Hawaii QUEST Integration
Section 1115 Quarterly Report
Submitted: March 10, 2017

Demonstration/Quarter Reporting Period:
Demonstration Year: 22 (7/1/2016-9/30/2016)
Federal Fiscal Quarter: 4/2016 (7/1/2016-9/30/2016)
State Fiscal Quarter: 1/2017 (7/1/2016-9/30/2016)
Calendar Year: 3/2016 (7/1/2016-9/30/2016)

Introduction

Hawaii's QUEST Integration is a Department of Human Services (DHS), Med-QUEST Division (MQD) comprehensive section 1115 (a) demonstration that expands Medicaid coverage to children and adults originally implemented on August 1, 1994. The demonstration creates a public purchasing pool that arranges for health care through capitated-managed care plans. In 1994, the MQD converted approximately 108,000 recipients from three public funded medical assistance programs into the initial demonstration including 70,000 Aid to Families with Dependent Children (AFDC-related) individuals; 19,000 General Assistance program individuals (of which 9,900 were children whom the MQD was already receiving Federal financial participation); and 20,000 former MQD funded SCHIP program individuals.

QUEST Integration is a continuation and expansion of the state's ongoing demonstration that is funded through Title XIX, Title XXI and the State. QUEST Integration uses capitated managed care as a delivery system unless otherwise indicated. QUEST Integration provides Medicaid State Plan benefits and additional benefits (including institutional and home and community-based long-term-services and supports) based on medical necessity and clinical criteria to beneficiaries eligible under the state plan and to the demonstration populations. The current extension period began on October 1, 2013.

The State's goals in the demonstration are to:

- Improve the health care status of the member population;
- Minimize administrative burdens, streamline access to care for enrollees with changing health status, and improve health outcomes by integrating the demonstration's programs and benefits;
- Align the demonstration with Affordable Care Act;
- Improve care coordination by establishing a "provider home" for members through the use of assigned primary care providers (PCP);
- Expand access to home and community based services (HCBS) and allow individuals to have a choice between institutional services and HCBS;
- Maintain a managed care delivery system that assures access to high-quality, cost-effective care that is provided, whenever possible, in the members' community, for all covered populations;
- Establish contractual accountability among the contracted health plans and health care providers;
- Continue the predictable and slower rate of expenditure growth associated with managed care; and
- Expand and strengthen a sense of member responsibility and promote independence and choice among members that leads to more appropriate utilization of the health care system.

Enrollment Information

Note: Enrollment counts include both person counts (unduplicated members) and member months. Member months and unduplicated members data for July 2016 to September 2016.

Medicaid Eligibility Groups	FPL Level and/or other qualifying Criteria	Member Months 7/2016-9/2016	Unduplicated Members 7/2016-9/2016
Mandatory State Plan Groups			
State Plan Children	State Plan Children	373,974	116,948
State Plan Adults	State Plan Adults State Plan Adults-Pregnant Immigrant/COFA	120,282	38,590
Aged	Aged w/Medicare Aged w/o Medicare	78,245	25,784
Blind of Disabled	B/D w/Medicare B/D w/o Medicare BCCTP	78,301	25,624
Expansion State Adults	Expansion State Adults	283,592	89,030
Newly Eligible Adults	Newly Eligible Adults	62,799	19,810
Optional State Plan Children	Optional State Plan Children		
Foster Care Children, 19-20 years old	Foster Care Children, 19-20 years old	1,218	
Medically Needy Adults	Medically Needy Adults		
Demonstration Eligible Adults	Demonstration Eligible Adults		
Demonstration Eligible Children	Demonstration Eligible Children		
VIII-Like Group	VIII-Like Group		
Total		998,411	315,786

State Reported Enrollment in the Demonstration	Current Enrollees
Title XIX funded State Plan	226,756
Title XXI funded State Plan	27,127
Title XIX funded Expansion	89,030
Enrollment current as of	9/30/2016

Outreach/Innovative Activities

The DHS focused on enrolling Medicaid individuals using new Modified Adjusted Gross Income (MAGI) criteria. In addition, MQD fine-tuned its work within its eligibility system called Kauhale (community) On-Line Eligibility Assistance System (KOLEA). DHS focused applicants to apply on-line at its mybenefits.hawaii.gov website.

