



**Hawaii QUEST Integration
1115 Waiver
Annual
CMS Monitoring Report**

**Federal Fiscal Year 2022
(DY28)**

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Demonstration Year: 28th Year (10/1/21 – 9/30/22)

Table of Contents

I. Introduction	4
II. Operational Updates	5
A. Key Achievements and Challenges Related to the 1115 Waiver	5
1. Managed Care	5
2. Home and Community Based Services (HCBS) and Personal Care	8
3. Community Integration Services (CIS).....	8
	1

Annual Report for FFY 2022 (DY28): October 2021 – September 2022
Demonstration Approval Period: (Renewal) August 1, 2019 – July 31, 2024.

4. Other	8
B. Issues or Complaints Identified by Beneficiaries	10
C. Audits, Investigations, Lawsuits, or Legal Actions	11
D. Unusual or Unanticipated Trends.....	11
E. Legislative Updates	11
F. Descriptions of any Public Forums Held.....	12
III. Performance Metrics	14
A. Impact of the Demonstration	14
1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population	14
2. Outcomes of Care, Quality of Care, Cost of Care, and Access to Care.....	15
B. Results of Beneficiary Satisfaction Surveys (if conducted)	15
C. Results of Grievances and Appeals (from Health Plans).....	15
IV. Budget Neutrality and Financial Reporting Requirements.....	16
A. Financial Performance of the Demonstration	16
B. Updated Budget Neutrality Workbook.....	16
C. Quarterly and Annual Expenditures.....	16
D. Administrative Costs.....	16
V. Evaluation Activities and Interim Findings.....	16
A. Current Results of the Demonstration per the Evaluation Hypotheses	16
B. Progress Summary of Evaluation Activities	16
1. Key Milestones Accomplished.....	16
2. Challenges Encountered and How They Were Addressed.....	17
3. Interim Findings (when available).....	17
4. Status of Contracts with Independent Evaluators (if applicable)	17
5. Status of Institutional Review Board Approval (if applicable)	18
6. Status of Study Participant Recruitment (if applicable).....	18
7. Result or Impact of the Demonstration Programmatic Area Defined by CMS that is Unique to the Demonstration Design or Evaluation Hypotheses	18
VI. Med-QUEST Division Contact.....	18

Attachments

Attachment A: Up-To-Date Budget Neutrality Summary (Quarter Ending 9/30/2022)

The Budget Neutrality Summary (worksheet) for the quarter ending 9/30/2022 is presented here in Attachment A. This includes the period from 10/1/2021 to 9/30/2022.

Attachment B: Budget Neutrality Workbook (Quarter Ending 9/30/2022)

The Budget Neutrality Workbook for the quarter ending 9/30/2022 is presented here in Attachment B. This includes the period from 10/1/2021 to 9/30/2022.

Attachment C: Schedule C

Schedule C for the quarter ending 9/30/2022 is presented here in Attachment C. Schedule C includes a summary of expenditures for the reporting period.

Attachment D: Federal Fiscal Year 2022 4th Quarter Information

Federal Fiscal Year 2022 4th Quarter Information provides reporting on the 4th quarter of Federal Fiscal Year 2022. The 4th quarter of Federal Fiscal Year 2022 is the final leg of required annual reporting and covers July 2022 – September 2022.

Attachment D1: Up-To-Date Budget Neutrality Summary (Quarter Ending 6/30/2022)

The Budget Neutrality Summary (worksheet) for the quarter ending 6/30/2022 is presented here in Attachment D1. The Budget Neutrality Summary for the quarter ending 9/30/2022 is also attached (Attachment A).

Attachment D2: Budget Neutrality Workbook (Quarter Ending 6/30/2022)

The Budget Neutrality Workbook for the quarter ending 6/30/2022 is presented here in Attachment D2. The Budget Neutrality Workbook for the quarter ending 9/30/2022 is also attached (Attachment B).

I. Introduction

Hawaii's QUEST Integration (QI) is a state of Hawaii (State) Department of Human Services (DHS) and Med-QUEST Division (MQD) comprehensive section 1115(a) Demonstration (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.

Med-QUEST Division continues to focus on a comprehensive health care delivery system transformation, called the HOPE Initiative. "HOPE" stands for Hawaii-Medicaid Ohana-Nui Project Expansion. The goal of the initiative is to achieve the Triple Aim of better health, better care, and sustainable costs for our community. Med-QUEST Division 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 a continued sustainable growth rate in healthcare spending from reductions in unnecessary care and shifts of care to appropriate settings. Med-QUEST Division also focuses on the integration of behavioral health and health-related social risk factors taking a whole-person health approach.

