



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA)
 1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: (808) 587-0788 • www.shpda.org
 Universal Access Advisory Council - Plan Development Committee

DRAFT
Meeting Minutes

October 23, 2024 | 1:00 PM Hawaii Time

Virtually via Zoom and Physical Meeting Location at
 The Keoni Ana Building, 1177 Alakea Street, Suite 402

https://www.zoomgov.com/rec/share/aoJ1nTE43Nbu3bjv9ZnJGJKVgfhP40kyiOD5LAHC1LHHdoEXD4Ra-iD_-Y6YhhWC.0e5XE5_vO98sGrOF
 Passcode:7DM@hutq

MEMBERS: Marc Alexander, Jonathan Ching, Jenn Diesman, Beth Giesting, John McComas, Gary Okamoto, Michael Robinson, Melvin Sakurai, Paul Roeder, Marilyn Seeley, Rae Seitz, Charlene Young

MEMBERS ABSENT: Rick Bruno, Sheri Daniels, Eric Gill, Lawrence Nitz, Linda Rosen, Nadine Tenn Salle, John Yang

GUESTS: Shilpa Patel, Judy Mohr Peterson

SHPDA: John Lewin, Wendy Nihoa

ATTENDANCE RECORD OF MEMBERS

Date	12/20/23	1/19/24	1/22/24	1/30/24	2/7/24	2/23/24	3/12/24	6/6/24	8/14/24	10/23/24
Marc Alexander	X	X	X	O	/	/	X	X	X	X
Rick Bruno	O	X	O	O	/	/	O	X	O	O
Jonathan Ching	X	X	X	X	/	/	O	X	O	X
Sheri Daniels	O	O	O	O	/	/	O	O	O	O
Jenn Diesman	O	X	O	X	/	/	X	X	X	X
Beth Giesting	X	X	X	X	/	/	X	X	X	X
Eric Gill	O	O	O	O	O	O	O	O	O	O
John McComas	X	O	X	X	/	/	O	X	X	X
Lawrence Nitz	X	X	O	X	/	/	O	O	O	O
Gary Okamoto	X	X	X	X	/	/	O	X	X	X
Michael Robinson**	X	X	X	X	/	/	X	X	X	X
Paul Roeder*	X	X	X	X	/	/	X	X	X	X
Linda Rosen	O	X	O	X	/	/	X	X	X	O
Melvin Sakurai	X	X	X	X	/	/	X	X	X	X
Marilyn Seeley	X	X	O	X	/	/	O	X	X	X
Rae Seitz	X	O	O	X	/	/	X	X	O	X
Nadine Tenn Salle	X	O	O	O	/	/	O	X	O	O
John Yang	/	/	/	/	/	/	O	O	O	O
Charlene Young	/	/	/	X	/	/	X	X	X	X

Legend: X=Present; O=Absent; /=No Meeting/Cancellation | *-Chair, **-Vice Chair

TOPIC	DISCUSSION	ACTION
Call to Order	<p>A quorum was established. The meeting was called to order at 1:01 p.m. by P. Roeder Chairperson, Universal Access Advisory Council (UAAC) presiding.</p> <p>P. Roeder welcomed members and guests.</p>	
Roll Call	Member roll call.	
Minutes	<p>Approval of the minutes from the August 14, 2024.</p> <p>Motion to accept the minutes from the dates noted above.</p> <p>Vote: Unanimous. Motion carried.</p> <p>Public Testimony - none.</p>	
MedQUEST and the All-Payer Health Equity Approaches and Development (AHEAD) Grant	<p>J. Mohr Peterson, Administrator of MedQUEST, Hawaii Department of Human Services (DHS), presented on the AHEAD Grant from the perspective of the Medicaid program. An overview of the "AHEAD Model & Medicaid Hawaii" was presented and explained how the two are integrated. A copy of the presentation is included as an attachment to these minutes.</p> <p>The presentation was followed by a Question-and-Answer session. Key discussion points included:</p> <ol style="list-style-type: none"> 1. Hospital Global Budgets (HGB): Details for Hawaii's HGB have not yet been fully developed. 2. Primary Care AHEAD Goals: Regarding the implementation of full or partial capitated models, the MedQUEST Program has already initiated and will continue implementing this approach. (See slide #11, Attachment). Discussions have begun with Federally Qualified Health Centers, Hawaii Medical Services Association, and other healthcare providers. 3. Differences Between the AHEAD Grant and the Med-QUEST HOPE Program: The primary distinction is that the AHEAD grant provides a set of tools and technical assistance to facilitate a multi-payer approach. It aims to incentivize hospitals and primary care providers to adopt new business models and align payment structures across Medicare, Medicaid, and commercial insurance. 4. Medicare Shortfall: There is a need for equity across Medicaid, Medicare, and commercial insurance models. In alignment with the AHEAD goals, Hawaii's Medicare rates must be raised to meet the Medicare average benchmark. <p>Public Testimony – none.</p>	

