QUEST Integration (QI)

Request for Information
No. RFI-MQD-2019-002

Department of Human Services
Med-QUEST Division
September 20, 2018

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REASON FOR THE RFI

The State of Hawai‘i, through its Medicaid agency, the Department of Human Services (DHS), Med-QUEST Division (MQD), is issuing this Request for Information (RFI) to seek information and comments to prepare a Request for Proposal (RFP) for the QUEST Integration (QI) re-procurement of managed care organizations (MCOs). The QI re-procurement in 2019 will be for a contract term of January 2020 to December 2025.

The information received through this RFI will assist MQD in preparing the RFP. Responses from all stakeholders – not just potential QI health plans – will be considered in the preparation of the RFP. Information submitted by health plans in response to this RFI will not be considered in evaluation of subsequent proposals submitted in response to the RFP.

BACKGROUND

MQD is the Division within DHS that administers the Medicaid program in Hawai‘i. Medicaid, a federal and state partnership program created by Congress in 1965, provides medical assistance benefits to qualified uninsured and underinsured Hawai‘i residents.

MQD provides most of its healthcare services in a managed care environment for Medicaid beneficiaries. The majority of the Medicaid beneficiaries receive medical, behavioral health, and long term care services through the QI program, implemented in 2015.

QI currently serves approximately 360,000 individuals, the vast majority of Medicaid beneficiaries in Hawai‘i. Medicaid beneficiaries include pregnant women, children, parents and caretakers, adults, and individuals who are aged, blind, and/or disabled.

MQD is committed to laying the foundation for innovative programs that support and create healthy families and healthy communities through the QI program. To accomplish this goal, MQD has designed the Hawai‘i ‘Ohana Nui Project Expansion (HOPE) program, a five-year initiative to develop and implement a roadmap to achieve this vision of healthy families and healthy communities.[1] QUEST Integration will be the vehicle for the HOPE program to be put into practice.

MQD’s vision is that the people of Hawai‘i embrace health and wellness. MQD’s mission is to empower Hawai‘i residents to improve and sustain wellbeing by developing, promoting and administering innovative and high-quality healthcare programs with aloha.

[1] See Hawai‘i ‘Ohana Nui Project Expansion at https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/hawaii-state-plan/ATT_L_-_Hawaii_Medicaid_Ohana_Nui_Project_Expansion.pdf

The following guiding principles describe the overarching framework for the QI procurement:

- Assure continued access to health insurance and healthcare;
- Emphasis on whole person and whole family care over their life course;
- Address the social determinants of health (SDOH);
- Emphasis on health promotion, prevention and primary care;
- Emphasis on investing in system-wide changes; and
- Leverage and support community initiatives.

These principles will animate service delivery through QI. Initiatives will be undertaken to do the following:

- Invest in primary care, prevention, and health promotion;
- Improve outcomes for high-need, high-cost Medicaid beneficiaries;
- Payment reform and alignment; and
- Support community driven initiatives to improve population health.

The "Questions for Respondents" in this RFI seek to gather stakeholder input on these principles and initiatives as they would be applied through the QI program.

RFI RESPONSES

The following inquiries have been grouped by topic. Please provide responses based on how your organization would propose to advance the strategies and objectives of the HOPE initiative in these areas. MQD encourages respondents to answer all questions, but will consider responses that do not address all sections and questions.

QUESTIONS FOR RESPONDENTS

Procurement Criteria

(Limit response to one page)

MQD is evaluating criteria for the upcoming QI procurement and language for the RFP. In particular, MQD is considering criteria for a competitive procurement versus a minimum standard procurement.

1. What standards do you recommend as benchmarks for inclusion in an RFP for MCOs to meet to qualify for participation as a QI health plan? What criteria could be used to score relative strength of each MCO?
2. Based on considerations such as the number of Medicaid members and QI health plans administrative requirements of providers (e.g., prior authorization requirements, drug

formularies), what is the optimal number of QI health plans to operate in Hawai'i? Should the number of QI health plans vary on a regional versus statewide basis? Please explain your rationale.

Community Care Services (CCS) Re-Procurement

(Limit response to half page)

Community Care Services (CCS) is a program that provides behavioral health services to Medicaid eligible adults who have a Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI). The present CCS contract ends June 30, 2020 and will need to be re-procured.

3. Should QI health plans be the only plans eligible to bid or be shown preference in scoring of the CCS procurement? If so, which of these two options is preferred, and why? If not, please provide explanation and/or other recommended strategies.

Dually Eligible Special Needs Plans (D-SNPs) and QI Health Plan Alignment

(Limit response to one page)

MQD is evaluating initiatives to drive greater aligned enrollment and operations between Medicare and Medicaid. MQD presently includes contract language that mandates that QI health plans operate a D-SNP. QI health plans must also provide service coordination for both Medicare and Medicaid services. Currently, there are no provisions that mandate D-SNPs can only enroll Medicaid beneficiaries who are enrolled in their QI health plans, or policies that give MQD some oversight in administering the Medicare benefit, like review of supplemental benefits or Models of Care.