The current QI contracts are held by five health plans. Those five health plans are AlohaCare, Hawaii Medical Service Association (HMSA), Kaiser Permanente, Ohana Health Plan, and UnitedHealthcare (collectively, Health Plans or Managed Care Organizations (MCOs)). Med-QUEST Division works closely with the Health Plans to facilitate contract implementation, and improve healthcare access and services to members.

Federal Fiscal Year (FFY) 2022 afforded some emerging relief from the tight grip of COVID-19. Although still in a Public Health Emergency (PHE), and still cautious of COVID-19 transmission and health effects in the islands, Hawaii experienced further movement toward pre-pandemic living and business. Vaccination and booster programs were paying off. Accordingly, and under all-state guidance and information from CMS, MQD began focusing on post-PHE unwinding planning and processes. During February 17th through 18th of 2022, five key leaders in MQD attended the National Association of Medicaid Directors (NAMD) Workshop on Unwinding the Continuous Coverage Requirement in Savannah, Georgia to collaborate with other state peers and to learn more about options and guidance for states from CMS and other guest speakers. Upon returning, they launched multiple initiatives and began the course to ready the State for unwinding activities. Although the PHE end had not yet been determined, MQD dove into work with the Health Plans to update Medicaid beneficiary demographic information in preparation for future eligibility reviews and communications.

Federal Fiscal Year 2022 also saw the emergence of Mpox (a.k.a., Monkey Pox), however Hawaii was fortunate to avoid wide-spread transmission of this condition thus far. As of 8/17/22, Hawaii data from DOH as reported by the CDC, indicated 22 Mpox cases in Hawaii and 0 fatalities.

In addition to topics described within the body of this report, some other projects of FFY 2022 for MQD, involved or were, the following.

- Medicaid Innovative Collaborative (MIC): Private/Public, multi-state project to drive tech-enabled solutions for targeted issues that Medicaid programs face. The specific detailed project that Hawaii chose to work on was focused on behavioral health needs for pregnant/post-partum Native Hawaiian or other Pacific Islander women. During the year, much was learned, and new relationships formed between Med-QUEST and various advocacy and community based groups focused on this population.
- MCO-MQD Workgroups: Med-QUEST Division sets up five focus workgroups to minimize duplicated tasks and to focus on specific projects. Each workgroup consists of MQD and Health Plan staff with subject matter knowledge in project-related areas. This includes MQD staff from its Eligibility Branch and Systems Office.

II. Operational Updates

A. Key Achievements and Challenges Related to the 1115 Waiver

1. Managed Care

Health Plan Contracts

During the reporting period, MQD submitted the base QUEST Integration managed care contract, and its Supplemental Contracts 1, 1A, 2 and 3. Out of such, CMS has approved the base contract and Supplemental Contracts 1 and 1A. Med-QUEST Division will continue to complete remaining contract executions with all the Health Plans.

In addition to work on the QI contract, MQD also issued task orders within the scope of its current Indefinite Delivery/Indefinite Quantity (IDIQ) contract, in preparation for various service delivery projects. Such projects include work on Social Determinants of Health, SBIRT and 1115 Waiver renewal planning. With the current IDIQ contract expiring in March 2023, MQD also procured a new IDIQ contract to support future project needs of the Medicaid programs and 1115 Waiver renewal.

Health Plan Reporting

See Attachment D, *Federal Fiscal Year 2022 4th Quarter Information*, section II.A.1, for an update on Health Plan Reporting.

Policy Memorandum Updates

Med-QUEST Division reissued 21 Health Plan memos that were originally or previously issued during 2014 to 2019, and were still applicable to the new QI contract. Memos not reissued were determined as not applicable to the current QI program.

Dual Eligible Special Needs Plans (D-SNPs)

This year was an intensive learning and development period for MQD in its Dual Eligible Special Needs Plan (D-SNP) area. Beginning with scarce resources and just a couple MQD staff having little to no Medicare experience, through its close partnership with, and guidance and expertise of, its consultants ATI Advisory (ATI), and Speire Healthcare Strategies, LLC (Speire), MQD is now on track to initiate multiple projects over the next several years to advance healthcare integration for Hawaii D-SNP members. Such projects include in part, movement from Highly Integrated Dual Eligible Special Needs Plans (HIDE-SNPs) to Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs), Exclusively Aligned Enrollment (EAE), and data sharing processes and strategies to facilitate care coordination between D-SNPs and other state agencies for Medicaid subpopulations receiving specialized care through carve-out programs. Where MQD stands today, is a significant step forward from where it began a year ago, and represents an achievement for the division.

