

Primary Care AHEAD Overview

Primary Care Working Group: Initial Meeting

JULY 16, 2025

Limitations

- This project is performed under the Actuarial Services Contract (contract #MQD-2024-008) between Milliman and the State of Hawai'i Med-QUEST Division (MQD) dated July 1, 2024.
- These presentation slides are for discussion purposes only. They should not be relied upon without benefit of the discussion that accompanied them.
- This presentation and Q&A is not intended to be an actuarial opinion or advice, nor is it intended to be legal advice.
- In preparing this presentation, we relied on data and information from the Centers for Medicare and Medicaid Services (CMS), the State of Hawai'i, and publicly available sources. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the information we present may likewise be inaccurate or incomplete.

Agenda

- Goals
- Primary Care AHEAD Overview
- QI Primary Care Utilization by Island
- QI Primary Care VBP Adoption
- QI Primary Care Landscape
- Hawai`i Population Health

Goals



Slide 4

NGO **New Content**

Noelle Gaughen, 2025-07-04T15:46:42.043

Goals for Hawai`i AHEAD

- Improve population health.
- Advance health equity by reducing disparities in health outcomes.
- Curb health care cost growth.
- Develop sustainable payment and delivery initiative models for O`ahu and the Neighbor Islands.

Source: [Hawai`i AHEAD Steering Committee Charter](#)

Primary Care AHEAD Overview



Slide 6

NGO Old content used in prior PC AHEAD overview, with the exception of the last slide which summarize new guidance document from CMMI.

Noelle Gaughen, 2025-07-04T15:47:09.481

Primary Care AHEAD Practice Eligibility and Participation Requirements

Who can participate?	Participation Requirements
<ul style="list-style-type: none">▪ Primary care practices, Federally Quality Health Centers (FQHCs), and Rural Health Clinics (RHCs) that are located in Hawai`i and that are eligible to bill Medicare▪ If owned by hospital system, the hospital must participate in hospital global budget <p><i>NOTE: As CMMI is ending the Primary Care First (PCF) demonstration 12/31/2025, practices participating in PCF are eligible for Primary Care AHEAD</i></p>	<ul style="list-style-type: none">▪ Participate in the Medicare FFS Enhanced Primary Care Payment▪ Participate in the Medicaid Primary Care Advanced Payment Model▪ Implement Care Transformation Requirements

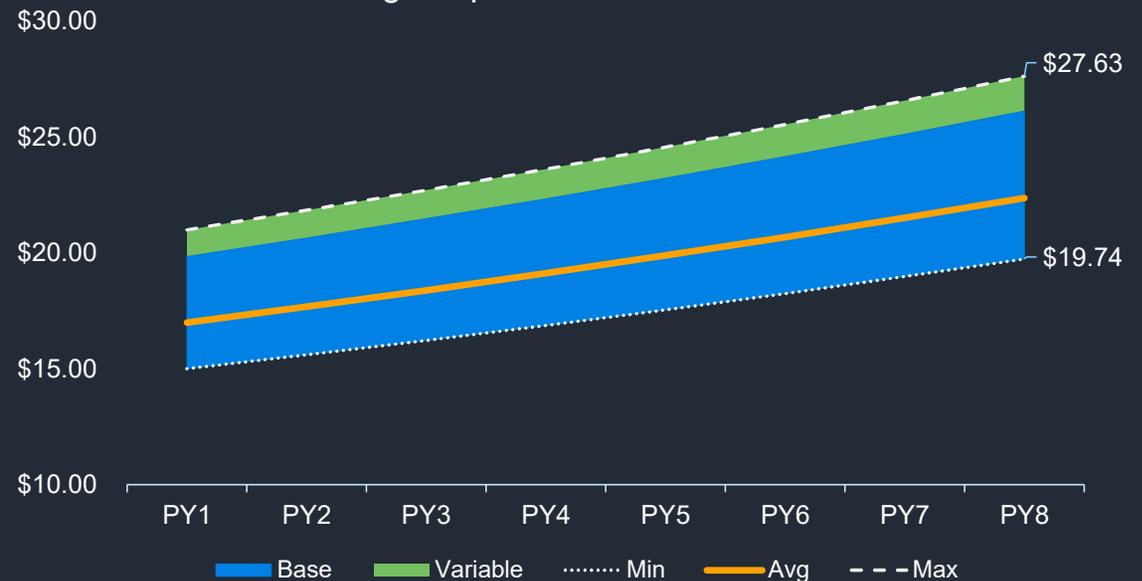
Source: NOFO

Medicare FFS EPCP Overview

Enhanced Primary Care Payment (EPCP) is a care management fee applicable to Medicare FFS beneficiaries. Each practice's EPCP is set annually based on the social and medical risk of attributed patients.

