

## **Table of Contents**

**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 19-0007**

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  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group/ Division of Reimbursement Review**

March 17, 2020

Dr. Judy Mohr Peterson  
Med-Quest Division Administrator  
P.O. Box 700190  
Kapolei, HI 96709-0190

RE: TN 19-007

Dear Dr. Peterson:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 19-007. The proposed amendment updates the reimbursement methodology for telehealth.

Based upon the information provided by the State, we have approved the amendment for incorporation into the official Hawaii State Plan with an effective date of October 1, 2019. A copy of the CMS-179 and the approved plan page Attachment 4.19-B, page 1.1 is included with this letter.

If you have any questions, please contact Brian Zolynas at (415) 744-3601 or by email at [brian.zolynas@cms.hhs.gov](mailto:brian.zolynas@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Todd McMillion  
Acting Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1</u> <u>9</u> — <u>0007</u>	2. STATE <b>Hawaii</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>Oct 1, 2019</b>
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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 <b>1905(a)(2)(c) of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY <sup>2019</sup> \$ <u>0.00</u> b. FFY <sup>2020</sup> \$ <u>0.00</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B page 1.1</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) <b>Attachment 4.19-B page 1.1</b>
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10. SUBJECT OF AMENDMENT

**FQHC Payment Methodology for Telehealth and Teledentistry**

11. GOVERNOR'S REVIEW (*Check One*)

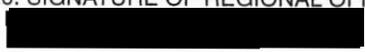
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO State of Hawaii Department of Human Services Office of the Director P.O. Box 339 Honolulu, Hawaii 96809-0339
13. TYPED NAME Judy Mohr Peterson, PhD	
14. TITLE Med-QUEST Administrator	
15. DATE SUBMITTED <b>DEC 24 2019</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED December 24, 2019	18. DATE APPROVED March 17, 2020
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Acting Director, Financial Management Group Division of Reimbursement Review

23. REMARKS

(h) Smoking cessation services:

- Smoking cessation counseling services shall be according to the appropriate health Common Procedure Coding System (HCPCS) code of three to ten minutes or greater than ten minutes.

(i) Telehealth:

- The spoke or originating site is the location of an eligible individual at the time the service being furnished via a telecommunications system occurs.
- The Hub or Distant site is the site at which the physician or practitioner delivering the services is located at the time the service is provided via a telecommunications system.
- When a spoke or originating site is solely used to facilitate telehealth, payment for the facilitation shall not exceed the published Medicare rate for transmission services for spoke sites.
- Medicaid Health Care Providers, such as physicians, psychologists, nurse midwives, pediatric or family nurse practitioners, advanced practice registered nurses in behavioral health and licensed clinical social workers in behavioral health, at the hub or distant site will be reimbursed according to the payment methodology of the appropriate service provided as described in other parts of this Attachment.
- If the spoke or originating site is a FQHC/RHC, and eligible FQHC services are performed by a Medicaid Health Care Provider at a hub or distant site which is an FQHC, the hub or distant site is eligible to receive the prospective payment system (PPS)rate.
- Medicaid Health Care Providers are required to ensure synchronous and asynchronous technology with HIPAA compliance coding.
- If the spoke or originating site is not a FQHC/RHC, and eligible FQHC services are performed by an eligible Medicaid Health Care Provider at the hub or distant site that is a FQHC/RHC, the hub or distant site is eligible to claim the PPS rate.
- If eligible FQHC services are performed at a FQHC/RHC originating site and includes provision of services outside the scope of the FQHC service with a Medicaid Provider contracted by the FQHC at a non-FQHC site, the originating site gets PPS and shall compensate the contracted FQHC provider for the services that were provided as appropriate.
- Items such as technical support, line charges, depreciation on equipment, etc. are not reimbursable services under telehealth.

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TN No.	<u>19-0007</u>	Approval Date:	<u>3/17/2020</u>	Effective Date:	<u>10/01/19</u>
Supersedes					
TN No.	<u>10-003</u>		<u>1.1</u>		

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