At the start of the year, MQD worked with Hawaii D-SNPs to plan for and implement default enrollment. The default enrollment process allows D-SNPs to automatically enroll a newly qualifying dual eligible individual who is already a Medicaid member of the D-SNP's companion Medicaid line of business, into its D-SNP membership after first providing the individual with 60 days of notice and given the individual does not choose to opt out of participation. The intent is to alleviate burden on the new dual eligible individual and provide enrollment into a plan that is poised to integrate and coordinate the individual's special needs care and services covered under Medicare and Medicaid. By the second quarter, all five Hawaii D-SNPs were sending out default enrollment notifications to members, and by the end of the second quarter, all five Hawaii D-SNPs were actively default enrolling members.

For monitoring and development purposes, MQD designed and created a comprehensive reporting package for the D-SNPs to submit monthly. Med-QUEST Division's Health Analytics Office (HAO) built this reporting package and continues to work with MQD staff and the D-SNPs to fine-tune it, address concerns, and provide training.

During the 3rd quarter, MQD worked closely with ATI and Speire (collectively, Consultants) for, and succeeded in, the pursuit of a 3-year award of technical assistance through the Advancing Medicare and Medicaid Integration (AMMI) initiative of Arnold Ventures. Arnold Ventures, a philanthropy organization, provides grant funds and partners with the Center for Health Care Strategies (CHCS) to provide technical assistance and support to states in developing and implementing strategies to improve the integration of care for the duals population. The grant was awarded by Arnold Ventures in June 2022. The culminating project is titled, *"Elevating Integrated Care Options and Program Design for Dual Eligible Beneficiaries in Hawaii"*. Three main objectives of such project are: 1) enhancing the D-SNP platform with the launch of Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) and all FIDE requirements; 2) leveraging the All-Payer Claims Database (APCD), and implementing data sharing and strategies to support coordination of care for members receiving specialized services through other State agencies; and 3) increasing knowledge of the Medicare Fee For Service (FFS) populations to identify areas of need such as education opportunities, and to inform Managed Long Term Services and Supports (MLTSS) program design.

Setting groundwork for the *Elevating Integrated Care Options and Program Design for Dual Eligible Beneficiaries in Hawaii* project, MQD and the Consultants met during the 4th quarter to study, discuss and define key and determinative policy and operational options to consider and present to stakeholders for input. Options on the table involved voluntary or mandated movements toward FIDE SNPs, single contract pathway, EAE, and particular components of Medicare-Medicaid integration, such as integrated materials and care coordination. Results of the work done during the 4th quarter, prepared and poised the State and Consultants for success during the upcoming on-site visit in early October, when ATI and Speire representatives flew to Oahu for in-person meetings with various stakeholders.

Also, during the year, MQD's D-SNP staff and the Consultants met frequently with each other and with the division's Systems Office and Eligibility Branch to plan for multiple alternatives and system changes specifically for D-SNPs in light of impending post-Public Health Emergency (PHE) unwinding requirements and post-PHE default enrollment implications. This work presented a challenge for MQD. Resource and data limitations, as well as, siloed systems and processes, created obstacles. Med-QUEST Division continues to iron out details of the changes that will occur.

All Patient Refined Diagnosis Related Groups (APR DRGs)

During the reporting year, much work went into preparation for the APR DRG launch, which occurred statewide on July 1, 2022, for Hawaii's Medicaid program. On that date, inpatient hospital payments for both managed care and FFS were transitioned to APR DRGs. Leading up to this "Go Live", MQD met frequently with the Health Plans and hospitals. Such meetings included joint discussions arranged by the hospital trade association, Health Association of Hawaii. Milestones reached include: the completion of system configuration documents; the successful cloud to mainframe Proof of Concept; the submission and approval of Health Plan testing plans; the implementation of testing; and the completion of capitation rates for both the QI contract and the Community Care Services (CCS) contract, for the period beginning July 1, 2022. Also contributing to the success, was the 3M APR DRG Primer webinars. While there are a few outstanding questions and issues that emerged once the "Go Live" began, none are critical. Over the next fiscal year MQD will continue to use a data-driven approach to address outstanding APR DRG questions and issues, and endeavor to collaboratively resolve working with both hospitals and managed care plans.

