

# Hawaii QUEST Integration

## 1115 Waiver

### Quarterly CMS Monitoring Report

#### Federal Fiscal Year 2023 1st Quarter (DY29 Q1)

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	Federal Fiscal Quarter:	1st Quarter 2023
	State Fiscal Quarter:	2nd Quarter 2023
	Calendar Year Quarter:	4th Quarter 2022
	Demonstration Year:	29th Year (10/1/22 – 9/30/23)
		<p>This reporting period includes the:</p> <ul style="list-style-type: none"> <li>• last month of 1st Q. DY 29; and the</li> <li>• 1st &amp; 2nd months of 2nd Q. DY 29</li> </ul> <p>when applying a DY of August 1st – July 31st.</p>

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## Attachments

### **Attachment A:** Up-To-Date Budget Neutrality Summary

The Budget Neutrality Summary (worksheet) for the quarter ending 9/30/2022 is attached. The Budget Neutrality Summary for the quarter ending 12/31/2022 will be submitted by the 2/28/2023 deadline.

### **Attachment B:** Budget Neutrality Workbook

The Budget Neutrality Workbook for the quarter ending 9/30/2022 is attached. The Budget Neutrality Workbook for the quarter ending 12/31/2022 will be submitted by the 2/28/2023 deadline.

### **Attachment C:** Schedule C

Schedule C for the quarter ending 12/31/2022 is attached. Schedule C includes a summary of expenditures for the reporting period.

## I. Introduction

Hawaii's QUEST Integration (QI) program is a state of Hawaii (State) Department of Human Services (DHS) and Med-QUEST Division (MQD) comprehensive section 1115(a) Demonstration waiver (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 using a whole person, whole Family and whole community approach to health and well-being. 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.

#### HOPE Strategies:

- Invest in primary care, prevention, and health promotion
- Improve outcomes for high-need, high-cost individuals
- Payment reform and financial alignment
- Support community driven initiatives

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 Community Plan (collectively, Health Plans). Med-QUEST Division works closely with the Health Plans to facilitate contract implementation and improve healthcare access and services to members.

## II. Operational Updates

### A. Key Achievements and Challenges Related to the 1115 Waiver

#### 1. Managed Care

##### *Health Plan Reporting*

During this quarter, MQD continued to work with the Health Plans to improve report quality and data submission.

Health Plans continued to submit newly designed reports as part of the QI contract. Health Plans have submitted nearly all remaining reports with the last one submitted on 10/31/2022. Embedded in these reports is a framework to consolidate reporting information into specific focus areas and to analyze performance based on Key Performance Indicators (KPIs) which will be reported in the Performance Metrics section of this 1115 quarterly report once data quality is adequate. During 2021, and continuing into 2022, technical assistance sessions have been held with the Health Plans to socialize and implement the new reports, and ensure that health plan staff understand the methodology and purpose of various fields in the reports. Additional strategies for improving data quality have been developed including report templates with built in quality assurance flags that alert Health Plans of inappropriate or mis-formatted data. Report tools for these reports have been updated based on feedback from the Health Plans, and such updates are incorporated into the Health Plan Manual. Med-QUEST Division is looking at ways to streamline reporting and reduce administrative burden on Health Plans and MQD staff. These include combined data files and working toward more automated reporting.

##### *Dual Eligible Special Needs Plans (D-SNPs)*

MQD's analyses and discussions of key policies and operational options regarding HIDE-SNPs and FIDE-SNPs, led by consultants, ATI Advisory (ATI) and Speire Healthcare Strategies, LLC (Speire) during last quarter, paid off this quarter. This quarter, having trimmed the focus to select HIDE and FIDE considerations, MQD and its consultants introduced and discussed these with the Hawaii D-SNPs and other MQD staff, for initial feedback and suggestions. These introductions were

initiated during on-site meetings the first week of October 2022, with ATI and Speire representatives on-site.

As a result of the on-site presentation and discussions, Hawaii decided to make FIDE-SNPs optional for its D-SNPs in 2024, and to revisit a single contract pathway in the future. Hawaii also decided its FIDE-SNPs will operate with Exclusively Aligned Enrollment (EAE) beginning in 2024. There was a broad range of other topics covered such as aligned care management, integrated beneficiary materials, default enrollment, data sharing, and unified grievances and appeals.

With feedback and suggestions from the stakeholders and a better understanding of the Health Plan consideration for the discussed requirements, MQD and its consultants are preparing to finalize policy decisions and think through new draft language for the 2024 Hawaii State Medicaid Agency Contract (SMAC).

