

CMS Quarterly Report

FFY 2018 4th Quarter

Hawaii QUEST Integration

Section 1115 Quarterly Report

Submitted: November 26, 2018

Reporting Period:

July 2018 – September 2018

Federal Fiscal Quarter:

4th Quarter

State Fiscal Quarter:

1st Quarter 2019

Calendar Year:

3rd Quarter

Demonstration Year:

24th Year (10/1/17 – 9/30/18)

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 focused on a comprehensive internal quality improvement project, 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. As a follow-up to the trainings that occurred in the previous quarter, weekly meetings have been established for the "HOPE Leadership Team" to ensure HOPE initiatives are weaved into the new QI Request For Proposal (RFP).

Med-QUEST Division used the Indefinite Delivery/Indefinite Quantity (IDIQ) procurement method to select 11 contractors in the pool for future task order proposal submissions. In July, MQD selected 5 contractors for the following task orders: 1115 Waiver; QI RFP; High-Needs/High-Costs; Primary Care; and Project Support.

Additionally, MQD continued progress on its 1115 Waiver renewal. During this quarter, there was a second public comment period from July 31, 2018 to August 30, 2018. Following the second comment period, MQD reviewed the submitted comments. Med-QUEST Division began working with the IDIQ contractor, Harbage, on moving the 1115 Waiver renewal forward. A public forum is planned for November 28, 2018.

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II. Budget Neutrality Monitoring Spreadsheet

The Budget Neutrality spreadsheet for the quarter ending September 30, 2018 will be submitted by the November 30, 2018 deadline.

III. Events Affecting Healthcare Delivery

A. Benefits

Supportive Housing Amendment

The Policy and Program Development Office (PPDO) staff have completed negotiations with the Centers for Medicare and Medicaid Services (CMS) to add this amendment to the current 1115 Demonstration waiver, and are confident the amendment will pass by early November 2018. This amendment will increase access to supportive housing services to individuals who are chronically homeless or in danger of losing public housing with either a physical or behavioral illness.

1115 Demonstration Renewal

The PPDO and MQD administration continue working with CMS on the 1115 renewal and on September 17, 2018, the 1115 Waiver renewal was submitted to CMS. On October 2, 2018 CMS deemed it complete, and the waiver is going through its 30-day federal comment period. We are on track to receive approval from CMS for our 5-year renewal. In November, Medicaid director Judy Mohr Peterson and PPDO Analyst Aaron Larrimore will travel to the fall National Association of Medicaid Directors (NAMD) conference and will meet with CMS officials to continue negotiations for the 1115 renewal. Med-QUEST Division may submit and receive a temporary waiver extension in order to maintain program continuity as negotiations may likely still be taking place throughout the end of December 2018, when the 1115 is set to expire. However, MQD feels strongly the renewal will be approved.

Collaboration with the Department of Education to increase Medicaid Claiming for School Based Services

Med-QUEST Division leadership and staff continue to participate in the workgroup formed under Resolution No. 81, REQUESTING THE ESTABLISHMENT OF A WORKING GROUP TO EXAMINE HOW THE DEPARTMENT OF EDUCATION CAN MAXIMIZE MEDICAID REIMBURSEMENT FOR SUPPORT SERVICES OFFERED TO ELIGIBLE STUDENTS DURING SCHOOL HOURS. In mid-October 2018, members of this workgroup, as well as additional Department of Education staff, will attend the National Alliance for Medicaid in Education (NAME) annual conference, which is a national forum for professionals working in education and/or health care and related fields. The conference provides a unique opportunity to network with colleagues and similar professionals in the field of School Based Health at the local, state and federal levels. This national conference will provide an opportunity for professional development with the latest information in research, experience and best practices for Medicaid in education. The conference will include presentations on topics in areas such as:

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- Medicaid reimbursement to schools;
- Compliance with school based Medicaid billing and audit requirements;
- Innovative ways to provide and pay for school health services and related services for students with disabilities; and
- Potential health care legislation changes and the relationship to Medicaid education.

The information gathered during this conference is critical and will be used for the on-going joint effort launched between the Department of Education and MQD and will help enable the Department of Education to maximize Medicaid reimbursement for support services offered to eligible students during school hours.

B. Enrollment and Disenrollment

Med-QUEST Division new applications and enrollments increased slightly this reporting period. Staff completing application intakes in-person or by phone can process a plan selection in a single transaction if the client is prepared to make a choice. By staff performing pre-enrollment it precludes auto-assignment. During the period, a total of 1,067 applications were completed and pre-enrollments were processed.