4. How should D-SNPs and QI health plans be integrated and/or aligned, given current federal rules? Should enrollment in D-SNPs be limited to the dual eligibles enrolled in the corresponding QI health plan? How should MQD be involved in the administration and/or oversight of Medicare services by D-SNPs?

Value-based Payments (VBP) and Alternative Payment Models (APMs)

(Limit response to four pages)

MQD is interested in re-evaluating current VBP and APM requirements and identifying opportunities to update and modify the State's current approach and policies to align with the HOPE vision.

5. Providers report that maintaining multiple VBP contracts across their patient population can lead to challenges and complexity. What infrastructure, tools, and resources need

to be in place to support provider participation in VBP and decrease administrative burden on providers? What is the best approach for assessing provider readiness to participate in VBP?

6. What opportunities are there to enable broad alignment across multiple payers moving towards VBP models?

7. How should incentives be structured to support or encourage provider participation?

8. What innovations in VBP models have you seen that you think should be considered by MQD for the QI program? Please include a description of how these innovations and models would apply to the Hawai'i market. What challenges would need to be considered?

9. What are the greatest barriers to implementation of VBP models in Hawai'i? What recommendations do you have for addressing these barriers?

10. Please describe a recommended approach for expanding implementation of VBP within the QI program over the next 2-4 years. Would you recommend targeting specific provider groups? Would there be a focus on specific measures, and if so, which measures? How would this model be implemented to support providers during the transition period?

11. MQD is interested in promoting greater utilization of primary care and greater integration of behavioral health with primary care. Please describe payment models that would support these initiatives. In addition to payment, what support would providers need in order to achieve increased primary care utilization and integrated care?

12. MQD is interested in increasing QI health plan investment into value-added and/or supplemental services. These are additional services outside of the QI benefit package that seek to improve quality and health outcomes, and/or reduce costs by reducing the need for more expensive care. Some examples of services include nutritional supports and non-traditional home modifications like air conditioners. Please provide recommendations for these kinds of services that would be beneficial to target in Hawai'i to improve member care. What payment models would support QI health plans with investing in such services? In addition to payment, what other considerations and supports are needed to implement these services?

13. Please provide examples describing how MCOs could support different models of accountable care. In addition to accountable care organizations (ACOs), accountable

care includes community and regional initiatives that seek to align health care providers, community-based organizations (CBOs) and/or community coalitions, and other groups to offer integrated approaches to health, health care, and social needs and supports. These models are often called accountable communities for health (ACHs). How could ACH and ACO models be structured to assure collaborative relationships between themselves, health plans, and providers? What payment models could be used to support ACH and ACO models in a risk-based managed care environment?

High-needs, High-costs (HNHC) Medicaid Population

(Limit response to three pages)

One of the HOPE priority projects is focused on Medicaid beneficiaries with the highest cost, and most complex health and social needs. This is a priority because they are a vulnerable population that experiences significant disparities, they use a majority of health care resources, and there is potential for a strong return on investment.

14. What opportunities should MQD be aware of to improve outcomes for High Needs High Cost (HNHC) Medicaid beneficiaries that have a strong return on investment? How can the Service Coordination System be improved overall, and how should it be best utilized to achieve positive beneficiary outcomes for HNHC populations?

15. Beyond care management, what best practices and innovative clinical models should MQD promote to serve the needs of this HNHC population?

16. What opportunities should MQD be aware of to integrate behavioral health (mental health and substance use) with physical health across the continuum for HNHC Medicaid beneficiaries?

17. What opportunities should MQD be aware of to support the diagnosis and treatment of behavioral health conditions, including social-emotional conditions, in children under the age of eight? What about children ages 9-18?

18. What data and information needs to be more readily available in order to effectively target interventions to HNHC populations?

19. How should health care providers be incented to serve rather than avoid HNHC Medicaid beneficiaries?

Managed Long Term Services and Supports

(Limit response to one page)

MQD will continue to cover long term supports and services (LTSS) in the QI program. MQD's goals include providing LTSS in the member's home and community whenever possible and ensuring that LTSS in all settings is offered in a way that supports whole person care. MQD supports a person-centered approach to home and community based services (HCBS) that empowers individual initiative, autonomy, and independence in making life choices and facilitates individual choice in designing and receiving services and supports. MQD supports full access of Medicaid beneficiaries to their greater community, including opportunities to seek employment and work, engage in community life, and manage their own resources. MQD is interested in continuing to promote these objectives through the QI program.

