



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.

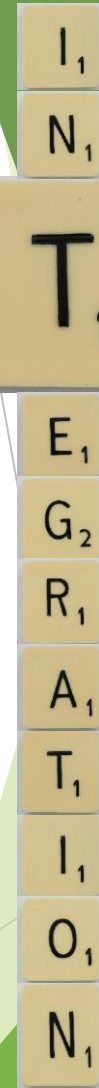
FEDERAL Agency	STATE Agency
<ul style="list-style-type: none">• CMS: Centers for Medicare and Medicaid Services (CMS)	<ul style="list-style-type: none">• DHS/MQD: Department of Human Services (DHS) and Med- QUEST Division (MQD)



QUEST Integration (QI)



Q	Quality care
U	Universal access
E	Efficient utilization
S	Stabilizing costs
T	Transforming the way health care is provided





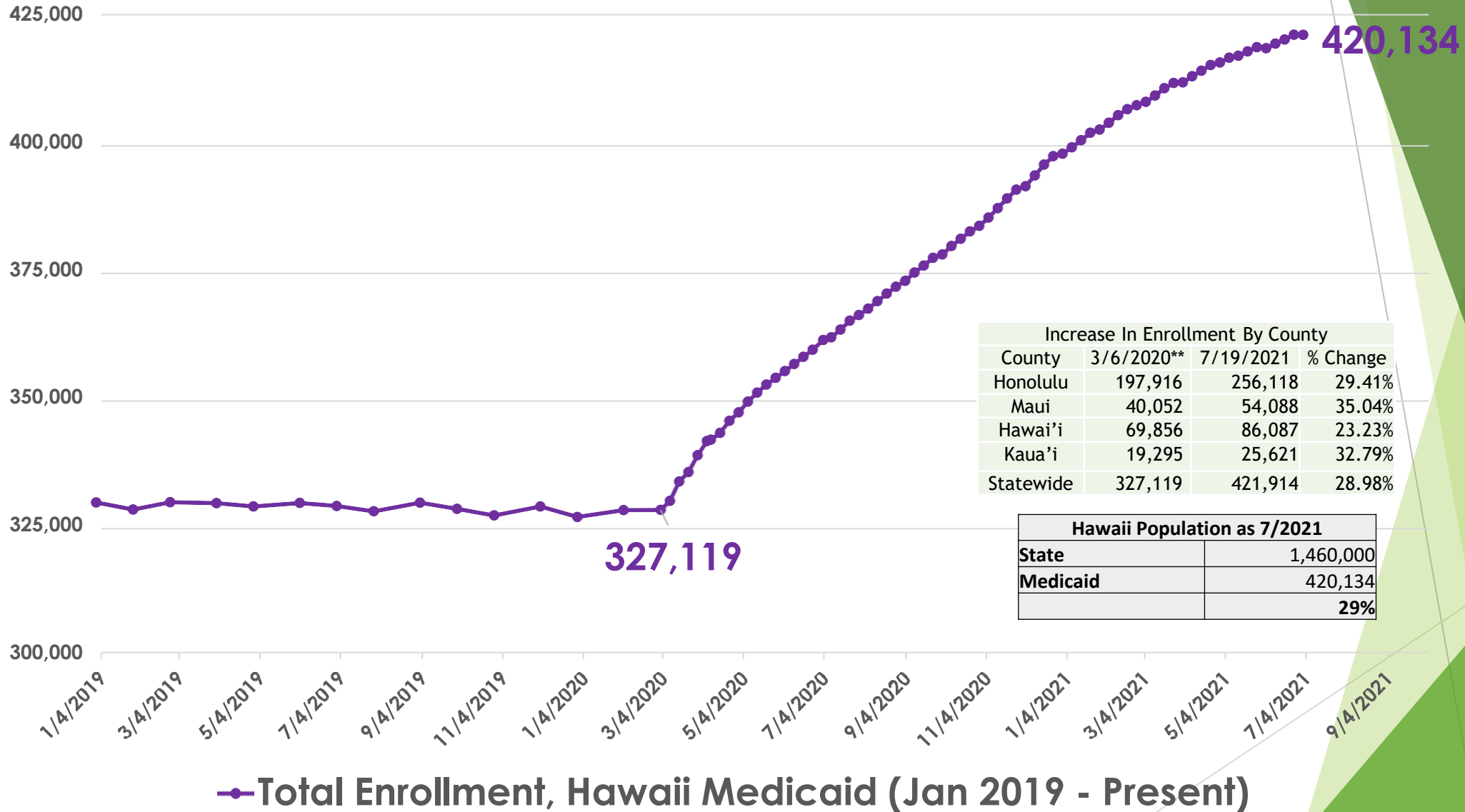
QUEST Integration (QI)

