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July 14, 2008

ACS M08-05

TO: All Medicaid Fee-For-Service Providers

FROM: Patricia Johnson, Health Care Assistant Administrator *PJ*

SUBJECT: LETTER FROM LILLIAN B. KOLLER, DIRECTOR, ABOUT THE QUEST  
EXPANDED ACCESS (QExA) PROGRAM EFFECTIVE FEBRUARY 1, 2009

“The Med-QUEST Division of the Department of Human Services is pleased to announce QUEST Expanded Access (QExA), our newest Medicaid program.

When it “goes live” on Feb. 1, 2009, QExA will provide, for the first time, a comprehensive continuum of care for more than 37,000 “aged, blind and disabled” (ABD) beneficiaries. These low-income seniors ages 65 and older and people of all ages with disabilities currently receive treatment through a Medicaid Fee-For-Service system.

QExA will provide easy and timely access to care, including services in the homes of our clients and in community-based residential settings and nursing facilities. ABD patients will receive more medical services than they do now, thanks to special QExA programs designed to manage obesity, diabetes, cardiovascular disease and other common conditions. In addition, providers will receive higher reimbursement through QExA, because Medicaid rates will increase effective July 1<sup>st</sup> and become the guaranteed minimum. And to avoid red-tape and confusion, providers can use the current billing forms.

As a Medicaid provider, you are essential to the success of QExA. This includes discussing details of the program with your patients, some of whom may have concerns based on misinformation widely circulated by a disappointed bidder for a QExA contract and by close affiliates of the bidder. I can assure you, however, that your patients will receive high-quality care in settings of their choice under QExA, and that their rights will be fully protected.

Thank you for taking time to learn more about QExA (see attached fact sheet). I truly hope you will sign up for both health plans, Evercare and `Ohana Health Plan, and thus maintain the continuity of treatment for our clients. Mahalo for your continued support in providing services to the people of Hawai'i.”

Attachments



# **QEXA HAWAII'**

*QUEST Expanded Access for Healthy Long-Term Living*

## **QUEST Expanded Access (QEXA) Fact Sheet for Medicaid Providers**

Since 1994, the State of Hawaii has held the goal of moving “aged, blind and disabled” (ABD) clients from a Medicaid Fee-For-Service (FFS) system into managed care. Under the direction of the Department of Human Services Med-QUEST Division (MQD), that long-held plan is coming to fruition.

In February 2009, the State will launch QUEST Expanded Access (QEXA), which will provide comprehensive and coordinated care for more than 37,000 low-income seniors ages 65 and older and persons of all ages with disabilities.

### **Services**

Services offered under QEXA are the same as in the FFS program as well as the services offered through four of the 1915(c) waivers. In addition, the QEXA health plans will add two new services: Cognitive Rehabilitation and Personal Assistance Services - Level 1 (homemaker and companion services for clients who are not at nursing facility level of care). A list of services in the QEXA program is attached.

QEXA provides incentives to health plans to expand home- and community-based services (HCBS), both in the number of clients receiving HCBS and the number of providers in the network. This expansion and addition of new services offers opportunities for providers in the QEXA program.

### **The Health Plans**

MOD has awarded QEXA contracts to Evercare and ‘Ohana Health Plan. Both Evercare and ‘Ohana Health Plan (under its parent company, WellCare) have participated in the Medicare program in Hawai‘i for several years. Evercare has the State’s largest Medicare plan (after HMSA and Kaiser) and WellCare operates one of Hawaii’s original Medicare Part D programs.

### **QEXA Enrollment Counselors**

MQD has contracted with ACS to perform Enrollment Counselor services, including outreach services and education, to help Medicaid clients select the QEXA health plan that best meets their needs.

One of the ways ACS will assist our clients in choosing their health plans during the selection period of October and November is by sharing the provider networks of the two health plans. In late September, MQD will mail a provider directory to the Medicaid FFS clients to help them make their choice.

### **You, the Providers**

Medicaid providers need to sign contracts with both QEXA managed care health plans in order to bill for services provided to your current FFS clients on and after February 1, 2009. For services provided on or after that date, claims must be billed to the client’s health plan instead of to ACS. ACS will continue accepting claims for one year for services provided prior to February 1, 2009.

