Network Adequacy and Access Assurances (NAAAR) Report for Hawaii: QI NAAAR CY 2024-HI

Submission name	Plan type	Reporting period start date	Reporting period end date	Last edited	Edited by	Status
QI NAAAR CY 2024-HI	MCO	01/01/2024	12/31/2024	06/08/2026	Preetha Pant	Submitted

Section I. State and program information

A. State information and reporting scenario

Who should CMS contact with questions regarding information reported in the NAAAR? Follow-on communications related to this report will be made to the primary contact.

Use this section to report your contact information, date of report submission, and reporting scenario.

Number	Indicator	Response
IA.1	**Contact name** First and last name of the contact person.	Grant Shiira
IA.2	**Contact email address** Enter email address. Department or program-wide email addresses are permitted.	gshiira@dhs.hawaii.gov
IA.3	**State or territory** Auto-populates from your account profile.	Hawaii
IA.4	**Date of report submission** CMS receives this date upon submission of this report.	06/09/2026
IA.5	**Reporting scenario** Enter the scenario under which the state is submitting this form to CMS. Under 42 C.F.R. § 438.207(c) - (d), the state must submit an assurance of compliance after reviewing documentation submitted by a plan under the following three scenarios:Scenario 1: At the time the plan enters into a contract with the state;Scenario 2: On an annual basis;Scenario 3: Any time there has been a significant change (as defined by the state) in the plan's operations that would affect its adequacy of capacity and services, including (1) changes in the plan's services, benefits, geographic service area, composition of or payments to its provider network, or (2) enrollment of a new population in the plan.States should complete one (1) form with information for applicable managed care plans and programs. For example, if the state submits this form under scenario 1 above, the state should submit this form only for the managed care plan (and the applicable managed care program) that entered into a new contract with the state. The state should not report on any other plans or programs under this scenario. As another	Scenario 2: Annual report

		example, if the state submits this form under scenario 2, the state should submit this form for all managed care plans and managed care programs.

B. Add plans

Enter the name of each plan that participates in the program for which the state is reporting data. If the state is submitting this form because it's entering into a contract with a plan or because there's a significant change in a plan's operations, include only the name of the applicable plan.

Plan names should match the plan names used in your Managed Care Plan Annual Report (MCPAR) for this program for the same reporting period.

	Indicator	Response
	Plan name	AlohaCare
		Hawaii Medical Service Association (HMSA)
		Kaiser Permanente
		Ohana Health Plan
		UnitedHealthcare Community Plan

C. Provider type coverage

If your standards apply to more specific provider types, select the most closely aligned provider type category and utilize the subcategory fields available in Section II. Program-level access and network adequacy standards under "Provider type covered by standard".

Number	Indicator	Response
N/A	**Select all core provider types covered in the program**	Primary Care Specialist Mental health Substance Use Disorder (SUD) OB/GYN Hospital Pharmacy LTSS

D. Analysis methods

States should use this section of the tab to report on the analyses that are used to assess plan compliance with the state's 42 C.F.R. § 438.68 and 42 C.F.R. § 438.206 standards.

Number	Indicator	Response
N/A	**Is this analysis method used to assess plan compliance?** Select "Yes" if the method is utilized to assess plan compliance with the state's standards, as required at 42 C.F.R. § 438.68.	**Geomapping** Utilized Frequency: Quarterly Plan(s): AlohaCare, Hawaii Medical Service Association (HMSA), Kaiser Permanente, Ohana Health Plan, UnitedHealthcare Community Plan **Plan Provider Directory Review** Not utilized **Secret Shopper: Network Participation** Utilized Frequency: Quarterly Plan(s): AlohaCare, Hawaii Medical Service Association (HMSA), Kaiser Permanente, Ohana Health Plan, UnitedHealthcare Community Plan **Secret Shopper: Appointment Availability** Utilized Frequency: Quarterly Plan(s): AlohaCare, Hawaii Medical Service Association (HMSA), Kaiser Permanente, Ohana Health Plan, UnitedHealthcare Community Plan **Electronic Visit Verification Data Analysis** Not utilized **Review of Grievances Related to Access** Utilized Frequency: Quarterly Plan(s): AlohaCare, Hawaii Medical Service Association (HMSA), Kaiser Permanente, Ohana Health Plan, UnitedHealthcare Community Plan **Encounter Data Analysis** Not utilized **Member to Provider Comparision** Utilized Description: We compare the complete list of eligible providers in a Health Plan by type with the number of eligible members in the specified category (children, adults, etc.) Frequency: Quarterly

Plan(s): AlohaCare, Hawaii Medical Service Association (HMSA), Kaiser Permanente, Ohana Health Plan, UnitedHealthcare Community Plan

Section II. Program-level access and network adequacy standards

II. Program-level access and network adequacy standards

Report each network adequacy standard included in managed care program contract for this program as required under 42 CFR § 438.68; select “Add standard” to report each unique standard. 42 § CFR 438.206 standards will be addressed in section III. Plan compliance.

Standard total count: 53

#	Provider	Standard type	Standard description	Analysis methods	Pop.	Region
1	Hospital	Minimum number of network providers	5 on Oahu, 1 on Maui, 1 on Kauai, 2 on Hawaii, 1 on Lanai and 1 on Molokai	Member to Provider Comparision	Adult and Pediatric	Island
2	Hospital; Emergency transportation	Minimum number of network providers	Ground and air transportation	Member to Provider Comparision	Adult and Pediatric	Statewide
3	Hospital; Non-Emergency Transportation	Minimum number of network providers	Ground and air transportation	Member to Provider Comparision	Adult and Pediatric	Statewide
4	Primary care	Provider to enrollee ratios	At least 1 PCP per 300 members	Member to Provider Comparision	Adult and Pediatric	Statewide
5	Specialist; Physician Specialist	Minimum number of network providers	Network must include physician specialists including but not limited to cardiologists, endocrinologists, general surgeons, geriatricians, hematologists, infectious disease specialists, nephrologists, neurologists, obstetricians/gynecologists, oncologists, ophthalmologists, orthopedists, otolaryngology, pediatric specialists, plastic and reconstructive surgeons, pulmonologists, radiologists and urologists.	Member to Provider Comparision	Adult and Pediatric	Statewide
6	Specialist; Laboratories	Minimum number of network providers	Laboratories with a either a Clinical Laboratory Improvement Amendments (CLIA) 1988 certificate or a waiver of a certificate of registration	Member to Provider Comparision	Adult and Pediatric	Statewide

7	Specialist; Optometrists	Minimum number of network providers	Network must include Optometrists	Member to Provider Comparision	Adult and Pediatric	Statewide
8	Pharmacy	Minimum number of network providers	Pharmacies	Member to Provider Comparision	Adult and Pediatric	Statewide
9	Specialist; Other health care providers	Minimum number of network providers	Physical and occupational therapists, audiologists, and speech-language pathologists	Member to Provider Comparision	Adult and Pediatric	Statewide
10	Specialist; Other health care providers	Minimum number of network providers	Licensed dieticians	Member to Provider Comparision	Adult and Pediatric	Statewide
11	Specialist; Other health care providers	Minimum number of network providers	Physician assistants	Member to Provider Comparision	Adult and Pediatric	Statewide
12	Specialist; Other health care providers	Minimum number of network providers	Community health workers	Member to Provider Comparision	Adult and Pediatric	Statewide
13	Specialist; Psychiatrists	Provider to enrollee ratios	1:150 Psychiatrists per members with serious mental illness or severe and persistant mental illness (SMI or SPMI) diagnosis	Member to Provider Comparision	Adult and Pediatric	Statewide
14	Mental health; Other Behavioral Health	Provider to enrollee ratios	1:100 other behavioral health providers (psychologists, licensed mental health counselors, licensed clinical social workers, APRN – behavioral health) per members with SMI or SPMI diagnosis	Member to Provider Comparision	Adult and Pediatric	Statewide

15	Mental health; Other Behavioral Health	Minimum number of network providers	Behavioral Health Providers: Licensed Therapists, Counselors, and Certified Substance Abuse Counselors (CSACs)	Member to Provider Comparision	Adult and Pediatric	Statewide
16	Mental health; Other Behavioral Health	Minimum number of network providers	Peer Support Specialists certified by the Adult Mental Health Division (AMHD) as a part of their Hawaii certified peer specialist program or a program that meets the criteria established by AMHD	Member to Provider Comparision	Adult and Pediatric	Statewide
17	Mental health; Other Behavioral Health	Minimum number of network providers	State-Licensed Special Treatment Facilities for the provision of substance abuse therapy/treatment	Member to Provider Comparision	Adult and Pediatric	Statewide
18	Specialist; Other Healthcare Providers	Minimum number of network providers	Durable medical equipment providers	Member to Provider Comparision	Adult and Pediatric	Statewide
19	Specialist; Other Healthcare Providers	Minimum number of network providers	Case management agencies	Member to Provider Comparision	Adult and Pediatric	Statewide
20	LTSS	Minimum number of network providers	LTSS Providers: Adult Day Care Facilities, Adult Day Health Facilities, Assisted Living Facilities, Community Care Foster Family Home (CCFFH), Community Care Management Agency (CCMA), Expanded Adult Residential Care Homes (E-ARCHs), Home-Delivered Meal Providers, Non-Medical Transportation Providers, Nursing Facilities (NFs), Personal Care Assistance Providers, Personal Emergency Response System (PERS) Providers, Private Duty Nursing (PDN), Respite	Member to Provider Comparision	Adult and Pediatric	Statewide

