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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 09-006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

FEB 24 2010

Lillian B. Koller, Esq.
Director, Department of Human Services
P.O. Box 339
Honolulu, HI 96809-0339

Dear Ms. Koller:

Enclosed is an approved copy of Hawaii State Plan Amendment (SPA) No. 09-006, which allows the State to decrease the reimbursement paid for physician services under the Medicaid fee schedule to 60 percent of the 2006 Medicare fee schedule. This SPA is effective July 1, 2009.

If you have any questions, please contact Sue Castleberry at (415) 744-3599.

Sincerely,

A black rectangular box redacting the signature of Gloria Nagle.

Gloria Nagle
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Kenneth Fink, Med-QUEST Administrator
Michele Bowser, CMS Center for Medicaid and State Operations (two copies)
Mary Rydell, Pacific Area Representative

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
09-006

2. STATE
HAWAII

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)
MEDICAL ASSISTANCE

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.201 and 42 CFR 447.302

7. FEDERAL BUDGET IMPACT:
a. FFY 2009 \$ minus 4,125,574.00
b. FFY 2010 \$ minus 16,502,296.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 4.19-B, page 8

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable): 8
ATTACHMENT 4.19-B, page 8

10. SUBJECT OF AMENDMENT:
Decrease in the fee schedule relating to physician services.

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
AS APPROVED BY GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

LILLIAN B. KOLLER

14. TITLE:

DIRECTOR

15. DATE SUBMITTED:

MAY 22 2009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAY 28, 2009

18. DATE APPROVED: FEB 24 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

GLORIA NAGLE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

MEDICAID & CHILDREN'S HEALTH OPERATIONS

PEN & INK REQUEST TO BOX 8 & 9 MADE BY STATE VIA EMAIL DATED 1/7/10.

State:	HAWAII
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NONINSTITUTIONAL ITEMS AND SERVICES:

The State assures that the reimbursement to public and private providers of Medicaid services, products or items are the same and does not subdivide or subclassify its payment rates.

All payment rates and their effective dates shall be reflected in the Division's website at www.med-quest.us.

1. **HAWAII MEDICAID FEE SCHEDULE:**

The Hawaii Medicaid Fee Schedule was updated on July 1, 2006 and made effective for services rendered on or after that date. The current Hawaii Medicaid Fee Schedule is based on sixty percent of the 2006 Medicare Fee Schedule and it is located at <http://www.med-quest.us>.

Reimbursement rates, except as specified below and other parts of this Attachment, for providers of medical care who are individual practitioners and other providing non-institutional items and services shall not exceed the maximum permitted under federal laws and regulations and shall be the lower of the Medicare Fee Schedule, the State limits as provided by the Appropriation Act, the Hawaii Medicaid Fee Schedule or the provider's billed amount.

These services include:

- (a) Physician services;
Payment shall be sixty per cent of the 2006 Medicare Fee Schedule for physician services. The rate was set and effective on or after July 1, 2009.
- (b) Podiatric services;
- (c) Optometric services;
- (d) Other practitioner services including nurse midwife, and pediatric nurse practitioner, advanced practice registered nurse in behavioral health are reimbursed at seventy-five per cent of the Medicaid reimbursement rate for a psychiatrist. Services provided by a licensed clinical social worker, marriage and family therapist, and licensed mental health counselor are reimbursed at seventy-five per cent of the Medicaid reimbursement rate for a psychologist;
- (e) Physical therapy;
- (f) Occupational therapy;
- (g) Services for persons with speech, language, and hearing disorders;
- (h) Telehealth services;

TN No.	<u>09-006</u>
Supersedes	
TN No.	<u>08-014</u>

Approval Date:	<u>FEB 24 2010</u>	Effective Date:	<u>07/01/09</u>
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