Once the initial enrollment period ends the next opportunity for members to change health plans is during the QI Annual Plan Change (APC), held annually October 1 through 31. However, MQD has authority to disenroll a member from a health plan and certain considerations are given. For example, if a member's Primary Care, Behavioral Health, or Long-Term Support Service residential facility is not in a particular health plan's provider network however, is in the network of a different health plan. Another reason to allow a plan change is when it is mutually agreed upon by participating health plans, the member, and MQD. During this period, QI health plans agreed with the change of plan for 175 members.

The top five languages serviced this reporting period using interpreter assistance included Chinese (Mandarin and Cantonese), Japanese, Filipino (Ilocano, Tagalog, and Visayan), Vietnamese, and Korean.

Med-QUEST Division is preparing this quarter for the QI APC, Medicare Open Enrollment, and the Federal Facilitated Marketplace Open Enrollment all occurring in the fall, beginning September. In this quarter, MQD was informed that two health plans will offer its members limited adult dental benefits beginning January 1, 2019. Med-QUEST Division anticipates this will stimulate more QI members to change plans during the APC in the next quarter.

Outreach

The Health Care Outreach Branch (HCOB), began a new Kōkua Services procurement contract year on July 1, 2018 through June 30, 2019 with Hawaii Island HIV/AIDS Foundation on Hawaii Island, We Are Oceania on Oahu and Kauai Economic Opportunity Incorporated on Kauai to continue outreach, education, and health coverage enrollment efforts.

During this quarter HCOB has done active planning and preparation for our Annual KOLEA and Health Insurance Marketplace training to approximately 120 "Kōkua" in-person assisters from Federally Qualified Health Centers (FQHC's), Med-QUEST Kōkua Services Contractors, other community health centers

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statewide. Working with our community partners on the various islands to arrange logistics and solidify dates for trainings to maximize participation on the major neighbor islands, Oahu, Hawaii Island and Kauai; updating training materials to reflect current and pertinent information. Training curriculum includes detailed overview of how to gain access to and successfully submit an online application for Medicaid through our KOLEA Enterprise system and on www.healthcare.gov which includes overview and understanding of the Affordable Care Act (ACA), the Health Insurance Marketplace; portal.cms.gov MLMS online certification training and the subsidies offered by the ACA at healthcare.gov such as Advance Premium Tax Credits (APTC) and Cost Share Reductions (CSR), the need to reconcile APTC's from a 1095-A form with Annual Tax Filing by way of tax form 8962 to the IRS. Cultural Competency is incorporated in all of the trainings.

This year, we received a request from Lana'i Community Health Center (LCHC) to host their own training on their island of Lana'i, which HCOB included in our training planning. LCHC committed 8 staff members to attend the training. Their commitment to this training provides greater opportunity for the residents on the island of Lana'i to gain access to in-person health coverage enrollment assistance.

Worked at the Disaster Relief Center (DRC) during the Kilauea Volcano eruption on Hawaii Island along with canvassing the affected communities, where approximately 700 families lost their homes and many people lost businesses, such as famers, restaurants, mom and pop operations, the closing of the Kilauea Volcanos National Park, Kilauea Military Camp, Volcano House Hotel/Restaurant/Camp Grounds and those that had to reduce hours for employees. Attended community meetings, worked at emergency shelters in the affected areas to answer community questions regarding Medicaid coverage and/or access to health coverage.

Worked with the Emergency Operating Center (EOC) on Hawaii Island and participated in Public Damage Assessments (PDA) site visits with FEMA, SBA, and County representatives during the numerous Hurricane/Tropical Storms which hit Hawaii Island.

Worked directly with Maunalani Bay Hotel on Hawaii Island where 204 employees were losing their jobs due to the hotel closing for a 2-year renovation. Held information session to employees, providing information on how to apply to Medicaid and/or Federal Health Insurance Marketplace. Working directly with these employees to ensure continuity of health coverage.

Continued work, in identifying and assisting hard to reach populations and those individuals and families who experience significant barriers to health care access due to various social determinants of health such as homelessness, lack of transportation, language/cultural barriers, justice-involved populations and those who are admitted to and discharged from public institutions.

HCOB continues to work with clients and issuers to review and determine applicants' eligibility for the State of Hawaii's Premium Assistance Program (PAP), the State's innovative approach to helping those who are living in poverty, are deemed ineligible for Medicaid due to their citizenship status, whose households are below 100% of the Federal Poverty Level (FPL) gain access to the benefits of health insurance by paying for the remaining portion of a PAP qualified individual's premium, not covered by the Advanced Premium Tax Credit (APTC) they are eligible for, thus meeting the expectations of the Affordable Care Act (ACA) which require individuals without qualified exemptions be insured.

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C. Complaints/Grievances

Fifteen (15) complaints/grievances were received during this reporting period. See Section IX(A) for monthly count.

D. Quality of Care

Med-QUEST Division continues to work on telehealth services and guidance. Specifically, MQD has had to look at coverage of telehealth under the recently passed state statute, a statute passed this past legislative session related to the scope of work for dental hygienists, and the impact on teledentistry and PPS reimbursement. Med-QUEST Division will be issuing guidance to Federally Qualified Health Centers (FQHCs) shortly.