- The EPCP paid to each recruited practice will vary based on the social and medical risk of its assigned patients.
 - The NOFO targeted an average EPCP of \$17 for PY1, but this amount is subject to negotiation.
 - If EPCP is set at \$17, a practice could receive between \$15 and \$21
 - EPCP scales annually, indexed to inflation
- Payments are made prospectively and quarterly based on practice-level attribution
- A portion of the EPCP will be at risk based on quality performance, starting at 5%, but increasing to 10% over time
- Average EPCP may be adjusted up or down based on changes in total cost of care
- Practices receiving EPCP cannot bill for "overlapping" care management services (codes to be provided by CMS)

Range of potential EPCP PMPM¹



¹ Chart is currently modeled with 4% annual growth. Actual EPCP trend will vary

Medicare FFS EPCP Quality Measures

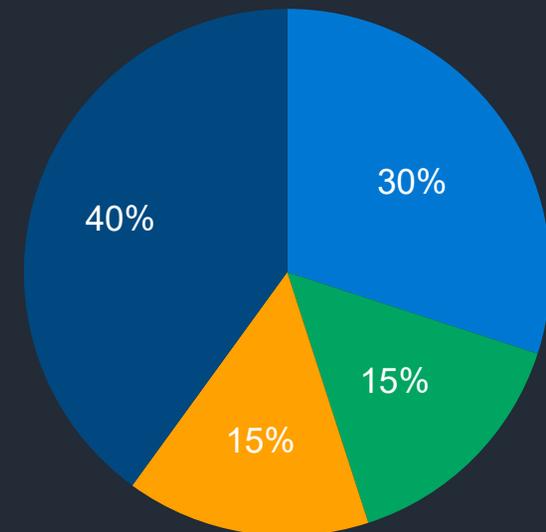
Participant Primary Care Practices will be accountable, through the EPCP, for performance on a set of at least 5 measures

Domain	Measure	Data Source ¹
Behavioral Health <i>Required</i>	<ul style="list-style-type: none"> Preventive Care and Screening: Screening for Depression and Follow-Up Plan 	eCQM
Prevention & Wellness <i>State chooses at least 1</i>	<ul style="list-style-type: none"> Colorectal Cancer Screening Breast Cancer Screening: Mammography 	eCQM
Chronic Conditions <i>State chooses at least 1</i>	<ul style="list-style-type: none"> Controlling High Blood Pressure Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) 	eCQM
Health Care Utilization <i>Required</i>	<ul style="list-style-type: none"> Emergency Department Utilization Acute Hospital Utilization 	Claims

- Hawai'i can customize some measures, and others are required.
- Hawai'i may propose alternative measures to align with other ongoing state efforts. Potential measure replacements, should align to the domains below or to Model goals broadly.

Quality Measure Domains

- Behavioral Health
- Chronic Conditions
- Prevention & Wellness
- Hospital Utilization



¹ NOFO says "More information on health IT requirements for quality reporting under Primary Care AHEAD is available upon request."

Medicare EPCP and State-level TCOC and Primary Care Investment Targets

The AHEAD program has both a Medicare FFS and All-Payer TCOC growth target

An additional amount of the EPCP may be at risk based on the state's TCOC performance regardless of provider level attribution

States are required to define their TCOC growth targets for both Medicare and All-Payer

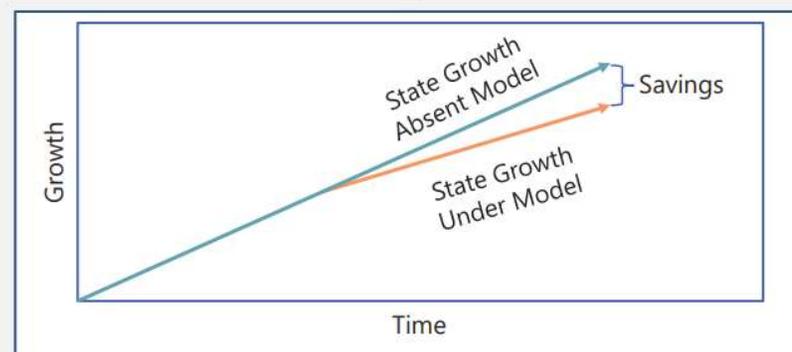
TCOC includes any investments in primary care

- Payments made through the EPCP will increase the TCOC growth directly
- “Overlapping” care management fees are no longer paid which will reduce TCOC growth

Improvements to health outcomes will prevent higher costs (e.g., hospitalizations and emergency visits)

Medicare FFS TCOC Targets

Medicare TCOC Growth and Savings to CMS Under the AHEAD Model



- Maryland and Vermont are using a 2023 baseline (PMPY cost)
- Trends are based on a blend of the USPCC and AHEAD ACPT², adjusted for state-specific savings targets
- There are provisions to adjust if expected trend differs greatly from experience

NOFO AHEAD Medicaid Primary Care APM Standards

CMMI defined an initial set of standards for primary care and has provided additional guidance since award notice.

CMS defines a Medicaid Primary Care APM for AHEAD as either of the following:

A patient-centered medical home (PCMH) program

A primary care value-based payment arrangement that includes increased accountability and care transformation structure for

- care coordination,
- health-related social needs, and
- behavioral health/specialty integration.

