Community Integration Services: Rapid Cycle Assessment 2023-Q4

MARCH 1, 2024

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Overview

This report presents updates from the 2023 Quarter 4 (Q4) Rapid Cycle Assessment (RCA) for Community Integration Services (CIS), covering the reporting period October 1, 2023, through December 31, 2023. The RCA primarily focuses on progress toward Key Performance Indicators (KPIs) in 2023-Q4 and Q4 CIS member characteristics (e.g., health and housing status). Data also includes Health Plans' qualitative responses to questionnaires and quantitative data submitted for the quarter by the Health Plans. The quarterly data reports include Health Plan administrative data and member self-reported data from assessments and action plans.

MQD revised KPIs in the Health Plan Manual released on October 1, 2023 (see Appendix C for both original and updated KPIs). Targets or "benchmarks" for KPIs are established in the CIS Review Tool version two. This report uses the revised KPIs and benchmarks.

Preliminary RCA results were shared with the Health Plans, Med-QUEST(MQD), and participating homeless service providers at the Rapid Cycle Assessment (RCA) meeting, held over Zoom on February 23, 2024. Some numbers in this report may differ slightly from those shared at the RCA given that the data was cleaned further and corrections made (e.g., duplicate members were removed from analysis; KPIs 14 & 15 were recalculated based on revised KPIs). The overall findings did not change.

The remaining sections of this report provide CIS numbers for 2023-Q4, progress towards KPIs, and member characteristics, including housing status, quality of life, and service needs and usage. It concludes with a summary of findings and recommendations for MQD.

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CIS Numbers for 2023-Q4

Quantitative data reported by Health Plans in the Member-level Data File (MLDF) showed 2,298 unique members had been assigned any CIS H code during the quarter (Table 1). Of this number, 220 members were referred during the quarter and that 147 were confirmed eligible (as indicated by the number of members with referral and eligibility confirmed dates during the quarter in the MLDF). Health Plans reported that 377 members had consented to participate in CIS, 31 of which were newly consented during the quarter ("new members"); 279 consented in a previous quarter ("existing members"); and 67 were missing consent date. Health Plans reported that 960 members received pre-tenancy or tenancy services during the quarter, most of whom were reported to be receiving pre-tenancy (*n* = 549).

Table 1. Number of Members in 2023-Q4 Who Were:

Assigned Any H Code		2,298	
Newly Referred		220	
Newly Confirmed Eligible		147	
Consented at Any Point (New & Existing)		377	Enrolled
Newly Consented (New)	*31*		
Consented Previously (Existing)	*279*		
Consent Date Unknown	*67*		
Receiving Pre-Tenancy or Tenancy		960	Enrolled & Receiving Services
Receiving Pre-tenancy	*549*		
Receiving Tenancy	*411*		
Transitioned from Pre-Tenancy to Tenancy	*76*		

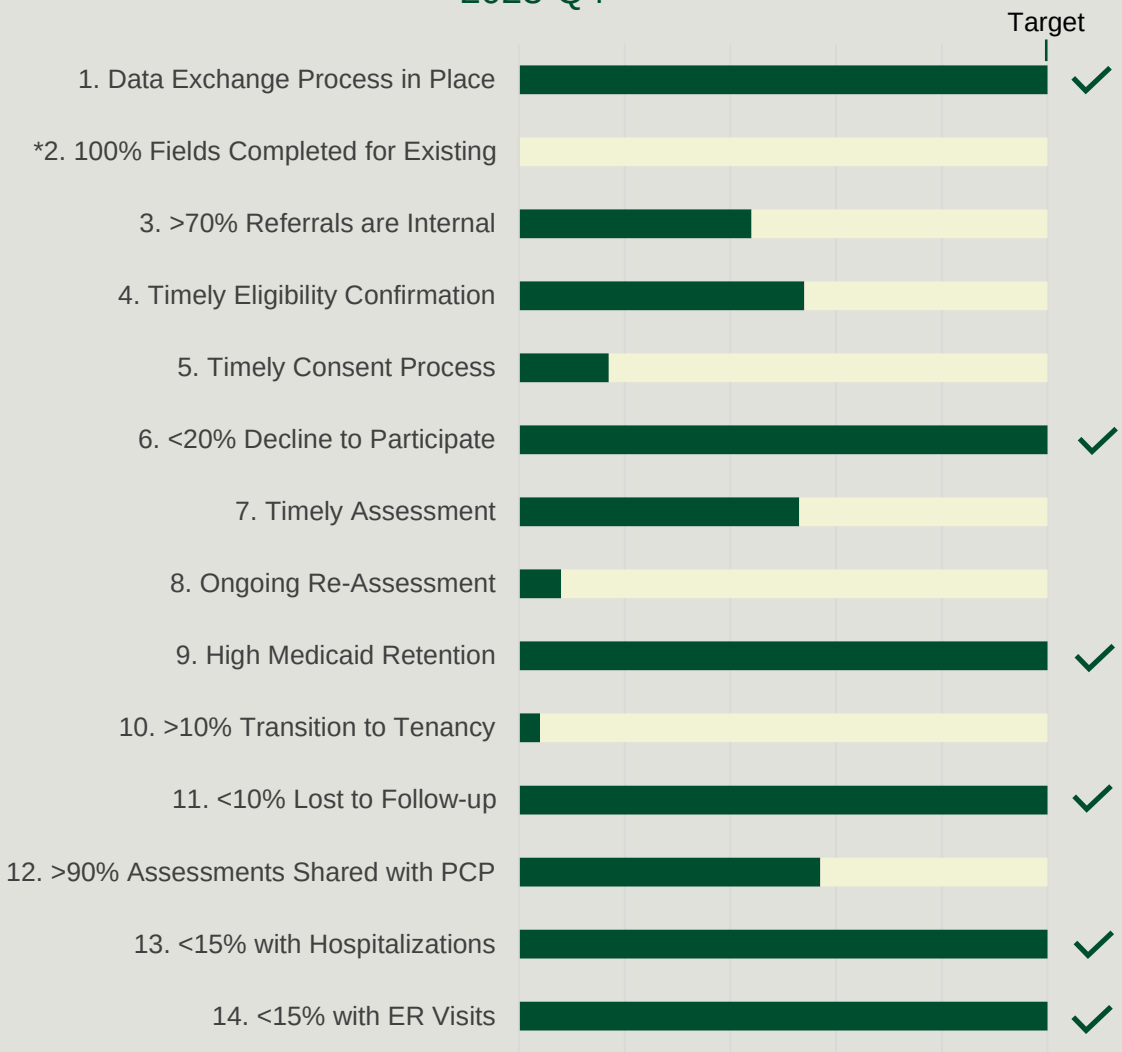
DATA SOURCE: Combined MLDFs from all Health Plans and Community Care Services 2023-Q4 reports.

We would expect the number of new and existing members who had consented to CIS at any point (*n* = 377) to be equal to or higher than the number of members receiving tenancy or pre-tenancy services (*n* = 960). However, the number of members HPs reported had received services was more than the number of members reported to have consented to CIS. Thus, it is not possible to determine how many members received CIS during quarter four of 2023. This data quality issue also complicates determining progress toward KPIs, discussed in the next section. **When assessing KPIs that pertain to enrolled members, the evaluation team only considered members who had provided consent to services, in part, because these members were the members with more complete data.**

KPI Progress for 2023-Q4

The evaluation team combined data across all five Health Plans and Community Care Services (CCS) to examine progress towards KPIs in 2023-Q4. Taken together, CIS met six of the 14 KPIs—a marked improvement from the previous quarter, in which several KPIS were unable to be calculated due to data quality concerns. The rest of this section focuses on progress toward each individual KPI, providing detailed data on each metric.

