

Managed Care in Hawaii

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QExA in Hawaii

The State of Hawaii transitioned to Managed Care for its Aged, Blind, Disabled Population in 2009

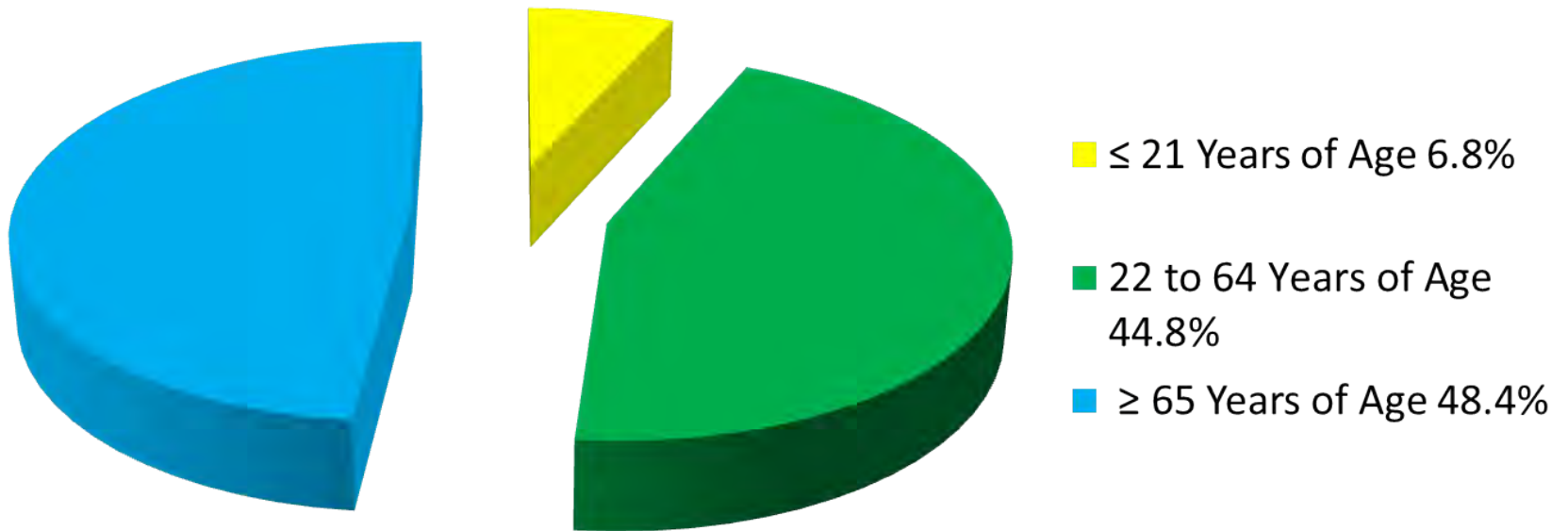
QUEST Expanded Access (QExA) is the program name for Hawaii's Medicaid program for its ABD Population

Composition of Hawaii's Medicaid Population

- QUEST (Hawaii's standard Medicaid Program): 225,000 (approx.)
- QUEST Expanded Access QExA (ABD Population): 40,000 (approx.)
- Total: 265,000 (approx.)

