Hawaii QUEST Integration
Section 1115 Quarterly Report
Submitted: July 31, 2018

Demonstration/Quarter Reporting Period:

Demonstration Year:	22	(10/01/2015 - 09/30/2016)
Federal Fiscal Quarter:	FFY 2016 2nd Q.	(01/01/2016 - 03/31/2016)
State Fiscal Quarter:	SFY 2016 3rd Q.	(01/01/2016 - 03/31/2016)
Calendar Year:	CY 2015 1st Q.	(01/01/2016 - 03/31/2016)

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. During the period between approval and implementation of the QUEST Integration managed care contract the state will continue operations under its QUEST and QUEST Expanded Access (QExA) programs. 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 January 2016 to March 2016.

Medicaid Eligibility Groups	FPL Level and/or other qualifying Criteria	Member Months 01/2016-03/2016	Unduplicated Members 01/2016-03/2016
Mandatory State Plan Groups			
State Plan Children	State Plan Children	375,598	119,648
State Plan Adults	State Plan Adults State Plan Adults-Pregnant Immigrant/COFA	114,685	36,455
Aged	Aged w/Medicare Aged w/o Medicare	74,906	25,175
Blind of Disabled	B/D w/Medicare B/D w/o Medicare BCCTP	77,744	25,506
Expansion State Adults	Expansion State Adults	246,178	77,366
Newly Eligible Adults	Newly Eligible Adults	99,326	31,937
Optional State Plan Children	Optional State Plan Children	0	
Foster Care Children, 19-20 years old	Foster Care Children, 19-20 years old	1,300	
Medically Needy Adults	Medically Needy Adults	0	
Demonstration Eligible Adults	Demonstration Eligible Adults	0	
Demonstration Eligible Children	Demonstration Eligible Children	0	
VIII-Like Group	VIII-Like Group	0	
Total		989,737	316,057

State Reported Enrollment in the Demonstration	Current Enrollees
Title XIX funded State Plan	207,571
Title XXI funded State Plan	27,582
Title XIX funded Expansion	109,272
Enrollment current as of	354,794

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.

The Health Care Outreach Branch (HCOB) 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 public institution/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 second quarter 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 (see transition information later in the report).

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.

MQD is in the process of compiling all public comments, updating the transition plan accordingly, and will resubmit the transition plan once completed.

Expenditure Containment Initiatives

No expenditure containment planned.

Financial/Budget Neutrality Development/Issues

The budget neutrality for second quarter of FFY16 was already submitted.

Member Month Reporting

A. For Use in Budget Neutrality Calculations

Without Waiver Eligibility Group	Month 1 (Jan 2016)	Month 2 (Feb 2016)	Month 3 (Mar 2016)	Total for Quarter Ending 03/2016
EG 1-Children	125,096	126,190	125,612	376,898
EG 2-Adults	38,544	38,027	38,114	114,685
EG 3-Aged	24,640	24,898	25,368	74,906
EG 4-Blind/Disabled	25,524	26,307	25,913	77,744
EG 5-VIII-Like Adults	0	0	0	0
EG 6-VIII Group Combined	114,698	115,168	115,638	345,504

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

B. For Informational Purposes Only

With Waiver Eligibility Group	Month 1 (Jan 2016)	Month 2 (Feb 2016)	Month 3 (Mar 2016)	Total for Quarter Ending 03/2016
State Plan Children	124,652	125,753	125,193	375,598
State Plan Adults	38,544	38,027	38,114	114,685
Aged	24,640	24,898	25,368	74,906
Blind or Disabled	25,524	26,307	25,913	77,744
Expansion State Adults	81,314	82,169	82,695	246,178
Newly Eligible Adults	33,384	32,999	32,943	99,326
Optional State Plan Children				
Foster Care Children, 19-20 years old	444	437	419	1,300
Medically Needy Adults				
Demonstration Eligible Adults	0	0	0	0
Demonstration Eligible Children				
VIII-Like Group	0	0	0	0

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

QUEST Integration Consumer Issues

HCSB Grievance

During the second 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
January 2016	12	60
February 2016	13	84
March 2016	15	68
Total	40	212

During the second quarter of FFY16, the HCSB staff, as well as other MQD staff, processed approximately 40 member and 212 provider telephone calls and e-mails (see table above).