Fig. 1. Progress Toward CIS KPIs, All Health Plans 2023-Q4



KPI 1. Data Exchange Process in Place

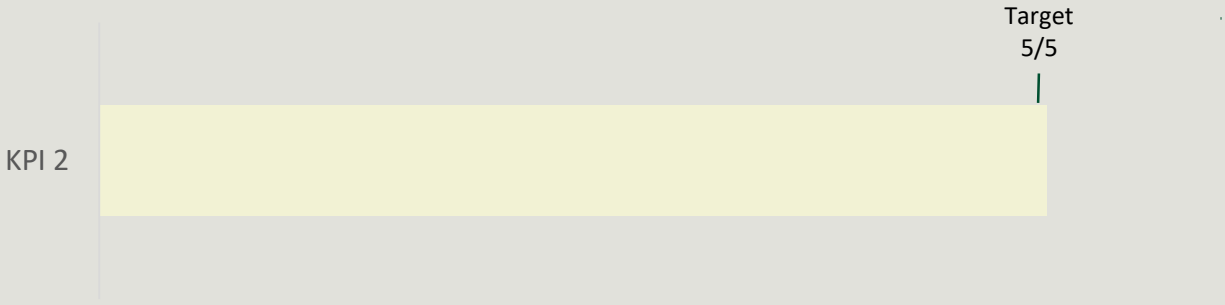
Target: All Health Plans have an active and ongoing data exchange process and/or data sharing agreement with HMIS and CES to identify members who are potentially eligible for CIS and/or track CIS members' prioritization for housing supports.

Data Source: Health Plans' qualitative responses on quarterly reports

Findings: All HPs have some form of data sharing agreement with the O'ahu Homelessness Management Information System (HMIS) and a relationship with the O'ahu Coordinated Entry System (CES). Each HP's access to HMIS is primarily read-only and limited to members who have been identified by homeless service providers to be associated with the HP. Collaboration with the Neighboring Islands' CES and HMIS is less developed. Health Plans still do not have access to the neighboring islands' HMIS, managed by Bridging the Gap (BTG), which continues to be a substantial barrier to service provision and care coordination for members who do not live on O'ahu. MQD has taken on task of facilitating coordination between Health Plans and BTG to help Health Plans gain, at minimum, read-only access so that members on neighboring islands can more efficiently receive services for which they qualify.

KPI 2. 100% Data Fields Completion

Target: Health Plans have completed 100% of fields for members who consented over 75 calendar days prior to report submission.

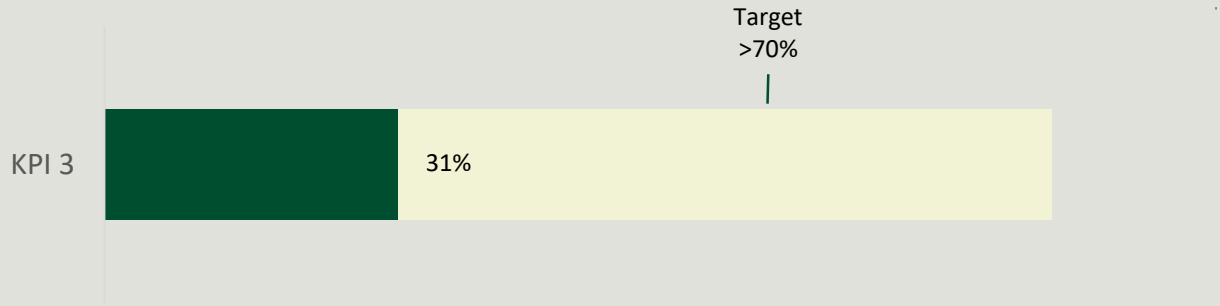


Data Source: MLDF, ASLDF, APLDF

Findings: This KPI was newly added with the intention to encourage better data qualtiy. MLDF files show that 354 people had consented over 75 days prior to report submission. Of these members, 271 had substantial missing data within the MLDF alone. Missing data was even more prevalent in Assessment and Action Plan data files (ASLDF & APLDF). No Health Plan had 100% of fields completed for any member who had been consented for at least 75 days. While the KPI states "prior to report submission," evaluators used the last day of the reporting period in order to stay consistent across Health Plans. Health Plans do not always hare the same report submission date; thus, the evaluation team recommends revising this KPI.

KPI 3. >70% of Referrals are Internal

Target: More than 70% of members potentially eligible for CIS were identified through Health Plan analytics and internal referrals.

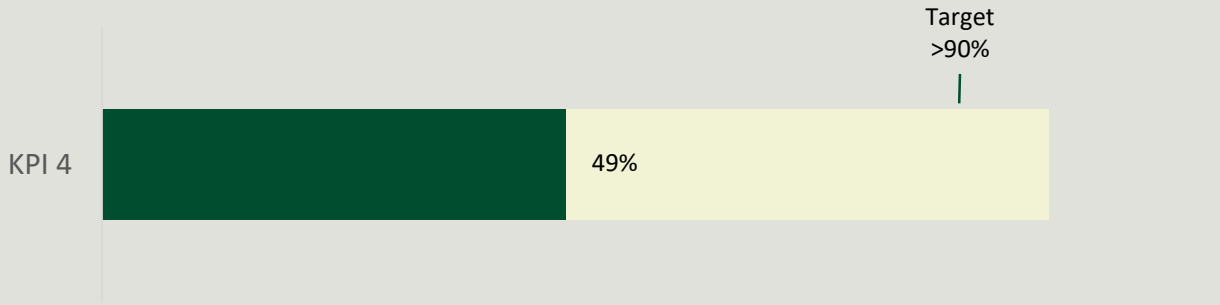


Data Source: MLDF

Findings: Of the 221 members who were newly referred during the quarter, 31% (*n* = 68) were "internal"--either referred internally (*n* = 22) or identified through internal analytics (*n* = 46). The largest percentage of referrals (57%; *n* = 126) were from social services providers. Approximately 12% were from medical providers (*n* = 26).

KPI 4. Timely Eligibility Confirmation

Target: More than 90% of newly referred members had eligibility confirmation within the allowed window (30 calendar days for external referrals and internal referrals).*



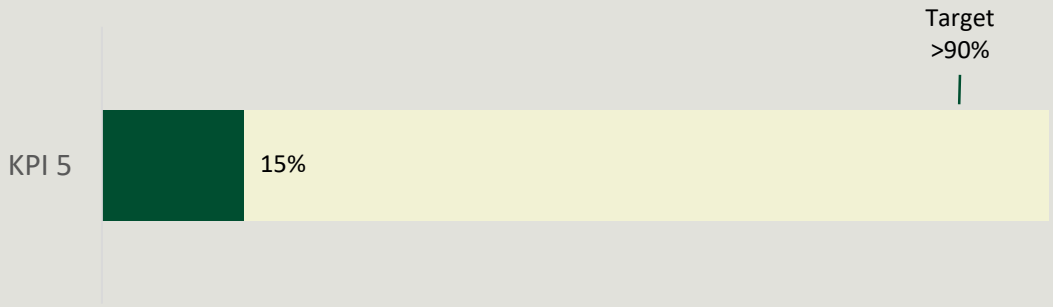
Data Source: MLDF

Findings: Of the 221 members newly referred this quarter, 125 members were confirmed eligible—108 of which were confirmed within the window (49% of all new referrals). This data suggests that when eligibility is confirmed, it is confirmed quickly and on time. However, the majority of referred members had yet to have eligibilty confirmed (or to be confirmed ineligible) at the end of the quarter. Notably, the new reporting template allows for Health Plans to indicate when someone is determined ineligible; however, no Health Plans used the new code. Give that 455 members had an eligibility confirmed date but the the confirmed variable indicated that they had not yet been confirmed, it is likely that Health Plans used the wrong code and meant to indicate that these members had been determined to be ineligible. The evalation recommends providing technical assistance to Health Plans regarding the new reporting templates.

