Hawaii QUEST Integration
Quarterly Monitoring Report to CMS

Federal Fiscal Year 2020 1st Quarter

Hawaii QUEST Integration
Section 1115 Quarterly Report
Submitted: February 27, 2020
(via secured email)

Reporting Period: October 2019 – December 2019

Federal Fiscal Quarter:	1st Quarter 2020
State Fiscal Quarter:	2nd Quarter 2020
Calendar Year:	4th Quarter 2019
Demonstration Year:	26th Year (8/1/19 – 7/31/20)

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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. Ongoing regular meetings have been established for the "HOPE Leadership Team" to ensure HOPE initiatives were woven into the new QI Request for Proposal (RFP). Recent meetings have focused on refining the care coordination/service coordination model for the new QI RFP. The final version of the new QUEST Integration RFP was released on August 26, 2019.

During the reporting period, MQD received two rounds of questions and in response MQD issued six Amendments to the originally issued RFP. Four MCOs submitted their proposals in response to the RFP on November 8, 2019. MQD evaluated these proposals from November 12, 2019 to January 22, 2020.

II. Budget Neutrality Monitoring Spreadsheet

The Budget Neutrality workbook for the quarter ending September30, 2019 was submitted to CMS by the November 30, 2019 deadline. The Budget Neutrality spreadsheet for the quarter ending December 31, 2019 will be submitted separately by the February 29, 2020 deadline.

III. Events Affecting Healthcare Delivery

A. Approval & Contracting with New Plans

No new contract was executed during this reporting period.

B. Benefits & Benefit Changes

1115 Demonstration Renewal

MQD began monthly monitoring meetings with CMS in October to ensure compliance with the 1115 Special Terms and Conditions. In November 2019, MQD submitted its Behavioral Health Protocol to CMS. CMS is still reviewing that submission. MQD continues to be on time on all deliverables.

HOPE initiative

PPDO and other MQD staff continue to work with our consultants, stakeholders and other parties to develop implementation plans for the initiatives outlined in our HOPE document and the MCO RFP. A primary focus has been on planning for implementation of advanced Health Homes, which will be known as "Hale Ola", which was included in the MCO RFP. This has required intensive discussions with the HOPE leadership team and the consultants assigned to this task. The other issue we have been focusing on has been palliative care, investment in primary care, and the development of a CHIP Health Services Initiatives (HIS) SPA with technical assistance from CMS.

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

Med-QUEST continues collaboration with DOE for Medicaid billing issues. The DOE has increased efforts to comply with federal requirements to ensure Medicaid reimbursement for covered services can be fully utilized. MQD staff continues to offer guidance, assistance and information when needed. DOE staff has increased efforts statewide to be in compliance with Medicaid requirements to ensure maximum federal reimbursement for school-based Medicaid services. In October, Program and Policy Development Office (PPDO) staff attended the National Alliance for Medicaid in Education, Inc. (NAME) conference in Albuquerque, New Mexico with staff from DOE. The NAME Annual Conference is a national forum for professionals working in education and/or health care and related fields. The conference provided a unique opportunity to network with colleagues and similar professionals in the field of school-based health at the local, state and federal levels, as well as an opportunity for professional development with the latest information in research, experience and best practices for Medicaid in education.

Hawaii Administrative Rules

PPDO continues to work on amending the Hawaii Administrative Rules to be in compliance with new federal regulations and guidelines, in addition to housekeeping as needed.

Policy and Program Directives

Part of PPDO's responsibilities include drafting and issuing of Policy and Program Directives (PPDs) to MQD staff for information, clarification and action on affected individuals. PPDs are drafted during the year as requests for clarification of current rules are submitted, or to inform staff of upcoming changes in policy or programs until the Hawaii Administrative rules are amended. PPDO also remains committed to ensuring programs and policies align with State initiatives such as "Ohana 'Nui" and continues to broaden collaborative efforts with other divisions, offices and other both public and private entities.