			Care Providers, and Specialized Medical Equipment and Supply Providers			
21	Specialist; Other Healthcare Providers	Minimum number of network providers	Providers of lodging and meals associated with obtaining necessary medical care	Member to Provider Comparision	Adult and Pediatric	Statewide
22	Specialist; Interpretation services	Minimum number of network providers	Sign language interpreters and interpreters for languages other than English	Member to Provider Comparision	Adult and Pediatric	Statewide
23	Specialist; Other Healthcare Providers	Minimum number of network providers	Community paramedics	Member to Provider Comparision	Adult and Pediatric	Statewide
24	Primary care; Primary Care Providers	Maximum time to travel	30 minutes driving time to an appointment	Member to Provider Comparision	Adult and Pediatric	Urban
25	Primary care; Primary Care Providers	Maximum time to travel	60 minutes driving time to an appointment	Member to Provider Comparision	Adult and Pediatric	Rural
26	Specialist	Maximum time to travel	30 minutes driving time to an appointment	Member to Provider Comparision	Adult and Pediatric	Urban
27	Specialist	Maximum time to travel	60 minutes driving time to an appointment	Member to Provider Comparision	Adult and Pediatric	Rural
28	OB/GYN	Maximum time to travel	30 minutes driving time to an appointment	Member to Provider Comparision	Adult and Pediatric	Urban
29	OB/GYN	Maximum time to travel	60 minutes driving time to an appointment	Member to Provider Comparision	Adult and Pediatric	Rural
30	LTSS; Adult Day Care/Adult Day Health	Maximum time to travel	30 minutes driving time	Member to Provider Comparision	MLTSS	Urban

31	LTSS; Adult Day Care/Adult Day Health	Maximum time to travel	60 minutes driving time	Member to Provider Comparision	MLTSS	Rural
32	Hospital	Maximum time to travel	30 minutes driving time	Member to Provider Comparision	Adult and Pediatric	Urban
33	Hospital	Maximum time to travel	60 minutes driving time	Member to Provider Comparision	Adult and Pediatric	Rural
34	Mental health; Behavioral Health Provider	Maximum time to travel	30 minutes driving time	Member to Provider Comparision	Adult and Pediatric	Urban
35	Mental health; Behavioral Health Provider	Maximum time to travel	60 minutes driving time	Member to Provider Comparision	Adult and Pediatric	Rural
36	Hospital; Emergency Services Facilities	Maximum time to travel	30 minutes driving time	Member to Provider Comparision	Adult and Pediatric	Urban
37	Hospital; Emergency Services Facilities	Maximum time to travel	60 minutes driving time	Member to Provider Comparision	Adult and Pediatric	Rural
38	LTSS	Maximum time to travel	30 minutes driving time	Member to Provider Comparision	MLTSS	Urban
39	LTSS	Maximum time to travel	60 minutes driving time	Member to Provider Comparision	MLTSS	Rural
40	Pharmacy; 24 hour Pharmacy	Maximum time to travel	30 minutes driving time	Member to Provider Comparision	Adult and Pediatric	Urban
41	Pharmacy	Maximum time to travel	15 minutes driving time	Member to Provider Comparision	Adult and Pediatric	Urban

42	Pharmacy	Maximum time to travel	60 minutes driving time	Member to Provider Comparision	Adult and Pediatric	Rural
43	Primary care; Pediatric Primary Care	Appointment wait time	Urgent care and PCP sick visits within 24 hours	Secret Shopper: Appointment Availability	Pediatric	Statewide
44	Primary care; Adult Primary Care	Appointment wait time	PCP sick visit within 72 hours	Secret Shopper: Appointment Availability	Adult	Statewide
45	Mental health; Behavioral Health Provider	Appointment wait time	Behavioral health routine visit within 21 days	Secret Shopper: Appointment Availability	Adult and Pediatric	Statewide
46	Primary care	Appointment wait time	PCP routine visit within 21 days	Secret Shopper: Appointment Availability	Adult and Pediatric	Statewide
47	Specialist; Specialist /Non -emergency	Appointment wait time	Specialist or non-emergency hospital stays within 4 weeks	Secret Shopper: Appointment Availability	Adult and Pediatric	Statewide
48	Specialist; Other Healthcare Providers	Minimum number of network providers	Home Health Agencies	Member to Provider Comparision	Adult and Pediatric	Statewide
49	Specialist; Other Healthcare Providers	Minimum number of network providers	Hospices	Member to Provider Comparision	Adult and Pediatric	Statewide
50	Hospital; Emergency Services Facilities	Appointment wait time	Emergency medical Situations - Immediate care (twenty four (24) hours a day, seven (7) days a week)	Secret Shopper: Appointment Availability	Adult and Pediatric	Statewide
51	Specialist	Minimum number of network providers	Access to family planning providers	Member to Provider Comparision	Adult and Pediatric	Statewide

52	Primary care; Facilities	Minimum number of network providers	FQHC/RHC	Member to Provider Comparision	Adult and Pediatric	Statewide
53	Specialist; Other Healthcare Providers	Minimum number of network providers	Access to certified nurse midwives, pediatric nurse practitioners, family nurse practitioners, and behavioral health nurse practitioners	Member to Provider Comparision	Adult and Pediatric	Statewide

Section III. Plan compliance

III. Plan compliance

Use this section to report on plan compliance with the state's standards, as required at 42 C.F.R. § 438.68. This section is also used to report on plan compliance with 42 C.F.R. § 438.206 standards.

AlohaCare

A. Assurance of plan compliance for 438.68

	Indicator	Response
	A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

Select "Enter/Edit" to provide details on standards that were either

non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 15 of 53

10 Minimum number of network providers

Licensed dieticians

Provider type(s)

Specialist; Other health care providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

Minimum number of licensed dieticians was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To manage network deficiencies, AlohaCare provides both air and ground transportation, establishes single-case Letters of Agreement with out-of-network providers, and collaborates with community-based organizations when needed. To further expand access, the organization prioritizes recruitment efforts, especially in rural areas, streamlines provider credentialing processes, and enhances care delivery through telehealth and e-consult programs. AlohaCare also continues to provide services through its Ke Aloha Mau program, which incorporates traditional and culturally grounded approaches to care. In addition, AlohaCare invests in community support initiatives by funding telehealth equipment, mobile clinics, and transportation services. The health plan also conducts ongoing network monitoring and provider outreach to support long-term improvements in statewide access to care and ensure continued compliance with the standard.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow

a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

12 Minimum number of network providers

Community health workers

Provider type(s)

Specialist; Other health care providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

Minimum number of community health workers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To manage network deficiencies, AlohaCare provides both air and ground transportation, establishes single-case Letters of Agreement with out-of-network providers, and collaborates with community-based organizations when needed. To further expand access, the organization prioritizes recruitment efforts, especially in rural areas, streamlines provider credentialing processes, and enhances care delivery through telehealth and e-consult programs. AlohaCare also continues to provide

services through its Ke Aloha Mau program, which incorporates traditional and culturally grounded approaches to care. In addition, AlohaCare invests in community support initiatives by funding telehealth equipment, mobile clinics, and transportation services. The health plan also conducts ongoing network monitoring and provider outreach to support long-term improvements in statewide access to care and ensure continued compliance with the standard.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2026

16 Minimum number of network providers

Peer Support Specialists certified by the Adult Mental Health Division (AMHD) as a part of their Hawaii certified peer specialist program or a program that meets the criteria established by AMHD

Provider type(s)

Mental health; Other Behavioral Health

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The minimum number of peer support specialist was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To manage network deficiencies, AlohaCare provides both air and ground transportation, establishes single-case Letters of Agreement with out-of-network providers, and collaborates with community-based organizations when needed. To further expand access, the organization prioritizes recruitment efforts, especially in rural areas, streamlines provider credentialing processes, and enhances care delivery through telehealth and e-consult programs. AlohaCare also continues to provide services through its Ke Aloha Mau program, which incorporates traditional and culturally grounded approaches to care. In addition, AlohaCare invests in community support initiatives by funding telehealth equipment, mobile clinics, and transportation services. The health plan also conducts ongoing network monitoring and provider outreach to support long-term improvements in statewide access to care and ensure continued compliance with the standard.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in

accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

20 Minimum number of network providers

LTSS Providers: Adult Day Care Facilities, Adult Day Health Facilities, Assisted Living Facilities, Community Care Foster Family Home (CCFFH), Community Care Management Agency (CCMA), Expanded Adult Residential Care Homes (E-ARCHs), Home-Delivered Meal Providers, Non-Medical Transportation Providers, Nursing Facilities (NFs), Personal Care Assistance Providers, Personal Emergency Response System (PERS) Providers, Private Duty Nursing (PDN), Respite Care Providers, and Specialized Medical Equipment and Supply Providers

