

STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

Med-QUEST Division  
Health Care Services Branch  
P.O. Box 700190  
Kapolei, Hawaii 96709-0190

Agenda Post Award Public Forum  
October 31, 2014

1. Opening by George Greene, President, Healthcare Association of Hawaii (HAH)
2. Cost share
  - a. Cost share update by Dr. Kenneth S. Fink, Med-QUEST Division Administrator
  - b. Panel discussion on cost share questions/issues.
  - c. Questions from the audience
3. QI Update by Patricia M. Bazin, Health Care Services Branch Administrator followed by questions from the audience
4. Panel presentation- Q&A to QUEST Integration health plans
5. Open for additional questions

## **Notice of Post-Award Public Forum on QUEST Integration Medicaid 1115 Demonstration**

The Centers for Medicare & Medicaid Services (CMS) approved the State of Hawai'i's section 1115 demonstration project entitled, "QUEST Integration Medicaid 1115 Demonstration" on September 24, 2013. The five year demonstration project, which is administered by the Department of Human Services, Med-QUEST Division (MQD), integrates the previous managed care programs to align with requirements of the Affordable Care Act, provides a more patient-centered healthcare delivery system, and expands access to home and community based services, all with the goal of delivering better health outcomes more efficiently. This demonstration project is currently approved through December 31, 2018.

In accordance with federal transparency requirements under the Affordable Care Act, the State must conduct periodic evaluations related to the implementation of the demonstration project. Therefore, the State of Hawai'i, Department of Human Services, hereby notifies the public that a post-award public forum will be held concurrently with the "QUEST Integration Update" public forum to afford the public with an opportunity to provide meaningful comments on the progress of the demonstration project.

Date: October 31, 2014  
Time: 10:00 a.m. to 12:00 p.m.  
Location: Queen's Conference Center  
1301 Punchbowl Street  
Honolulu, Hawaii 96813

Please register to attend by either e-mailing [QUEST\\_Integration@medicaid.dhs.state.hi.us](mailto:QUEST_Integration@medicaid.dhs.state.hi.us) or calling 808-692-8094 of your attendance by October 29, 2014.



# QUEST Integration Forum

October 31, 2014

Hawaii Island, Kauai, Maui, Oahu



Healthcare Association  
of Hawaii



# The Healthcare Association of Hawaii

## Our Vision

*A healthy Hawaii where every resident of every age has convenient access to appropriate, affordable, high quality care, and where healthcare providers are reimbursed adequately to deliver that care.*

*As the unifying voice of Hawaii's healthcare providers and an authoritative and respected leader in shaping healthcare policy in Hawaii, the Healthcare Association of Hawaii (HAH) **works with committed partners and stakeholders to lead the movement toward achieving an equitable, sustainable Hawaii healthcare system driven to improve quality, efficiency and effectiveness for the patients and communities who entrust their care to us.***



Healthcare Association  
of Hawaii



# Goals

- Continue the conversation.
- Assure partnership and accountability.
- Assess QUEST Integration readiness.
- Prioritize meaningful communication.



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# Agenda

- Cost share update
  - Med-QUEST
  - Health Plans
- Med-QUEST update on QUEST Integration
- QUEST Integration Panel
- Questions from providers



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**Please send questions to:**

**[questions@hah.org](mailto:questions@hah.org)**

**Unlike the previous forum, we will stop for questions after each major topic. Depending on time constraints, we may need to limit questions.**



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# Participants

- Skilled Nursing Facilities
- Assisted Living Facilities
- Hospitals
- Home Health Agencies
- Hospices
- DME Suppliers
- Community Health Centers



Healthcare Association  
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# Participants: Moderator