- ▶ 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)





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

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

2021 Federal Poverty Monthly Income Limits

Household Size	100%	105%	138%	196%	313%
1	\$1,235	\$1,297	\$1,705	\$2,421	\$3,866
2	\$1,670	\$1,754	\$2,305	\$3,274	\$5,228
3	\$2,105	\$2,211	\$2,905	\$4,126	\$6,589



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

<https://medquest.hawaii.gov/en/resources/community-partners.html>

Contact

COMMUNITY PARTNERS

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

OAHU

KALIHI-PĀLAMA HEALTH CENTER
915 North King Street | Honolulu, HI 96817 | (808) 848 1438

KŌKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES (KKV)
2239 North School Street | Honolulu, HI 96819 | (808) 791 9400

KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTER (HAU'ULA)
54-316 Kamehameha Highway | Hau'ula, HI 96717 | (808) 293 9216

KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTER (KAHUKU)
56-119 Pualalea Street | Kahuku, HI 96731 | (808) 293 9231

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

WAI'ANAE COAST COMPREHENSIVE HEALTH CENTER
86-260 Farrington Highway | Wai'anae, HI 96792 | (808) 697 3405

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

WAIMĀNALO HEALTH CENTER
41-1347 Kalaniana'ole Highway | Waimānalo, HI 96795 | (808) 954 7113

WE ARE OCEANIA (PARTNERS IN DEVELOPMENT)
720 N. King Street | Honolulu, HI 96817 | (808) 754-7303

MAUI COUNTY

MĀLAMA I KE ŌLA
1881 Nani Street | Wailuku, HI 96793 | (808) 872 4007

HĀNA HEALTH
4590 Hāna Highway | Hāna, HI 96713 | (808) 248 8294

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

LANA'I COMMUNITY HEALTH CENTER
478 Lauhala Place | Lāna'i City, HI 96763 | (808) 565 6919

MOLOKAI COMMUNITY HEALTH CENTER
28 Kamo'i Street, Suite 600 | Kaunakakai, HI 96748 | (808) 553 5038

KAUAI

HO'OLA LAHUI HAWAII, OUTREACH & ELIGIBILITY
4491 Rice Street | Lihue, HI 96766 | (808) 240 0160

HAWAII ISLAND

BAY CLINIC - HILO CLINIC
1178 Kino'ole 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)
KAILUA-KONA LOCATION:
74-5620 Palani Road, Ste. 101 | Kailua-Kona, HI 96740 | (808) 896-5051
KEA'AU LOCATION:
16-204 Melekahiwa Place #1 | Kea'au, HI 96749 | (808) 896-5051

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

KALANIHĀLE
(808) 937-1310

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>
 - ▶ 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

If you applied for Medicaid, but are not eligible, you may be eligible for coverage through the Federal Health Insurance Marketplace, HealthCare.gov.

3 Ways to Enroll

1. Apply **online** at HealthCare.gov
2. Apply over the **phone** by calling:
1-800-318-2596
For TTY, call 1-855-889-4325
3. **In-Person:** Meet with a Kōkua to complete your application



<https://medical.mybenefits.hawaii.gov>



[中文](#) | [Ilocano](#) | [한국어](#) | [Tiếng Việt](#) | [Other Languages](#)

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



Med-QUEST Online Application

Primary Contact Information

Primary Applicant Details

Household Details

Household Relationships

Tax Dependents

Incarcerated Family Member

Family Health Coverage

Health Coverage from Jobs

AI/AN Information

Authorized Representative

Review, Declare & File

Application Confirmation

Tell us about yourself.

