05/12/21.
- Received selected charts/medical records from MCOs on 05/17/21.
- Provided MRRV results and completed all corrective actions and follow-up requests on 05/24/21.

June

- Received final rates and State-required patient-level detail (PLD) file from MCOs on 06/01/21.
- Received signed Management Representation Letter from MCOs on 06/14/21.
- Approved MCOs final rate submissions on 06/14/21.

3. Compliance Monitoring

MQD's EQRO evaluates the health plans' compliance with federal Medicaid managed care regulations and State contract provisions for organizational and structural performance.

April

- Provided technical assistance on CAPs for KFHP on 04/02/21 and 04/06/21.

May

- Received resubmission of CAPs from KFHP on 05/14/21.
- Reviewed KFHP CAPs and sent CAP documents to the MQD for review on 05/26/21.

June

- Received feedback from the MQD regarding KFHP CAPs and notified KFHP that all CAPs were successfully completed and closed on 06/02/21.

4. Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The EQRO conducts CAHPS surveys of the Child QI health plans and Children's Health Insurance Program (CHIP) populations to learn more about members' experiences with care.

April

- Sent weekly disposition reports to MQD.
- Mailed second postcard reminders to non-respondents on 04/01/21.
- Refreshed phone number files prior to computer assisted telephone interviewing (CATI) using Telematch on 04/14/21.
- Began CATI for non-respondents on 04/15/21.
- Performed CATI monitoring of survey vendor on 04/21/21.

May

- Completed CATI for non-respondents on 05/06/21.
- Notified the MQD that the survey field closed on 05/07/21.
- Received data files from subcontractor on 05/21/21.
- Submitted final disposition report to MQD on 05/24/21.
- Submitted Medicaid survey data to NCQA for all QI health plans on 05/24/21.
- Notified the MQD that NCQA data submission was completed on 05/26/21.

June

- Sent CAHPS Health Plan Database submission memo, Data Use Agreement (DUA), and the Association for Community Affiliated Plan (ACAP) authorization form to the MQD on 06/07/21.
- Received confirmation the MQD re-activated the CAHPS Health Plan Survey Database account and all required forms on 06/24/21.
- Performed Star Report survey data analysis on 06/30/21.
- Prepared respondent-level data files and data dictionary for the MQD on 06/30/21.

5. Provider Survey

April

- This activity was postponed due to COVID-19 and the EQRO's findings of other states receiving only 2% Response Rate.

May

- MQD and the EQRO discussed survey administration timeline on 05/05/21.
- EQRO sent an updated timeline to MQD on 05/10/21.
- EQRO sent updated sample frame creation instructions to MQD on 05/17/21.
- MQD sent the sample frame files to the EQRO on 05/26/21.

June

- EQRO reviewed sample frame files on 06/02/21.
- EQRO sent sample frames to subcontractor on 06/08/21.
- MQD received an updated timeline from the EQRO on 06/09/21.
- EQRO submitted updated survey notification documents to the MQD on 06/15/21.
- EQRO submitted reminder email notification language to the MQD for approval on 06/16/21.
- MQD provided approval for the email notification language on 06/22/21.
- Survey samples were selected on 06/23/21.
- EQRO notified the MQD that the samples were selected on 06/24/21.
- EQRO submitted final, formatted mail materials to the MQD on 06/28/21.
- EQRO submitted 2021 Kaiser and non-Kaiser survey instruments to the health plans on 06/28/21.

6. Annual Technical Report

MQD's EQRO aggregates and analyzes the health plans' performance data across mandatory and optional activities and prepare an annual technical report. The EQRO uses the Centers for Medicare & Medicaid Services' (CMS') external quality review (EQR) protocols update when preparing this report.

April

- Began drafting the 2021 HI EQR Technical Report template.

May

- Continue drafting the 2021 HI EQR Technical Report template.
- Sent *Follow-up to Prior EQRO Recommendations* documentation request to health plans on 05/03/21.

June

- Submitted report template to the MQD on 06/29/21 for review and feedback.

