Update from the Med-QUEST Division

November 19-20, 2014

Kaiser

- New beneficiaries are auto-assigned then given option to change health plan
  - Choice notice
  - Newsletter
- Kaiser continued to opt out of receiving auto-enrollment
- Effective July 1, 2014, Kaiser increased statewide enrollment limit from 25,000 to 30,000

Kaiser

- MQD mailed conflicting information to new QUEST beneficiaries from July 1 through early November
  - Correct choice notice
  - Incorrect newsletter (stated Kaiser still had enrollment cap)
- July through October 2014
  - 50,961 new beneficiaries on Oahu and Maui
  - 3,983 enrolled in Kaiser

Kaiser's % QUEST Enrollment

12%
11%
10%
9%
8%

Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14

Projected to increase to 10.1% of non-ABD members January 1, 2015 based on selections made through October 2014

Kaiser

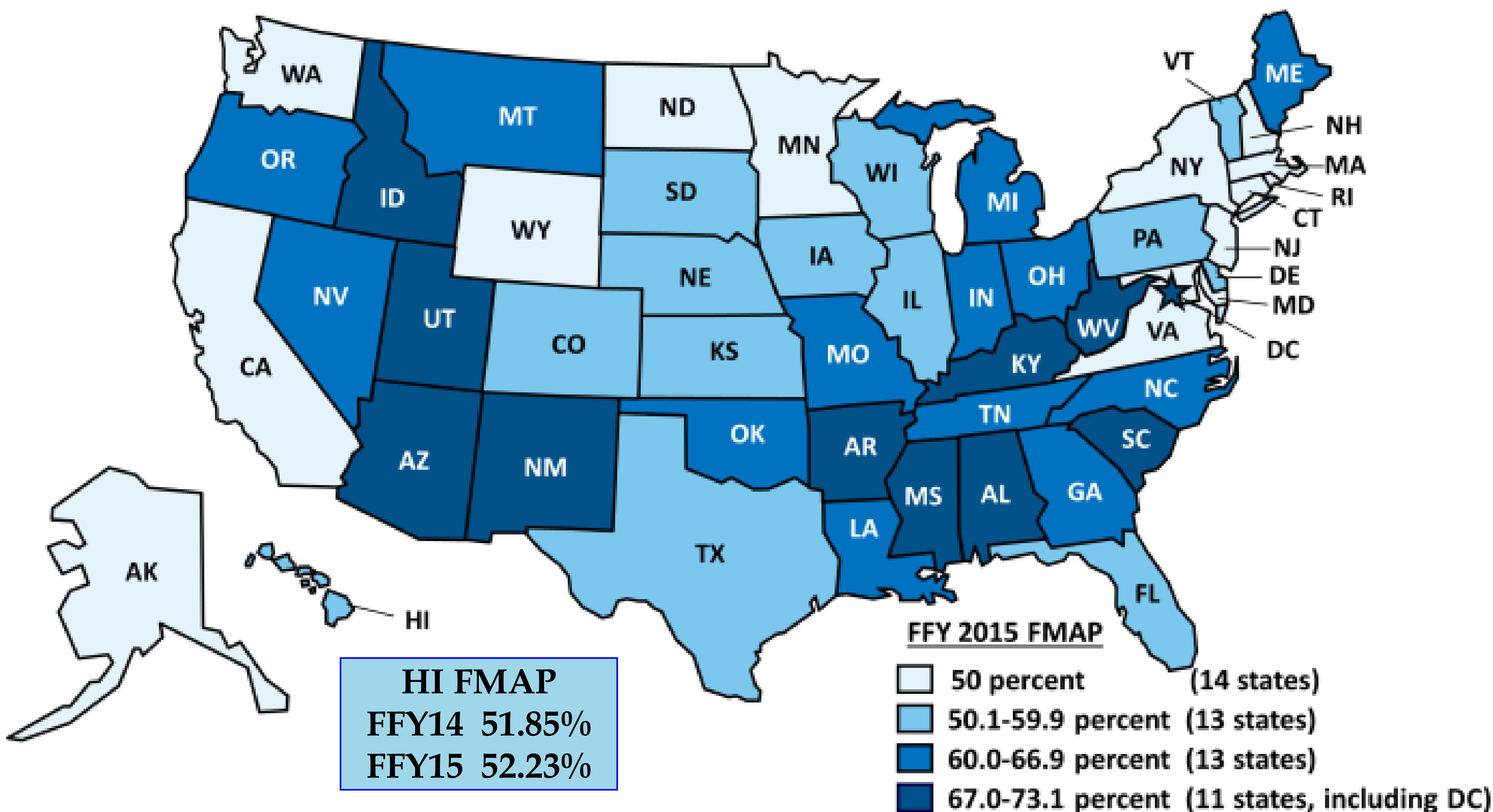
- MQD mailed correct information for the QUEST Integration initial enrollment period Sept 2-30 and weekly thereafter for coverage to begin January 1, 2015
- All beneficiaries will have received correct information and opportunity to switch to Kaiser QI
- Kaiser will receive 2630 new members January 1, 2015
  - 772 QUEST beneficiaries eligible on or after July 1, 2014
  - 1394 QUEST beneficiaries eligible before July 1, 2014
  - 464 QExA beneficiaries
- This does not undo the impact to Kaiser and new beneficiaries from MQD's mistake

