# Hawaii QUEST Integration

# Annual Monitoring Report to CMS

# Federal Fiscal Year 2021

## Reporting Period:

October 1, 2020 - September 30, 2021

(Demonstration Year 27)

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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 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. Weekly meetings were held through the federal fiscal year for the "HOPE Leadership Team" to ensure HOPE initiatives are weaved into the new QI Request For Proposal (RFP). On August 26, 2019, the new QI RFP was issued, which introduces an expanded care model to offer additional services for Hawaii's vulnerable population.

MQD awarded the QI RFP on March 15, 2021 to five health plans for coverage on selected islands. MQD conducted the Readiness Review for the QI RFP beginning in May 2021 and concluded it in July 2021. MQD also awarded the CCS RFP on February 8, 2021 to the Ohana Health Plan. The Readiness Review for this RFP began on April 1, 2021 and concluded on May 31, 2021.

MQD also issued a Health Plan Manual which includes various program operation requirements and the revised report tools. The purpose for this project was to streamline the QUEST Integration contract, by removing operational and procedural language out of the contract and into the Health Plan Manual. Although the Health Plan Manual is a separate document, it still retains the full force and authority of the contract itself. The Health Plan Manual has been successfully introduced to the Health Plans and will be updated each quarter.

# II. Operational Updates

## A. Administration

During the reporting period, Hawaii faced difficult times due to the continuous nature of the COVID Pandemic. Services previously provided in-person were provided under Telehealth by MCOs. Challenges including hospital wait listed patients occupying acute beds, a shortage of isolation and quarantine locations, transportation difficulties given COVID social distancing rules, initial vaccination availability, PPE distribution to neighbor island communities were just some of the hurdles MQD contended with. MQD and MCOs worked as a team to address each of these challenges. For the vaccinations, MQD was very concerned with getting the vaccinations to homebound HCBS members. To surmount this challenge, MQD partnered with small local pharmacies to conduct mobile COVID-19 vaccinations in the adult and developmental disability Community Care Foster Family Homes (CCFFHs), and smaller E-ARCHs. Vaccinations were also offered to all caregivers and family members in each home. MQD also work with MCOs to delivery of PPE to adult CCFFHs on Oahu and all neighbor islands. MQD developed PPE Go-Kits to quickly deliver to home that had a member testing positive for COVID-19. These Go-Kits contained enough PPE for the caregivers to safely continue caregiving for a two-week period, and contained disposable gloves, surgical masks, face shields, foot booties, and surgical gowns. MCOs also connected with Government's task force to place Medicaid beneficiaries to assigned hotels or other designated locations if quarantining at home was not feasible.

### *Contracts*

During this reporting period, MQD successfully procure and award the following Managed Care contracts to these vendors:

- Community Care Services program – awarded to Ohana Health Plan on February 8, 2021
- QUEST Integration – awarded to Aloha Care, HMSA, Kaiser, Ohana Health Plan and United HealthCare on March 15, 2021. All health plans except Kaiser cover all islands/counties in the State of Hawaii. Kaiser only provides services on the island of Oahu and Maui.

## B. Policy and Program Development & Benefits

### *Community Integration Services (CIS)*

The CIS amendment to the current 1115 Demonstration waiver was approved on October 31, 2018. This amendment will increase access to CIS to individuals who are chronically homeless or in danger of losing public housing with either a physical or behavioral illness. MQD continues to work on provision of these services to eligible beneficiaries with providers and collaborative partners in the community. In March of 2020, MQD issued initial CIS policy guidance around data requirements for the CIS program. In September 2020, MQD shared draft CIS policy guidance around criteria, processes, and service codes with Health Plans and community partners with the intent of gathering feedback. In May 2021, updated guidance was released. During this time, regular meetings with the health plan staff, including their housing coordinators, and with MQD staff have taken place to discuss implementation processes.

### *1115 Demonstration Renewal*

MQD was awarded an extension of the QUEST Integration demonstration on July 31, 2019. MQD received approval for its existing expenditure and waiver authorities, with the exception of the waiver of retroactive eligibility rules. MQD had withdrawn its request to continue that policy in June 2019. MQD received additional expenditure

authority to expand the set of CIS benefits available to beneficiaries. CMS also included new reporting requirements in the Special Terms and Conditions.

MQD submitted various documents related to the 1115 waiver primarily related to responding to the pandemic:

- On April 8, 2020 CMS approved Hawaii's request to update the Hawaii QUEST Integration (Project No. 11-W-00001/9) with the Emergency Preparedness and Response Attachment K in order to respond to the COVID-19 pandemic.
- On June 25, 2020 CMS approved the State of Hawaii's request for a Section 1115(a) Demonstration project to address the COVID-19 public health emergency. CMS approved expenditures for Retainer Payments, 1915(i)-like Initial Evaluations and Assessments, and Revaluations and Reassessments, and 1915(c) and 1915(c)-like HCBS Waiver Level of Care Determination and Redetermination Timeline**.** CMS also approved flexibilities around HCBS Visitor Requirements.
- On September 1, 2020 CMS approved Project No. 11-W-00001/9 Hawaii Behavioral Health Services Protocol submitted by Hawaii as required by the Special Terms and Conditions (STCs) of the demonstration.
- On September 25, 2020 CMS approved the update to the Hawaii QUEST Integration (Project No. 11-W-00001/9) Emergency Preparedness and Response Attachment K with an Addendum in order to respond to the COVID-19 pandemic.

*HOPE initiative*

MQD staff from across the various branches 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 contracts.

The managed care contract awards have multiple initiatives related to the HOPE project and the 1115 Demonstration waiver. This includes screening and addressing social risk factors for members with Special Health Care Needs for Hawaii-specific needs or priority domains (e.g., food and housing insecurity), and standardized screening questions. Managed Care reporting requirements have been updated to reflect new federal and CMS waiver requirements such as the additional Home and Community Based reporting requirements.

Behavioral health integration across the continuum is a major area of focus. MQD, the Health Plans, hospital trade association and sister agency, Behavioral Health Administration, have worked together to examine ways to improve transitions of care, payment/billing processes, shared case/care planning, etc.

## C. Availability and Access of Covered Services & Network Adequacy

Due to the ongoing pandemic, many providers stopped providing in-person services and transitioned to service delivery via telehealth, particularly with community health centers. Because of the increase in service delivery via telehealth, the network adequacy has still been maintained. However, there has been reluctance of parents to seek care for their children during the pandemic. Health Plans, MQD, provider groups and sister agency, Department of Health, have sent flyers, provided incentives, aired Public Service Announcements to encourage care for kids. Additionally, the availability of COVID vaccines for children has been an encouraging for families.

## D. Pertinent Legislative or Litigation Activity

MQD continues to be a 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.

MQD has been 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. On February 15, 2021 the judge in the Plavix case found in favor of the State of Hawaii and awarded $834 million in civil penalties against the Defendants. It is assumed that there will be an appeal by the defendant.

The 2021 Legislative session was primarily focused on budget issues with a large projected shortfall at the start of the legislative session. However, Cares Act federal funding support helped alleviate the harshest of budgetary cuts. That coupled with an unexpected, but welcome, rebound in the tourist industry in Hawaii, there are no projected shortfalls at this time, and no budget cuts needed.

## E. Public Forums

In accordance with 42 CFR 431.420 (c), the State held its annual public forum for the QUEST Integration Section 1115 Demonstration Project on Wednesday, May 5, 2021 at 6:00 p.m. during the Med-QUEST Healthcare Advisory Committee Meeting (MHAC) meeting. During this public forum we reported out on various issues including our mission, increased enrollment, the supportive housing benefit under community integration services and the added community transition services that includes transitional case management services, housing quality and safety improvement services, legal assistance and securing house payments. We also reviewed the approvals by CMS during the past year, such as, the Hawaii Behavioral Health Services Protocol, the Demonstration Waiver Evaluation Design, various Appendix K's during the PHE and the PHE 1115 Demonstration Waiver Evaluation Design.

No comments were received by the public regarding the information presented. Comments were received from the MHAC members regarding how long the Demonstration Project lasts and the process the State follows if changes will be made to the next Demonstration Project. The State explained that the Demonstration Project is for five years and that the State can do amendments to the Demonstration Project as needed. MHAC members also commented on the enrollment numbers and why there was an increase during the PHE. The State explained that during the PHE the State will not terminate any Medicaid members unless they request termination, move out of state, or are deceased. The State also commented that the majority of the increase in enrollment was with the Low-Income Adult population and that we anticipate higher enrollment in Medicaid for at least one more year.

The five-year demonstration project, which is administered by the Department of Human Services, Med-QUEST Division (MQD), authorizes Hawaii to continue providing Medicaid benefits through its managed care delivery system, continue providing Home and Community-Based Services to certain populations, and expand access to and benefits of Community Integration Services for beneficiaries who meet specified needs-based criteria. This demonstration project is approved through July 31, 2024.

Public Forum Dates:

| **Public Forum for QUEST Integration Section 1115 Demonstration Project** |
|---|
| • May 5, 2021 |
| **Med-QUEST Healthcare Advisory Committee Meeting (MHAC)** |
| • November 18, 2020<br>• May 5, 2021<br>• June 23, 2021<br>• September 15, 2021 |

# III. Grievances, Appeals & State Fair Hearings

## A. Member Grievances

The following tables provide grievance and appeal events received during this reporting period.

### 1. Grievances to MQD Health Care Services Branch (HCSB)

| **October 2020 – September 2021<br>Types of Member Grievances to HCSB** | |
|---|---|
| This table does *not* include the grievances received by the Health Plans. That information is provided in a separate table below. | |
| Health Plan Policy | 4 |
| Provider/Provider Staff Behavior/Services | 22 |
| Transportation Customer Service | 8 |
| Treatment Plan/Diagnosis | 3 |
| Fraud and Abuse of Services | 3 |
| Billing/Payments | 10 |
| Member Rights | 25 |
| Medication | 5 |
| General Information | 25 |
| Forward to Other Departments | 13 |
| **Total** | **118** |

| Month | # of Member Grievances to HCSB by Month |
|---|---|
| October 2020 | 10 |
| November 2020 | 12 |
| December 2020 | 04 |
| January 2021 | 12 |
| February 2021 | 4 |
| March 2021 | 3 |
| April 2021 | 5 |
| May 2021 | 11 |
| June 2021 | 7 |
| July 2021 | 19 |
| August 2021 | 22 |
| September 2021 | 9 |
| **Total** | **118** |

| Status of Member Grievances Addressed by HCSB | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul–Sep 2021 | **TOTAL** |
| Received | 24 | 26 | 28 | 51 | 129 |
| **Status** | | | | | |
| Referred to Subject Matter Expert | 6 | 20 | 8 | 21 | 55 |
| Health Plan resolved with Members | 5 | 1 | 8 | 6 | 20 |
| Member withdrew grievance | 1 | 0 | 3 | 2 | 6 |
| Resolution in Health Plan favor | 8 | 2 | 3 | 3 | 16 |
| Resolution in Member's favor | 1 | 1 | 2 | 20 | 24 |
| Still awaiting resolution | 2 | 1 | 3 | 1 | 7 |
| Return to Health Plan awaiting Resolution Letter | 2 | 0 | 1 | 0 | 1 |
| Carry-over from previous Quarter | 12 | 0 | 0 | 0 | 12 |

**2. Grievances to Health Plans**

| Types of Member Grievances Reported to Health Plans | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul–Sep 2021 | |
| Medical | | | | | **TOTAL** |
| Provider Policy | 6 | 7 | 7 | 9 | 29 |
| Health Plan Policy | 35 | 28 | 30 | 21 | 114 |
| Provider/Provider Staff Behavior | 72 | 105 | 146 | 125 | 448 |
| Health Plan Staff Behavior | 32 | 50 | 32 | 42 | 156 |
| Appointment Availability | 7 | 5 | 12 | 14 | 38 |
| Network Adequacy/ Availability | 4 | 0 | 3 | 2 | 9 |
| Waiting Times (office, transportation) | 59 | 79 | 158 | 156 | 452 |
| Condition of Office/ Transportation | 4 | 5 | 6 | 8 | 23 |
| Transportation Customer Service | 13 | 19 | 14 | 56 | 102 |
| Treatment Plan/Diagnosis | 34 | 35 | 22 | 22 | 113 |
| Provider Competency | 23 | 24 | 25 | 35 | 107 |
| Interpreter | 0 | 0 | 0 | 0 | 0 |
| Fraud and Abuse of Services | 2 | 5 | 1 | 3 | 11 |
| Billing/Payments | 19 | 36 | 37 | 35 | 127 |
| Health Plan Information | 8 | 11 | 7 | 7 | 33 |
| Provider Communication | 17 | 9 | 13 | 23 | 62 |
| Member Rights | 20 | 19 | 20 | 8 | 67 |
| Total | 355 | 437 | 533 | 566 | 1891 |

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

| Status of Member Grievances Reported to Health Plans | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | **TOTAL** |
| Total number filed during the reporting period | 287 | 338 | 382 | 448 | 1168 |
| **Status received from Health Plans** | | | | | |
| Total number that received timely acknowledgement from health plan | 278 | 322 | 350 | 428 | 1100 |
| Total number not receiving timely acknowledgement from health plan | 3 | 16 | 32 | 20 | 68 |
| Total number expected to receive timely acknowledgement during next reporting period | 9 | 10 | 16 | 11 | 37 |
| Total number that received timely decision from health plan | 268 | 330 | 337 | 414 | 1081 |

| | | | | | |
|---|---|---|---|---|---|
| Total number not receiving timely decision from health plan | 1 | 23 | 24 | 12 | 59 |
| Total number expected to receive timely decision during next reporting period | 7 | 9 | 36 | 13 | 58 |
| Total number currently unresolved during the reporting period | 18 | 13 | 36 | 30 | 79 |

## B. Member Appeals and State Fair Hearings

There was a total of 1,216 appeals submitted for FFY 2021 with the health plans. Of those appeals submitted to the health plans, only 35 appeals were submitted with the Administrative Appeals Office. There were 25 resolved with the health plan or decided in Member's favor prior to going to a hearing. There were 3 resolved in DHS's favor.