7. Technical Assistance

At the state's direction, the EQRO may provide technical guidance to groups of MCOs, PIHPs, PAHPs, or PCCM entities as described at 42 CFR §438.310(c)(2).

April

- Conducted Hospital P4P update meetings with HAO on 04/08/21, 04/20/21, and 04/27/21.
- Participated in CMS technical assistance call with the MQD regarding the EQR technical reports on 04/05/21.

May

- Conducted Hospital P4P update meetings with HAO on 05/04/21, 05/11/21, and 05/18/21.
- Participated in meeting with HAO regarding MCO Report Manual on 05/14/21.
- Submitted Hospital P4P enhanced scope of work budget to the MQD and HAO on 05/19/21 and received approval to use the general technical assistance budget on 05/19/21.

June

- Participated in meeting with HAO regarding MCO P4P program on 06/01/21.
- Conducted Hospital P4P update meetings with the HAO on 06/01/21, 06/08/21, 06/15/21, 06/22/21, and 06/29/21.
- Participated in Hospital P4P measure discussion with Healthcare Association of Hawaii (HAH) and the MQD on 06/22/21.

XII. Budget Neutrality and Financial Reporting Requirements

The Budget Neutrality Workbook for the quarter ending March 31, 2021 was submitted to CMS by the May 31, 2021 deadline. The Budget Neutrality Workbook for the quarter ending June 30, 2021 will be submitted separately by the August 31, 2021 deadline.

XIII. Evaluation Activities and Interim Findings

During FFY 2021 3rd quarter, MQD's Health Analytics Office (HAO) worked closely with the University of Hawaii Evaluation team (MQD's external evaluators) to provide training to MQD and Health Plan staff on new reporting templates, clinical data collection tools, and other assessments created in FFY 2021 2nd quarter. These included trainings focused on data collection on value-based purchasing, alternative payment models, special health care needs populations; LTSS populations; and CIS populations; social determinants of health and health disparities; and the advancing primary care initiative. Additionally, the University of Hawaii Evaluation Team has been preparing for the CIS rapid cycle assessments scheduled to begin July 2021. Meetings with Health Plans, housing service providers, and other stakeholders are scheduled for July 2021 and November 2021. Data from these reports and RCAs are forthcoming.

The University of Hawaii now has access to MQD data.

XIV. Other

Asset Verification Service (AVS) System

Med-QUEST is working with the New England States Consortium Systems Organizations (NESCSO) for the implementation of an asset verification service (AVS) system leveraging NESCSO's contract with Public Consulting Group (PCG). Med-QUEST, NESCSO, and PCG held a Kick-off Meeting on April 16, 2020 to initiate the project and successfully implemented an AVS Portal on July 27, 2020. On December 21, 2020, Med-QUEST implemented the first of two phases to integrate the interface between the State's medical eligibility system and the asset verification service. Phase II was implemented on February 22, 2021, introducing more automation to the verification and eligibility process.

Phase I implemented an interface between the Medicaid system and the AVS system to facilitate automated requests to and from the AVS system. AVS response data is presented to workers in the Medicaid system for their review. Phase II automated the verification and eligibility steps of the process, eliminating the need for workers to manually review AVS response data.

AVS Integration Phase I requests electronic asset verification at time of application, renewal, and changes in circumstances for all individuals subject to asset verification under section 1940 of the Social Security Act. Phase I also includes integration of a monthly bank file listing all financial institutions available via the AVS, data conversion of existing bank information to aid in verification of existing beneficiary asset information, and a number of enhancements to the user interface that include new task workflows and views to display AVS data. Phase II introduced intelligent rules for automated verification and eligibility determinations triggered by logic and rules that will evaluate asset details against thresholds and holding/transfer periods.

In a letter dated June 28, 2021, CMS notified the State of Hawaii that CMS finds the state in compliance with the requirements in section 1940 of the Social Security Act (the Act) to implement an asset verification system for individuals applying for or receiving medical assistance, on the basis of being aged 65 or older, blind, or disabled.