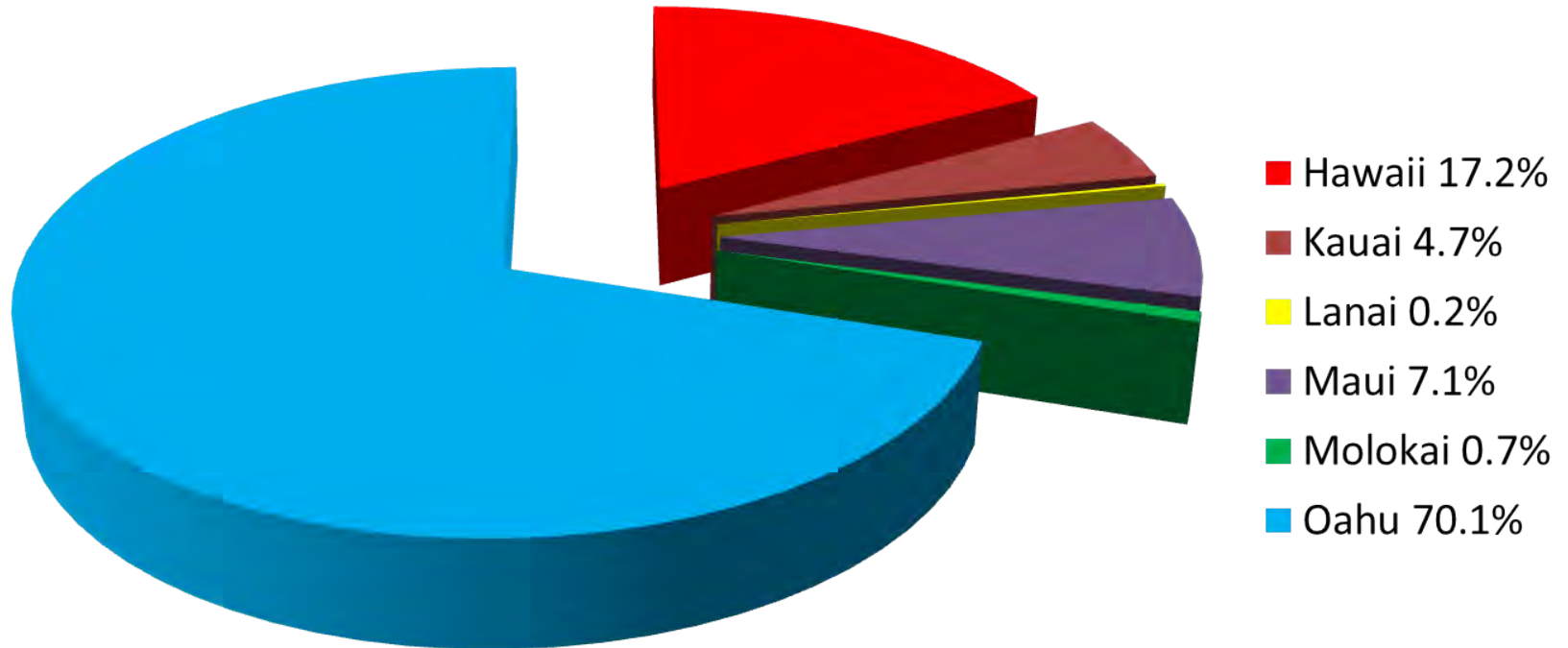
Distribution of QExA Population By Age

Hawaii ABD Population



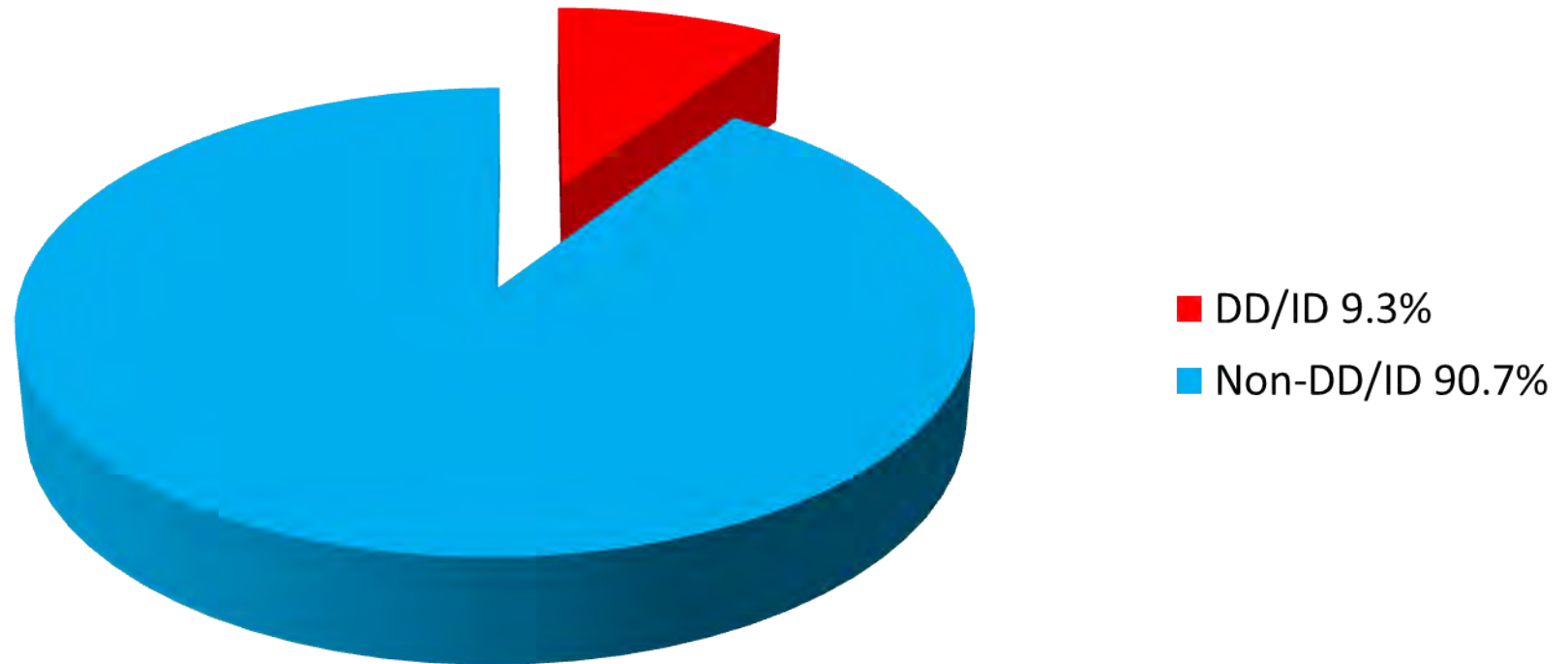
Distribution of QExA Population By Island