1. First Name * Middle Name Last Name * Suffix

2. Home Address (If homeless, please enter 'Homeless' with appropriate city, state and zip code)

Address Line 1 * 3. Apartment or suite number

4. City * 5. State * 6. Zip code * 7. County

Please provide a mailing address if different from your home address.

8. Mailing Address (leave blank if you don't have one)

Address Line 1 9. Apartment or suite number

10. City 11. State 12. Zip code 13. County

14. Phone number 15. Other phone number

16. Do you want to get information about this application by email? ☐ Yes ☒ No

17. Preferred Spoken Language 18. Preferred Written Language

19. How many family members live with you?

20. Is any family member you usually live with incarcerated (detained or jailed) or residing in the Hawaii State Hospital? *

Save & Exit

Next



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.

1. First name, Middle initial, Last name, & Suffix	2. Date of Birth (mm/dd/yyyy) / /
3. Have you been certified as blind or disabled (i.e., receiving Supplemental Security Income (SSI) or Social Security blind/disabled benefits)? <input type="checkbox"/> No If no, you may be required to complete additional forms. <input type="checkbox"/> Yes	
4. Where do you have/want to have LTC services provided to you? <input type="checkbox"/> At Home-Address: _____ Service Start Date: _____ <input type="checkbox"/> Nursing Facility Name: _____ Admission Date: _____ Community Care Foster <input type="checkbox"/> Family Home Name: _____ Admission Date: _____	
5. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married	



1100B Form

Excerpt of Page 1

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

1. Spouse's First name, Middle initial, Last name, & Suffix		
Date of Birth (mm/dd/yyyy) / /	*Social Security Number (SSN *Mandatory even if not applying)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2. Dependent #1: First name, Middle initial, Last name, & Suffix		
Date of Birth (mm/dd/yyyy) / /	Social Security Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Dependent #2: First name, Middle initial, Last name, & Suffix		
Date of Birth (mm/dd/yyyy) / /	Social Security Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female



1100B Form

Excerpt of Page 2

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.

☐ No

☐ Yes If yes, provide the following information.

YES	NO	INCOME TYPE	PERSON RECEIVING INCOME	MONTHLY AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	Child Support		\$
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)		\$
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation		\$
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Administration Income (VA)		\$
<input type="checkbox"/>	<input type="checkbox"/>	Other Income: _____		\$

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.

☐ No

☐ Yes If yes, please provide the following information as of the first day of this month.

YES	NO	ASSETS	OWNER'S NAME	BANK OR COMPANY NAME	EQUITY VALUE
<input type="checkbox"/>	<input type="checkbox"/>	Checking Accounts (List all)			\$
<input type="checkbox"/>	<input type="checkbox"/>	Savings Accounts (List all)			\$
<input type="checkbox"/>	<input type="checkbox"/>	Cash			\$
<input type="checkbox"/>	<input type="checkbox"/>	Income Tax Refunds			\$
<input type="checkbox"/>	<input type="checkbox"/>	Stocks and Bonds			\$



1100B Form

Excerpt of last page

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.

*Applicant/Beneficiary/Authorized Representative Signature:		Date (mm/dd/yyyy)
*Additional Household Member(s) Signature(s):	Relationship to Applicant/Beneficiary	Date (mm/dd/yyyy)
	*SPOUSE	



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

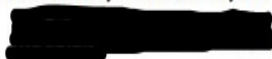
► The client may choose a health plan by



- **Online – Pre-enrollment
OR Auto-Enrollment**
- **Phone**
- **Mail**
- **Fax**



You have successfully submitted your application,



Your application has been received and will be processed shortly.

Your application confirmation number is: [REDACTED]

Please complete your application process by contacting Med-QUEST and telling us which Health Plan you prefer if you are determined eligible for Medicaid. If you are not ready to choose a plan that's okay, because Med-QUEST will assign you a plan, and you will have 90 days to change if you want a different plan. If you change to a different plan it will start the first day of the next month following receipt of your request.