C. Enrollment and Disenrollment

Med-QUEST Division maintains a steady number of Medicaid applications completed by phone, generally under 1,000 each quarter. The phone process encourages the applicant to pre-select a QUEST Integration health plan. Clients that apply by paper or online are auto-assigned a health plan and mailed a choice form.

[See detailed plan enrollment information in section VIII.]

Outreach/Innovative Activities

The Health Care Outreach Branch (HCOB) conducted our Annual Statewide Kōkua Training during the month of October to recertify and train our community partners on how to properly assist clients to submit an online application to Med-QUEST, discussed and reviewed cultural competency practices, reviewed details and processes of the Federal Health Insurance Marketplace and prepared for its Open Enrollment period from November 1 – December 15, 2020. All Kōkua (Navigators), who work under our Kōkua Services contracts completed the online MLMS Federal Health Insurance Marketplace certification required to assist clients with enrollment on the Marketplace.

Our team completed another successful Open Enrollment with the Federal Marketplace and the State of Hawaii's enrollment for 2020 remained stable with a slight increase over 2019 enrollments.

We continue to do provide normal services and outreach to the community, working with homeless shelters, justice involved and those populations coming out of public institutions such as the state hospital.

HCOB executed a Business Associate Agreement with Hawaii Homeless Healthcare Hui and are awaiting their staff to complete the required documents, HIPAA and Annual Civil Rights Requirements, so we may conduct training and provide them with Navigator access to our online KOLEA System. HCOB continues to look for ways to expand our community outreach through partnerships with non-profit organizations who serve the residents of Hawaii.

D. Complaints/Grievances

October 2019 – December 2019 Complaints/Grievances
Description: The following are complaints/grievances received by the MQD office.
4 - Follow up calls regarding open grievance
1- Provider is not getting paid from health plans
1- Member is not receiving an acknowledgment letter from the health plans
2- Denied services
1 - Resolution is incorrect/ not satisfied with resolution

2 - Health plan and physician
1 - Transportation
6 - Customer Service and Eligibility
5 - Information regarding a State Grievance
1 - Provider calls
1 - Need a new wheelchair/ not safe
2 - Falsified claims from providers and health facilities
1 - Request for specific medication
1- Payment Denial

All issues above have been addressed by various MQD staff who have knowledge in the specific subject areas.

E. Quality of Care

Work this quarter has been on three State Plan Amendments related to the SUPPORT Act, telehealth, and Durable Medical Equipment to ensure compliance with federal requirements. Also work on dental coverage for EPSDT was done to allow for coverage of additional codes, reimbursement adjustments for specific codes, and reviewing authorization for use of the operating room for procedures to be performed on children.

[See EQRO information in section XI.]

F. Access that is Relevant to the Demonstration

There has been significant policy and operational work done around standing up the Community Integration Services (CIS) waiver for MQD's QUEST Integration population, with the goal of bringing Tenancy Support services to the recipients with the greatest needs for CIS. Multiple meetings have continued to be held with agency providers, community advocates, managed care health plans, and other DHS staff, with the goal of designing a CIS program that will have a positive and lasting impact. Discussions have focused around recipient screening, recipient onboarding, recipient assessments, provider training, claim coding, program financing, management reporting, data analytics, and program evaluation.

During the reporting period, MQD hired a consultant, Corporation for Supportive Housing (CSH), to assist MQD on the implementation of CIS. Two tasks have been assigned to the consultants. The first is to help MQD with the policy setting and planning stages of CIS, and the second to develop a workflow/process mapping for a pilot Emergency room/Care coordination initiative with our largest trauma hospital in the state. The Queens' Emergency Department Initiative is a partnership with

Queens' Hospital, QI MCOs, MQD & DHS staff, and community agency providers to provide intensive care coordination and case management for high utilizers of the Queen's ED.

G. Pertinent Legislative or Litigation Activity

The legislature was not is session during this report period, however 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. There has been no substantive MQD activity related to this case during this reporting period.

MQD is 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. This case is expected to go to court in the 3rd quarter of FFY 2020.

MQD is also pursuing litigation against Liberty Dialysis for alleged over-billing. This case is expected to go to court in the 3rd quarter of FFY 2020.