<p>Aligning on a Definition of Access</p>	<p>Due to time constraints, P. Roeder canceled the planned presentation on this topic. Instead, P. Roeder provided a summary, emphasizing that the purpose of this discussion is to align the definition of "access," as it is central to the council's name. He suggested establishing a shared understanding of what "access" means and what is intended by the term "universal access."</p> <p>P. Roeder proposed the creation of a Permitted Interaction Group (PIG) to develop a framework for defining "access" and "universal access." He suggested that the PIG report back to the group by mid-December.</p> <p>Motion: To form a PIG tasked with creating definitions for "access" and "universal access."</p> <p>Vote: Unanimous. Motion carried.</p> <ol style="list-style-type: none"> 1. PIG Name: Defining Access. 2. Scope: To develop a Hawaii-specific model for defining "access." 3. Member's Role: To create a document that includes standard definitions for "access" and "universal access," which can be shared and edited by members. 4. Timeline: Report back by December 2024. 5. Members: J. Diesman, G. Okamoto, M. Robinson, R. Seitz. <p>Suggestion: To reference materials used in the AHEAD grant application. W. Nihoa will follow up with the grant writing team.</p> <p>Public Testimony: None.</p>	<p>W.Nihoa-follow up with AHEAD grant team RE: Definition(s) of Access.</p>
<p>AHEAD Grant Questions from Universal Access Advisory Council Members Universal Access Advisory Council Membership</p>	<p>P. Roeder deferred subject to the next meeting.</p> <p>P. Roeder noted that some members have not been attending and asked if others were aware of any members who may no longer be interested in participating or if there were recommendations for replacements. The following members were identified for follow-up:</p> <ul style="list-style-type: none"> - S. Daniels – R. Seitz will follow up. - L. Nitz – M. Seeley will follow up. - E. Gill – J. Lewin will follow up. <p>P. Roeder also asked if there were any other groups that should be represented on the Council. No additional suggestions were offered.</p> <p>Public testimony – none.</p>	<p>As noted, members will follow up with inactive members.</p>
<p>Announcements</p>	<p>M. Robinson, helpful to have DHS in the meeting. Requested having someone from DHS</p>	<p>Standing item</p>

<p>Next Meeting/Agenda Items</p> <p>Adjournment</p>	<p>attend meetings to provide updates on the AHEAD grant since they are the official recipient. "AHEAD Grant" will be added to future agendas with updates from both DHS, Primary Recipient and the State Health Planning and Development Agency, Sub-Recipient.</p> <p>P. Roeder thanked member M. Sakurai for bringing awareness to the 2024 Healthcare Payment Learning and Action Summit on November 14, 2024 at 4 a.m. Hawaii time. There is still time to sign up. This link was shared in the chat https://hcplansummit.org/.</p> <p>Due to the information shared today, P. Roeder suggested a meeting mid-December 2024.</p> <p>W. Nihoa will poll members to select the meeting date/time.</p> <p>Agenda Items: AHEAD Grant Questions & Answers, Report back from Defining Access PIG, and update from MedQUEST.</p> <p>The meeting was adjourned at 1:59 p.m.</p>	<p>for AHEAD Grant updates will be added to future agendas.</p> <p>W. Nihoa will poll members for next meeting date/time.</p>
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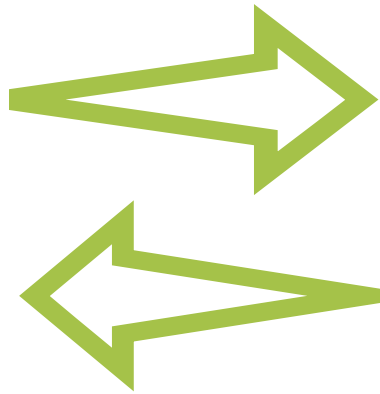
AHEAD Model & Medicaid Hawaii