In addition to encouraging applicants to apply through the KOLEA system, DHS-Med-QUEST Division

established a new branch in December, 2015. The Health Care Outreach Branch (HCOB) was created in response to a demonstrated community need for additional application assistance for some of the hardest to reach populations. The program focused its outreach and enrollment assistance efforts on those individuals and families who experience significant barriers to health care access due to various social determinants of health such as houselessness, lack of transportation, language/cultural barriers and justice-involved populations. Due to the multiple challenges faced by these individuals/families, they are traditionally less likely to proactively enroll themselves in health insurance. Having an outreach team in the field that can meet the people where they congregate and offer on-the spot application assistance has been helpful in serving this high-risk population.

For those in the community who are below the 138% of the Federal Poverty Level, but who were deemed ineligible for Medicaid due to their citizenship status (Immigrants here less than 5-years and non-pregnant, non-blind, non-disabled 19-64 year olds from the Nations under the Compact of Free Association, including the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau) the HCOB team provided assistance with the completion of their Marketplace applications for health insurance. This expanded assistance is vital to meeting the expectations of the ACA that requires individuals without qualified exemptions be insured. During this reporting period, the HCOB team worked closely with MQD's Medical Director to address the growing number of applications received from uninsured individuals seeking assistance with one-time-emergent care coverage. These 500+ uninsured individuals have either been connected with Medicaid coverage, or have been placed on a high-priority outreach list in preparation for the 2017 Marketplace Open Enrollment.

Operational/Policy Developments/Issues

During the fourth quarter of FFY16, the Med-QUEST Division (MQD) continued its monitoring of the QUEST Integration (QI) implementation. QUEST Integration or QI is a melding of both the QUEST and QExA programs. QI is a patient-centered approach with provision of services based upon clinical conditions and medical necessity. QUEST Integration combines QUEST and QUEST Expanded Access (QExA) programs into one and eliminates the QUEST-ACE and QUEST-Net programs. In addition, beneficiaries remain with same health plan upon turning 65 or when changes occur in their health condition. In QUEST Integration, health plans will provide a full-range of comprehensive benefits including long-term services and supports. MQD has lowered its ratios for service coordination.

QUEST Integration has five (5) health plans: AlohaCare, Hawaii Medical Services Association (HMSA), Kaiser Permanente, 'Ohana Health Plan, and UnitedHealthcare Community Plan. The MQD has been assuring readiness of the five (5) QI health plans since February of 2014, and have since moved from transition-centric activities to on-going contract monitoring activities.

Submission of HCBS Settings Rule Statewide Transition Plan

The MQD held a Public information session on State Transition Plan for the new Home and Community Based Services (HCBS) Federal Rules on July 30, 2015. MQD held two sessions, from 9:30a to 11:30a and 1:00p to 3:00p, to accommodate the participants receiving HCBS services and HCBS providers and other interested parties. The information session was held at the Hawaii State Laboratory in Pearl City on Oahu. The Hawaii State Laboratory has access to video teleconference (VTC) for streaming information to Kapolei on Oahu and other islands included Kauai, Maui and Hawaii. Updates and new information regarding the State Transition Plan was presented to the attendees. The attendees were also given an opportunity to provide input on the new requirements and the assessment component of the

State Transition Plan.

Expenditure Containment Initiatives
No expenditure containment planned.

Financial/Budget Neutrality Development/Issues
The budget neutrality for fourth quarter of FFY16 was already submitted.

Member Month Reporting
A. For Use in Budget Neutrality Calculations

Without Waiver Eligibility Group	Month 1 (July 2016)	Month 2 (August 2016)	Month 3 (September 2016)	Total for Quarter Ending 9/2016
EG 1-Children	125,277	124,466	125,449	375,192
EG 2-Adults	38,194	40,963	41,125	120,282
EG 3-Aged	25,984	26,030	26,231	78,245
EG 4-Blind/Disabled	26,004	26,051	26,246	78,301
EG 5-VIII-Like Adults	0	0	0	0
EG 6-VIII Group Combined	117,567	113,779	115,045	346,391

This member month reporting related to the budget neutrality for fourth quarter of FFY16 was submitted.