Med-QUEST Division has also initiated work with the managed care health plans on the provision of information and data for inclusion in the Drug Utilization Review annual report due to CMS. Previous to this, MQD only reported on fee-for-service claims.

The other item that MQD has worked on is a Conflict of Interest form for the Drug Utilization Review Board members to sign. The form is under review by our Department of Attorney General with the goal of having each Board member acknowledging and signing the form in January, 2019. The Conflict of Interest form will ensure that advice provided to MQD will not be unduly influenced by manufacturers.

E. Access that is Relevant to the Demonstration

An event affecting access to healthcare delivery, which occurred on May 3, 2018, was the volcanic eruption of Kilauea on the island of Hawaii. Near the end of this quarter, the lava flow from Kilauea slowed to a near halt. In this current quarter, some services continue to be affected due to road closures and properties destroyed by the lava flow. Med-QUEST Division continues to coordinate with health plans to ensure that service authorizations were relaxed, medication access and delivery continued uninterrupted, and vulnerable and impacted Medicaid members were relocated. Annual eligibility renewal requirements were relaxed for residents in zip codes directly impacted by the volcanic eruption.

During this reporting period, Hawaii State was impacted by major hurricane Lane. Lane at its peak was a category 4 hurricane that was projected to directly hit the Hawaiian Islands. Med-QUEST Division and the 5 QI MCOs held daily briefing meetings leading up to the projected date of impact, informing the regional CMS office with daily status updates. The Big Island of Hawaii and Maui bore the brunt of the hurricane winds and rain, and eventually Lane veered left avoiding a direct hit on Oahu. Given the circumstances, the impact of Lane on service delivery was lower than anticipated.

F. Pertinent Legislative or Litigation Activity

There was no pertinent litigation activity during this period.

A chart of pertinent laws passed by Governor Ige after the 2018 Legislative Session follows:

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ACT	Bill Reference	Bill Topic	Summary	Special Notes
2	HB2739 HD1	Health; Our Care, Our Choice Act	Establishes a regulated process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.	For Medicaid recipients, federal funds will not be available to cover the prescription costs, only state funds will be used.
13	SB270 SD1 HD2 CD1	Sexual Orientation Change Efforts; Conversion Therapy; Prohibition; Minors; Licensed Professionals; Sexual Orientation Counseling Task Force	Prohibits specific state-licensed persons who are licensed to provide professional counseling from engaging in, attempting to engage in, or advertising sexual orientation change efforts on minors. Establishes the sexual orientation counseling task force to address the concerns of minors seeking counseling on sexual orientation, gender identity, gender expressions, and related behaviors.	
55	HB694 HD2 SD1 CD1	DHS; Med-QUEST Division; State Health Planning and Development Agency; Health and Healthcare Information and Data; Health Analytics Program; Appropriation	Establishes the Health Analytics Program in the Med-QUEST Division of the Department of Human Services and authorizes the Department of Human Services to maintain an all-payers medical claims database. Appropriates funds for the establishment of two full-time equivalent positions.	Med-QUEST has hired a lead for this new Branch.
78	HB2144 HD1 SD1 CD1	Medicaid; Inmate; Public Institution; Prisons; Jails; Correctional Facilities	Requires the Department of Public Safety to inform inmates of the availability of assistance to secure or verify applicable Medicaid eligibility prior to an inmate's release.	
111	SB2340 SD2 HD1 CD1	Health Insurance; Extended Coverage; Preexisting Conditions; Nondiscrimination	Ensures certain benefits under the federal Affordable Care Act are preserved under Hawaii law, including: extending dependent coverage for adult children up to 26 years of age; prohibiting health insurance entities from imposing a preexisting condition exclusion; and prohibiting health insurance entities	Impact to program will happen if ACA provisions are invalidated Federally.

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			from using an individual's gender to determine premiums or contributions.	
116	HB2729 HD2 SD2 CD1	Medical Cannabis; Reciprocity; Written Certification; Testing; Telehealth; Manufactured Cannabis Products; Dispensaries; Employees; Working Group	Establishes standards and criteria for reciprocity for qualifying out-of-state medical cannabis patients and caregivers including limitations, and safeguards. Authorizes extension of written certifications of a debilitating condition for up to three years for chronic conditions. Clarifies a dispensary licensee's right to retest marijuana or manufactured cannabis products for compliance with standards. Authorizes establishment of a bona fide provider-patient relationship via telehealth. Authorizes dispensing of devices that provide safe pulmonary administration of medical cannabis by dispensary licensees. Increases the allowable tetrahydrocannabinol limit for of certain manufactured cannabis products. Limits felony convictions that disqualify an individual from employment with a dispensary licensee. Establishes a working group to make recommendations regarding employment of qualifying patients and manufacture and dispensing of edible cannabis products.	Section 24 provides for physician-patient relationship may be established via telehealth, provided that certifying a patient for medical use of cannabis via telehealth only after initial in-person consultation
125	HB1812 HD3 SD2	Health Care Surrogate; Medicaid Authorized Representative Application	Authorizes a health care surrogate to act as a Medicaid authorized representative to assist a patient with a Medicaid application and eligibility process and in communications with the Department of Human Services. Specifies the duties and obligations of the surrogate.	