IV. Adverse Incidents

A. Medicaid Certified Nursing Facilities

Total of 12 reported adverse incident reports submitted during the period of October - December 2019.

- 9 unattended/unwitnessed fall
- 1 witnessed fall
- 2 physical injuries

Intermediate Care Facility Developmental Disability/Intellectual Disability Facilities:

Total of 14 reported adverse incident reports submitted during the period of October - December 2019.

- 6 ER visits due to illness
- 5 ER visits due to physical Injury (Hernia)
- 1 impacted BM
- 1 L-Ear dx Basal Cell Carcinoma
- 1 Nephrologist referral

B. Long Term Services and Supports (LTSS)

For this reporting period, October to December 2019, there were a total of 337 adverse events related to the LTSS population. The top five incident categories were: Fall, Hospital, Death, Emergency Room Visit, and Injury. Falls were the top occurring incident for the quarter. Hospitalization and Emergency Room Visit were the second most occurring incident.

Types of Adverse Events	#			
	Oct 2019	Nov 2019	Dec 2019	**TOTAL**
Fall	47	43	46	136
Hospital	25	26	20	71
Death	14	6	9	29
Emergency Room Visit	28	24	18	70
Injury	13	10	8	31
TOTAL	127	109	101	337

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

MQD conducts a monthly encounter validation meeting with all participating MCOs to address major issues in encounter data submission or validation. Ongoing engagement supports a continuous data quality improvement initiative aimed at decreasing the number of encounters that fail system edits. MQD has developed an encounter reconciliation process directly with the MCOs that accounts for financial discrepancies between encounters submitted by the MCOs and accepted by MQD. The protocol for this reconciliation process has undergone iterative improvements, and the reconciliation is conducted at least twice per year. Substantial work has also begun to investigate and address the sources of discrepancies between the MCOs' and MQD's systems. MQD is currently working with its contracted actuary, Milliman, to refine a reconciliation process that will also compare encounters submitted by the MCOs to Milliman for rate development to those submitted and accepted by MQD. This process has been conducted on an ad hoc basis in the past, but will be folded into an ongoing reconciliation process conducted annually. Triangulation of the reconciliation process to identify discrepancies found in the three systems (MCOs, Milliman, and MQD), and reconciliation of those differences, will enable improvements in data quality to support the use of data in the State Medicaid encounter system for future rate setting.

In addition to encounter data reconciliation, MQD has also worked closely with Milliman to effectively increase the financial consequences to MCOs associated with poor data quality in the State Medicaid encounter system; specifically, risk sharing for high cost newborns is exclusively based on encounters found within the State Medicaid encounter system. Beginning in 2019, risk sharing for high cost drugs will also be based on encounters found within the State Medicaid encounter system. Beyond these measures, MQD has also built new provisions into the managed care re-procurement RFP to enhance oversight into encounter data submissions during the next contract cycle.

During FFY 2020 1st Quarter, MQD implemented revisions to its encounter validation protocol and began to implement a more streamlined process for addressing ongoing challenges our MCOs experience with submitting encounter data into the system. The need for a cross-cutting committee to address policy issues impacting encounter data was established, and an initial meeting of the committee was scheduled. Further, the need for additional training on coding was identified, and a class for employees across the division wishing to improve their skills with coding was contracted and scheduled. The division also finalized a contracted with its EQRO to conduct an external encounter data validation project in calendar year 2020.

VI. Action Plans for Issues Identified In:

A. Policy

During the reporting period, there were several policy issues that required clarification to MQD staff and certain providers, but no corrective action was needed. The clarifications included treatment of certain assets for determination of long term care eligibility, Medicaid application requirements for special situations, and cost share/spenddown related questions.

B. Administration

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

C. Budget & Expenditure Containment Initiatives

There were no significant financial or expenditure issues this quarter.