Provider Management System Upgrade (PMSU)

In partnership with Arizona Health Care Cost Containment System (AHCCCS), MQD has moved forward with upgrading existing provider management software. A PMSU vendor, CNSI, was selected in FFY 2018 quarter three, and we received approval of this vendor contract in FFY 2019 quarter one. The Internal Verification & Validation (IVV) vendor was selected in FFY 2018 quarter four, to monitor the PMSU project. The initial go-live date of August 26, 2019 was postponed until March 2, 2020, to account for unforeseen complexities in business rules development and software coding and implementation. The go-live date was then postponed to April 13, 2020 to ensure thorough testing of the system. As we approached April 13, MQD and AHCCCS decided to postpone the go-live date due to the COVID-19 public health emergency (PHE). The final go-live date was August 3.

MQD named the PMSU project, Hawaii's Online Kahu Utility (HOKU). Hoku, in Hawaiian means guiding star. Kahu, in Hawaiian means caretaker or pastor, one who looks after their flock. Med-QUEST providers are caretakers looking after and taking care of members. MQD communicated an addendum memo (QI-2006B) to the MCOs and providers that included information about the new go-live date, updated registration in HOKU by waves, updated information about training materials and schedule and what an application ID is.

MQD issued a request for proposal in 2019 to secure a vendor for our Provider Enrollment and Revalidation contract. MQD awarded the contract to Koan, with an effective contract date of January 1, 2020. With the Provider Enrollment and Revalidation contract, Koan is responsible with managing MQD's provider hotline, imaging (scanning) provider applications and assisting with screening and inputting provider enrollment and revalidation applications.

HOKU's go-live date was August 3, 2020. In preparation of the go-live date, MQD worked in partnership with AHCCCS and CNSI to perform test cases and discuss system defects. Once HOKU went live, MQD conducted various training sessions and provided training materials (YouTube videos and PPT slide decks). During the first few months of HOKU's go-live period, MQD and Koan staff began to learn how to navigate HOKU, review applications and approve/deny applications in the live environment. MQD and Koan began meeting daily to discuss issues and ask questions, and also meet with CNSI a few times each week to discuss identified issues and request assistance for specific application review steps. As issues are identified and confirmed, MQD creates an incident ticket in CNSI's JIRA website. Once a ticket is created, CNSI triages the issue and responds/updates MQD.

MQD launched HOKU in phases (Waves) to prevent an overflow of applications entering the system at once. Before each Wave, MQD worked with our vendor, Cardinal, to mail the Application ID correspondences to each provider prior to each Wave start date. The Application ID letter informs the provider of their Application ID number and about registering in HOKU. The PMSUP vendor, CNIS, emailed Application ID letters to providers that MQD had an email address for.

Our goal is to get majority of our providers in HOKU and tremendously decrease paper applications. MQD & Koan staff continued to become familiar with the HOKU system on how to review and process applications. As staff reviewed different provider types, some situations and/or issues were identified. These were brought up with CNSI during our meetings each week and triaged for a solution or added to a future HOKU release. After finalized testing of defects and enhancements, CNSI continues to incorporate the fixes in HOKU releases (updates). Once the system is updated; the information is passed on to MQD and Koan staff.
MQD has been collaborating with the MCOs and will be using their assistance to reach out to providers that have not yet registered in HOKU. This will help to increase the number of providers that register in HOKU.

MQD's goal is to increase the throughput of applications in HOKU. To achieve that, MQD has been working with a heavy focus on a few key areas.

- **HI's Priorities**
  - MQD is prioritizing our needs and ensuring CNSI is aware of the changes that are needed for HI business going forward.

- **Group Billers**
  - MQD is focusing on getting Group Biller applications approved to ensure the process of approving the Rendering/Servicing providers associated with a Group Biller is streamlined.

- **Training**
  - Koan hired an additional seven (7) individuals mid-June and they are currently in the training phase.