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136	SB2487 HD1 CD1	Health; Quality Assurance Committees; Definition	Amends the definition of "quality assurance committee" to include committees established by long-term care facilities, skilled nursing facilities, assisted living facilities, home care agencies, hospices, and authorized state agencies. Allows for the creation of a quality assurance committee outside of a single health plan or hospital.	
139	SB2799 SD1 HD2 CD1	Licensed Dental Hygienists; Public Health Setting; Supervision	Clarifies the scope of practice of licensed dental hygienists in a public health setting.	
144	SB122 SD2 HD2 CD1	Mental Health; Notice; Hearings	Provides designated family members and other interested persons with notice when an individual with a mental health emergency is subject to certain procedures and actions. Provides designated family members and other interested persons with the right to be present for the individual's hearings and receive a copy of the hearing transcript or recording unless the court determines otherwise. Requires a court to adjourn or continue a hearing for failure to timely notify a person entitled to be notified or for failure by the individual to contact an attorney, with certain exceptions. (CD1)	
146	HB1916 HD2 SD2 CD1	Alzheimer's Disease and Related Dementias; State Plan Updates; Executive Office on Aging	Requires the Executive Office on Aging to biennially update the state plan on Alzheimer's disease and related dementias, include an implementation work plan for each goal in the state plan, and include information on progress made toward the goals of the state plan on Alzheimer's disease and related dementias in its annual report to the legislature.	
147	HB1906 HD2 SD2 CD1	Health Care Worker; Intentionally or Knowingly Causing Bodily Injury; Felony Assault in the Second Degree	Makes intentionally or knowingly causing bodily injury to certain health care workers a Class C felony.	

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148	HB1911 HD2 SD1 CD1	Care Facilities; Uncertified; Unlicensed; Enforcement; Community-based Care Home; Adult Care Center; Criminal Penalty	Authorizes the Department of Health to investigate care facilities reported to be operating without an appropriate certificate or license issued by the Department. Establishes penalties for violations and for knowingly referring or transferring patients to uncertified or unlicensed care facilities, with certain exceptions. Excludes landlords from licensure, under certain conditions.	
152	HB2384 HD1 SD1	Uniform Controlled Substances Act; Withdrawal; Detoxification; Maintenance	Updates Uniform Controlled Substances Act for consistency with federal law. Allows prescription of drugs to patients undergoing medically managed withdrawal, also known as detoxification treatment and maintenance treatment, by practitioners who are properly registered.	
153	SB2646 SD1 HD3 CD1	Electronic Prescription Accountability System; Prescription Drugs	Requires prescribers of certain controlled substances to consult the State's Electronic Prescription Accountability System before issuing a prescription for the controlled substance, under certain circumstances. Provides that a violation by a prescriber shall not be subject to criminal penalty provisions but that a violation may be grounds for professional discipline. Repeals on 6/30/2023.	
154	SB2247 SD1 HD2 CD1	Opioid Antagonists; Prescriptions; Dispensing; Pharmacists	Authorizes pharmacists to prescribe, dispense, and provide related education on opioid antagonists to individuals at risk of opioid overdose and to family members and caregivers of individuals at risk of opioid overdose without the need for a written, approved collaborative agreement; subject to certain conditions.	

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155	SB2244 SD1 HD2 CD1	Workers' Compensation; Opioid Therapy; Informed Consent; Prescription Limits	Requires health care providers in the workers' compensation system who are authorized to prescribe opioids to adopt and maintain policies for informed consent to opioid therapy in circumstances that carry elevated risk of dependency. Establishes limits for concurrent opioid and benzodiazepine prescriptions.	
161	SB2488 SD2 HD1 CD1	Medical Cannabis; Health Insurance Reimbursement; Working Group	Establishes the Medical Cannabis Insurance Reimbursement Working Group to address the complexities surrounding the topic of making medical cannabis reimbursable by health insurance.	MQD Director named to the working group; long term may require State funds for reimbursement
185	SB2647 HD3	Mental Health Counselors; Licensure; Qualifications; Practicum Experience	Amends the practicum experience requirements for qualification for licensure as a mental health counselor.	
192	HB1520 HD2 SD1 CD1	Short-term, Limited-duration Health Insurance; Insurers; Renewal or Reenrollment; Prohibition	Prohibits an insurer from renewing or re-enrolling an individual in a short-term, limited-duration health insurance policy or contract if the individual was eligible to purchase health insurance through the federal health insurance marketplace during an open enrollment period or special enrollment period in the previous calendar year. Specifies that short-term, limited-duration health insurance shall be subject to the same provisions of the insurance code currently applicable to limited benefit health insurance.	
197	HB2145 HD1 SD1 CD1	Health Insurance; Medication Synchronization; Prescription Drug Coverage; Patients; Network Pharmacies	Allows the synchronization of plan participants' medications. Requires plans, policies, contracts, or agreements that are offered by health insurers, mutual benefit societies, and health maintenance organizations and provide prescription drug benefits, to apply prorated daily cost-sharing rates for prescriptions dispensed by network pharmacies for less than a thirty-day supply.	

