

# **QExA: QUEST Expanded Access for Healthy Long-Term Living**

---

Kenneth S. Fink, MD, MGA, MPH, FAAFP, FACPM  
Administrator  
Med-QUEST Division

Patricia M. Bazin, MPH, MBA, RD, NHA  
Health Care Services Branch Administrator  
Med-QUEST Division



# Summary

---

- QExA is on track to begin February 1, 2009
- Program will begin with a 180 day transition period
- Med-QUEST Division will provide close oversight
- Our clients deserve that stakeholders work together to ensure the program's success



# Med-QUEST Division (MQD) Mission

---

- To ensure that those eligible for Med-QUEST programs have access to and receive coordinated and comprehensive high-quality healthcare

Quality = safe, timely, effective, efficient,  
equitable and patient-centered



# MQD Responsibilities

---

- Hawaii taxpayers
- Clients
- Providers – THANK YOU!
- Federal Centers for Medicare & Medicaid Services (CMS)



# What is QUEST Expanded Access (QExA)?

---

- Medicaid managed care for the population age 65 or older, blind and/or disabled
  - Analogous to QUEST for the population younger than 65 and not blind and/or disabled
- Improvement compared to the current fee for service (FFS) program
  - FFS is fragmented and inadequately covers care coordination
  - Medically complex patients are at risk of falling in the gaps of our FFS program



# Benefits of QExA

---

- Patients
  - Care coordination
  - Disease management and prevention programs
  - Enhanced home and community-based services (HCBS)
- Providers
  - More timely payment and expectation of rates exceeding FFS
  - Improved prior authorization processes
  - Improvement of waitlist problem
- State
  - Decrease in wasteful spending
  - Ability to sustain Medicaid and other State programs



# QExA Implementation Requirements

---

- CMS approval of 1115 waiver expansion
- CMS certification of health plan provider networks
- Establishment of applicable Hawaii Administrative Rules



# QExA Implementation Requirements

---

- ✓ CMS approval of 1115 waiver expansion
- ✓ CMS certification of health plan provider networks
- ✓ Establishment of applicable Hawaii Administrative Rules





# Provider Networks

---

- Have grown substantially since December 9, 2008
- Would describe as healthy
- Continue to grow at a rapid pace

# Contracted Providers to Date

---

- >449 primary care providers
- >778 specialists
- >562 RACCP homes
- 96% (23) of hospitals
- 81% (38) of nursing homes
- 80% (12) of FQHCs
- A provider's being in-network is in the best interest of his, her, or its patients

# Changing Health Plan

---

- Given the numerous additions to the networks, patients may want to change plans
- Patients have a 90 day period (until April 30) to request a change
- Change will go into effect the first day of the next month
- Those who changed will have 90 day period from date of change to change back



# Transition Period

---

- Intended to ensure no disruptions to patients with established treatment plans
- Allows time for non-contracted providers to contract or for the coordinated transfer or care
- Health plans will pay non-contracted providers Medicaid rates until care is transferred up to 180 days
- **PROVIDERS: PLEASE CONTINUE TO PROVIDE CARE TO YOUR PATIENTS AND ASSIST IN TRANSFERS OF CARE**



# Transition of Care

---

- MQD provided client information to the health plans
  - Medical and pharmacy claims, prior authorizations
  - 1147, CDPA, and other waiver information
- Health plans have been analyzing this information to determine the clients that need to be seen first
- Plans are required to conduct an in-person needs assessment for every client within the first 180 days
- MQD will conduct phone interviews to assess clients' general health stability, safety, and transition readiness



# Transition for Patients Eligible for Both Medicare and Medicaid

---

- Patients can participate in traditional Medicare or any Medicare Advantage (MA) plan
- Patients can but do not have to choose UnitedHealth/Evercare or Wellcare/'Ohana MA plans
- QExA health plans will continue to pay the cost-sharing currently paid by MQD

# MQD Oversight of Health Plans

---

- Patient satisfaction
  - Health plan reports daily on call center volume, and weekly on service coordinator performance, PCP choice/assignment
  - Client interviews and surveys by the MQD Quality Assessment and Improvement Section (QAIS)
- Under-utilization
  - Health plans will report to Med-QUEST clients who are receiving less services in QExA than in FFS
- Over-utilization
  - Health plans will report encounter and other utilization data



# Patient Resources

---

- Clients or providers can call MQD's Customer Service Branch
  - Issues not able to be immediately addressed will be referred to the MQD Member and Provider Relations Section
- Clients can also call the QExA Ombudsman
  - Hilopa'a Family to Family Health Information Center
  - Assists clients in working with health plans and providers to understand benefits and get needed care
- Clients who are having problems may have home assessments performed by QAIS nurses





# Communications

---

- Several written communications have been sent to both clients and providers during January 2009
- Clients
  - End of initial enrollment letter
  - Confirmation notice
  - QExA Information Tip Sheet
- Providers
  - All sent a general provider memo
  - Transportation providers, case management agencies, and pharmacies sent provider specific information



# Update on Legal Actions Opposing QExA

---

- AlohaCare and the Hawaii Coalition for Health have filed 10 State and Federal actions, including 4 appeals
- All decisions to date have been dismissals
- 2 DCCA Insurance Commissioner administrative proceedings and 2 Federal court appeals are pending
- Hawaii Coalition for Health has since filed a new lawsuit in Federal court



# Putting Patients First

---

- About 39,000 medically fragile and complex patients are transitioning to a new program of health care
- We want the transition to go as smoothly and seamlessly as possible, taking numerous precautions
- Groups that care as much about these patients as we do can also assist in the transition
- We invite advocates to collaborate with us to ensure this program meets the needs of its clients



# Summary

---

- QExA is on track to begin February 1, 2009
- Program will begin with a 180 day transition period
- Med-QUEST Division will provide close oversight
- Our clients deserve that stakeholders work together to ensure the program's success

