

## **Table of Contents**

**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 22-0004**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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May 6, 2022

Judy Mohr Peterson, PhD  
Med-QUEST Division Administrator  
Office of the Director  
Department of Human Services  
PO Box 339  
Honolulu, HI 96809-0339

Re: Hawaii State Plan Amendment (SPA) 22-0004

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0004. This amendment adds an assurance of coverage of routine patient services and costs associated with participation in qualifying clinical trials, as required by section 210 of the Consolidated Appropriations Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Hawaii Medicaid SPA 22-0004 was approved on May 6, 2022, with an effective date of January 1, 2022.

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

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James  
G. Scott -S  
Date: 2022.05.06  
13:00:31 -05'00'

James G. Scott, Director  
Division of Program Operations

cc: Jodeen Enesa, Med-QUEST  
Cori Kekina, Med-QUEST  
Edie Mayeshiro, Med-QUEST

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

22 — 0 0 0 4

2. STATE

HI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2022

5. FEDERAL STATUTE/REGULATION CITATION

Section 210 of the Consolidated Appropriations Act (CAA)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A pg. 13  
Attachment 3.1-B pg. 12  
Attachment 4.19-B pg. 1.2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

Consolidated Appropriations Act (CAA) adds a new mandatory benefit that covers routine patient costs associated with participation in qualifying clinical trials. Routine Costs for Clinical Trials

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Judy Mohr Peterson, PhD

13. TITLE

Med-QUEST Division Administrator

14. DATE SUBMITTED

03/30/2022

15. RETURN TO

State of Hawaii  
Department of Human Services  
Office of Director  
P.O Box 339  
Honolulu ,HI 96809-0339

**FOR CMS USE ONLY**

16. DATE RECEIVED

March 30, 2022

17. DATE APPROVED

May 6, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

Digitally signed by James G. Scott -S  
Date: 2022.05.06 13:01:06 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Box 9: State authorized pen and ink change on 05/04/2022.

State: Hawaii

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
CATEGORICALLY NEEDY GROUP(S)**

29. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided: X

General Assurances:

**Routine Patient Cost - Section 1905 (gg) (1)**

X Coverage of routine patient cost for items and services as defined in section 1905 (gg) (1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial - Section 1905 (gg) (2)**

X A qualified clinical trial is a clinical trial that meets the definition at section 1905 (gg) (2).

**Coverage Determination - Section 1905 (gg) (3)**

X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905 (gg) (3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a) (30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a) (10) (A) and 1937(b) (5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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TN No.	<u>22-0004</u>	Approval Date:	<u>05/06/2022</u>	Effective Date:	<u>01/01/2022</u>
Supersedes					
TN No.	<u>NEW</u>				

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State: Hawaii**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S)**

## 29. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided: X

General Assurances:

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PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a) (30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a) (10) (A) and 1937(b) (5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Supersedes					
TN No.	NEW				

- (j) Routine Patient Cost for Items and Services in connection with participation by Medicaid Beneficiaries in qualifying clinical trials under 1905(a)(30).

Hawaii Medicaid Fee Schedule is based on a combination of sixty percent of the 2006 to current Medicare Fee Schedule as applicable. Services not covered by Medicare in 2006 are paid at sixty percent of the Medicare Fee Schedule on the first year in which the code/service is covered by Medicare, whichever is later. The Medicaid Fee Schedule is located at <https://medquest.hawaii.gov>

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 as described above.

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<b>Supersedes</b>					
<b>TN No.</b>	<u>NEW</u>				