*Updated from 15 days for external and 30 for internal referrals.

KPI 5. Timely Consent Process

Target: More than 90% of newly confirmed eligible members were consented within 10 days of eligibility confirmation.

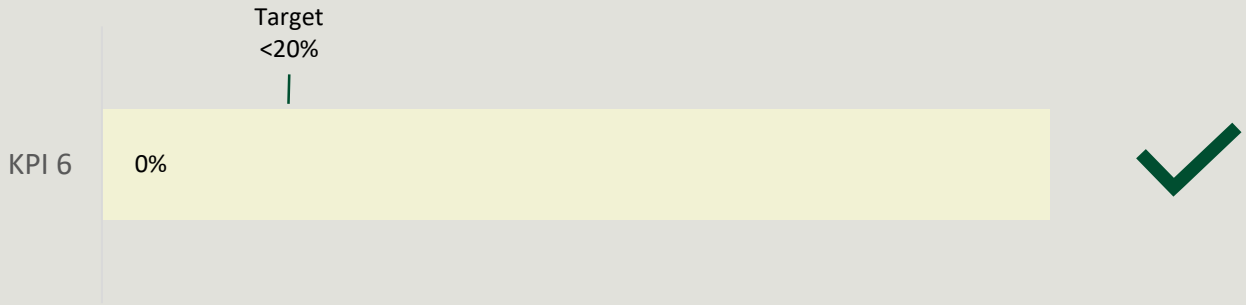


Data Source: MLDF

Findings: HPs confirmed 147 members eligible for CIS during the quarter. Of these 147 members, 38 had consented—22 within the 10-day window. Thus, 15% of newly eligible members were consented within 10 days of eligibility confirmation. Data suggests that of those members who had consented, most had been consented on time. Of the members confirmed eligible, 109 had not yet consented at the end of the quarter, 99 of which had been confirmed eligible more than 10 days prior. Notably: Members who were duplicates (those who had a record in the CCS report and another Health Plan's report, often had shorter periods of time between consent and referral, suggesting that CCS members who were already connected to providers were receiving CIS more quickly.

KPI 6. <20% Decline to Participate

Target: Less than 20% of newly eligible members declined participation in CIS.

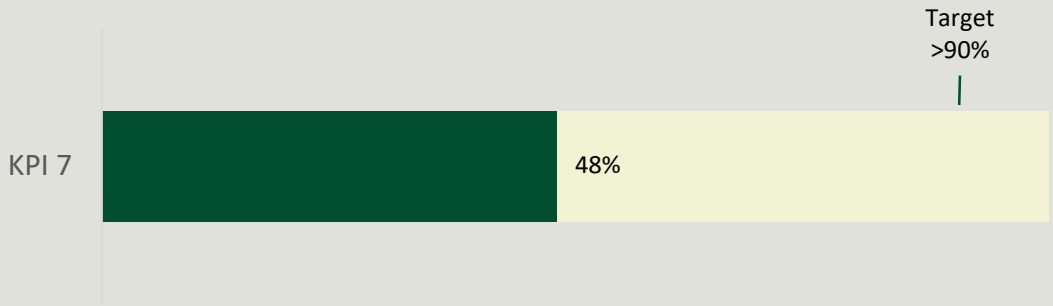


Data Source: MLDF

Findings: Of the 147 members newly confirmed eligible during the quarter, HPs reported that 0 members had declined to participate in CIS. However, given ongoing confusion between "0" and missing or N/A data and the newly added "2" option to indicate the member had declined to consent, this calculation may not be accurate. Additionally, in previous reporting periods, the report template provided no code for "declined," meaning that this metric has likely been underestimated previously.

KPI 7. Timely Assessment

Target: More than 90% of newly consented members completed an initial assessment within 45 calendar days of consent.*



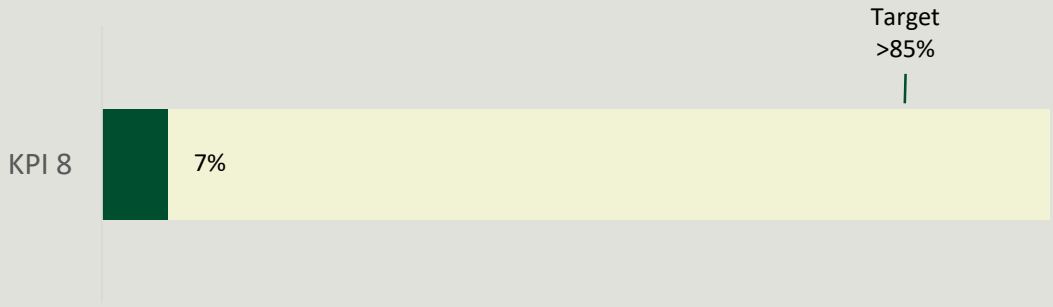
Data Source: MLDF, ASLDF

Findings: Of the 31 newly consented members, 20 had completed an assessment, 15 within the 45-day window (48% of all newly consented members).

*updated from 15 days to 45 calendar days in October 2023.

KPI 8. Ongoing Re-Assessment

Target: More than 85% of existing CIS members received a CIS Re-Assessment/Plan Review and Update within 90 calendar days of previous action plan.



Data Source: MLDF, APLDF

Findings: “Existing CIS members” include the 346 members who had consented in a previous quarter. Of these 346 existing members, 261 members had completed an Action Plan at some point. Of these, 23 had completed an Action Plan within the past 90 days at th end of the quarter (7% of existing members). 58 members had an Action Plan completed within the past 90 days at the beginning of the quarter (17%). Notably, the data shows that 194 members completed an Action Plan, but the date is unknown. Thus, it is possible that the percentage for this metric is higher.

KPI 9. High Medicaid Retention

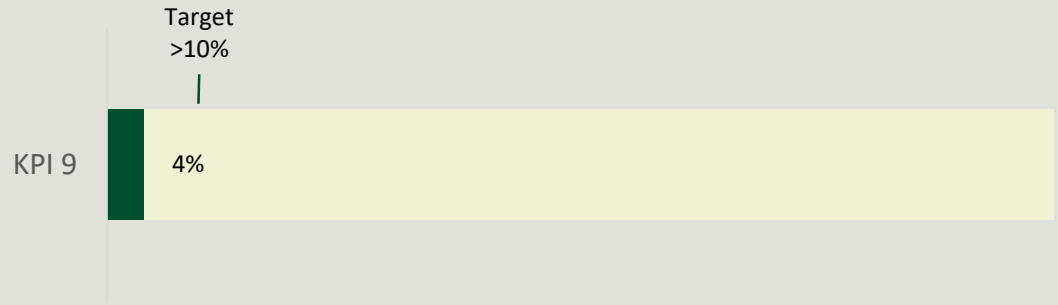
Target: More than 90% of CIS members who were due for Medicaid eligibility re-determination remained in Medicaid on the last day of the reporting period.

Data Source: MLDF

Findings: 307 members were flagged as due for Medicaid eligibility re-determination. Of these, 290 were flagged as remaining in Medicaid on the last day of the reporting period.

KPI 10. >10% Transition to Tenancy

Target: More than 10% of new and existing CIS members transitioned from pre-tenancy to tenancy during the quarter.

