



Department of Human Services Med-QUEST Division



1115 Demonstration Project
Post-Award Public Forum

March 21, 2016



AGENDA



- Background
- QUEST Integration – Current State
 - Current Services
 - Delivery System
 - Health Plan Monitoring
- QUEST Integration – Future State
- Public Feedback and Comments



BACKGROUND



The requirement under the provision of Title 42, Section 431.120(c), of the Code of Federal Regulations, States shall:

“Hold a public forum to solicit comments on the progress of Hawai‘i’s demonstration project entitled “QUEST Integration.”



BACKGROUND



- This five year demonstration project is being administered by the Department of Human Services, Med-QUEST Division.
- The requirements have been implemented since the approval of this demonstration project, October 2013.



BACKGROUND



- **Hawaii Medicaid: People Served**
 - ~340k people – Remained relatively steady for the past year
 - Over 45% of all children
 - Nearly a quarter of entire population of Hawaii (1.4M)
 - Premium Assistance Program (~6500-7500, Legal residents, do not meet Medicaid citizenship requirements, 19-64)



BACKGROUND



- **Different Eligibility Criteria**

- “Modified Adjusted Gross Income” (MAGI) implemented in October 2013 (under ACA)/no asset test
 - Children – 308% Federal Poverty Level (FPL)
 - Pregnant Women – 191% FPL
 - Parent/Caretaker Relatives-100
 - <65 Adults 133% (+ 5% disregard so will see as 138% FPL)
- “MAGI-Excepted”/asset test
 - Aged, Blind & Disabled – (SSI standard, 100% FPL, Medically needy (\$469), Domiciliary Care)



PRIMARY & ACUTE CARE SERVICES



- Physician services
- Preventive services
- Outpatient hospital services
- Inpatient hospital medical and surgical services
- Pregnancy-related services
- Inpatient maternity and newborn care services
- Emergency and post stabilization services
- Urgent care services
- Prescription drugs
- Family planning services
- Durable medical equipment and medical supplies with prosthetics and orthotics
- Rehabilitation services
- Habilitation services
- Radiology, laboratory, and other diagnostic services
- Dialysis
- Home health services
- Hospice services
- Fluoride varnish for children
- Medical services related to dental needs
- Medical transportation services
- Smoking cessation services
- Vision and hearing services



BEHAVIORAL HEALTH SERVICES



- Acute inpatient hospital for behavioral health services
- Services from qualified professionals like psychiatrist, psychologists, counselors, social workers, registered nurses and others
- Ambulatory mental health services
- Substance abuse treatment programs
- Prescribed drugs including medication management and patient counseling
- Methadone treatment services, which include the provision of methadone or a suitable alternative
- Psychiatric or psychological evaluation



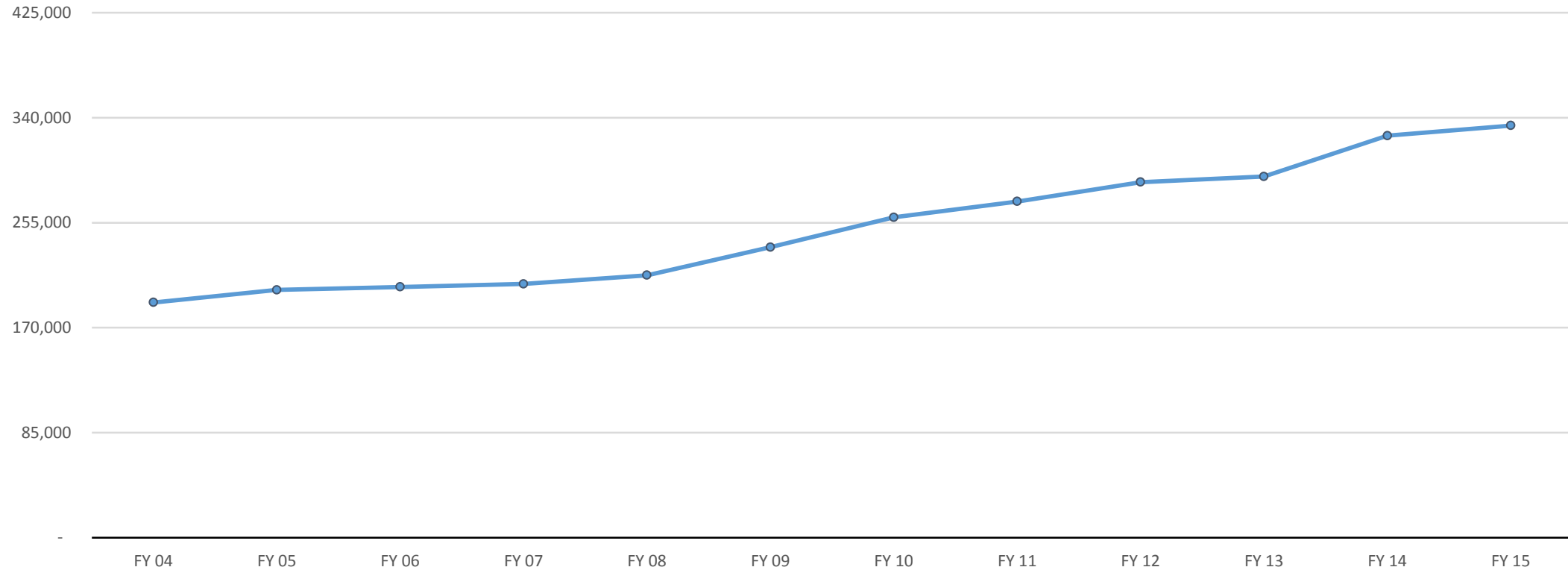
LONG TERM SERVICES & SUPPORTS (LTSS)