Questions?

Agenda

- Part I
  - Status of Citizens of COFA Nations
  - QUEST Integration
  - Kupuna Care
  - Working Disabled Adults
- Part II
  - KOLEA
  - School-Based Claiming
  - Adult Dental
  - Health Home

Medicaid Costs are Shared by the States and the Federal Government



NOTE: FMAP percentages are rounded to the nearest tenth of a percentage point. These rates are in effect Oct. 1, 2014-Sept. 30, 2015. These FMAPs reflect the state's regular FMAP; they do not reflect the FMAP for newly eligibles in states that adopted the ACA Medicaid expansion.
SOURCE: Federal Register, January 21, 2014 (Vol. 79, No. 13), pp 3385-3388, at http://www.gpo.gov/fdsys/pkg/FR-2014-01-21/pdf/2014-00931.pdf.

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Status of Citizens of COFA Nations

- The federal Welfare Reform Act of 1996 made many noncitizens, including migrants, ineligible for Medicaid
- The state then began providing Medicaid-like state-funded medical assistance for COFA residents
- In 2009 under CHIPRA, states now had the option to cover certain non-citizen children and pregnant women under Medicaid, which Hawaii opted to do
- In 2010, the Affordable Care Act was passed and made non-citizens eligible for tax credits and cost-share reduction

More Background

- In 2010 during the recession, the state sought to reduce benefits and place an enrollment limit in the state-funded program
- A lawsuit was filed, and an injunction was placed by the Federal District Court
- The Ninth Circuit Court of Appeals ruled in favor of the State, but the injunction remained pending plaintiff's appeal to the U.S. Supreme Court

U.S. Supreme Court Decision

- On November 3, 2014, the U.S. Supreme Court rejected plaintiffs' appeal, which leaves intact the Ninth Circuit Court of Appeals decision in favor of the state
- The decision by the U.S. Supreme Court validates the state's authority to determine the level of health care coverage provided to noncitizens who are ineligible for the federal Medicaid program
- The injunction under which the state had been operating was lifted

Children and Pregnant Women

- There is no impact to children and pregnant women non-citizens who are eligible under Medicaid

Emergency Rules

- The lifting of the injunction resulted in the Department having to follow the existing Basic Health Hawaii rules
- Beneficiaries prior to the injunction would get a benefit reduction; those who became eligible under the injunction would lose coverage
- To avoid this situation, the Department adopted emergency rules, which will last 120 days

Transition Period

- Non-pregnant adult non-aged, blind, or disabled (non-ABD) non-citizen *beneficiaries*
  - Will remain eligible and continue to receive their current level of benefits until March 1, 2015, when BHH is terminated
  - Will have information sent to the Connector by end of November 2014 (open enrollment begins November 15, 2014)
  - Will be sent a notice in November, and another in January
  - Need to enroll through the Connector by February 15, 2015 to avoid a gap in coverage
- Non-pregnant adult non-ABD non-citizen *applicants*
  - Beginning November 15, 2014, no longer eligible and their information is being transferred to the Connector