B. For Informational Purposes Only

With Waiver Eligibility Group	Month 1 (July 2016)	Month 2 (August 2016)	Month 3 (September 2016)	Total for Quarter Ending 9/2016
State Plan Children	124,860	124,072	125,042	373,974
State Plan Adults	38,194	40,963	41,125	120,282
Aged	25,984	26,030	26,231	78,245
Blind or Disabled	26,004	26,051	26,246	78,301
Expansion State Adults	96,840	92,868	93,884	283,592
Newly Eligible Adults	20,727	20,911	21,161	62,799
Optional State Plan Children				
Foster Care Children, 19-20 years old	417	394	407	1,218
Medically Needy Adults				
Demonstration Eligible Adults	0	0	0	0

With Waiver Eligibility Group	Month 1 (July 2016)	Month 2 (August 2016)	Month 3 (September 2016)	Total for Quarter Ending 9/2016
Demonstration Eligible Children				
VIII-Like Group	0	0	0	0

This member month reporting related to the budget neutrality for fourth quarter of FFY16 was submitted.

QUEST Integration Consumer Issues

HCSB Grievance

During the fourth quarter of FFY16, the HCSB continued to handle incoming calls. As telephone calls come into the MQD Customer Service Branch, if related to client or provider problems with health plans (QUEST Integration or QI), transfer those telephone calls to the HCSB. The clerical staff person(s) takes the basic contact information and assigns the call to one of the social workers. MQD tracks all of the calls and their resolution through an Access database. If the clients' call is an enrollment issue (i.e., request to change health plan), then the CSB will work with the client to resolve their issue. The CSB did not have any calls related to QI this quarter.

	Member	Provider
April 2015	7	51
August 2015	9	78
September 2015	11	120
Total	27	249

During the fourth quarter of FFY16, the HCSB staff, as well as other MQD staff, processed approximately 27 member and 194 provider telephone calls and e-mails (see table above). The number of calls from members is in a bit lower when compared with past quarters. In previous quarters, MQD received approximately 55 to 60 member calls, letters, and e-mails. The 249 provider calls were significantly higher that past history, driven by the MQD's ongoing provider revalidation efforts during that period.

HCSB Appeals

The HCSB received six (6) member appeals in the fourth quarter of FFY16. DHS resolved three (3) of the appeals with the health plans in the member's favor prior to going to hearing.
Of the six (6) appeals filed, the types of appeals were medical (3), medication (1) and LTSS (2).

Appeals	Member #
Submitted	6
DHS resolved with health plan or DOH-DDD in member's favor prior to going to hearing	3
Member withdrew hearing request	0
Resolution in DHS favor	2
Resolution in Member's favor	0
Still awaiting resolution	1

Types of Member Appeals	#
Medical	3
LTSS	2
Other: Medications	1
Overpayment	1

Provider Interaction

The MQD and the health plans continue to have two regularly scheduled meetings with providers. One of the meetings is a monthly meeting with the Case Management Agencies. MQD focuses the meetings with these agencies around continually improving and modifying processes within the health

plans related to HCBS. In addition, the MQD and health plans meet with the behavioral health provider group that serves the CCS population. This group focuses on health plan systems and addressing needs of this fragile population.

Most of the communication with providers occurs via telephone and e-mail at this time. The MQD will arrange any requested meetings with health plans and provider groups as indicated.

The MQD estimates that provider call volume has decreased due to frequent meetings with the providers throughout the program as well as the health plans addressing provider issues when the provider contacts the health plan first.

Enrollment of individuals

The DHS had an increase of enrollment of approximately 1,014 members during the fourth quarter of FFY16. Of this group, 206 chose their health plan when they became eligible, 2,413 changed their health plan after being auto-assigned.