SHPDA Universal Access Committee

Judy Mohr Peterson Med-QUEST Administrator

October 23, 2024

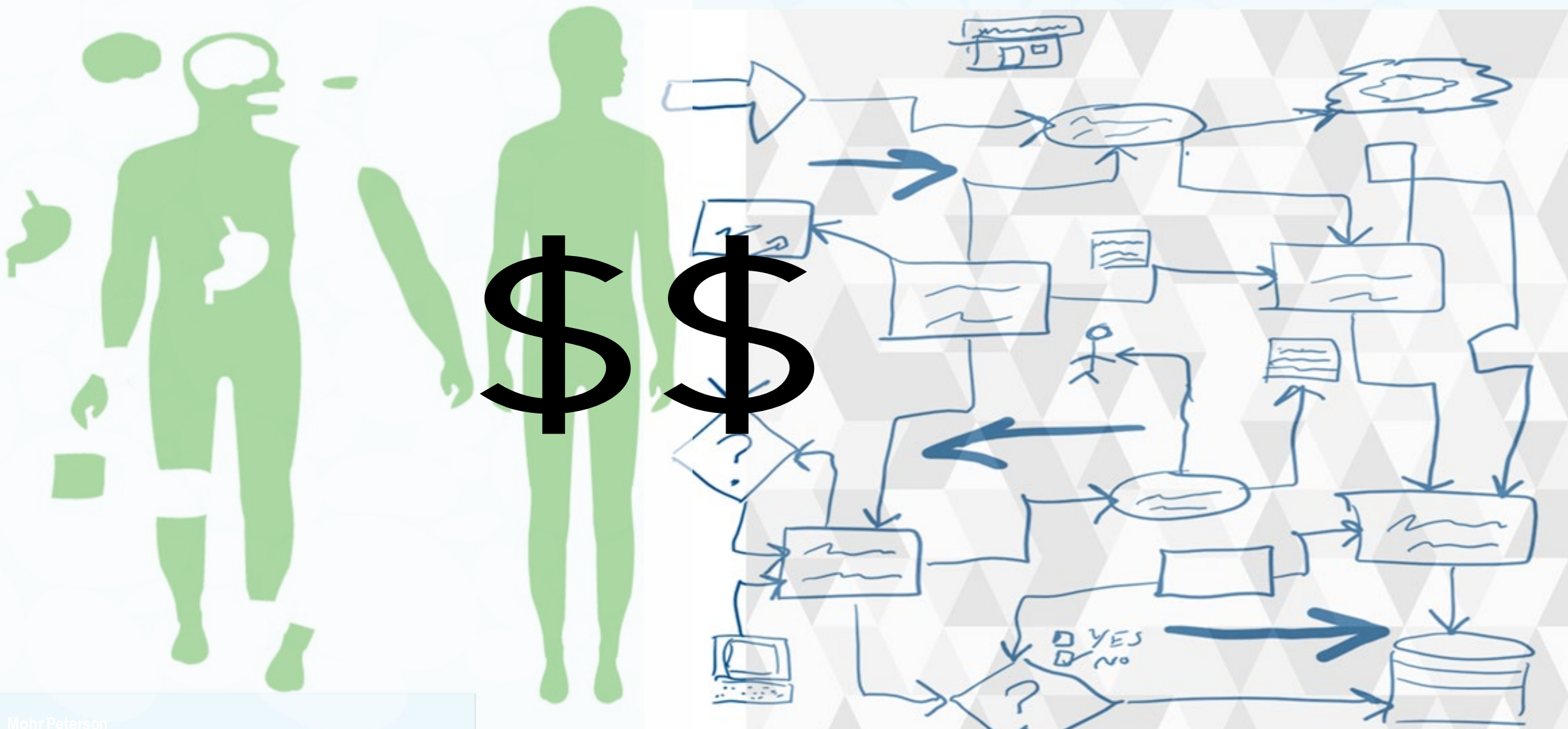
This presentation is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as an award totaling approximately \$12 million with 100% funded by CMS/HHS. The content of this presentation are those of the authors and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.



Med-QUEST Division



Why? Fragmented, confusing and expensive healthcare system





Med-QUEST: MQD sits under the State of Hawai'i Department of Human Services and administers the Medicaid program to provide eligible low-income adults and children access to health coverage through QUEST Integration Health Plans.

- QUEST:** **Q**uality care
- U**niversal access
- E**fficient utilization
- S**tabilizing costs
- T**ransform health care for members



VISION: The people of Hawai'i embrace health and wellness.

MISSION: Empower Hawaii's residents to improve and sustain wellbeing by developing, promoting and administering innovative and high-quality healthcare programs with aloha.

VALUES: Hi'iola – Embracing Wellness

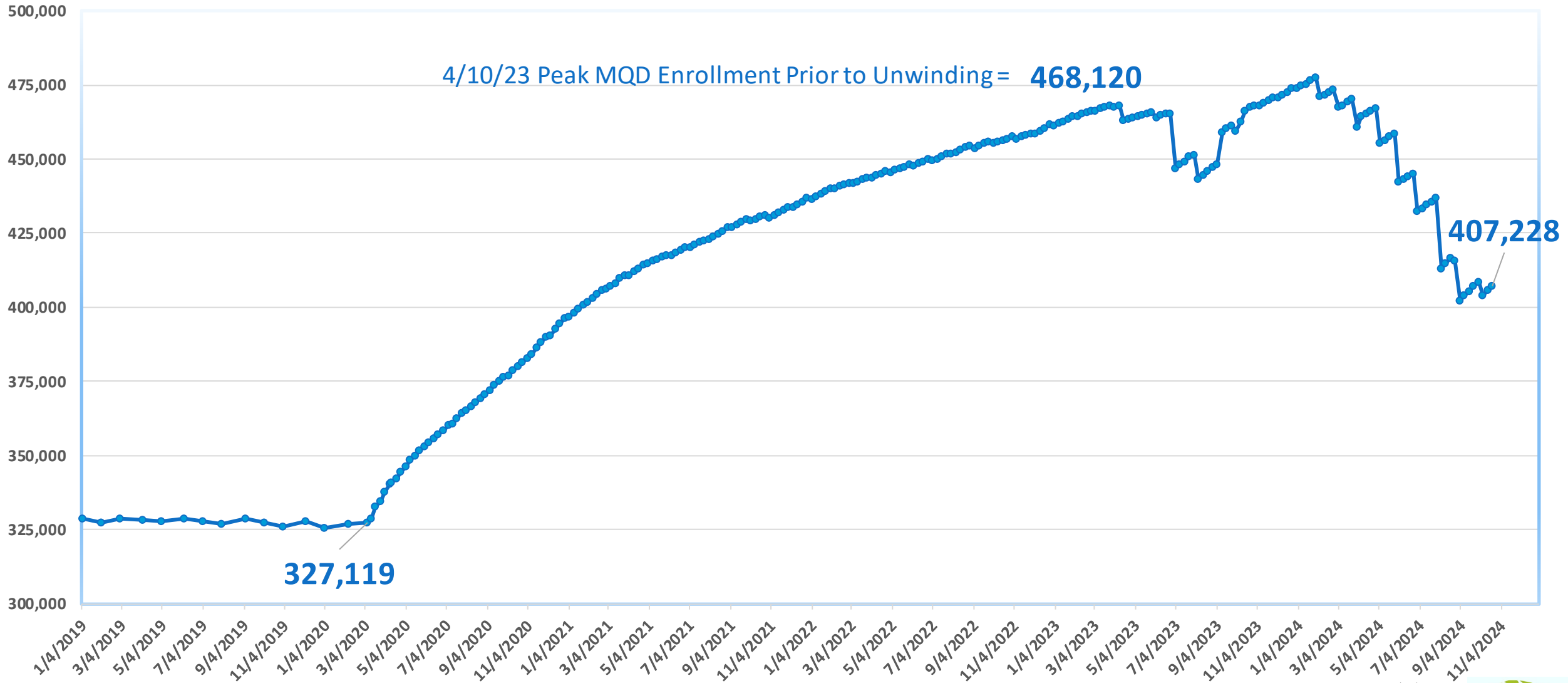
Healthy outcomes **I**ntegrity 'Ohana Nui **I**nnovation **O**ptimism **L**eadership **A**loha