VII. Monthly Enrollment Reports for Demonstration Participants

A. Enrollment Counts

		Member Months	Unduplicated Members
Medicaid Eligibility Groups	**FPL Level and/or other qualifying Criteria**	**10/2019 - 12/2019**	**10/2019 - 12/2019**
Mandatory State Plan Groups			
State Plan Children	State Plan Children	345,699	114,479
State Plan Adults	State Plan Adults State Plan Adults-Pregnant Immigrant/Compact of Free Association (COFA)	102,165	33,827
Aged	Aged w/Medicare Aged w/o Medicare	84,048	28,314
Blind or Disabled (B/D)	B/D w/Medicare B/D w/o Medicare Breast and Cervical Cancer Treatment Program (BCCTP)	71,184	24,030
Expansion State Adults	Expansion State Adults	276,098	91,919
Newly Eligible Adults	Newly Eligible Adults	60,999	20,253
Optional State Plan Children	Optional State Plan Children	0	0
Foster Care Children, 19-20 years old	Foster Care Children, 19-20 years old	1,581	513
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)	88,322	29,019
Total		1,030,096	342,354

State Reported Enrollment in the Demonstration (as requested)	Current Enrollees
Title XIX funded State Plan	201,163
Title XXI funded State Plan	29,019
Title XIX funded Expansion	112,172
Enrollment current as of	12/31/2019

B. Member Month Reporting

For Use in Budget Neutrality Calculations

Without Waiver Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending 12/31/19
EG 1 – Children	116,215	115,911	115,154	347,280
EG 2 – Adults	34,215	34,156	33,794	102,165
EG 3 – Aged	27,844	27,936	28,268	84,048
EG 4 – Blind/Disabled	23,504	23,845	23,835	71,184
EG 5 – VIII-Like Adults	0	0	0	0
EG 6 – VIII Group Combined	110,814	112,932	113,351	337,097

For Informational Purposes Only

With Waiver Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending 12/31/19
State Plan Children	115,702	115,378	114,619	345,699
State Plan Adults	34,215	34,156	33,794	102,165
Aged	27,844	27,936	28,268	84,048
Blind or Disabled	23,504	23,845	23,835	71,184

Expansion State Adults	**90,734**	**92,774**	**92,590**	**276,098**
Newly Eligible Adults	**20,080**	**20,158**	**20,761**	**60,999**
Optional State Plan Children	**0**	**0**	**0**	**0**
Foster Care Children, 19-20 years old	**513**	**533**	**535**	**1,581**
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

Behavioral Health Programs Administered by the Department of Health (DOH)

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.	**4,321**
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,	**901**

solves problems); communication (talks, understands); social or emotional (plays with others, has confidence); and adaptive (eats, dresses self).	
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.	**1,138**

D. Enrollment of Individuals Eligible for Long Term Services and Supports (LTSS)

Long Term Services and Supports (LTSS) enrollment reported by the health plans is as follows.

LTSS Enrollment [Data as of January 2020 submissions]

Health Plan	Oct 2019	Nov 2019	Dec 2019
Aloha Care	442	486	669
HMSA	709	705	720
Kaiser	279	288	311
Ohana	2958	2901	2810
United Healthcare	2226	2196	2473
Total	**6614**	**6576**	**6983**

Plan-to-plan change requests and results, specifically for LTSS members, are not tracked. The QI program includes LTSS services amongst its benefits.

VIII. Number of Participants who Chose an MCO and Number of Participants who Changed MCO After Auto-Assignment

Member Choice of Health Plan Exercised

October 2019 – December 2019	Number of Members
Individuals who chose a health plan when they became eligible	**741**

Individuals who were auto-assigned when they became eligible	**7,406**
Individuals who changed their health plan after being auto-assigned	**2,611**
Individuals in the ABD program that changed their health plan within days 61 to 90 after confirmation notice was issued	**18**

During this reporting period, 741 individuals chose their health plan since they became eligible in the previous quarter, 2,611 changed their health plan after being auto-assigned. Also, 7,406 individuals had an initial enrollment which fell within this reporting period.

In addition, 18 individuals in the aged, blind, and disabled (ABD) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

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

A. Grievances

During the FFY 2020 1st quarter, Health Plans and MQD received and addressed the following number of member complaints/grievances.

