

Table of Contents

State/Territory Name: HI

State Plan Amendment (SPA) #: 24-0007

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

11/13/2024

Judy Mohr Peterson, PhD
Med-QUEST Administrator
State of Hawaii
Department of Human Services
Office of the Director
P.O. Box 339
Honolulu, HI 96809-0339

RE: TN 24-0007

Dear Director Peterson,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Hawaii State Plan Amendment (SPA) to Attachment 4.19-B TN: #24-0007, which was submitted to CMS on September 25, 2024. This plan amendment proposes to increase the reimbursement rate for all vaccine administration services for both pediatrics and adults and to clarify and consolidate the payment parameters for vaccine administration.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or via email at matthew.klein@cms.hhs.gov

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 7

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

10/01/2024

5. FEDERAL STATUTE/REGULATION CITATION

1905, 42 CFR §457.410

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024

\$ 0

b. FFY 2025

\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B pg. 1.3

Supplement 2 to Attachment 4.19-B pg. 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 2 to Attachment 4.19-B pg. 3

9. SUBJECT OF AMENDMENT

Increases reimbursement rate for all vaccine administration services.

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 Administrator

14. DATE SUBMITTED

09/25/24

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

09/25/2024

17. DATE APPROVED

November 13, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/01/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

(1) Vaccine Administration**Adult Vaccines:**

Effective 10/01/24, The state will pay physician reimbursement for all vaccine administration services at 100% of the Medicare Fee Schedule in effect for the prior calendar year for codes listed. If the code is not listed on the Medicare Fee Schedule the vaccine administration rate is \$18.00.

Pediatric Vaccines:

Effective 10/01/24, The state will pay physician reimbursement for all vaccine administration services at 100% of the Medicare Fee Schedule in effect for the prior calendar year for codes listed. If the code is not listed on the Medicare Fee Schedule the vaccine administration rate is \$18.00 (not including vaccines administered under Vaccine for Children (VFC)).

Pediatric Vaccine Administration rates listed elsewhere in the Hawaii Medicaid State Plan will not be applicable post 10/01/24.

Under VFC the state reimburses vaccine administration services furnished by primary care physicians meeting the requirements of 42 C.F.R. 447.400 at the state regional maximum administration fee set by the Vaccines for Children (VFC) program.

Home Vaccine Administration Fee

The state will pay the home vaccine administration rate using the Medicare Fee Schedule in effect for the prior calendar year.

The additional payment for in-home Part B vaccine administration is only made if certain circumstances are met, as outlined at § 410.152(h)(3)(iii). Providers must list the HCPCS or vaccine administration code along with HCPCS code M0201.

Effective Date of Payment

Vaccine Administration:

This reimbursement methodology applies to services delivered on and after October 1, 2024. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of vaccine administration services.

All rates are published at <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>

TN No. 24-0007

Supersedes

TN No. NEW

Approval Date: November 13, 2024 **Effective Date:** 10/01/2024

1.3

Critical Care Transport Age 24 months or younger	
Supervision by a control physician of interfacility transport care; first 30 minutes	99485
Supervision by a control physician of interfacility transport care; each additional 30 minutes	99486
Coordination of Complex Services for Chronic Care	
Complex chronic care coordination services, first hour of clinical staff time, directed by the physician or other qualified health care professional with no face-to-face visit, per calendar month	99487
Complex chronic care coordination services, first hour of clinical staff time, directed by the physician or other qualified health care professional with one face-to-face visit, per calendar month	99488
Complex chronic care coordination services, each additional 30 minutes of clinical staff time, directed by the physician or other qualified health care professional per calendar month	99489
Management of Transitional Care Services	
Transitional care management services with the patient or caregiver within two (2) business days of discharge. Medical decision making of at least moderate complexity during face-to-face visit within 14 calendar days of discharge	99495
Transitional care management services with the patient or caregiver within two (2) business days of discharge. Medical decision making of at least moderate complexity during face-to-face visit within 7 calendar days of discharge	99496

- ☐ The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).

Physician Services - Vaccine Administration

As described in Attachment 4.19-B (1).

Effective Date of Payment

Evaluation & Management Services (E&M)

This reimbursement methodology applies to services delivered on and after October 15, 2022. All rates are published at <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>

Vaccine Administration

As described in Attachment 4.19-B (1).

TN No.	<u>24-0007</u>	Approval Date:	November 13, 2024	Effective Date:	<u>10/01/2024</u>
Supersedes					
TN No.	<u>22-0014</u>				