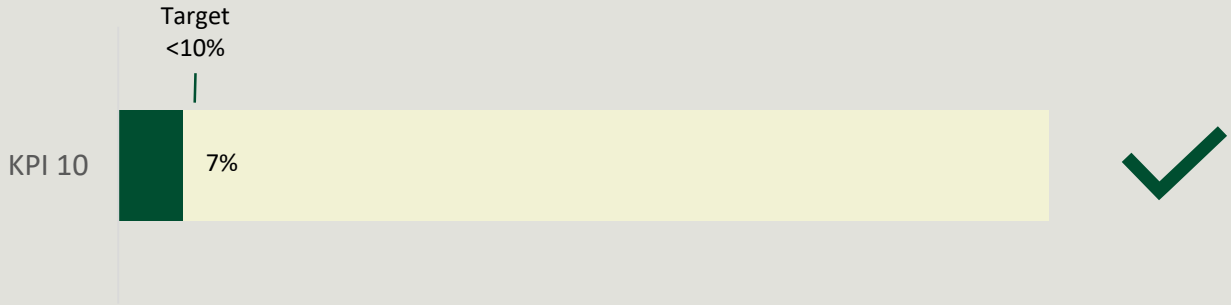


Data Source: MLDF

Findings: Of the 377 members who had consented at any point (new and existing members), 14 members transitioned from tenancy to pre-tenancy as indicated by a "1" ("yes") in the TRANSIT_TENANCY field in the MLDF. Thus, 4% of new and existing members transitioned from pre-tenancy to tenancy during the quarter. However, only 8 of these members were still in H6 at the end of the quarter (2%). Notably, of the 377 members who had consented at any point, 83 were in tenancy at the end of the quarter who were not at the beginning of the quarter. This number is much higher than the 14 reported by the Health Plans in the TRANSIT_TENANCY field.

KPI 11. <10% Lost to Follow up

Target: Less than 10% of new and existing CIS members were lost to follow up during the quarter.

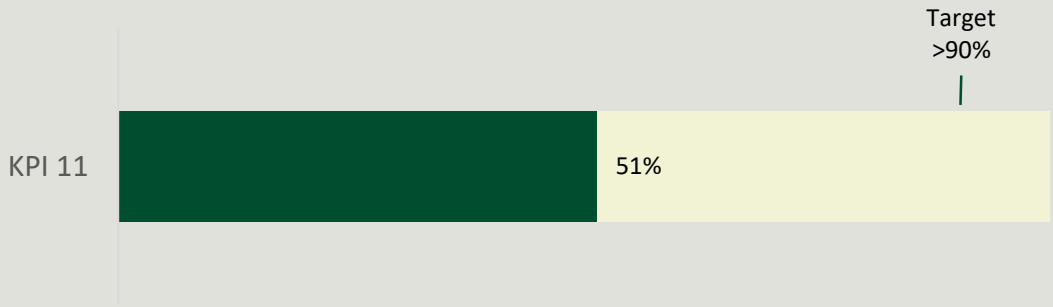


Data Source: MLDF

Findings: Of the 377 members who consented at any point (new and existing members), 48 members disenrolled during the quarter—4 because they were lost to follow-up (approximately 1% of all new and existing members). This percentage was presented during the RCA. However, 28 members ended the quarter in H7, the H code that indicates "lost to follow up," but 23 of these members were not indicated to be disenrolled. If we add these 23 to the 4, 7% of new and existing CIS members were lost to follow-up in Q4, which still meets the target of less than 10%.

KPI 12. >90% Assessments Shared with PCP

Target: More than 90% of new and existing CIS members had Assessments/CIS Action Plans shared with their primary care physician (PCP) during the quarter.

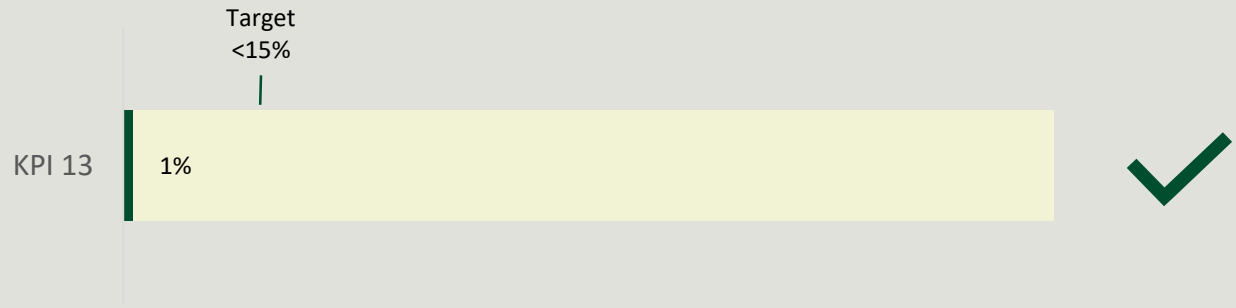


Data Source: MLDF

Findings: HPs reported that 218 members of the 377 new and existing CIS members had had their assessment and health action plan data shared with their PCP. The remaining members had not yet been assessed (*n* = 85) or had missing data on this field (*n* =74). Thus, 51% of new and existing CIS members had assessments shared with their PCP.

KPI 13. <15% with Hospitalizations

Target: Less than 15% existing CIS members have two or more unplanned hospitalizations during the quarter.*



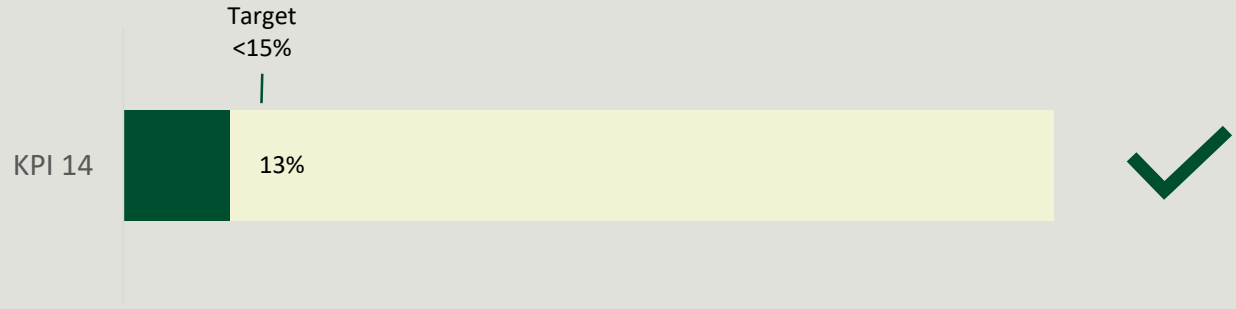
Data Source: MLDF

Findings: Of the 346 members who consented in previous quarters ("existing members"), 60 were hospitalized during the quarter. 5 more than once. However, 49 of the 60 had missing data for number of hospitalizations. Thus, this metric should be interpreted with caution.

*Updated from all members "new and existing" in October, 2023.

KPI 14. <15% with ER Visits

Target: Less than 15% of existing CIS members have two or more ER visits during the quarter.*



Data Source: MLDF

Findings: Of the 346 existing members, 125 went to the ER during the quarter—45 more than once.

*Updated from all members "new and existing" in October, 2023.

Member Characteristics 2023-Q4

Member characteristics data relies on data from initial assessments and action plans.

