

Hawaii Managed Care Program Features, as of 2019

Features	MedQUEST
Program type	Comprehensive MCO + MLTSS
Statewide or region-specific?	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1902(a)(70) NEMT
Program start date	08/01/2019
Waiver expiration date (if applicable)	07/31/2024
If the program ended in 2019, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Partial Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory

Features	MedQUEST
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	Initial enrollment: Applicant may select a plan at the time of application and will apply if deemed eligible to enroll in a QUEST Integration plan. In the absence of member pre-selecting a health plan, during application, he/she is auto-assigned to a QUEST Integration plan and has 60 days to select a health plan. Plan selection applies the first day of the next month. Annual enrollment: Annual plan change occurs once a year. All members enrolled in a QUEST Integration plan may choose to continue enrollment in the same plan or select a different plan serving the geographic area. Plan selection applies the 1st day of the new benefit year.
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	X
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X

Features	MedQUEST
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	X
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	X
Benefits covered: Nursing facility services	X
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X

Features	MedQUEST
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Dental (preventative or corrective)—this is offered for EPSDT but not for regular Medicaid; Smoking Cessation Services, Urgent Care Services, Vaccinations, Vision and Hearing Services, Podiatry Services
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	X
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X

Features	MedQUEST
Participating plans: Plans in Program	HMSA QUEST Integration (QI); Kaiser Foundation Health Plan Quest Integration (QI); 'Ohana Quest Integration; UnitedHealthcare CP Quest Integration (QI); 'Ohana Community Care Services (CCS); AlohaCare Quest Integration (QI)
Notes: Program notes	For State of Hawaii , for this to be applicable, we would need a 1115(a), which provides LTSS in home and community services rather than institutional setting and 1915(c), which is for DDID Services only and using FFS, 1115(a)/1915(c) is our combination response. HAR17-1720-10 lists all the services Hawaii MedQUEST provides to the members.