Provider type(s)

LTSS

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The minimum number of private duty nursing and respite care providers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To manage network deficiencies, AlohaCare provides both air and ground transportation, establishes single-case Letters of Agreement with out-of-network providers, and collaborates with community-based organizations when needed. To further expand access, the organization prioritizes recruitment efforts, especially in rural areas, streamlines provider credentialing processes, and enhances care delivery through telehealth and e-consult programs. AlohaCare also continues to provide services through its Ke Aloha Mau program, which incorporates traditional and culturally grounded approaches to care. In addition, AlohaCare invests in community support initiatives by funding telehealth equipment, mobile clinics, and transportation services. The health plan also conducts ongoing network monitoring and provider

outreach to support long-term improvements in statewide access to care and ensure continued compliance with the standard.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

22 Minimum number of network providers

Sign language interpreters and interpreters for languages other than English

Provider type(s)

Specialist; Interpretation services

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The minimum number of sign language interpreters and other language interpreters was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To manage network deficiencies, AlohaCare provides both air and ground transportation, establishes single-case Letters of Agreement with out-of-network providers, and collaborates with community-based organizations when needed. To further expand access, the organization prioritizes recruitment efforts, especially in rural areas, streamlines provider credentialing processes, and enhances care delivery through telehealth and e-consult programs. AlohaCare also continues to provide services through its Ke Aloha Mau program, which incorporates traditional and culturally grounded approaches to care. In addition, AlohaCare invests in community support initiatives by funding telehealth equipment, mobile clinics, and transportation services. The health plan also conducts ongoing network monitoring and provider outreach to support long-term improvements in statewide access to care and ensure continued compliance with the standard.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

26 Maximum time to travel

30 minutes driving time to an appointment

Provider type(s)

Specialist

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	Adult and Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The 85% drive-time threshold was not met in any of the four quarters for geriatricians or pediatric specialists.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To manage network deficiencies, AlohaCare provides both air and ground transportation, establishes single-case Letters of Agreement with out-of-network providers, and collaborates with community-based organizations when needed. To further expand access, the organization prioritizes recruitment efforts, especially in rural areas, streamlines provider credentialing processes, and enhances care delivery through telehealth and e-consult programs. AlohaCare also continues to provide services through its Ke Aloha Mau program, which incorporates traditional and culturally grounded approaches to care. In addition, AlohaCare invests in community support initiatives by funding telehealth equipment, mobile clinics, and transportation services. The health plan also conducts ongoing network monitoring and provider outreach to support long-term improvements in statewide access to care and ensure continued compliance with the standard.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue

after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

27 Maximum time to travel

60 minutes driving time to an appointment

Provider type(s)

Specialist

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	Adult and Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The 85% drive-time threshold was not met in any of the four quarters for endocrinologists, otolaryngologists or pediatric specialists. Additionally, hematologists didn't meet the drive time thresholds for the first two quarters whereas infectious disease specialist didn't meet the threshold in Quarter 1.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To manage network deficiencies, AlohaCare provides both air and ground transportation, establishes single-case Letters of Agreement with out-of-network providers, and collaborates with community-based organizations when needed. To further expand access, the organization prioritizes recruitment efforts, especially in rural areas, streamlines provider credentialing processes, and enhances care delivery through telehealth and e-consult programs. AlohaCare also continues to provide services through its Ke Aloha Mau program, which incorporates traditional and culturally grounded approaches to care. In addition, AlohaCare invests in community support initiatives by funding telehealth equipment, mobile clinics, and transportation

services. The health plan also conducts ongoing network monitoring and provider outreach to support long-term improvements in statewide access to care and ensure continued compliance with the standard.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

30 Maximum time to travel

30 minutes driving time

Provider type(s)

LTSS; Adult Day Care/Adult Day Health

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	MLTSS

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The 30 minutes maximum drive time to travel for Adult Day Care/Adult Day Health in an urban setting was unmet for quarters 2 through 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To manage network deficiencies, AlohaCare provides both air and ground transportation, establishes single-case Letters of Agreement with out-of-network providers, and collaborates with community-based organizations when needed. To further expand access, the organization prioritizes recruitment efforts, especially in rural areas, streamlines provider credentialing processes, and enhances care delivery through telehealth and e-consult programs. AlohaCare also continues to provide services through its Ke Aloha Mau program, which incorporates traditional and culturally grounded approaches to care. In addition, AlohaCare invests in community support initiatives by funding telehealth equipment, mobile clinics, and transportation services. The health plan also conducts ongoing network monitoring and provider outreach to support long-term improvements in statewide access to care and ensure continued compliance with the standard.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

31 Maximum time to travel

60 minutes driving time

Provider type(s)

LTSS; Adult Day Care/Adult Day Health

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	MLTSS

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The 60 minutes maximum drive time to travel for Adult Day Care/Adult Day Health in a rural setting was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To manage network deficiencies, AlohaCare provides both air and ground transportation, establishes single-case Letters of Agreement with out-of-network providers, and collaborates with community-based organizations when needed. To further expand access, the organization prioritizes recruitment efforts, especially in rural areas, streamlines provider credentialing processes, and enhances care delivery through telehealth and e-consult programs. AlohaCare also continues to provide services through its Ke Aloha Mau program, which incorporates traditional and culturally grounded approaches to care. In addition, AlohaCare invests in community support initiatives by funding telehealth equipment, mobile clinics, and transportation services. The health plan also conducts ongoing network monitoring and provider outreach to support long-term improvements in statewide access to care and ensure continued compliance with the standard.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue

after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

43 Appointment wait time

Urgent care and PCP sick visits within 24 hours

Provider type(s)

Primary care; Pediatric Primary Care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. . The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 0

Q2 (optional): 0

Q3 (optional): 0

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the

Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

44 Appointment wait time

PCP sick visit within 72 hours

Provider type(s)

Primary care; Adult Primary Care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. . The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 0

Q2 (optional): 5

Q3 (optional): 3

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in

accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

45 Appointment wait time

Behavioral health routine visit within 21 days

Provider type(s)

Mental health; Behavioral Health Provider

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. . The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 6

Q2 (optional): 4

Q3 (optional): 4

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

46 Appointment wait time

PCP routine visit within 21 days

Provider type(s)

Primary care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The metrics reported above were for the adult section of the PCP routine visit within 21 days, for the pediatric population the Q1 results was 8%, Q2 result was 5%, the Q3 result was 6% and Q4 wasn't reported. The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4

of CY 2024 are unable to be evaluated. . The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 20

Q2 (optional): 21

Q3 (optional): 11

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

47 Appointment wait time

Specialist or non-emergency hospital stays within 4 weeks

Provider type(s)

Specialist; Specialist /Non -emergency

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 0

Q2 (optional): 0

Q3 (optional): 9

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior

to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability. In April 2024, the state issued NOC's citing a violation of Contract Section 8.1.F.1, which requires direct access to women's health specialists for members. Through our secret shopper program, MQD found that approximately two-thirds of statewide calls across all five health plans resulted in OB/GYN providers informing callers that a referral from the member's PCP was required to schedule any appointment. AlohaCare performed a root cause analysis and presented MQD with a timeline of steps they will take to come back into compliance with the requirement. AlohaCare reached out to providers to understand the problem and worked with the other health plans to provide education to the entire OB/GYN network. MQD will continue to evaluate the changes in data in future quarters and see if AlohaCare will eventually meet this metric.