Member Grievances to Health Plan			
	Oct – Dec 2019	Oct – Dec 2019	Oct – Dec 2019
Submitted	**QI**	**CCS**	**TOTAL**
Total number filed during the reporting period	307	18	325
Total number that received timely acknowledgement from health plan	301	18	319
Total number not receiving timely acknowledgement from health plan	6	0	6
Total number expected to receive timely acknowledgement during next reporting period	0	0	0
Total number that received timely decision from health plan	292	16	308
Total number not receiving timely decision from health plan	10	1	11
Total number expected to receive timely decision during next reporting period	7	0	7

Total number currently unresolved during the reporting period	12	1	13
Total number overturned	0	0	0

Types of Member Grievances to Health Plans			
	Oct – Dec 2019	Oct – Dec 2019	Oct – Dec 2019
Medical	**QI**	**CCS**	**TOTAL**
Provider Policy	3	0	3
Health Plan Policy	20	0	20
Provider/Provider Staff Behavior	74	0	74
Health Plan Staff Behavior	49	0	49
Appointment Availability	4	0	4
Network Adequacy/ Availability	2	0	2
Waiting Times (office, transportation)	58	2	60
Condition of Office/ Transportation	2	0	2
Transportation Customer Service	18	1	19
Treatment Plan/Diagnosis	14	0	14
Provider Competency	27	13	40
Interpreter	0	0	0
Fraud and Abuse of Services	2	0	2
Billing/Payments	18	1	19
Health Plan Information	11	1	12
Provider Communication	17	7	24
Member Rights	3	2	5

Member Grievances to MQD				
	October 2019	November 2019	December 2019	TOTAL
Submitted	2	3	2	7
Health Plan resolved with Members	1	1	0	2
Dismiss as untimely filing	0	0	0	0
Member withdrew appeals	0	0	0	0
Resolution in Health Plan favor	0	0	0	0

Resolution in Member's favor	0	1	0	1
Still awaiting resolution	0	1	1	2
Carry-over from previous Quarter	1*	0	0	1

*This is a carry-over from 5/14/19 working with eligibility to resolve issues related to bills received for services not used by member.

Types of Member Grievances to MQD				
	October 2019	November 2019	December 2019	TOTAL
Medical	0	0	1	1
Long Term Services and Support	0	1	0	1
Transportation	0	1	0	1
Applied Behavioral Analysis (ABA)	0	0	0	0
Durable Medical Equipment	0	0	0	0
Reimbursement	1	0	0	1
Medication	0	0	0	0
Miscellaneous	1	0	1	2

Some members had multiple areas that need to be addressed within their one grievance report to MQD.

B. Appeals

There were a total of 355 member appeals filed with the health plan.

Member Appeals to Health Plans	
	TOTAL
Total number filed during the reporting period	355
Total number that received timely acknowledgement from health plan	318

Total number not receiving timely acknowledgement from health plan	37
Total number expected to receive timely acknowledgement during next reporting period	24
Total number that received timely decision from health plan	321
Total number not receiving timely decision from health plan	30
Total number expected to receive timely decision during next reporting period	28
Total number currently unresolved during the reporting period	28
Total number overturned	205

Types of Member Appeals to Health Plans	
	TOTAL
Service denial	78
Service denial due to not a covered benefit	54
Service denial due to not medically necessary	211
Service reduction, suspension or termination	2
Payment denial	18
Timeliness of service	0
Prior authorization timeliness	0
Other	0

There were a total of 5 appeals submitted with the Administrative Appeals Office during the quarter. There were a total of 2 appeals resolved with the health plans prior to going to hearing. There was 1 appeal which member withdrew the request. There are 2 appeals that we are still awaiting the resolution.