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198	HB2149 HD1 SD1	Dentistry; Dentists; Continuing Education; Ethics; Board of Dental Examiners	Amends the ethics training requirement for dentists in the continuing education program to be six hours of ethics training within the previous two years for each biennial renewal period.	
199	HB2208 HD1 SD1 CD1	Association Health Plan Policies; Authorization	Requires association health plan policies to comply with the laws of this State regardless of the association's domicile. Enables certain voluntary associations, including employer associations that issue association health plans, to qualify for authorization to transact insurance in the State.	
205	HB2271 HD2 SD1 CD1	Practice of Behavior Analysis; School Setting; Applied Behavior Analysis; Developmental Disabilities; Department of Education; Applied Behavior Analysis; Implementation Plan; Reporting; Scope of Practice; Medicaid	Updates and standardizes the terminology used to refer to behavior analysts and applied behavior analysis. Clarifies the licensing exemptions for certain individuals who provide behavior analysis services. Requires the Department of Education to create and implement a plan to provide Medicaid billable applied behavior analysis services to all students diagnosed with autism spectrum disorder within the Department. Establishes reporting requirements.	
209	SB2401 SD2 HD1 CD1	Homelessness; Housing; Ohana Zones Pilot Program; Emergency Department Homelessness Assessment Pilot Program; Medical Respite Pilot Program; Law Enforcement Assisted Diversion; Appropriations	Establishes the Ohana Zones Pilot Program, the Emergency Department Homelessness Assessment Pilot Program, and the Medical Respite Pilot Program. Makes appropriations.	

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IV. Adverse Incidents

(Including abuse, neglect, exploitation, mortality reviews and critical incidents that result in death, as known or reported)

Medicaid Certified Nursing Facilities:

Total of 23 reported adverse incident reports submitted during the period of July – September 2018.

- 12 unattended/unwitnessed fall
- 7 witnessed fall
- 3 unknown cause of pain/skin discoloration
- 1 resident on resident abuse

Intermediate Care Facility Developmental Disability/Intellectual Disability Facilities:

Total of 18 reported adverse incident reports submitted during the period of July – September 2018.

- 11 ER visits due to illness
- 7 ER visits due to injury

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

Med-QUEST Division continues a monthly encounter validation meeting with all participating MCOs to address major issues. In particular, MQD is working with the MCOs to correct MCO existing encounter editing errors. Med-QUEST Division also works with its contractor, Milliman, to use the currently submitted encounters to generate financial reports, and compare financial reports submitted by MCOs to validate completeness of encounters. The goal is to use the State Medicaid encounter system to generate robust financial reports, and use them to monitor the MCOs, and use them for the annual rate setting process.

At the current time, the financial reports generated from the State encounter system and those from the MCOs, differ from less than 5% to over 25% (based on the form types). Med-QUEST Division is working with MCOs to decrease these differences. During the quarter, the MCOs compared check register totals to submitted encounters, for all pharmacy point-of-sale services. This comparison process will continue for non-pharmacy services in the future.

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VI. Initiatives and Corrective Action Plans for Issues Identified In:

A. Policy

During the reporting period, no policy issues were identified for any initiatives or corrective action plans.

B. Administration

During the reporting period, no administrative issues were identified for any initiatives or corrective action plans.

C. Budget

There were no significant issues this quarter.