Reassessment date

01/31/2025

50 Appointment wait time

Emergency medical Situations - Immediate care (twenty four (24) hours a day, seven (7) days a week)

Provider type(s)

Hospital; Emergency Services Facilities

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for AlohaCare: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): NR

Q2 (optional): NR

Q3 (optional): NR

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

Exceptions standards for 438.68

Total: 0 of 53

B. Assurance of plan compliance for 438.206

	Indicator	Response
	B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

Hawaii Medical Service Association (HMSA)

A. Assurance of plan compliance for 438.68

	Indicator	Response
	A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

Select "Enter/Edit" to provide details on standards that were either non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 17 of 53

9	**Minimum number of network providers**

Physical and occupational therapists, audiologists, and speech-language pathologists

Provider type(s)

Specialist; Other health care providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The minimum number of Speech Language Pathologists was unmet for Quarters 2-4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

If a network deficiency is identified during any reporting period, HMSA's Provider Team will assess the gap and determine whether one or more short-term solutions are appropriate to address the issue. These solutions may include provider travel stipends to encourage providers to travel to neighbor islands, neighbor island travel options for members, and Letters of Agreement with non-participating providers. If existing solutions are insufficient, HMSA will explore new and innovative approaches to address the deficiencies. As part of the assessment process, HMSA considers several factors, including the geographic location of the gap (rural vs urban areas), the impacted provider type or specialty, whether another provider type or specialty may be able to meet the need, the underlying cause of the gap, and the number of members affected. When a short-term solution successfully mitigates the issue, HMSA then shifts its focus toward identifying and implementing a long-term solution aimed at preventing similar gaps in the future. HMSA's long-term strategy includes its standard provider recruitment process which involves validating potential network gaps, notifying impacted areas, identifying potential non-participating providers, and initiating contracting process.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that

may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

10 Minimum number of network providers

Licensed dieticians

Provider type(s)

Specialist; Other health care providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The minimum number of licensed dieticians was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

If a network deficiency is identified during any reporting period, HMSA's Provider Team will assess the gap and determine whether one or more short-term solutions are appropriate to address the issue. These solutions may include provider travel stipends to encourage providers to travel to neighbor islands, neighbor island travel options for members, and Letters of Agreement with non-participating providers. If existing solutions are insufficient, HMSA will explore new and innovative approaches to address the deficiencies. As part of the assessment process, HMSA considers several factors, including the geographic location of the gap (rural vs urban areas), the impacted provider type or specialty, whether another provider type or specialty may be able to

meet the need, the underlying cause of the gap, and the number of members affected. When a short-term solution successfully mitigates the issue, HMSA then shifts its focus toward identifying and implementing a long-term solution aimed at preventing similar gaps in the future. HMSA's long-term strategy includes its standard provider recruitment process which involves validating potential network gaps, notifying impacted areas, identifying potential non-participating providers, and initiating contracting process.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

12 Minimum number of network providers

Community health workers

Provider type(s)

Specialist; Other health care providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The minimum number of community health workers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

If a network deficiency is identified during any reporting period, HMSA's Provider Team will assess the gap and determine whether one or more short-term solutions are appropriate to address the issue. These solutions may include provider travel stipends to encourage providers to travel to neighbor islands, neighbor island travel options for members, and Letters of Agreement with non-participating providers. If existing solutions are insufficient, HMSA will explore new and innovative approaches to address the deficiencies. As part of the assessment process, HMSA considers several factors, including the geographic location of the gap (rural vs urban areas), the impacted provider type or specialty, whether another provider type or specialty may be able to meet the need, the underlying cause of the gap, and the number of members affected. When a short-term solution successfully mitigates the issue, HMSA then shifts its focus toward identifying and implementing a long-term solution aimed at preventing similar gaps in the future. HMSA's long-term strategy includes its standard provider recruitment process which involves validating potential network gaps, notifying impacted areas, identifying potential non-participating providers, and initiating contracting process.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in

accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

13 Provider to enrollee ratios

1:150 Psychiatrists per members with serious mental illness or severe and persistant mental illness (SMI or SPMI) diagnosis

Provider type(s)

Specialist; Psychiatrists

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

This minimum number of provider to Psychiatrist ratio was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

If a network deficiency is identified during any reporting period, HMSA's Provider Team will assess the gap and determine whether one or more short-term solutions are appropriate to address the issue. These solutions may include provider travel stipends to encourage providers to travel to neighbor islands, neighbor island travel options for members, and Letters of Agreement with non-participating providers. If existing solutions are insufficient, HMSA will explore new and innovative approaches to address the deficiencies. As part of the assessment process, HMSA considers several factors, including the geographic location of the gap (rural vs urban areas), the impacted provider type or specialty, whether another provider type or specialty may be able to meet the need, the underlying cause of the gap, and the number of members affected. When a short-term solution successfully mitigates the issue, HMSA then shifts its focus toward identifying and implementing a long-term solution aimed at preventing similar gaps in the future. HMSA's long-term strategy includes its standard provider recruitment process which involves validating potential network gaps, notifying impacted areas, identifying potential non-participating providers, and initiating contracting process.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

16 Minimum number of network providers

Peer Support Specialists certified by the Adult Mental Health Division (AMHD) as a part of their Hawaii certified peer specialist program or a program that meets the criteria established by AMHD

Provider type(s)

Mental health; Other Behavioral Health

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The minimum number of peer support specialist was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

If a network deficiency is identified during any reporting period, HMSA's Provider Team will assess the gap and determine whether one or more short-term solutions are appropriate to address the issue. These solutions may include provider travel stipends to encourage providers to travel to neighbor islands, neighbor island travel options for members, and Letters of Agreement with non-participating providers. If existing solutions are insufficient, HMSA will explore new and innovative approaches to address the deficiencies. As part of the assessment process, HMSA considers several factors, including the geographic location of the gap (rural vs urban areas), the impacted provider type or specialty, whether another provider type or specialty may be able to meet the need, the underlying cause of the gap, and the number of members affected. When a short-term solution successfully mitigates the issue, HMSA then shifts its focus toward identifying and implementing a long-term solution aimed at preventing similar gaps in the future. HMSA's long-term strategy includes its standard provider recruitment process which involves validating potential network gaps, notifying impacted areas, identifying potential non-participating providers, and initiating contracting process.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

20 Minimum number of network providers

LTSS Providers: Adult Day Care Facilities, Adult Day Health Facilities, Assisted Living Facilities, Community Care Foster Family Home (CCFFH), Community Care Management Agency (CCMA), Expanded Adult Residential Care Homes (E-ARCHs), Home-Delivered Meal Providers, Non-Medical Transportation Providers, Nursing Facilities (NFs), Personal Care Assistance Providers, Personal Emergency Response System (PERS) Providers, Private Duty Nursing (PDN), Respite Care Providers, and Specialized Medical Equipment and Supply Providers

Provider type(s)

LTSS

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The minimum number of respite care providers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

If a network deficiency is identified during any reporting period, HMSA's Provider Team will assess the gap and determine whether one or more short-term solutions are appropriate to address the issue. These solutions may include provider travel stipends to encourage providers to travel to neighbor islands, neighbor island travel options for members, and Letters of Agreement with non-participating providers. If existing solutions are insufficient, HMSA will explore new and innovative approaches to address the deficiencies. As part of the assessment process, HMSA considers several factors, including the geographic location of the gap (rural vs urban areas), the impacted provider type or specialty, whether another provider type or specialty may be able to meet the need, the underlying cause of the gap, and the number of members affected. When a short-term solution successfully mitigates the issue, HMSA then shifts its focus toward identifying and implementing a long-term solution aimed at preventing similar gaps in the future. HMSA's long-term strategy includes its standard provider recruitment process which involves validating potential network gaps, notifying impacted areas, identifying potential non-participating providers, and initiating contracting process.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

22 Minimum number of network providers

Sign language interpreters and interpreters for languages other than English

Provider type(s)

Specialist; Interpretation services

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The minimum number of interpreters was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

If a network deficiency is identified during any reporting period, HMSA's Provider Team will assess the gap and determine whether one or more short-term solutions are appropriate to address the issue. These solutions may include provider travel stipends to encourage providers to travel to neighbor islands, neighbor island travel options for members, and Letters of Agreement with non-participating providers. If existing solutions are insufficient, HMSA will explore new and innovative approaches to address the deficiencies. As part of the assessment process, HMSA considers several factors, including the geographic location of the gap (rural vs urban areas), the impacted provider type or specialty, whether another provider type or specialty may be able to meet the need, the underlying cause of the gap, and the number of members affected. When a short-term solution successfully mitigates the issue, HMSA then shifts its focus toward identifying and implementing a long-term solution aimed at preventing similar gaps in the future. HMSA's long-term strategy includes its standard provider recruitment process which involves validating potential network gaps, notifying impacted areas, identifying potential non-participating providers, and initiating contracting process.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

26 Maximum time to travel

30 minutes driving time to an appointment

Provider type(s)

Specialist

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

This standard was unmet for all four quarters since the drive time to an appointment was under the 85% threshold for specialist.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

If a network deficiency is identified during any reporting period, HMSA's Provider Team will assess the gap and determine whether one or more short-term solutions are appropriate to address the issue. These solutions may include provider travel stipends to encourage providers to travel to neighbor islands, neighbor island travel options for members, and Letters of Agreement with non-participating providers. If existing solutions are insufficient, HMSA will explore new and innovative approaches to address the deficiencies. As part of the assessment process, HMSA considers several factors, including the geographic location of the gap (rural vs urban areas), the impacted provider type or specialty, whether another provider type or specialty may be able to meet the need, the underlying cause of the gap, and the number of members affected. When a short-term solution successfully mitigates the issue, HMSA then shifts its focus toward identifying and implementing a long-term solution aimed at preventing similar gaps in the future. HMSA's long-term strategy includes its standard provider recruitment process which involves validating potential network gaps, notifying impacted areas, identifying potential non-participating providers, and initiating contracting process.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that

may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

27 Maximum time to travel

60 minutes driving time to an appointment

Provider type(s)

Specialist

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The 85% drive-time threshold was not met in any of the four quarters for hematologist, infectious disease specialist, otolaryngologists, and pediatric specialists. Additionally, geriatricians didn't meet the drive time thresholds for quarters 3 and 4 quarters whereas nephrologists didn't meet the threshold in Quarter 1. Furthermore, neurologist didn't meet the drive time standards in Quarter 1,3 and 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

