REPORT TO THE TWENTY-EIGHTH HAWAII STATE LEGISLATURE 2016

IN ACCORDANCE WITH THE PROVISIONS OF HOUSE CONCURRENT RESOLUTION 199, H.D.1, ADOPTED BY THE 2010 HAWAII STATE LEGISLATURE

DEPARTMENT OF HUMAN SERVICES MED-QUEST DIVISION DECEMBER 2015

REPORT SUBMITTED BY THE DEPARTMENT OF HUMAN SERVICES TO THE 2016 LEGISLATURE PURSUANT TO HOUSE CONCURRENT RESOLUTION (HCR) 199, H.D.1, ADOPTED BY THE 2010 HAWAII STATE LEGISLATURE

House Concurrent Resolution 199, H.D.1, (2010) requested that the Department of Human Services report on the aggregate number of recipients receiving benefits under both QUEST Integration and a private health care plan.

On June 30, 2015, there were 331,168 enrollees in the QUEST Integration program. There were 22,289 recipients receiving QUEST Integration benefits that also had coverage through a private health care plan. This number reflects information reported to the Department by recipients and may not accurately reflect the total number with a private health care plan.

The 2012 Hawaii Legislature passed Act 95 that, as part of the Department's program integrity efforts, requires all commercial health plans to report their membership information to an independent third party entity that would conduct a match against Hawaii Medicaid recipients beginning in 2014. The matches will be reported back to the State Medicaid agency so the primary insurance information is entered into KOLEA, the Med-QUEST eligibility system, to ensure that the Medicaid program is the payor of last resort.

The Department issued a Request For Proposal to procure the independent third party entity, re-bid the proposal, as the initial bids came in over the projected amount, and awarded a contract on June 3, 2015. The contract, effective July 1, 2015, allows the Department to capture health plan coverage information (medical, dental, pharmacy, etc.) on other insurance coverage that a recipient may have or had while enrolled with the Hawaii Medicaid program.

The primary insurance information is to be entered into KOLEA, the MQD eligibility system. The information regarding the presence of a third party insurance held by a recipient will be transmitted to the health plans. The health plans participating with QUEST Integration will then be required to ensure that providers in their network bill the primary insurance first and receive payment from the primary insurer before Medicaid is billed for any remaining portion of the claim.

The contractor will conduct the matches on a quarterly basis and provide information on cases where there was a match to the Med-QUEST Division. By ensuring the commercial health care plans are initially reimbursing providers for those benefits that they are responsible to cover, it will help to reduce Medicaid expenditures.