### 1. Appeals to Health Plans

| **Types of Member Appeals to Health Plans** | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | **TOTAL** |
| Service denial | 43 | 45 | 47 | 54 | 189 |
| Service denial due to not a covered benefit | 9 | 5 | 4 | 5 | 23 |
| Service denial due to not medically necessary | 241 | 256 | 233 | 265 | 995 |
| Service reduction, suspension or termination | 0 | 2 | 0 | 0 | 2 |
| Payment denial | 8 | 5 | 1 | 1 | 15 |
| Timeliness of service | 0 | 0 | 0 | 0 | 0 |
| Prior authorization timeliness | 0 | 0 | 0 | 0 | 0 |
| Other | 4 | 5 | 0 | 1 | 10 |

| Status of Member Appeals to Health Plans | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | **TOTAL** |
| Total number filed during the reporting period | 300 | 311 | 284 | 321 | 1216 |
| **Status received from Health Plans** | | | | | |
| Total number that received timely acknowledgement from health plan | 269 | 297 | 264 | 284 | 1114 |
| Total number not receiving timely acknowledgement from health plan | 9 | 5 | 20 | 36 | 70 |
| Total number expected to receive timely acknowledgement during next reporting period | 22 | 9 | 17 | 33 | 81 |
| Total number that received timely decision from health plan | 165 | 294 | 258 | 278 | 1095 |
| Total number not receiving timely decision from health plan | 2 | 2 | 19 | 34 | 57 |
| Total number expected to receive timely decision during next reporting period | 33 | 17 | 24 | 41 | 115 |
| Total number currently unresolved during the reporting period | 33 | 17 | 66 | 41 | 157 |
| Total number overturned | 168 | 172 | 140 | 146 | 626 |

**2. Appeals to the State (State Fair Hearings)**

| Types of Member Appeals to State Administrative Appeals Office (AAO) | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | **TOTAL** |
| Medical | 4 | 6 | 3 | 4 | 17 |
| Home and Community Based Services (HCBS) | 1 | 1 | 1 | 0 | 3 |
| Van Modification | 0 | 0 | 0 | 0 | 0 |
| Applied Behavioral Analysis (ABA) | 0 | 0 | 0 | 0 | 0 |
| Durable Medical Equipment | 0 | 2 | 3 | 0 | 5 |
| Reimbursement | 0 | 0 | 2 | 1 | 3 |
| Medication | 1 | 1 | 0 | 2 | 4 |
| Miscellaneous | 0 | 2 | 1 | 0 | 3 |

| **Status of Member Appeals to State Administrative Appeals Office (AAO)** | | | | | |
|---|---|---|---|---|---|
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | **TOTAL** |
| Submitted | 6 | 12 | 10 | 7 | 35 |
| **Status received from AAO** | | | | | |
| 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 | 5 | 8 | 6 | 6 | 25 |
| Dismiss as untimely filing | 0 | 0 | 0 | 0 | 0 |
| Member withdrew hearing request | 0 | 0 | 0 | 0 | 0 |
| Resolution in DHS' favor | 0 | 1 | 2 | 0 | 3 |
| Resolution in Member's favor | 0 | 0 | 1 | 0 | 1 |
| Still awaiting resolution | 1 | 3 | 1 | 1 | 6 |

# IV. Health Plan Enrollment and Disenrollment

MQD transitioned to laptops with virtual personal network and install Voice Over Internet Protocol (VoIP) in EB offices on all islands which has enabled us to continue to serve our members without disruption despite the pandemic, and despite the over 30 percent increase in the number of people on QUEST.

The application process ends with enrollment. It is the goal of MQD to obtain a QI health plan choice from every applicant. If applicant is not prepared to select a plan, MQD staff provides the names of QI health plans in the service area and encourages the individual contact his or her primary care physician to ask the name of the QI health plan the physician is a participating provider. The online applications have been updated to capture the health plan selection. In the absence of a selection, the person will be auto-assigned to a QI health plan and generate a choice notice. The beneficiary has 90 days to choose another QI Health Plan if they wish. Otherwise, the beneficiary will remain enrolled in the auto-assigned QI Health Plan until the next annual plan change period. Beneficiaries that regain Medicaid eligibility within 180 days from last covered will re-enroll in the last QI Health Plan recorded in HPMMIS.

## A. Health Plan Enrollment Summary

The 2020 QI Annual Plan Change was October 1 through 31, enrollments applied January 1, 2021. Beneficiaries were mailed an enrollment packet in September. Of the 365,306 beneficiaries eligible to participate during the annual plan change, 5,316 (1.24%) elected to enroll in a different health plan for the 2021 benefit year (January to December 2021). The table below is a summary of the annual plan change activity by QI health plan and service area. The numbers reflect new members each plan gained January 1, 2021.

| **MAGI Excepted** | Oahu | Kauai | Hawaii | Maui | Molokai | Lanai | Total |
|---|---|---|---|---|---|---|---|
| AlohaCare | 57 | 7 | 3 | 13 | 2 | 1 | 83 |
| HMSA | 174 | 12 | 29 | 37 | 2 | 0 | 337 |
| Kaiser | 40 | 0 | 0 | 26 | 0 | 0 | 320 |
| Ohana Health Plan | 37 | 3 | 5 | 3 | 0 | 0 | 114 |
| UnitedHealthcare Community Plan | 329 | 7 | 15 | 15 | 2 | 0 | 416 |
| Total | 637 | 29 | 52 | 94 | 6 | 1 | 819 |
| Beneficiaries w/APC Choice | 1.10% | 0.05% | 0.09% | 0.16% | 0.01% | 0.00% | 1.41% |
| | | | | | | | |
| **MAGI** | Oahu | Kauai | Hawaii | Maui | Molokai | Lanai | Total |
| AlohaCare | 466 | 85 | 199 | 100 | 33 | 6 | 889 |
| HMSA | 1632 | 167 | 509 | 218 | 10 | 1 | 3426 |
| Kaiser | 535 | 3 | 0 | 280 | 0 | 0 | 3355 |
| Ohana Health Plan | 46 | 1 | 15 | 8 | 0 | 0 | 888 |
| UnitedHealthcare Community Plan | 129 | 3 | 36 | 15 | 0 | 0 | 253 |
| Total | 2808 | 259 | 759 | 621 | 43 | 7 | 4497 |
| Beneficiaries w/APC Choice | 0.91% | 0.08% | 0.25% | 0.20% | 0.01% | 0.00% | 1.46% |

[*Member Choice of Health Plan Exercised*, appears in section V.A.]

# V. Number of Members who Chose a Health Plan and Number of Members who Changed Health Plans After Auto-Assignment

## A. Member Choice of Health Plan Exercised

| Number of Members | Oct – Dec 2020 | Jan – Mar 2021 | Apr – Jun 2021 | Jul – Sep 2021 | Total |
|---|---|---|---|---|---|
| Chose a health plan when they became eligible | **3,268** | **5,427** | **4,089** | **4,233** | **17,017** |
| Automatically assigned when they became eligible | **11,538** | **6,425** | **5,104** | **5,223** | **28,290** |
| Changed their health plan after being automatically assigned | **4,646** | **2,438** | **1,707** | **1,630** | **10,421** |
| Members in the ABD program who changed their health plan within days 61 to 90 after confirmation notice was issued | **23** | **18** | **11** | **7** | **59** |

During this reporting period, **17,017** individuals chose their health plan when they became eligible, and **10,421** changed their health plan after being auto-assigned. Also, **45,391** individuals had an initial enrollment which fell within this reporting period.

In addition, **59** individuals in the aged, blind, and disabled (ABD) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

# VI. Demonstration Enrollment

## A. Enrollment Counts

| | | Member Months | Unduplicated Members |
|---|---|---|---|
| **Medicaid Eligibility Groups** | **FPL Level and/or other qualifying Criteria** | **10/2020 - 9/2021** | **As of 9/30/21** |
| **Mandatory State Plan Groups** | | | |
| State Plan Children | State Plan Children | 1,555,042 | 132,486 |
| State Plan Adults | State Plan Adults<br>State Plan Adults-Pregnant<br>Immigrant/Compact of Free Association (COFA) | 505,297 | 43,193 |
| Aged | Aged w/Medicare<br>Aged w/o Medicare | 391,144 | 34,290 |
| Blind or Disabled (B/D) | B/D w/Medicare<br>B/D w/o Medicare<br>Breast and Cervical Cancer Treatment Program (BCCTP) | 311,103 | 26,381 |
| Expansion State Adults | Expansion State Adults | 1,546,736 | 135,149 |
| Newly Eligible Adults | Newly Eligible Adults | 335,653 | 29,026 |
| Foster Care Children, 19-20 years old | Foster Care Children, 19-20 years old | 7,649 | 636 |
| CHIP | CHIP (HI01), CHIPRA (HI02) | 344,552 | 28,214 |
| **Total** | | 4,997,169 | 429,375 |

| **State Reported Enrollment in the Demonstration (as requested)** | **Current Enrollees** |
|---|---|
| Title XIX funded State Plan | 236,986 |
| Title XXI funded State Plan | 28,214 |
| Title XIX funded Expansion | 164,175 |
| Enrollment current as of | 9/30/2021 |

## B. Member Month Reporting

For Use in Budget Neutrality Calculations

| Without Waiver Eligibility Group | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 | Total for Year Ending 9/30/21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EG 1 – Children | 125,664 | 126,407 | 128,113 | 129,110 | 129,378 | 129,529 | 130,559 | 131,878 | 131,589 | 132,471 | 133,459 | 134,534 | 1,562,691 |
| EG 2 – Adults | 39,132 | 40,540 | 40,325 | 41,189 | 41,899 | 42,428 | 42,872 | 42,980 | 42,748 | 43,179 | 43,771 | 44,234 | 505,297 |
| EG 3 – Aged | 29,861 | 30,247 | 30,390 | 32,447 | 32,392 | 32,797 | 33,164 | 33,481 | 33,360 | 34,070 | 34,084 | 34,851 | 391,144 |
| EG 4 – Blind/Disabled | 24,654 | 24,866 | 25,648 | 26,255 | 26,207 | 26,375 | 26,290 | 26,479 | 25,230 | 26,082 | 26,320 | 26,697 | 311,103 |
| EG 5 – VIII-Like Adults | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| EG 6 – VIII Group Combined | 140,261 | 143,259 | 150,242 | 154,646 | 155,577 | 158,543 | 160,779 | 162,313 | 158,339 | 164,290 | 165,584 | 168,556 | 1,882,389 |

(Entries of "n/a" indicate that the State of Hawaii does not report on the eligibility group.)

For Informational Purposes Only

| With Waiver Eligibility Group | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 | Total for Year Ending 9/30/21 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| State Plan Children | 125,045 | 125,787 | 127,480 | 128,477 | 128,725 | 128,884 | 129,914 | 131,214 | 130,935 | 131,848 | 132,831 | 133,902 | 1,555,042 |
| Sate Plan Adults | 39,132 | 40,540 | 40,325 | 41,189 | 41,899 | 42,428 | 42,872 | 42,980 | 42,748 | 43,179 | 43,771 | 44,234 | 505,297 |
| Aged | 29,861 | 30,247 | 30,390 | 32,447 | 32,392 | 32,797 | 33,164 | 33,481 | 33,360 | 34,070 | 34,084 | 34,851 | 391,144 |
| Blind or Disabled | 24,654 | 24,866 | 25,648 | 26,255 | 26,207 | 26,375 | 26,290 | 26,479 | 25,230 | 26,082 | 26,320 | 26,697 | 311,103 |
| Expansion State Adults | 115,321 | 117,918 | 122,908 | 126,422 | 127,659 | 130,487 | 132,128 | 133,563 | 129,818 | 135,301 | 136,397 | 138,814 | 1,546,736 |
| Newly Eligible Adults | 24,940 | 25,341 | 27,334 | 28,224 | 27,918 | 28,056 | 28,651 | 28,750 | 28,521 | 28,989 | 29,187 | 29,742 | 335,653 |
| Optional State Plan Children | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Foster Care Children, 19-20 years old | 619 | 620 | 633 | 633 | 653 | 645 | 645 | 664 | 654 | 623 | 628 | 632 | 7,649 |
| Medically Needy Adults | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Demonstration Eligible Adults | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| Demonstration Eligible Children | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VIII-Like Group | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| UCC-Governmental | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| UCC-Governmental LTC | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| UCC-Private | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |

(Entries of "n/a" indicate that the State of Hawaii does not report on the eligibility group.)