Health Plan Manual

Med-QUEST Division continues to upload the revised Health Plan Manual (HPM) quarterly in January, April, July, and October. In addition to report tools revisions, HPM content and changes include: Screening, Brief Intervention and Referral to Treatment (SBIRT); Non-Emergency Medical Transportation (NEMT); Long Term Care Services and Support (LTSS); Level of Care (LOC) and Transition of Care (TOC) policies and procedures; Bed-Holding requirements; waiver requests and material submission procedures; Health and Functional Assessment (HFA) forms; Health Action Plans (HAP); and Personal Assistance and/or Nursing tools (PANS).

2. Home and Community Based Services (HCBS) and Personal Care

Med-QUEST Division initiated the rate study for specific Home and Community Based Services (HCBS) providers, including Community Care Foster Family Homes, Expanded Adult Residential Care Homes, and Personal Care/Self-Direct, as part of the American Rescue Plan Act (ARPA) HCBS spending plan and a legislative resolution to conduct such a study.

3. Community Integration Services (CIS)

Med-QUEST Division and the Health Plans partnered throughout the year with a large homeless service provider, the Institute for Human Services (IHS), to pilot CIS service delivery and document operational lessons and policies. Best practices have been developed and shared with smaller agencies that have been contracted with to deliver CIS services. See section V.B.3 below, for more additional information regarding CIS.

4. Other

Medicaid Beneficiaries Outreach Activities

At the beginning of 2022 MQD's Health Care Outreach Branch (HCOB) began attending in-person outreach events, as COVID-19 protocols had begun to loosen. We also conducted Medicaid presentations to the State Health Insurance Program (SHIP), Veterans Affairs, Department of Health Family Health Service Division and Town Hall Meeting with state Senator Misalucha which focused on social services available to Hawaii residents. Outreach events were targeted towards, houseless individuals and families, immigrants, children.

June 30, 2022, was the end of MQD's current Kōkua Services Contract, and in March, HCOB posted a Request for Proposal for a new contract for Kōkua Services. Med-QUEST Division awarded and executed 5 contracts to community organizations, of which organizations, two included sub-contractors. This new set of contracts enables MQD ability to conduct robust outreach, education and enrollment assistance to all counties within our State. Health Care Outreach Branch executed three additional Business Associate Agreements with grassroots organizations that focus on outreach to residents from the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau.

In the fall of 2021, the HCOB actively planned and prepared for the Annual Medicaid Enrollment system (named, KOLEA) and Health Insurance Marketplace training to approximately 135 "Kōkua" (outreach/enrollment assisters) and 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 COVID-19, and covered details on how to submit online applications and upload documents in MQD's KOLEA system via its Navigator Portal, reporting changes from beneficiaries, along with review of the Federal Health Insurance Marketplace application details. Outreach work has ramped up again in anticipation for Open Enrollment 2022-23.

Significant work through the year continued in identifying Medicaid beneficiaries and helping beneficiaries confirm that contact information is up-to-date in electronic beneficiary case records

within our online eligibility system, in preparation and anticipation of the end of the Public Health Emergency.

Electronic Visit Verification (EVV)

In accordance with the 21st Century Cures Act, MQD executed an Electronic Visit Verification (EVV) soft launch in early October 2020. In the federal fiscal year 2022, functional enhancements, configuration updates, additional training, and support were accomplished with the assistance of a statewide EVV vendor. One of the most significant changes was the implementation of claim denial for EVV Home Care and Home Health services.

Federal fiscal year 2022 continued with EVV system and user interface refinements. Throughout the year, MQD directly engaged with all provider agencies to decrease the percent of manually edited visits. Multiple provider trainings, webinars, and meetings were held throughout the year, and Med-QUEST Division communicated progress to stakeholders via several modes of communication including email, electronic newsletters, virtual meetings, and EVV webpage updates.

Med-QUEST Division's future work includes: issuing a policy regarding the percentage threshold of manually edited or entered EVV visits; the final MCO to load the member's Plan of Care to Sandata; and regular collaboration and communications with stakeholders.

Data Quality Strategy

In FFY 2022 MQD initiated its first Data Quality Strategy focus on analyzing and improving managed care encounter data quality. In partnership with contractors at Freedman Healthcare (FHC), MQD identified five focus areas for the first year.