- **Business Processes**
  - With an online enrollment system and additional staffing, MQD has been reviewing business processes and revising them to meet business needs, while ensuring that State and Federal guidelines are followed.

- **HOKU System Improvements**
    - Continuously focusing on HOKU system issues/enhancements will improve and increase the productivity of reviewers.

Below is a snapshot of the provider application statistics at the end of June.

Application Status	Number of Applications	Description
In Process	1,577	Number of applications providers are currently working on in HOKU but have not yet submitted.
In Review	1,968	Number of applications providers submitted in HOKU and are awaiting State Review.
Approved	1,888	Number of applications State reviewed and approved.

Electronic Visit Verification (EVV)

In accordance with the 21st Century Cures Act, Med-QUEST Division (MQD) is working towards the implementation of Electronic Visit Verification (EVV). In the federal fiscal year (FFY) 2021 Quarter 3 (Q3), MQD continued to collaborate with Arizona Health Care Cost Containment System (AHCCCS) towards implementation.

During this quarter, MQD continued the soft launch of EVV with the MCOs and provider agencies. Stakeholder communications and training continued through multiple methods.

MQD's future EVV work plans include: Monitoring of EVV utilization across the MCOs and provider agencies. Continual outreach activities are scheduled multiple times a month with MCOs and provider agencies to ensure full EVV utilization. The team will continue working with the IV&V provider to ensure the Medicaid Enterprise Certification Lifecycle requirements are met as well as ensuring a successful implementation and certification of the EVV solution.

APRIL

During the month of April 2021, achieved 97% EVV adoption and utilization across all Hawaii provider agencies. No new authorizations were approved or extended for the remaining 3% of provider agencies. Resolved a technical issue preventing self-directed members from logging in. Held multiple 1-on-1 provider agency review sessions to discuss EVV visit statuses. Met with the state's EVV Vendor Sandata to review change request requirements. Met with a provider agency to review initial EVV claims validation results. Identified remaining missing member in the EVV solution and resolved with the Member Eligibility team. Continued outreach by holding multiple DDD/Home Health/Home Care provider agency meetings and training sessions to review the EVV program.

MAY

During the month of May 2021, established a reporting process with the MCOs to monitor the claims validated against the EVV visits. Continued outreach by holding meetings with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project deliverables and timelines. Aligning with the Open Model approach, Alternate EVV vendor meetings continued.

JUNE

During the month of June 2021, created a weekly DDD EVV Claims Validation Report that is sent to provider agencies calling out specific claim line items that are failing the soft-edit validation. Sandata fixed the Visit Verification Exception allowing agencies to acknowledge visit issues. This informs provider agencies about issues that need to be addressed with additional training. Created a report (CMS EVV KPI #3) in the Sandata reporting engine DOMO that indicates the percent of visits that reached a verified state automatically. The June results of auto verification achieved the benchmark of 85%. Determined the Hard Edit date needed to move from 7/1/21 to 9/1/21 due to technical issues encountered by the EVV vendor. The technical issue is related to the authorizations not loading and is a roadblock stopping the Hard Edit date from being implemented. An authorization establishes the relationship between the Provider, Member, and Service before a visit can reach a status that suffices as approval for EVV claim validation.

Clinical Care Guidelines

Work this quarter included issues related to appropriate coverage, care continuity, and COVID-19 public health emergency (PHE) concerns. MQD issued in June a third iterative memo to our contracted health plans (HPs), hospitals, and long term care providers clarifying and updating the definitions related to subacute facilities and level of care. The memo is a result of ongoing collaboration with stakeholder long term care facilities and the Healthcare Association of Hawai'i to ensure that beneficiaries are receiving care in the most appropriate setting and to address hospital waitlist issues.

To ensure continuity of care, MQD jumped into collaboration with our contracted HPs and the Hawai'i Department of Health (DOH) upon learning of the imminent shutdown this quarter of an assisted living facility where seventy percent of the affected residents were beneficiaries. MQD and partners ensured the timely and person-centered relocation of these individuals.