## C. Enrollment in Behavioral Health Programs

Point-in-Time (1st day of last month in reporting quarter)

| Program | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|
| | Enrollment | | | |
| **Community Care Services (CCS)**<br><br>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. | **4,789** | **4,895** | **4,945** | **5,035** |
| **Early Intervention Program (EIP/DOH)**<br><br>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). | **738** | **653** | **694** | **741** |
| **Child and Adolescent Mental Health Division (CAMHD/DOH)**<br><br>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. | **822** | **843** | **855** | **811** |

### D. Enrollment in Long Term Services and Supports (LTSS)

Long Term Services and Supports (LTSS) enrollment reported by the Health Plans are as follows.

| 1st Quarter Health Plan | Oct 2020 | Nov 2020 | Dec 2020 |
|---|---|---|---|
| Aloha Care | 524 | 504 | 497 |
| HMSA | 698 | 691 | 690 |
| Kaiser | 310 | 322 | 345 |
| Ohana | 2678 | 2514 | 2499 |
| United Healthcare | 2058 | 2110 | 2160 |
| **Total** | **6268** | **6141** | **6191** |

| 2nd Quarter Health Plan | Jan 2021 | Feb 2021 | Mar 2021 |
|---|---|---|---|
| Aloha Care | 478 | 481 | 586 |
| HMSA | 752 | 608 | 621 |
| Kaiser | 347 | 353 | 348 |
| Ohana | 2507 | 2486 | 2387 |
| United Healthcare | 2238 | 2145 | 2078 |
| **Total** | **6322** | **6073** | **6020** |
| **3rd Quarter Health Plan** | **Apr 2021** | **May 2021** | **Jun 2021*** |
| Aloha Care | 455 | 425 | |
| HMSA | 636 | 632 | 638 |
| Kaiser | 324 | 330 | |
| Ohana | 2444 | 2382 | |
| United Healthcare | 2235 | 2289 | |
| **Total** | **6094** | **6058** | **638** |

*Data unavailable. Data compiled for this table is taken from QUEST Integration Dashboards. QUEST Integration Dashboards are no longer reported to MQD from the Health Plans as of July 1, 2021. June data for LTSS enrollment are usually reported in the following July QUEST Integration Dashboards. HMSA happened to provide its June LTSS enrollment data in its June 2021 QUEST Integration Dashboard.

## VII. Outreach, Innovative Activities, and Beneficiary Support System

The Health Care Outreach Branch (HCOB) actively planned and prepared for the Annual Medicaid Enrollment system (KOLEA) and Health Insurance Marketplace training to approximately 135 "Kōkua" (outreach/enrollment assisters), in-person assisters from Federally Qualified Health Centers (FQHC's), Med-QUEST Kōkua Services Contractors, and other community health centers statewide. Trainings occurred virtually via Microsoft Teams due to the COVID-19

Pandemic, and covered details on how to submit online applications and upload documents in our KOLEA system via their Navigator Portal along with review of the Federal Health Insurance Marketplace application details.

Significant work through the year continued 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 such as the Hawaii State Hospital.

October 2020 through September 2021 continued its challenges with the Covid-19 Public Health Emergency. One positive change occurred with the signing of the Omnibus Bill on 12/27/2020, which corrected an administrative error and restored Medicaid benefits to the citizens from the Federated States of Micronesia, The Republic of the Marshall Islands and the Republic of Palau, covered under the Compact of Free Association (COFA). Effective December 27, 2020, Hawaii residents from these nations could apply for full Medicaid benefits if their tax household size and income met the eligibility threshold. Our Medicaid Enrollment systems team quickly worked to update our system to better process and determine these new incoming applications. HCOB created simple messaging for our COFA residents and worked with our community partners to help get the word out and start assisting with Medicaid applications. Hawaii was the first state to implement this change for our COFA residents.

HCOB also noted, due to the Covid-19 pandemic, an uptick in those transitioning in and out of the Hawaii State Hospital along with justice-involved populations and experienced an increase of suspension/unsuspension requests from members for their Medicaid coverage.

# VIII. Delivery of Long Term Services and Supports (LTSS)

## A. Long Term Services and Supports

The LTSS category includes a number of different provider types such as Community Care Foster Family Homes (CCFFHSs), Extended Adult Residential Care Homes (EARCHs), ICF DD/ID facilities and nursing facilities.

## B. Adverse Events

In FFY 2021, a total of 1,645 adverse events related to the LTSS population were reported. The top five incident categories were: Fall, Hospital, Death, Emergency Room Visit, and Injury. Falls were the top occurring incident for all quarters. Hospitalization was the second most occurring incident.

There were 51 adverse events from Nursing Facilities. “Fall” remains the top occurring incident for all quarters in Nursing Facilities and “injury” was the second most occurring incident.

In ICF DD/ID there were 30 adverse events. “Emergency Room Visits” were the top occurring incident for all quarters in ICF DD/ID and “injury” was the second most occurring incident.

The LTSS category includes a number of different provider types such as Community Care Foster Family Homes (CCFFHSs), Extended Adult Residential Care Homes (EARCHs), nursing facilities and Developmental Disability and

Intellectual Disability (DD/ID) facilities. The following provides greater detail on the adverse incidents reported to MQD by the nursing facilities for the reporting period.

Developmental Disability and Intellectual Disability (DD/ID) facilities are not included in the LTSS category. The table below provides the adverse incidents reported to MQD by intermediate care DD/ID facilities for the reporting period.

| **Types of Adverse Events** | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Health Plan** | | | | **Nursing Facility** | | | | **ICF DD/ID** | | | |
| | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 | Oct-Dec 2020 | Jan-Mar 2021 | Apr-Jun 2021 | Jul-Sep 2021 |
| Fall | 132 | 151 | 135 | 122 | 8 | 12 | 14 | 4 | 0 | 0 | 0 | 0 |
| Hospital | 104 | 80 | 62 | 74 | 0 | 1 | 0 | 0 | 0 | 3 | 1 | 0 |
| Death | 32 | 28 | 26 | 21 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Emergency Room Visit | 55 | 95 | 115 | 86 | 0 | 1 | 0 | 0 | 5 | 5 | 5 | 5 |
| Injury | 44 | 59 | 36 | 72 | 1 | 0 | 5 | 4 | 0 | 1 | 0 | 1 |
| Med Error | 0 | 6 | 10 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Aspiration | 0 | 0 | 14 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **TOTAL** | **367** | **419** | **398** | **380** | **9** | **14** | **20** | **8** | **6** | **9** | **7** | **8** |

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

During FFY 2021 MQD continued to enhance our partnership with AHCCCS to improve encounter data quality in our MMIS. Using OAPD funding MQD onboarded three new positions to increase our ability to monitor and research encounter data quality: a Reporting Analyst, a Senior Reporting Analyst, and a Data Governance Analyst. Through these new positions MQD has been able to build routine reports to monitor encounter data quality, including reconciliation reports and reports to help MQD research what encounters "pend" due to data validation edits. Our Data Governance Analyst has enhanced existing MQD documentation on our MMIS, its associated data warehouse, and our reference table update process.

In addition to these three positions, in MQD used OAPD funds to enlist the help of a contractor, Freedman Healthcare to strengthen MQD's policy and system documentation, improve facilitation and resolution of ongoing encounter data issues with MCOs, and support the development of an action plan to systematically improve encounter data quality. Freedman Healthcare (FHC) began work in FFY 2021 to create an online repository of MQD's policy and MMIS edits that provides MQD with a consolidated, up-to-date, and easy to search resource. As they are creating the repository, FHC is analyzing the relationship between MQD policy and MMIS edits to understand which policies are associated with edits or not, and which edits are associated with a policy or not. This analysis will help MQD refresh our policy and edits to ensure all edits have a business policy, and likewise all business policies have an edit or report to monitor compliance. FHC is also facilitating regular meetings with MQD's MCOs to understand and document encounter data submission issues, including where MQD guidance to MCOs can be created or improved. As they analyze our policies and edits and facilitate meetings with MCOs, FHC is developing an action plan and timeline of recommended steps MQD should take to systematically improve encounter data quality. MQD has secured additional OAPD funds for this work to continue going forward.

MQD continued to conduct monthly encounter data validation meetings with all participating MCOs in FFY 2021. During these meeting we address major issues in encounter data submission and validation and share updates on changing encounter data submission guidance, specifically related to the upcoming implementation of APR DRG payment for inpatient claims. Throughout FFY 2021 MQD refined the encounter reconciliation process with MCOs to get detailed information on discrepancies between encounters submitted by the MCOs and accepted by the MQD. With the support of our new Reporting Analysts we have automated an extract of encounters accepted by the MQD to share quarterly with our MCOs. MCOs use these extracts to match against encounters submitted to the MQD and summarize the results of their reconciliation using a template built by our actuaries, Milliman. This template breaks reconciliation into 7 categories (Inpatient DRG, Inpatient Non-DRG, Outpatient, Professional, HCBS, Pharmacy, and Nursing Home Waitlist) that allow MQD to understand differences in encounter data completeness by different domains. MQD will continue conducting reconciliation with our MCOs quarterly and annually.

# X. Impact of Demonstration in Providing Insurance Coverage

This section is new and will be populated in future reports. Data is not currently available for this section.

# XI. Performance Metrics & Quality Assurance and Monitoring

## A. Quality Activities

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 Demonstration Year:

## 1. Validation of Performance Improvement Projects (PIPs)

Per Hawaii's Quality Strategy, each health plan was required by the MQD to conduct PIPs in accordance with 42 CFR 438.330(b)(1) and §438.330(d)(2)(i-iv). The purpose of a PIP is to assess and improve processes and, thereby, outcomes of care. For such projects to achieve meaningful and sustained improvements in care, and for interested parties to have confidence in the reported improvements, PIPs must be designed, conducted, and reported in a methodologically sound manner.

And, as one of the mandatory EQR activities required under the Balanced Budget Act, the EQRO conducted annual validation of these PIPs. The EQRO completed their validation through an independent review process. To ensure methodological soundness while meeting all State and federal requirements, HSAG follows guidelines established in the CMS publication, *EQR Protocol 1: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, October 2019 (the PIP protocol). For calendar year (CY) 2021, the MQD required health plans to conduct performance improvement projects (PIPs) in accordance with 42 CFR §438.330(b)(1). In accordance with 42 CFR §438.330(d), each PIP must include:

- Measuring performance using objective quality indicators.
- Implementing system interventions to achieve quality improvement.
- Evaluating effectiveness of the interventions.
- Planning and initiating activities for increasing and sustaining improvement.

Towards the end of 2019, the EQRO initiated validation activities for the following 12 new PIPs to be submitted by the Hawaii Medicaid health plans:

1. For three QI health plans (AlohaCare, HMSA and KFHP)
    - Improving Adolescent WellCare Visits
    - Follow-Up After Hospitalization for Mental Illness.

2. For one QI health plan (Ohana)
    - Improving Rates for Adolescent Well-Child Visits
    - Follow-Up After Hospitalization for Mental Illness Within 7 Days of Discharge

3. For one QI health plan (UnitedHealthcare)
    - Improving Adolescent Well-Care Visit Rates Among UHC CP HI Membership at Waianae Coast Comprehensive Health Center
    - Improving 7-Day Follow-Up After Hospitalization for Mental Illness Among UHC CP HI Members Ages 18–64

4. For CCS
    - Follow-Up After Hospitalization for Mental Illness Within 7 Days After Discharge
    - Follow–Up After Emergency Department Visit for Mental Illness.

All QI health plans completed and submitted Module 4 and Module 5 for the Improving Adolescent Well-Care Visits and Follow-Up After Hospitalization for Mental Illness PIPs. These PIPs were initiated in CY 2019 and this is the final validation. HSAG's final validation of PIPs includes the following two key components of the quality improvement process:

1. Defining the right interventions to test is a significant step to achieve improvement and selecting interventions that have the potential for impacting the SMART Aim is essential to the quality improvement

process. Health plans' identification of key drivers and subsequent selection of appropriate interventions to address them are necessary steps to improve outcomes and essential to the MCO's overall success.

2. Organizing and analyzing health plans' PIP data to draw conclusions about their quality improvement efforts. During review, the overall methodological validity of the PIP, as well as the overall success in achieving the SMART Aim goal will be determined.

**PIPs Validation Findings**

AlohaCare

1. Improving Adolescent Well-Care Visits

The health plan tested two interventions during this PIP:

- Member Outreach via Nanosite: This intervention was tested from July 2020 through September 2020. During the intervention testing period, the health plan indicated that out of a total of 58 members who were engaged in the nanosite, seven members had a compliant adolescent well-care visit. The intervention was deemed ineffective, and the health plan decided to abandon the intervention.
- Member Incentive: This intervention was tested from October 2020 through January 2021. Icario, formally known as (NovuHealth), provided outreach to educate on the importance of well-care visits while providing an incentive to those members who completed visits. Icario used an Omni-channel communication-integrated system, through which Icario interacted with members through several modes of communication (call center, mail stream channel-inbound and outbound, interactive voice response system, digital platform, email, text, and Web portal). Per the health plan, the outcome of this intervention was successful, having an overall compliancy of 66.4 percent (87/131) for members engaged. The health plan decided to adapt this intervention.

**Table 2-1—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| Increase the Percentage of Adolescent Well-Care Visits, Among 18–20 year old's, located in Waianae and Waipahu from 14.92% to 17.71% by 1/31/2021. | 14.92% | 17.71% | 20.0% | *Low Confidence* |

Based on the intervention evaluation results and the SMART Aim run chart, the health plan met the SMART Aim goal prior to the dates when the intervention testing began. Even though it appears that one of the interventions has the potential to result in improvement, it could not be directly linked to improvement in the SMART Aim measure rate. Therefore, HSAG assigned the PIP a score of Low Confidence.