Write down your application confirmation number located above to include with your plan selection and complete the [Plan Selection Web Form](#)

The screenshot shows the Med-QUEST Division website. The URL in the browser is <https://medquest.hawaii.gov/en/members-applicants/healthPlanSelection.html?c=13206293421>. The page header includes the State of Hawaii's Department of Human Services logo and the Med-QUEST Division name. The main content area is titled "KOLEA Health Plan Selection" and contains the following fields:

- KOLEA Confirmation No. (13206293421)
- First Name *
- Last Name *
- Residing Island (dropdown menu)
- Select a Health Plan (dropdown menu)

Below these fields, there is a note: "This plan selection applies to all applicants on the application." followed by "Yes" and "No" radio buttons. At the bottom, there is a table with columns for "Additional Applicant's Full Name", "Residing Island", and "Health Plan".



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**



Changes to Report to Med-Quest (pg 20)

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

STATE OF HAWAII
Department of Human Services

MED-QUEST DIVISION

GENERAL USE ONLY

Case Name: _____
Case No.: _____
Received Date: _____

CHANGE OF CIRCUMSTANCE REPORT FORM

You must report any changes to your household (if anyone moves in or out of your household, if anyone gets married, becomes pregnant, or gives birth to a child), a change in address, income or employment status within 15 days of the event. If this report does not provide enough room to document a change, attach a sheet of paper with the additional information. You may also report changes online at www.mybenefits.hawaii.gov, by telephone or in person. Failure to report changes may result in benefits being denied, terminated or stopped. Auth.: H.A.R. §17-1712.1-4

Primary Individual Name: (Last, First, MI) _____ Date of Birth: (mm/dd/yyyy) _____ Client ID or SSN: _____

Current Address (Street, City, State, Zip+city) _____ Phone: _____

Check one if you are completing on behalf of the Medicaid beneficiary: ☐ Authorized Representative (DHS1179) ☐ Legal Guardian, POA or Conservator (Legal document) ☐ ON FILE or ☐ ATTACHED

Name: (Last, First, MI) _____

Requests for change of circumstance by an Authorized Representative, Legal Guardian, Power of Attorney or Conservator on behalf of the Medicaid beneficiary require proof of authorization. If the Department does not have a signed authorization on file from the beneficiary, the request for a change of circumstance on the Medicaid beneficiary's behalf will not be processed until proof is received by the Department.

INTERPRETER REQUESTED: ☐ YES ☐ NO LANGUAGE REQUESTED: _____

☐ SECTION 1 - TERMINATE MEDICAL ASSISTANCE CASE: Effective Date: (mm/dd/yyyy) _____
Reason: _____

☐ SECTION 2 - NAME CHANGE: (Attach copy of legal document)

Reason for change: (complete section 2 if applicable) ☐ Marriage ☐ Divorce ☐ Adoption/Court Order ☐ Other-Specify: _____

From: (Last, First, MI) _____
To: (Last, First, MI) _____

☐ SECTION 3: ADDRESS AND/OR TELEPHONE CHANGE (This change will apply to ALL household members in your case. If this is incorrect, please specify in Section 3 who this change applies to.)

New Residence: (Street No. & Name) _____ (City) _____ (State) _____ (Zip+city) _____
New Mailing: (Street No. & Name) _____ (City) _____ (State) _____ (Zip+city) _____
New Phone No.: _____ Email Address: _____

☐ SECTION 4 - REPORT OR CHANGE OF PREGNANCY:

Pregnant Woman Name: (Last, First, MI) _____ Date of Birth: (mm/dd/yyyy) _____ Client ID (or SSN optional) _____

Number of Babies Expected: _____ Due Date: (mm/dd/yyyy) _____ End Date of Pregnancy: (mm/dd/yyyy) _____

☐ SECTION 5 - REPORT OR CHANGE OF THIRD PARTY LIABILITY (TPL) COVERAGE: (Attach copy of insurance card if available)

Name: (Last, First, MI) _____ Date of Birth: (mm/dd/yyyy) _____ Client ID (or SSN optional) _____

Health Plan Name: _____ Subscriber/Member No.: _____

Type of Plan Coverage: (Check all that apply) ☐ Medical ☐ Dental ☐ Vision ☐ Drug ☐ Psych ☐ Other-Specify: _____

Effective Date of TPL: (mm/dd/yyyy) _____ Termination Date: (mm/dd/yyyy) _____

Do you receive Medicare coverage? ☐ YES ☐ NO Medicare Number: _____

If you need to ADD additional insurance, please make a copy of this sheet, complete and submit together.

