State of Hawaii
Department of Human services
Med-QUEST

QUEST Integration (QI)

https://medquest.hawaii.gov/
Today’s Agenda

- Intro to Medicaid
  - Terms and Abbreviations
  - Medicaid Enrollment Statistics
- Medicaid Eligibility
- Medicaid Application - Enrollment Process.
  - Choosing a Health Plan
- Medicaid Services
- Becoming a CIS provider
  - Community Integration Service (CIS)
  - HMIS Data Matching
- Questions
- Closing - Mahalo
Introduction to the Speakers

EB: Eligibility Branch
• Jayneen Andrade

HCOB: Health Care Outreach Branch
• Dina Nishioka
• Melanie Gaoiran
• Jamie Kuu Makuakane-Salavea

HCSB: Health Care Services Branch
• Madi Silverman
• Alana Souza
Intro to Medicaid
Terms & Definitions

- DHS: Department of Human Services
- MQD: Med-QUEST Division
- QI: QUEST Integration
- CCS: Community Care Services / behavioral health organization (BHO)
- MCO: Managed Care Organization
- Medicaid: Medical coverage for low-income Hawai’i residents
- PCP: Primary Care Provider
- ABD: Aged (65+), Blind or Disabled
- MAGI: Modified Adjusted Gross Income (not traditional ABD)
- ACA: Affordable Care Act
- FPL: Federal Poverty Level
- SDoH: Social Determinants of Health
- CIS: Community Integration Services/Supportive Housing Services
- Open enrollment: Annual opportunity for members to change QI health plan
What is Medicaid?

Medicaid is a federal and state partnership that provides health coverage to low-income children and adults, and also includes other vulnerable populations such as pregnant women, former foster care children and aged, blind and disabled individuals.

<table>
<thead>
<tr>
<th>FEDERAL Agency</th>
<th>STATE Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CMS</strong>: Centers for Medicare and Medicaid Services (CMS)</td>
<td><strong>DHS/MQD</strong>: Department of Human Services (DHS) and Med-QUEST Division (MQD)</td>
</tr>
<tr>
<td><strong>Q</strong></td>
<td>Quality care</td>
</tr>
<tr>
<td>-------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>U</strong></td>
<td>Universal access</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td>Efficient utilization</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td>Stabilizing costs</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Transforming the way health care is provided</td>
</tr>
</tbody>
</table>
All **medical services** will be coordinated and provided through QI health plans for Hawai‘i’s residents

- Primary & Acute Care,
- Behavioral Health Care
- Home & Community Based Services Long-Term Care

Every member will have a PCP

Members with chronic health problems and/or long-term care needs will have a **Health Coordinator**

- **PCP**: Primary care Provider
- **New Term: Health Coordinator = Old Term: Service Coordinator**
Hawai‘i Medicaid Monthly Enrollment: January 2019 to present

93,015 New Enrollments since 3/6/2020 (28% Increase)

Total Enrollment, Hawaii Medicaid (Jan 2019 - Present)

Increase In Enrollment By County

<table>
<thead>
<tr>
<th>County</th>
<th>3/6/2020**</th>
<th>7/19/2021</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honolulu</td>
<td>197,916</td>
<td>256,118</td>
<td>29.41%</td>
</tr>
<tr>
<td>Maui</td>
<td>40,052</td>
<td>54,088</td>
<td>35.04%</td>
</tr>
<tr>
<td>Hawai‘i</td>
<td>69,856</td>
<td>86,087</td>
<td>23.23%</td>
</tr>
<tr>
<td>Kaua‘i</td>
<td>19,295</td>
<td>25,621</td>
<td>32.79%</td>
</tr>
<tr>
<td>Statewide</td>
<td>327,119</td>
<td>421,914</td>
<td>28.98%</td>
</tr>
</tbody>
</table>

Hawaii Population as 7/2021

<table>
<thead>
<tr>
<th></th>
<th>1,460,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>420,134</td>
</tr>
<tr>
<td></td>
<td>29%</td>
</tr>
</tbody>
</table>
Medicaid Eligibility
Basic Eligibility Criteria

An individual applying for Medicaid coverage must:

• Be a U.S. Citizen, COFA(*12/27/2020), Qualified Non-Citizen;
• Provide documentation of citizenship and identification;
• Be a resident of Hawaii;
• Furnish a Social Security Number; and
• Not be a resident of a public institution (prison/ Hawaii State Hospital)
Who do you include on your Application?