During this quarter and through the PHE, MQD continued to endorse the use of proper safety and infection-based precautions for beneficiaries receiving home and community-based services and residing in community care foster family homes (CCFFHs) by working with DOH and CCFFH caregiver associations to distribute another mass shipment of free personal protective equipment to all CCFFHs in Honolulu county, where the majority of CCFFHs are located. Planning is underway for distribution to CCFFHs in Hawai'i's other three counties: Hawai'i, Maui and Kaua'i.

MQD also recognized that even during the pandemic, certain flexibilities could begin unwinding to improve quality of care. A memo issued in April advised contracted HPs and their contracted community case management agencies that in-person services as required by contract shall resume – recognizing that at this point in time, with previously provided trainings and reinforcement of practicing effective infection precautions and the improved availability of PPE, health and safety concerns could satisfactorily be addressed while resuming in-person services. The memo is a culmination of the collaboration with our HPs throughout previous quarters.

Finally, another flexibility extended during the PHE was expanded telehealth coverage. In this quarter, MQD continued to allow telehealth coverage flexibilities while also continuing plans for post-pandemic telehealth policy.

MQD Workshops and Other Events

Focus:	**National Center on Advancing Person-Centered Practices and Systems (NCAPPS): Stakeholders Engagement**		
For:	**Self-advocates, Advisory, Councils, State Agencies, MCOs, and other Stakeholders**		
Speaker	NCAPPS SME Bob Sattler, SDA and Janis Tandora, Yale University	**Location**	Zoom
Length	3.5 hours	**Date**	June 18, 2021
Attendees	Approximately 40+		
Description	Developing a Road Map to a Person-Centered System Bringing the Systems Leaders of Hawaii together for an exciting opportunity to design an integrated road map to a Person-Centered Service and Support System across collaborating state agencies and health plans. A workday to improve opportunities to work together, see where we have alignment and where we must take a different path. This planning and visioning session is designed for decision makers of the system that can commit to taking the road map and make it a reality for Hawaii and must include people with lived experience. • Review of Common Values • Learning about the 9 Pillars of a Person-Centered System Overview • Introduction to the Participant Engagement Guide		

Focus:	**LTC Eligibility and Disabled Adult Child (DAC)**		
For:	**1915c I/DD Waiver Case Managers**		
Speaker	Aileen Manuel DHS/MQD	**Location**	Zoom
Length	1.0 hours	**Date**	June 22, 2021
Attendees	Approximately 15+		
Description	• Review of LTC eligibility • Identifying DAC • DAC case reviews • Learning how to assist the participants/families with DAC entitlement benefits.		

Focus:	**National Center on Advancing Person-Centered Practices and Systems (NCAPPS): Stakeholders Engagement**		
For:	**Office of Aging: Self-advocates, Advisory, and Councils**		
Speaker	NCAPPS SME Bob Sattler	**Location**	Zoom
Length	1.0 hours	**Date**	June 30, 2021
Attendees	Approximately 40+		
Description	• Introduction to NCAPPS • Review national core competencies		

	• Discuss core competency alignment to current processes and identify areas for improvement • Gather stakeholder input on core competencies

A. Attachments

Attachment A: QUEST Integration Dashboard for April 2021 – June 2021
The QUEST Integration Dashboard compiles monthly data submitted by the Health Plans to MQD, regarding enrollment, network providers, call center calls, medical claims, prior authorizations, non-emergency transports, grievances, appeals, and utilization.

Attachment B: Up-To-Date Budget Neutrality Summary
The Budget Neutrality Summary (worksheet) for the quarter ending 03/31/2021 is attached. The Budget Neutrality Summary for the quarter ending 06/31/2021 will be submitted by the 08/31/2021 deadline.

Attachment C: Budget Neutrality Workbook
The Budget Neutrality Workbook for the quarter ending 03/31/2021 is attached. The Budget Neutrality Workbook for the quarter ending 06/31/2021 will be submitted by the 08/31/2021 deadline.

B. MQD Contact(s)

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