Table of Contents

State/Territory Name: HI

State Plan Amendment (SPA) #: 22-0014

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 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

January 24, 2023

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

RE: TN: #22-0014

Dear Dr. Mohr Peterson:

We have reviewed the proposed Hawaii State Plan Amendment (SPA), TN: #22-0014 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 7, 2022. This SPA clarifies that all vaccine administration services are paid at a rate of \$4.00 unless otherwise specified, regardless of billing code. This SPA also sets the state's Monkey Pox vaccine administration rate equal to the Medicare geographic rate for COVID-19 vaccine administration, updating the effective date to 10/15/22 and the fee schedule links for Evaluation & Management Services (E&M) and vaccine administration.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 15, 2022. 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 matthew.klein@cms.hhs.gov

Sincerely,

Todd McMillion
Division of Reimbursement Review Director

Enclosures

	1. TRANSMITTAL NUMBER	2. STATE					
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	$\frac{2}{2} = \frac{2}{2} = \frac{0}{2} = \frac{0}{2} = \frac{1}{2} = \frac{4}{2}$	HI					
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF	THE SOCIAL					
	SECURITY ACT XIX	SECURITY ACT XIX XXI					
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE						
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	10/15/2022						
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2022 \$ 2.000						
42 CFR § 457.410	b. FFY 2023 \$ 2,000						
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSED OR ATTACHMENT (If Applicable)	DED PLAN SECTION					
Supplement 2 to Attachment 4.19-B pg. 3	Supplement 2 Attachment 4.19-B p	g. 3-4					
9. SUBJECT OF AMENDMENT Monkey Pox- Hawaii is pursuing increase in payment for vaccination rate. 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:						
	5. RETURN TO						
	tate of Hawaii epartment of Human Services						
12. TYPED NAME	Office of the Director						
	O. Box 339						
Med-QUEST Division Administrator	onolulu, Hawaii 96809-0339						
14. DATE SUBMITTED 11/07/22							
FOR CMS US	E ONLY						
	7. DATE APPROVED anuary 24, 2023						
PLAN APPROVED - ONE							
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/15/2022	SIGNATURE OF APPROVING OFFICIA	AL .					
	TITLE OF APPROVING OFFICIAL irector, Division of Reimbursement and Review						
22. REMARKS							

Critical Care Transport Age 24 months or younger					
Supervision by a control physician of interfacility transport care; first 30 minutes					
Supervision by a control physician of interfacility transport care; each additional 30 minutes					
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

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.

All vaccine administration services, unless otherwise specified, regardless of billing code, the rate is \$4.00.

Documentation of Vaccine Administration Rates in Effect on or after 10/15/22

The state will pay the Monkey Pox vaccine administration rate using the Medicare geographic rate for COVID-19 vaccine administration.

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

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

TN No.	22-0014							
Supersedes		Approval Da	ate:	January	24,	2023	Effective Date:	10/15/2022
TN No.	17-0002							