The following people should be included if they live with you, or you are responsible for their care:

- You and your spouse
- Natural, adoptive, or stepchildren under age 19
- Unmarried partner (if you share children)
- Anyone you include on our tax return
- Anyone else you take care of under age 19

- Must include income and assets (as applicable) for all members of your household.
- Tax filing Status
### Coverage Group Income Guidelines 2021

<table>
<thead>
<tr>
<th>Coverage Groups</th>
<th>% FPL</th>
<th>Asset test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 6-18</td>
<td>138%</td>
<td>None</td>
</tr>
<tr>
<td>Children &lt;1 &amp; Pregnant Women</td>
<td>196%</td>
<td>None</td>
</tr>
<tr>
<td>SCHIP &lt;19</td>
<td>313%</td>
<td>None</td>
</tr>
<tr>
<td>Parent Caretaker Relative</td>
<td>105%</td>
<td>None</td>
</tr>
<tr>
<td>Adults 19-64(Non-Disabled/Disabled)</td>
<td>138%</td>
<td>None</td>
</tr>
<tr>
<td>Former Foster Care 18-26</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>Aged, Blind &amp; Disabled (SSI/Medicare)</td>
<td>100%</td>
<td>HH 1 $2,000, HH 2 $3,000, Addtl $250</td>
</tr>
</tbody>
</table>

### 2021 Federal Poverty Monthly Income Limits

<table>
<thead>
<tr>
<th>Household Size</th>
<th>100%</th>
<th>105%</th>
<th>138%</th>
<th>196%</th>
<th>313%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,235</td>
<td>$1,297</td>
<td>$1,705</td>
<td>$2,421</td>
<td>$3,866</td>
</tr>
<tr>
<td>2</td>
<td>$1,670</td>
<td>$1,754</td>
<td>$2,305</td>
<td>$3,274</td>
<td>$5,228</td>
</tr>
<tr>
<td>3</td>
<td>$2,105</td>
<td>$2,211</td>
<td>$2,905</td>
<td>$4,126</td>
<td>$6,589</td>
</tr>
</tbody>
</table>
How Is Medicaid Eligibility Determined?

Individuals will first be evaluated for eligibility in one of the MAGI Groups:
- Children: Infants and Children Under Age 19
- Pregnant Women
- Parent and Other Caretaker Relatives
- Adults:
  - Between 19 years and 65 years of age;
  - Not entitled to or in receipt of Medicare and/or SSI; benefits;
  - Not eligible under in the Children, Pregnant Woman or Parent and Other Caretaker Relatives Groups; and
  - Not requiring Home and Community Based services (HCBS)
How Is Medicaid Eligibility Determined?

If not eligible in a MAGI group, individuals will be evaluated for eligibility in one of the MAGI-Excepted ABD Groups as applicable:

• Aged (65 years and older)
• Blind
• Disabled
• LTC

Assets are countable
New Eligibility Group for Working Disabled!

On May 10, 2021, the State of Hawaii received approval from the Centers for Medicare & Medicaid Services for State Plan Amendment (SPA) Number 21-0004, to implement the “Working Individuals with Disabilities” group.

• Individuals in this group can keep their Medicaid coverage while working due to the higher income and resource standards.
• Income limit: 138% of FPL ($1,705) vs. 100% FPL ($1,235).
• Asset/Resource standard: $7,970 for HH1, $11,960 for HH2
• Premiums or other cost sharing charges: NONE

HH: Household Size
FPL: Federal Poverty Level (2021)
How to Apply for Medicaid
Assistance to Apply for Medicaid


Contact
COMMUNITY PARTNERS
for in-person assistance with health insurance applications for Medicaid or HealthCare.gov

OAHU
KAUHI-PALAMA HEALTH CENTER
915 North King Street | Honolulu, HI 96817 | (808) 848-1438

KÖKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES (KKV)
2350 North School Street | Honolulu, HI 96819 | (808) 791-9400

KO‘OLAULOA COMMUNITY HEALTH & WELLNESS CENTER (HA‘ULA)
54-316 Kamehameha Highway | Ha‘ula, HI 96717 | (808) 293-9216