2. Follow-Up After Hospitalization for Mental Illness

The health plan tested the Contracting with a Behavioral Health Provider (Care Hawaii) to provide 7-day follow-up visits intervention during this PIP. The intervention was initially tested for three months beginning April 2020 on members discharged from Castle Medical Center; however, beginning July 13, 2020, the intervention was also expanded to Queens Medical Center. The health plan reported success with the intervention with 37 of the 159 members who received the intervention having a compliant FUH visit at the

contracted behavioral health provider. The health plan indicated that when the contracted behavioral health provider was on vacation, it affected the compliancy rates; therefore, indicating a clear linkage of the intervention to improvement. The health plan decided to adopt this intervention.

**Table 2-2—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By January 31, 2021, increase the percentage of compliance for 7-day Follow-up after Hospitalization for Mental Illness or Intentional Self-Harm (FUH) for Members 18–64 years of age from 15.5% to 21.4%. | 15.5% | 21.4% | 30.0% | *High Confidence* |

Based on the intervention evaluation results and the SMART Aim run chart, the health plan met the SMART Aim goal, and it appears the tested intervention could be reasonably linked to the improvement achieved. Therefore, HSAG assigned the PIP a score of High Confidence.

Hawaii Medical Services Association

1. Improving Adolescent Well-Care Visits

HMSA tested one intervention, Targeted member incentive and education, for the PIP and documented that the intervention was delayed due to the coronavirus disease 2019 (COVID-19). The health plan reported data starting in October 2020 for members who received outreach, completed a well-care visit, and received the incentive, as well as members who needed a well-care visit and were enrolled into the outreach program. HMSA reported that the intervention testing time period was three months and, based on the data, only 46 out of the 784 members who received the intervention completed an adolescent well-care visit and received the incentive. The intervention was not as effective as the health plan had hoped it would be. The health plan decided to continue testing the intervention.

**Table 2-1—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By January 31, 2021, for members 12 to 21 years of age and older among the Kauai County, increase the overall percentage of adolescent well-care visits from 38% to 41%. | 38% | 41% | 44.08% | *Low Confidence* |

Based on the SMART Aim run chart, the data points were above the goal until the intervention started in October 2020. After the intervention began, the SMART Aim measure result declined to below the baseline. The highest SMART Aim rate was 44.08 percent for the 12-month period of November 1, 2019 through October 31, 2020. The SMART Aim goal was achieved; however, the intervention tested could not be linked to the improvement. Therefore, HSAG assigned the PIP a score of *Low Confidence*.

Based on the SMART Aim run chart, the data points were above the goal until the intervention started in October 2020. After the intervention began, the SMART Aim measure result declined to below the

baseline. The highest SMART Aim rate was 44.08 percent for the 12-month period of November 1, 2019 through October 31, 2020. The SMART Aim goal was achieved; however, the intervention tested could not be linked to the improvement. Therefore, HSAG assigned the PIP a score of Low Confidence.

2. Follow-Up After Hospitalization for Mental Illness

HMSA tested two interventions for the PIP:

- Transitional Care Management: The health plan tested the intervention from July 2020 to January 2021. During this intervention, the health plan helped members schedule a behavioral health provider follow-up appointment while each member was inpatient and prior to discharge from Castle Medical Center. Based on the intervention effectiveness measure data, the health plan reported improved compliance in members receiving the intervention. The health plan decided to expand the intervention to two additional facilities and continue testing beyond the SMART Aim end date.
- Service Coordination: The health plan tested the intervention from July 2020 to January 2021. During this intervention, the health plan contacted members who were admitted inpatient for mental illness within two days of discharge to enroll them in a Service Coordination Program. Based on the reported data, it appears a total of 15 members were enrolled, out of whom six members had a compliant follow-up after hospitalization (FUH) visit. The health plan decided to continue testing the intervention beyond the SMART Aim end date.

**Table 2-2—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By January 31, 2021, for acute inpatient discharges with a principal diagnosis of mental illness or intentional self-harm, increase the total percentage of follow-up visits with a mental health practitioner after hospitalization for mental illness within 7 days after discharge from 34.72% to 37.72%." | 34.72% | 37.72% | 39.65% | *Confidence* |

Based on the SMART Aim data, the results exceeded the goal of 37.72 percent for seven months. Six of these months were after the interventions began. HSAG assigned the PIP a score of Confidence.

Kaiser Foundation Health Plan QUEST

1. Adolescent Well-Care Visits

KFHP tested two interventions for the PIP:

- Adding Targeted Members to the Wait List: This intervention was tested for two months from June 1, 2020, through July 31, 2020. Based on the intervention testing data, adding members to the wait list did not yield a high rate of members getting scheduled for an adolescent well-care visit. The intervention was deemed ineffective and abandoned by the health plan.
- Outreaching and Scheduling Members from the Outreach List Created from Well-Child Visit (WCV) Tool: This intervention was tested from August 1, 2020, through December 31, 2020. The health plan reported that the data indicated low outreach rates and the process was labor intensive; therefore, it abandoned the intervention.

**Table 2-1—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By January 31, 2021, increase the percentage of completed adolescent well-care visits among QUEST Integration members ages 12–21 assigned to a Primary Care provider at Waipio Clinic, from 45.46% to 48.42%. | 45.46% | 48.42% | 42.06% | *Low Confidence* |

Based on the SMART Aim data, the results did not achieve the goal of 48.42 percent. The highest SMART Aim rate reported was 42.06 percent. The SMART Aim goal was not achieved; therefore, HSAG assigned the PIP a score of *Low Confidence*.

2. Follow-Up After Hospitalization for Mental Illness

KFHP tested one intervention for the PIP, Live reminder call prior to scheduled hospital discharge appointment. The testing period began on May 15, 2020 and ended on January 31, 2021. The health plan indicated that the intervention positively impacted the rate of completed appointments. When comparing the group who received the intervention against the group who did not, the overall data illustrated that the group who received and answered the live reminder call had a higher rate of completed hospital discharge appointments than the group who did not receive the intervention, 76.67 percent, and 64.71 percent, respectively. The health plan decided to adopt the intervention.

**Table 2-2—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By January 31, 2021, increase our percentile ranking for the *Follow-Up After Hospitalization for Mental Illness* measure from 75th percentile to the 95th percentile range by increasing the percentage of completed follow-up visits with a mental health practitioner within 30 days after an acute inpatient discharge with a principle diagnosis of mental illness or intentional self-harm for QUEST Integration members on Oahu and Maui, ages 6 and older, from 68.14% to 75.68% or higher. | 68.14% | 75.68% | 75.64% | *Low Confidence* |

Based on the SMART Aim data, the results did not achieve the goal of 75.68 percent. The highest SMART Aim rate reported was 75.64 percent for the 12-month period of June 1, 2019, through May 31, 2020. The SMART Aim goal was not achieved; therefore, HSAG assigned the PIP a score of Low Confidence.

'Ohana Health Plan QUEST Integration

1. Improving Rates for Adolescent Well-Care Visits

The health plan tested the Emphasizing and educating on the importance of a well-child visit to members and their parents/guardians through telephone outreach, by Provider Practice Coordinators (PPCs) and/or Service Coordinators (SCs), while incentivizing members with gift cards ($25) to keep scheduled well-child visits (Healthy Rewards 2020) when scheduling/reminding members on their well-child visit intervention during the PIP. The intervention was tested in two rounds; the first round was conducted from July 20, 2020, through August 21, 2020, and the second round was conducted from November 16, 2020, through December 11, 2020. The health plan had incomplete data for the first round of intervention testing; however, the health plan documented that, after the first round of testing, 91 out of the 463 non-compliant members became Adolescent Well-Care Visits (AWC) measure compliant. After the second round of the intervention, wherein the data was manually tracked, the health plan reported that 45 out of the 307 non-compliant members became AWCmeasure compliant. The health plan decided to continue testing the intervention beyond the SMART Aim end date.

**Table 2-1—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 1/31/2021, 'Ohana Health Plan aims to increase the percentage of adolescent well-care visits assigned to Bay Clinic, Kalihi Palama Health Ctr, Dr Sorbella Guillermo, Dr Vincent Ramo, and Koolauloa Community Health and Wellness, from 44.66% to 49.66%." | 44.66% | 49.66% | 40.00% | *Low Confidence* |

Based on the SMART Aim run chart, the health plan did not meet the SMART Aim goal; therefore, HSAG assigned the PIP a score of *Low Confidence*.

2. Follow-Up After Hospitalization for Mental Illness Within 7 Days of Discharge

The health plan tested *the Ohana Qualified Mental Health Practitioner to provide a follow-up visit and short-term case management service within seven (7) days post inpatient discharge for mental illness* intervention during this PIP. This intervention was tested from January 2020 through the SMART Aim end date. At the beginning of the intervention testing period, there were coronavirus disease 2019 (COVID-19) pandemic, data, and staffing related challenges; however, it appears that from July 2020 onwards, the health plan was able to carry out the intervention as planned. Telephonic follow-up visits were added as numerator-compliant follow-up visits in alignment with the HEDIS update. Based on the reported data collected during the intervention testing period, it appears that that out of a total of 172 discharges, for 107 discharges, members had a compliant seven-day follow-up after hospitalization visit. The intervention was deemed effective, and the health plan decided to adopt the intervention.

**Table 2-2—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 1/31/2021, increase the percentage of follow-up within seven days post hospitalization of discharges for members (age 6 and older) discharged from Adventist Health Castle, Kahi Mohala Hospital, The Queens Medical, Hilo Medical Hospitalist, and Maui Memorial Hospital from [28.82%] to [40.00%]. | 28.82% | 40.00% | 48.52% | *High Confidence* |

Based on the intervention evaluation results and the SMART Aim run chart, the health plan exceeded the SMART Aim goal. It appears that the tested intervention could be linked to the improvement; therefore, HSAG assigned the PIP a score of *High Confidence*.

<u>'Ohana Health Plan Community Care Services Program</u>

1. Follow-Up After Hospitalization for Mental Illness Within 7 Days of Discharge

The health plan tested the Bi-directional communication between Case Management (CM) liaisons and member's assigned case managers intervention during the PIP. The intervention was tested from May 2020 through the SMART Aim end date. During the intervention testing period, based on the reported data, it appears that that out of a total of 52 discharges, for 31 discharges, members had a compliant 7-day FUH visit. The intervention was deemed effective and the health plan decided to adopt the intervention as a corrective action plan for those Community Based Case Management organizations (CBCMs) who perform below the 75th percentile for the Follow-Up After Hospitalization for Mental Illness (FUH) measure.

**Table 2-1—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 1/31/2021, increase the percentage of the Follow-up Post Hospitalization within seven days for those discharged for mental illness among the members, age 18 and older, who are assigned to the selected Community Based Case Management Agencies (Aloha House and Hope Inc.) from 51.72% to 63.79% | 51.72% | 63.79% | 73.84% | *High Confidence* |

Based on the intervention evaluation results and the SMART Aim run chart, the health plan exceeded the SMART Aim goal. It appears that the tested intervention could be linked to the improvement; therefore, HSAG assigned the PIP a score of *High Confidence*.

2. Follow-Up After Emergency Department Visit for Mental Illness

The health plan tested one intervention, Utilize Hawaii Health Information Exchange (HHIE) reporting system to obtain ED discharge notifications on daily a basis (real-time) and CM liaisons will relay the information to the selected CBCMs, for the PIP. The intervention was tested from August 2020 through the SMART Aim end date. During the intervention testing period, for 41 emergency department (ED) visits, the CM liaison sent the ED visit notifications to the members' care manager within one business day post ED discharge. Out of these 41 visits, for 14 visits (34.15 percent), members had a compliant follow-up after emergency department visit for mental illness (FUM) visit. The health plan indicated challenges with its automated HHIE notification system. Consequently, the quality improvement project manager provided the ED notifications by manually accessing the HHIE Notify portal and facility census daily.

The intervention was deemed effective; however, the health plan noted that manual notification of ED visits was not feasible. The health plan will adapt the intervention once the health plan is able to automate the HHIE ED census notification.

**Table 2-2—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 1/31/2021, increase the percentage of follow-up within 7 days post ED visits for mental illness or intentional self-harm for the members (age 18 and older) who are assigned to 'Ohana Health Plan and IHS from 44.68% to 53.00% | 44.68% | 53.00% | 53.84% | *Confidence* |

Based on the SMART Aim run chart, the health plan exceeded the SMART Aim goal in the last two months of the PIP. It appears that the tested intervention, if adapted, has the potential to result in improvement; therefore, HSAG assigned the PIP a score of *Confidence*.

<u>UnitedHealthcare Community Plan QUEST Integration</u>

1. Improving Adolescent Well-Care Visits Rates Among UHCCP HI Membership at Waianae Coast Comprehensive Health Center

The health plan tested one intervention for the PIP, Adolescent Well-Care Call Outreach Campaign to Waianae Coast Comprehensive Health Center Auto-Assigned and Unestablished Members. The testing period was April 1, 2020, to January 31, 2021. The health plan indicated that the outreach intervention was not effective, and it planned to adapt the intervention to test at a later time.