Debbie Hiraoka, MBA  
Partner & Co-Founder

# Participants: Panelists



QUEST Integration

Kenny Fink, MD  
Administrator

Patti Bazin, MBA, MPH, RD, NHA  
Health Care Services Branch  
Administrator



Healthcare Association  
of Hawaii

# Participants: Panelists



Ford Allison  
Senior Director of LTSS



# Participants: Panelists



Kari Lum

Executive Director – LTSS, Medicaid  
Programs



# Participants: Panelists



Shawn Mehta

VP, Health Plan Service and  
Administration

# Participants: Panelists



Wendy Morriarty, MPH, RN  
President





# Panelists



David Heywood  
President





# Med-QUEST Cost Share Update





## MQD Cost Share Update

- Who do we notify if we continue to have incorrect cost shares?
- We have several residents who had their cost shares adjusted prior to May 2014. In most cases families were not notified of the changes (increases) to cost share. Who do we contact regarding this and who should we tell families to contact other than their eligibility worker, whom many say they have not been assigned one or are never able to speak to a live person.
- How can we find out who the case worker is?



## Panel Discussion – COST SHARE UPDATE

- How does your plan update its records for cost share information?
- What should a provider do if plan cost share differs from MQD cost share?
- For UHC and Ohana:
  - What should providers do to correct claims with incorrect cost share amounts?
  - When do you anticipate claim differences to be resolved?



# Med-QUEST

## QUEST Integration Update



## MQD QUEST Integration Update

- What is the status of the open enrollment period? How many people moved between plans by island and by QUEST vs. QExA?
- What is the status of the health plan readiness reviews?
- Can you please re-confirm the absolute deadline that all QUEST Integration contracts between provider and health plans must be in place before Go Live?



## MQD QUEST Integration Update

- During the transition period Jan. 2015 - Mar 2015 beneficiary will have the opportunity to change plans, if the provider has an authorization for services with plan 1 & beneficiary changes to plan 2 will the plan 2 honor/accept plan 1 authorization? Or, does this again become the responsibility of the provider finding out after services/claims have already been provided. Will there be an opportunity for the provider to get a "retro" from plan 2?



## Panel Discussion – PROVIDER EDUCATION

- When will provider meetings/trainings be held? Need to know specific dates, times and locations
- How will the information be distributed for sign up etc. once the dates, times and locations are finalized for the health plans hosting provider training? Will we receive notification through the mail or some other way?
- What information will be available electronically? (i.e. a web based electronic claim status or eligibility verification)



## Panel Discussion – PRIOR AUTHORIZATIONS

- Will there be/are there provisions requiring a health plan to issue a retro authorization and waive notification requirements for providers when a beneficiary is issued retro eligibility as the provider is not notified when a beneficiary receives retro eligibility and therefore cannot realistically be expected to issue a notification within the allotted timeframe of the retro eligibility being granted.
- Will you provide the providers with education/information of the services/equipment that will be covered/require prior authorization under the QI Program or does each plan have their own plan coverage - Example, HMSA does cover Incontinence w/ no fee schedule, Ohana does not require prior authorization for items under \$250 per line item & UHC does not require prior authorization for items under \$500.



## Panel Discussion – SERVICE COORDINATORS

- What are the new expectations of the service coordinators? What is the difference between their role and provider reps?
- How many clients will the service coordinators have?
- Commitment to service coordinators in facilities every week, when can we anticipate that starting? What will they be doing in the facility and more importantly, what will the facility have to do for them?
- Will there be provider representative(s) for the DME community?





## Panel Discussion – SERVICE COORDINATORS

- In the education process, will the service/field service coordinator / call centers have knowledge of the health plans requirements that the providers MUST have in place/on file PRIOR TO Submitting Claims?
- In terms of your selection process, will the service coordinators have any clinical background? Can we expect that the service coordinators assigned to the LTC/ sub acute population will be knowledgeable in the needs of the med fragile population?
- Do provider service representatives and claims department receive the same training? We currently get very different information from the two departments.



## Panel Discussion – Claims and Other

- What is available to the provider electronically:
  - Enrollment verification
  - Cost share information
  - Claims submission
  - Claims status
- Will you be using the patient's Medicaid ID number or your own number for claims submission?
- Can all 5 plans offer the same type of bill requirements (i.e. corrected claims – use TOB xx7)?



