

**QUEST Integration (QI)
Managed Care to Cover Medicaid
and Other Eligible Individuals**

**Request for Information
No. RFI-MQD-2021-008**

**Department of Human Services
Med-QUEST Division
July 21, 2020**

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REASON FOR THE RFI

The State of Hawai'i, through its Medicaid agency, the Department of Human Services (DHS), Med-QUEST Division (MQD), is issuing this Request for Information (RFI) to seek information and comments to prepare a Request for Proposal (RFP) for the QUEST Integration (QI) re-procurement of QI health plans.

The information received through this RFI will assist MQD in preparing the RFP. Responses from all stakeholders – not just potential QI health plans – will be considered in the preparation of the RFP. Information submitted by current or potential QI health plans in response to this RFI will not be considered in evaluation of subsequent proposals submitted in response to the RFP.

BACKGROUND

MQD is the Division within DHS that administers the Medicaid program in Hawai'i. Medicaid, a federal and state partnership program created by Congress in 1965, provides medical assistance benefits to qualified uninsured and underinsured Hawai'i residents.

MQD provides most of its healthcare services in a managed care environment for Medicaid beneficiaries. The majority of the Medicaid beneficiaries receive medical, behavioral health, and long term care services through the QI program, implemented in 2015. QI currently serves approximately 360,000 individuals, the vast majority of Medicaid beneficiaries in Hawai'i. Medicaid beneficiaries include pregnant women, children, parents and caretakers, adults, and individuals who are aged, blind, and/or disabled.

MQD is committed to laying the foundation for innovative programs that support and create healthy families and healthy communities through the QI program. MQD designed the Hawai'i 'Ohana Nui Project Expansion (HOPE) initiative as a roadmap to achieve this vision of Medicaid health system transformation. The HOPE initiative's core strategies remain: investing in primary care, prevention, and health promotion; improving outcomes for high-need, high-cost Medicaid beneficiaries; payment reform and alignment; and support for community-driven initiatives to improve population health. MQD is seeking stakeholder input on how to implement the HOPE initiative through the QI program.

One of the key tenets of MQD's transformation vision is supporting a robust continuum of services for behavioral health. MQD remains committed to this vision of whole person care, even if service delivery for some behavioral health services exist outside of QI. MQD's delivery system for behavioral health has historically leveraged organizations with specialized expertise in addition to the QI behavioral health benefit, including:

- a behavioral health carve-out for children, via a MOU with the Children and Adolescent Mental Health Division (CAMHD) at the Department of Health (DOH); and
- a specialty behavioral health carve-out for adults, via the Community Care Services (CCS) carve-out program, that is also being re-procured.

In addition to MQD's efforts, DOH Adult Mental Health Division (AMHD) provides behavioral health services for adults who are legally encumbered or uninsured. Furthermore, DOH recently launched the Coordinated Access Resource Entry System (CARES), a substance use disorder (SUD) organization, to further develop behavioral health resources in the state.

MQD considers these behavioral health systems key parts of the overall delivery system that the QI program must interact with and support. Accordingly, MQD is viewing the CCS procurement and the QI procurement as interrelated programs and has decided to solicit feedback on how the two programs can achieve greater alignment. There is a separate RFI for the CCS procurement (No. RFI-MQD-2021-010). This RFI has a complementary set of questions. However, MQD staff will be considering the responses as complementary. It is not a requirement for stakeholders to respond to both RFIs.

MQD's work to implement the HOPE initiative must address the larger trends in healthcare delivery. The COVID-19 pandemic has already had a profound effect on the healthcare landscape in Hawai'i, impacting access to care and driving MQD and QI health plans to accelerate efforts to provide services in new ways, like telehealth. The continuing health, social, and economic effects of the COVID-19 pandemic will influence health system transformation and the extension of the QI program during its next contract term. MQD is seeking input in this RFI on how the QI program can adapt and respond to the challenges of COVID-19 and its long-term impact.

RFI RESPONSES

The following inquiries have been grouped by topic. Please provide responses based on how you or your organization would propose to advance the strategies and objectives of the HOPE initiative in these areas. MQD encourages respondents to answer all questions but will consider responses that do not address all sections and questions.

Please note that participation in this RFI process is optional and is not required in order to respond to any subsequent procurement by DHS. Neither DHS nor the responding party has any obligation under this RFI. This is an RFI only, and as such, will not result in any award of contract.

QUESTIONS FOR RESPONDENTS

QI Administration

(Limit response to 2 pages)

1. Based on considerations such as the number of Medicaid members and QI health plans administrative requirements of providers, what is the optimal number of QI health plans to operate in Hawai'i? Should the number of QI health plans vary on a regional versus statewide basis?
2. MQD supports increased standardization and reduced administrative burden in key areas such as quality assurance, quality improvement, billing, credentialing, prior authorization processes and tools, and other areas. What recommendations should MQD consider adopting that would increase standardization, reduce administrative burden, and maintain program integrity?

Care and Service Coordination

(Limit response to 5 pages)

One of the HOPE priority projects is focused on Medicaid beneficiaries with the highest cost, and most complex health and social needs. This is a priority because they are a vulnerable population that experiences significant disparities, they use a majority of health care resources, and there is potential for a strong return on investment. QI care and service coordination services are designed to deliberately organize patient care activities and improve outcomes for this population.