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

A rate study for several Home and Community Based Services (HCBS) was completed December 31, 2022. The MQD completed a study of home and community based rates paid for community residential providers such as: Community Care Foster Family Homes (CCFFHs); Expanded-Adult Residential Care Homes (E-ARCHs); In-Home Services; and Case Management Services. The study was done by Milliman, an actuarial firm contracted with DHS MQD for a wide range of actuarial consulting services. The study commenced in July 2022, and the final report issued December 30, 2022.

A key part of this rate study, included stakeholder outreach and engagement with HCBS providers and their associations, collecting provider cost and wage survey data, and getting provider feedback on draft rate calculations. Not surprisingly, the provider surveys showed significant wage pressure given the current labor market. The rate study methodology also used wage and salary data for direct care staff and supervisors, employee related expenses, transportation and administration, program support and overhead, and the Bureau of Labor and Industry Wage Indices to paying for employment benefits such as health insurance.

The rate study provides three scenarios (low, medium, high) based on different wage or caseload/staffing assumptions. A low scenario includes the lowest wage or highest caseload assumptions to calculate the lowest rates. A medium scenario includes middle wage or caseload assumptions, and a high scenario includes the highest wages or lowest caseload assumptions to calculate the highest rates (e.g., adjusting wages would create a low scenario with wage assumptions set at the 25th percentile, a medium scenario with wage assumptions set at the 50th percentile, and a high scenario with wage assumptions set at the 75th percentile). A legislative report incorporated the rate study, so that the legislature could consider budget appropriation based on the results when the legislature began in mid-January 2023.

## **3. Other**

### *Member Outreach*

In this quarter, Health Care Outreach Branch (HCOB) prepared for and conducted our Annual Kokua Training, which included training on how to properly complete a Medicaid application and the application at the healthcare.gov marketplace. We also reviewed the State Funded Premium

Assistance program for those who do not qualify for Medicaid due to their citizenship status. Cultural competency training was also provided in our sessions. All the training efforts are done in preparation for the Med-QUEST Annual Plan Change and the Marketplace Open Enrollment, during which time many individuals may need assistance. Med-QUEST Division's outreach program has grown while it has completed training for, and provided online access to, its Navigator Portal, to approximately 170 Koa this year. The HCOB continues to do outreach and provide enrollment assistance for the vulnerable and justice involved populations.

#### *Managed Care Annual Plan Change*

The Med-QUEST Annual Plan Change took place from October 1st through October 31st of 2022. Plan changes made during this period became effective January 1, 2023. About 1% of QI enrollees chose to change plans. HMSA received the largest number of individuals switching to its plan, followed by United Healthcare, and then Kaiser Permanente. AlohaCare and Ohana Health Plan experienced net losses.

Summary		Gaining Plans					
		ALOHA-CARE	HMSA	KAISER	OHANA	UNITED	TOTAL
Losing Plans	ALOHACARE		1,069	258	44	215	1,586
	HMSA	333		513	79	447	1,372
	KAISER PERMANENTE	62	399		21	93	575
	OHANA HEALTH PLAN	131	667	137		327	1,262
	UNITED HEALTH CARE	151	701	157	68		1,077
Total		677	2,836	1,065	212	1,082	5,872

#### *Data Quality Strategy*

Med-QUEST Division continued working toward its 2022 Data Quality Strategy goals with partnered contractor, Freedman Healthcare. In this quarter, contractors identified a set of edits being applied in back-end adjudication of encounters that do not align with MQD's business policies. By turning these edits off, MQD will prevent encounters from unnecessarily pending. This quarter MQD also finalized a new reconciliation process at the file-level that will give MQD and its contractors more insight into where errors are occurring in the MQD mainframe's adjudication processes.

#### **B. Issues or Complaints Identified by Beneficiaries**

No reports relevant to the Demonstration to report at this time.

## C. Audits, Investigations, Lawsuits, or Legal Actions

### *Audits and Investigations*

Two payment suspensions were issued this quarter for dentists billing for medically unnecessary services.

Audit coordination with the Unified Program Integrity Contractor (UPIC) included:

1. Lab billing of presumptive and confirmatory drug screens
2. Sleep center and DME billing of CPAP machines
3. Podiatry provider various coding and documentation deficiencies.