Member Appeals to Administrative Appeals Office (AAO)				
	Oct 2019	Nov 2019	Dec 2019	TOTAL
Submitted	1	1	3	5
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	1	1	0	2
Dismiss as untimely filing				
Member withdrew hearing request	0	0	1	1
Resolution in DHS' favor	0	0	0	0
Resolution in Member's favor	0	0	0	0
Still awaiting resolution	0	1	1	2

Types of Member Appeals to Administrative Appeals Office (AAO)				
	Oct 2019	Nov 2019	Dec 2019	TOTAL
Medical	1	0	1	2
Long Term Services and Support	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	0	0	0
Medication	0	1	0	1
Miscellaneous – Claim Denial	0	2	0	2

X. Demonstration Evaluation and Interim Findings

During FFY 2020 1st Quarter, MQD's Health Analytics Office (HAO) began working with the team at the University of Hawaii (UH) on developing an evaluation design for the 2019-2024 1115 waiver. The UH team is a competent and enthusiastic partner to the division, and brings substantial experience in evaluation; however, the team has limited experience in working with Medicaid programs. Therefore, HAO's technical assistance has principally focused on providing technical assistance and clarification around program structure and operations. The UH team developed a draft that included an overall evaluation along with in-depth evaluations of five key areas, including Community Integration Services, Home and Community Based Services, Social Determinants of Health, advancing primary care, and the evaluation of a quality area that is indicative of needing improvement, as identified during the previous demonstration period (childhood immunization status). Substantial feedback was provided by HAO staff to the UH team on the first draft; feedback primarily focused on further guidance and clarification of the structure and program operations of MQD, and feasibility concerns and challenges related to the collection of data needed for certain types of evaluation designs. Towards the end of the FFY 2020 1st Quarter, the UH staff submitted a second draft to HAO for review. Additionally, HAO requested and received an extension of the deadline to submit the draft evaluation design to CMS, as the UH team anticipated needing additional time to finalize some aspects of the evaluation design.

XI. Quality Assurance and Monitoring Activity

Quality Activities During the Quarter July to September 2019

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)

October:

- Provided PIP technical assistance to AlohaCare and HMSA.
- Validated the Module 1 and Module 2 resubmissions and provided the tools to the health plans on 10/25/19.

November:

- Provided PIP technical assistance to Ohana.
- Completed validation of the Module 1 and Module 2 resubmissions and provided the tools to the health plans.
- Provided the Module 3 training webinar on 11/05/19.

December:

Received Module 3 submissions from AlohaCare, CCS, HMSA, Kaiser, Ohana, and UnitedHealthcare.

2. Healthcare Effectiveness Data and Information Set (HEDIS)

October:

- HSAG sent the 2020 performance measure selection list along with HSAG's recommendations to the MQD on 10/22/19.

November:

- HSAG sent the final list of recommendations for 2020 to the MQD on 11/18/19.
- The MQD approved HSAG's recommended list of performance measures on 11/22/19.
- HSAG sent sample frame creation instructions to the MQD on 11/06/19.
- MQD generated test sample frame files (CHIP and one adult sample frame) and submit them to HSAG for review on 11/20/19.
- HSAG submitted the survey sample frame validation introductory packet to QI health plans on 11/22/19.

December:

- HSAG submitted the documentation request packets to all QI plans to initiate the HEDIS 2020 activities on 12/19/19.
- HSAG received questions from HMSA on 12/30/19, regarding the SBIRT performance measure.

3. Compliance Monitoring

October:

- Began drafting documents/tools for 2020 Compliance Reviews.

November:

- Submitted 2020 Compliance Review Document Request and Evaluation tools to the MQD for review on 11/20/19.
- Continue drafting documents/tools for 2020 Compliance Reviews.

December:

- Finalized all documents/tools for 2020 Compliance Reviews.
- Began review of health plan 2019 CAPs.

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

October:

- Received confirmation to prepare a presentation of the 2019 CAHPS results for the new EQRO nurse from the MQD on 10/24/19.

November:

- Received approval from MQD on the presentation of 2019 CAHPS results on 11/12/19.
- Received the final list of supplemental questions to include in the adult and child survey from MQD on 11/13/19 and 11/15/19, respectively.
- Notified the QI health plans of the sample frame deduplication requirements and timeframes on 11/15/19.
- Received the CHIP and AlohaCare test sample frame files from the MQD on 11/21/19.
- Received a deduplication request from AlohaCare on 11/20/19.
- Received a deduplication request from UnitedHealthcare on 11/21/19.
- Received completed administrative forms from MQD on 11/25/19.
- Received CHIP sample frame file with updated age from MQD on 11/26/19.
- Received feedback on the text for cover letters and postcard from MQD on 11/27/19.