KO‘OLAULOA COMMUNITY HEALTH & WELLNESS CENTER (KAPAHU)
56-119 Paalea Street | Kāhuku, HI 96731 | (808) 293-9231

LEGAL AID SOCIETY OF HAWAI’I
924 Bethel Street | Honolulu, HI 96813 | (808) 536-4302 option #2

WAIAKEA COAST COMPREHENSIVE HEALTH CENTER
86-260 Farrington Highway | Waianae, HI 96792 | (808) 697-3405

WAIKIKI HEALTH CENTER
277 Ohua Avenue | Honolulu, HI 96815 | (808) 922-4787

WAIMEA HEALTH CENTER
41-1347 Kekaha Kai Road | Waimea, HI 96735 | (808) 826-2888

WE ARE OCEANIA (PARTNERS IN DEVELOPMENT)
1471 Kamehameha Highway | Waiakea, HI 96737 | (808) 699-7113

MAUI COUNTY
MALAMA KOLE OLA
1881 Nani Street | Wailuku, HI 96793 | (808) 872-4007

HANA HEALTH
4590 Hana Highway | Hana, HI 96713 | (808) 248-8204

IMUA FAMILY HEALTH SERVICES
161 S Waikea Avenue | Kahului, HI 96732 | (808) 244-7467

LANAI COMMUNITY HEALTH CENTER
478 Laulahala Place | Lāna‘i City, HI 96763 | (808) 505-6199

MOLOKAI COMMUNITY HEALTH CENTER
28 Kamoi Street, Suite 600 | Kaunakakai, HI 96748 | (808) 553-5038

KAUAI
HO‘O LAHI HAWAI‘I, OUTREACH & ELIGIBILITY
4491 Rice Street | Lihue, HI 96766 | (808) 240-0160

HAWAII ISLAND
BAY CLINIC - Hilo Clinic
1176 Kīnoʻole Street – Bldg. B | Hilo, HI 96720 | (808) 969-1427

HAMAKUA HEALTH CENTER
45-549 Plumeria Street | Honokaa, HI 96727 | (808) 775-7204

HAWAII ISLAND HIV/AIDS FOUNDATION (HIHAF)
KAUA‘I KONA LOCATION
74-5220 Palani Road, Ste. 101 | Kailua-Kona, HI 96740 | (808) 996-5057

KEA‘AU LOCATION
16-204 Makahaiwa Place #1 | Kea‘au, HI 96749 | (808) 896-5051

HAWAII ISLAND YMCA
300 W Laniākea St | Hilo, HI 96720 | (808) 935-3721

KALUNIAHE
(808) 937-3130

WEST HAWAII COMMUNITY HEALTH CENTER
75-5751 Kuakini Highway, Suite 203 | Kailua-Kona, HI 96740 | (808) 326-3882
How to Apply for Medicaid

- **Online:** [https://medical.mybenefits.hawaii.gov](https://medical.mybenefits.hawaii.gov)
- **Call MQD:**
  - Oahu 524-3370
  - NI Toll Free: 1-800-316-8005
- **Paper Application**  
  - DHS 1100 Form
  - **Fax:** Dillingham 587-3543  
    Kapolei: 692-7379
  - Always print out and save the fax confirmation sheet
  - Be sure to keep a personal copy of the application
  - Med-QUEST Eligibility Office nearest you (See page 21)

[NOTE: Save all your client's documents and applications in a folder]
Not eligible for Medicaid?

One-on-One Assistance:
Work with one of our community partners to assist you with application

Online: healthcare.gov

Marketplace: If you do not have access to a computer, apply by calling:

FFM Call Center: 1-800-318-2596
Am I Eligible?
You can find out if you and your family could qualify for help paying for health insurance. To figure this out, we need some basic information about you and your family.

Pre-Assessment

Ready to Apply?
Complete an application for assistance. Here you will be able to create a user account in order to start and submit an application. You can save your progress and return to it later.

Required Information to Complete a Medical Assistance Application

Apply Now

Already have an Account?
If you have created an account and wish to login, click on the login button below. Here you will be able to continue your application, view your application status, eligibility details, notices, request changes to your household, and update your account settings.