Non-ABD Non-Citizens and ACA

- Eligible for tax credits and cost-share reduction
- Individuals with income <100% FPL will be treated as if income is at 100% FPL
- Must enroll in Silver level plan to receive cost-share reduction
- Individual's share of premium is 2% of monthly income
  - E.g. $23 in household of one, $30 in household of two

Premium Assistance Program (PAP)

- The Department is establishing a new program January 1, 2015 to pay certain individuals’ premium share
- Eligible individual must:
  - Be eligible for tax credits and select Silver level plan
  - Receive maximum cost-share reduction
  - Have income <100% FPL
- Enrollment in PAP will be entirely passive to individual as Connector sends income indicator to health plan
- Health plan will invoice the Department instead of the individual
- Ensures coverage, but does not cover co-payments

ABD Non-Citizens

- ABD individuals have greater healthcare utilization and often need services not included as minimum essential coverage
  - E.g. long-term supports and services
- The Department has announced an open application period and is accepting applications from ABD non-citizens
- On March 1, 2015, when BHH is terminated, ABD non-citizen beneficiaries will be seamlessly transitioned to a new state-funded ABD program
- Will continue to receive Medicaid-like benefits

Fiscal Impact

Group	Count	Current Annual Cost	Projected Annual Cost	Savings
ABD COFAs	1046	$16.5 M	$16.5 M	$0
Non-ABD Non-citizens	7432	$32.5 M	$0	$32.5 M
ABD LPRs	140	$0	$2.2	($2.2 M)
Premium Assistance Program	8700	$0	$3.3	($3.3 M)
TOTAL		**$49 M**	**$22 M**	**$27 M**

Summary

- No change to eligibility or coverage for children and pregnant women non-citizens under Medicaid
- No change to eligibility or coverage for non-citizen beneficiaries through February 28, 2015
  - BHH will end March 1, 2015
- Non-ABD non-citizen beneficiaries will have nearly 3 months to enroll through the Connector
  - Must enroll by February 15, 2015 to avoid coverage gap
- New premium assistance program available
- New state-funded program for ABD non-citizens

Questions?

QUEST Integration (QI)

- Developed in response to requirements of the Affordable Care Act
- Planning process began 2.5 years ago
- Had numerous forums for community input
- Proposal was shaped by the community for the community

Key Points to QI

- A more patient-centric approach
- An individual no longer has to change programs and potentially health plans and providers
  - Upon becoming aged
  - Upon developing a disability
- All family members can now enroll in the same health plan
- More health plan choices for individuals who are aged, blind, or disabled

Other Benefits to QI

- Simplification
- Reduced administrative burden on providers
- Improved access to services
- Service coordination is focused on individuals with Special Health Care Needs, receiving long-term services and supports (LTSS), or dual-eligible (both Medicare and Medicaid)
- Lower service coordinator ratios
- Face-to-face service coordination (minimize telephonic)

QI Health Plans

- AlohaCare
- HMSA
- Kaiser (Oahu and Maui only)
- ‘Ohana
- UnitedHealthcare

QI Initial Enrollment

- All individuals could choose of the five QI health plans
- Individuals who wanted to change health plan could:
  - Mail the completed plan change form
  - Call the MQD enrollment call center at 800-316-8005
  - Fax the completed plan change form to 800-576-5504
- Individuals who did not choose a different plan will remain with their current plan
- Health plan changes will become effective January 1, 2015
  - Individuals will have 60 days to change
  - Can change by calling enrollment call center (# above)

APC Initial Enrollment Results

	Non-ABD	ABD	Total
Oahu	4,300	1,883	6,183
Kauai	431	119	550
Hawaii	1,366	453	1,819
Maui	1,293	260	1,553
Molokai	173	42	215
Lanai	19	9	28
Total	**7,582**	**2,766**	**10,348**