If a network deficiency is identified during any reporting period, HMSA's Provider Team will assess the gap and determine whether one or more short-term solutions are appropriate to address the issue. These solutions may include provider travel stipends to encourage providers to travel to neighbor islands, neighbor island travel options for members, and Letters of Agreement with non-participating providers. If existing

solutions are insufficient, HMSA will explore new and innovative approaches to address the deficiencies. As part of the assessment process, HMSA considers several factors, including the geographic location of the gap (rural vs urban areas), the impacted provider type or specialty, whether another provider type or specialty may be able to meet the need, the underlying cause of the gap, and the number of members affected. When a short-term solution successfully mitigates the issue, HMSA then shifts its focus toward identifying and implementing a long-term solution aimed at preventing similar gaps in the future. HMSA's long-term strategy includes its standard provider recruitment process which involves validating potential network gaps, notifying impacted areas, identifying potential non-participating providers, and initiating contracting process.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

31 Maximum time to travel

60 minutes driving time

Provider type(s)

LTSS; Adult Day Care/Adult Day Health

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	MLTSS

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The 60 minutes maximum drive time to travel for Adult Day Care/Adult Day Health in a rural setting was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

If a network deficiency is identified during any reporting period, HMSA's Provider Team will assess the gap and determine whether one or more short-term solutions are appropriate to address the issue. These solutions may include provider travel stipends to encourage providers to travel to neighbor islands, neighbor island travel options for members, and Letters of Agreement with non-participating providers. If existing solutions are insufficient, HMSA will explore new and innovative approaches to address the deficiencies. As part of the assessment process, HMSA considers several factors, including the geographic location of the gap (rural vs urban areas), the impacted provider type or specialty, whether another provider type or specialty may be able to meet the need, the underlying cause of the gap, and the number of members affected. When a short-term solution successfully mitigates the issue, HMSA then shifts its focus toward identifying and implementing a long-term solution aimed at preventing similar gaps in the future. HMSA's long-term strategy includes its standard provider recruitment process which involves validating potential network gaps, notifying impacted areas, identifying potential non-participating providers, and initiating contracting process.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for

considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

43 Appointment wait time

Urgent care and PCP sick visits within 24 hours

Provider type(s)

Primary care; Pediatric Primary Care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 5

Q2 (optional): 2

Q3 (optional): 2

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an

appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

44 Appointment wait time

PCP sick visit within 72 hours

Provider type(s)

Primary care; Adult Primary Care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 6

Q2 (optional): 3

Q3 (optional): 2

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in

accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

45 Appointment wait time

Behavioral health routine visit within 21 days

Provider type(s)

Mental health; Behavioral Health Provider

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 8

Q2 (optional): 7

Q3 (optional): 6

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

46 Appointment wait time

PCP routine visit within 21 days

Provider type(s)

Primary care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The metrics reported above were for the adult section of the PCP routine visit within 21 days, for the pediatric population the Q1 results was 8%, Q2 result was 6%, the Q3

result was 9% and Q4 wasn't reported. The vendor that assessed the Secret Shopper Metrics went out of business on October 2024; thus the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated.The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 11

Q2 (optional): 7

Q3 (optional): 5

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan’s response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

47 Appointment wait time

Specialist or non-emergency hospital stays within 4 weeks

Provider type(s)

Specialist; Specialist /Non -emergency

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 0

Q2 (optional): 0

Q3 (optional): 0

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific

specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability. In April 2024, the state issued NOC's citing a violation of Contract Section 8.1.F.1, which requires direct access to women's health specialists for members. Through our secret shopper program, MQD found that approximately two-thirds of statewide calls across all five health plans resulted in OB/GYN providers informing callers that a referral from the member's PCP was required to schedule any appointment. HMSA performed a root cause analysis and presented MQD with a timeline of steps they will take to come back into compliance with the requirement. HMSA reached out to providers to understand the problem and worked with the other health plans to provide education to the entire OB/GYN network. MQD will continue to evaluate the changes in data in future quarters and see if HMSA will eventually meet this metric.

Reassessment date

01/31/2025

50 Appointment wait time

Emergency medical Situations - Immediate care (twenty four (24) hours a day, seven (7) days a week)

Provider type(s)

Hospital; Emergency Services Facilities

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): NR

Q2 (optional): NR

Q3 (optional): NR

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in

accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

52 Minimum number of network providers

FQHC/RHC

Provider type(s)

Primary care; Facilities

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Hawaii Medical Service Association (HMSA): 42 C.F.R. § 438.68

Description

The minimum number of FQHC/ RHC facilities was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

If a network deficiency is identified during any reporting period, HMSA's Provider Team will assess the gap and determine whether one or more short-term solutions are appropriate to address the issue. These solutions may include provider travel stipends to encourage providers to travel to neighbor islands, neighbor island travel options for members, and Letters of Agreement with non-participating providers. If existing solutions are insufficient, HMSA will explore new and innovative approaches to address the deficiencies. As part of the assessment process, HMSA considers several factors, including the geographic location of the gap (rural vs urban areas), the impacted provider type or specialty, whether another provider type or specialty may be able to meet the need, the underlying cause of the gap, and the number of members affected. When a short-term solution successfully mitigates the issue, HMSA then shifts its focus toward identifying and implementing a long-term solution aimed at preventing similar gaps in the future. HMSA's long-term strategy includes its standard provider recruitment process which involves validating potential network gaps, notifying impacted areas, identifying potential non-participating providers, and initiating contracting process.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

Exceptions standards for 438.68

Total: 0 of 53

B. Assurance of plan compliance for 438.206

	Indicator	Response
	B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

Kaiser Permanente

A. Assurance of plan compliance for 438.68

	Indicator	Response
	A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

Select "Enter/Edit" to provide details on standards that were either non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 32 of 53

2 Minimum number of network providers

Ground and air transportation

Provider type(s)

Hospital; Emergency transportation

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of ground and air transportation providers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include

recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

7 Minimum number of network providers

Network must include Optometrists

Provider type(s)

Specialist; Optometrists

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of Optometrists was unmet for only Quarter 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue

after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

10 Minimum number of network providers

Licensed dieticians

Provider type(s)

Specialist; Other health care providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of licensed dieticians was unmet for Quarters 2, 3 and 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may

arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

12 Minimum number of network providers

Community health workers

Provider type(s)

Specialist; Other health care providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of community health workers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in

accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

13 Provider to enrollee ratios

1:150 Psychiatrists per members with serious mental illness or severe and persistant mental illness (SMI or SPMI) diagnosis

Provider type(s)

Specialist; Psychiatrists

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of psychiatrist to members ratio was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

16 Minimum number of network providers

Peer Support Specialists certified by the Adult Mental Health Division (AMHD) as a part of their Hawaii certified peer specialist program or a program that meets the criteria established by AMHD

Provider type(s)

Mental health; Other Behavioral Health

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of peer support specialist was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan’s response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

20 Minimum number of network providers

LTSS Providers: Adult Day Care Facilities, Adult Day Health Facilities, Assisted Living Facilities, Community Care Foster Family Home (CCFFH), Community Care Management Agency (CCMA), Expanded Adult Residential Care Homes (E-ARCHs), Home-Delivered Meal Providers, Non-Medical Transportation Providers, Nursing Facilities (NFs), Personal Care Assistance Providers, Personal Emergency Response System (PERS) Providers, Private Duty Nursing (PDN), Respite Care Providers, and Specialized Medical Equipment and Supply Providers

Provider type(s)

LTSS

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of PERS Providers and Respite Care Providers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types

available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

21 Minimum number of network providers

Providers of lodging and meals associated with obtaining necessary medical care

Provider type(s)

Specialist; Other Healthcare Providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of lodging providers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

22 Minimum number of network providers

Sign language interpreters and interpreters for languages other than English

Provider type(s)

Specialist; Interpretation services

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of sign language interpreters and other language interpreters was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on

the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

23 Minimum number of network providers

Community paramedics

Provider type(s)

Specialist; Other Healthcare Providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of community paramedics was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps.