## Panel Discussion – Enrollment and COB

- What is the process if there is a discrepancy between what the health plan is showing and what MQD website is showing (i.e. when the health plan shows an individual not active and states that they are not able to update this without verification but this is clearly visible to the provider on the MQD website)?
- Along the same lines - will you verify eligibility with their own commercial products (i.e. The patient is shown with HMSA commercial as primary to their HMSA Quest plan, however the HMSA commercial plan shows that the coverage termed on a prior date, Quest HMSA states that they cannot update this)?



***Thank you for coming!***

Save the Date: January 2015

Information is available at:

<http://hah.org/?p=3555>

Password: Quest092614





# QUEST Integration Forum

Patricia M. Bazin

MQD Health Care Services Branch Administrator

October 31, 2014



# Outline

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## QUEST Integration

- Benefits
- Service coordination
- Administrative simplification
- Open enrollment
- Transition of care
- Health plan readiness



# QUEST Integration Benefits

- All primary and acute care
  - Hospitalization
  - Physician
  - Medications
  - DME
  - Medical supplies (including incontinence products)
- Standard behavioral health
  - Psychiatrist, psychologist, etc.
  - Psychotropic medications



# QUEST Integration Benefits

- Long-Term Services and Supports
  - Meet nursing facility LOC to receive:
    - Nursing facility (ICF/SNF/subacute)
    - Home and Community Based Services
      - Personal Care (both Chore and ADLs)
      - Skilled Nursing
      - Residential settings (E-ARCH, Community Care Foster Family Home, ALF)
  - Meet at-risk criteria to receive services
    - Personal Care (both Chore and ADLs)
    - Adult Day Care and Health
    - Skilled Nursing
    - Personal Emergency Response System (PERS)
    - Home Delivered Meals





# DHS 1147

- Tool to meet:
  - Nursing facility level of care (NF LOC)
  - At risk criteria
- No changes in process for QUEST Integration
  - All 1147s remain in effect
  - No change in roles of HSAG, MQD, or health plans

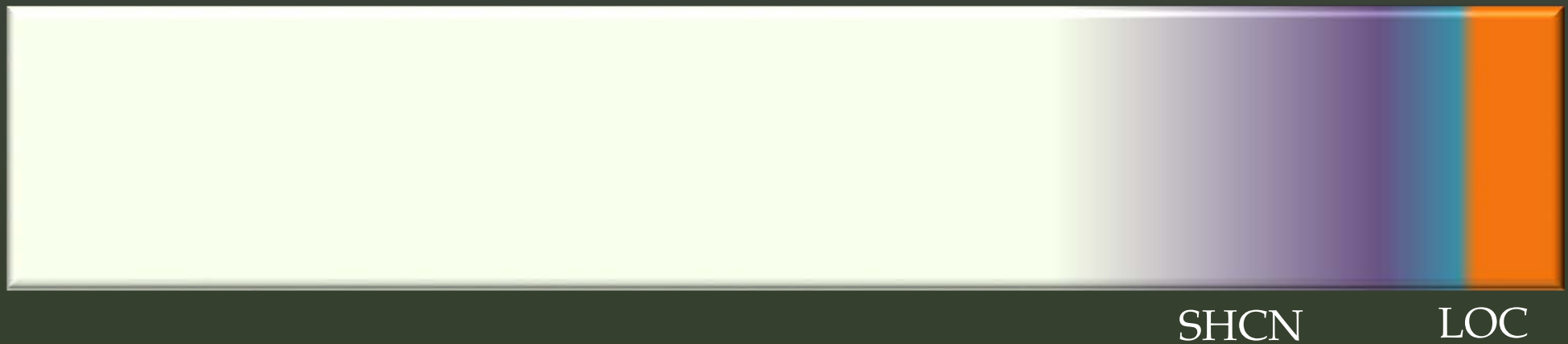


# Population served in QI

Typical population:

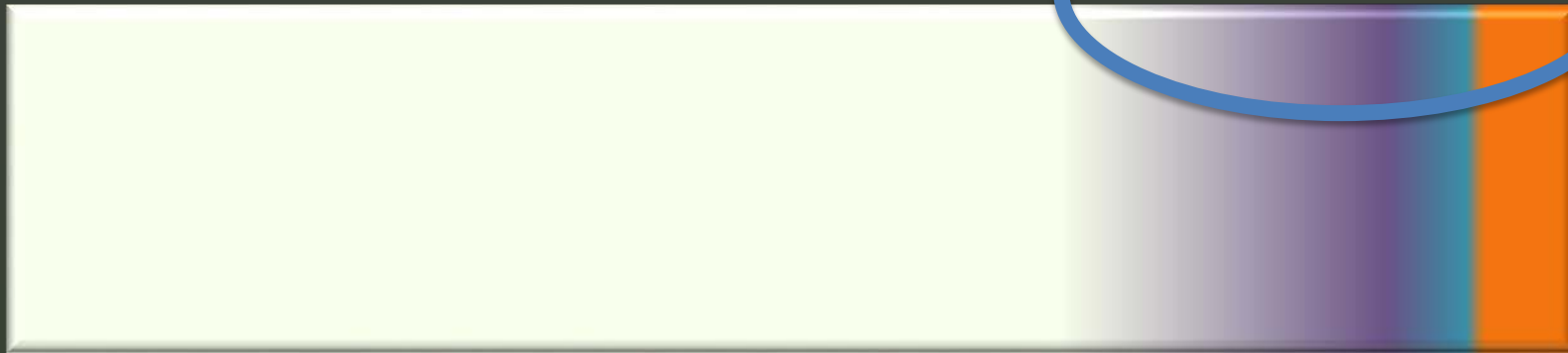
children, pregnant women, parent/caretaker relative, low-income adults, 65 years and older, with a disability

At Risk





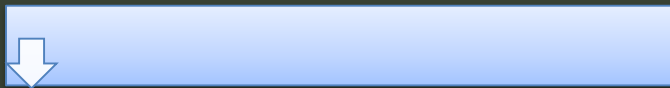
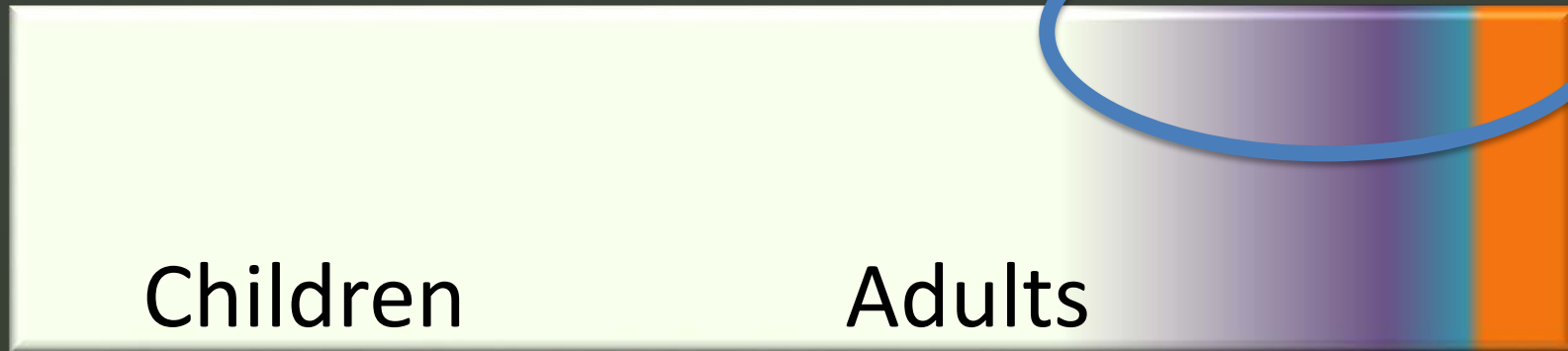
## Rest of the Continuum



Health plans are to provide service coordination to insure that the member receives supervised, coordinated services and supports to achieve quality of life and optimal health



# Who receives service coordination?

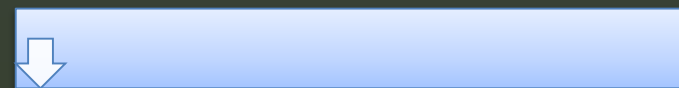


Special Health Care Needs (SHCN)