- Nursing facility
- Home and Community Based services including:
 - Chore
 - Adult day health
 - Personal care
 - Adult day care
 - Personal emergency response system
 - Skilled nursing
 - Residential like Community Care Foster Family Home or Expanded Adult Residential Care Home



MED-QUEST ENROLLMENT 2004-2015



FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15
190,381	200,534	202,980	205,397	212,489	235,203	259,307	272,218	287,902	292,423	325,043	320,655

This graph and table show the 68% increase in enrollment from 2004 to 2015. About 25% of Hawaii’s population, or 1 in 4, are currently enrolled in Med-QUEST.



DELIVERY SYSTEM- QUEST INTEGRATION



- **Managed Care**

- 99.9% managed care including all medical and Long Term Services & Supports (LTSS)
 - 5 Health Plans: AlohaCare, HMSA, Kaiser, `Ohana, United
- Implemented QUEST Integration Jan 2015
 - QUEST Integration combined QUEST (families and children) with QUEST Expanded Access (QExA - aged, blind and disabled)
 - Individuals and families as well as the elderly and disabled can receive the full array of services under a single managed care plan. Individuals who age or whose health condition changes can maintain their health plan and thus same providers.



DELIVERY SYSTEM- QUEST INTEGRATION



- Managed Care
 - Implemented QUEST Integration Jan 2015 (continued)
 - Expanded access to Home and Community Based Services to At-Risk population so that individuals can safely stay in their homes for as long as possible
 - Full array of services available include acute care, primary care, LTSS (Home and Community Based Services and nursing facility care), and mental health except for specialized MH services
 - December 2014 – 53,394 QUEST Expanded Access members transitioned to QUEST Integration. As of August 2015 – 51,671 members are aged, blind & disabled. This is about 15% of the total population in QUEST Integration (337,520)



DELIVERY SYSTEM- QUEST INTEGRATION (CONTINUED)



- Fee-for-Service (FFS)
 - Dental – Children’s benefits, emergency/extractions for adults
 - Pharmacy & other medical costs for FFS – mostly “spend-down”
 - Foster Care Children – Out of State
 - ICF/IID institutional services
 - 1915(c) DD/ID Waiver Home and Community Based Services
 - Organ & Tissue Transplant program
 - Emergency services for eligible non-citizens
 - Billing/Claiming from other State agencies (DOH, DOE)



RIDE ALONG PROGRAM



- MQD staff on field visits with health plan service coordinators - began March 2015
- Health plans received summary findings for each ride along visit
- MQD staff working with health plans on service coordinator training and education



RIDE ALONG



- Recommendations/findings on location of assessments

Conduct assessment in home if possible,
difficult to maintain privacy when in public areas



If homeless, make every effort to accommodate
the member who is homeless to avoid no-shows



RIDE ALONG



- Recommendations/findings for health plan interviewers:

Improve the skill level consistency of interviewers

Speak 'to' the member, not 'about' the member, in their presence

Use member's name – don't call them 'member'

Listen and observe non-verbal cues, and take concerns into consideration

Always include caregivers/family/representatives in all phases of the assessment



CALL CENTER MONITORING



MQD has access to all health plan call centers for QUEST Integration calls



Monthly, MQD staff listen to 10 random calls for each health plan



Health plans receive a monthly oversight report



Health plans are responsible for providing a response to all problem calls



CALL CENTER MONITORING



QI Member Call Center Remote Monitoring 2015

	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec
AlohaCare	7.3/10	9/10	9.3/10	9.3/10
HMSA	8/10	7.3/10	9/10	9.6/10
KAISER	5.6/10	6.3/10	5.6/10	10/10
OHANA	9/10	8/10	8.6/10	9/10
UHC	9/10	9.3/10	10/10	8.6/10

- Scores reflected in this chart are based on an average per QI quarter.
- If a health plan received a score below 7, it is considered “Not Met” by MQD and requires a follow-up review.
- A decision of “Not Met” usually occurs when MQD feels the Customer Service Representative did not meet the member’s needs.