	#
Individuals who chose a health plan when they became eligible	206
Individuals who changed their health plan after being auto-assigned	2,413
Individuals who changed their health plan outside of allowable choice period (i.e., plan to plan change)	164
Individuals in the ABD program that changed their health plan within days 61 to 90 after confirmation notice was issued	14

In addition, DHS had 282 plan-to-plan changes during the fourth quarter of FFY15. A plan-to-plan change is a change in enrollment outside of the allowable choice period. Both health plans (the losing and the gaining health plan) agree to the change. Changes are effective the first day of the following month.

In addition, 14 individuals in the aged, blind, and disabled (ABD) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

Long-Term Services and Supports (LTSS)

HCBS Waiting List

During the fourth quarter of FFY16, the QI health plans did not have a wait list for HCBS.

HCBS Expansion and Provider Capacity

During the fourth quarter of FFY16, MQD monitored the number of beneficiaries receiving HCBS when long-term services and supports (LTSS) were required. The number of beneficiaries requiring long-term services and supports continues to increase. In the fourth quarter of FFY15, the increase is 36% since the start of the program receiving long-term services and supports. The number of individuals in nursing facilities increased this past quarter. HCBS usage has more than doubled since the start of the bringing the aged, blind, and disabled population into managed care (formerly QUEST Expanded Access (QExA), currently QUEST Integration). Nursing facility services have decreased by approximately 25% since program inception.

The number of beneficiaries receiving HCBS has increased by approximately 118% since program inception. At the start of the program, beneficiaries receiving HCBS was 42.6% of all beneficiaries receiving long-term care services. This number has increased to 68.5% since the start of the program.

	2/1/09	4rd Qtr FFY15, av	4rd Qtr FFY16, av	% change since baseline (2/09)	% of clients at baseline (2/09)	% of clients in 4th Qtr FFY16
HCBS	2,110	4,364	4,605	118.2%↑	42.6%	68.5%
NF	2,840	2,115	2,118	25.4%↓	57.4%	31.5%
Total	4,950	6,479	6,723	35.8%		

Behavioral Health Programs Administered by the DOH and DHS

Individuals in Community Care Services (CCS) have a Serious Mental Illness (SMI) diagnosis with functional impairment. The Medicaid beneficiaries who continue to receive services from AMHD are legally encumbered. These individuals are under court order to be cared for by AMHD.

Program	#
Adult Mental Health Division (AMHD/DOH)	184
Early Intervention Program (EIP/DOH)	721
Child and Adolescent Mental Health Division (CAMHD/DOH)	1,136
Community Care Services (CCS/DHS)	5,179

The Early Intervention Program (EIP) under the DOH provides behavioral health services to children from ages zero (0) to three (3). EIP is providing services to approximately 733 children during the fourth quarter FFY16.

The Child and Adolescent Mental Health Division (CAMHD) under the DOH provides behavioral health services to children from ages three (3) through twenty (20). CAMHD is providing services to approximately 1,167 children during the third quarter FFY16.

QUEST Integration Contract Monitoring

The MQD moved all of its QUEST and QExA population into the QUEST Integration (QI) program on January 1, 2015. The transition was seamless with all five-health plans being ready to accept their new members. As the QI program matures, the MQD has begun more traditional and on-going contract monitoring and oversight activities.

The MQD continued to conduct three additional oversight processes. Information about these programs is included below.

1. **Ride-Along program**
   MQD nurses and socials workers went on home visits with service coordinators to observe their conducting assessments and developing service plans. These ride alongs identified areas for improvement to include pre-filling assessments prior to the visit, talking with member to obtain information instead of reading the questions from the assessment tool, and listening to needs of the member more than paying attention to questions on the assessment tool. MQD shared these observations with health plan leadership in April 2015. This program has been temporarily suspended, and is in the process of being modified and improved for a second wave of future ride alongs.

2. **Customer Service Call Listen-In program**
   MQD staff listed to live health plan QUEST Integration customer service calls to ensure that customer service representatives were meeting MQD contract requirements. Initially, all five health plans had room for improvement. After providing health plans with a summary of the listen-in program, all five health plans are performing at 100%. MQD continues to listen to calls to support our beneficiaries.