Med-QUEST identified the following opportunities for exploration in the AHEAD application:

“As a statewide Medicaid primary care APM is developed, MQD will use

- *state directed payments*
- *contract required aligned measure, and*
- *tie into the overall Medicaid managed care quality strategy.”*

Source: AHEAD NOFO, Hawaii Project Narrative

AHEAD Advanced PCP Criteria DRAFT April 2025

CMMI provided additional detailed requirements about the primary care program criteria that it will use to assess if a State's Medicaid primary care program meets the Model definition for AHEAD>

Medical Home Model

1. Eligibility
2. Clinician Standards
3. Primary Care Coordination

Service Integration Standards

4. Health Promotion Activity Integration:
5. Behavioral Health Integration
6. Specialty Care Integration

Alternative Payment Model

7. Performance Accountability
8. Enhanced Primary Care Investment

Source: AHEAD Medicaid Advanced Primary Care Program Criteria (Draft)

NGO

New Slide

Noelle Gaughen, 2025-07-04T15:39:05.849

QI Primary Care Utilization and Spend: by Island and Health Plan



Slide 13

NGO This section includes all new content based on the data Nick sent on Thursday. May be good for Justin Birrell to review.

Noelle Gaughen, 2025-07-04T15:39:26.978

Distribution of Members by Island and Health Plan

2024

Member Equivalent Years (MEY = Member Months / 12)

Island	HMSA	ALOHA	UNITED	KAISER	OHANA	Plans Subtotal
Oahu	131,934	43,546	35,893	33,754	21,457	266,585
Hawaii	55,726	15,173	11,916	-	8,435	91,250
Maui	16,992	9,523	4,765	18,082	3,818	53,180
Kauai	13,981	6,325	2,980	-	2,192	25,478
Molokai	1,057	2,395	294	-	371	4,116
Lanai	245	508	112	-	106	971
State	219,934	77,470	55,960	51,836	36,378	441,579

Percentage of Members by Plan

Island	HMSA	ALOHA	UNITED	KAISER	OHANA	Plans Subtotal
Oahu	49%	16%	13%	13%	8%	100%
Hawaii	61%	17%	13%	-	9%	100%
Maui	32%	18%	9%	34%	7%	100%
Kauai	55%	25%	12%	-	9%	100%
Molokai	26%	58%	7%	-	9%	100%
Lanai	25%	52%	12%	-	11%	100%
State	50%	18%	13%	12%	8%	100%

Source: Milliman Analysis

Encounter Volume Per Member Per Year (PMPY)

2024

Encounters PMPY: By Island

Island	PCP Office/Home Visits	Preventive Other - General	Preventive Well Baby Exams	Preventive Physical Exams	FQHC
Oahu	1.16	0.20	0.10	0.22	1.68
Kauai	1.02	0.18	0.13	0.17	1.50
Hawaii	0.78	0.22	0.09	0.18	1.27
Maui	1.02	0.20	0.10	0.19	1.50
Molokai	0.30	0.14	0.02	0.02	0.48
Lanai	0.99	0.10	0.04	0.10	1.22
State	1.05	0.20	0.10	0.20	1.55

Encounters PMPY: By Health Plan

Island	PCP Office/Home Visits	Preventive Other - General	Preventive Well Baby Exams	Preventive Physical Exams	FQHC
ALOHA	0.74	0.12	0.08	0.14	1.08
HMSA	1.06	0.25	0.12	0.25	1.67
Kaiser	1.15	0.19	0.15	0.20	1.69
Ohana	0.82	0.12	0.05	0.08	1.06
United	1.50	0.20	0.05	0.19	1.93
Total	1.05	0.20	0.10	0.20	1.55

Source: Milliman Analysis

Primary Care Spending by Health Plan 2023

Indicator	Benchmark	AlohaCare	HMSA	Kaiser	Ohana	United
% Spend on Primary Care Visits	At least 5%	■ 8.29%	■ 8.06%	■ 6.20%	■ 3.5%	■ 5.08%
% Spend on Beneficial Primary Care Services	At least 5%	■ 0.16%	■ 0.74%	■ 3.16%	■ 0.2%	■ 0.35%
% Total Spend on Primary Care	At least 10%	■ 8.44%	■ 8.80%	■ 9.36%	■ 3.7%	■ 5.43%
% Spend on Select Low Value Care Services	< 1%	■ 0.61%	■ 0.18%	■ 0.41%	■ 0.3%	■ 0.68%
% Spend on Primary Care Supports	At least 2%	■ 0.26%	■ 4.68%	■ 1.61%	■ 0.7%	■ 1.54%

■ Met ■ Not Met

SOURCE: QUEST Integration Program Primary Care Report (PCR) Review, Reporting Period 01/01/2023 – 12/31/2023

QI Primary Care VBP Adoption



Slide 17

NGO This section includes new content based on the health plan VBP reporting (Initiative Inventory Data File and Provider Level Data File)

