

HOUSE OF REPRESENTATIVES
THE TWENTY-SIXTH LEGISLATURE
INTERIM OF 2011

COMMITTEE ON HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Jo Jordan, Vice Chair

NOTICE OF INFORMATIONAL BRIEFING

DATE: Thursday, January 12, 2012
TIME: 11:00 a.m.
PLACE: Conference Room 329
State Capitol
415 South Beretania Street

A G E N D A

The purpose of this informational briefing is to discuss the current oversight of Community Ties of America, contracted through the Department of Human Services, which has purview over Community Care Foster Family Homes, Case Managers, and Adult Day Care Centers. The briefing will focus on concerns and suggestions to improve oversight of the Case Management agencies and Community Care Foster Family Home industry under CTA.

The briefing will also focus on Ohana Health plan and Evercare Health plan. Discussion will be centered on concerns and suggestions to improve these health plans, on topic such as, but not limited to late payments, non-payments, payment dispute resolution, non-emergency transportation services, and overall review of the health plans.

Discussion on payments to all service providers, such as but not limited to Community Care Foster Family Homes and Adult Residential Care Homes, which have contracts under Ohana Health, Evercare Health plans, or the Department of Human Services will also be discussed at the briefing.

Finally, review of the referral system for patients being transferred from hospitals to either a Community Care Foster Family Home, Adult Residential Care Home, Expanded Care Home, or Nursing Home, will be discussed, with recommended solutions for a better referral system being noted to adequately address the hospitals' deficit of between \$70 to \$100 million annually for failure to properly transfer patients no longer requiring "acute care" to a proper community based care home or nursing home and improving fairness and timely transfer of patients to suitable community care homes or nursing homes.

At the conclusion of the briefing, the chair will summarize the suggested solutions ascertained from this briefing and review proposed policy changes, proposed bills and resolutions to better address the service providers under CTA, Ohana Health and Evercare.

The following organizations or individuals have been invited to participate:

The State Department of Human Services
Healthcare Association of Hawaii
Ohana Health Plan
Evercare Health Plan
Community Ties of America
Hawaii Social Worker Organizations & Social Workers (under contract with Ohana Health or Evercare)
Physicians (under contract with Ohana Health or Evercare)
Any service provider under contract with Ohana Health or Evercare

Community Case Management representatives
 Alliance of Residential Care Administrators (under contract with Ohana Health or Evercare)
 The Primary Care Providers of Hawaii
 Adult Foster Homecare Association of Hawaii
 Foster Homes of the Pacific
 United Group of Home Operators (under contract with Ohana Health or Evercare)
 Non-Emergency Transport Services under contract with DHS
 Neighbor Island - Community Care Foster Family Home Associations &
 Adult Residential Care Home Associations (under contract with Ohana Health or Evercare)
 Other individuals or organizations related to caregivers, case managers, care home operators and adult foster home operators with Medicaid clients and/or under contract with Ohana Health or Evercare Health plans.

ONLY TESTIMONY FROM THOSE ON THE TESTIFIER LIST WILL BE ACCEPTED.

Persons on the testifiers list wishing to offer comments should submit testimony at least 24 hours prior to the hearing with a transmittal cover indicating:

- Testifier's name with position/title and organization;
- The Committee the comments are directed to;
- The date and time of the hearing or briefing;
- Measure number if applicable; and
- The number of copies the Committee is requesting.

While every effort will be made to copy, organize, and collate all testimony received, materials received on the day of the hearing/briefing or improperly identified or directed to the incorrect office, may be distributed to the Committee after the hearing.

Submit testimony in ONE of the following ways:

PAPER: One copy (including an original) to Room 315 in the State Capitol;

FAX: For comments less than 5 pages in length, transmit to 586-8524 (Oahu) or 1-800-535-3859 (Neighbor Islands); or

EMAIL: For comments less than 5 pages in length, transmit to HUS testimony@Capitol.hawaii.gov.

Testimony submitted will be placed on the Legislative Web site after the hearing adjourns. This public posting of testimony on the Web site should be considered when including personal information in your testimony.

For further information, please call the Committee Clerk at **586-6050**.

No public testimony will be accepted.

If you require special assistance or auxiliary aids and/or services to participate in the informational briefing (i.e., sign language interpreter or wheelchair accessibility), please contact the Committee Clerk at 586-6050 to make a request for arrangements at least 24 hours prior to the briefing. Prompt requests help to ensure the availability of qualified individuals and appropriate accommodations.

For further information, please call the Committee Clerk at **586-6050**.

Rep. John M. Mizuno
 Chair

APPROVED

Rep. Calvin K.Y. Say
Speaker of the House



HOUSE COMMITTEE ON HUMAN SERVICES
Rep. John Mizuno, Chair

Informational Briefing
Conference Room 329
January 12, 2012

The Healthcare Association of Hawaii advocates for its member organizations that span the entire spectrum of health care, including all acute care hospitals, as well as long term care facilities, home care agencies, and hospices. Thank you for this opportunity to present testimony at this informational briefing.

The Department of Human Services (DHS) began the Quest Expanded Access (QuestExA) program in 2009, expanding the Medicaid managed care concept to the aged, blind, and disabled population. Ohana and Evercare were ultimately selected as the QuestExA health plans. Before QuestExA began, however, there were indications that the transition from fee-for-service to managed care would be difficult. The role of the Healthcare Association has been to facilitate relationships among DHS, the health plans, and health care providers with the objective of improving care -- and improving access to care -- for Medicaid enrollees.

For example, when providers reported that the health plans were paying many claims late or not at all, the Healthcare Association surveyed its members to determine the magnitude of the problem, then convened representatives of DHS, the health plans, and providers. Providers raised specific issues that the health plans were not previously aware of. The health plans subsequently made efforts to correct the identified problems. The result was that the health plans became more responsive to the inquiries of providers.

Regarding the issue of transitioning patients from acute care hospitals to long term care, the Healthcare Association is working with DHS and providers to revise State Form 1147, which is used to determine the appropriate level of care for Medicaid patients who are discharged from hospitals. Federal law limits the ways that Form 1147 may be revised, but the parties are working to make improvements that are possible.

The Healthcare Association would like to thank the House Human Services Committee and its Chair for directing legislative attention to the issues raised in this informational briefing. Thank you for this opportunity to testify.