If you have not met with the two health plans yet, we encourage you to contact them for contracting information. The health plans contact information is:

*Evercare*

Jodi Lining, MDX Hawaii, 522-7533 or email at [jlining@MDXHawaii.com](mailto:jlining@MDXHawaii.com) (MDX Hawaii is a subcontractor to Evercare for certain services)

Debbie Hughes, Evercare Hawaii, 585-7516 or email at [debra\\_hughes@uhc.com](mailto:debra_hughes@uhc.com)

*'Ohana Health Plan*

Greg Wallace, 543-1108 or e-mail at [Greg.Wallace@wellcare.com](mailto:Greg.Wallace@wellcare.com)

**Provider Assurances**

MOD included the following provider protections in the contract with the health plans:

1. The health plans are required to pay providers at a rate comparable to the Medicaid FFS rate;
2. Providers must be allowed to continue to bill health plans using the same forms that are utilized today;
3. Providers must be allowed to bill either hard copy or electronically; it is up to the individual providers to make this determination.
4. The health plans must pay providers on a timely basis: 90% of clean claims within 30 days of receipt and 99% of clean claims within 90 days of receipt.

**Key Dates**

October 1 to December 1, 2008 – During these two months, Medicaid clients will choose their health plans. We anticipate that many clients will select plans based upon which network their providers are in. Medicaid clients who have not selected by December 1, 2008, will be auto-assigned into a QEXA plan.

February 1, 2009 – QEXA will “go live” as service delivery begins. As many of you may know, this date was originally set for November 1, 2008. We recently made the decision to postpone the launch by three months because:

- MOD will take additional time to ensure that the State, the health plans and the enrollment counselors are ready to begin serving our clients;
- Due to the dissemination of misinformation that has caused fear and concern among Medicaid providers and clients, we want to take additional time to educate everyone involved in the program about its benefits and goals; and
- This longer implementation period affords us the opportunity to assure that the transition of care is smooth and well orchestrated for this high-need population.

February 1, 2009, also marks the beginning of the 90-day grace period, when any Medicaid client will be able to change health plans.

**Additional Information**

We look forward to continuing to work with you during QEXA implementation. Additional information is available by calling (808) 692-8160 or at the following Web site: [www.med-quest.us/#MainQUESTQEXA](http://www.med-quest.us/#MainQUESTQEXA).



# QEXA HAWAII

QUEST Expanded Access for Healthy Long-Term Living

## Covered Services

### Acute and Primary Care

- Acute inpatient hospital services for medical, surgical, psychiatric, and maternity/newborn care
- Cognitive rehabilitation services
- Cornea transplants and bone graft services
- Durable medical equipment and medical supplies
- Emergency and post stabilization services
- Family planning services
- Home health services
- Hospice services
- Maternity services
- Medical services related to dental needs
- Other practitioner services
- Outpatient hospital services
- Personal assistance services - Level I
- Physician services
- Prescription drugs
- Preventive services
- Radiology/laboratory/other diagnostic services
- Rehabilitation services
- Sterilizations and hysterectomies
- Medical transportation services
- Urgent care services
- Vision services

### Behavioral Health

- Twenty-four (24) hour care for acute psychiatric illnesses including: Room and board, nursing care, medical supplies and equipment, diagnostic services, physician services, other practitioner services as needed, other medically necessary services, and ambulatory services including twenty-four (24) hours, seven (7) days per week crisis services
- Acute day hospital/partial hospitalization including: Medication management, prescribed drugs, medical supplies, diagnostic tests, therapeutic services including individual, family and group therapy and aftercare, and other medically necessary services

- Methadone treatment services which include the provision of methadone or a suitable alternative (e.g. LAAM), as well as outpatient counseling services
- Substance abuse treatment programs
- Prescribed drugs including medication management and patient counseling
- Diagnostic/laboratory services including:
  - Psychological testing, screening for drug and alcohol problems, and other medically necessary diagnostic services
- Qualified professionals such as psychiatrists, psychologists, counselors, social workers, registered nurses and others
- Psychiatric or psychological evaluation
- Rehabilitation services/occupational therapy
- Other medically necessary therapeutic services

### Long-Term Care Services

#### Home and Community Based Services (HCBS):

- Adult day care
- Adult day health
- Assisted living services
- Attendant care
- Community Care Management Agency (CCMA) services
- Community Care Foster Family Home (CCFFH) services
- Counseling and training
- Environmental accessibility adaptations
- Home delivered meals
- Home maintenance
- Medically fragile day care
- Moving assistance
- Non-medical transportation
- Personal assistance services - Level II
- Personal Emergency Response Systems (PERS)
- Private duty nursing
- Residential care
- Respite care
- Specialized medical equipment and supplies

#### Institutional Services:

- Nursing Facility services