Hawai'i Medicaid Monthly Enrollment: January 2019 to October 21, 2024

141,001 New Enrollments from 3/6/2020 – 4/10/2023 (43% Increase)

60,892 fewer enrollments from 4/10/23 to 10/21/24 (13% decrease from peak enrollment prior to unwinding)



Med-QUEST HOPE Program Goals:

Healthy Families and Healthy Communities

- Whole Person Health
 - Whole Family
 - Whole Community
- Integrated Behavioral health
Social drivers of health
Equity Lens



Invest in **Primary Care/Preventive care**



Invest in **Care for People with Complex Care Needs**



Align **Financial incentives**



The States Advancing All-Payer Health Equity Approaches and Development, or the AHEAD Model, is a flexible framework designed to improve health outcomes across multiple states.

Statewide Accountability Targets

Total Cost of Care Growth (Medicare & All-Payer)
Primary Care Investment (Medicare & All-Payer)
Equity and Population Health Outcomes via State Agreements with CMS

Components



Cooperative Agreement
Funding



Hospital Global Budgets
(facility services)



Primary Care AHEAD

Strategies

Equity Integrated
Across Model

Behavioral Health
Integration

All-Payer
Approach

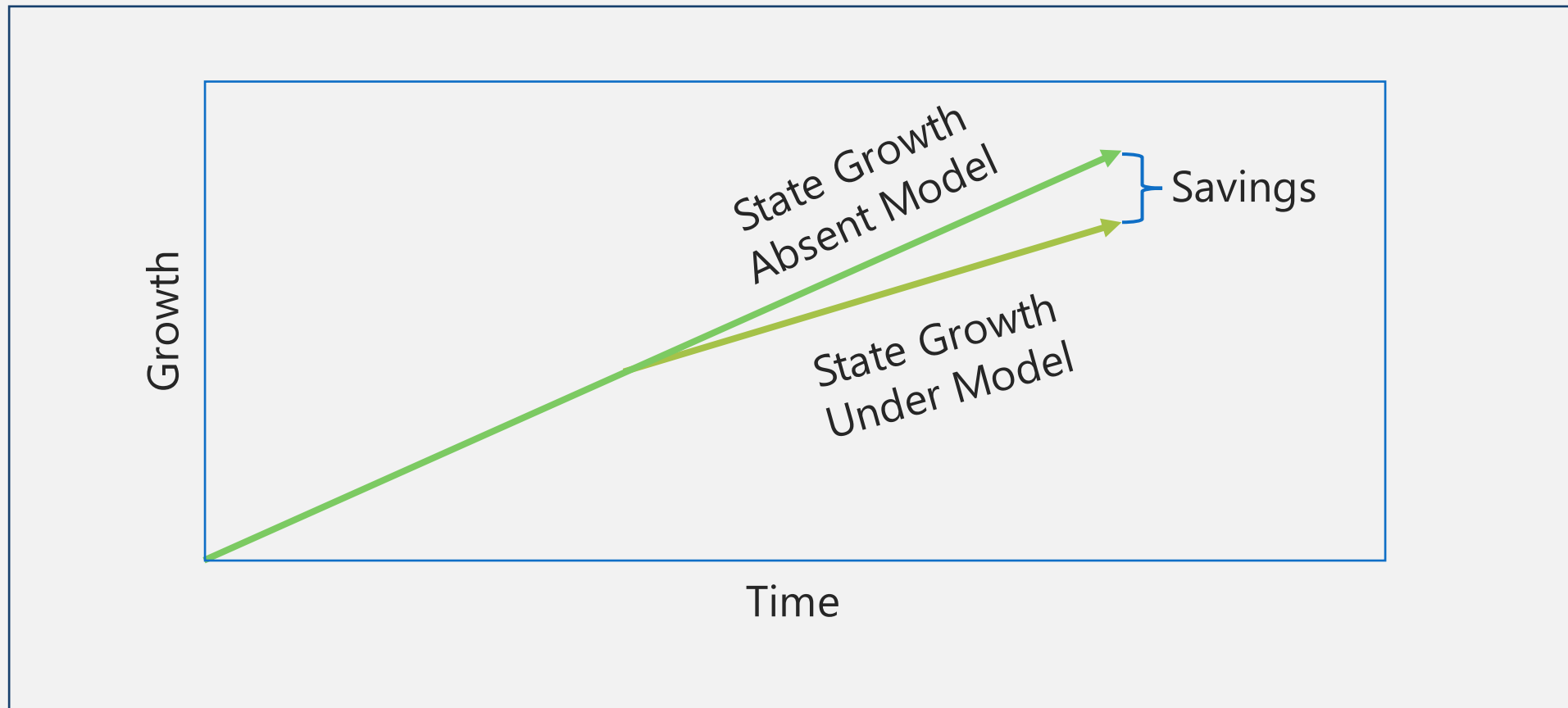
Medicaid
Alignment

Accelerating Existing
State Innovations

Medicare FFS TCOC Targets

AHEAD was developed in alignment with affordability and cost growth containment efforts underway in states across the nation, and the Medicare TCOC target holds states accountable for “bending the cost curve” for Medicare Part A and Part