### *Lawsuits and Legal Actions*

#### *Administrative Hearings:*

**Ka Punawai Ola v. Med-QUEST.** The provider appealed, through the administrative process at DHS, a request for reimbursement of state and federal Medicaid funds received for care of a member in a nursing facility whose residence in the facility was not properly vetted through the Preadmission Screening Resident Review (PASSR) process. The provider settled by agreeing to fully reimburse the federal Medicaid funds and half of the state funds. The provider paid in full on the settlement in December 2022.

**Waianae Coast Comprehensive Health Center (WCCHC) v. DHS.** WCCHC is a federally qualified health center and receives reimbursement under the Prospective Payment System (PPS) of reimbursement created under Hawaii Revised Statutes §§346-53.62, et seq. In February 2019, WCCHC requested a rate change for its medical PPS and dental PPS rates.

MQD ultimately denied the request for a rate change for the dental PPS rate because the services actually began in 2010 and WCCHC did not provide documentation to support the change in an increased type, intensity, duration, or amount, of services for the 2019 year.

As for the medical PPS rate change request, after extensive discussion, requests for data, and review of their data, MQD issued a projected adjusted medical PPS rate in September 2019. MQD then provided payments on that projected adjusted medical PPS rate, requested data, and reviewed data until a final adjusted PPS rate was determined in November 2020. MQD provided final settlements based on the final medical PPS rate. All required notices were sent by certified mail in compliance with Hawaii Administrative Rules.

Years after these decisions, around October 2022, WCCHC requested an administrative hearing to contest the final settlement for 2019 (notice dated September 10, 2021), final adjusted medical PPS rate (notice dated November 19, 2020), the denial of the request for a dental PPS rate change (notice dated November 19, 2020), and check payments that were provided to WCCHC checks (dated December 18, 2020). MQD moved to dismiss the hearing for failure to timely request an administrative hearing pursuant to Hawaii Administrative Rule (HAR) §§17-1736-58 and 59. These rules required WCCHC to request an administrative hearing 90 days after the decisions were issued and limit its right to a hearing when the request is not timely made. The Hearing Officer granted MQD's motion to dismiss.

**Bekkum v. DHS.** Curtis Bekkum, M.D. appeals MQD's decision to terminate him based on a criminal complaint and conviction of sexual assault, which occurred in his provision of medical services to a patient. Bekkum moved to delay the administrative proceedings until his appeal to the Intermediate Court of Appeals was complete. MQD submitted arguments in opposition. The Hearing Officer denied Bekkum's motion and set the hearing for April 2023.

*9th Circuit Court of Appeals:*

**HRDC v. Kishimoto.** This was a challenge to the State of Hawaii's provision of Medicaid funded Applied Behavioral Analysis (ABA) therapy for children on the autism spectrum attending public schools. The State of Hawaii won a Motion for Summary Judgment in the federal district court on August 31, 2022 and the Plaintiffs appealed to the 9th Circuit Court of Appeals on September 30, 2022. The case remains on appeal to the 9th circuit.

*Hawaii Courts:*

**Nitta v. Med-QUEST.** Frederick Nitta is an obstetrics and gynecologist who also provides some primary care services. The ACA provided enhanced payments for primary care services only for physicians who had a primary specialty designation in family, internal, or pediatric medicine. Nitta claimed those enhanced payments and was paid the enhanced payments. After an internal audit revealed that Nitta was not eligible for the program because his primary specialty designation was OB/GYN, Med-QUEST sought to recoup the overpayment of those enhanced payments. Nitta requested an administrative appeal, and the hearing officer agreed with Med-QUEST's action. On appeal, the Circuit Court affirmed the hearing officer's decision. During the appeal to the Intermediate Court of Appeals (ICA), the Sixth Circuit Averett decision was issued. Based on that decision, the ICA voided the Circuit Court decision and remanded the matter back to the DHS Administrative Appeals Office. DHS appealed the ICA decision to the Hawaii Supreme Court and argued that even if the Averett analysis was applied, Nitta is not eligible for the enhanced payments because his primary specialty designation was obstetrics and gynecology. The Hawaii Supreme Court disagreed with DHS and found that a physician can have more than one primary specialty designation. DHS discussed this case with CMS at a meeting around November 15, 2022.

**Evergreen v. DHS (Tort).** The Complaint alleges that MQD interfered with Provider's ability to secure contracts with the Health Plans and that MQD does not supervise their fraud investigator. The State has not been perfected.

#### **D. Unusual or Unanticipated Trends**

No unusual trends at this time other than the continued effects of the pandemic and continuous coverage requirements. There is a 40 percent increase in Medicaid enrollment.