Noelle Gaughen, 2025-07-04T15:40:48.960

Summary of Primary Care VBP Reporting 2023

Plan	Name of Initiative	VBP Provider Type(s)	# of Providers	HCP-LAN Category
AlohaCare	Rewards/Penalties for Performance	Primary Care, FQHC look-alike/RHC, Behavioral Health	229	2C
AlohaCare	Capitated Payments Not Linked to Quality	Primary Care, Specialty	2	4N
HMSA	Primary Care Payment Transformation Model	Primary Care	590	4A
Kaiser	Contractual capitated payment arrangement with Hawaii Permanente Medical Group ("HPMG"), with additional quality incentive payment opportunities.	Primary and specialty care physicians employed by Hawaii Permanente Medical Group, covering inpatient and outpatient medical services.	One provider group with several hundred providers	4C
Ohana	Patient Ctr Med Home (PCMH) Pay to PCPs	PCP	45	4A
Ohana	SDOH Incentives	PCP and FQHC	110	2B
Ohana	Pay for Quality Incentives Payments	PCP and FQHC and OBGYN	492	2B
Ohana	Continuity of Care (COC) / Risk Adjust	PCP and FQHC	76	2C
United	ACO - Accountable Care Organization	FQHC/CHC/RHC, Primary Care	3924	3A
United	Medicaid - CP PCPi	Primary Care	968	2C
United	HEPi	Primary Care	247	2C

Source: Health Plan VBP Reporting for CY2023. All information as reported by the plan except for HCP-LAN category based on Milliman assessment of VBP program description. Excludes programs related only to FQHCs as well as programs that were included in reporting but do not reflect an APM arrangement that falls under HCP-LAN category 2A or above.

HMSA VBP Reporting 2023

Name of Initiative	VBP Provider Type(s)	Summary	Payment Methodology	# of Providers	HCP-LAN Category
Primary Care Payment Transformation Model	Primary Care	HMSA is committed to working with providers to ensure our members receive high-quality, cost-efficient care. In 2016, HMSA launched the Payment Transformation program, centered around a value-based reimbursement model and shifting most of the PCP's reimbursement from FFS to a global, monthly payment for their HMSA patients. Payment Transformation was designed with provider leaders in the community, and builds on the key principles of care coordination, prevention, and well-being. For example, our primary care providers are measured on their ability to close key care gaps for their patients. Providers who are a part of the Payment Transformation model are paid using a value-based methodology and their payments are impacted by key factors: the quality of the care they provide and their patients' primary care utilization. Physician organizations are also measured on their ability to manage the total cost of care for each of their patients and quality of care.	The base PMPM payment is a per member per month payment that is paid monthly and is compensation in full for all covered services, except for services rendered in a facility and the cost of immunizations, which continue to be paid on a FFS basis for all members attributed to the PCP. Up to 20 percent of the PCP's base PMPM rate for each line of business is at-risk based on the PCP's performance on engagement measures. In addition, primary care providers are measured on their ability to close key care gaps for their patients in appropriate time frames and can earn payments for their performance. Incentives are paid to individual providers and provider organizations. Attribution of members can be auto-assigned through an internal process or members can contact the plan to choose their PCP or PCPs can attribute members to their panel within Coreo. Payments are paid in the form of checks that are payable to the individual PCP or group practice.	590	4A

Source: Health Plan VBP Reporting for CY2023. All information as reported by the plan except for HCP-LAN category based on Milliman assessment of VBP program description. Excludes programs related only to FQHCs as well as programs that were included in reporting but do not reflect an APM arrangement that falls under HCP-LAN category 2A or above.

Kaiser VBP Reporting 2023

Name of Initiative	VBP Provider Type(s)	Summary	Payment Methodology	# of Providers	HCP-LAN Category
Contractual capitated payment arrangement with Hawaii Permanente Medical Group ("HPMG"), with additional quality incentive payment opportunities.	Primary and specialty care physicians employed by Hawaii Permanente Medical Group, covering inpatient and outpatient medical services.	<p>As part of our integrated finance and delivery system, Kaiser Foundation Health Plan, Inc. ("KFHP") compensates HPMG Providers on a capitated basis that incorporates overall quality improvement targets set by the Kaiser Permanente Medical Care Program ("KP"). With this model KP has taken the complexity out of administering and operationalizing VBP so our providers can focus on high quality member outcomes. KP's innovative VBP arrangements are based on established quality and performance incentive goals aligned with the HEDIS and CAHPS metrics and support National Committee for Quality Assurance (NCQA) metrics, as well as Med-Quest quality improvement measures. KFHP's base compensation arrangement to HPMG also is quality-based in that historically it has contemplated from year to year that KFHP will share a certain amount of positive net program revenue (variance to KFHP budget), with such positive net program revenue necessarily being tied at least in part to quality and efficiency outcomes for KP that are based in large part on HPMG performance and outcomes.</p> <p>In addition, HPMG providers have the opportunity to earn incentive payments if they meet certain established quality metrics mutually agreed upon by KFHP and HPMG. This Quality incentive program is referred to as the "KP Promise".</p>	<p>HPMG Providers are paid on a pre-paid, per member/per month capitated basis. The capitation payment is generally intended to cover the anticipated budget needs for the upcoming year in order to enable HPMG to meet all projected patient care needs. The budget includes known expenses (such as existing FTE costs), anticipated expenses and other known or estimable financial drivers. In addition to the capitation payment, KFHP reimburses HPMG for its actual costs for certain aspects of care.</p> <p>HPMG providers also have the opportunity to earn incentive payments through the KP Promise incentive program if they meet certain established quality metrics mutually agreed upon by KFHP and HPMG. Incentive payments are paid monthly by KFHP based on a pro-rata annual share of the total incentive if, based on data review HPMG showed it was on track to meet the incentive targets (subject to an adjustment based on actual results).</p>	1 provider group (HPMG), in which several hundred full-time physician equivalents roll up into.	4C

Source: Health Plan VBP Reporting for CY2023. All information as reported by the plan except for HCP-LAN category based on Milliman assessment of VBP program description. Excludes programs related only to FQHCs as well as programs that were included in reporting but do not reflect an APM arrangement that falls under HCP-LAN category 2A or above.