Sign In

Non-Discrimination and Language Assistance Notice
Notice of Privacy Practices
Rights and Responsibilities
1100B Form
Excerpt of Page 1

Supplemental Form for Individuals Applying for Coverage on the basis of Age, Blindness or Disability and/or Requests for Long-Term Care Services (Supplement to Form DHS 1100)

The information on this supplemental form provides additional information to form DHS 1100, “Application for Health Coverage & Help Paying Costs”, necessary to process an application for individuals who may be eligible for coverage on the basis of Age, Blindness or Disability and/or requests for long-term care (LTC) services.

Name: _________________________
Address: ______________________

If more space is needed for your responses, please attach a separate sheet of paper to this supplemental form.

A. Tell us who needs LTC services.

<table>
<thead>
<tr>
<th>First name, Middle initial, Last name, &amp; Suffix</th>
<th>Date of Birth (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Have you been certified as blind or disabled (i.e., receiving Supplemental Security Income (SSI) or Social Security blind/disabled benefits)?</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At Home Address</th>
<th>Service Start Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Facility Name</td>
<td>Admission Date:</td>
</tr>
<tr>
<td>Community Care Foster</td>
<td></td>
</tr>
<tr>
<td>Family Home Name</td>
<td>Admission Date:</td>
</tr>
</tbody>
</table>

5. Marital Status: □ Single □ Divorced □ Widow(er) □ Married
1100B Form
Excerpt of Page 1

B. Tell us who your spouse and/or dependent(s) under age 18 living with you.

<table>
<thead>
<tr>
<th></th>
<th>Spouse’s First name, Middle initial, Last name, &amp; Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date of Birth (mm/dd/yyyy)</td>
</tr>
<tr>
<td></td>
<td>Social Security Number</td>
</tr>
<tr>
<td></td>
<td><em>(Mandatory even if not applying)</em></td>
</tr>
<tr>
<td></td>
<td>Gender: ☐ Male ☐ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Dependent #1: First name, Middle initial, Last name, &amp; Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date of Birth (mm/dd/yyyy)</td>
</tr>
<tr>
<td></td>
<td>Social Security Number</td>
</tr>
<tr>
<td></td>
<td>Gender: ☐ Male ☐ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Dependent #2: First name, Middle initial, Last name, &amp; Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date of Birth (mm/dd/yyyy)</td>
</tr>
<tr>
<td></td>
<td>Social Security Number</td>
</tr>
<tr>
<td></td>
<td>Gender: ☐ Male ☐ Female</td>
</tr>
</tbody>
</table>
C. Tell us about yourself, your spouse and your dependent(s) income, assets, health insurance and medical expenses.

1. Do you, your spouse or dependent(s) receive the following income? Check YES or NO for every type of income listed below. If you receive other income not previously reported to us, check YES for Other Income and state type of income it is.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>INCOME TYPE</th>
<th>PERSON RECEIVING INCOME</th>
<th>MONTHLY AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Child Support</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplemental Security Income (SSI)</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Worker’s Compensation</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Veterans Administration Income (VA)</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Income:</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

2. Do you, your spouse or dependent(s) own any assets? Check YES or NO for every type of asset listed below. If your assets are not on this list, check YES for Other Assets and state type of asset it is.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>ASSETS</th>
<th>OWNER’S NAME</th>
<th>BANK OR COMPANY NAME</th>
<th>EQUITY VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Checking Accounts (List all)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Savings Accounts (List all)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cash</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income Tax Refunds</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stocks and Bonds</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
Sign this supplemental form. The person who filled out section A should sign this supplemental form. If you’re an authorized representative, you may sign here as long as the Appendix A is completed on the next page.

*I understand I/we must report resources, by signing, I/we authorize verification of any resources with financial institutions for the purpose of determining eligibility. Both the spouse’s Social Security (SSN) and signature must be provided even if not applying. This authorization will end if my application for Medicaid is denied, or I am no longer eligible for Medicaid, or I/we revoke this authorization in a written statement to my local Department of Human Services. SEC 1137(a) of the Act.

<table>
<thead>
<tr>
<th>Applicant/Beneficiary/Authorized Representative Signature:</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Additional Household Member(s) Signature(s):</strong></td>
<td>Relationship to Applicant/Beneficiary</td>
</tr>
<tr>
<td></td>
<td>*SPOUSE</td>
</tr>
</tbody>
</table>


Application Tips

•Include your entire tax household or family in the application

•If you are receiving Unemployment Insurance Benefits (UIB) Med-QUEST only counts the state’s UIB income. Do not include any additional federal UIB in your income

•Applicants who are 65 years or older, disabled, blind, or receiving SSI or Social Security benefits, an 1100B form would usually be required, the Eligibility Worker will let you know

•For Qualified Non-Citizen clients: immigration documentation including documentation with entry date to the U.S.