These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

24 Maximum time to travel

30 minutes driving time to an appointment

Provider type(s)

Primary care; Primary Care Providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 30 Minute Driving Time to Primary Care Physician in an Urban Setting was unmet for Quarter 1, Quarter 2 and Quarter 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering

clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

26 Maximum time to travel

30 minutes driving time to an appointment

Provider type(s)

Specialist

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 85% drive-time threshold was not met in any of the four quarters for hematologist, endocrinologists and pediatric specialists. Additionally, cardiologist, infectious disease specialist, neurologist, nephrologist, orthopedists and urologist didn't meet the drive time thresholds for quarters 3 and 4 quarters whereas oncologist, plastic/reconstructive surgeons and generalized surgeons didn't meet the threshold in Quarter 4. Furthermore, optometrists didn't meet the drive time standards in Quarter 2 and 3.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when

necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

27 Maximum time to travel

60 minutes driving time to an appointment

Provider type(s)

Specialist

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 85% drive-time threshold was not met for Hematologist and Infectious disease Specialists in Quarter 4. Additionally, the drive threshold was also unmet for Optometrists in Quarters 2 and 3.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that

may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

28 Maximum time to travel

30 minutes driving time to an appointment

Provider type(s)

OB/GYN

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 95% threshold for 30-minute driving time to OB/GYN services was unmet in all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps

within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

30 Maximum time to travel

30 minutes driving time

Provider type(s)

LTSS; Adult Day Care/Adult Day Health

Analysis method(s)	Region	Population
	Urban	MLTSS

Member to Provider Comparision

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 95% threshold for 30-minute driving time to Adult Day Care/Adult Day Health services in an urban setting was unmet in Quarter 4 only.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for

considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

31 Maximum time to travel

60 minutes driving time

Provider type(s)

LTSS; Adult Day Care/Adult Day Health

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	MLTSS

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 95% threshold for 30-minute driving time to Adult Day Care/Adult Day Health services in a rural setting was unmet in Quarter 4 only.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed.

Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

32 Maximum time to travel

30 minutes driving time

Provider type(s)

Hospital

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 95% threshold for 30-minute driving time to Hospital in an urban setting was unmet in Quarter 4 only.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in

accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

34 Maximum time to travel

30 minutes driving time

Provider type(s)

Mental health; Behavioral Health Provider

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 85% threshold for 30-minute driving time for Behavioral Health Provider in an urban setting was unmet in Quarter 1 only.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

36 Maximum time to travel

30 minutes driving time

Provider type(s)

Hospital; Emergency Services Facilities

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 95% threshold for 30-minute driving time to Emergency Services Facilities in an urban setting was unmet in Quarter 4 only.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

40 Maximum time to travel

30 minutes driving time

Provider type(s)

Pharmacy; 24 hour Pharmacy

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 95% threshold for 30-minute driving time to 24 hour Pharmacies in an urban setting was unmet for Quarter 1, 2 and 3.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow

a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

41 Maximum time to travel

15 minutes driving time

Provider type(s)

Pharmacy

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 95% threshold for 15 minute driving time to Pharmacies in an urban setting was unmet for Quarter 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention

used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

42 Maximum time to travel

60 minutes driving time

Provider type(s)

Pharmacy

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The 95% threshold for 60-minute driving time to Pharmacies in a rural setting was unmet for Quarter 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication

identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

43 Appointment wait time

Urgent care and PCP sick visits within 24 hours

Provider type(s)

Primary care; Pediatric Primary Care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 12

Q2 (optional): 0

Q3 (optional): 0

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper

callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

44 Appointment wait time

PCP sick visit within 72 hours

Provider type(s)

Primary care; Adult Primary Care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 3

Q2 (optional): 3

Q3 (optional): 0

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in

accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

45 Appointment wait time

Behavioral health routine visit within 21 days

Provider type(s)

Mental health; Behavioral Health Provider

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 2

Q2 (optional): 1

Q3 (optional): 0

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

46 Appointment wait time

PCP routine visit within 21 days

Provider type(s)

Primary care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 0

Q2 (optional): 0

Q3 (optional): 0

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

47 Appointment wait time

Specialist or non-emergency hospital stays within 4 weeks

Provider type(s)

Specialist; Specialist /Non -emergency

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 0

Q2 (optional): 0

Q3 (optional): 0

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior

to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability. In April 2024, the state issued NOC's citing a violation of Contract Section 8.1.F.1, which requires direct access to women's health specialists for members. Through our secret shopper program, MQD found that approximately two-thirds of statewide calls across all five health plans resulted in OB/GYN providers informing callers that a referral from the member's PCP was required to schedule any appointment. Due to Kaiser's "integrated health system," Kaiser concluded that the secret shopper may not have progressed to the point of scheduling an appointment with an OB/GYN when contacting the plan. Nevertheless, Kaiser joined the other health plans in taking corrective actions to address the issue. Specifically, Kaiser reviewed its call scripts and conducted outreach to call center staff and OB/GYN providers to reinforce scheduling procedures. MQD will continue to evaluate the changes in data in future quarters and see if Kaiser will eventually meet this metric.

Reassessment date

01/31/2025

48 Minimum number of network providers

Home Health Agencies

Provider type(s)

Specialist; Other Healthcare Providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of Home Health Agencies was unmet for Quarter 3.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan’s response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

50 Appointment wait time

Emergency medical Situations - Immediate care (twenty four (24) hours a day, seven (7) days a week)

Provider type(s)

Hospital; Emergency Services Facilities

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): NR

Q2 (optional): NR

Q3 (optional): NR

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific

specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

51 Minimum number of network providers

Access to family planning providers

Provider type(s)

Specialist

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of Family Planning Providers was unmet for Quarter 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include

recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

52 Minimum number of network providers

FQHC/RHC

Provider type(s)

Primary care; Facilities

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of FQHC/RHC was unmet for Quarters 3 and 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those providers.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue

after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

53 Minimum number of network providers

Access to certified nurse midwives, pediatric nurse practitioners, family nurse practitioners, and behavioral health nurse practitioners

Provider type(s)

Specialist; Other Healthcare Providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Kaiser Permanente: 42 C.F.R. § 438.68

Description

The minimum number of providers for all other health care services was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

As network deficiencies are identified during the reporting quarter, Kaiser will conduct a review process to determine the most appropriate strategies to address those gaps. These strategies may vary depending on the specific gap identified and may include recruitment, contracting, additional monitoring, and emergency credentialing when necessary. Emergency credentialing is considered a short-term, stopgap intervention used only in extenuating circumstances. To close identified network gaps, the Kaiser may contract with providers (as needed) through two primary methods: 1. Contracting o Direct contracts: Identifying and contracting with a provider specifically to fill a service area gap. o Secondary contracts: Contracting with multiple providers to address gaps within a service area. 2. Use of Existing Network Providers o Evaluating whether current

network providers have expanded or can extend services to additional areas within the region. If Kaiser does not have the necessary providers within its network, they may arrange for services through out-of-network providers, transport Members to another island for timely access to care, or fly providers to the island where services are needed. Alternatively, if the Kaiser elects not to utilize out-of-network providers, Members may be permitted to change to another Health Plan that has the required provider types available in its network, should the Member wish to receive services from those

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability

Reassessment date

01/31/2025

Exceptions standards for 438.68

Total: 0 of 53

B. Assurance of plan compliance for 438.206

	Indicator	Response
	B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

Ohana Health Plan

A. Assurance of plan compliance for 438.68

	Indicator	Response
	A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

Select "Enter/Edit" to provide details on standards that were either non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 14 of 53

1 Minimum number of network providers

5 on Oahu, 1 on Maui, 1 on Kauai, 2 on Hawaii, 1 on Lanai and 1 on Molokai

Provider type(s)

Hospital

Analysis method(s)	Region	Population
	Island	Adult and Pediatric

Member to Provider Comparision

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The minimum number of Hospitals on Lanai was unmet for only Quarter 1.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To address these deficiencies, ‘Ohana actively tracks recruitment and contracting efforts, evaluates provider availability and assesses member travel distance to the nearest participating provider. Short-term solutions include identifying out-of-network providers, completing credentialing reviews, and establishing single-case or limited agreements. Long-term strategies focus on provider recruitment, contracting (including expanding existing provider coverage areas), and ongoing network monitoring. Efforts are supported by cross-functional collaboration, provider engagement, and incentives for PCPs to improve care quality and close gaps. Recent progress includes onboarding new specialists in Maui, Kauaʻi, and Hawaiʻi Island, with continued focus on strengthening access to care statewide.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan’s response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

3 Minimum number of network providers

Ground and air transportation

Provider type(s)

Hospital; Non-Emergency Transportation

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The minimum number of non-emergency transportation was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To address these deficiencies, ‘Ohana actively tracks recruitment and contracting efforts, evaluates provider availability and assesses member travel distance to the nearest participating provider. Short-term solutions include identifying out-of-network providers, completing credentialing reviews, and establishing single-case or limited agreements. Long-term strategies focus on provider recruitment, contracting (including expanding existing provider coverage areas), and ongoing network monitoring. Efforts are supported by cross-functional collaboration, provider engagement, and incentives for PCPs to improve care quality and close gaps. Recent progress includes onboarding new specialists in Maui, Kauaʻi, and Hawaiʻi Island, with continued focus on strengthening access to care statewide.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data

quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

12 Minimum number of network providers

Community health workers

Provider type(s)

Specialist; Other health care providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The minimum number of Community Health Workers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To address these deficiencies, 'Ohana actively tracks recruitment and contracting efforts, evaluates provider availability and assesses member travel distance to the nearest participating provider. Short-term solutions include identifying out-of-network providers, completing credentialing reviews, and establishing single-case or limited agreements. Long-term strategies focus on provider recruitment, contracting (including expanding existing provider coverage areas), and ongoing network monitoring. Efforts are supported by cross-functional collaboration, provider engagement, and incentives for PCPs to improve care quality and close gaps. Recent progress includes onboarding new specialists in Maui, Kauaʻi, and Hawaiʻi Island, with continued focus on strengthening access to care statewide.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