20. How can QI health plans help increase HCBS workforce capacity in order to improve stability of placement and increase satisfaction and quality of life for HNHC Medicaid beneficiaries? What HCBS workforce capacity strategies would work best to improve support of Medicaid beneficiaries with behavioral health care needs?

21. How can QI health plans help improve the continuum of care so nursing facilities have the capacity to work with HNHC Medicaid beneficiaries?

22. What VBP or APM strategies would be successful in increasing community integration for HNHC Medicaid beneficiaries receiving LTSS?

Community Care Teams

(Limit response to one page)

Currently, MQD requires the QI health plans to provide service coordination and other services through the Service Coordination System. QI health plans tend to provide many of the services at the plan level, and MQD has received feedback from stakeholders that some of the services need to be based "on the ground" where the providers and members are located. MQD is exploring the development of Community Care Teams (CCTs) in collaboration with QI health plans that would provide a narrow set of supports for small and rural PCPs who treat HNHC Medicaid beneficiaries where the patients are located. Examples of services could include triage and referral, linkages to health-related social services, and outreach to populations that are difficult to reach.

23. What opportunities and considerations should MQD be aware of when considering CCTs? What services should CCTs provide and which populations should they target? What types of professionals should staff the teams?

24. What policies and best practices should the state consider in terms of delegation of care management responsibilities to CCTs?

Patient Centered Care, Team-Based Care, and Provider Practice Development

(Limit response to two pages)

Healthcare system redesign requires providers to adopt changes in clinical and operational processes. In addition, healthcare redesign requires linking patients to community-based resources to effectively address the many social determinants of health (SDOH) that are key drivers of health inequalities. MQD is exploring how provider practice development, team-based care, and linkages to community-based services can be leveraged to improve health and healthcare.

25. What role should QI health plans play in education, and training as part of a practice improvement strategy to improve the delivery of quality care and services?

26. How can QI health plans support initiatives like Project ECHO and expand the reach to all provider groups? What barriers do you see in providing this support and what solutions would help overcome these barriers?

27. How can QI health plans and provider practices support the use of community health workers, social workers, and other professionals as members of team-based care who serve Medicaid beneficiaries, especially those with behavioral health conditions? What payment strategies should be used to support team-based care?

28. MQD is interested in increasing the focus on SDOH to support whole person care. Please describe initiatives that could be undertaken collaboratively by MQD, QI health plans, providers, CBOs, and other groups to better address SDOH. How might payment be structured to support these efforts?

Additional Input from Stakeholders

(Limit response to one page)

Stakeholders may write one page on other issues concerning the procurement to provide input to MQD.

RESPONSE SUBMISSION

RFI submission must include the name, organization (if applicable), and contact information of the person/organization submitting the response. Each organization is limited to one response.

Responses to this RFI are due by 2:00 p.m. Hawai'i Standard Time (HST) on ~~October 20, 2018~~. October 22, 2018. Please comply with the page limits indicated for each RFI section. Responses shall be submitted in size 12 Arial font or equivalent (also applies to tables and graphics). MQD accepts the following file types: Word (.doc or .docx); Excel (.xls or .xlsx); Portable Document format (.pdf). Attachments to the proposals will not be accepted. Page margins must be 1 inch.

Indicate "QUEST Integration (QI) [RFI-MQD-2019-002]" on the cover of the document or in the subject line on the email response. Responses should be e-mailed to QUEST_Integration@dhs.hawaii.gov.

Email responses are strongly encouraged, but responses may also be mailed or delivered to:

Mr. Jon Fujii
c/o Eric Nouchi
Department of Human Services/Med-QUEST Division
1001 Kamokila Boulevard, Suite 317
Kapolei, HI 96707

CONFIDENTIAL INFORMATION

If respondents believe portions of their RFI response should remain confidential, respondents shall clearly identify those portions of their response and include a statement detailing the reasons the information should not be disclosed. There shall be no blanket labeling of the entire document as "proprietary" or "confidential." This shall invalidate the confidentiality of the document and it will not be reviewed as such.

The detailed reasons shall include the specific harm or perceived prejudice that may arise. The DHS Director, MQD Administrator, and the Health Care Services Branch Administrator shall determine whether the identified information should remain confidential. Notice shall be provided to the respondent prior to any information which was requested to be confidential became part of public distribution/information.

COST OF RESPONSE

DHS will not reimburse any respondent for the cost of preparing and submitting a response to this RFI.

USE OF INFORMATION

DHS reserves the right to incorporate in a solicitation, if issued for such a contract, any recommendations presented in response to this RFI. Please note that participation in this RFI process is optional, and is not required in order to respond to any subsequent procurement by DHS. Neither DHS nor the responding party has any obligation under this RFI. This is an RFI only, and as such, will NOT result in any award of contract.

Please submit any questions or clarifications pertaining to this RFI to QUEST_Integration@dhs.hawaii.gov.