•For COFA clients: passport or I-94
Choosing a Health Plan

- The client may choose a health plan by
  - Online – Pre-enrollment
  - OR Auto-Enrollment
  - Phone
  - Mail
  - Fax
QI Health Plans (5)

- AlohaCare
- HMSA
- Kaiser (Oahu & Maui only)
- Ohana Health Plan
- UnitedHealthcare
BE AWARE!

Annual Opportunity For QI Plan Change

- **Annual Open Enrollment**: October 1 to October 31

- **Effective Start Date for New QI Plan Choice**: January 1, 2022
Report any and all changes that affect Medicaid eligibility within 10 days:
For Example, but not limited to:

- Moved, Change of Address ****
- Changed Phone Number or Email
- Had a Baby
- Married or Divorced
- Income/Asset Changes
- Member deaths
How to Report Changes to Med-Quest (pg 20)

- Kauhale On-Line Eligibility Assistance (KOLEA) Portal
- MyBenefits.Hawaii.gov
- Call Med-Quest Customer Service or Eligibility Branch
- Complete DHS 1179A Change of Circumstance Form
<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oahu</td>
<td>587-3521/692-7364</td>
</tr>
<tr>
<td>Hilo</td>
<td>933-0339</td>
</tr>
<tr>
<td>Kona</td>
<td>327-4970</td>
</tr>
<tr>
<td>Maui</td>
<td>243-5780</td>
</tr>
<tr>
<td>Molokai</td>
<td>553-1758</td>
</tr>
<tr>
<td>Lanai</td>
<td>565-6460</td>
</tr>
<tr>
<td>Kauai</td>
<td>241-3575</td>
</tr>
</tbody>
</table>
Medicaid Services

Mandatory & Optional
What Are The QI Benefits??

The QUEST Integration program provides eligible members access to care with their changing health status by providing the following benefits in their health plan.

### Primary & Acute Care Services (p13)

- Dialysis
- Durable medical equipment and medical supplies with prosthetics and orthotics
- Emergency and post stabilization services
- Family planning services
- Fluoride varnish for children
- Habilitation services
- Home health services
- Hospice services
- Inpatient hospital medical and surgical services
- Inpatient maternity and newborn care services
- Medical services related to dental needs
- Medical transportation services
- Outpatient hospital services
- Physician services
- Pregnancy-related services
- Prescription drugs
- Preventive services
- Radiology, laboratory, and other diagnostic services
- Rehabilitation services
- Smoking cessation services
- Urgent care services
- Vision and hearing services

<EPSDT>
QI Benefits:

**EPSDT ages 0-20**

- **Early / Periodic:** All well child visits at scheduled intervals
  - 1 Month, 2 Months, 4 Months, 6 Months, 9 Months, 12 Months
  - 15 Months, 18 Months
  - Annually After 3rd Birthday (Through Age 20)

- **Screening:** Provide Physical, Mental, Developmental, Dental, Hearing, Vision, Other

- **Diagnostic:** Diagnostic Testing and Referrals Based on Screening

- **Treatment:** To Correct or Ameliorate Condition States Must Cover “Medically Necessary” Treatment, including Vision, Hearing, and Oral Health.
Dental Services and Benefits

Call Community Case Management Corp (CCMC) to find a dentist who accepts Medicaid:
O‘ahu: 792-1070  Neighbor Islands: 1-888-792-1070 (toll-free)

Members under age 21 can receive:
- Prosthodontic services
- Restorations
- Diagnostic and preventive services once every six months.
- Non-emergency care that includes:
  - Endodontic therapy
  - Oral surgery
  - Periodontic therapy

Members age 21 or older can only receive

Emergency services that include:
- Eliminating dental infection and pain
- Treating acute injuries to teeth and supporting structures

Present your Medicaid identification card to the dentist.
### Behavioral Health Services  (p. 14)

- Acute inpatient hospital for behavioral health services
- Ambulatory mental health services
- Prescribed drugs including medication management and patient counseling
- Psychiatric or psychological evaluation