**Table 2-1—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 1/31/2021, increase the percentage of Adolescent Well-Care visits completed among members assigned to Waianae Coast Comprehensive Health Center (WCCHC) as their PCP, from 26.94% to 29.94% | 26.94% | 29.94% | 28.45% | *Low Confidence* |

Based on the SMART Aim data, the results did not achieve the goal of 29.94 percent. The highest SMART Aim rate reported was 28.45 percent for the 12-month period of February 1, 2019, through January 31, 2020. The SMART Aim goal was not achieved; therefore, HSAG assigned the PIP a score of *Low Confidence*.

2. Improving 7-Day Follow-Up After Hospitalization for Mental Illness Among UHCCP HI Members Ages 18–64

The health plan tested two interventions for the PIP:

- Provider Incentive Program: This intervention offered providers an additional $50 for completion of follow-up appointments within seven days of discharge for mental illness and was tested from April 1, 2020, to August 31, 2020. The health plan indicated that the incentive was not effective in improving follow-up after discharge rates and therefore, it chose to abandon the intervention.
- Offering a follow-up appointment using telehealth: The intervention was tested from September 1, 2020, to January 31, 2021 at two pilot facilities, Castle Hospital and Queens Medical Center. The health plan indicated that the intervention did not appear to be effective at improving the follow-up after discharge rates and it planned to adapt the intervention.

**Table 2-2—SMART Aim Measure Results**

| SMART Aim | Baseline Rate | SMART Aim Goal Rate | Highest Rate Achieved | Confidence Level |
|---|---|---|---|---|
| By 01/31/2021, increase the rate of follow-up visits with a mental health practitioner within seven days after acute inpatient discharges with a principal diagnosis of mental illness or intentional self-harm for non-dual QUEST Integration members ages 18 to 64, from 34.90% to 40.29% | 34.90% | 40.29% | 41.35% | *Low Confidence* |

Based on the SMART Aim data, the goal (40.29 percent) was achieved for the 12-month period of May 1, 2019, through April 30, 2020, with a result of 41.35 percent. The SMART Aim goal was achieved at the beginning of intervention testing and an intervention tested for the PIP could not be linked to the improvement. Following April 2020, the SMART Aim data points demonstrated a decline and were below the baseline for the last seven months of the PIP. Therefore, HSAG assigned the PIP a score of Low Confidence.

## 2. Healthcare Effectiveness Data and Information Set (HEDIS)

*Validation of performance measures (PMs)*.

HSAG performed independent audits of the performance measure results calculated by the QI health plans and CCS program according to the HEDIS Measurement Year 2020, Volume 5: HEDIS Compliance Audit: Standards, Policies and Procedures. The audit procedures were also consistent with the CMS protocol for performance measure validation: CMS External Quality Review (EQR) Protocols. The health plans that contracted with the MQD during the current measurement year for QI and CCS programs underwent separate NCQA HEDIS Compliance Audits for these programs. Each audit incorporated a detailed assessment of the health plans' IS capabilities for collecting, analyzing, and reporting HEDIS information, including a review of the specific reporting methods used for the HEDIS measures. HSAG also conducted an NCQA HEDIS Compliance Audit to evaluate the CCS program's IS capabilities in reporting on a set of HEDIS and non-HEDIS measures relevant to behavioral health. The measurement period was CY 2019 (January 1, 2020, through December 31, 2020), and the audit activities were conducted concurrently with HEDIS 2020 reporting.

During the HEDIS audits, HSAG reviewed the performance of the health plans on state-selected HEDIS or non-HEDIS performance measures. The health plans were required to report on 17 measures, yielding a total of 52 measure indicators, for the QI population. 'Ohana CCS was required to report on 9 measures for the CCS program. The measures were organized into the following five categories, or domains, to evaluate the health plans' performance and the quality of, timeliness of, and access to Medicaid care and services.

- Access and Risk-Utilization
- Children's Preventive Health
- Women's Health
- Care for Chronic Conditions
- Behavioral Health

HSAG evaluated each QI health plan's compliance with NCQA IS standards during the 2020 NCQA HEDIS Compliance Audit. All QI health plans were Fully Compliant with the IS standards applicable to the measures under the scope of the audit. Overall, the health plans followed the NCQA HEDIS 2020 specifications to calculate their rates for the required HEDIS measures. All measures received the audit designation of Reportable.

## 3. Compliance Monitoring Review

**COVID-19 Impact**

Due to guidelines outlined by President Trump's declaration of a national emergency in March 2020 in response to the coronavirus disease 2019 (COVID-19) outbreak in the United States and travel restrictions in the State of Hawaii, the on-site portion of the EQRO's review of the health plan's compliance with standards was changed to a virtual site review utilizing the Webex meeting platform.

2020 is the second year of the three-year review cycle of EQR compliance reviews. HSAG performed a desk review of documents, file reviews, and a virtual site visit that included reviewing additional documents and conducting interviews with the QI health plans and the CCS program.

HSAG evaluated the degree to which QI health plans and CCS program complied with federal Medicaid managed care regulations and associated State contract requirements in performance categories (i.e., standards) that related to eight selected standard areas:

- Provider Selection
- Subcontracts and Delegation
- Credentialing
- Quality Assessment and Performance Improvement
- Health Information Systems
- Practice Guidelines
- Program Integrity
- Enrollment and Disenrollment

The deficiencies identified during the review of health plan compliance were all successfully remediated during the second quarter of 2021. This information about the health plans' successful completion of corrective action plans will be included in the annual EQR technical report.

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

In calendar year (CY) 2021, the State of Hawaii, Department of Human Services, Med-QUEST Division (the MQD) required the administration of member experience surveys to child Medicaid members enrolled in participating QUEST Integration (QI) health plans. The MQD contracts with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey. The goal of the CAHPS Health Plan Survey is to provide performance feedback that will aid in improving overall member experience. Results were provided to MQD at both the plan-specific and statewide aggregate report levels.

The standardized survey instrument selected was the CAHPS 5.1H Child Medicaid Health Plan Survey. Parents and caretakers of child members completed the surveys from February to May 2021. All parents and caretakers of sampled child members received an English version of the survey with the option to request a survey in one of the four alternate, non-English languages predominant in the State of Hawaii: Chinese, Ilocano, Korean, or Vietnamese.

**Table 2** on the next page, shows the overall member experience ratings on the evaluated CAHPS measures for the QI health plans.

Table 2—Overall Member Experience Ratings

| Plan Name | Rating of Health Plan | Rating of Personal Doctor | Customer Service | Getting Needed Care | Getting Care Quickly |
|---|---|---|---|---|---|
| AlohaCare QI | ★★★ | ★★★★ | ★+ | ★+ | ★+ |
| Hawaii Medical Service Association QI | ★★★★ | ★★★★ | ★★+ | ★★ | ★ |
| Kaiser Foundation Health Plan QI | ★★★★★ | ★★★★★ | ★★★★+ | ★★★ | ★★ |
| ʻOhana Health Plan QI | ★★ | ★ | ★★★★+ | ★★+ | ★+ |
| UnitedHealthcare Community Plan QI | ★★ | ★★★ | ★★+ | ★+ | ★+ |

*What do the stars represent?*

| Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|
| ★★★★★ | ★★★★ | ★★★ | ★★ | ★ |

*Note: Based on scores of 1,934 parents/caretakers who completed the CAHPS 5.1H Child Medicaid Health Plan Survey on behalf of child members between February and May 2021. The QI health plans' results were compared to NCQA's 2020 Quality Compass®: Benchmark and Compare Quality Data. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.*

**Table 3** shows the top-box scores on the evaluated CAHPS measures for the QI health plans.

Table 3—Top-Box Scores

| Plan Name | Rating of Health Plan | Rating of Personal Doctor | Customer Service | Getting Needed Care | Getting Care Quickly |
|---|---|---|---|---|---|
| AlohaCare QI | 75.3% | 82.2% | 83.9%+ | 80.1%+ | 79.2%+ |
| Hawaii Medical Service Association QI | 76.1% | 82.9% | 87.2%+ | 84.2% | 82.9% |
| Kaiser Foundation Health Plan QI | 78.4% | 86.4% | 92.4%+ | 86.6% | 88.8% |
| ʻOhana Health Plan QI | 70.3% | 73.3% | 91.3%+ | 84.9%+ | 80.3%+ |
| UnitedHealthcare Community Plan QI | 73.3% | 80.3% | 87.7%+ | 80.7%+ | 76.0%+ |

*Note: Based on scores of 1,934 parents/caretakers who completed the CAHPS 5.1H Child Medicaid Health Plan Survey on behalf of child members between February and May 2021. Scores were calculated using the methodology recommended by NCQA. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.*

## 5. Provider Survey

In calendar year (CY) 2021, the State of Hawaii, Department of Human Services, Med-QUEST Division (the MQD) required the administration of surveys to health care providers who serve QUEST Integration (QI) members through one or more QI health plans. The MQD contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Hawaii Provider Survey. The goal of the survey is to supply feedback to the MQD as it relates to providers' perceptions of the QI health plans.

HSAG and the MQD developed a survey instrument designed to acquire provider information and gain providers' insight into the QI health plans' performance and potential areas of performance improvement. A total of 1,500 providers were sampled for inclusion in the survey administration: 200

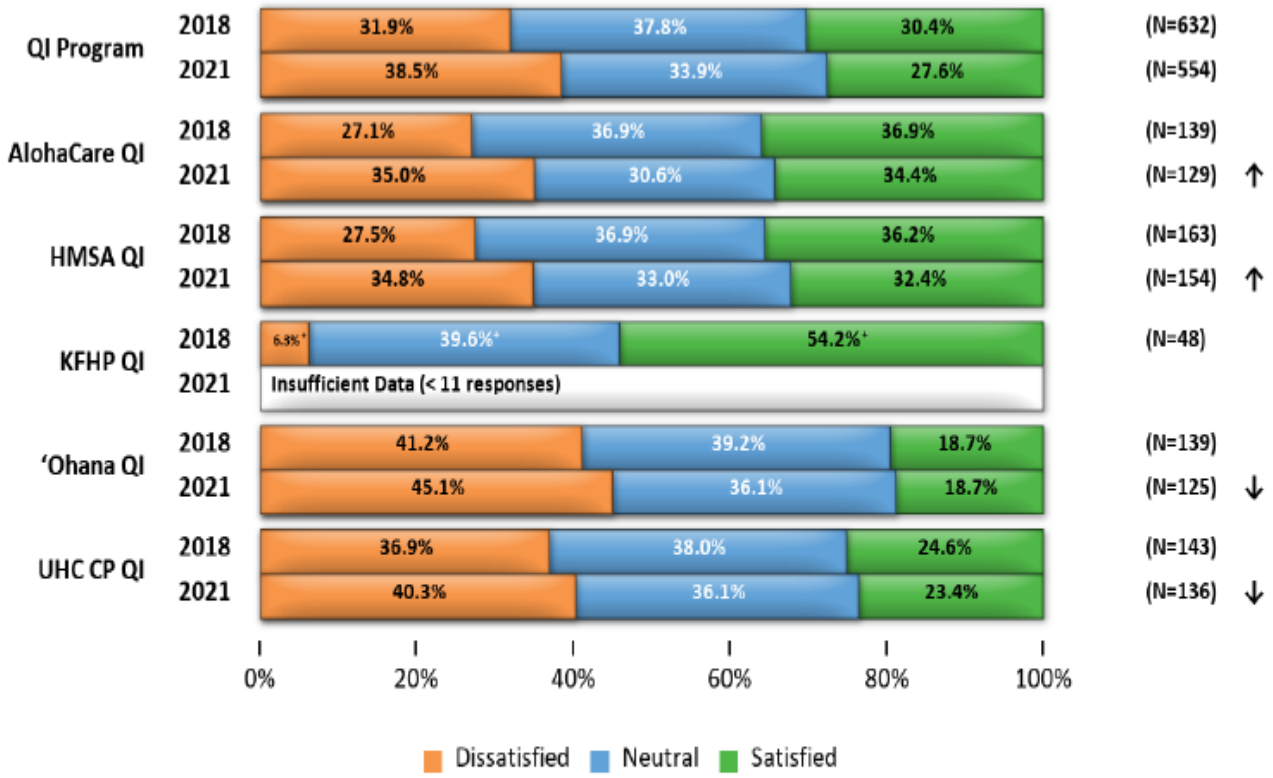
KFHP providers (i.e., KFHP QI) and 1,300 non-KFHP providers (i.e., AlohaCare QI, HMSA QI, ‘Ohana QI, and/or UHC CP QI providers). Providers completed the surveys from July to September 2021.