Ohana VBP Reporting 2023

Name of Initiative	VBP Provider Type(s)	Summary	Payment Methodology	# of Providers	HCP-LAN Category
Patient Ctr Med Home (PCMH) Pay to PCPs	PCP	The payment by PCP is based on their NCQA rating 1, 2, 3; there is also a higher PMPM for open panel PCPs	PMPM Capitation	45	4A
SDOH Incentives	PCP and FQHC	Providers are paid annually per "Z" Code per member per quarter for previous year	Claims	110	2B
Pay for Quality Incentives Payments	PCP and FQHC and OBGYN	Providers are paid incentives based on each Risk Adjustment form completed and claims coding/payment	Claims	492	2B
Continuity of Care (COC) / Risk Adjust	PCP and FQHC	Providers are paid based on claims, encounters, and supplemental data per member per measure closure	Measure closure	76	2C

Source: Health Plan VBP Reporting for CY2023. All information as reported by the plan except for HCP-LAN category based on Milliman assessment of VBP program description. Excludes programs related only to FQHCs as well as programs that were included in reporting but do not reflect an APM arrangement that falls under HCP-LAN category 2A or above.

United VBP Reporting 2023

Name of Initiative	VBP Provider Type(s)	Summary	Payment Methodology	# of Providers	HCP-LAN Category
ACO - Accountable Care Organization	FQHC/CHC/RHC, Primary Care	Quality Measures + Shared Savings PMPM	Medicaid and DSNP members; PCP focused incentive; Quarterly or yearly incentive payment to provider; must meet a minimum of 3 Quality measures to be eligible for Shared Savings pool; Shared Savings pool percentage eligibility determined by amount of Quality measures met	3924	3A
Medicaid - CP PCPI	Primary Care	Quality Incentive based on state focused HEDIS measures	Medicaid members; all Medicaid PCPs are eligible for incentive; payment based on reaching Quality targets for HEDIS measures	968	2C
HEPi	Primary Care	Quality Incentive based on state focused HEDIS measures	Medicaid members; targeted by location Medicaid PCPs are eligible for incentive; Quarterly incentive payment to providers; payment based on reaching Quality targets for HEDIS measures	247	2C

Source: Health Plan VBP Reporting for CY2023. All information as reported by the plan except for HCP-LAN category based on Milliman assessment of VBP program description. Excludes programs related only to FQHCs as well as programs that were included in reporting but do not reflect an APM arrangement that falls under HCP-LAN category 2A or above.

Provider Organizations

Health plans indicate provider organization affiliation for providers participating in each VBP arrangement. HMSA, Ohaha, and United were able to track affiliated provider organizations in 2023.

Physician Organization		Aloha	HMSA	Kaiser	Ohana	United	
A	Castle Health Group	None	P	None	T	P	
B	East Hawaii Independent Physicians Association				T	P	
C	Hawaii Health Partners		P			P	
D	Filipino HealthCare Inc		P			P	
E	Hawaii IPA		P			P	
F	Maui Medical Group		P		T	P	
G	MSMP Health Partners LLC		P			P	
H	Pacific Health Care		P				
I	Queen's Medical Center		P			T	P
J	Other		P			T	

P = Tracking PO level payments

T = Tracking PO level affiliation only

Source: Health Plan VBP Reporting for CY2023. All information as reported by the plan.

Alignment with Med-QUEST MCO Pay-for-Performance Program

MQD is exploring opportunities to evolve and align the MCO P4P program and MCO VBP requirements as AHEAD is implemented

Medicaid Managed Care Organizations (MCOs) are currently accountable for performance through a pay-for-performance (P4P) program

Med-QUEST MCO P4P Program Overview

- A percentage of an MCOs PMPM is withheld (equal to roughly 1%)
- MCOs can earn back the withhold by improving performance or exceeding benchmarks for quality measures

Performance Targets

- MCOs must have performance at or above the national HEDIS 75th percentile to earn full payment for a measure
- MCOs that make significant improvements in a measurement year may be eligible for bonus funding

Sources: [Hawaii's States Advancing All-Payer Health Equity Approaches and Development \(AHEAD\) Model Project Narrative QI-2221 MCO P4P Guidance for Measurement Year 2023 and Measurement 2026_m \(part 1\) - signed.pdf](#)

Alignment with Med-QUEST MCO Provider VBP Arrangements

MCOs encouraged to establish value-based requirements with contracted providers

Med-QUEST encourages MCOs to establish sub-capitated and other value-based payment arrangements with providers.