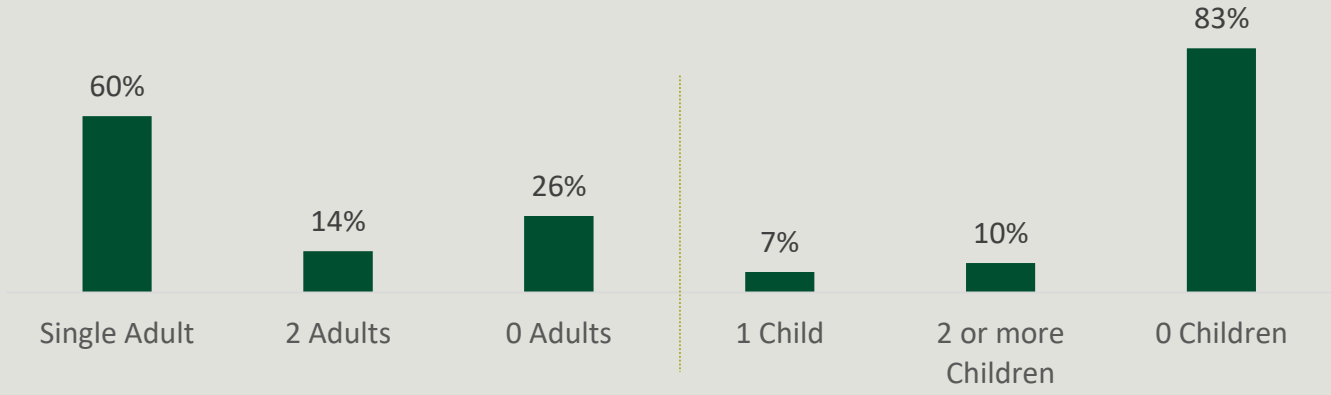
Assessment Data

During 2024-Q4, 46 members completed an initial assessment. These 46 members had been enrolled in CIS for an average of 4 days at time of assessment. This section focuses on data collected from these assessments, particularly, household composition, housing barriers, and causes of their most recent homelessness.

Household Composition

The majority of assessed members were single adults and were adults with no children (Fig. 2). Notably, 26% of assessed members had "0" entered for number of adults in the household which is impossible. Thus, the number of adults in the household for these members must either be missing or one. This ongoing confusion between missing data (i.e., -999) and "0" also suggests that the number of households with 0 children may also be overestimated.

Fig. 2. Percent of 2023-Q4 Assessed Members by Number of Adults and Children in the Household

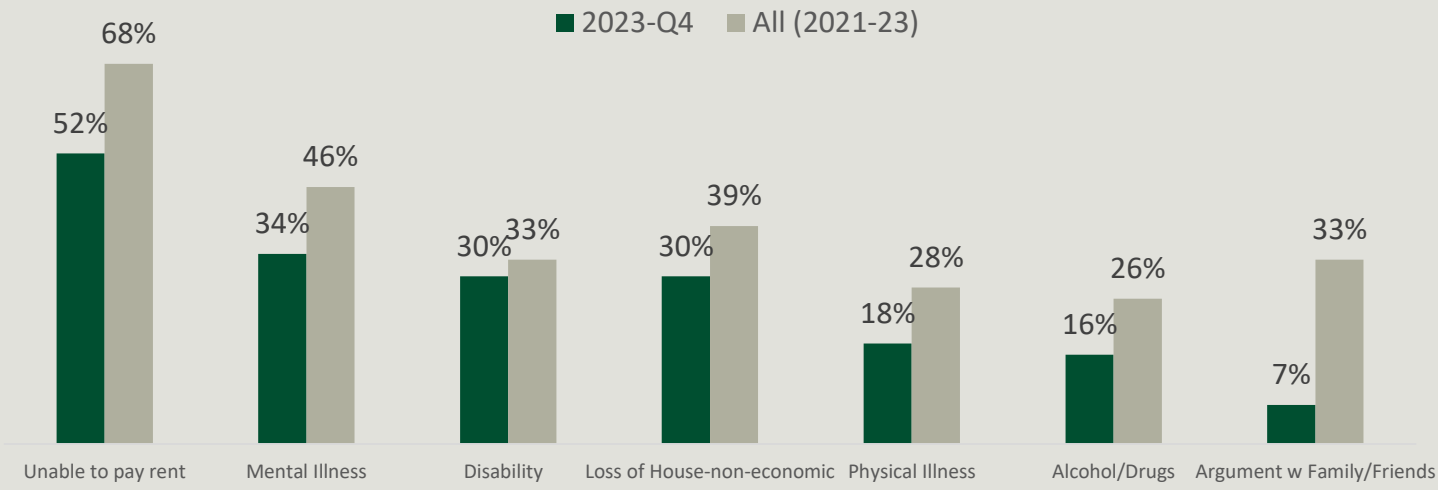


*Missing data excluded for *n* = 4 who did not answer the question. However, there should be no households with 0 adults. This likely should be -999 or missing data.

Causes of Homelessness

The majority of the 46 CIS members assessed during the quarter (52%) reported that inability to pay rent was the cause of their most recent homelessness. Mental illness (34%) and disability (30%) and loss of housing for non-economic reasons (30%) were the next most frequently reported causes.

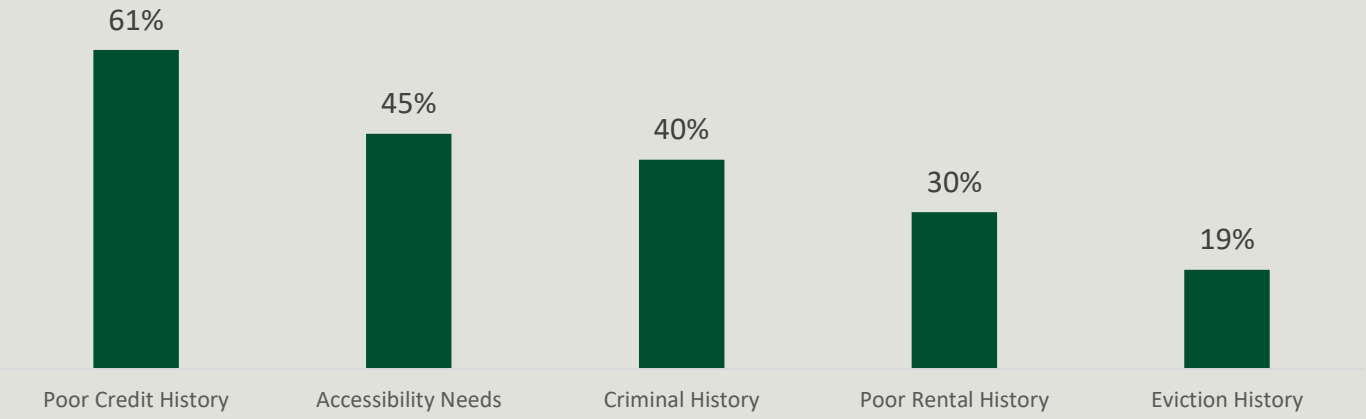
Fig. 3. Percent of Members Assessed in 2023-Q4 (*N* = 46) Reporting Each Cause of Homelessness Compared to All Assessed Members, 2021-2023



Housing Barriers

The majority of assessed members in 2023-Q4 reported credit history to be a barrier to housing (61%). Almost half reported accessibility needs to be a barrier (45%), and 40% reported criminal history preventing them from obtaining housing.