#### **E. Legislative Updates**

Hawaii elected a new governor, Governor Josh Green, M.D. He has prioritized increasing reimbursement rates for medical and professional services. Also, a workgroup that included legislators focused on



strengthening Home and Community Based Services, and as a result of the American Rescue Plan Act (ARPA) 9817 funded rate study, a Home and Community Based rate study was completed and included in a legislative report. See section II.A.2 above for more on that rate study.

## **F. Descriptions of any Public Forums Held**

### **1. Public Forum for Section 1115 Demonstration Project**

Hawaii held two Med-QUEST Healthcare Advisory Committee (MHAC) meetings during this reporting period on October 19, 2022, and December 14, 2022. Public comments were received from both meetings and are summarized below.

#### *MHAC meeting, October 19, 2022*

Med-QUEST presented information and updates on Adult Dental Services, Annual Plan Change, Home and Community Based Services (HCBS) and the American Rescue Plan (ARP) spending activities for the HCBS Rate Study and the Person-Centered Planning. Med-QUEST Division also presented on State Plan Amendments (SPA) related to Community Palliative Care Services and Monkeypox vaccine administrative rates, and Member Communications related to the Public Health Emergency Unwinding and Renewals and Redeterminations.

Comments and questions were received by both the MHAC members and the public regarding the Adult Dental Services. One member from MHAC wanted to know if there were contracted providers already in place to perform the dental services. Med-QUEST Division confirmed that there are contracted dental providers in place and that MQD is actively seeking additional providers. One member from the public had questions regarding specific rates for FQHCs regarding lab costs and MQD explained this will be addressed on the PPS rate for dental. Another member of the public thanked MQD for providing Adult dental services and inquired when the Hawaii Administrative Rules (HAR) will be issued regarding dental. Med-QUEST Division explained that the HAR will be updated after CMS approves the benefit.

Comments and questions were also received by MHAC members regarding HCBS ARPA spending activities for the HCBS Rate Study and the Person-Centered Planning. A question was raised about whether the rate increases would be ready as they want to support this ask when this budget request goes before the legislature. General comments were provided regarding the Person-Centered Planning and how MQD can ensure that this becomes part of the culture in providing services to the Medicaid population. Med-QUEST Division explained that they have a consultant working with the State for the next 2 years to assist with incorporating this concept through trainings with the health plans and this focus is not just for HCBS members but all members in Medicaid.

Comments and questions were received by MHAC members and the public regarding the State Plan Amendment (SPA) updates. A question was raised by a MHAC member regarding the licensure for a mid-wife in the State Plan and if a mid-wife will have hospital privileges to be considered a PCP. Med-QUEST Division explained that these issues still need to be worked out and that the mid-wife will most likely be viewed as a specialist and not a PCP. A member from

the public asked about the status of the CAMHD SPA. Med-QUEST Division explained that this SPA is in the Request for Additional Information (RAI) period so the 90-day clock has stopped. Med-QUEST Division will address CMS' issues and respond to the RAI.

*MHAC meeting, December 14, 2022*

Med-QUEST Division presented updates on information regarding the Social Determinants of Health (SDOH) Transformation Plan, Dental Services, and the Upcoming Legislative Session. The MQD also presented on State Plan Amendment updates for Pregnant Woman and Unborn, and MQD Member Communications on the Public Health Emergency Unwinding process. Comments and questions were received from both the MHAC members and the public regarding the information presented.

Questions were received by both MHAC and the public regarding the SDOH Transformation Plan. A question was raised by a MHAC member asking how will this Transformation Plan work with the existing plans in place with the health plans? Med-QUEST Division explained that each health plan contracted with the MQD is required to have their own SDOH plan and some of them are performing this function in different ways so MQD is looking for opportunities to streamline this work to make it easier to follow for both providers and members. Another question was raised regarding the funding for this project. Med-QUEST Division explained that it will be adding in certain SDOH services in the new 1115 waiver for 2024 and will finance these services through the waiver. A member from the public asked how they can reach out for public comment on this matter in January. Med-QUEST Division explained that this issue will be available for public comment soon and MQD is working on setting this up.

Questions were received by MHAC regarding Dental Services. The MHAC member asked if there were certain conditions in the dental benefit package that would allow for additional cleanings such as diabetes or pregnancy and would that require a prior authorization. Med-QUEST Division explained that if the services are medically necessary then the provider can contact HDS for additional services. Med-QUEST Division also mentioned that updates were made to the fee for service provider manual and is available on the State MQD website.