Geographic Distribution



DD/ID Membership Within QExA Population

QExA Population



1115 Waiver

DD/ID Members receive medical services through a Managed Care Organization (MCO) as part of the 1115 waiver services.

Case Management, Home and Community Based Services (HCBS), and DD/ID Services are carved out of the 1115 services and provided through a 1915(c) waiver operated by Hawaii's Department of Health (DOH).

Access to the System:

An initial evaluation is provided by the State of Hawaii, Department of Health, Developmental Disabilities Division (DDD).

If DDD determines the member is Medicaid Eligible and would benefit from DD/ID services, a referral is made to the State Medicaid Agency for determination.

The member is enrolled in a health plan (if not already enrolled).

Coordination Between Health Plan and DDD

DD/ID member in QExA have both a Case Manager assigned by DDD, and a Service Coordinator assigned by the Health Plan.

The Case Manager is the primary person to help the member navigate the health care system.

The Service Coordinator is responsible for coordinating the medical-related issues (i.e. physician, hospital, home health, medication, etc.)

Coordination Between Health Plan and DDD Continued

The Case Manager Develops the Individualized Service Plan (ISP) and conducts the annual meeting or as needed.

The Service Coordinator attends the ISP meeting if invited.

The Med-QUEST Division facilitates communication between the Health Plans and DDD

Ongoing Coordination Between Programs

MQD meets with DDD regularly for Status updates and resolution of any operational issues.

MQD meets monthly with the MCO plans to discuss operational issues.

Coordination Continued

MQD facilitated joint trainings for Health Plan Service Coordinators and their DDD Case Manager counterparts .

MQD monitors reports from both DDD and the health plans regarding services for this population.

Obstacles to Implementing the Program

Issue:

- Confusion over roles and responsibilities

Response by State Agency:

- Training with Health Plans and DDD
- Regular meetings to problem solve and address operational issues
- State Agency acts as an active liaison between the two programs

Obstacles to Implementing the Program Continued

Issue:

- Anxiety over any change in programs

Response by State Agency:

- Held numerous informational community meetings.
- Encouraged effective outreach by Health Plans to new members.

Obstacles to Implementing the Program Continued

Issue:

- Concerns about continuity of care/remaining with providers

Response by State Agency:

- New Health Plans encouraged to contract with existing providers.
- QExA was given a 180 day transition period where members could change plans to facilitate staying with existing providers.

Conclusion

Operational issues continue, however the framework for communication and cooperation between the health plans and DDD continue to allow adjustments and improvement to the program.