NEW WITH QUEST INTEGRATION



Public Reporting

- MQD compiles health plan reports into a quarterly Public Summary Report
- Some areas include information on grievances, appeals, utilization management, and provider network
- Reports include graphs



NEW WITH QUEST INTEGRATION



Public Reporting

- Public Summary Reports for January – September 2015 are currently available online
- www.med-quest.us/ManagedCare/consumerguides.html



HAWAII'S GOAL FOR HEALTH & CARE

HEALTHY FAMILIES & HEALTHY COMMUNITIES



Social
Determinants of
Health

Beyond clinic
walls

- 1 Where we live and work; our education
- 2 Our families and community support
- 3 Our zip code

TRIPLE AIM

Better Health
Better Care
Lower Costs

- 1 Population health
- 2 Integrated, transformed delivery system
- 3 Efficient and safe care

Health Equity &
Health
Disparities

People's needs
are met
considering

- 1 Racial/ethnic background
- 2 Their geography
- 3 Economic situation



HEALTH INSURANCE COVERAGE



- Ensuring that families continue to have health insurance coverage and benefits
 - Near Term: Transition to Healthcare.gov
 - Major outreach efforts for transition
 - DHS & DLIR undertaken since Dec. 1, 2015
 - Micronesian Island Communities population
 - Premium Assistance Program
 - Interfaces completed with Healthcare.gov



HEALTH INSURANCE COVERAGE

(continued)



- Ensuring that families continue to have health insurance coverage and benefits
- Medium term: Ensure continued coverage for individuals transitioning out of institutions or from one program to another
 - Released from prison
 - Age out of Child Foster Care system
 - Move from State Hospital back to community



WHOLE PERSON CARE



- Improving **oral health** via access to preventive care
- Goal:
 - Restoration of basic Adult dental benefit (\$4.8M GF; \$12.5 MOF)
 - Critical to overall health, especially for those with chronic illness
 - Good oral health important for employment (getting work, absenteeism)



WHOLE PERSON CARE



- Improving integration of **behavioral health & physical health**
 - Near Term:
 - Working to support and coordinate behavioral health services across the continuum by working with various others such as Dept. of Health, Dept. of Education, Governor's office (Service continuum, populations & coordination)
 - Goals:
 - Improving integration of behavioral health with primary care for adults & children
 - Screening for substance use; depression; motivational interviewing
 - DOH: Maternal / Child Health; ADAD
 - Implementation



VALUE BASED PAYMENTS & QUALITY METRICS



- Performance Metrics & Reporting
 - Report on HEDIS measures
 - Targeted Pay for performance on 6 measures if targeted benchmarks are reached:
 - Immunizations, prenatal care, high blood pressure, diabetes, readmissions, and getting needed care
 - In process of updating measures and methodology (outcomes / social determinants)



VALUE BASED PAYMENTS & QUALITY METRICS (continued)



- **Payment Reform**

- Require that increasing proportion are value based payments
 - Primary care medical home – tiered payments
 - Hospitals – away from per diems, value based
 - Vertically integrated – shared savings
 - Yr 1 – 50%; Yr 2 – 65%; Yr 3 – 80%



MEDICAID SUPPORT: SOCIAL DETERMINANTS



- **Work with DOH Developmental Disabilities administration to implement new 1915(c) Medicaid waiver**
 - Support individuals to live as independently as possible (housing, employment, social support networks)
- **Implement new federal HCBS Rule that requires person-centered planning for Home & Community Based Services (Transition plan)**
- **Budget request to implement “Ticket to Work” or Medicaid Buy-In**
 - Allow individuals to get and retain a job at higher income levels, and still maintain their Medicaid coverage
 - \$293,406 GF/\$637,560



MEDICAID SUPPORT: SOCIAL DETERMINANTS



Social Determinants

- Housing supports & homelessness

Focus (Access, Services)

- Innovator Acceleration Program: Public Housing, BH Admin, Medicaid
- Get people into Medicaid
- Evaluate & expand possible housing supports
- Evaluate behavioral health supports

How

- Processes for Eligibility system
- Indicators/Flags in system
- Policy & Program analyze all our housing support options
- Evaluate workforce supports
 - Community Health Workers
 - Training of providers
 - Provider to Provider consults



MEDICAID FOCUS: COLLABORATE & SUPPORT

Education

- Women/Moms

Services/What we do

- Screening for Substance use (SBIRT)
- Screening for Depression/other
- Long-acting Reversible Contraceptives

How:

- Training & support
- Design financial models to support

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- Early Childhood

- Screening/Early identification/intervention (birth-3; 3-5)

- Work with DOE, DOH, Child Welfare, judicial system to design screening tools, referral/treatment pathways
- Consent forms/Data sharing



EFFICIENCIES



- Data & Analytics
 - Operational
 - Policy
 - Transformational goals (cost, quality, population health)
 - Evaluation
- Data
 - All-Payer Claims Database
 - Clinical data (outcomes/reporting; data for providers for integrated care)



EFFICIENCIES



- Eligibility & Call/Contact Center(s)
 - To support new functionality needed for transition away from Hawaii Health Connector
 - Contact Center – including Medicaid phone applications
 - Outreach and Application assistance
 - To support need for redesigned business processes for Eligibility/Enrollment
 - Increased workload from 72k cases to 240k cases in October 2013
 - Use of new app/tool KOLEA & significantly different methodology for determining Medicaid eligibility
 - Customer/Beneficiary focused
 - Business Process re-design (\$375k GF/\$750k MOF)



Thank you for participating in the
2016 QI Public Forum.

Our moderator will take feedback
and comments at this time.