HCSB Appeals

The HCSB received eleven (11) member appeals in the second quarter of FFY16. DHS resolved six of the appeals with the health plans in the member's favor prior to going to hearing.
Of the eleven (11) appeals filed, the types of appeals were Medical (6), LTSS (1), and Other (4).

Types of Member Appeals	#
Medical	6
LTSS	1
Other: Medications	2
Reimbursement	2

Appeals	Member #
Submitted	11
DHS resolved with health plan or DOH-DDD in member's favor prior to going to hearing	5
Member withdrew hearing request	1
Resolution in DHS favor	5
Resolution in Member's favor	0
Still awaiting resolution	0

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 a decrease of enrollment of approximately 944 members during the second quarter of FFY16. Of this group, 173 chose their health plan when they became eligible, 3,016 changed their health plan after being auto-assigned.

	#
Individuals who chose a health plan when they became eligible	173
Individuals who changed their health plan after being auto-assigned	3,016
Individuals who changed their	280

In addition, DHS had 280 plan-to-plan changes during the second quarter of FFY16. 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, 17 individuals in the aged, blind, and disabled (ABD) program changed their health plan during days 61 to 90 after a confirmation notice was issued.

health plan outside of allowable choice period (i.e., plan to plan change)	
Individuals in the ABD program that changed their health plan within days 61 to 90 after confirmation notice was issued	17

Long-Term Services and Supports (LTSS)

HCBS Waiting List

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

HCBS Expansion and Provider Capacity

During the second 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 decreased from the previous quarter. However, in the second quarter of FFY16, the number of beneficiaries requiring long-term services and supports increased 13.5% since the start of the program. The number of individuals in nursing facilities decreased this quarter from the previous quarter. Nursing facility usage has decreased by approximately 39.5% since program inception. HCBS usage has increased 84.8% since the aged, blind, and disabled populations were incorporated into managed care (formerly QUEST Expanded Access (QExA), currently QUEST Integration).

At the start of the program, beneficiaries receiving HCBS was 42.6% of all beneficiaries receiving long-term care services. This percentage is at 69.4% in the second quarter of FFY16.

	2/1/09	1st Qtr FFY16, av	2nd Qtr FFY16, av	% change since baseline (2/09)	% of clients at baseline (2/09)	% of clients in 2nd Qtr FFY16
HCBS	2,110	4,328	3,899	84.8%↑	42.6%	69.4%
NF	2,840	2,114	1,718	39.5%↓	57.4%	30.6%
Total	4,950	6,442	5,617	13.5%↑		

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.

The Early Intervention Program (EIP) under the DOH

Program	#
Adult Mental Health Division (AMHD/DOH)	189
Early Intervention Program (EIP/DOH)	769
Child and Adolescent Mental Health Division (CAMHD/DOH)	1,114
Community Care Services	5,233

provides behavioral health services to children from ages zero (0) to three (3). EIP is providing services to approximately 769 children during the second quarter FFY16.

(CCS/DHS)	

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 1,114 children during the second 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. All five health plans received transition of care files in November and December 2014 that allowed them to maintain services through March 31, 2015 (or until a new health and functional assessment (HFA) was conducted). In addition, several health plans maintained services to June 30, 2015 while they completed their HFAs.

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.

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. MQD is currently awaiting further comments or approval from CMS. The revised quality strategy is consistent with the previously approved 2010 version.

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) –
    - In April, reviewed Module 4 resubmissions and provided feedback.
    - Module 4 retraining for the health plans conducted on May 3, 2016.
    - Mod 4 2nd interventions, 1st 4 pages, to be submitted by August 1, 2016.

2. Healthcare Effectiveness Data and Information Set (HEDIS) –
    - In April, Preliminary IS grids and onsite agendas were sent to health plans.
    - Completed remaining on-site visits with health plans.
    - Initial post-on-site reports sent out to health plans.
    - Preliminary rate review initiated for all five health plans.
    - Completed additional review of source code from one of the health plans for measures generated in-house as needed.
    - Medical record review activities conducted with the health plans.
    - Medical Record Review Validation (MRRV) activities ongoing for all health plans. Ongoing follow-up with health plans to close out any outstanding IS Grid items. Medical Record Review Validation (MRRV) activities completed for all six health plans.
    - All outstanding IS Grid items closed out and Roadmap attestation completed.
    - Final rate review completed and all rates submitted by June 15, 2016.
    - Final Audit Reports will be completed mid-July
    - Ongoing technical assistance provided to MQD and health plans.