- Services from qualified professionals like psychiatrist, psychologists, counselors, social workers, registered nurses and others
- Substance abuse treatment programs
- Methadone treatment services, which include the provision of methadone or a suitable alternative
Behavior Health Organization (BHO) Application

- **Eligibility:** Persons who are:
  - Age 18 or over - with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI)

- **Forms:**
  - DHS1157- application (completed by a qualified mental health professional (QMHP))

- **Supporting documents:**
  - Psychiatric assessments
  - Inpatient admission and discharge summaries
  - Psychological test results

- **Packets can be submitted to MQD by:**
  - Health Plan
  - DOH: CAMHD, HSH and AMHD
Long Term Care Services and Supports

Long Term Services & Supports (LTSS) (p14)

- Nursing Facility
- QI Home and Community Based Services (HCBS) including:
  - Chore
  - Personal Care
  - Personal Emergency Response System (PERS)
  - Residential like: Community Care Foster Family Home or Expanded Adult Residential Care Home
- Adult Day Health
- Adult Day Care
- Meal Delivery
- Private Duty Nursing

- I/DD 1915C waiver Home & Community Based Services (HCBS):
  - Adult Day Health
  - Personal Assistance Habilitation
  - Community Learning,
  - Residential (DD Foster/DD Dom)
<table>
<thead>
<tr>
<th>Special Health Care Needs (SHCN)</th>
<th>Expanded Health Care Needs (EHCN)</th>
<th>At Risk (DHS 1147)</th>
<th>Nursing Facility Level of Care (DHS 1147)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Health Problems</td>
<td>Complex Health Care Conditions</td>
<td>Limited HCBS (in community)</td>
<td>HCBS (in community)</td>
</tr>
<tr>
<td>High Utilizers: ED/Hospital</td>
<td></td>
<td>Going Home Plus (GHP)</td>
<td>Nursing Facility</td>
</tr>
<tr>
<td>CIS/Homeless</td>
<td>ED-Emergency Department at Hospital</td>
<td>HCBS-Home and Community Based Services</td>
<td></td>
</tr>
</tbody>
</table>
Primary or Secondary Health Insurance Coverage

- **Primary:** Medicaid is the only health insurance for the member

- **Secondary:** Medicaid will be the secondary coverage when the member is enrolled in 2 health plans like:
  - Medicare or
  - Private health insurance from work/family member’s employment

Medicaid will wrap around the Primary coverage, if necessary OR Medicaid can pay for services that are not covered by the primary health plan.
What is Medicare?  
(don’t get confused- its not Medicaid)

- **Medicare**: 100% Federal program under Social Security

  - **Elderly**
    - Eligible if 65 years old and worked and contributed to Social Security for at least 10 years
    - No income or asset test
    - Over 43 million elderly enrolled

  - **Disabled**
    - Totally and permanently disabled
    - Receive Social Security Disability Insurance for 24 months
    - You have End Stage Renal Disease
    - You have ALS- Lou Gehrig’s disease
    - No age requirement or means test
    - Over 8.7 million enrolled

  - Enrollment expected to double by 2030
### Medicare Payment Assistance by MQD

<table>
<thead>
<tr>
<th>“Dual” Eligibles</th>
<th>Medical Savings Program “Non-Pay”</th>
</tr>
</thead>
</table>
| **Member has both:** Medicaid & Medicare | Not eligible for Medicaid  
*Income or Assets too high to be Medicaid eligible*  
Medicaid will pay for Medicare premiums and co-pays |
| QMB - Qualified Medicare Beneficiary | |
| SLMB - Specified Low-Income Medicare Beneficiary | |
| QI - Qualifying Individual | |
| QDWI - Qualified Disabled & Working Individuals | |
Frequently Asked Questions

How long does it take to process my new Medicaid application?

How do I know if my client is on Medicaid?
  >What is their health plan?

How do I contact my member’s health plans?

Does my member have a health coordinator?

How do I get a health coordinator for my member?

What if the Health Plan is not responding to my request?

Can I request a copy of my member’s social security card or other document on file?