1. Defining data quality: Med-QUEST Division worked on a goal that would not only apply to encounter data, but to data across MQD. Med-QUEST Division focused on the dimensions impacting data quality such as accuracy, timeliness, completeness, and validity, and developed metrics to assess data quality.
2. Analyzing and reducing pending encounters: Med-QUEST Division applies edits to encounters through a secondary adjudication process upon submission to the State. Many of these edits have been in place for decades and have resulted in encounters that pend during adjudication for a number of reasons. In order to address these issues, MQD and FHC met with the Health Plans and Medicaid Management Information System (MMIS) developers to identify the root cause of encounter pends. With this information, MQD can implement changes either with the Health Plans or in the MMIS to limit encounter pends moving forward.
3. Implementing data quality monitoring: Med-QUEST Division's current MMIS system generates many useful reports. However, they are very difficult to analyze because of the mainframe format. Med-QUEST Division and FHC are working on implementing modern data quality monitoring reports using our data warehouse to understand the volume of

encounters we receive over time and ensure Health Plans are submitting complete and timely data per contractual requirements.

4. Modeling and improving business processes: While the MMIS system is maintained primarily by the Systems Office, decisions needed to maintain the system cannot be made in a vacuum. With the help of FHC, MQD is documenting its current business processes that impact encounter data to understand how these processes touch different offices across the division and where efficiency can be improved.
5. Developing guidance for submitting non-traditional encounters: In order to receive the full picture of care that members receive, MQD wants Health Plans to submit encounters for each instance, including “non-traditional” such as Value-Added Services. This year, MQD is researching to understand the barriers the Health Plans have in submitting these encounters to the MMIS, with the goal of issuing guidance on this topic.

The above focus areas are broad and will form the foundation of the focus areas for the second year of MQD’s Data Quality Strategy as well. Med-QUEST Division plans on applying the lessons learned from its work with encounter data to additional data sources in the future.

Barriers Encountered

Throughout the year, two issues existed that challenged MQD’s ability to implement the Waiver and to operate the Medicaid program. The first, is continued limited resources. Particularly, largely workforce shortages. Although progress was made in hiring key positions, there continues to be a 25% vacancy rate.

The second, impacting MQD, is delay in approval of managed care contracts. Resources had to be devoted to follow-ups on delays and efforts to work through any issues, all while trying to work with and provide oversight of the Health Plans.

B. Issues or Complaints Identified by Beneficiaries

Staff Shortages

During the beginning of 2022, MQD received complaints regarding gaps in care due to workforce shortages and the impact of the Omicron variant on staffing. The Health Plan executives were informed of the issues by MQD administrators, and were reminded of the importance to develop and review Emergency Back-Up Plans with members. Health Plans also provided additional training and temporary use of family members as self-directed providers to augment the personal assistant staffing resources. As the Omicron variant and overall COVID infections decreased throughout 2022, the complaints about gaps in care also decreased.

Denied or Delayed Medication Coverage

Med-QUEST Division was informed of denied medication coverage or delays in obtaining medication during the first three quarters of the year (October 2021 – June 2022). When switching to a new Health Plan, members experienced delays due to either new prescriptions,

formulary limitations, or inadvertent denials. Med-QUEST Division directed the Health Plans to investigate the issues and initiate corrective action based on Health Plan findings. The Health Plans were able to take necessary steps to prevent repeated issues in the fourth quarter.

Non-Emergency Transportation

Complaints related to non-emergency transportation were received during the first three quarters of the year (October 2021 – June 2022). The issues raised involved difficulty with scheduling transportation, long waiting periods, and upfront out-of-pocket payments. Med-QUEST Division addressed these issues directly with the Health Plans with the expectation that corrective action would be implemented. The Health Plans reviewed workflows to identify opportunities for improvement and made necessary revisions which included proactive monitoring and outreach efforts. The revised protocols were effective as the fourth quarter did include the same issues that were previously reported during the first three quarters.

C. Audits, Investigations, Lawsuits, or Legal Actions

The Unified Program Integrity Contractor (UPIC) focused on auditing hospices over the past year, and they have now launched audits on C-PAP machines.

An Obstetrical-Gynecological provider appealed a ruling to the Hawaii Supreme Court regarding the 2013-2014 Physician Enhanced Payments that were part of the Affordable Care Act. A ruling is expected in the last quarter of calendar year 2022.