These arrangements must be equivalent to or above Medicare payment levels for MDs and DOs for most services* (and 85% of Medicare for mid-levels)

*exclusions include EPSDT and FQHC/RHC PPS

MCO VBP Adoption

- Most MCOs have some VBP arrangements with PCPs
- Some MCOs have sub-capitated arrangement with PCPs

MCO VBP Alignment

- There are varying levels of alignment between Med-QUEST's MCO P4P program and an MCO's VBP arrangements with contracted providers
- Both MCOs and MQD are interested in standardizing VBP strategies and developing primary care APMs that cut across plans

Sources: QI-2341, CCS-2314, FFS-23-24 Professional Fee Schedule Update to 100 Medicare (part 1) - signed.pdf; Hawai'i States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model Project Narrative

Quality Measure Alignment

NGO

	HMSAs Medicaid PCPM Model 2025	Med-QUEST MCO P4P 2024	Medicare FFS EPCP ¹	
Aligned Measures	<ul style="list-style-type: none"> ■ Breast Cancer Screening ■ Child and Adolescent Well-Care Visits ■ Childhood Immunization Status ■ Colorectal Cancer Screening ■ Controlling Blood Pressure ■ Screening for Depression and Follow-Up Plan ■ Well-Child Visits in the First 30 Months of Life 	<ul style="list-style-type: none"> ■ Child and Adolescent Well-Care Visits ■ Childhood Immunization Status ■ Well Child Visits in the First 30 Months of Life 	<ul style="list-style-type: none"> ■ Breast Cancer Screening ■ Colorectal Cancer Screening ■ Controlling High Blood Pressure ■ Screening for Depression and Follow-Up Plan <i>(Required)</i> 	
	Other Measures	<ul style="list-style-type: none"> ■ Blood Pressure Control of Patients with Diabetes ■ Cervical Cancer Screening ■ Eye Exam for Patients with Diabetes ■ Glycemic Status Assessment for Patients with Diabetes (8.0) ■ Immunizations for Adolescents ■ Kidney Health Evaluation for Patients with Diabetes ■ Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy 	<ul style="list-style-type: none"> ■ Asthma Medication Ratio—Total ■ Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up ■ Hemoglobin A1c Control for Patients With Diabetes —HbA1C Control (< 8.0%) ■ Plan All-Cause Readmissions—O/E Ratio ■ Prenatal and Postpartum Care—Postpartum Care ■ Prenatal and Postpartum Care—Timeliness of Prenatal Care 	<ul style="list-style-type: none"> ■ Acute Hospital Utilization <i>(Required)</i> ■ Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) ■ Emergency Department Utilization <i>(Required)</i>

¹ Although EPCP measures are specifically described in the NOFO, the measures and their relative weights may be negotiable. Response pending from CMS.

Sources: QI-2412 MCO P49 Guidance for MY2024 Regarding Measure Weighting and LTSS Benchmark (part 1) - signed.pdf; AHEAD Notice of Funding Opportunity; HMSA 2025 Thresholds, Adjustment Factors, and Weights (PCPM Performance Measure)

- Adult Measure
- Pediatric Measure
- Adult & Pediatric Measure
- Maternal Health Measure

Slide 26

NGO Old slide pulled from prior PC AHEAD overview deck
Noelle Gaughen, 2025-07-04T15:43:53.982

QI Primary Care Landscape



Slide 27

NGO New content pulled from the most recent External Quality Review Annual Technical Report, MQD provider memorandum, and health plan primary care spending report.

Noelle Gaughen, 2025-07-04T15:42:35.331

Network Adequacy Results by Plan 2024

Measure	Indicator	AlohaCare	HMSA	Kaiser	Ohana	UHC
Urgent Care and PCP Pediatric Sick Visits	Appointments within twenty-four (24) hours	Not Met	Not Met	Not Met	Not Met	Not Met
PCP Adult Sick Visits	Appointment within seventy-two (72) hours	Not Met	Not Met	Not Met	Not Met	Not Met
PCP Visits (routine visits for adults and children)	Appointments within twenty-one (21) days	Not Met	Not Met	Not Met	Not Met	Not Met
PCPs (Ratio)	1:300	Met (1:21)	Met (1:175)	Met (1:115)	Met (no result)	Met (1:22)

Source: 2024 External Quality Review Report of Results for the QUEST Integration Health Plans and the Community Care Services Program;

QI Program Wide Adult CAHPS Result

Global Rating	2022 Scores	2024 Scores	Statewide Rating
Rating of Personal Doctor	65%	66%	★★
Getting Needed Care	79%	79%	★★
Getting Care Quickly	76%	77%	★★
How Well Doctors Communicate	91%	92%	★★

¹ resulting from the comparison of the QI Program's 2024 top-box scores to NCQA's 2023 Quality Compass® 14 Benchmark

MY 2023 performance levels represent the following percentile comparisons:

- ★★★★★ = 90th percentile and above
- ★★★★ = 75th to 89th percentile
- ★★★ = 50th to 74th percentile
- ★★ = 25th to 49th percentile
- ★ = Below 25th percentile

