

Med-QUEST Announces Quest Integration Contract Awards-FAQs

How many current health plans are contracted with Med-QUEST, and where do they provide services?

Currently, there are five contracted health plans – AlohaCare, HMSA, Kaiser Permanente, ‘Ohana Health Plan, and UnitedHealthCare Community Plan. Currently all plans serve members on each island except for Kaiser. Kaiser limits the number of Medicaid members they serve to residents of O‘ahu and Maui island.

What is the QI Request for Proposal (RFP)?

Every few years, Med-QUEST is required to re-procure contracts with health plans. A request for proposals for “QUEST Integration (QI) Managed Care to Cover Medicaid and Other Eligible Individuals” was issued in August 2019. Hawai‘i’s Med-QUEST Division contracts with health plans, also called managed care organizations (MCOs), to provide Medicaid covered services. These MCOs are responsible for contracting with various doctors, hospitals and other providers who provide the care for those covered by Medicaid. The MCOs are also tasked with assuring their members’ healthcare is coordinated to meet members’ healthcare needs.

Med-QUEST received a total of four proposals in November 2019. Proposals were received from AlohaCare, HMSA, ‘Ohana Health Plan and UnitedHealthCare Community Plan.

On January 22, 2020, Med-QUEST extended awards to each of the plans that submitted a proposal. HMSA and UnitedHealthCare were awarded contracts to provide services statewide and ‘Ohana Health Plan and AlohaCare were awarded contracts to provide services to the island of O‘ahu only. These plans are scheduled to go into effect on July 1, 2020.

Why were health plans that are interested in providing services for Medicaid members required to submit a proposal?

This process was used to stimulate innovative proposals that raise performance standards and comprehensive approaches to whole-person healthcare. Med-QUEST is dedicated to ensuring that the highest quality health plans are contracted to serve our members.

Did you limit the number of health plans that could submit proposals?

No. All health plans could apply.

How were the health plans evaluated to decide which ones would be awarded contracts?

The evaluation questions in the technical proposal found [here](#) covered a range of topics regarding the health plan’s qualifications, expertise, and innovations that they would bring to efficiently and effectively serve Hawai‘i’s Medicaid members.

Why were a limited number of plans chosen?

We have spent the last three years speaking to people on each island, and one thing we heard again and again was that having a lot of health plans was confusing to our members and burdensome to doctors and other providers.

We want to make sure that doctors are spending their time with their patients and not tied up in paperwork with health plans. We also want to make sure that health plans have room to grow and be successful, which can be hard in some areas where there are not a lot of people. The best health outcomes happen when providers are given the support they need, and individuals, families and communities are empowered. We don't think having two health plans on the Neighbor Islands cuts down on resources, we think it gives members, health care providers, and community organizations more leverage and opportunity to come together and better use the same amount of resources – or bring even more resources to the community.

Now that the Contracts are awarded, what actions do Medicaid members need to take?

At this time, there is no need for members to take any action as existing health plan coverage will continue for eligible members. A timeline to accommodate the member transition process has been established and will be shared with members once the new contracts are fully executed. Additionally, any member affected by the change will have an opportunity in the future to enroll in a participating plan available on their island of residence. Over the coming months, Med-QUEST will communicate to all members confirming when the transition time will begin.

If a member has an existing plan, will that member experience any gaps in service?

Please be assured that Med-QUEST has prepared for this transition to ensure as timely and seamless process as possible with no gaps in health service to our members.