20 Minimum number of network providers

LTSS Providers: Adult Day Care Facilities, Adult Day Health Facilities, Assisted Living Facilities, Community Care Foster Family Home (CCFFH), Community Care Management Agency (CCMA), Expanded Adult Residential Care Homes (E-ARCHs), Home-Delivered Meal Providers, Non-Medical Transportation Providers, Nursing Facilities (NFs), Personal Care Assistance Providers, Personal Emergency Response System (PERS) Providers, Private Duty Nursing (PDN), Respite Care Providers, and Specialized Medical Equipment and Supply Providers

Provider type(s)

LTSS

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The minimum number of respite care facilities was unmet for Quarters 2, 3 and 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To address these deficiencies, ‘Ohana actively tracks recruitment and contracting efforts, evaluates provider availability and assesses member travel distance to the nearest participating provider. Short-term solutions include identifying out-of-network providers, completing credentialing reviews, and establishing single-case or limited agreements. Long-term strategies focus on provider recruitment, contracting (including expanding existing provider coverage areas), and ongoing network monitoring. Efforts are supported by cross-functional collaboration, provider engagement, and incentives for PCPs to improve care quality and close gaps. Recent progress includes onboarding new specialists in Maui, Kauaʻi, and Hawaiʻi Island, with continued focus on strengthening access to care statewide.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan’s response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

21 Minimum number of network providers

Providers of lodging and meals associated with obtaining necessary medical care

Provider type(s)

Specialist; Other Healthcare Providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The minimum number of lodging providers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To address these deficiencies, ‘Ohana actively tracks recruitment and contracting efforts, evaluates provider availability and assesses member travel distance to the nearest participating provider. Short-term solutions include identifying out-of-network providers, completing credentialing reviews, and establishing single-case or limited agreements. Long-term strategies focus on provider recruitment, contracting (including expanding existing provider coverage areas), and ongoing network monitoring. Efforts are supported by cross-functional collaboration, provider engagement, and incentives for PCPs to improve care quality and close gaps. Recent progress includes onboarding new specialists in Maui, Kauaʻi, and Hawaiʻi Island, with continued focus on strengthening access to care statewide.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a

NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

22 Minimum number of network providers

Sign language interpreters and interpreters for languages other than English

Provider type(s)

Specialist; Interpretation services

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The minimum number of other language interpreters and sign language providers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To address these deficiencies, 'Ohana actively tracks recruitment and contracting efforts, evaluates provider availability and assesses member travel distance to the nearest participating provider. Short-term solutions include identifying out-of-network providers, completing credentialing reviews, and establishing single-case or limited agreements. Long-term strategies focus on provider recruitment, contracting (including expanding existing provider coverage areas), and ongoing network monitoring. Efforts are supported by cross-functional collaboration, provider engagement, and incentives for PCPs to improve care quality and close gaps. Recent progress includes onboarding new specialists in Maui, Kauaʻi, and Hawaiʻi Island, with continued focus on strengthening access to care statewide.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

27 Maximum time to travel

60 minutes driving time to an appointment

Provider type(s)

Specialist

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	Adult and Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The 85% drive-time threshold was not met for Plastic and Reconstructive Surgeons and Pediatric Specialist for all four quarters. Additionally, the drive threshold was also unmet for Otolaryngologists and Geriatricians in Quarters 1 and 2. Endocrinologists and Hematologists also didn't meet the drive time thresholds in Quarter 2.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To address these deficiencies, ʻOhana actively tracks recruitment and contracting efforts, evaluates provider availability and assesses member travel distance to the nearest participating provider. Short-term solutions include identifying out-of-network providers, completing credentialing reviews, and establishing single-case or limited agreements. Long-term strategies focus on provider recruitment, contracting (including expanding existing provider coverage areas), and ongoing network monitoring. Efforts are supported by cross-functional collaboration, provider engagement, and incentives for PCPs to improve care quality and close gaps. Recent progress includes onboarding new specialists in Maui, Kauaʻi, and Hawaiʻi Island, with continued focus on strengthening access to care statewide.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

40 Maximum time to travel

30 minutes driving time

Provider type(s)

Pharmacy; 24 hour Pharmacy

Analysis method(s)	Region	Population
Member to Provider Comparision	Urban	Adult and Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The 95% threshold for 30-minute driving time to 24 hour Pharmacies in an urban setting was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

To address these deficiencies, ‘Ohana actively tracks recruitment and contracting efforts, evaluates provider availability and assesses member travel distance to the nearest participating provider. Short-term solutions include identifying out-of-network providers, completing credentialing reviews, and establishing single-case or limited agreements. Long-term strategies focus on provider recruitment, contracting (including expanding existing provider coverage areas), and ongoing network monitoring. Efforts are supported by cross-functional collaboration, provider engagement, and incentives for PCPs to improve care quality and close gaps. Recent progress includes onboarding new specialists in Maui, Kauaʻi, and Hawaiʻi Island, with continued focus on strengthening access to care statewide.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan’s response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance

improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

43 Appointment wait time

Urgent care and PCP sick visits within 24 hours

Provider type(s)

Primary care; Pediatric Primary Care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 0

Q2 (optional): 0

Q3 (optional): 0

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

44 Appointment wait time

PCP sick visit within 72 hours

Provider type(s)

Primary care; Adult Primary Care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 2

Q2 (optional): 0

Q3 (optional): 2

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

45 Appointment wait time

Behavioral health routine visit within 21 days

Provider type(s)

Mental health; Behavioral Health Provider

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 4

Q2 (optional): 7

Q3 (optional): 4

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior

to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

46 Appointment wait time

PCP routine visit within 21 days

Provider type(s)

Primary care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The metrics reported above were for the adult section of the PCP routine visit within 21 days, for the pediatric population the Q1 results was 0%, Q2 result was 10.5%, the Q3 result was 7.9% and Q4 wasn't reported. The vendor that assessed the Secret Shopper Metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 2

Q2 (optional): 8

Q3 (optional): 2

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

47 Appointment wait time

Specialist or non-emergency hospital stays within 4 weeks

Provider type(s)

Specialist; Specialist /Non -emergency

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 0

Q2 (optional): 0

Q3 (optional): 9

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

The state issued Notices of Concern for OBGYN for the TAR Metrics. MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying

specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability. In April 2024, the state issued NOC's citing a violation of Contract Section 8.1.F.1, which requires direct access to women's health specialists for members. Through our secret shopper program, MQD found that approximately two-thirds of statewide calls across all five health plans resulted in OB/GYN providers informing callers that a referral from the member's PCP was required to schedule any appointment. 'Ohana Health Plan insisted they were in compliance with our contract but acknowledged a lack of alignment between policy and practice. 'Ohana performed a root cause analysis and presented MQD with a timeline of steps they will take to come back into compliance with the requirement. 'Ohana reached out to providers to understand the problem and worked with the other health plans to provide education to the entire OB/GYN network. MQD will continue to evaluate the changes in data in future quarters and see if 'Ohana will eventually meet this metric.

Reassessment date

01/31/2025

50 Appointment wait time

Emergency medical Situations - Immediate care (twenty four (24) hours a day, seven (7) days a week)

Provider type(s)

Hospital; Emergency Services Facilities

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for Ohana Health Plan: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): NR

Q2 (optional): NR

Q3 (optional): NR

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

Exceptions standards for 438.68

Total: 0 of 53

B. Assurance of plan compliance for 438.206

	Indicator	Response
	B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses

UnitedHealthcare Community Plan

A. Assurance of plan compliance for 438.68

	Indicator	Response
	A. Assurance of plan compliance for 438.68 III.A.1 Indicate whether the state assures that the plan complies with the state's standards, as required at § 42 C.F.R. 438.68 (i.e., the standards previously entered by the state) based on each analysis the state conducted for the plan during the reporting period.	No, the plan does not comply on all standards based on all analyses or exceptions granted

Select "Enter/Edit" to provide details on standards that were either non-compliant or for which an exception was granted

Non-compliant standards for 438.68

Total: 19 of 53

3 **Minimum number of network providers**

Ground and air transportation

Provider type(s)

Hospital; Non-Emergency Transportation

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The minimum number of Non-emergency transportation was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

9 Minimum number of network providers

Physical and occupational therapists, audiologists, and speech-language pathologists

Provider type(s)

Specialist; Other health care providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The minimum number of Audiologists was unmet for only Quarter 2.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that

may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

10 Minimum number of network providers

Licensed dieticians

Provider type(s)

Specialist; Other health care providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The minimum number of licensed dieticians was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

12 Minimum number of network providers

Community health workers

Provider type(s)

Specialist; Other health care providers

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The minimum number of community health workers was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