## Findings

General Positions

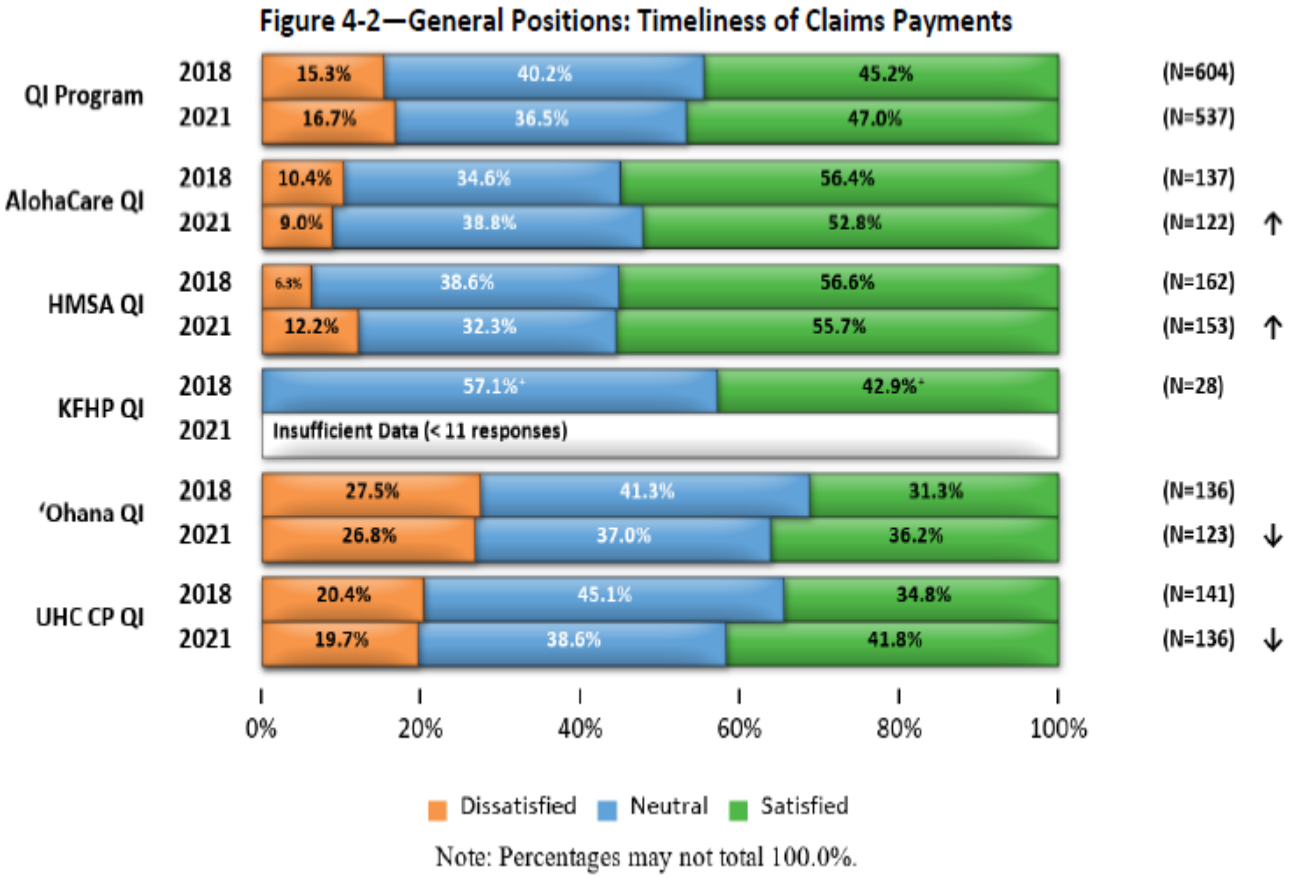
Providers were asked to rate their satisfaction with the rate of reimbursement or compensation they receive from their contracted QI health plan(s). Figure 4-1 depicts the response category proportions for each QI health plan and the QI Program.

**Figure 4-1—General Positions: Compensation Satisfaction**




Note: Percentages may not total 100.0%.
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
▲ Indicates the 2021 top-box score is statistically significantly higher than the 2018 top-box score.
▼ Indicates the 2021 top-box score is statistically significantly lower than the 2018 top-box score.
↑ Indicates the QI health plan’s top-box score is statistically significantly higher than the QI Program aggregate.
↓ Indicates the QI health plan’s top-box score is statistically significantly lower than the QI Program aggregate.
If no statistically significant differences were found, no indicator (▲,▼ or ↑,↓) appears on the figure.

Providers were asked to rate their satisfaction with the timeliness of claims payments from their contracted QI health plan(s). Figure 4-2 depicts the response category proportions for each QI health plan and the QI Program.




Providing Quality Care

Providers were asked two questions focusing on the impact QI health plans have on their ability to provide quality care. Areas rated included the prior authorization process and formularies. Figure 4-3 and Figure 4-4 depict the response category proportions for each QI health plan and the QI Program.

**Figure 4-3—Providing Quality Care: Prior Authorization Process**

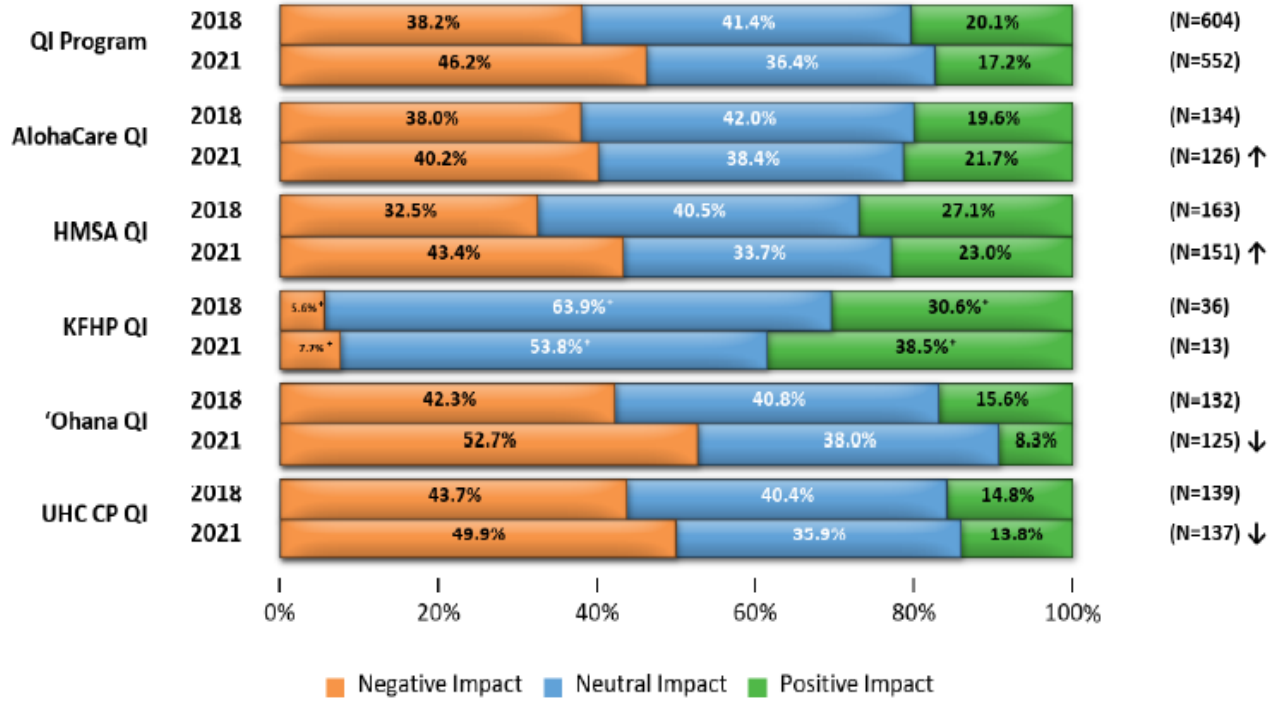
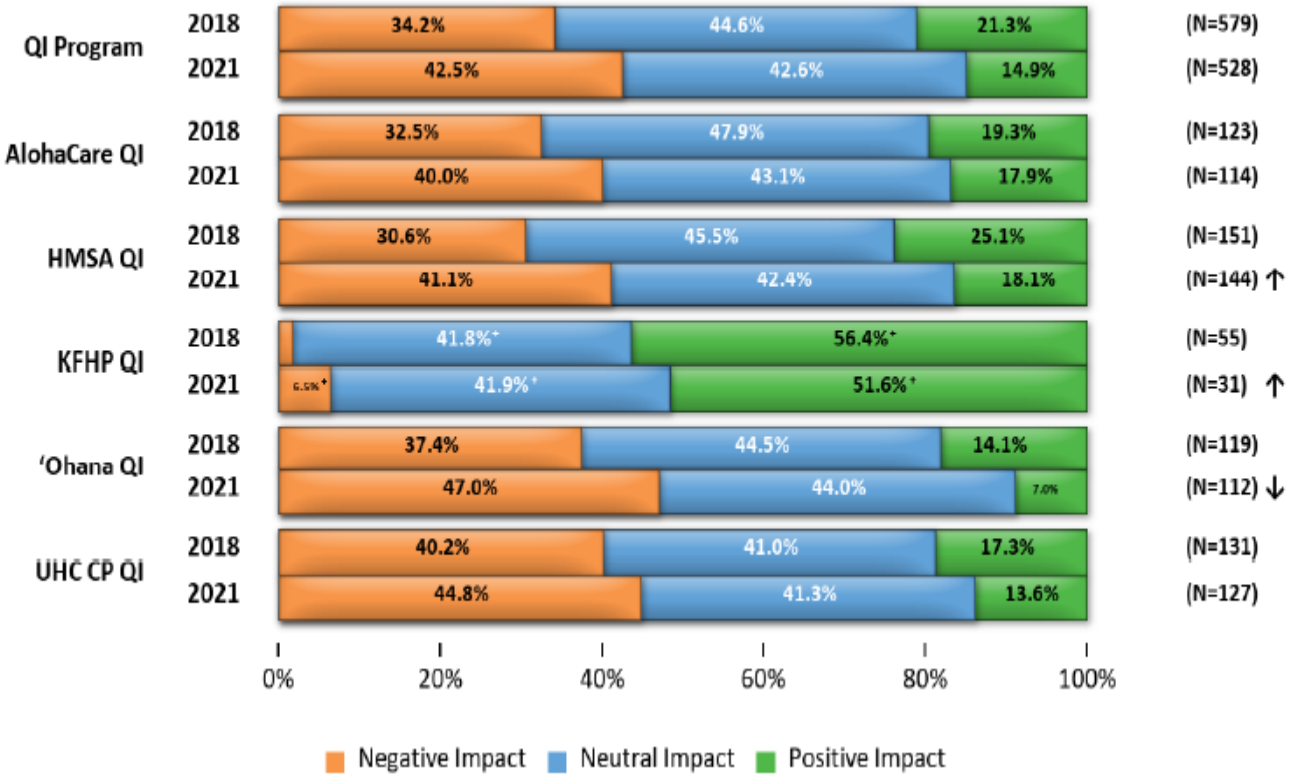
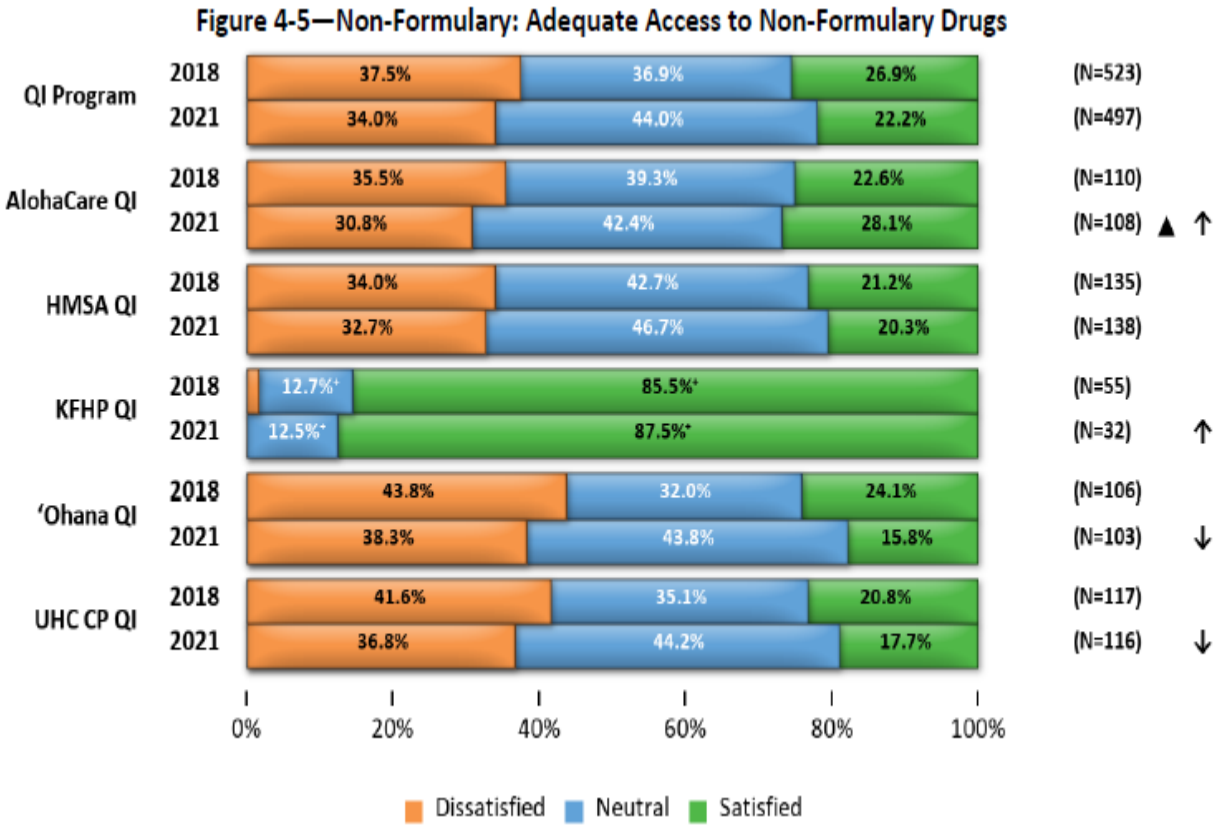