Identified by:

- PCP
- Parents
- Health Plan
- Agencies

Receives LTSS



Special Health Care Needs (SHCN)

Identified by:

- PCP
- Self/Designee
- Health Plan
- Agencies

Receives LTSS

Dual eligibles

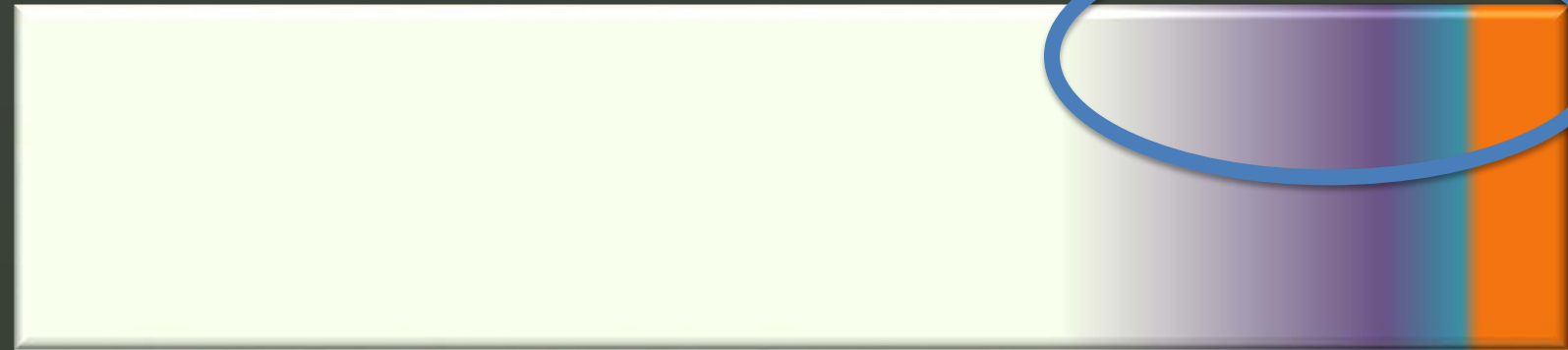


# Staffing Ratio

Population	Ratio
Children with SHCN	1:200
Adults with SHCN	1:250
Dual eligibles	1:750
HCBS only	1:50
Self Direction only	1:30
Institutional LOC	1:120
HCBS and Self Direction	1:40



# Initial Assessments- in person



## Existing Member Newly Identified or Referred

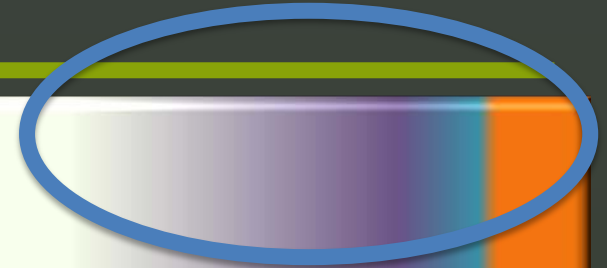
- **15 days** – Health & Functional Assessment, in person
- **90 days**- during transition of care

## Member Who is Institutionalized

- **Prior to Discharge** – in person, in the facility
- **Post Discharge** – in person, in the home