13 Provider to enrollee ratios

1:150 Psychiatrists per members with serious mental illness or severe and persistant mental illness (SMI or SPMI) diagnosis

Provider type(s)

Specialist; Psychiatrists

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

This minimum number of provider to Psychiatrist ratio was unmet for Quarter 1 and 2.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

16 Minimum number of network providers

Peer Support Specialists certified by the Adult Mental Health Division (AMHD) as a part of their Hawaii certified peer specialist program or a program that meets the criteria established by AMHD

Provider type(s)

Mental health; Other Behavioral Health

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The minimum number of peer support specialist was unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that

may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

20 Minimum number of network providers

LTSS Providers: Adult Day Care Facilities, Adult Day Health Facilities, Assisted Living Facilities, Community Care Foster Family Home (CCFFH), Community Care Management Agency (CCMA), Expanded Adult Residential Care Homes (E-ARCHs), Home-Delivered Meal Providers, Non-Medical Transportation Providers, Nursing Facilities (NFs), Personal Care Assistance Providers, Personal Emergency Response System (PERS) Providers, Private Duty Nursing (PDN), Respite Care Providers, and Specialized Medical Equipment and Supply Providers

Provider type(s)

LTSS

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The minimum number of PERS Providers was unmet for Quarters 2 and 3. Similarly, the minimum number of Adult Day Care/Adult Day Health Providers unmet for Quarter 1.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

21 Minimum number of network providers

Providers of lodging and meals associated with obtaining necessary medical care

Provider type(s)

Specialist; Other Healthcare Providers

Analysis method(s)	Region	Population
	Statewide	Adult and Pediatric

Member to Provider Comparision

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The minimum number of lodging providers unmet for all four quarters.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

22 Minimum number of network providers

Sign language interpreters and interpreters for languages other than English

Provider type(s)

Specialist; Interpretation services

Analysis method(s)	Region	Population
Member to Provider Comparision	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The minimum number of other language interpreters and sign language interpreters was unmet for Quarter 2-4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue

after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

27 Maximum time to travel

60 minutes driving time to an appointment

Provider type(s)

Specialist

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The 85% drive-time threshold was not met in any of the four quarters for Otolaryngologists

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

31 Maximum time to travel

60 minutes driving time

Provider type(s)

LTSS; Adult Day Care/Adult Day Health

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	MLTSS

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The 95% drive time threshold for 60 Minute Driving Time to Adult Day Care/Adult Day Health facilities was unmet for Quarters 1, 2 and 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

39 Maximum time to travel

60 minutes driving time

Provider type(s)

LTSS

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	MLTSS

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The 95% threshold for 60 Minute Driving Time to Respite Care Facilities in an urban setting was unmet in Quarter 4 only. unmet for Quarters 1, 2 and 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

42 Maximum time to travel

60 minutes driving time

Provider type(s)

Pharmacy

Analysis method(s)	Region	Population
Member to Provider Comparision	Rural	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The 95% threshold for 60-minute driving time to Pharmacies in a rural setting was unmet for Quarter 4.

Analyses used to identify deficiencies

Member to Provider Comparision

What the plan will do to achieve compliance

UHC targets these deficiencies through focused provider recruitment based on network reviews, service coordination insights, and member needs. Short-term strategies to ensure access include coordinating transportation, using provisional credentialing, and establishing single case agreements with out-of-network providers. Additional efforts include expanding telehealth access, partnering with Oʻahu-based providers to serve neighbor islands (via travel or virtual care), and identifying non-contracted providers for potential onboarding. Ongoing monitoring, cross-department collaboration, and data analysis support both immediate access solutions and long-term network development.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that

may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

43 Appointment wait time

Urgent care and PCP sick visits within 24 hours

Provider type(s)

Primary care; Pediatric Primary Care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 0

Q2 (optional): 0

Q3 (optional): 2

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

44 Appointment wait time

PCP sick visit within 72 hours

Provider type(s)

Primary care; Adult Primary Care

Analysis method(s)	Region	Population
	Statewide	Adult

Secret Shopper: Appointment Availability

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 2

Q2 (optional): 1

Q3 (optional): 2

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for

considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

45 Appointment wait time

Behavioral health routine visit within 21 days

Provider type(s)

Mental health; Behavioral Health Provider

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper metrics went out of business on October 2024; thus, the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 4

Q2 (optional): 5

Q3 (optional): 4

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an

appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

46 Appointment wait time

PCP routine visit within 21 days

Provider type(s)

Primary care

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The metrics reported above were for the adult section of the PCP routine visit within 21 days, for the pediatric population the Q1 results was1.5%, Q2 result was 8.9%, the Q3 result was 7.9% and Q4 wasn't reported. The vendor that assessed the Secret Shopper Metrics went out of business on October 2024; thus the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 11

Q2 (optional): 5

Q3 (optional): 2

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan’s response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces

accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

47 Appointment wait time

Specialist or non-emergency hospital stays within 4 weeks

Provider type(s)

Specialist; Specialist /Non -emergency

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper Metrics went out of business on October 2024; thus the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): 0

Q2 (optional): 0

Q3 (optional): 9

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD

worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability. In April 2024, the state issued NOC's citing a violation of Contract Section 8.1.F.1, which requires direct access to women's health specialists for members. Through our secret shopper program, MQD found that approximately two-thirds of statewide calls across all five health plans resulted in OB/GYN providers informing callers that a referral from the member's PCP was required to schedule any appointment. UHC disagreed they were out of compliance with our contractual requirements but conceded additional provider education was needed. UHC performed a root cause analysis and presented MQD with a timeline of steps they will take to improve outcomes. UHC reached out to providers to understand the problem and worked with the other health plans to provide education to the entire OB/GYN network. MQD will continue to evaluate the changes in data in future quarters and see if UHC will eventually meet this metric.

Reassessment date

01/31/2025

50 Appointment wait time

Emergency medical Situations - Immediate care (twenty four (24) hours a day, seven (7) days a week)

Provider type(s)

Hospital; Emergency Services Facilities

Analysis method(s)	Region	Population
Secret Shopper: Appointment Availability	Statewide	Adult and Pediatric

Plan deficiencies for UnitedHealthcare Community Plan: 42 C.F.R. § 438.68

Description

The vendor that assessed the Secret Shopper Metrics went out of business on October 2024; thus the Secret Shopper Metrics for Q4 of CY 2024 are unable to be evaluated. The state is procuring a new vendor and hopes to continue the Secret Shopper as soon as possible.

Analyses used to identify deficiencies

Secret Shopper: Appointment Availability

Frequency of compliance findings (optional): Report results by quarter:

Q1 (optional): NR

Q2 (optional): NR

Q3 (optional): NR

Q4 (optional): NR

What the plan will do to achieve compliance

The Timely Access Report is a relatively new report, and assessments of actual appointment availability have been hampered by two factors: inaccuracies in the Provider information furnished by the Health Plans and issues with Secret Shopper callers not having a Medicaid ID number which severely limits their ability to get an appointment. MQD is working with Health Plans to improve the provider data quality so that the telephones in the sampling frame are active and accurate. Moreover, MQD worked with the contractor to construct different shopper scripts to identify the callers as brand-new members who would not yet have a Medicaid ID number.

Monitoring progress

MQD continuously monitors contractor performance through quarterly reporting to track progress and ensure compliance with network adequacy standards. Despite these efforts, the State recognizes that deficiencies persist in health plan networks based on the most recent review. When a plan does not meet requirements for a specific specialty, MQD applies a structured corrective action process under its Managed Care Oversight framework. PNP (Preliminary Non-Performance Notice): Initial notification of performance or data concerns. NOC (Notice of Concern): Formal notice that may follow a PNP or be issued independently. Hard CAP (Written Deficiency Notice): Final step prior to penalties, which may include administrative or financial actions. Before initiating formal corrective measures, MQD may collaborate with health plans by offering clarification, guidance, and technical assistance. This allows plans to address issues that may stem from misunderstandings, early implementation challenges, reporting or data

quality concerns, or situations where provider availability is limited. If issues continue after informal support, MQD may issue a PNP as formal written communication identifying specific performance or compliance concerns. This may be followed by a NOC, which documents prior communications and assistance, explains the basis for considering corrective action, and establishes clear timelines and expectations for the plan's response and remediation. If the health plan does not adequately address the issues outlined in the NOC, MQD may escalate to a Hard CAP. This step reinforces accountability and establishes a formal, contract-based pathway for performance improvement. Should deficiencies persist, MQD may pursue additional remedies in accordance with managed care contract requirements to maintain program integrity and accountability.

Reassessment date

01/31/2025

Exceptions standards for 438.68

Total: 0 of 53

B. Assurance of plan compliance for 438.206

	Indicator	Response
	B. Assurance of plan compliance for 438.206 III.B.1 Indicate whether the state assures that the plan complies with the availability of services standards outlined in 42 C.F.R. § 438.206 the analyses the state conducted for the plan during the reporting period.	Yes, the plan complies on all standards based on all analyses