D. Unusual or Unanticipated Trends

For federal fiscal year 2022, the only unusual trend reported has been the continued increases in the State's Medicaid populations, due to the continuous coverage requirements of the PHE. See Attachment D, *Federal Fiscal Year 2022 4th Quarter Information*, section II.D, for the update on this trend.

E. Legislative Updates

The legislature concluded during the first week of May 2022. It yielded much anticipated and hard-fought improvements and expansions to the state Medicaid program.

- Med-QUEST Division received legislative approval to cover members for a full 12 months after delivery date, expanding the previous 60-day post-partum coverage period. Med-QUEST Division submitted a state plan amendment, which was approved by CMS for a retro-active approval date of April 2022. System changes have been made so that it is implemented. The cost allocation methodology State Plan Amendment (SPA) is still under review with a Resident Assessment Instrument (RAI).
- The legislature also granted MQD approval to cover adult dental benefits beyond emergency dental services. The newly approved coverage will include prevention, oral disease control, and

some restoration of chewing functions. A state plan was submitted with a planned implementation date of 1/1/2023.

- Additionally, the nursing facility trade association successfully requested one-time funds to help address losses suffered during the pandemic. Home and Community Based Service providers were included to the bill to provide a one-time funding support for those providers as well. These additional dollars have been incorporated into the Hawaii Medicaid managed care contract rate submission effective July 1, 2022.

F. Descriptions of any Public Forums Held

Med-QUEST Division held a total of 4 public forums during the reporting period from October 2021 – September 2022.

Quarter 1:

Med-QUEST Division held two MQD Healthcare Advisory Committee (MHAC) meetings during Quarter 1 on November 17, 2021, and December 15, 2021.

MHAC meeting, November 17, 2021

During this MHAC meeting MQD reviewed the MQD Annual Plan Change and Federal Market Place Open Enrollment, Extension of the Public Health Emergency, MQD Budget Requests for Fiscal Year 2023, various updates to the State Plan, and its participation in the Medicaid Innovative Collaborative. Med-QUEST Division received public comments in our November 17th meeting only on the Medicaid Innovation Collaborative. Med-QUEST Division is participating in a 12-month program that works with the community, Medicaid members, and technology resources to advance health equity and transform the well-being for the most vulnerable populations in Medicaid. Med-QUEST Division will focus on how to improve maternal mental health associated with substance use disorder by conducting interviews with Medicaid members and gathering information on how to provide better services and access. Med-QUEST Division received two comments from the public on this issue. One comment was in support of this initiative and thanked MQD for selecting maternal mental health as its focus. There was also a comment requesting that MQD have the interviewer of the Medicaid members be familiar with our culture and have experience and background with mental health issues.

MHAC meeting, December 15, 2021

During this MHAC meeting MQD reviewed the increase in the Medicaid Applications, open enrollment for the Federal Insurance marketplace, and updated on the progress of the Medicaid Innovation Collaborative, and various State Plan updates. No public comments were received in our December 15, 2021, MHAC meeting.

Quarter 2:

No public forums were held during this reporting period.

Quarter 3:

Med-QUEST Division held two MHAC meetings during Quarter 3 on April 20, 2022, and June 22, 2022. Public comments were received from both meetings and are summarized below.

MHAC meeting, April 20, 2022

In accordance with 42 CFR 431.420 (c), the State held its annual public forum for the QUEST Integration Section 1115 Demonstration Project at the MHAC meeting held on April 20, at 6:00 p.m. During this public forum MQD reported out on various issues including its mission, increased enrollment (at this time it is at 444,444), and the new contract with the 5 Health Plans effective 7/1/21. Various specific waiver items were discussed including 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. Additionally, updates were provided on default enrollment for Hawaii dual eligible population, new reporting structure for the Managed Care Plans to capture information on key performance indicators, the issuance of MQD's first health plan manual on 7/1/21, and the mobile clinic for COVID-19 vaccine boosters. Med-QUEST Division also reviewed the approvals by CMS during the past year, such as the Section 9817 HCBS Financial Plan under the American Rescue Plan Act and the Risk Mitigation COVID-19 PHE amendment.

Comments were received by both MHAC members and the public regarding the information presented. One MHAC member commented that they appreciate the fact that MQD developed a health plan manual and asked whether MQD plans on incorporating all the MQD memos into the health plan manual for ease of reference. The State explained that it is still working through this process, and this is the eventual goal. Med-QUEST Division Healthcare Advisory Committee members also commented on how members can connect with Community Integration Services and the State explained that members work with their Health Plan and their health coordinator to conduct an assessment and to help them sign up and receive services.