How do I order new insurance card?
Become a Provider for Community Integration Services (CIS)
## Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Safety</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Early childhood education</td>
<td></td>
<td></td>
<td>Community engagement</td>
<td>Provider linguistic</td>
</tr>
<tr>
<td>Debt</td>
<td>Vocational training</td>
<td></td>
<td></td>
<td>Discrimination</td>
<td>and cultural competency</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Higher education</td>
<td></td>
<td></td>
<td>Stress</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zip code / geography</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Health Outcomes
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
GOAL: to promote the objectives of the Medicaid program by improving health outcomes for Medicaid members who needs housing (SDoH)

CIS target populations: QI members eighteen (18) years of age or older

<table>
<thead>
<tr>
<th>Health Need Criteria</th>
<th>Risk Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Need:</td>
<td>• Homeless Individuals</td>
</tr>
<tr>
<td>SMI and/or Substance Use need meeting at least ASAM level 2.1</td>
<td>• Individuals at risk of eviction</td>
</tr>
<tr>
<td>Complex Physical Health Need</td>
<td>• Individuals transitioning from LTC facilities back to the community who do not have housing</td>
</tr>
</tbody>
</table>

What are the QI Community Integration Services?

Pre-tenancy and Tenancy Services that support the member to be successful tenants in housing that is owned, rented or leased to the member.
Become A New CIS Provider

HOKU ONLINE-Medicaid Provider Applications

Go to: https://medquest.hawaii.gov/en/plans-providers/Provider-Management-System-Upgrade.html

Select “Training”, review slides and videos

HOKU Website Links:  * To Start Application

Effective June 21, 2021, please bookmark the new URL after signing in

- NEW - Create HOKU Username and Password - Click here
- NEW - Logon to HOKU - Click here

Register for HOKU (additional training to follow)

Log on: 14 steps to complete the HOKU application. Have documents to upload ready
Making Medicaid Information and HMIS content match is very important. Your help to update HMIS please...

<table>
<thead>
<tr>
<th>COMMON ERRORS WHEN MATCHING MEMBERS ACROSS SYSTEMS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Name of member: <strong>Spelling</strong>, Last name, first name, hyphenations</td>
</tr>
<tr>
<td>• Birthdate</td>
</tr>
<tr>
<td>• Health plan name...</td>
</tr>
<tr>
<td>• Medicaid number: Client ID</td>
</tr>
<tr>
<td>• CCS yes or no (ideally include the CCS case management company)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER REMINDERS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Members do change Health Plans. Verify health plan. Verify on January 1</td>
</tr>
<tr>
<td>• Members in prison are suspended from Medicaid. Must restart Medicaid upon release (1179A form)</td>
</tr>
<tr>
<td>• Auto-enrollment</td>
</tr>
<tr>
<td>• Members need a mailing address- if no follow up Member’s Medicaid could be terminated. [Will need assist to restart]</td>
</tr>
<tr>
<td>• CCS enrollment: not permanent. But it is possible to be re-enrolled in CCS at a later date.</td>
</tr>
<tr>
<td>Office Address</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td><strong>Oahu Section</strong></td>
</tr>
<tr>
<td>801 Dillingham Boulevard, 3rd Floor</td>
</tr>
<tr>
<td>Honolulu, HI 96817-4582</td>
</tr>
<tr>
<td><strong>Kapolei Unit</strong></td>
</tr>
<tr>
<td>601 Kamokila Blvdd, Room 415</td>
</tr>
<tr>
<td>Kapolei, HI 96707-2021</td>
</tr>
<tr>
<td><strong>East Hawaii Section</strong></td>
</tr>
<tr>
<td>1404 Kilauea Avenue</td>
</tr>
<tr>
<td>Hilo, HI 96720-4670</td>
</tr>
<tr>
<td><strong>West Hawaii Section</strong></td>
</tr>
<tr>
<td>Lanihau Professional Center</td>
</tr>
<tr>
<td>75-5591 Palani Road, Suite 3004</td>
</tr>
<tr>
<td>Kailua-Kona, HI 96740-3633</td>
</tr>
<tr>
<td><strong>Maui Section</strong></td>
</tr>
<tr>
<td>Millyard Plaza</td>
</tr>
<tr>
<td>210 Imi Kala Street, Suite 110</td>
</tr>
<tr>
<td>Wailuku, HI 96793-1274</td>
</tr>
<tr>
<td><strong>Lanai Unit</strong></td>
</tr>
<tr>
<td>730 Lanai Avenue</td>
</tr>
<tr>
<td>Lanai City, HI 96763</td>
</tr>
<tr>
<td><strong>Molokai Unit</strong></td>
</tr>
<tr>
<td>State Civic Center</td>
</tr>
<tr>
<td>65 Makaena Street, Room 110</td>
</tr>
<tr>
<td>Kaunakakai, HI 96748</td>
</tr>
<tr>
<td><strong>Kauai Unit</strong></td>
</tr>
<tr>
<td>Dynasty Court</td>
</tr>
<tr>
<td>4473 Pahee Street, Suite A</td>
</tr>
<tr>
<td>Lihue, HI 96766-2037</td>
</tr>
</tbody>
</table>
Websites