Questions were received by MHAC regarding the Upcoming Legislative Session asking if MQD is looking for support on any specific bills. Med-QUEST Division explained that it has 2 bills regarding hospitals and nursing facilities, and anyone can submit comments or testimony.

Questions were received by MHAC regarding the Licensed Mid-Wife SPA regarding whether there are technical concerns from CMS about how the Mid-Wife is defined as there are different types of mid-wives licensed in our state. Med-QUEST Division will reach out separately to this MHAC member to consult with them on this matter.

A comment was received by MHAC regarding the PHE unwinding and the movie theater campaign. Med-QUEST Division showed a video clip about the PHE unwind and the video was well received by the MHAC member.

### III. Performance Metrics

#### A. Impact of the Demonstration

##### 1. Providing Insurance Coverage to Beneficiaries and the Uninsured Population

Total enrollment as of 12/26/22: 461,789

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

There is no reporting on the above for this quarter.

#### B. Results of Beneficiary Satisfaction Surveys (if conducted)

A Consumer Assessment of Healthcare Providers and Systems (CAHPS) was conducted for adult members of all five Quest Integration (QI) plans between February to May 2022. Results were shared by MQD's EQRO in November 2023. The Hawaii CAHPS had a 18.4% response rate which was higher than the national response rate (15.4%). For most composite measures and global ratings, there were no statistically significant differences compared to the 2020 CAHPS. However, there were some areas including "Rating of Personal Doctor" and "How Well Doctors Communicate" that showed significantly lower ratings. These results have been shared with Health Plans and internal to MQD, including the internal quality committee and collaborative quality workgroups, to identify the key drivers for these decreases and improve member satisfaction in these domains.

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

Nearly all grievances and appeals were timely resolved. The trend has continued since last quarter.

Type	Total	Timely Resolved* # (%)	Resolved in Favor of Beneficiaries** # (%)
Grievances	521	457 (97.0%)	184 (37.2%)
Appeals	368	264 (96.7%)	52 (19.0%)

\*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 appeals for which no decision has been made.

## **IV. Budget Neutrality and Financial Reporting Requirements**

### **A. Financial Performance of the Demonstration**

For the quarter ending 9/30/2023, Hawaii has continued to accrue budget neutrality savings, which is shown in the Budget Neutrality Summary attached to this report. In addition, the Hypothetical Expansion eligibility category has continued to accrue budget neutrality savings. The Demonstration continues to project budget neutrality savings in future years.

### **B. Updated Budget Neutrality Workbook**

The Budget Neutrality Workbook for the quarter ending 12/31/2022 will be submitted by the 2/28/2023 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 12/31/2022 were reported on the CMS-64 and certified on 1/30/2023. A summary of expenditures is shown on the attached Schedule C for the quarter ending 12/31/2022.

### **D. Administrative Costs**

Despite record highs in enrollment, there have not been significant increases in Hawaii's administrative costs for the quarter ending 12/31/2022. Cumulative administrative expenditures can be found on the attached Schedule C.

## **V. Evaluation Activities and Interim Findings**

### **A. 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. Health Plans submitted another round of Community Integration Services (CIS), Long-Term Services and Supports (LTSS), Special Health Care Needs, Value-Driven Health Care, and Primary Care reports with data quality improving compared to previous quarters. However, MQD

and the University of Hawaii (UH) Evaluation team are still providing targeted technical assistance and engaging with the Health Plans to improve data quality across all reports.

The UH Evaluation Team held a CIS rapid cycle assessment on December 1<sup>st</sup>, 2022.

## **2. Challenges Encountered and How They Were Addressed**

Acceptable data quality of the reports still remain a challenge. Med-QUEST Division and the UH Evaluation Team are continuing to meet with Health Plans at a greater frequency to better understand how the Health Plans are pulling this information and assisting the Health Plans with mapping the right data to specific fields in the report. Med-QUEST Division 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*

Some select successes in implementation include:

- 12 housing service providers are onboarded
- CIS-enrolled members needs are being met
- 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
- Housing service providers learning how to bill for CIS services

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

Contract is executed for the University of Hawaii Evaluation team for CY 2022 with plans to extend for CY 2023.

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

Not Applicable

## **6. Status of Study Participant Recruitment (if applicable)**

Not Applicable

## **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 the Demonstration will be provided in upcoming reports.

## **VI. Med-QUEST Division Contact**

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