Source: [2024 External Quality Review Technical Report](#)

Preventive Health Performance Measure Results by Plan

MY 2023 Performance Level

Select Primary Care Related HEDIS Measures	AlohaCare	HMSA	Kaiser	Ohana	UHC
Child and Adolescent Well-Care Visits	★	★★★★★	★	★	★
Well-Child Visits in the First 15 Months of Life; Six or More Well-Child Visits	★★	★★★★★	★★★★★	★★	★★
Well-Child Visits for Age 15 Months to 30 Months of Life; Two or More Well Child Visits	★	★★★★★	★★★★★	★	★
Timeliness of Prenatal Care	★	★★	★★★★★	★	★
HbA1c Poor Control (>9.0%); Total	★	★★★	★★★★★	★★★	★★★★★
Controlling High Blood Pressure	★	★★	★★★★★	★★	★★★★★

MY 2023 performance levels represent the following percentile comparisons:

- ★★★★★ = 90th percentile and above
- ★★★★ = 75th to 89th percentile
- ★★★ = 50th to 74th percentile
- ★★ = 25th to 49th percentile
- ★ = Below 25th percentile

Source: 2024 External Quality Review Report of Results for the QUEST Integration Health Plans and the Community Care Services Program;

Access Performance Measure Results by Plan

MY 2023 Performance Level

Select Primary Care Related HEDIS Measures	AlohaCare	HMSA	Kaiser	Ohana	UHC
Adults' Access to Preventive/Ambulatory Health Services					
20 – 44 Years	★	★	★	★	★
45 – 64 Years	★	★★	★	★	★
65 Years and Older	★★	★★	★★★★	★★★★	★★★★
Total	★	★★	★	★	★★
Ambulatory Care					
Emergency Department Visits	★★★★	★★★★	★★★★★	★★★★	★★★★
Outpatient Visits	★	★★	★	★★★★	★★★★

MY 2023 performance levels represent the following percentile comparisons:

- ★★★★★ = 90th percentile and above
- ★★★★ = 75th to 89th percentile
- ★★★ = 50th to 74th percentile
- ★★ = 25th to 49th percentile
- ★ = Below 25th percentile

Source: 2024 External Quality Review Report of Results for the QUEST Integration Health Plans and the Community Care Services Program;

Requirements for Medicare Payment Levels in Sub-capitated arrangements

Background

- MQD receive targeted funding to increase the fees paid to professional providers and behavioral health providers to 100% of the prevailing Hawaii Medicare fees beginning January 1, 2024
- The physicians and behavioral health providers receiving 100% of prevailing Medicare professional fees are Medical Doctors, Doctors of Osteopathy, Psychologists, and Certified Nurse Midwives
- Consistent with Medicare reimbursement, other professionals such as nurse practitioners and physicians' assistants receive a percentage of the prevailing Medicare professional fee schedule (75% or 85%)
- Exceptions include EPSDT services (reimbursed at enhanced rate of \$120)

VBP Specific Requirements

- *“Sub-capitated and other value-based payment arrangements are acceptable and encouraged, and when used shall be based on Medicare payment levels at least equivalent to what is described above.”*

Source: QI-2341, CCS-2314, FFS-23-24 Professional Fee Schedule Update to 100 Medicare (part 1) - signed.pdf

NGO

Hawai`i Population Health

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Slide 33

NGO Old content taken from prior PC AHEAD overview deck.
Noelle Gaughen, 2025-07-04T15:43:10.536

Hawai`i Population: Medicare FFS vs Medicaid Estimates

Medicare FFS and Medicaid enrollees have vastly different demographic characteristics, largely driven by differences in age. Both programs include people who are older than 65 and who are disabled.

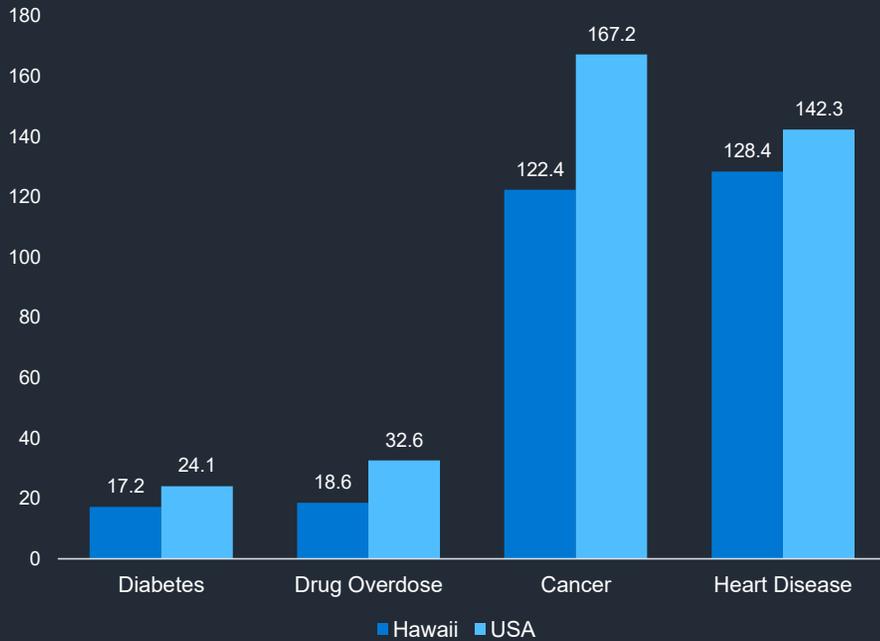
Population	Medicare FFS	Medicaid
Enrollment (2021)	145,600	442,300
Enrollment Eligibility	100% of enrollees qualify because of age or disability status	Approximately 15% of enrollees qualify because of age or disability status
Age	~90% age 65 or older	~10% age 65 or older ~33% age 18 or younger
Other distinct features	~1.5% of enrollees with End State Renal Disease	Medicaid pays for 33% of births in Hawaii