MQD is exploring options to improve care and service coordination in a couple of areas. QI health plan care and service coordination is largely separate from or loosely connected to community-based care, and individuals and providers report difficulty in navigating QI health plan care and service coordination programs. MQD is exploring an approach that emphasizes the need to draw on care and service coordination activities that exist in communities and are located where members reside and seek care.

3. What strategies or policies should DHS adopt that leverage care and service coordination at the community level? What care and service coordination services should remain at the QI health plan level? What is the best way to subcontract or delegate these responsibilities that results in shared accountability for whole patient care, while also improving outcomes?
4. Members who meet the criteria for these programs have complex medical and social conditions, and often receive services from multiple programs administered by QI health plans (e.g. Special Health Care Needs (SHCN) and Community Integration Services (CIS)), and/or multiple programs and agencies separate from the QI health plans (e.g. CAMHD, CCS, etc.).

How should responsibilities be delineated when members are receiving care administered by QI health plans and/or outside programs that results in shared accountability for whole person care, while also improving outcomes?

Promoting a Behavioral Health Continuum

(Limit response to 3 pages)

MQD is interested in the coordination of physical and behavior health services to promote a continuum of “whole person” health and wellness care. DHS believes that aligning incentives, strategies, and policies will create a healthcare system that better integrates the behavioral health services provided through CCS and other programs, and the physical and long-term services and supports provided by the QI health plans.

5. What opportunities should MQD be aware of to integrate behavioral health with physical health across the continuum for Medicaid beneficiaries? What is the role of primary care in integration? What strategies should MQD consider adopting that support integration at the provider level?
6. How can MQD align the QI program with CCS, AMHD, CAMHD and CARES?

Value-based Payments (VBP) and Alternative Payment Models (APMs)

(Limit response to 3 pages)

7. What strategies should MQD adopt that align QI incentives and programs that improve outcomes and efficiency? What strategies should MQD consider adopting that support behavioral health integration within QI that results in movement along the continuum of value-based care/payment models?
8. Providers report that maintaining multiple VBP contracts across their patient population can lead to challenges and complexity. What infrastructure, tools, and resources need to be in place to support provider participation in VBP and decrease administrative burden on providers? What is the best approach for assessing provider readiness to participate in VBP?
9. Please describe a recommended approach for expanding implementation of APMs within the QI program over the next 2-4 years. Would you recommend targeting specific provider groups? Would there be a focus on specific measures, and if so, which measures? How would this model be implemented to support providers during the transition period? What should the schedule of implementation be?

Responding to the Pandemic

(Limit response to 2 pages)

The COVID-19 pandemic has already had profound impact on healthcare delivery in Hawai'i due to social distancing. Looking forward, Hawai'i will experience further health, social, and economic effects related to COVID-19. MQD is interested in stakeholder input on how the QI program can continue to respond to the pandemic.

10. MQD is interested in understanding what programmatic flexibilities should be continued beyond the public health emergency. How can MQD better support providers during this time? What can MQD do to expand and promote telehealth?

Additional Input from Stakeholders

(Limit response to 2 pages)

11. Stakeholders may write two pages on other issues of their choice concerning the procurement to provide input to MQD.

RESPONSE SUBMISSION

RFI submission must include the name, organization (if applicable), and contact information of the person/organization submitting the response. Each organization is limited to one response.

Responses to this RFI are due by 2:00 p.m. Hawai'i Standard Time (HST) on August 14, 2020. Please comply with the page limits indicated for each RFI section.

Responses shall be submitted in size 12 Arial font or equivalent (also applies to tables and graphics). MQD accepts the following file types: Word (.doc or .docx); Excel (.xls or .xlsx); Portable Document format (.pdf). Page margins must be 1 inch.

Indicate "QUEST Integration (QI) [RFI-MQD-2021-008]" on the cover of the document or in the subject line on the email response. Responses should be e-mailed to QUEST_Integration@dhs.hawaii.gov.

Email responses are strongly encouraged, but responses may also be mailed or delivered to:

Mr. Jon Fujii
c/o Eric Nouchi
Department of Human Services/Med-QUEST Division
1001 Kamokila Boulevard, Suite 317
Kapolei, HI 96707

CONFIDENTIAL INFORMATION

If respondents believe portions of their RFI response should remain confidential, respondents shall clearly identify those portions of their response and include a statement detailing the reasons the information should not be disclosed. There shall be no blanket labeling of the entire document as “proprietary” or “confidential.” This shall invalidate the confidentiality of the document and it will not be reviewed as such.

The detailed reasons shall include the specific harm or perceived prejudice that may arise. The DHS Director, MQD Administrator, and the Health Care Services Branch Administrator shall determine whether the identified information should remain confidential. Notice shall be provided to the respondent prior to any information which was requested to be confidential became part of public distribution/information.

COST OF RESPONSE & USE OF INFORMATION

DHS will not reimburse any respondent for the cost of preparing and submitting a response to this RFI.

DHS reserves the right to incorporate in a solicitation, if issued for such a contract, any recommendations presented in response to this RFI.

Please submit any questions or clarifications pertaining to this RFI to QUEST_Integration@dhs.hawaii.gov.