Fig. 4. Percent of 2023-Q4 Assessed Members Who Reported Each Barrier

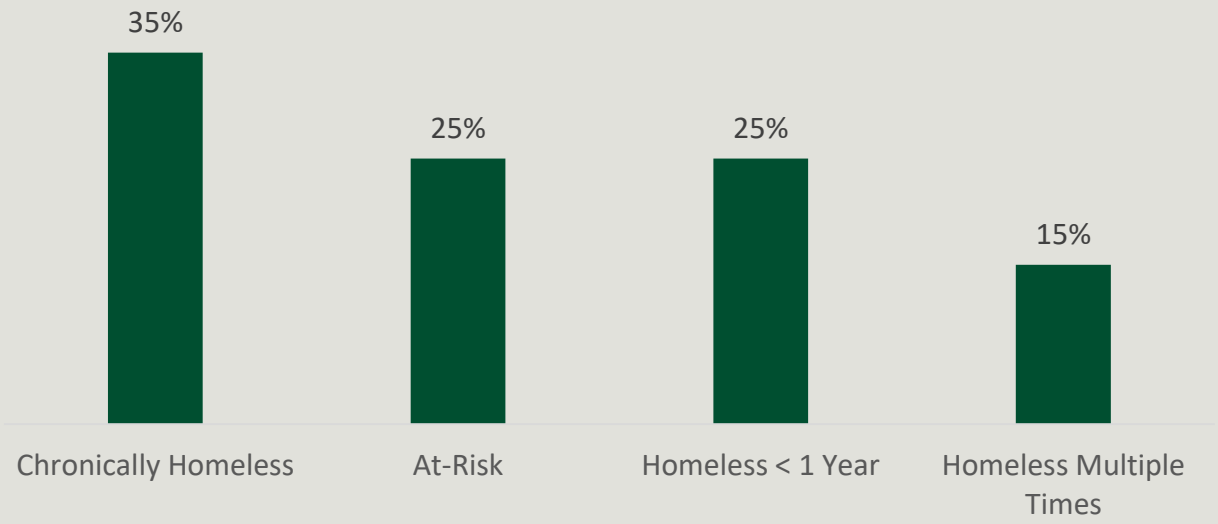


*Missing data ranged from 4 to 14. Members with "0" entered for this field were considered missing.

Homeless Status at Initial Assessment

The largest percentage of CIS members were chronically homeless at initial assessment (35%). Chronically homeless status refers to individuals who have been homeless for at least a year or have been homeless multiple times in the last three years that add up to one year and have a disabling condition (e.g. chronic illness, mental illness, disability, substance use disorder, etc.). A quarter were at risk for homelessness and homeless for less than one year respectively.

Fig. 5. Percent of 2023-Q4 Assessed Members by Housing Status



*Missing data excluded for *n* = 6 who did not answer the question.

Overall, assessment data showed that the majority of assessed CIS members in 2023-Q4 were single adults with no children in the household. These adults were homeless due to difficulty paying their rent and reported poor credit to be the biggest barrier to obtaining housing. Accessibility needs proved to be a barrier for many members as well. While the largest percentage of assessed members were chronically homeless, half were either at-risk for homelessness or newly homeless at the time of their initial assessment.

Action Plan Data

During 2024-Q4, 113 members completed an action plan. Of these members, 45 completed an initial action plan, and 60 completed a follow-up action plan. Action plan type was missing for 8 members. This section focuses on data collected from these action plans, particularly, member reported housing status, mental and physical health, and services used and needed.

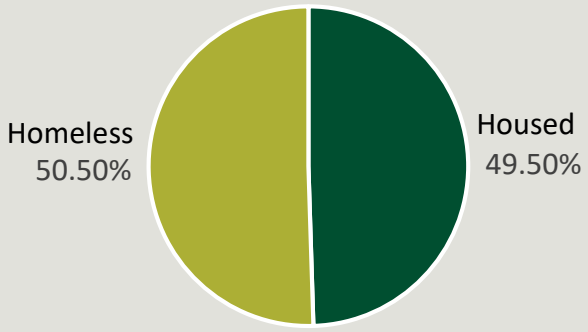
Housing Status

Of the 113 members who completed an action plan during the quarter, 50% were homeless and 50% were housed at the time they completed the action plan. Sixteen had been newly housed—16% of all 2023-Q4 CIS members with known data. One person had recently lost housing. Members living outside, in emergency shelters, and transitional housing are considered homeless while those living in group homes, shared housing, and independent housing are considered housed.

The average number of days spent living outside was 13.15, transitional housing 4.27; and emergency shelter 2.57; however, 41% of the 113 members who completed action plans spent all 30 days living outside.

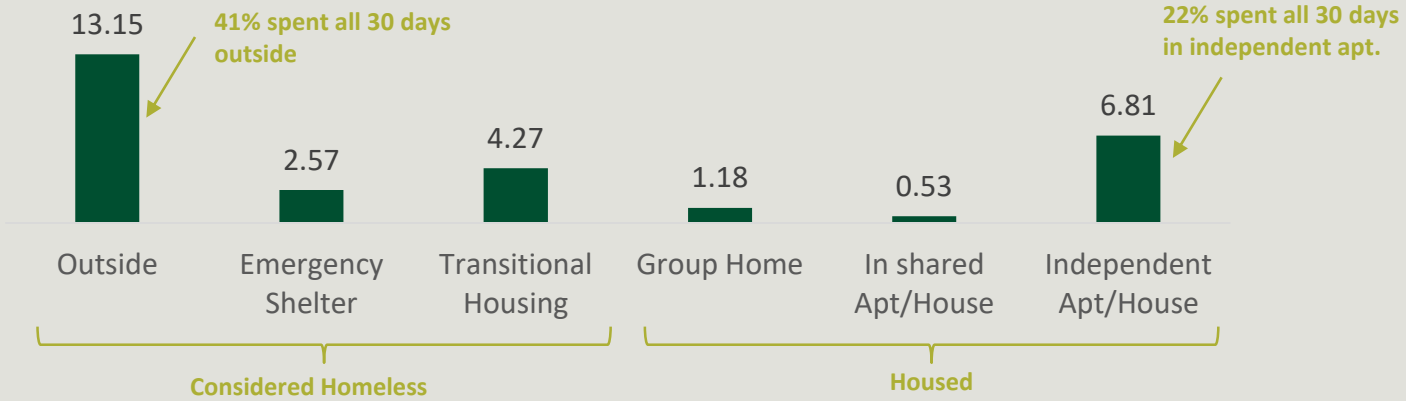
The average number of days members who completed an action plan spent living in an independent housing was 6.81 days; group home 1.18 days; and shared housing <1 day. Twenty-two percent of all 113 members who completed an action plan spent all 30 days living in independent housing.

Fig. 6. Percent of 2032-Q4 Members (*N* = 113)* Housed at Time of Action Plan



*Missing data excluded for *n* = 4.

Fig. 7. Average Number of Days 2023-Q4 Members (*N* = 113)* Spent in Each Housing Location/Type

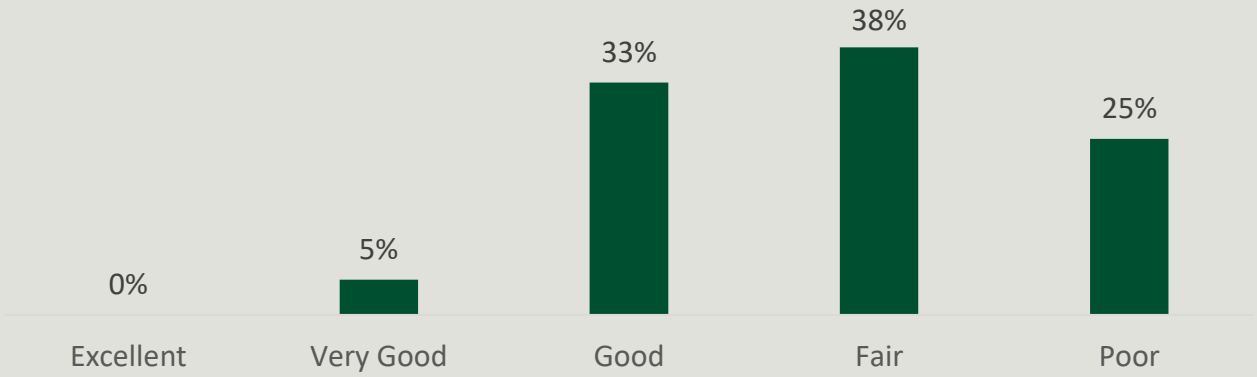


*Missing data excluded for n=5 who did not answer the question. However, multiple examples of numbers larger than 30. These were assumed to be 30.