DHS 1179A (01/15) Page 1 of 2



Med-QUEST Eligibility Branch Phone Numbers

- Oahu 587-3521 / 692-7364
- Hilo 933-0339
- Kona 327-4970
- Maui 243-5780
- Molokai 553-1758
- Lanai 565-6460
- Kauai 241-3575



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



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

Dental Benefits (p. 14)

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 Benefits

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)




QI Health Coordination

Special Health Care Needs (SHCN)	Expanded Health Care Needs (EHCN)	At Risk (DHS 1147)	Nursing Facility Level of Care (DHS 1147)
Chronic Health Problems	Complex Health Care Conditions	Limited HCBS (in community)	HCBS (in community)
			Going Home Plus (GHP)
			Nursing Facility
High Utilizers: ED/Hospital			
CIS/Homeless			
ED-Emergency Department at Hospital		HCBS-Home and Community Based Services	



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.

MEDICARE  **HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JOHN DOE

MEDICARE CLAIM NUMBER
000-00- -A

SEX
MALE

IS ENTITLED TO
HOSPITAL (PART A) **01-01-2007**
MEDICAL (PART B) **01-01-2007**

EFFECTIVE DATE

SIGN
HERE →

SAMPLE

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

“Dual” Eligibles	Medical Savings Program “Non-Pay”
Member <u>has both</u> : Medicaid & Medicare	Not eligible for Medicaid <u>[Income or Assets too high to be Medicaid eligible]</u> <u>Medicaid will pay for Medicare premiums and co-pays</u>
	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)



Figure 1

Social Determinants of Health

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

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Community Integration Services(CIS)

- ▶ **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

Health Need Criteria	AND	Risk Criteria
<ul style="list-style-type: none">• Behavioral Health Need: SMI and /or Substance Use need meeting at least ASAM level 2.1• Complex Physical Health Need		<ul style="list-style-type: none">• Homeless Individuals• Individuals at risk of eviction• Individuals transitioning from LTC facilities back to the community who do not have housing

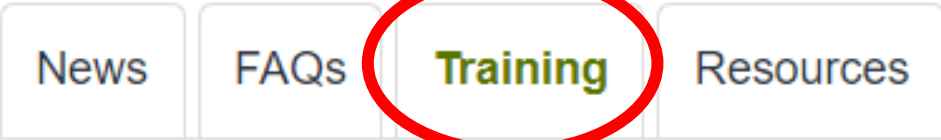
- ▶ **What are the QI Community Integration Services?**
 - ▶ Pre-tenancy and Tenancy Services that support the member to be successful tenants in housing that is owned, rented or leased to the member



Become A New CIS Provider

HOKU ONLINE-Medicaid Provider Applications

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



News FAQs **Training** Resources

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



Homeless Information System (HMIS)

Data Matching

Making Medicaid Information and HMIS content match is very important.
Your help to update HMIS please...

COMMON ERRORS WHEN MATCHING MEMBERS ACROSS SYSTEMS:

- | | |
|---|---|
| <ul style="list-style-type: none">• Name of member: Spelling, Last name , first name, hyphenations• Birthdate• Health plan name... | <ul style="list-style-type: none">• Medicaid number: Client ID• CCS yes or no (ideally include the CCS case management company) |
|---|---|

OTHER REMINDERS:

- | | |
|--|---|
| <ul style="list-style-type: none">• Members do change Health Plans. Verify health plan. Verify on January 1• Members in prison are suspended from Medicaid. Must restart Medicaid upon release (1179A form)• Auto-enrollment | <ul style="list-style-type: none">• Members need a mailing address- if no follow up Member's Medicaid could be terminated. [Will need assist to restart]• CCS enrollment: not permanent . But it is possible to be re-enrolled in CCS at a later date. |
|--|---|