VII. Monthly Enrollment Reports for Demonstration Participants

(Include the member months and end of quarter,
point-in-time enrollment for each demonstration population)

		Member Months	Unduplicated Members
Medicaid Eligibility Groups	FPL Level and/or other qualifying Criteria	07/2018 - 09/2018	07/2018 - 09/2018
Mandatory State Plan Groups			
State Plan Children	State Plan Children	357,823	115,422
State Plan Adults	State Plan Adults State Plan Adults-Pregnant Immigrant/Compact of Free Association (COFA)	111,942	35,670
Aged	Aged w/Medicare Aged w/o Medicare	79,673	26,645
Blind or Disabled (B/D)	B/D w/Medicare B/D w/o Medicare Breast and Cervical Cancer Treatment Program (BCCTP)	72,666	24,214
Expansion State Adults	Expansion State Adults	286,742	92,815

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Newly Eligible Adults	Newly Eligible Adults	65,797	21,198
Foster Care Children, 19-20 years old	Foster Care Children, 19-20 years old	1,333	
CHIP	CHIP (HI01), CHIPRA (HI02)	87,213	27,817
Total		1,063,189	343,780

State Reported Enrollment in the Demonstration	Current Enrollees
Title XIX funded State Plan	201,950
Title XXI funded State Plan	27,817
Title XIX funded Expansion	114,013
Enrollment current as of	9/30/2018

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.	4,660
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).	978
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.	1,041
Adult Mental Health Division (AMHD/DOH)	146

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Uninsured, underinsured, and/or encumbered adults with SMI who meet the program criteria, receive integrated mental health services that are culturally responsive and based on a best practices system to support recovery, by the state Department of Health.	
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**VIII. Number of Participants who Chose an MCO and
Number of Participants who Change Plans After Auto-Assignment**

Enrollment of Individuals

	#
Individuals who chose a health plan when they became eligible	382
Individuals who changed their health plan after being auto-assigned	2252
Individuals who changed their health plan outside of allowable choice period (i.e., plan to plan change)	175
Individuals in the ABD program that changed their health plan within days 61 to 90 after confirmation notice was issued	13

During this reporting period, 382 individuals chose their health plan when they became eligible, 2,252 changed their health plan after being auto-assigned. Also, 9,184 individuals had an initial enrollment which fell within this reporting period.

In addition, 13 individuals in the aged, blind, and disabled (ABD) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

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IX. Member Complaints, Grievances, and Appeals, Filed during the Quarter, by Type

(Types shall include access to urgent, routine, and specialty care)

A. Complaints/Grievances

During the FFY 2018 4th quarter, MQD received and addressed the following number of members complaints.

Month	# of Member Complaints/Grievances
July 2018	4
August 2018	8
September 2018	3
Total	15

B. Appeals

The two (2) appeals that were pending from the 3rd quarter were decided in DHS' favor.

For the 4th quarter, there were seven (7) member appeals. Three (3) of the appeals were withdrawn or dismissed. Three (3) are pending hearing decisions. One (1) will have a hearing in November.

The types of appeals were: (2) DME, (4) Long Term Services and Supports (LTSS), and (1) Reimbursement.

Member Appeals	#
Submitted	7
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
Dismiss as untimely filing	0
Member withdrew hearing request	0
Resolution in DHS favor	0

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Resolution in Member's favor	0
Still awaiting resolution	4

Types of Member Appeals	#
Medical	0
LTSS	4
Van modification	0
ABA	0
DME	2
Reimbursement	1

X. Evaluation Activities and Interim Findings

A. Evaluation Activities

(A summary of the progress of evaluation activities, including key milestones accomplished, plus challenges encountered and how they were addressed.)

Final Rules

During the reporting period, MQD continued to work with CMS on the QI RFP Supplemental Changes #9 regarding 2018 rates and scope. Progress was also made on the behavioral health parity report due to CMS.

Med-QUEST Division also worked with CMS for approval of the RFP-MQD-2013-007 2017/2018 rates and scope. Final approval from CMS was received on July 10, 2018. During this reporting period, MQD worked with CMS on requirements for the new 2018 CCS RFP.

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 was selected in the prior quarter, and we are currently waiting for CMS approval of this vendor contract. The Internal Verification & Validation (IVV) vendor was selected in this quarter, to monitor the PMSU project.

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Electronic Visit Verification (EVV)

Another requirement of the 21st Century Cures Act is the implementation of EVV. In this reporting period, MQD and AHCCCS continued to work together to procure a single EVV vendor to implement and operate one statewide EVV system for Hawaii and for Arizona. Med-QUEST Division continued to regularly communicate with stakeholders about EVV updates in person, through email and the EVV webpage on our MQD website. At the annual National Home and Community Based Services conference, MQD staff networked with other states about EVV implementation and worked face-to-face with AHCCCS on the EVV project. Finally, the RFP was released at the end of September.

JULY

Parallel efforts took place in July as MQD continued to be in communications with QUEST Integration Managed Care Organizations (MCOs) regarding efforts to request an exemption from the Federal medical assistance percentage (FMAP) reduction for personal care services if the implementation deadline of January 1, 2019 was not met. A letter was drafted to CMS with this request highlighting the ongoing good faith efforts and unavoidable delays encountered. Med-QUEST Division continued to track proposed legislation to extend the deadline for FMAP reduction and when H.R. 6042 became law on July 30, all efforts were shifted to completing the request for proposal and project partnership understanding document which were submitted to CMS for approval.