Readiness Review

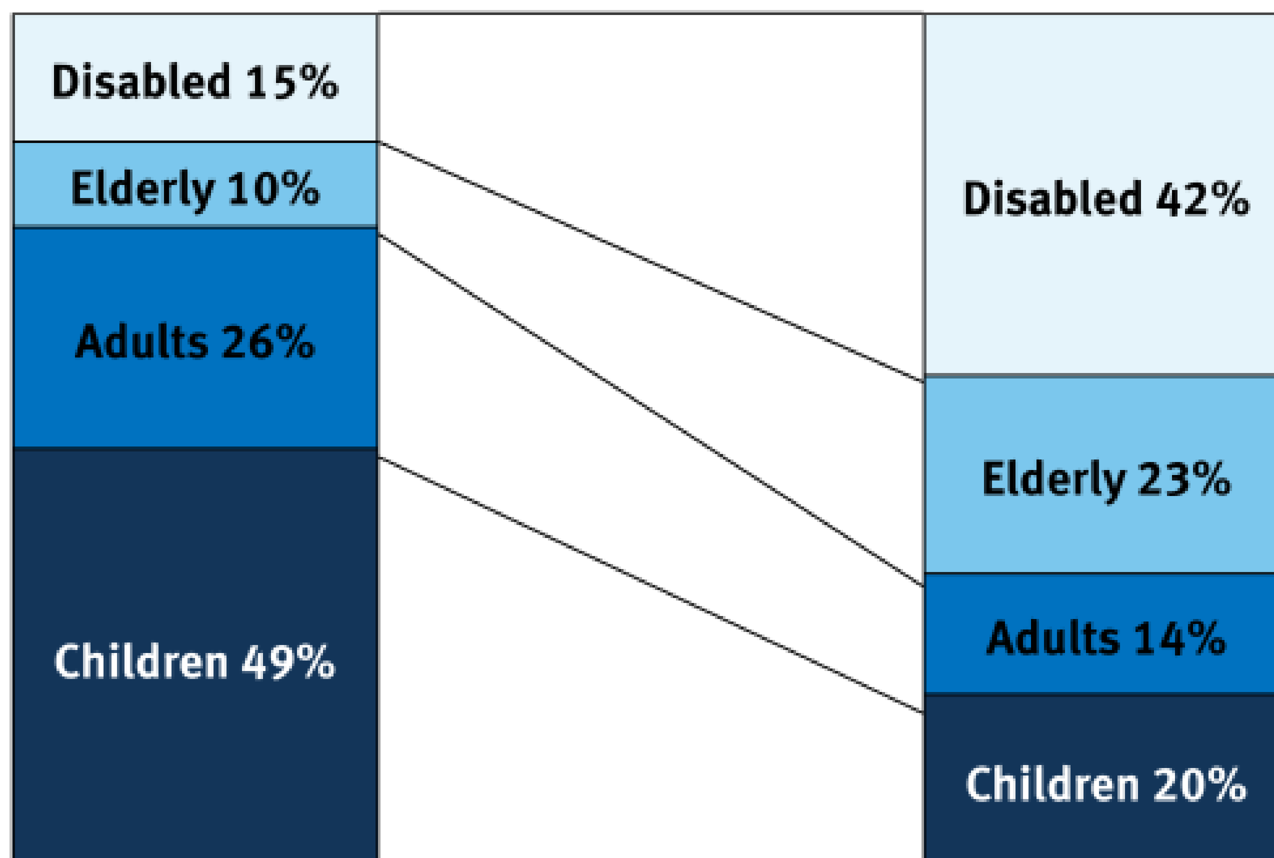
- Five primary area of readiness:
  - Mandatory desk review items- completed
    - Documents reviewed/approved by MQD
  - Provider Network adequacy- completed
    - Complete provider networks across State
  - On-site readiness- in process
    - Two day on-site performed by MQD with corrective action for all health plans
  - Information Technology- in process
    - Able to receive and return files to MQD
  - Claims testing for long-term services and supports (LTSS) providers- in process
    - Able to pay claims to LTSS providers

Transition to QI health plan

- MQD will mail health plan confirmation notices in mid-December
- Beneficiaries should keep the health plan confirmation notice
- The health plan confirmation notice can be used until the new health plan ID card arrives
- Health plans will mail new ID cards in January
- MQD will facilitate the transfer of information from the old plan to the new plan

Questions?

Medicaid Enrollees and Expenditures, FFY 2009



NOTE: Percentages may not add up to 100 due to rounding.
SOURCE: KCMU/Urban Institute estimates based on data from FFY 2009 MSIS and CMS-64, 2012. MSIS FFY 2008 data were used for PA, UT, and WI, but adjusted to 2009 CMS-64.

