

HAWAII QUEST EXPANDED SECTION 1115 DEMONSTRATION

FACT SHEET

Name of Section 1115 Demonstration:	QUEST Expanded Medicaid Section 1115 Demonstration
Date Initial Proposal Submitted:	April 19, 1993
Date Initial Demonstration Approved:	July 16, 1993
Date Initial Demonstration Effective:	August 1, 1994
Date Initial Demonstration Expired:	July 31, 1998
Date 1st Extension Proposal Submitted:	April 1, 1998
Date 1st Extension Proposal Approved:	September 30, 1998
Date 1st Extension Expired:	March 31, 2001
Date 2nd Extension Proposal Submitted:	November 14, 2001
Date 2nd Extension Proposal Approved:	March 18, 2002
Date 2nd Extension Expired:	June 30, 2005
Date 3rd Extension Proposal Submitted:	January 21, 2005
Date 3rd Extension Proposal Approved:	January 31, 2006
Date 3rd Extension Expired:	June 30, 2008
Date 4th Extension Proposal Submitted:	February 17, 2007
Date 4th Extension Proposal Approved:	February 7, 2008
Date 4th Extension Expires:	June 30, 2013
Date 5th Extension Proposal Submitted:	June 29, 2012
Date 5th Extension Proposal Approved:	December 18, 2012
Date 5th Extension Expires:	December 31, 2013
Date 6th Extension Proposal Submitted:	December 31, 2012
Date 6th Extension Proposal Approved:	October 1, 2013
Date 6th Extension Expires:	December 31, 2018

SUMMARY:

Hawaii's QUEST Integration program is a statewide section 1115 demonstration. The demonstration enables the state to operate QUEST, which provides Medicaid coverage for medical, dental, and behavioral health services through competitive managed care delivery systems. The QUEST program was designed to increase access to health care and control the

rate of annual increases in health care expenditures. The demonstration also allowed the State to expand coverage beyond its Medicaid State plan.

Through the demonstration, the state provides coverage to children and adults who are eligible under the Medicaid state plan as well as additional children and adults (including former adoption assistance children, certain parents, and certain individuals who receive home and community based (HCBS) services). All beneficiaries are eligible for state plan benefits (or, in the case of the Affordable Care Act childless adult group, approved benefits under the alternative benefit plan) as well as additional services based on medical necessity and clinical criteria (including HCBS), provided through an integrated managed care delivery system.

AMENDMENTS:

Submitted	Approved	Amendment
03/25/1995	07/11/1995	Amendment to deem parental income, prohibit QUEST eligibility for persons qualifying for ESI, premiums for expansion groups, minimum premium for self-employed, changes fee-for-service start date
07/12/1995	09/14/1995	Amendment to allow the state the option to cap enrollment in QUEST
07/12/1995	09/14/1995	Amendment to allow state to cap enrollment
01/10/1996	05/10/1996	Amendment to reinstate asset test, create QUEST-NET, and restructure premium schedule
01/10/1996	05/10/1996	Amendment to change eligibility criteria and establish QUEST-Net
01/10/1996	05/10/1996	Amendment to extend demonstration eligibility to SCHIP children with family incomes from 101% - 200% FPL
02/04/1997	03/14/1997	Amendment to lower income eligibility criteria for QUEST-NET from 300% FPL to 185% FPL, and expand drug coverage to QUEST-NET
01/02/2001	05/18/2001	Amendment to transition Hawaii's aged, blind, and disabled into mandatory managed care

01/19/2000	06/29/2001	Amendment to expand QUEST-NET program to SCHIP kids
07/30/2004	10/08/2004	Amendment to permanently align the demonstration month with the state fiscal reporting month
03/16/2004	06/30/2005	Amendment to pay uncompensated care costs to hospitals
02/17/2007	02/07/2008	Request to implement managed care for ABD populations and integrate community-based and institutional long-term care services
02/18/2010	05/01/2010	Amendment to implement a premium assistance program for employer-sponsored insurance
07/28/2010	10/15/2010	Amendment to change eligible requirements for HPP program, include pneumonia vaccine, update CHIP reporting, clarify enrollment cap
07/07/2011	04/05/2012	Amendment to reduce eligibility for non-pregnant, non-disabled adults in QUEST-Net and QUEST-ACE from 200 to 133 percent of FPL. Also eliminates the “grandfathered” QUEST-Net population with income from 200 to 300 percent. This amendment was permissible under the Affordable Care Act’s nonapplication of MOE provision because the state certified a budget deficit.
07/07/2011	06/14/2012	Align benefit for QUEST-Net and QUEST-ACE with Medicaid state plan benefits; Redefine QUEST Expended demonstration programs to more clearly align with populations, and eliminate the QUEST enrollment limit for childless adults; Allow retroactive eligibility for QUEST, QUEST-Net and QUEST-ACE; Expand QExA primary and acute care benefits beyond those included in the state plan; Remove the

HPP program for employer-sponsored insurance; Allow Uncompensated Cost of Care (UCC) payments to be made to nursing facilities; and make assorted technical corrections.

12/21/2012

3/7/2013

Amendment to provide Medicaid coverage to former foster children under 26 years of age with income up to 300 percent of the FPL.

ELIGIBILITY:

Medicaid eligible AFDC and AFDC-related family members, children, pregnant women, foster children, childless adults, former foster care children, and Medically Needy AFDC-related adults and children participate in the demonstration and receive managed care coverage through QUEST Integration.

Medicaid eligible aged, blind, and disabled and recipients of home and community based services participate in the demonstration and receive coverage for Medicaid services, including long-term care.

DELIVERY SYSTEM:

QUEST Integration uses capitated managed care as a delivery system. QUEST Integration did operate two contract managed care plans, but has recently combined the scope for both the QUEST and QExA programs into a single contract to serve the full continuum of Medicaid beneficiaries.

BENEFITS:

Hawaii's QUEST Integration provides all services as defined in the Medicaid state plan to all individuals enrolled in the demonstration (except for Affordable Care Act childless adults, who will receive benefits under the alternative benefit plan). The state provides additional benefits based on medical necessity and clinical criteria (including HCBS, cognitive rehabilitation, habilitation, and specialized behavioral health services). Benefits are provided through an integrated managed care delivery system.

COST SHARING:

Premiums may be imposed only as follows:

Population	Premiums/Cost Sharing
Medically Needy with Spend-down	An enrollment fee equal to the spend-down obligation or, where applicable, the amount of patient income applied to the cost of long-term care.

Copayments may be imposed as set forth in the Medicaid state plan.

CONTACTS:

CMS Central Office Contact – Heather Ross, Heather.Ross@cms.hhs.gov

CMS Regional Office Contact – Christy Bonstelle, Christy.Bonstelle@cms.hhs.gov

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