3. Compliance Monitoring –
    - April: Began health plans' desk review of documents and document preliminary findings and interview questions in the compliance review tool. Initiated follow-up calls with health plans to address questions/issues with compliance review documents. Health plans' desk

review of documents. On-site compliance review visits conducted. Conducted onsite reviews June 7, 2016 to June 24, 2016.

- Began drafting individual health plan findings and recommendations.
- Collaborated with the MQD around select areas of review where the health plans indicated they were "waived" or "approved".
- Reports being drafted, due to MQD at end of July

4. Consumer Assessment of Healthcare Providers and Systems (CAHPS) –
    - In April, completed CATI for non-respondents on May 1, 2016.
    - Survey field officially closed on May 2, 2016.
    - Received data files from subcontractors on 5/9/16, currently being reviewed.
    - Final response rates: Adult: 31.59% and CHIP: 33.52%.
    - NCQA data submission for QI plans completed on May 27, 2016.
    - MQD and HSAG completed process for CAHPS Database submission for CHIP and QI plans.
    - Began data analysis for production of Star Reports.
    - Began preparation of raw survey data for each plan and CHIP for submission to the MQD.
    - Worked on Star report and CAHPS Respondent-Level Data and accompanying data dictionaries.

5. Provider Survey –
    - In April, initiated discussions with the MQD regarding sampling and survey methodology. Timeline modified to allow for additional time to review and provide feedback.
    - Ongoing discussions with MQD regarding sampling plan and survey methodology.
    - Received additional feedback and information from the MQD on goals for the 2016 provider survey instrument and sampling.
    - Continued discussions with the MQD regarding 2016 survey instrument, sampling, and survey methodology. Provided the MQD with potential options for survey instrument and sampling (based on methodology used in 2015).
    - Notified the MQD that HSAG could accommodate request to keep the survey page length to two pages, as well as request for Kaiser and non-Kaiser versions of the surveys. The MQD confirmed on June 28, 2016 that HSAG should move forward with this approach.
    - Received final confirmation from the MQD on the sampling approach on June 28, 2016. The MQD confirmed that CCS providers would not be included in the sampling and survey administration. The MQD also confirmed the sample sizes for the Kaiser and non-Kaiser provider samples should be 1,200 non-Kaiser and 300 Kaiser providers; the goal being to have a more meaningful sample.
    - Received additional follow-up questions and discussion items from the MQD on June 30, 2016.
    - Ongoing discussions regarding sampling plan and survey methodology to increase response rates
    - Materials being finalized by MQD and HSAG
    - Per current timeline, looking at survey field start in mid-August.

6. Annual Technical Report –

- In April, high level template approved by MQD.
- Timeline set.
- Draft report will be submitted to MQD on January 13, 2017. Feedback to HSAG due February 3, 2017. Final to MQD on February 28, 2017.
- In June, updated full template.

7. Quality Strategy-
    - Received notification from CMS/CMCS on July 8, 2016 that our Quality Strategy for the Hawaii's section 1115 demonstration, entitled QUEST integration (Project Number 11-W-00001/9) had been approved.
    - Forwarded to HSAG for review.

8. Accreditation-
    - Reports received by end of April 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 periodically paused due to other pressing reports or activities.

10. Quality Compass-
    - Ongoing process with NCQA to request for extended data usage approval.
    - Teleconference scheduled for June 1, 2016 had to be postponed due to unforeseen circumstances.
    - Teleconference between NCQA and MQD rescheduled for July 13, .2016.

11. My Choice My Way (MCMW) transition plan- Rule changes committee:
    - Assigned to Adult Day Care. Began working on draft amendments for the Hawaii Administrative Rules Title 17 DHS Subtitle 9 Adult and Community Care Programs Chapter 1424 Licensing of Adult Day Care.

QUEST Integration Dashboard
The MQD receives dashboard on QUEST Integration program monthly (see Attachment A for months April, May and June 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.

Enclosures/Attachments

Attachment A QUEST Integration Dashboard for January 2016 – March 2016

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