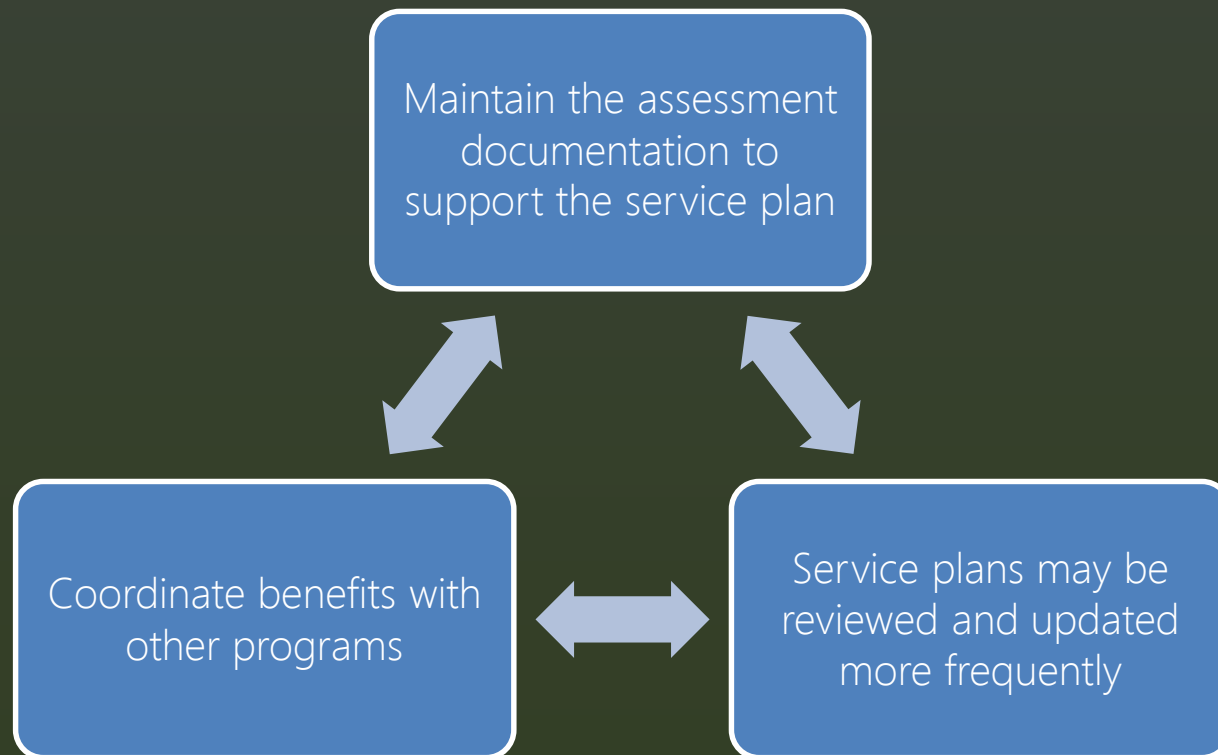
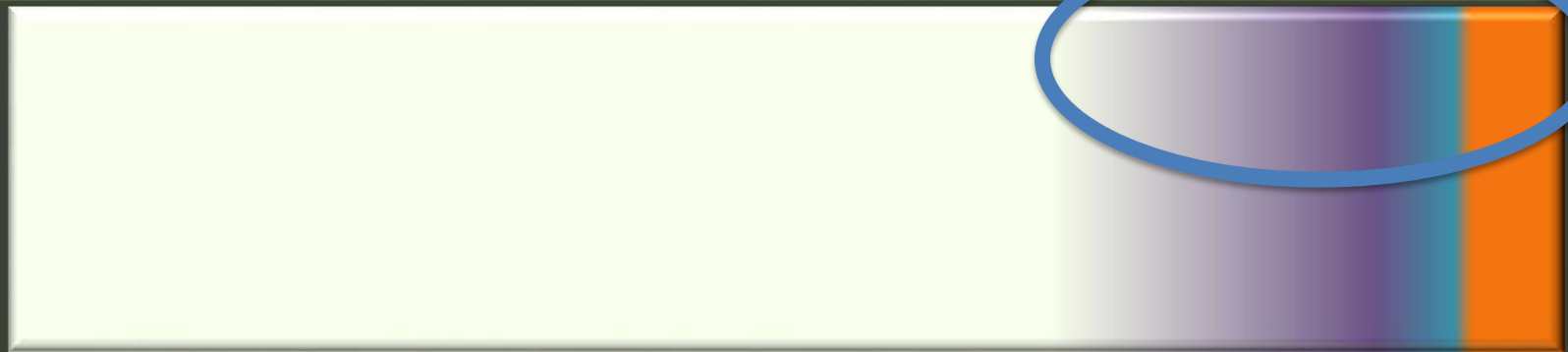
# Reassessments – in person



