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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 25-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 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

February 23, 2026

Meredith Nichols
State of Hawaii Department of Human Services
Office of the Director
PO Box 339
Honolulu, HI 96809-0339

Re: Hawaii State Plan Amendment (SPA) – 25-0011

Dear Acting Director Nichols:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0011. This amendment proposes to update the provider licensure and enrollment requirements to comply with 42 CFR Part 455.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Hawaii's Medicaid SPA TN 25-0011 was approved on February 23, 2026, with an effective date of January 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Hawaii State Plan.

If you have any questions, please contact Sasha Zolynas at (206) 615-2742 or via email at Sasha.Zolynas@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: Jodeen Enesa
Edie Mayeshiro

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

1. TRANSMITTAL NUMBER 2 5 — 0 0 1 1	2. STATE HI
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
01/01/2026

5. FEDERAL STATUTE/REGULATION CITATION
**42 CFR ~~§~~ 455
Part**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2026** \$ **0**
b. FFY **2027** \$ **0**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 4.46 Pages 79z2 - 79z3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Section 4.46 Pages 79z2 - 79z3

9. SUBJECT OF AMENDMENT
SPA 25-0011 Provider Li censure-To update the Provider Licensure and Enrollment section under Section 4.46 to be in compliance with current federal regulations 42 CFR 455.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Judy Mohr Peterson, PhD

13. TITLE
Med-QUEST Division Administrator

14. DATE SUBMITTED
12/29/25

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
December 29, 2025

17. DATE APPROVED
February 23, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras

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

22. REMARKS
State authorized pen and ink changes to Boxes 5, 7, and 8 on 1/22/26.

STATE OF PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII**SECTION 4 - GENERAL PROGRAM ADMINISTRATION**4.46 Provider Screening and EnrollmentCitation

1902(a)(39);
 1902(a)(77);
 1902(kk);
 P.L. 111-148; and
 P.L. 111-152

42 CFR 455
 Subpart E

PROVIDER SCREENING

- Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

- Assures enrolled providers will be screened in accordance with 42 CFR. 455.400 et seq.
- Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

- Assures that the State Medicaid agency has a method for verifying providers licensed by a State and such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

- Assures that providers will be revalidated regardless of provider type at least every 5 years.

STATE OF PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

- Assure that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

42 CFR 455.420

REACTIVATION OF PROVIDER ENROLLMENT

- Assure that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.