Source: Medicare Newly Enrolled Beneficiaries by Type of Entitlement | KFF; Total Number of Medicare Beneficiaries by Type of Coverage | KFF;

Hawai`i Population Health

In 2024, Hawai`i ranked eighth best among states in key health measures, according to America’s Health Rankings 2024 Annual Report. Hawai`i has consistently been ranked in the top 10 since 1990.

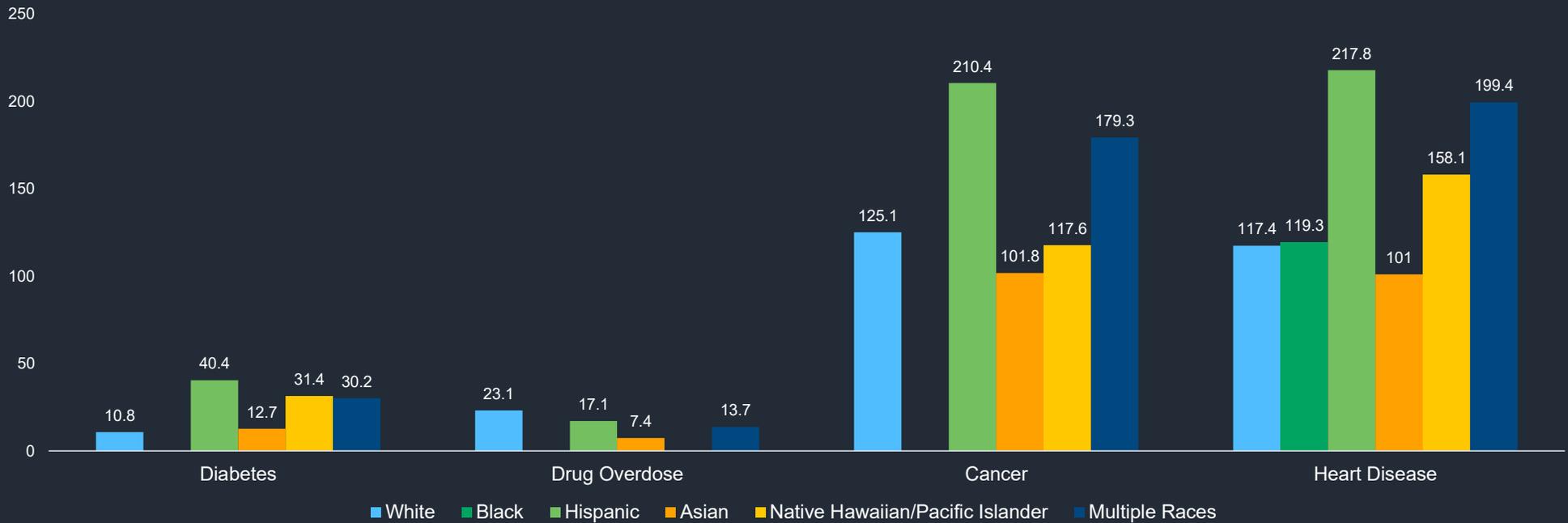
Death rate by select underlying cause
Age Adjusted Per 100,000 Population
Hawai`i vs USA 2022



Americas Health Rankings Selected Measures	Hawaii Rank	Hawaii Value	U.S. Value
Preventable Hospitalizations (discharges per 100k Medicare beneficiaries age 18+)	1	1,430	2,665
Frequent Mental Distress (% of Adults)	1	12.9%	15.4%
Obesity (% of adults)	2	26.1%	34.3%
Multiple Chronic Conditions (% of adults)	3	7.7%	10.7%
Mental Health Providers (per 100k population)	28	324.4	344.9
Primary Care Providers (per 100k population)	34	277.7	283.4
E-cigarette use (% of adults)	44	10.1%	7.7%
Excessive Drinking (% of adults)	44	20.1%	16.7%
Insufficient sleep (% of adults)	50	45.6%	35.5%

Population Health: Disparities

Death rate by race/ethnicity for select underlying causes¹
 Age Adjusted Per 100,000 Population
 Hawai'i 2022



¹ Blank columns relate to statistics that were not reported because of insufficient data.

Notes: Death rates are age-adjusted rates per 100,000 U.S. standard population
 Sources: [Health Status Archives](#) | KFE;



Thank You