

February 1, 2011

LATE

To: Senator Chun Oakland, Chair  
Members of the Senate Education Committee

From: Monique Ishikawa

Subject: Support of Senate Bill 918, Teen Suicide Prevention

Aloha! My name is Monique Ishikawa, and I am currently a junior at Kalaheo High School. I strongly believe in SB918, and hope for you support as well. Currently, Hawaii has the highest rates of teen suicide in the country, including teenagers who have planned or attempted suicide. Suicides attempted last year were almost double the national average of teen suicide and it is still one of the leading causes of death in the islands. Teenagers are the most affected by this. Many have friends who have definitely considered suicide.

By continuing funding for prevention of teen suicides, the number of suicides per year would lessen. Teenagers can get help dealing with thoughts of suicide. I strongly believe in bill 918 and truly hope you will join me in supporting it as well. Thank you for your time and consideration.

Feb 1, 2011

Senator Jill Tokuda  
State Capitol, Room 218  
415 South Beretania Street  
Honolulu, HI 96813

LATE

Dear Senator Tokuda,

Thank you for this opportunity to testify in support of SB 799, which appropriates funds for a social audit of the Quest Expanded Access program (QExA).

I strongly support this bill, for many years its been very challenging working with quest Ex Contracted health plans, payment delay, inappropriate denial of claims we have to challenge and discuss guidelines on coverage,

2. Staff inquiry on this plan claimed at times we never received it, we file electronically and we have edit reports and now we have to resubmit, and part of payment delay.

3. Trust is lost here, we end up doing paper claims and still it gets lost, now we make an excel spreadsheet and list down all claims to and have them sign that they received it.,

4. Reprocessing of claims due to issue on their software system, pointing fingers that the state system is inadequate and affecting their operation.

5. There is no real time on eligibility process, Quest ex recipient allowed to switch and choose every six months and affecting our monthly rental payment on equipment for they need preauthorization when they switch different plans. we should not be penalized, irregardless if it was approved from another Quest ex plan and coverage is determined we should not have to send another authorization. There is gap between authorization process and we lost at least two months of rental for physician needs to fill out new form or a different primary care physician when that physician does not participate on the health plan.

6. delay on hospital discharges if there is no prior authorization on some equipment necessary for discharge we don't get paid at all, patient end up staying longer, cost of healthcare goes up and the hospital and taxpayers lose out..

7. From previous contracted ACS to current plans Ohana and Evercare we have still to appeal several claims unpaid even if it was filed timely, definitely as small business, we file timely so we can pay our vendors, but they give us the run around, its very frustrating, hard to survive doing business with the plans. ..

it is important to evaluate the contracted health plans more frequently to be sustainable for both small business and the Quest Ex program to be viable,

Regular open communication and ongoing education for providers and staff of health plan, create transparency and consistency to all processes .

Thank you for taking time in reading my testimony, we are thankful and grateful for all your support.

sincerely,  
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QExA is a Medicaid managed care program that replaced a fee-for-service program two years ago to provide care to individuals with low incomes who are aged, blind or disabled. These individuals typically have multiple medical conditions and require care from different health care providers.

The goals of QExA include a reduction in the fragmentation of care and the assurance of coordination across the health care continuum. In addition, the program is designed to be fiscally predictable, stable, and sustainable in order to assure access to high quality,

cost-effective care.

However, despite these high ideals, enrollees, advocates, and health care providers have expressed serious concerns that QExA is failing to meet its stated goals and that many enrollees are not receiving adequate care. For example, QExA has been criticized for not compensating providers for care that should have been covered or for not compensating providers in a timely manner. Due to the uncertainty of receiving payment, providers have begun to decline to take new patients who are QExA enrollees. With fewer providers available to enrollees, access to care is reduced. The enrollee's medical condition may deteriorate, requiring more intensive treatment, which increases costs.

QExA should be formally evaluated to determine whether these criticisms are valid, and, if so, to correct existing problems. In this regard, social auditing is a process that evaluates programs to determine their social and economic benefits and limitations. It is a way of measuring the extent to which a program fulfills its stated values and objectives. Social auditing information is collected through various research methods that include surveys, interviews, and case studies.

The School of Social Work at the University of Hawaii at Manoa has the resources to conduct a social audit and has expressed a willingness to do so.

For the foregoing reasons, I support SB 799.

Sincerely,

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