B expenditures of resident beneficiaries. By holding states accountable for cost growth, CMS hopes to support states in achieving a more affordable cost trajectory and increased long-term sustainability. CMS will work collaboratively with each state during the pre-implementation period to set state-specific Medicare FFS TCOC growth targets.

Medicare TCOC Growth and Savings to CMS Under the AHEAD Model



AHEAD Model Overview: Hospital focus

The AHEAD Model aims to rebalance health care spending across the system, with hospitals working with primary care and community-based providers to reduce potentially avoidable utilization.



States

- Investment to support statewide infrastructure for improving patient outcomes and reducing cost.
- Build upon existing efforts across your state to improve health equity.
- Engage multiple payers and providers in the transformation of the health care system in your state.



Hospitals

- Investment to support transformation in early years of the model.
- Improved financial stability & predictability.
- Ability to share in savings from more efficient care delivery and reducing avoidable utilization.
- Opportunity to earn upside dollars for improving health equity and quality.



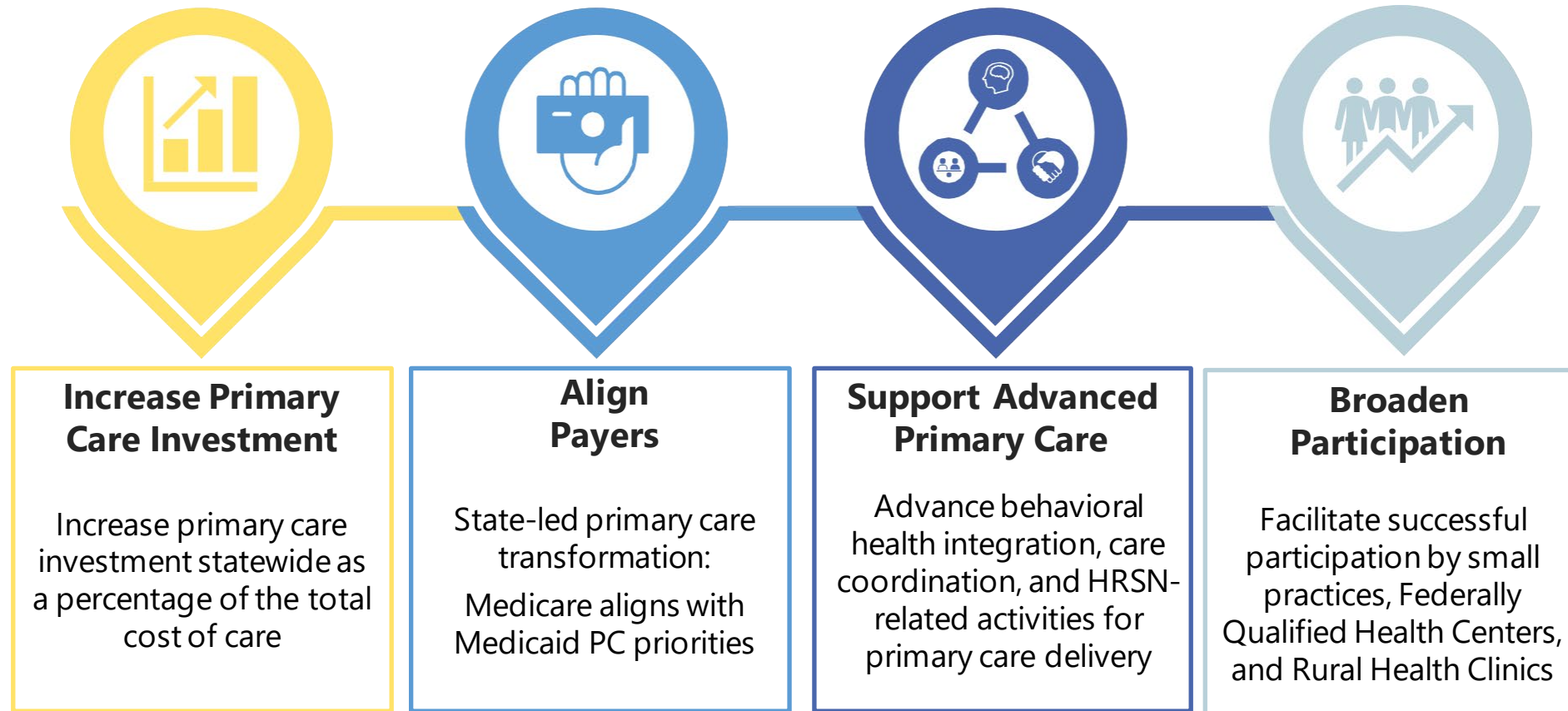
Patients

- Enhance coordinated, team-based, whole-person primary care
- Support improved care management, behavioral health integration, and a focus on health-related social needs.
- Focus on improved quality of care, efficiency of care, and health outcomes.