December:

- Received final approval on the cover letters and postcard text from MQD on 12/11/19.
- Submitted CAHPS 2020 survey materials to NCQA for approval prior to volume printing and notified MQD that the first and second mail adult English letters with the nondiscrimination statement on the backsides were approved by NCQA on 12/16/19.
- Sent an updated timeline to MQD based on the subcontractor's production schedule on 12/20/19.

5. Provider Survey

October:

- No update for October

November:

- Sent the 2016 and 2018 final Provider Survey Reports to MQD for review on 11/21/19.

December:

- Received feedback on 2018 Provider Survey instruments for the 2020 Provider Survey instruments on 12/18/19.

6. Annual Technical Report

October:

- Continued compiling, analyzing, and incorporating findings, conclusions, and recommendations into the draft EQR technical report.

November:

- Finished compiling, analyzing, and incorporating findings, conclusions, and recommendations into the draft EQR technical report.
- Began peer and technical/editorial review of the report.

December:

- Submitted draft technical report to the MQD for review and comment on 12/09/19.

7. Technical Assistance

October:

- Met with DHS Health Analytics Office to discuss EQRO contract modifications on 10/03/19.
- Met with DHS Health Analytics Office to discuss quality measures on 10/03/19.
- Met with DHS Health Analytics office on 10/17/19 to discuss HILOC data and P4P measures.

November:

- Met with DHS Health Analytics Office to discuss quality measures on 11/07/19.

December:

- None at this time.

XII. Quality Strategy Impacting the Demonstration

MQD contracted with a vendor, Myers & Stauffer, to work on updating quality strategy to align with the new QI RFP and HOPE Initiatives. MQD planned to begin earnest discussions with Myers & Stauffer on the quality strategy update in the FFY 2019 4th quarter. However, although plans were in place to begin discussion with Myers & Stauffer on the quality strategy updates, during this reporting period MQD re-focused on the new QI RFP procurement. Additional work needed to be done to ensure the timely release of the RFP, as well as, timely and accurate question and answer deliberation. Tentatively, MQD hopes to resume the quality strategy discussion during the 2nd quarter FFY 2020.

XIII. Other

Status of Current QUEST Integration Contract

During the reporting period, all MCOs signed QI Supplemental Change#12, MQD executed these contracts and submitted to CMS. Waiting for CMS's final approval after rate is approved.

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 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 6, 2020, to account for unforeseen complexities in business rules development and software coding and implementation.

In the current period, 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 staff completed all gap testing in the HOKU system in this quarter. Work has begun on implementation and communication plans in preparation for go-live. MQD hired a tech-writer to assist with a HOKU general orientation video, provider training videos, policies and procedures, a new paper provider enrollment form, and other web content.

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) 2020 Quarter 1 (Q4), MQD continued to collaborate with Arizona Health Care Cost Containment System (AHCCCS) towards implementation.

During this quarter, the EVV Project Team completed the review and approval of the Business Rules Workbook; which is the cornerstone for the EVV solution as it reflects all the business rules that are needed to support the EVV impacted programs and configure the EVV solution. The Good Faith Effort letter was submitted to CMS in November 2019 requesting approval for a delayed implementation of the EVV solution. The Good Faith Effort extension was approved for 2020. The EVV HCPCS service codes and modifiers memo was distributed and reviewed with the Health Plans and Provider Agencies. Currently, the revised go-live date has not been finalized as the project schedule is still being refined. The current schedule reflects a Go-Live date in late September2020.

MQD's future EVV workplans include:

The Technical Specification final approval is anticipated to occur in the first three months of 2020. 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. The team anticipates that the revised, and ultimately baselined, schedule will be ready in the first three months of 2020. The team will continue working with the EVV vendor towards an implementation date projected in the fall of 2020.