3. **Updating of the Health & Functional Assessment (HFA) & Service Plan (SP) Forms**
   MQD staff is in the final stages of updating the HFA and SP forms. We have taken feedback from the service coordinators, health plans, and members during the Ride-Along program mentioned above, and used this feedback to revise and/or rewrite both of these forms. The main goals of these changes were to decrease the time needed to conduct the HFAs by streamlining the HFA, and to make changes so that the HFA and SP are more Person-Centered in the framing and language used. Plans are to complete these changes sometime in the next quarter..

Quality Assurance/Monitoring Activity

MQD Quality Strategy

Our goal continues to ensure that our clients receive high quality care by providing effective oversight of health plans and contracts to ensure accountable and transparent outcomes. We have adopted the Institute of Medicine's framework of quality, ensuring care that is safe, effective, efficient, customer-centered, timely, and equitable. MQD identified an initial set of ambulatory care measures based on this framework. MQD reviews and updates HEDIS measures annually that the health plans report to us.

MQD continues to update its quality oversight of home and community based services, which will affect mostly our QI health plans, the DDID program, and the Going Home Plus program. MQD uses quality grid based upon the HCSB Quality Framework for monitoring the DDID program. The quality grid included measures that span the six assurances and sub-assurances of level of care, service plans, qualified providers, health and welfare, financial accountability, and administrative authority. We have also been working on behavioral health monitoring and quality improvement.

Our quality approach aspires to 1) have collaborative partnerships among the MQD, health plans, and state departments; 2) advance the patient-centered medical home; 3) increase transparency- including making information (such as quality measures) readily available to the public; 4) being data driven; and 5) use quality-based purchasing- including exploring a framework and process for financial and non-financial incentives.

MQD updated its quality strategy and submitted a draft version to CMS on December 18, 2014. MQD received feedback from CMS on July 16, 2015, and subsequently submitted a revised draft quality strategy on September 30, 2015. MQD received further feedback from CMS on April 5, 2016, and subsequently submitted a revised draft quality strategy on May 6, 2016. In a letter from CMS dated July 8, 2016, Hawaii received final approval of its Quality Strategy from CMS.

Quality Activities During The Quarter

The External Quality Review Organization (EQRO) oversees the health plans for the QI and Community Care Services (CCS) programs. Health Services Advisory Group (HSAG), the EQRO, in collaboration with MQD performed the following activities this quarter:

1. Validation of Performance Improvement Projects (PIPS) –

- Module 4, 2nd interventions, 1st 4 items (1. MCO Info, 2. Intervention Justification, 3. Intervention Plan, & 4. Evaluation Plan), the "Plan" portion, submitted and reviewed.
- Plan-specific draft reports pending.
- Provided pre-validation review feedback to the health plans and the MQD by 9/1/16.
- Drafted the PIP reports for the 2016 validation year.
- Sent Module 4 pre-validation review feedback to the health plans.
- Finalized the reports and distributed them on 9/26/16.
- HSAG provided PIP Module 4 technical assistance to UHC health plan on 9/27/16.

2. Healthcare Effectiveness Data and Information Set (HEDIS) –
   - Submitted final audit reports, including final audited results for all measures, to the MQD, health plans, and NCQA by 7/15/16.
   - Scheduled call with HSAG/MQD to discuss HEDIS performance measures for 2017.
   - Submitted draft HEDIS 2017 work plan to the MQD for review.
   - Received approval from the MQD on the HEDIS 2017 work plan.

3. Compliance Monitoring –
   - Medical Record Review Validation (MRRV) activities completed.
   - All outstanding IS Grid items closed out and Roadmap attestation completed.
   - Final Audit Reports completed 7/15/16.
   - Received MQD adds/changes/deletions regarding compliance reports – on 8/15/16.
   - Incorporate MQD adds/changes/deletions into the reports.
   - Forwarded revised draft reports to health plans for review and feedback.
   - Resolved issues and finalized for 'Ohana HP & 'Ohana CCS.
   - All other health plans were due by 8/30/16.
   - Resolved any health plan questions/issues with reports.
   - Submitted final 2016 Compliance Review reports and CAP templates by 9/9/16.
     - Provided assistance/clarification to health plans regarding CAP submissions.