WHAT IS A HOSPITAL GLOBAL BUDGET?

A fixed, prospectively set amount of annual revenue to a hospital for selected Medicare Part A and outpatient facility services covered under Part B. Under AHEAD, Hospital Global Budget amounts will be paid by Medicare to participating hospitals in the form of prospective, bi-weekly payments in place of traditional Medicare FFS claims. Professional services rendered in a hospital setting are excluded.

Primary Care AHEAD Goals

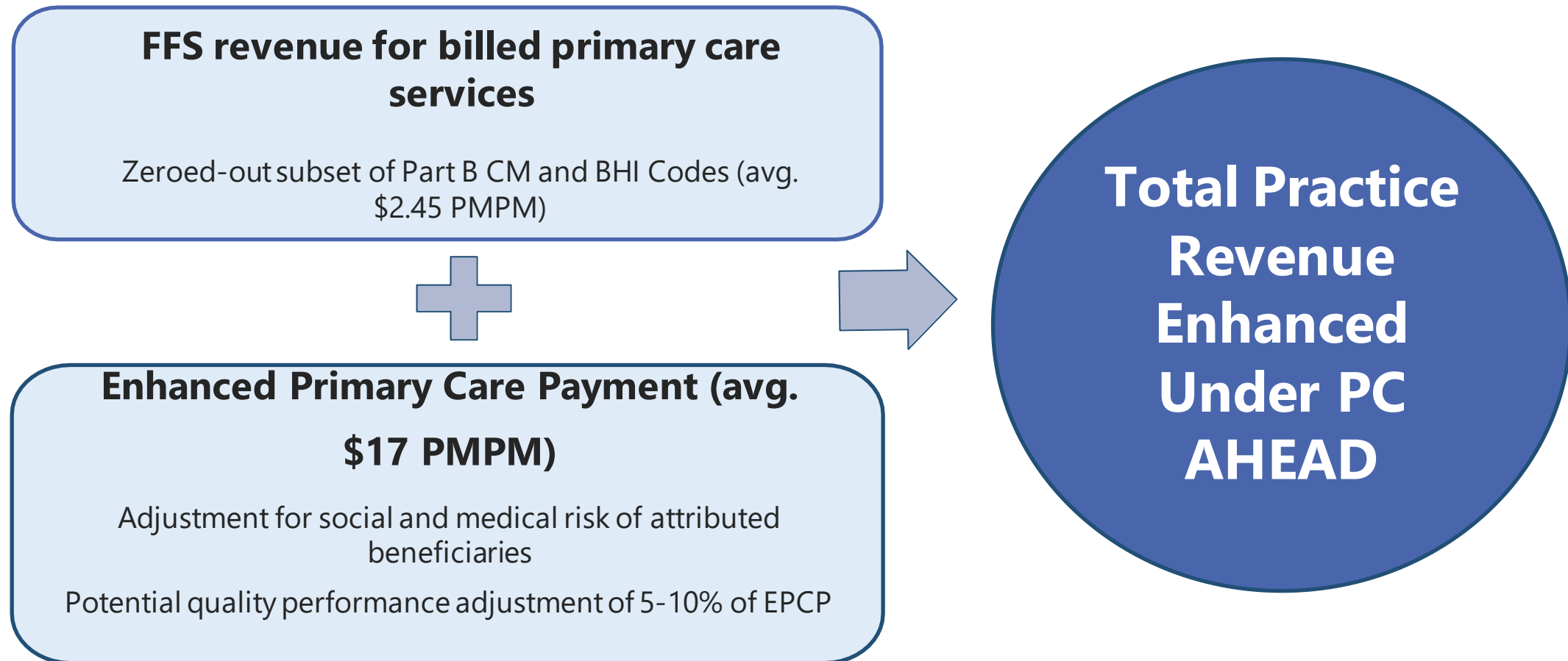


CMMI will introduce primary care options with partial and/or full capitation for primary care services in the future. Any future Primary Care AHEAD tracks will align with these program goals.

Enhanced Primary Care Payment

The Enhanced Primary Care Payment (EPCP) replaces and enhances a subset of Part B care coordination and behavioral health integration codes. FQHCs and RHCs will have their CCM and BHI G-codes replaced and enhanced by the EPCP.

CMS will work with participating states to help practices considering the program understand the impact of the EPCP on their total revenue.

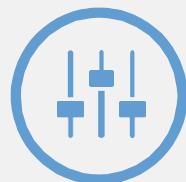




Baseline Calculation



CMS will calculate the hospital's historical revenue for eligible hospital services, combining the 3 most recent years of historical revenue data with percentage weightings more heavily applied to recent years (i.e., Base Year 1: 10%; Base Year 2: 30% and Base Year 3: 60).



Annual Trend and Performance Adjustments

CMS will apply adjustments to predict the current performance year and reflect accountability for quality and reducing avoidable utilization:

- Annual Trend Updates (Annual Payment Adjustment, Volume-Based Adjustments, and Other Adjustments)
- Performance-Based Adjustments (TCOC, Quality, Equity, and Effectiveness)
- AHEAD-Specific Adjustments (Transformation Incentive Adjustment and Social Risk Adjustment)



Global Budget Payments

Each hospital will receive a prospective, bi-weekly payment for Eligible Hospital Services in lieu of traditional FFS claims or cost-based reimbursement. Hospitals will continue to submit Medicare FFS inpatient and outpatient claims and Medicare Hospital Cost Reports to CMS.