One member from the public asked about Social Determinants of Health (SDOH) and how to change the delivery side as well as the payment side to the providers. The State explained that it is reviewing how other states addressed issues such as food insecurity and how to include it as part of Medicaid. The member also raised the issue of whether MQD is considering moving to a direct service model like Oregon or Colorado. The State explained that it does not have the capacity to do direct contracting between the State and all the community organizations and providers across the State and that it relies on the Managed Care Organizations to engage in the provider contracting.

MHAC meeting, June 22, 2022

Med-QUEST Division presented information regarding outreach contract awards, restoration of adult dental services, updates to the Medicaid Innovation Collaborative, State Plan Amendments, MCO Health Plan brochures for the MQD Annual Plan Change and the Public Health Emergency (PHE) unwinding plans. The State received comments from both the MHAC members and the public regarding the information presented.

Med-QUEST Division Healthcare Advisory Committee members wanted to know the specific vendors that were awarded outreach contracts. MQD listed the vendors and explained they will be posted on the MQD website. Both MHAC members and the public had comments regarding the restoration of the adult dental benefit. They wanted to know if there is an individual cap or limit to the adult dental benefits and the budget for the dental benefit. MQD explained that there

is no cap or limit, and the budget should be sufficient to cover the services. The public expressed concerns regarding adequate provider network to service the adult population for dental services and whether MQD will be updating the Fee For Service (FFS) provider manual. MQD is aware of the provider network issue and is working with its contractor to recruit additional dental providers. Med-QUEST Division will also be updating the FFS provider manual with updates to the adult dental benefit.

Both MHAC members and the public had comments regarding the annual plan change notice and Health Plans' brochures. They want to know whether MQD encourages the members to reach out to their Health Plans, so they are aware of all of the Health Plan's programs and why a specific Health Plan is offering the opportunity to obtain their GED. Med-QUEST Division explained that it regularly encourages its members to review what each Health Plan offers when choosing a Health Plan and that MQD will add this concept in its newsletter. Med-QUEST Division also clarified that a couple of the Health Plans offer GED assistance as part of their focus on "whole person health" to assist members. The public commentator wanted to share that in his opinion having access to a nutritionist is more valuable than assistance with obtaining a GED. Another public commentator was excited to see the Health Plans offering native Hawaiian health services as part of their benefits package.

Both MHAC members and the public had comments regarding the PHE unwinding. Questions were raised regarding the infographics MQD is using to relay its messaging through social media. Med-QUEST Division will share the infographics with the MHAC members for their input. A public commentator had questions about language access issues as many Medicaid members have English as a second language. Med-QUEST Division clarified that if the member has already chosen another language other than English then their letter will be in the language they request, and MQD is partnering with organizations to assist with the language access issues. Questions were also raised regarding how the messaging will continue over the 12-month period and MQD is aware of the need for a sustained campaign during this time. Concerns were also raised as to the order of notifying members of possible termination and whether MQD has established any special considerations. Med-QUEST Division discussed special considerations for individuals who are houseless and the Duals population.

Quarter 4:

No public forums were held during this reporting period.

III. Performance Metrics

A. Impact of the Demonstration

1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

Total enrollment as of 9/30/2022: 456,066

2. Outcomes of Care, Quality of Care, Cost of Care, and Access to Care

Med-QUEST Division continues to work with the Health Plans as the new reporting package is released in a phased approach and ensure that accurate, valid, and high-quality data on key performance metrics are being reported to MQD. Some key reports have recently met data quality standards and relevant KPIs will be included in future quarterly reports.

B. Results of Beneficiary Satisfaction Surveys (if conducted)

A Consumer Assessment of Healthcare Providers and Systems (CAHPS) was conducted for child members of all five QI health plans between February 2021 to May 2021 (response rate = 18.2%, higher than national response rate = 13.1%). These results were shared with MQD in October 2021. Overall, the Health Plans in aggregate exceeded the 90th percentile for “rating of personal doctor” and “rating of specialist seen most often” categories. However, the results did show that some areas, including “customer service” and “how well doctors communicate”, with lower percentile scores indicating a need for quality improvement in these areas although the overall raw score was still high (88.3% and 95.4% respectively). Med-QUEST Division’s cross-branch quality committee has reviewed these results and incorporated quality improvement focuses in this area into the Health Plan’s QAPI plans. Compared to 2019 results, the 2021 survey results show no decline in any areas.