Med-QUEST Eligibility Branch Address/Phone Numbers

Office Address	Mailing Address	Contact
Oahu Section 801 Dillingham Boulevard, 3rd Floor Honolulu, HI 96817-4582	P.O. Box 3490 Honolulu, HI 96811-3490	Phone 587-3521 Fax 587-3543
Kapolei Unit 601 Kamokila Blvdd, Room 415 Kapolei, HI 96707-2021	P.O. Box 29920 Honolulu, HI 96820-2320	Phone 692-7364 Fax 692-7379
East Hawaii Section 1404 Kilauea Avenue Hilo, HI 96720-4670	1404 Kilauea Avenue Hilo, HI 96720-4670	Phone 933-0339 Fax 933-0344
West Hawaii Section Lanihau Professional Center 75-5591 Palani Road, Suite 3004 Kailua-Kona, HI 96740-3633	Lanihau Professional Center 75-5591 Palani Road, Suite 3004 Kailua-Kona, HI 96740-3633	Phone 327-4970 Fax 327-4975
Maui Section Millyard Plaza 210 Imi Kala Street, Suite 110 Wailuku, HI 96793-1274	Millyard Plaza 210 Imi Kala Street, Suite 110 Wailuku, HI 96793-1274	Phone 243-5780 Fax 243-5788
Lanai Unit 730 Lanai Avenue Lanai City, HI 96763	P.O. Box 631374 Lanai City, HI 96763	Phone 553-1758 Fax 553-3833
Molokai Unit State Civic Center 65 Makaena Street, Room 110 Kaunakakai, HI 96748	P.O. Box 1619 Kaunakakai, HI 96748-1619	Phone 553-1758 Fax 553-3833
Kauai Unit Dynasty Court 4473 Pahee Street, Suite A Lihue, HI 96766-2037	Dynasty Court 4473 Pahee Street, Suite A Lihue, HI 96766-2037	Phone 241-3575 Fax 241-3583



Websites

Med-QUEST Division:


- ▶ Med-QUEST: www.med-quest.us
- ▶ Apply for Medicaid at:
Medical.mybenefits.hawaii.gov
- ▶ Medicaid Eligibility FAQs: <https://mybenefits.hawaii.gov/mcicaid-faqs/>.
- ▶ Department of Human Services (DHS): <http://humanservices.hawaii.gov/mqd/>

QI Health Plans

- ▶ Alohacare: www.alohacare.org
- ▶ HMSA: www.hmsa.com/QUEST
- ▶ Kaiser: <https://kpquest.org>
- ▶ Ohana: www.ohanahealthplan.com
- ▶ UHC: 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

QI Housing Coordinator Contact Information		
QI Health Plan	Business Hours Phone Number	Fax or email for submissions
AlohaCare	Mon-Fri 8am-5pm Rhea Nuguid Phone: 973-7731	Fax: 973-7374 Email: rnuguid@alohacare.org
HMSA	Marilyn Boutain Phone: 952-7757	Fax: 948-8243 Email: Marilyn_Boutain@hmsa.com
Kaiser Permanente (Oahu & Maui)	Mon-Fri 8:30-5:30 pm Charisse Solomon Phone: 808-856-5861	Fax: 808-432-3515 Email: Charisse.p.Solomon@kp.org
Ohana Health Plan	Mon -Fri 8am-5pm Sharon Hughley Phone: 808-675-7523	Fax: (808) 675-7398 Email: Sharon.Hughley@wellcare.com
UnitedHealthcare Community Plan	Mon-Fri 8am-5pm Jessieann Farias Phone: (808) 535-1091	Fax: (866) 314-3005 Email: jessieann_farias@uhc.com
Community Care Services (Ohana Health Plan)	Mon-Fri 8am-5pm Jennifer Tehotu Phone: 808-675-7692	Fax: (808) 675-7398 Email: Jennifer.Tehotu@wellcare.com

5.12..21 After hours phone numbers for all health plans are available.



QI Community Integration Services (CIS)

Madi Silverman

DHS/MQD Phone: 692-8166

Email: msilverman@dhs.hawaii.gov

Alana Souza

DHS/MQD Phone: 692-8177

Email: asouza2@dhs.Hawaii.gov

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

MQD Website: <https://medquest.hawaii.gov>

CDS Website: <https://www.cds.hawaii.edu/goinghome/> pick: housing



MAHALO!