OCTOBER

Demonstrated the EVV solution to over 150 representatives from the Health Plans and Provider agencies. Reviewed the proposed HCPCS table for EVV services with the MCOs. Completed the Business Rules Workbook review with the EVV vendor. Many questions were raised because of the review. Three-quarters of the questions were addressed by the end of October. EVV vendor held the Outreach and Training Kick-off meeting for MQD and established reoccurring meetings to build the communications plan. Reviewed the EVV vendor device proposal with AHCCCS to ensure deliverable alignment.

NOVEMBER

Started engaging with the shared resources in Arizona to discuss the pre-payment visit validation and for data extraction. The EVV vendor held the Support Workstream kick-off to initiate the reoccurring meetings. Completed the MQD EVV Business Rules Workbook. Submitted the CMS Good Faith Effort request. The EVV vendor delivered final Technical Specification documents for MQD review. Delivered EVV content for Health Plans to include in their member quarterly newsletters.

DECEMBER

Released the MQD EVV HCPCS service codes and modifiers memo and table to the Health Plans and providers. Hosted meetings with the MCOs, Provider Agencies, and DDD to review the HCPCS memo in early December. Reviewed CMS KPIs (key performance indicators) deliverables with the IV&V vendor. Attended multiple Technical Specification documentation reviews with the EVV Vendor.

MQD Workshops and Other Events

Focus:	**Going Home Plus (GHP) REBOOT" Money Follows the Person Review**		
For:	**MCO Service Coordinators**		
Speaker	Madi Silverman, MQD MFP Director	**Location**	Webinar
Length	1 hour	**Date**	October 9, 2019
Attendees	Approximately 250		
Description	Review process for identification and transition of Medicaid members from Nursing Facilities and Hospitals to Community Based LTSS • Methods for identification of eligible members and GHP Referral • Transition planning • Building rapport and working closely with discharge planners in facilities. • Maintaining long term community-based living for members; reducing emergency department utilization and readmissions to the nursing facility		

Focus:	**Home and Community-Based Services Settings Requirements: Person-Centered Dignity of Risk**		
For:	**MCO Service Coordinators**		
Speaker	Bob Sattler, Support Development Associates (SDA)	**Location**	Aloha Stadium
Length	6 hours	**Date**	November 21, 2019
Attendees	Approximately 180		
Description	Provide guidance to support dignity of risk and determine actions to better support people when delivering home and community-based services. • Risk considerations • Approaching Risk Through a Person-Centered Lens • System Factors related to Risk • Risk Mitigation tools		

Focus:	Dementia Friends		
For:	**Community Care Foster Family Homes (CCFFH)** **HCBS Medicaid Providers**		
Trainer	Dr. Ritabelle Fernandez	**Location**	Pearl City Library Oahu Veterans Center
Length	2 hours per session	**Dates**	November 22, 2019- 2 sessions December 18, 2019- 3 sessions December 19, 2019- 3 sessions
Attendees	Approximately 735		
Description	An interactive session to learn about **dementia** and how it can affect people's lives. Caregiver tips for communicating and better managing challenging behaviors.		
Objectives/Outcomes	• Understand the warning signs and different stages of dementia. • Describe solutions to deal with difficult behaviors, including wandering. • Take action and pledge to becoming a Dementia Friend.		

A. Enclosures/Attachments

(An up-to-date budget neutrality worksheet must be provided as a supplement to the Quarterly Report. In addition, any items identified as pertinent by the State may be attached. Documents must be submitted by title along with a brief description in the Quarterly Report of what information the document contains.)

Attachment A: QUEST Integration Dashboard for October 2019 – December 2019

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. [Data as of January 2020 submissions]

Attachment B: Up-To-Date Budget Neutrality Worksheet

The Budget Neutrality worksheet for the quarter ending 9/30/2019 is attached. The Budget Neutrality worksheet for the quarter ending 12/31/2019 will be submitted by the 2/29/2020 deadline.

B. MQD Contact(s)

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