C. Results of Grievances and Appeals (from Health Plans)

Type	Total	Timely Resolved* # (%)**	Resolved in Favor of Beneficiaries** # (%)**
Grievances	1665	1629 (97.8%)	46 (44.3%)*
Appeals	1386	1342 (96.8%)	936 (69.7%)

*Timely is defined as within 30 days for standard grievances and appeals, within 14 days for expedited appeals, and within the approved extension time period for grievances and appeals with approved extensions. Denominator excludes grievances and appeals received within 30 days of the end of the reporting period with no resolution (or 3 days for expedited appeals).

**Denominator excludes grievances and appeals for which no decision has been made that are within the contract-defined time period for resolution

***MQD is working with Health Plans to collect this information. Only one health plan submitted this data for this reporting period and its denominator is being used to calculate the percentage (n = 106).

IV. Budget Neutrality and Financial Reporting Requirements

A. Financial Performance of the Demonstration

Throughout the year, Hawaii has continued to accrue budget neutrality savings as demonstrated in the attached Budget Neutrality Summary and Workbook.

B. Updated Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 9/30/2022 was submitted by the 11/30/2022 deadline. The Budget Neutrality Workbook for the quarter ending 9/30/2022 is attached (Attachment B).

C. Quarterly and Annual Expenditures

Expenditures for the quarter ending 9/30/2022 were reported on the CMS-64 and certified on 10/28/2022. A summary of expenditures is shown on the attached Schedule C for the quarter ending 9/30/2022.

D. Administrative Costs

Administrative Costs for FFY 2022 have remained constant throughout the year, despite enrollment being at an all-time high. Administrative costs for the year can be found on the attached Schedule C.

V. Evaluation Activities and Interim Findings

A. Current Results of the Demonstration per the Evaluation Hypotheses

See progress summary and notes below.

B. Progress Summary of Evaluation Activities

1. Key Milestones Accomplished

Med-QUEST Division released a new reporting package which will assist with monitoring evaluation goals for the 1115 waiver. In this reporting period the Health Plans submitted their Value-Driven Health Care (focused on value-based purchasing agreements), Primary Care Report, CIS, LTSS, and SHCN reports with some data quality improvements over the reporting period. However, MQD and the University of Hawaii Evaluation team are still providing targeted technical assistance and engaging

16

with the Health Plans to improve data quality across all reports. These include targeted technical assistance for each Health Plan to assist them in completing the reports and better understanding how the data is pulled to enhancing the report templates with built in technical quality assurance tools for the Health Plans.

The University of Hawaii Evaluation Team held quarterly CIS rapid cycle assessments on:

- December 10th, 2021
- January 7th, 14th, and 21st, 2022 (Parts 1, 2, & 3)
- June 24th, 2022
- September 19th, 2022

2. Challenges Encountered and How They Were Addressed

Acceptable data quality of the reports still remains a challenge. Med-QUEST Division and the University of Hawaii Evaluation Team are continuing to meet with Health Plans at a greater frequency now, to better understand how they are pulling this information and assisting them with mapping the right data to specific fields in the report. Med-QUEST Division has developed an aggressive schedule and strategy to ensure that the reports will be submitted with acceptable data quality standards in the near future.

3. Interim Findings (when available)

CIS

Select successes in implementation include:

- 12 housing service providers are onboarded
- Members are being identified and enrolled in CIS
- CIS-enrolled members needs are being met with current number of service providers
- Improved data quality in reports allowing for enhanced monitoring of program implementation and success
- Health Plan engagement in evaluation process

Select barriers in implementation include:

- Inconsistent information and data sharing between agencies and housing service providers due to siloed and non-interoperable systems
- Managed care plans still optimizing best workflows

4. Status of Contracts with Independent Evaluators (if applicable)

Contract is executed for the University of Hawaii Evaluation team for CY2022 with plans to extend for CY2023.

5. Status of Institutional Review Board Approval (if applicable)

N/A

6. Status of Study Participant Recruitment (if applicable)

N/A

7. Result or Impact of the Demonstration Programmatic Area Defined by CMS that is Unique to the Demonstration Design or Evaluation Hypotheses

See progress notes above. Unique results and impact on demonstration will be provided in upcoming reports.

VI. Med-QUEST Division Contact

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