**Figure 4-4—Providing Quality Care: Formulary**



Non-Formulary

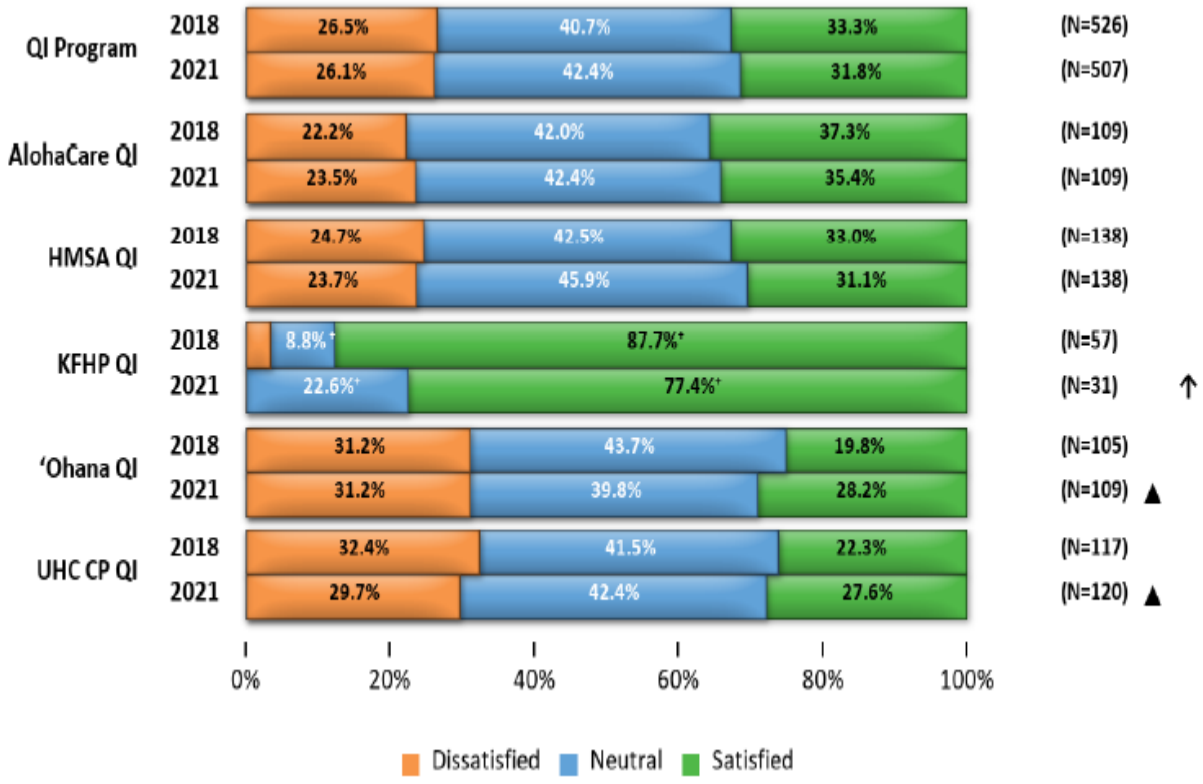
Providers were asked a question to rate the adequacy of the QI health plans' access to non-formulary drugs, when needed. Figure 4-5 depicts the response category proportions for each QI health plan and the QI Program.




Service Coordinators

Providers were asked to rate the adequacy of the help provided by the QI health plans' service coordinators when needed. Figure 4-6 depicts the response category proportions for each QI health plan and the QI Program.

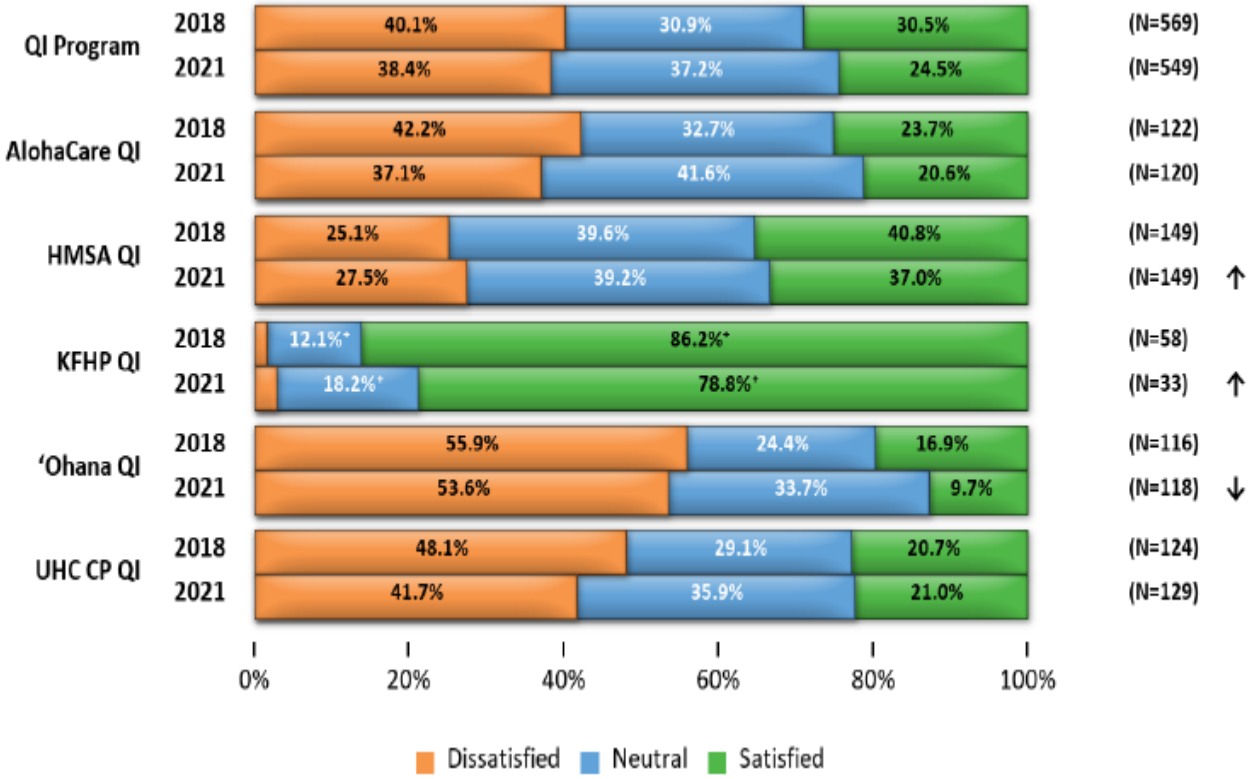
Figure 4-6—Service Coordinators: Helpfulness of Service Coordinators



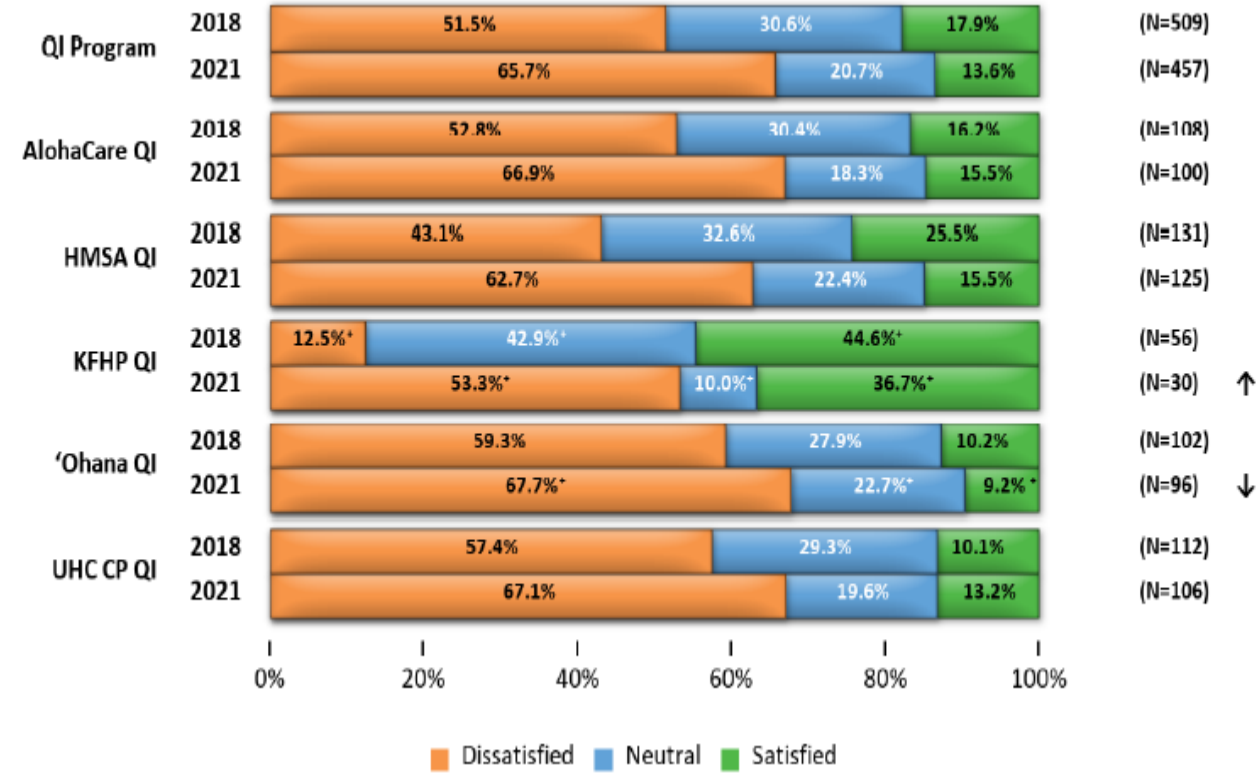

Specialists

Providers were asked two questions regarding QI health plans' specialists. Providers were asked to rate the adequacy of the network of specialists, as well as their satisfaction with the availability of mental health providers, including psychiatrists. Figure 4-7 and Figure 4-8 depict the response category proportions for each QI health plan and the QI Program.

## Figure 4-7—Specialists: Adequate Network of Specialists



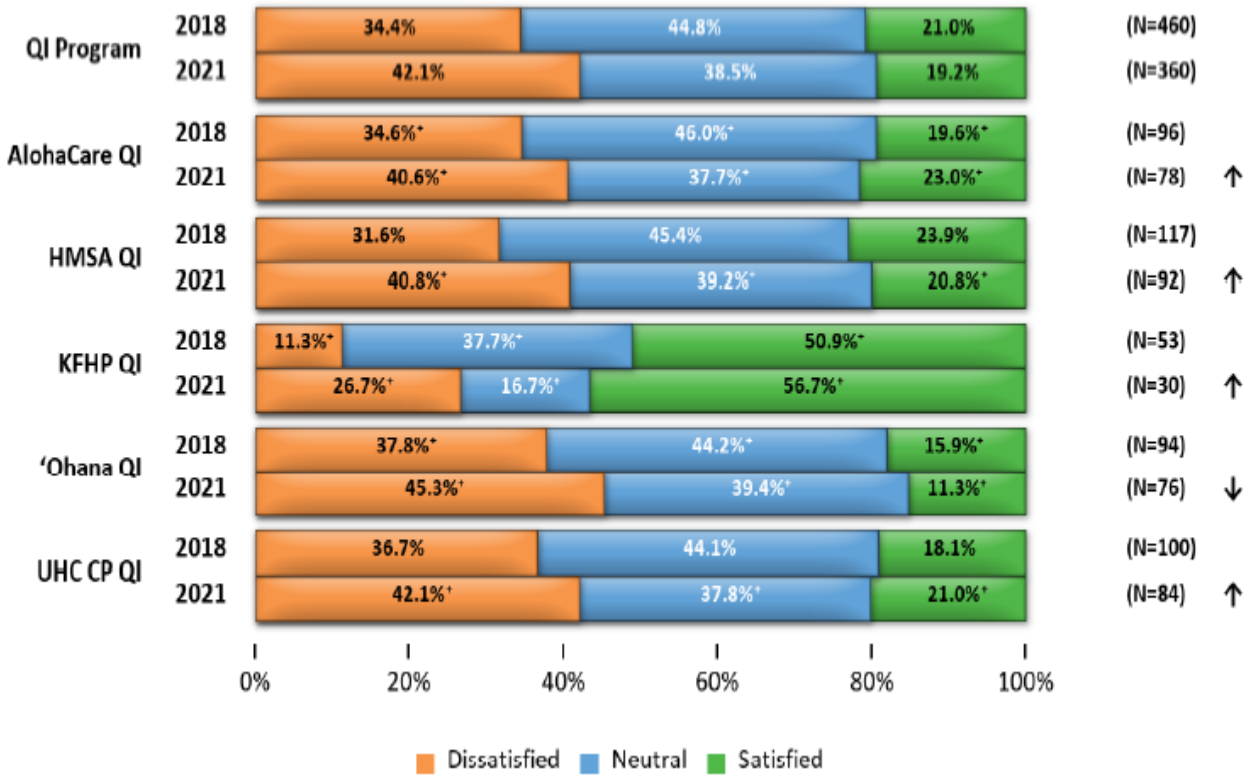

## Figure 4-8—Specialists: Availability of Mental Health Providers



Substance Abuse

Providers were asked to rate the access to substance abuse treatment that was provided by the QI health plans. Figure 4-9 depicts the response category proportions for each QI health plan and the QI Program.

**Figure 4-9—Substance Abuse: Access to Substance Abuse Treatment**




# XII. Budget Neutrality and Financial Reporting Requirements

The Budget Neutrality spreadsheet for the quarter ending September 30, 2020 was submitted by the November 30, 2020 deadline.