AUGUST

In August, MQD and AHCCCS completed a system model design document and project timeline. These documents provided information for all stakeholders about our EVV implementation objectives and a tentative timeline. These documents were uploaded to the MQD EVV webpage and also distributed via email to QI MCOs with the request for MCOs to distribute the information to all applicable stakeholders via their usual communication modes. The EVV updates were also announced during the monthly MCO meeting and other applicable in-person meetings. Also in August, MQD staff attended the annual National Home and Community Based Services conference where further EVV implementation clarification was gathered from CMS. At the conference, MQD staff exchanged EVV information with other states and stakeholders, and worked face to face with AHCCCS staff on the EVV project.

SEPTEMBER

In September, CMS approved our RFP and it was posted for bidding. This was announced via email, our EVV webpage, our monthly MCO meeting and other applicable in-person meetings. For the next quarter, MQD will be engaged in the RFP process, including answering submitted questions from prospective vendors, reviewing responses, and identifying a selected vendor group for further consideration.

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B. Interim Findings

During the reporting period, no interim findings were identified for any initiatives or corrective action plans.

XI. Quality Assurance and Monitoring Activity

Quality Activities during the Quarter April to June 2018

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)

July:

- Reviewed the remaining Module 4 progress updates and provided feedback to the health plans.
- Received updated Module 4s from CCS for review and feedback.
- Reviewed the updated CCS Module 4s and provided feedback.
- Received a technical assistance request from one health plan regarding intervention evaluation. Scheduled the call for 08/01/18.
- Received new intervention plans from another health plan for review and feedback.

August:

- Requested a Module 4 update from one health plan for the Asthma Medication Management PIP on 08/09/18.
- Received the Module 4 update from one health plan on 08/13/18, reviewed, and provided feedback on 08/17/18.
- Provided PIP technical assistance to three health plans on Module 4 intervention testing and evaluation.
- Received Module 4 plans for second interventions for both PIPs from one health plan.

September:

- Received the remaining Module 4 progress updates.

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- Provided remaining Module 4 feedback.
- Complete another Module 4 intervention testing progress check-in with the health plans.
- Received feedback on the draft PIP validation reports from the MQD by 9/19/18.

2. Healthcare Effectiveness Data and Information Set (HEDIS)

July:

- Submitted final audit reports, including final audited results for all measures under the scope of the audit, to the MQD, health plans, and NCQA by 07/17/18.
- Communicated updates for the *Emergency Department Use without Hospitalization (EDUH)* measure and provided additional guidance to health plans.
- Provided additional guidance to the health plans for reporting the *Emergency Department Use without Hospitalization (EDUH)* measure and the *ED Visits for Ambulatory Care-Sensitive Conditions (NYU)* measure.
- Received from health plans updated programming and/or steps taken to calculate the *ED Visits for Ambulatory Care-Sensitive Conditions (NYU)* measure by 07/10/18 and from two health plans updated rates by 07/31/18.

August:

- Received rates for ED Visits for Ambulatory Care-Sensitive Conditions (NYU) measure from three health plans.
- Provided additional guidance to the health plans for reporting the *Emergency Department Use without Hospitalization (EDUH)* measure and provided an extension on reporting the rates until mid-September.

September:

- Continued to provide technical assistance to the health plans and the MQD, as requested.
- Continued to work with the health plans and their vendors on finalizing the calculations for the EDUH measure.
- Received final EDUH measure rates from all health plans.

3. Compliance Monitoring

July:

- Received documentation of completed CAP activities from the health plans on 05/18/18 and 05/22/18.
- Finalizing CAPs as available.

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August:

- Received revised CAP documentation from all the health plans by 08/29/18.
- Completed review of CAPs, submitted to the MQD for review.
- Completed initial review of one health plan submission received on 07/31/18.

September:

- Finalizing remaining 2017 CAPs.

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

July:

- Submitted the respondent-level data files for each plan and CHIP to the MQD on 07/09/18.
- Submitted the Star Reports to the MQD on 07/09/18.

August:

Submitted draft reports and cross-tabulations to the MQD on 08/23/18.

September:

- Received feedback on draft reports and cross tabulations from the MQD by 9/7/18.
- Incorporated MQD's feedback into final reports by 9/14/18.
- Submitted final reports to the MQD on 9/17/18.

5. Provider Survey

July:

- Submitted the 2018 health plan survey instruments with the MQD's feedback to the MQD on 07/03/18.
- Received confirmation from the MQD on the updates to the 2018 health plan survey instruments on 07/05/18.
- Received sample frame files from the MQD on 07/07/18.
- Reviewed sample frames on 07/09/18.
- Sent cost proposal for modifying the CY 2018 Provider Survey to the MQD on 07/18/18.