Mental and Physical Health

The evaluation team examined self-reported mental and physical health for the 113 CIS members who completed an action plan during the quarter. Measures include items from the CDC Healthy Days measure (USCDC, 2022), including a question asking about members' perceptions of their general health and two items asking members to indicate how many out of the last 30 days their mental and physical health have not been good, respectively.

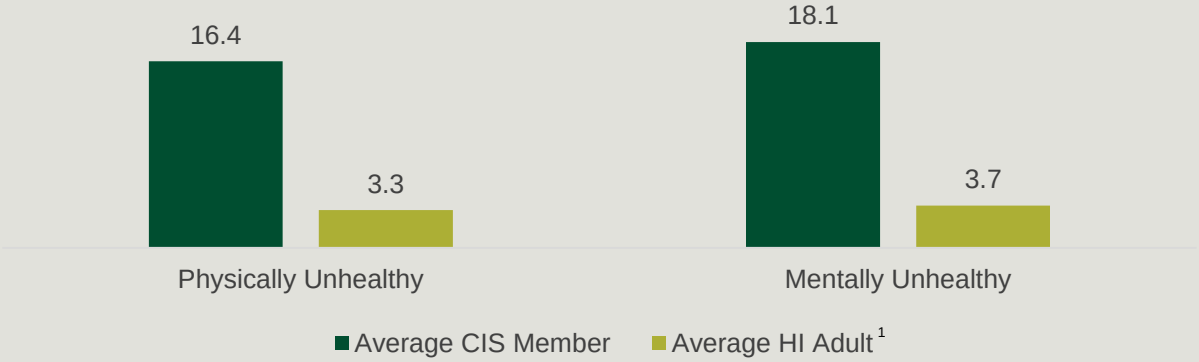
Fig. 8. Percent of 2023-Q4 Members (*N* = 113)* Reporting that In General, their health is....



*Missing data excluded for *n* = 4 who did not answer the question.

Of the 113 members assessed during the quarter, the vast majority reported their general health to be "poor" (25%) or "fair" (38%). They also reported high numbers of physically unhealthy days during the quarter. The average number of physically unhealthy days in the last 30 days for CIS members was 16.4 days—almost 5 times the average number of physically unhealthy days reported by the average adult in Hawai'i. Similar trends were seen for the average number of self-reported mentally unhealthy days.

Fig. 9. Average Number of Days (out of 30) 2023-Q4 Members (*N* = 113)* Reported Feeling Unwell Compared to Ave. HI Adult



*Missing data excluded for n=2 who did not answer the question.

Taken together, data suggests that CIS members have poorer physical and mental health compared to the general population, suggesting that CIS is reaching the intended population and that health impacts will likely be long-term.

[1]U.S. Centers for Disease Control. (2022). Behavioral Risk Factor Surveillance System (BRFSS) 2022.

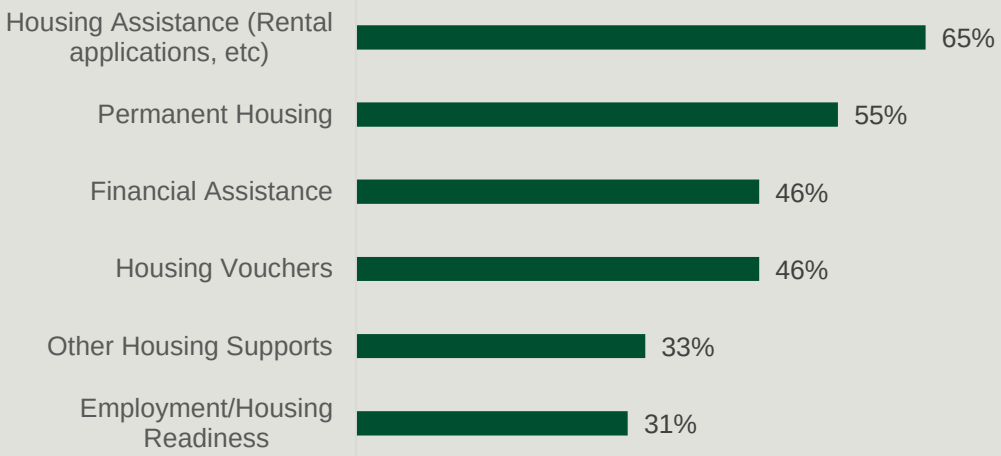
Services Used and Needed

The services reported needed by the largest proportion of the 113 members who completed an action plan during the quarter were financial and housing-related services, with financial help for rent and utilities needed by the most members (73%), followed by help finding housing (72%), rental housing information (70%), permanent housing (68%), and ongoing rental subsidy (55%).

Fig. 10. Percentage of 2023-Q4 Members Reporting Needing Each Service by Most Frequently NEEDED Services

The service reported used by largest proportion of the 113 members assessed during the quarter included housing assistance (65%), followed by permanent housing (55%), financial assistance (46%), housing vouchers (46%), other housing supports (33%), and employment/housing readiness (31%). As with services needed, services used were mostly financial and housing related. This is in contrast to last quarter in which the most frequently used services were medical, mental health, and food services, suggesting that 2023-Q4 saw CIS better matching services to member self-reported needs

Fig. 11. Percentage of 2023-Q4 Members Reporting Using Each Service by Most Frequently USED Services



Summary

Continued Discrepancies in Number of Members in CIS

There continues to be a discrepancy between the number of members Health Plans reported to have consented to CIS (*n* = 377) and the number of members Health Plans reported to be enrolled in tenancy and pre-tenancy (*n* = 960)--within the same dataset (MLDF). These descrepancies make it difficult to determine how many members received CIS during the quarter and subsequently, to accurately measure progress towards KPIs and to determine program impact on member health and housing outcomes. MQD discussions with Health Plans suggest that these discrepancies may be due to mistakes made in H code assignment in the early months of the CIS roll-out, suggesting the need for H code data cleaning and updating.

Substantial Progress toward KPIs

2023-Q4 marked the first quarter the evaluation team was able to assess progress on all KPIs with some degree of certainty. Most of the KPIS that were met were related to coordination between housing and health care systems. Those KPIs yet to be met include those related to housing outcomes and assessments. In particular, across all Health Plans, CIS met six of the 14 KPIs (compared to 2 last quarter), including:

- establish data sharing agreements between Health Plans and HMIS (KPI 1);
- ensure low rates of eligible members decline to participate in CIS (KPI 6);
- maintain high retention in Medicaid for enrolled members who were up for redetermination (KPI 9);
- maintain a low rate of enrolled CIS members lost to follow up (KPI 11);
- ensure low rates of existing CIS members with hospitalizations (KPI 13); and
- ensure low rates of existing CIS members with emergency department visits (KPI 14).

KPI 2 May Be Difficult to Achieve and Assess

The newly added KPI2—100% of data fields are completed for members enrolled for more than 75 days—may be overly ambitious and difficult to achieve. Given CIS's person-centered approach, members have the choice as to what questions they answer on the assessments and action plans, meaning that members may decline to provide answers on questions that are data fields in Health Plan reports to MQD. Additionally, this field is hard to assess accurately. The evaluation team was not clear as to what fields are included in the metric. For example, is it 100% of fields for members in the MLDF only or across the MLDF, ASLDF, and APLDF? More clarification is needed to assess this metric.

CIS Referrals Primarily Come from Housing Providers

The largest percentage of CIS referrals continue to come from housing service providers. This finding makes sense given the high need for housing assistance statewide and the fact that service providers are already connected to many members who qualify for CIS. As it will be important to engage those members who are disconnected from housing services as well, Health Plans may need to consider additional strategies for identifying members through internal analytics.

