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State/Territory Name: Hawaii

State Plan Amendment (SPA) #: 20-0003

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

March 1, 2021

Dr. Judy Mohr Peterson
Med-Quest Division Administrator
P.O. Box 700190
Kapolei, HI 96709-0190

RE: TN 20-0003

Dear Dr. Peterson:

We have reviewed the proposed Hawaii state plan amendment (SPA) to Attachment 4.19-B HI 20-0003 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 1, 2020. This plan amendment updates the fee schedule methodology for EPSDT, Home Pharmacy Services, Medical Supplies, and Dental services in response to a Companion Letter issued by CMS with the approval of SPA 19-0005.

Based upon the information provided by the State, we have approved the amendment with an effective date of December 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.


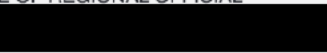
If you have any additional questions or need further assistance, please contact Blake Holt at 415-744-3754 or blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER 2 0 — 0003	2. STATE Hawaii
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 12/01/2020	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION 1902(a)(73) of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY ²⁰²¹ \$1,625,000 b. FFY ²⁰²² \$1,625,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B pg. 2.1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> Attachment 4.19-B pg. 2.1	
10. SUBJECT OF AMENDMENT Fee Schedule Updates to Dental, EPSDT, Home Pharmacy Services and Medical Supplies in relation to CMS Companion letter to SPA 19-0005			
11. GOVERNOR'S REVIEW <i>(Check One)</i> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO State of Hawaii Department of Human Services Office of the Director P.O. Box 339 Honolulu, Hawaii 96809-0339	
13. TYPED NAME Judy Mohr Peterson, PhD			
14. TITLE Med-QUEST Administrator			
15. DATE SUBMITTED 12/01/2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 12/1/2020		18. DATE APPROVED 3/1/2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 12/1/2020		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Director, FMG/Division of Reimbursement Review	
23. REMARKS Pen and ink concurrences from HI: 02/22/2021: Box 7: FY21 from "\$1,625,000" to "\$1,354,166." 02/23/2021: Box 6: Deletes "1902(a)(73) of the Social Security Act", adds "42 CFR 447 Subpart F."			

Except as otherwise noted in the plan, the state developed fee schedule rates are the same for both governmental and private providers for the same services listed below. All rates can be found at <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>:

- Dental Services (including dentures):

For services on or after December 1, 2020, the fee schedule will be set at 60% of the average of the code average of the 2 major commercial dental plans for Oahu paid over the previous 12 months.

For services for neighbor islands (Kauai, Maui Hawaii, Lanai and Molokai) on or after December 1, 2020, the fee schedule are set up to 65% of the average of the code average of the 2 major commercial dental plans for Oahu paid over the previous 12 months.

Annual procedure code revisions are based on updates made as provided for by the American Dental Association.

Effective December 1, 2020, the following services are set at 60% of the 2006 Medicare rates:

- EPSDT (comprehensive periodic examination, case management, skilled nursing and personal care services.)
- Home pharmacy services;
- Medical supplies;
- Home Health Agency Services

(b) Payment for (rural/non-rural) laboratory services and X-ray services shall be at the current Medicare fee schedule for participating providers.

TN No. 20-0003
 Supersedes
 TN No. 08-012

Approval Date: 3/1/2021

Effective Date: 12/01/2020