The full AHEAD Model's CMS-Designed Medicare FFS Hospital Global Budget Methodology Version 2.0, including additional details on the hospital global budget and sample calculations, is available on the [AHEAD Model website](#).

Timelines

		2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034
	Model Year		MY1	MY2	MY3	MY4	MY5	MY6	MY7	MY8	MY9	MY10	MY11
1st NOFO Period	Cohort 1		Pre-Implementation (18 mos)		PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8	PY9
	Cohort 2	NOFO		Pre-Implementation (30 mos)		PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8
2nd NOFO Period	Cohort 3		NOFO	Pre-Implementation (24 mos)		PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8

Med-QUEST Primary Goals:

Healthy Families and Healthy Communities

- Whole Person Health Integrated Behavioral health
- Whole Family Social drivers of health
- Whole Community Equity Lens



Invest in **Primary Care/Preventive care**



Invest in **Care for People with complex care needs**



Align **FINANCIAL INCENTIVES!!**

MQD – Active HOPE & AHEAD initiatives

Renewal of 1115 Demonstration

Access to and continuation of Medicaid coverage:

Back to “normal” Eligibility Renewals; Continuous coverage for kids; Dual Eligibles; Justice involved populations; People with disabilities/ developmental disabilities

Whole Person Care:

Social Drivers of Health expansion in 1115 – Nutrition Supports & Community Integration services+ (Housing/Houselessness, medical respite), Implementation SBIRT; Implemented Adult Dental expansion; Invest in Native Hawaiian Health systems; Workforce development (Peer Support & CHW)

Complex Care: *Implement Community Palliative care;*

Strengthen Home and community- based services; Implement FIDE Special Needs Plans; Updated Hep C guidance;

Payment and Reimbursement alignment:

AHEAD (hospital, primary care +); Increased rates for Professional services; Home and Community based services rates & methodology; Revised Nursing Facility Rates; Continuing to implement DRGs; Sustainability programs

Maternal and child health:

Child Wellness Incentive Pilot; Lactation services; Licensed Midwives; Reproductive health services; AIM-HI; Infant and Early Childhood Behavioral Health; Maternal and Infant Health Collaborative; school-based services mental health; schools - expand screening for hearing and mental health; EPSDT

Operational:

Health Analytics Program/APCD; Procure contractor/consultants; Interoperability; Leadership training; Hire, onboard Training & development;

Invest in Primary Care – MQD Focus



Increase the proportion of health care spending on primary care:

Collecting info on primary care spend; primary care preventive health services and health-related social needs

Change financial models to incent health and well-being:

Promote & paying for best practice, evidence-based education like pre-diabetes and asthma education

Social drivers of health: Housing supports, education, food insecurity, racism, and social supports