4. Consumer Assessment of Healthcare Providers and Systems (CAHPS) –
   - HAG submitted CHIP and QI Star Reports to MQD on July 8, 2016.
   - Submitted raw survey data for each QI plan and CHIP to the MQD on July 8, 2016.
   - Performed comprehensive survey data analysis of CAHPS reports.
   - Compiled the draft CHIP, QI, and QUEST Aggregate reports.
   - Submitted the draft reports to the MQD on 8/22/16.
   - HSAG received feedback on the draft reports from the MQD on 9/6/16.
   - HSAG incorporated the MQD's feedback into final reports on 9/15/16.
   - Mailed hard copies of the Final 2016 HI CAHPS Reports to the MQD on 9/22/16.

5. Provider Survey –
   - Submitted the non-Kaiser survey instrument to the MQD for review on July 1, 2016.
   - Received feedback from the MQD on the non-Kaiser survey instrument on July 1, 2016.

- Submitted updated non-Kaiser survey instrument with the MQD's feedback incorporated on July 1, 2016.
- Participated in meeting with the MQD on 7/6/16 to discuss the survey instrument, sampling approach, and survey methodology.
- Prepared survey mail materials, including Web-based version of survey, by 8/9/16.
- HSAG selected the survey samples on 8/8/16.
- HSAG printed and produced survey packets by 8/15/16.
- Mailed first provider surveys and cover letters on 8/16/16.
- Website was made available for providers to complete the survey via the Internet on 8/16/16.
- Mailed second provider surveys and cover letters to all non-respondents on 9/13/16.
- Submitted weekly disposition reports to the MQD during survey administration.

6. Annual Technical Report –
   - Template updated and distributed internally in HSAG.
   - Received and incorporated updates from the health plans regarding their 2015 Technical Report Recommendations into the 2016 report.
   - MQD worked with HSAG internal departments on report development.

7. Quality Strategy-
   - Received notification from CMS that our Quality Strategy for the Hawaii's section 1115 demonstration, entitled QUEST integration (Project Number 11-W-00001/9), written in December 2014, was finally approved in early July 2016.
   - Quality Strategy posted on MQD website.
   - Forwarded to HSAG for review.

8. Accreditation-
   - Reports received by end of July and reviewed for this quarter.
   - One health plan will be submitting their new reaccreditation.

9. Quality Assurance Performance Improvement (QAPI) Reports-
   - Submitted by June 15th.
   - Reports currently being reviewed by MQD in order that they were received and reviews periodically paused due to other pressing reports or activities.

10. Quality Compass-
    - Ongoing process with NCQA to request for extended data usage approval.
    - Teleconference with NCQA and MQD on 7/13/2016.
    - NCQA granted MQD and HSAG one last year to continue to report as we have been doing in the past.
    - However, for next year, we are limited to using only up to 30 measures or use a proxy (such as up and down arrows) and be silent on the actual score. Or, two separate reports can be produced, one with means and percentiles for the MQD and the health plans and one using proxies for the published report.

QUEST Integration Dashboard

The MQD receives dashboard on QUEST Integration program monthly (see Attachment A for months July, August and September 2016). These reports allow MQD to track provider network, claims

processing, processing of prior authorization, and call center statistics at a glance.

Demonstration Evaluation

MQD submitted its QUEST Integration Draft Evaluation Design to CMS on December 18, 2014. CMS responded with comments on September 9, 2015. The MQD has reviewed the CMS comments and had concerns about a few items. During a Quarterly 1115 Waiver Monitoring Call on October 21, 2015 the MQD shared that there were a few concerns and requested an extension on the existing deadline of November 9, 2015. CMS agreed on an extended deadline, and that a new deadline will be determined after a pending conference call to discuss these concerns. The list of concerns was sent to CMS on November 12, 2015. After a Demonstration Evaluation follow-up call that occurred on April 20, 2016, the MQD submitted on April 22, 2016 the quality measures/quality monitoring/quality projects related to the HCBS/LTSS populations that have occurred recently. As of the 4th quarter in FFY 2016, the MQD is still awaiting feedback from CMS.

Enclosures/Attachments

Attachment A QUEST Integration Dashboard for July 2016 – September 2016

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Date Submitted to CMS

March 10, 2017