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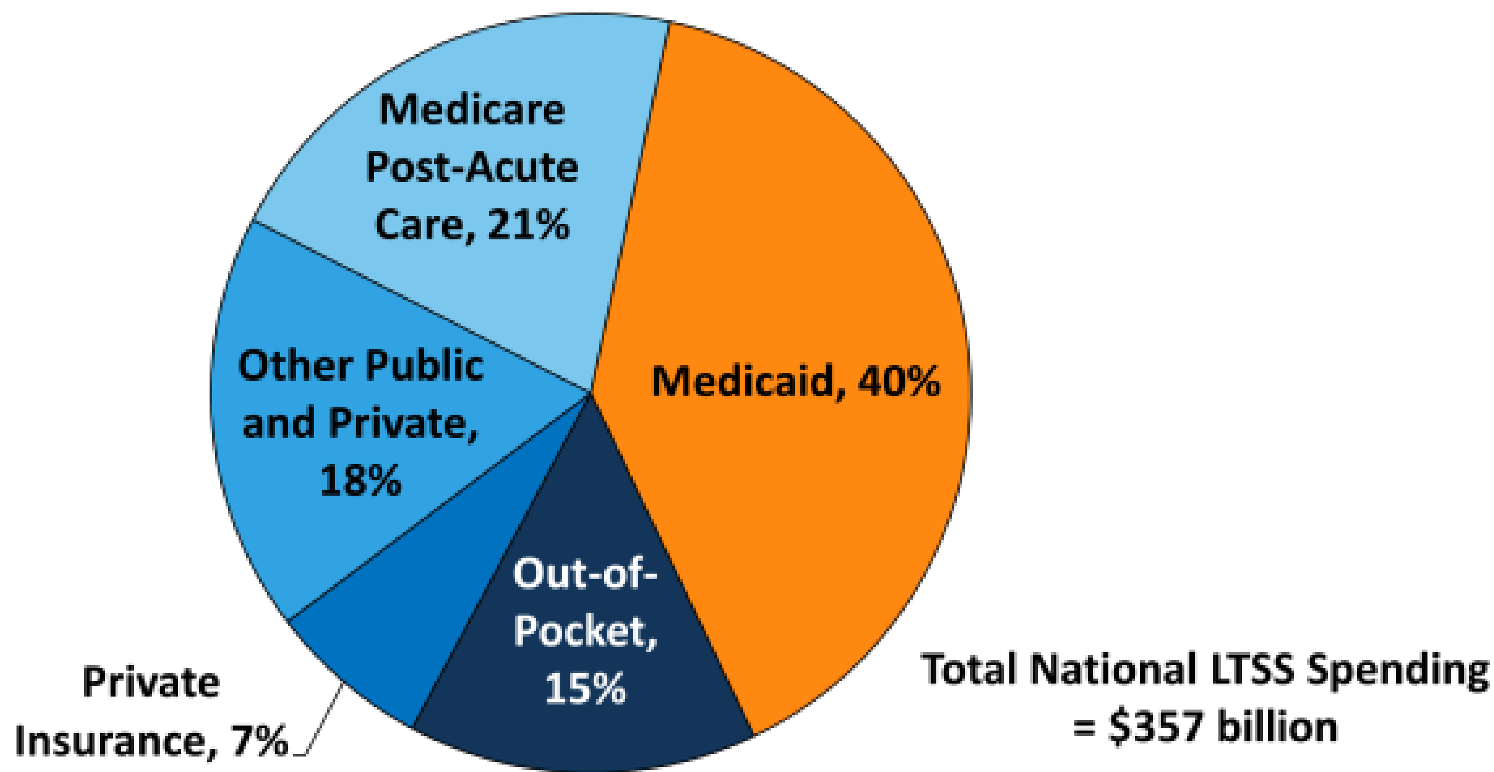
Medicaid is the Primary Payer for Long-Term Services and Supports (LTSS), FY 2011



NOTE: Total long-term care expenditures include spending on residential care facilities, nursing homes, home health services, personal care services (government-owned and private home health agencies), and § 1915(c) home and community-based waiver services (including home health). Long-term care expenditures also include spending on ambulance providers. All home and community-based waiver services are attributed to Medicaid.
SOURCE: KCMU estimates based on FY 2011 Centers for Medicare & Medicaid Services (CMS) National Health Expenditure Accounts data.