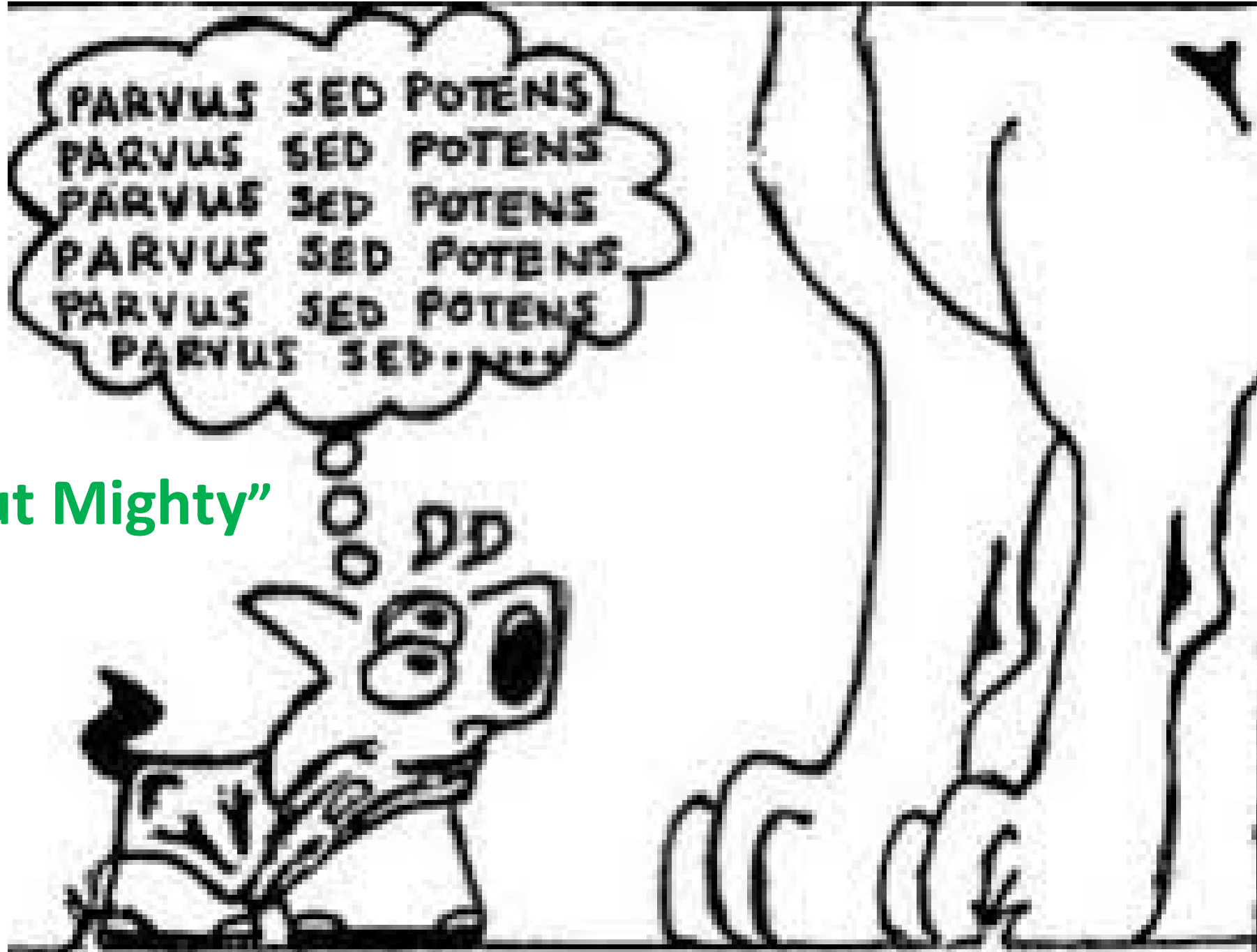
Integration Behavioral Health

Psychiatric consultation services

Collaborative Care Model

Screening, Brief Intervention, and Referral to Treatment (SBIRT)



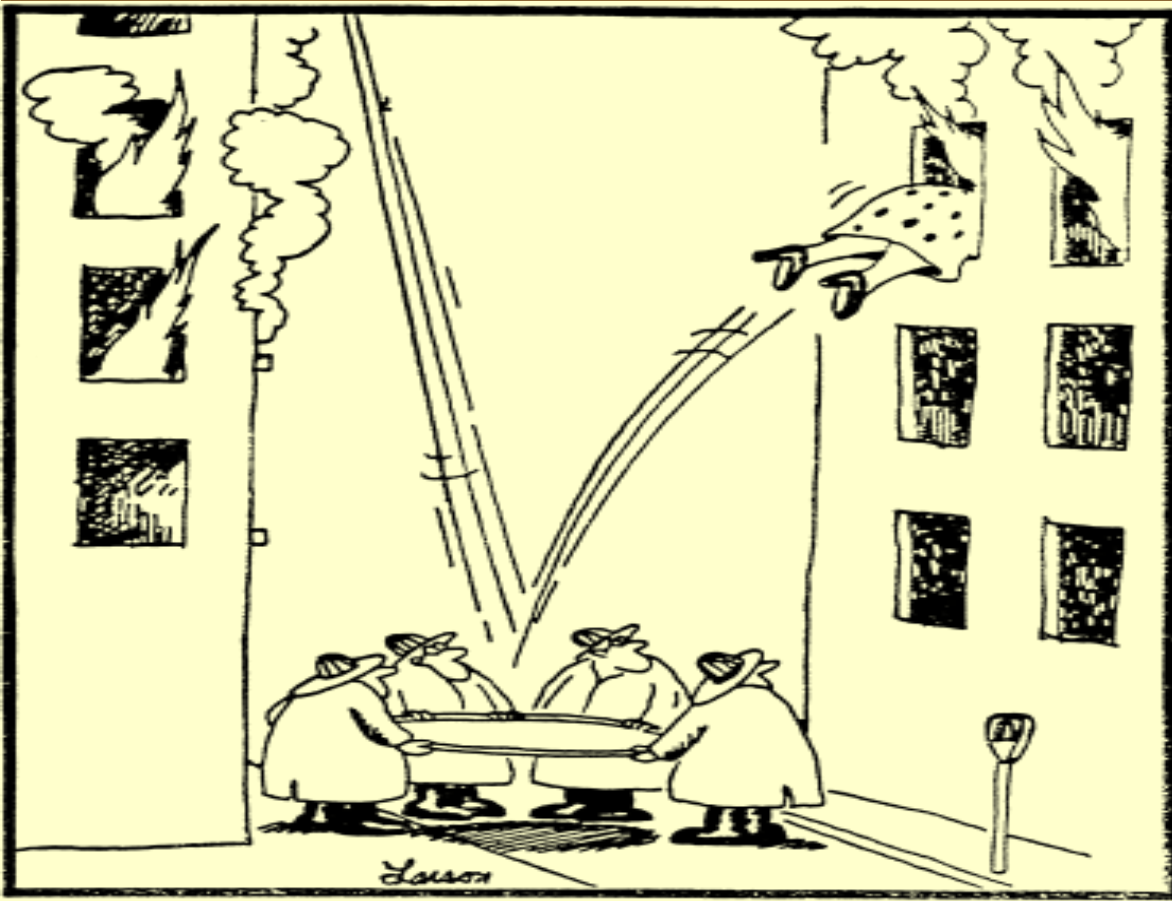


“Small But Mighty”

Goals:

Less

More



A photograph of a lush field of large, heart-shaped green leaves, possibly taro plants. The leaves are vibrant and fill most of the frame. In the center, the word "Mahalo!" is written in a large, white, sans-serif font. The background shows more of the same plants and some dark, vertical stems.

Mahalo!