## A. Total Annual Expenditures for the Demonstration Population for the Demonstration Year

Please see Attachment D: Schedule C, Quarter Ending September 30, 2021.

**B. Expenditures for Uncompensated Care Costs**

Please see Attachment D: Schedule C, Quarter Ending September 30, 2021.

# XIII. Evaluation Activities and Interim Findings

During FFY2021, MQD continued working with the University of Hawaii (UH) Evaluation Team on evaluation and data planning activities. These included the creation of brand new report templates to support a variety of reports that will collect data to support the evaluation project. Specifically, report templates were designed to collect new information on value-based purchasing and alternative payment models; special health care needs populations; LTSS populations; the CIS population; social determinants of health and health disparities; and the advancing primary care initiative. UH Evaluation and MQD provided technical assistance and training to health plans on completing these reports. In addition, MQD has been training the team on accessing and using other MQD data to support evaluation activities.

# XIV. Other

*Provider Management System Upgrade (PMSU) - HOKU (Hawaii Online Kahu Utility)*

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 2, 2020, to account for unforeseen complexities in business rules development and software coding and implementation. The go-live date was then postponed to April 13, 2020 to ensure thorough testing of the system. As we approached April 13, MQD and AHCCCS decided to postpone the go-live date due to the COVID-19 public health emergency (PHE). The official go-live date was August 3, 2020.

MQD issued a request for proposal in 2019 to secure a vendor for our Provider Enrollment and Revalidation contract. MQD awarded the contract to Koan, with an effective contract date of January 1, 2020. With the Provider Enrollment and Revalidation contract, Koan is responsible with managing MQD's provider hotline, imaging (scanning) provider applications and assisting with screening and inputting provider enrollment and revalidation applications.

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 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. HOKU's go-live date was August 3, 2020. MQD conducted various training sessions and provided training materials (YouTube videos and PPT slide decks). There are training videos for each HOKU enrollment type (Group Biller, Individual Provider, Atypical Provider, Facility/Agency/Organization and Atypical Agency). The tech writer is also assisting with reviewing/approving provider applications. During the first few months of HOKU's go-live period, MQD and Koan staff began to learn how to navigate HOKU, review applications and approve/deny applications in the live environment. MQD and Koan met daily to discuss issues and ask questions, and also meet with CNSI a few times each week to discuss identified issues and request assistance for specific application review steps.

In FFY 2021, the new HOKU system went through certification review, and was certified.

MQD has been collaborating with the MCOs and is using their assistance to reach out to providers that have not yet registered in HOKU. This will help to increase the number of providers that register in HOKU.

Below is a snapshot of the provider application statistics at the end of September.

| Application Status | Number of Applications | Description |
|---|---|---|
| In Process | 1,886 | Number of applications providers are currently working on in HOKU but have not yet submitted. |
| In Review | 1,938 | Number of applications providers submitted in HOKU and are awaiting State Review. |
| Approved | 2,492 | Number of applications State reviewed and approved. |

### *Electronic Visit Verification (EVV)*

In accordance with the 21st Century Cures Act, Med-QUEST Division (MQD) executed an Electronic Visit Verification (EVV) soft launch in early October 2020. In the federal fiscal year (FFY) 2021, development, configuration, implementation, training, and support of EVV was accomplished with the assistance of a statewide EVV vendor. The CMS Operational Readiness Review meeting was held in October 2020 an no issues were identified.

FFY2021 continued with EVV system and user interface refinements and the completion of provider agency and MCO training statewide virtual training forums. Throughout FFY2021, MQD communicated progress to stakeholders via several modes of communication including email, electronic newsletters, virtual meetings, and EVV webpage updates.

MQD's future work will include; regular communications with stakeholders, collaboration with the IV&V vendor on process enhancements and working with the EVV vendor towards solution implementation and support.

FFY2021 summary:

OCTOBER

During the month of October 2020, HI went live with a soft launch of EVV statewide. All MQD members and the majority of EVV providers and authorizations were loaded into the state vendor Sandata. The first of many instructor-led webinar training sessions commenced. This allowed provider agencies to begin setting up and configuring the EVV solution. EVV visits were also starting to be recorded. The CMS Operational Readiness Review meeting was held. Hosted a third virtual EVV town hall meeting open to the public. The AZ and HI EVV Project Teams continued to work the project schedule, participated in focused workstreams that address training, outreach, support, device management, and certification. Meetings were hosted with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV status and questions. Aligning with the Open Model approach, Alternate EVV vendor testing with Sandata continued.

NOVEMBER

During the month of November 2020, additional instructor-led webinar training sessions continued. All but one MCO completed the claims validation testing with the EVV vendor. The remaining MCO has manual EVV claims validation process implemented until testing is complete. Authorization upload issues were discovered by the EVV vendor that were assessed and resolved. The EVV Project Teams continued focused workstream meetings that address training, outreach, support, device management, and certification. Meetings were hosted with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project. Finalized and approved the EVV training schedule. Met with the provider agencies to review the training schedule, authorization cutover and 3rd party EVV vendor requirements.

DECEMBER

During the month of December, additional instructor-led webinar training sessions continued. Additional authorization upload issues were discovered by the EVV vendor that were assessed and resolved. Met one-on-one with many provider agencies to address EVV questions and perform mini-training sessions. Hosted the eighth EVV town hall meeting open to the public. Implemented the statewide mandatory use of EVV on the 30th of December 2020.

JANUARY

During the month of January 2021, 100% of provider IDs became active and were ready for authorizations and EVV visits. Achieved a 95% completion rate for the provider agency self-paced Sandata administration training allowing provider agencies to begin setting up and configuring the EVV solution. The final sessions of Sandata instructor-led training completed. The EVV vendor Sandata fixed a second Authorization load issue. The AZ and HI EVV Project Teams continued to work the project schedule, participated in focused workstreams that address training, outreach, support, device management, and certification. Meetings were hosted with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV status and questions. Aligning with the Open Model approach, Alternate EVV vendor testing with Sandata continued.

FEBRUARY

During the month of February 2021, Med-QUEST performed outreach to all EVV provider agencies that have not loaded visits. Increased outreach activity for provider agencies from monthly meetings to bi-weekly. All MCOs completed the second round of authorization validation between what was sent to the EVV vendor and what is found in production. As a result of the authorization validation efforts, MCOs identified missing

authorizations for correction and resubmission. The EVV vendor Sandata fixed a mobile application issue that prevented switching services when capturing visits. The EVV Project Teams continued focused workstream meetings that address training, outreach, support, device management, and certification. Meetings were hosted with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project deliverables and timelines.

MARCH

During the month of March 2021, multiple 1-on-1 provider agency review sessions were held to review EVV visit statuses, so they clearly understand the overall situation when the hard edit is turned on. The majority of authorizations were sent from the state and MCOs to be loaded into the state EVV vendor Sandata. However, an issue persists with the EVV vendor getting the authorizations transferred from a staging environment to the production environment. Established and held 1st weekly Alt EVV Vendor group meeting to review EVV requirements and address/resolve visit upload issues. Met with 1-on-1 with Alt EVV vendors to address issues preventing visit uploads. Attended the second of three DOMO (Business intelligence reporting tool) training sessions with Sandata. All bulk orders for the Self-directed devices from the EVV vendor was delivered. Determined the Hard Edit date needed to move from 4/1/21 to 7/1/21 due to technical issues encountered by the EVV vendor. The technical issue is related to the authorizations not loading and is a roadblock stopping the Hard Edit date from being implemented. An authorization establishes the relationship between the Provider, Member, and Service before a visit can reach a status that suffices as approval for EVV claim validation.

APRIL

During the month of April 2021, achieved 97% EVV adoption and utilization across all Hawaii provider agencies. No new authorizations were approved or extended for the remaining 3% of provider agencies. Resolved a technical issue preventing self-directed members from logging in. Held multiple 1-on-1 provider agency review sessions to discuss EVV visit statuses. Met with the state's EVV Vendor Sandata to review change request requirements. Met with a provider agency to review initial EVV claims validation results. Identified remaining missing member in the EVV solution and resolved with the Member Eligibility team. Continued outreach by holding multiple DDD/Home Health/Home Care provider agency meetings and training sessions to review the EVV program.

MAY

During the month of May 2021, established a reporting process with the MCOs to monitor the claims validated against the EVV visits. Continued outreach by holding meetings with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project deliverables and timelines. Aligning with the Open Model approach, Alternate EVV vendor meetings continued.

JUNE

During the month of June 2021, created a weekly DDD EVV Claims Validation Report that is sent to provider agencies calling out specific claim line items that are failing the soft-edit validation. Sandata fixed the Visit Verification Exception allowing agencies to acknowledge visit issues. This informs provider agencies about issues that need to be addressed with additional training. Determined the Hard Edit date needed to move from 7/1/21 to 9/1/21 due to technical issues encountered by the EVV vendor. The technical issue is related to the authorizations not loading and is a roadblock stopping the Hard Edit date from being implemented. An authorization establishes the relationship between the Provider, Member, and Service before a visit can reach a status that suffices as approval for EVV claim validation.

JULY

During the month of July 2021, achieved 100% EVV adoption and utilization across all Hawaii provider agencies. No new authorizations were approved or extended for provider agencies that did not utilize an EVV solution. Identified and resolved one MCO that was not generating EVV authorizations correctly. Continued to meet with the state's EVV vendor to address CAP items. EVV vendor resolved a visit status reporting inconsistency. While not completely resolved the EVV vendor made dramatic improvements getting EVV authorizations into their production environment.

Determined the Hard Edit date needed to move from 9/1/21 to 10/1/21 due to technical issues encountered by the EVV vendor. The technical issue is related to the authorizations not loading and is a roadblock stopping the Hard Edit date from being implemented. An authorization establishes the relationship between the Provider, Member, and Service before a visit can reach a status that suffices as approval for EVV claim validation.

Held multiple 1-on-1 provider agency review sessions to discuss EVV visit statuses. Met with provider agencies to review initial EVV claims validation results. Continued outreach by holding multiple DDD/Home Health/Home Care provider agency meetings and training sessions to review the EVV program.

AUGUST

During the month of August 2021, created, distributed, and posted a revised EVV Provider Type memo clarifying agency requirements. The state's EVV vendor updated the system for provider agencies to make additional corrections to recorded visits.

Continued outreach by holding meetings with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project deliverables and timelines. Aligning with the Open Model approach, Alternate EVV vendor meetings continued.

SEPTEMBER

During the month of September2021, created and released a memo defining the 5 new service code/modifier combinations that will be supported in EVV. The MCOs began testing authorization sub-limits and Plan of Care support with the state's EVV vendor. Extracted and distributed the EVV Fraud Waste and Abuse visit data to the MCOs for review and investigations.

Continued outreach by holding meetings with the MCOs, Home Health and Home Care provider agencies, Financial Intermediary, and Self-Directed MCO stakeholders to review the EVV project deliverables and timelines. Aligning with the Open Model approach, Alternate EVV vendor meetings continued.

### *Clinical Care Guidelines*

In the 2021 federal fiscal year, the COVID-19 public health emergency (PHE) influenced much of the work. Planning was also ongoing in anticipation of the PHE's end.

Infection prevention was high priority. In collaboration with multiple partners including the Hawai'i Emergency Management Agency, Department of Health, and local pharmacies, COVID-19 vaccinations were provided at home for beneficiaries, caregivers, and eligible household residents in Community Care Foster Family Homes (CCFFHs). Planning also began for in-home booster shots. Free personal protective equipment was provided to CCFFH operators statewide in collaboration with multiple partners, including our contracted Managed Care Organizations (MCOs) and CCFFH caregiver associations. Routine outreach to our stakeholders including our MCOs, community care management agencies, and home and community-based residential providers reinforced infection prevention, information about caring for infected individuals, and PHE status updates.

Supporting facility capacity and access to care were also priorities. Supportive efforts included addressing hospital capacity issues by working with our MCOs and other stakeholders to expedite appropriate discharge placement. Guidance was also issued to update subacute level of care criteria to support the most appropriate level of care and setting for individuals and to expedite hospital discharge. Ensuring access and continuity of care, coverage of services provided through audio-only technology (a service mode not generally covered pre-PHE) were extended at least until the end of the federal PHE when the state's emergency proclamation allowing this flexibility expired.

Addressing PHE concerns highlighted areas for post-PHE planning – particularly capacity and access issues. In addressing hospital decompression, closer scrutiny of the discharge and placement process continues. Work is ongoing with partners to support the buildup of CCFFHs, particularly in rural areas, to provide more long term care choices for our beneficiaries, and expedite hospital discharges with appropriate and cost-effective placements. Finally, post-PHE policy planning for telehealth is ongoing. The PHE highlighted issues including access, quality of care, and audio-only mode. Work continues with stakeholders to support appropriate care provided through telehealth.

### *Community Integration Services (CIS) Rapid Cycle Assessments*

The UH Evaluation Team started the CIS rapid cycle assessments in July 2021. Findings from these assessments and other reporting requirements will be synthesized, compiled, and shared with all stakeholders in November/December. Additional meetings have been planned for December 2021. The UH Evaluation team is planning for meeting with the Housing Service Providers.

## XV. MQD Contact

Jon D. Fujii
Health Care Services Branch Administrator
601 Kamokila Blvd. Ste. 506A
Kapolei, HI 96707
808 692 8083 (phone)
808 692 8087 (fax)