**Med-QUEST Division:**

- Med-QUEST:  [www.med-quest.us](http://www.med-quest.us)
- **Apply for Medicaid at:**  [Medical.mybenefits.hawaii.gov](http://Medical.mybenefits.hawaii.gov)
- Medicaid Eligibility FAQS:  [https://mybenefits.hawaii.gov/medicaid-faqs/](https://mybenefits.hawaii.gov/medicaid-faqs/)

**QI Health Plans**

- AlohaCare:  [www.alohacare.org](http://www.alohacare.org)
- HMSA:  [www.hmsa.com/QUEST](http://www.hmsa.com/QUEST)
- Kaiser:  [https://kpquest.org](https://kpquest.org)
- Ohana:  [www.ohanahealthplan.com](http://www.ohanahealthplan.com)
- UHC:  [www.uhccommunityplan.com/hi](http://www.uhccommunityplan.com/hi)
Additional Contacts

- **Med-QUEST Customer Service & Enrollment Call Center**
  800-316-8005

- **CCMC (Request for a dentist)**
  888-792-1070

- **Social Security Administration (SSA)**
  800-772-1213

- **Hawai’i SHIP State Health Insurance Program (Medicare)**
  888-875-9299
# QI CIS Housing Coordinator Contact Information

<table>
<thead>
<tr>
<th>QI Health Plan</th>
<th>Business Hours</th>
<th>Fax or email for submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>AlohaCare</td>
<td>Mon-Fri</td>
<td>8am-5pm</td>
</tr>
<tr>
<td></td>
<td>Rhea Nuguid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: 973-7731</td>
<td></td>
</tr>
<tr>
<td>HMSA</td>
<td>Marilyn Boutain</td>
<td>8:30-5:30 pm</td>
</tr>
<tr>
<td></td>
<td>Phone: 952-7757</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente (Oahu &amp; Maui)</td>
<td>Mon-Fri</td>
<td>8:30-5:30 pm</td>
</tr>
<tr>
<td></td>
<td>Charisse Solomon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: 808-856-5861</td>
<td></td>
</tr>
<tr>
<td>Ohana Health Plan</td>
<td>Mon-Fri</td>
<td>8am-5pm</td>
</tr>
<tr>
<td></td>
<td>Sharon Hughley</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: 808-675-7523</td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>Mon-Fri</td>
<td>8am-5pm</td>
</tr>
<tr>
<td></td>
<td>Jessieann Farias</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: (808) 535-1091</td>
<td></td>
</tr>
<tr>
<td>Community Care Services (Ohana Health Plan)</td>
<td>Mon-Fri</td>
<td>8am-5pm</td>
</tr>
<tr>
<td></td>
<td>Jennifer Tehotu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: 808-675-7692</td>
<td></td>
</tr>
</tbody>
</table>

5.12..21 After hours phone numbers for all health plans are available.
# QI Community Integration Services (CIS)

<table>
<thead>
<tr>
<th>Madi Silverman</th>
<th>Alana Souza</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS/MQD Phone: 692-8166</td>
<td>DHS/MQD Phone: 692-8177</td>
</tr>
<tr>
<td>Email: <a href="mailto:msilverman@dhs.hawaii.gov">msilverman@dhs.hawaii.gov</a></td>
<td>Email: <a href="mailto:asouza2@dhs.Hawaii.gov">asouza2@dhs.Hawaii.gov</a></td>
</tr>
</tbody>
</table>

**CIS EMAIL ADDRESS/QUESTIONS:** cismqd@gmail.com

MQD Website: [https://medquest.hawaii.gov](https://medquest.hawaii.gov)

CDS Website: [https://www.cds.hawaii.edu/goinghome/](https://www.cds.hawaii.edu/goinghome/) pick: housing