August:

- Sent sample frame files to Subcontractor on 07/30/18.
- Submitted final mail materials to the MQD on 08/20/18.

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- Received confirmation from the MQD on 08/21/18 to use the 2019 FQHC supplemental file to link FQHCs with one of the 2018 health plan sample frame file.
- Submitted the finalized health plan survey instruments to the health plans on 08/23/18.
- Sent updated timeline to the MQD on 08/24/18.
- Selected survey samples on 08/28/18.

September:

- First provider surveys and cover letters mailed out.
- Website made available for providers to complete the survey via Internet.

6. Annual Technical Report

July:

- Met with the MQD on 7/31/18 to discuss structure of the 2018 technical report.
- Technical report to mirror layout of the 2017 report

August:

Began preparing 2018 EQR Technical Report template.

September:

- Submitted 2018 EQR Technical Report template to project leads to initiate writing.
- Submitted 2018 EQR Follow-up on 2017 EQR Recommendations documents to the health plans.

7. Technical Assistance

July - September:

Continued technical assistance calls and email updates with the health plans regarding NYU and EDUH measures.

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XII. Quality Strategy

Impacting the Demonstration

(A report on the implementation and effectiveness of the updated comprehensive Quality Strategy as it impacts the demonstration)

KALO Project

Med-QUEST Division continued with the KALO project in the current period, which stands for Kokua Aloha Lokahi Ohana. The KALO project emphasizes leadership skills and business process redesign. It represents MQD’s journey to improve customer service and build a positive work environment.

XIII. Other

MQD Workshops and Other Events

Training Focus: Participant Rights For: United Caregivers of Hawaii			
Trainer	Aileen Manuel	Location	United Church of Christ Waipahu, Hawaii
Length	2.0 hours	Dates	July 14, 2018
Attendees	Approximately 40		
Description	This module provides caregivers with operational guidance on participant rights and provider responsibilities.		
Objectives/Outcomes	<ul style="list-style-type: none"> • Overview of Medicaid HCBS final rule • Intent of the final rule • HCBS settings requirements- Participant Rights (privacy, visitors, access to food) • Resources 		

Training Focus: Participant Rights For: Adult Foster Home of the Pacific			
Trainer	Aileen Manuel	Location	Seafood City Waipahu, Hawaii
Length	1.0 hour	Dates	July 25, 2018
Attendees	Approximately 60		
Description	This module provides caregivers with operational guidance on participant rights and provider responsibilities		
Objectives/Outcomes	<ul style="list-style-type: none"> • Overview of Medicaid HCBS final rule 		

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	<ul style="list-style-type: none"> • Intent of the final rule • HCBS settings requirements- Participant Rights (privacy, visitors, and access to food) • Resources
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Training Focus: Person Centered Thinking Principles For: HCBS Community Care Foster Home Providers			
Trainer	Bob Sattler (Support Development Associates)	Location	Oahu Veterans Center Honolulu, Hawaii
Length	2.0 hours per session	Dates	September 10, 2018
Attendees	230 (Total for 3 sessions)		
Description	This training provides caregivers with person centered thinking principles focused on changing perspectives from caring for people to providing balanced support between what is important to a person and what is important for a person.		
Objectives/Outcomes	<ul style="list-style-type: none"> • How to discover what is important to people • How to sort what is important for people from what is important to them • How to create power with people they support • Intent of the HCBS final rule and person centered approaches • Resources 		

Training Focus: Person Centered Thinking Principles For: HCBS Community Care Foster Home Providers			
Trainer	Bob Sattler (Support Development Associates)	Location	Aloha Stadium, Hospitality Rm Honolulu, Hawaii
Length	2.0 hours per session	Dates	September 16, 2018
Attendees	472 (Total for 3 sessions)		
Description	This training provides caregivers with person centered thinking principles focused on changing perspectives from caring for people to providing balanced support between what is important to a person and what is important for a person.		
Objectives/Outcomes	<ul style="list-style-type: none"> • How to discover what is important to people • How to sort what is important for people from what is important to them • How to create power with people they support • Intent of the HCBS final rule and person centered approaches • Resources 		

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Training Focus: Person Centered Thinking Principles For: Adult Foster Home Association (Oahu Chapter)			
Trainer	Aileen Manuel	Location	Filipino Community Center Waipahu, Hawaii
Length	1.0 hours	Dates	September 22, 2018
Attendees	Approximately 100		
Description			
This module provides caregivers with person centered thinking principles refresher from Bob Sattler training.			
Objectives/Outcomes			
<ul style="list-style-type: none"> • How to sort what is important for people from what is important to them • Intent of the HCBS final rule and person centered approaches • Resources 			

A. Enclosures/Attachments

Attachment: QUEST Integration Dashboard for July 2018 – September 2018

B. MQD Contact(s)

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