

Table of Contents

State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 22-0011

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

July 20, 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) 22-0011


Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0011. This amendment updates the description of the Medicaid Recovery Audit Contractor program.

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 22-0011 was approved on July 20, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Brian Zolynas at 415-744-3601 or via email at Brian.Zolynas@cms.hhs.gov

Sincerely,

 Digitally signed by
James G. Scott -S
Date: 2022.07.20
14:15:19 -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

2 2 — 0 0 1 1

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

July 01, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 455.13 through 455.23

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

Section 4-4.5 pg. 80

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Section 4-4.5 pg. 80

9. SUBJECT OF AMENDMENT

Recovery Audit Contractor (2022 Reprocurement)

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

12. TYPED NAME
Judy Mohr Peterson, PhD

13. TITLE
Med-QUEST Division Administrator

14. DATE SUBMITTED
06/30/22

15. RETURN TO
State of Hawaii
Department of Human Services
Office of the Director
P.O. Box 339
Honolulu, Hawaii 96809-0339

FOR CMS USE ONLY

16. DATE RECEIVED
July 1, 2022

17. DATE APPROVED
July 20, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
Digitally signed by James G. Scott -S
Date: 2022.07.20 14:16:31 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

STATE OF PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII**SECTION 4 - GENERAL PROGRAM ADMINISTRATION****4.5 Medicaid Recovery Audit Contractor Program****Citation(s)**

Section 1902(a)(41)(B)(i) of the Social Security Act

- The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.

The State received an exemption approval from CMS for SPA 19-0004 on October 29, 2019. The contract with will expire on June 30, 2022. The new contract with Myers & Stauffer will begin on July 1, 2022 and end on June 30th 2023. Hawaii will utilize a contingency fee of 17.5% for all identified overpayments or underpayments for all claim types reviewed during the contract period.

- Exemptions:

The State is asking for an approximated .10 FTE Medical Director or Medical Profession. The vendor will establish a network of licensed medical professionals to perform Medical Director duties as defined this regulation. The exception to the Medical Director will allow the contingency fee to remain below the highest rate paid to Medicare RACs.

- The State is seeking an exception to establishing such program for the following reasons:

TN No. 22-0011

Supersedes

Approval Date: 07/20/22Effective Date: 07/01/22TN No. 19-0004