<b>No Known Change</b>	<b>At-Risk HCBS Self-Directed</b>	<b>3 months</b>
	<b>Children w/SHCN Adults w/SHCN Nursing Facility</b>	<b>6 months</b>
	<b>Dual eligible w/out SHCN or receiving LTSS</b>	<b>12 months</b>
<b>Change in Condition or Significant Event</b>	<b>Death of a caregiver Significant change in health status  Change in living arrangement Institutionalization Hospitalization</b>	<b>10 days</b>



# Service Coordination







# Coordination with Other Programs

- Service coordinators need to coordinate with the following programs/services :
  - Community Care Services (CCS)
  - Child and Adolescent Mental Health Division (CAMHD)
  - Kapi‘olani Cleft Palate Clinic
  - Adult Mental Health Division (AMHD) and State Mental Hospital (SMH)
  - Intentional termination of pregnancy (ITOPs)
  - Developmental Disabilities/Intellectual Disabilities (DD/ID) 1915(c) waiver



# Administrative Simplification

- QUEST Integration program requires:
  - Provider webportal that includes:
    - Membership verification
    - Electronic prior authorization request and approval
    - Filled medication look-up list
    - Electronic referrals requiring authorization
  - Provider call center that:
    - Meets call metrics
    - Accepts messages after hours
    - 30-minute return for emergency calls



# Administrative Simplification

- QUEST Integration program requires:
  - Smart PA system
    - Waiver or reduce PA requirements for providers that have a certain percentage of PA request approved
    - Different for each health plan
  - Retro authorizations
    - Work with providers on submission of authorization requests for retro eligibility
  - Incentivize electronic claim submission
  - Medicare cross over
    - Traditional Medicare
    - Medicare advantage of same QI health plan



# Open Enrollment

- September 2 to 30, 2014
- Choice of five health plans
- Individuals stay in current health plan if no choice
- Confirmation notices mailed mid-December 2014
- Member use confirmation notice as proof of insurance until receipt of ID card (mid-January 2015)
- 60-day grace period to change health plans from January 1 to March 1, 2015



# Open Enrollment

## Final Open Enrollment Numbers

	Non-ABD	ABD	Total
Oahu	4,300	1,883	6,183
Kauai	431	119	550
Hawaii	1,366	453	1,819
Maui	1,293	260	1,553
Molokai	173	42	215
Lanai	19	9	28
Total	7,582	2,766	10,348



## Transition of Care

- All prior authorized LTSS for 90-days (or until assessed by service coordinator) in new health plan
- All prior authorized medically necessary services for 45-days (or until seen by PCP) in new health plan
- Health plans receive transition of care files that include prior authorizations- end of November and December 2014



# Transition of Care

- Providers need to:
  - look up beneficiaries in DMO after January 1, 2015, or
  - make arrangements with health plans
- Recommend obtain prior authorization from new health plan for ongoing services
- Note: each health plan has their own prior authorization processes



# Readiness Review

- All five health plans are still undergoing readiness review processes
- LTSS providers offered claims testing with health plans
- Claim scenarios for LTSS testing issued by MQD
- Health plans provide two summaries to MQD regarding claims testing with LTSS provider:
  - October 31, 2014
  - November 30, 2014





# Health Plan monitoring

- MQD perform oversight of transition
  - In field with service coordinators
  - Monitoring change in services (reduction and increase)
  - Listening into customer service calls (member and provider)
- Reviewing reports
- Customer satisfaction surveys
  - Member
  - Provider



# Important Dates

Event	Dates
Readiness Review- MQD determines health plans ready	November 30, 2014
Members mailed confirmation notice	Mid-December 2014
Go Live	January 1, 2015
Providers learn of new health plans	January 1, 2015
Transition of Care <ul style="list-style-type: none"><li>• Transfer prior authorization files between health plans</li></ul>	November/December 2014
<ul style="list-style-type: none"><li>• Former prior authorizations remain for medical services</li></ul>	January 1 to February 14, 2015
<ul style="list-style-type: none"><li>• Former prior authorizations remain for LTSS</li></ul>	January 1 to March 31, 2015
Service Coordinator assessments for individuals with SHCN and receiving LTSS	January 1 to March 31, 2015



# Questions

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