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# HAWAII

## PROGRAM NAME

*Hawaii QUEST (QUEST) or Medicaid Fee-For-Service*

## CONTACT INFORMATION

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## CMS SUBMISSION DATE

*Plan: October 28, 1998  
Amendment 1: January 11, 2000  
Amendment 2: August 22, 2002*

## CMS APPROVAL DATE

*Plan: January 19, 1999  
Amendment 1: September 22, 2000  
Amendment 2: November 8, 2002*

## PROGRAM START DATE

*Plan: January 3, 2000  
Amendment 1: July 1, 2000  
Amendment 2: July 1, 2000*

*(Amendment 2 updates and changes the SCHIP state plan to specify the State's compliance with final SCHIP regulations.)*

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## TYPE OF PROGRAM

Hawaii's S-CHIP is a Medicaid expansion through its existing Section 1115 waiver program (QUEST) and its Medicaid aged, blind, and disabled (ABD) program.

## ELIGIBILITY LEVELS

- Amendment 1 expands coverage to all children under age 19 with a countable family income of up to 200% of the FPL.

- Hawaii indicates in Amendment 1 that they will be submitting an amendment to their 1115 waiver to eliminate the assets test for children under 19 in QUEST and Medicaid Fee-for-Service. In addition, they will propose a waiver that would exempt children under 19 from the QUEST maximum enrollment provision.

## BENEFITS

Hawaii's SCHIP program offers the same benefits as Medicaid.

## SERVICE DELIVERY

Hawaii's SCHIP program uses the same service delivery system as Medicaid.

## TARGETED NUMBER OF ENROLLEES

A total of 8,329 children were enrolled in the program during Federal fiscal year 2002.

## SOURCE OF STATE MATCH

The match will be from a state legislative appropriation. The Hawaii State Legislature has appropriated up to 10% of Hawaii's tobacco settlement funds as the source of the state match.

## COST-SHARING

Hawaii has no cost-sharing provisions under Medicaid.

## CROWD OUT

- Hawaii implemented its Title XXI Medicaid expansion program without a waiting period for children whose families drop private coverage. Hawaii is in conformance with CMS's policy on waiting periods in Medicaid expansion programs.

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- As a waiting period is no longer an eligibility requirement, Hawaii will not request a reason for lack of insurance.
- Hawaii will attempt to monitor comments received from the private health insurance industry and from others in the community, if any, to determine whether substitution of private coverage is occurring.

### EVALUATION AND PERFORMANCE MEASURES

- Hawaii's annual reports on the progress made in reducing the number of uncovered low-income children are primarily based on findings and analysis of the annual Hawaii Health Survey conducted by the state's department of health.
- Hawaii evaluates effectiveness through a number of information systems such as the HAWI (Hawaii Automated Welfare Information system) that tracks Medicaid ABD (Aged, Blind, and Disabled) and QUEST program eligibility and demographics; and the Hawaii Prepaid Medical Management Information System (HPMMIS) for enrollment and disenrollment activity and encounter data, including subsystems for member eligibility and the QUEST provider registry.
- The state's strategic objectives include:
  - improving and expanding outreach strategies to families of children likely to be eligible for assistance, to inform them of availability, and to assist them with enrolling their children in the appropriate Medicaid program;
  - reducing the number and proportion of low-income children who are uninsured by enrolling them into the appropriate Medicaid program;
  - improving access to health care for targeted low-income children;
  - improving continuity and quality of care for targeted low-income children; and

- The state's performance goals include the following:
  - Informational and outreach activities about Medicaid programs will increase.
  - Children will have access to a medical home and express satisfaction with accessibility.
  - Children will receive all recommended immunizations by age 2 and age 5.
  - Children will receive the expected number of screening services based on the EPSDT periodicity screening guidelines.
  - Children will be provided with the recommended number of well-child visits.
  - Children will have, at a minimum, annual dental visits. ❖