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At-Risk Services

- Expands access to home and community-based services
- Prevents decline in those at risk of deteriorating to institutional level of care
- Standardizes who has access to services
  - Based on assessment on DHS 1147
  - Specific section for information on IADLs (housekeeping, laundry, meal preparation, and shopping)
- Started January 1, 2014

At-Risk Individuals

- Requires assistance with IADLs, such as house cleaning, laundry, grocery shopping, or meal preparation, because of memory, mental status/behavior, or physical limitations
- Caregiver support system cannot provide 24/7 supervision and individual cannot be left alone
- Requires assistance with tasks (due to memory, mental status/behavior, or physical limitations), such as insulin administration
- Individual may be unsteady/fallen previously

At-Risk Services

- Adult Day Care
- Adult Day Health
- Home Delivered Meals
- Personal Assistance- Level I and Level II
  - Level I- Chore Services
  - Level II- Activities of Daily Living
- Personal Emergency Response System
- Skilled Nursing

At-Risk Services

- Services based on needs of the member, regardless of the point score that include: frailty, cognition, and behavioral status.
- Requires additional documentation to support the functional status and needs
- Natural support systems considered when determining services
- Three tiers based on 1147 tool
  - 5-7, 8-10, >10 functional points
  - May be approved <5 five functional points with demonstrated need

At-Risk Services

I	5 to 7 functional points	▪ home-delivered meals* ▪ PERS
II	8 to 10 functional points	▪ home-delivered meals ** ▪ PERS ▪ Personal assistance (level I)
III	Greater than 10 functional points	▪ home-delivered meals** ▪ PERS ▪ personal assistance (both level I and II) ▪ adult day care ▪ adult day health ▪ skilled nursing services

* If not available in the area use CHORE for meal preparation.

**Not have both CHORE and home-delivered meals (since CHORE includes meal preparation)

QI Projects

- Standardized assessment tools
  - Individuals with Special Health Care Needs
  - Individuals requiring Long-Term Services and Supports (LTSS) including at-risk
- Standardized service plan tools
- Revision of DHS 1147 to be more consistent with tools that EOA is using
- Transition plan for new CMS rules on home and community based services (partnering with DDD, DD Council, OHCA, DD waiver participants, families, and providers)

Kupuna Care

- Previously MQD beneficiaries were ineligible for EOA
- MQD and EOA both provide HCBS
  - MQD provides full HCBS to those who meet institutional level of care, and at-risk services to eligible individuals who do not
- Use same base assessment tool, but different adaptations
- May use different criteria for developing care plan
- Cover different benefits

Kupuna Care

- EOA and MQD both cover:
  - Personal Assistance I and II
  - Adult Day Care/ Day Health
  - Home delivered meals
  - Non-emergency medical transportation
  - Case management
  - Skilled nursing
  - Personal emergency response system
  - Respite
  - Home modification

Kupuna Care

- EOA covers, but MQD does not cover:
  - Non-medical transportation
  - Congregate meals
  - Legal assistance
  - Exercise/Physical fitness
  - Recreation/Leisure
  - Friendly visiting
  - Telephone reassurance
  - Socialization education/training
  - Housing assistance

Kupuna Care

- MQD and EOA have developed procedures to avoid duplication and ensure Medicaid is first payer
  - EOA to check online if individual is a Medicaid beneficiary
  - EOA will request authorization to receive MQD service plan
- MQD would like to develop an electronic database so EOA service providers can look up QI service plan

Questions?

Working Disabled Adults

- A barrier to disabled adults working is concern that they will lose Medicaid due to the additional income
- Medicaid buy-in task force has been convening for a few years
- Legislation for a buy-in program last session did not pass

Working Disabled Adults

- MQD in partnership with the Medicaid buy-in task force has been pursuing an earned income disregard for disabled adults age 19-65
  - $2000 disregard per month
  - No premium required
  - To begin April 1, 2015
- MQD included in budget request $729 K general funds to continue next year; net cost to State is lower

ICF-ID

- Increasing bed hold days from 12 to 24 per year
- Implementing 1.8% inflationary increase for SFY 2015
  - Other ICF, acute care facilities have sustainability fee programs
  - DOH/DDD has made $75 K state-share available
- Rebasing reimbursement rates per HAR
  - DOH/DDD to make budget request of $635 K general funds

End Part I