CIS is Reaching the Intended Target Population

Overall, assessment data showed that the majority of assessed CIS members in 2023-Q4 were single adults with no children in the household. These adults were homeless due to difficulty paying their rent and reported poor credit to be the biggest barrier to obtaining housing. Accessibility needs proved to be a barrier for many members as well. While the largest percentage of assessed members were chronically homeless, half were either at-risk for homelessness or newly homeless at the time of their initial assessment. Additionally, data suggests that CIS members have poorer physical and mental health compared to the general population, suggesting that CIS is reaching the intended population and that health impacts will likely be long-term.

More Members May Have Transferred to Tenancy than Reported

Data suggests that more members may have transferred into tenancy than reported by Health Plans. Of the 377 members who had consented at any point, 83 were in tenancy at the end of the quarter who were not at the beginning of the quarter (as indicated by H code at the end of the quarter). This number is higher than the 14 reported by the Health Plans in the TRANSIT_TENANCY field to have transferred from pre-tenancy to tenancy. Given that this field has been reported inconsistently, it will be important for Health Plans to ensure this field is accurately captured and reported.

Services Used Match Reported Services Needed

The services that members reported using and needing during the quarter were primarily financial and housing related. The previous quarter also saw participants reporting needing financial and housing services; however, in contrast to last quarter in which the most frequently used services were medical, mental health, and food services, suggesting that 2023-Q4 saw CIS better matching services to member self-reported needs

Improved Coordination Overall

Data suggests that CIS has benefitted from improved coordination between stakeholders including, housing and service providers, medical providers, health plans, and Med-QUEST. This coordination has benefited CIS members, especially those receiving CCS in addition to CIS. For example, CCS members had the shortest times between referral and eligibility confirmation and between eligibility confirmation and consent.

Continued Difficulty Establishing Data Agreement with BTG

Despite improved coordination, some barriers remain, particularly between stakeholders on neighboring islands. HPs continued to note that the lack of participation of the neighboring island CoC, Bridging the Gap (BTG), has been a barrier to care coordination. In response, MQD has begun discussions with BTG to encourage collaboration across sectors.

Recommendations

Based on findings, the evaluation team makes the following recommendations for MQD:

Encourage Bridging the Gap (BTG) to Provide HMIS Access

Leverage MQD partnerships with Bridging the Gap, health care providers, and homeless service provider leaders on neighboring islands to help facilitate coordination between Health Plans and housing services. In particular, we recommend working with BTG to develop an equitable partnership that allows HMIS access for Health Plans.

Encourage Correction of H Code Data

Given the continued discrepancies in the number of members Health Plans report to be enrolled in tenancy and pre-tenancy and the number of members they report to have consented to services, we recommend MQD encourage Health Plans to review and clean this data. Health Plans pointed to problems with H codes dating back to the early days of the program. It will be necessary for Health Plans to correct H code data in order to obtain accurate numbers of members enrolled in CIS and in order to accurately assess KPI progress. Additionally, this correction may help Health Plans more accurately report the number of members have transitioned from pre-tenancy and tenancy during the quarter.

Clarify KPI 2

More clarification is needed in order to assess progress toward KPI 2 that assesses data completion. Additionally, given that much of the data comes from self-reported data that members can decline to provide, it may be unreasonable to require Health Plans to have 100% of data completed. Thus, we recommend MQD consider revising this KPI and ask MQD to provide a definition that can be operationalized.

Encourage continuous internal analytics to identify members

Encourage Health Plans to continuously run internal analytics to identify members. Some Health Plans mentioned that they have been working off lists generated from analytics run years ago as well as accepting referrals from homeless service providers. In order to identify members who are both disconnected from housing and health care services and to ensure that Health Plans are identifying members who may be newly homeless or housing insecure, it will be necessary to conduct ongoing analysis of member records.

Appendix

A. References

B. Key Performance Indicators

A. References

Department of Human Services, Med-QUEST Division. (2023). Health Plan Manual, Part III Reporting Guidance. Retrieved from: https://medquest.hawaii.gov/content/dam/formsanddocuments/plans-and-providers/Health%20Plan%20Manual%20-%20Part%20III%20Reporting%20Guide_v.4_23.4_Rel10.23.pdf

Department of Human Services, Med-QUEST Division. (2021). Health Plan Manual, Part III Reporting Guidance. Retrieved from: https://medquest.hawaii.gov/content/dam/formsanddocuments/resources/Provider-Resources/health-plan-manual/new-health-plan-manual/Health_Plan_Manual-Part_III_Reporting_Guide.pdf

U.S. Centers for Disease Control. (2022). Behavioral Risk Factor Surveillance System (BRFSS) 2022.

B. Key Performance Indicators

Original KPIs

1. The Health Plan has an active and ongoing data exchange process and/or data sharing agreement with the Homeless Information Management System (HMIS) and/or the Coordinated Entry System (CES) to identify members who are potentially eligible for CIS, and/or track CIS members' prioritization for housing supports.
2. Percent of members potentially eligible for CIS identified through Health Plan analytics and internal referrals.
3. Percent of members with eligibility confirmation within the allowed window (15 days for external referrals; 30 days for internal referrals).
4. Percent of members who consented to participate in CIS within 10 days of eligibility confirmation.
5. Percent of members who declined participation in CIS.
6. Percent of new CIS members who completed their initial assessment within 15 days of consent.
7. Percent of existing CIS members who received a CIS Re-Assessment/Plan Review and Update within 90 days.
8. Percent of CIS members who were due for Medicaid eligibility re-determination who remained in Medicaid on the last day of the reporting period.
9. Percent of CIS members who transitioned from pre-tenancy to tenancy.
10. Percent of CIS members who were lost to follow up.
11. Percent of CIS members whose Assessments/CIS Health Action Addenda were shared with their PCP.
12. 12. Percent of CIS members who have not had a routine check-up within the past year.
13. 13. Percent of CIS members with two or more unplanned hospitalizations.
14. 14. Percent of CIS members with two or more ER Visits.

Found in Health Plan Manual Part III Reporting Guide, Section 201.5, pg. 90-91 released on April 14, 2021.

Updated KPIs from October 1st 2023

1. The Health Plan has an active and ongoing data exchange process and/or data sharing agreement with the Homeless Information Management System (HMIS) and/or the Coordinated Entry System (CES) to identify members who are potentially eligible for CIS, and/or track CIS members' prioritization for housing supports.
2. Health Plan has completed 100% of fields for members who consented over 75 calendar days prior to report submission.
3. % members potentially eligible for CIS identified through Health Plan analytics and internal referrals
4. % members with eligibility confirmation within the allowed window (30 calendar days for external referrals and internal referrals)
5. % members who consented to participate in CIS within 10 calendar days of eligibility confirmation
6. % members who declined participation in CIS
7. % new CIS members who completed their initial assessment within 45 calendar days of consent
8. % existing CIS members who received a CIS ReAssessment/Plan Review and Update within 90 calendar days of previous Action Plan
9. % CIS members who were due for Medicaid eligibility redetermination who remained in Medicaid on the last day of the reporting period
10. % of CIS members who transitioned from pre-tenancy to tenancy during the quarter
11. % of CIS members who were lost to follow up during the quarter
12. % of CIS members whose Assessments / CIS Action Plans were shared with their PCP during the quarter
13. % of CIS members with two or more hospitalizations in past 3 months
14. % of CIS members with two or more ER Visits in past 3 months

Found in Health Plan Manual Part III Reporting Guide, Section 201.5, pg. 81-82 released on October 1, 2023.