Med-QUEST Healthcare Advisory Committee
October 15, 2025

Med-QUEST, DHS

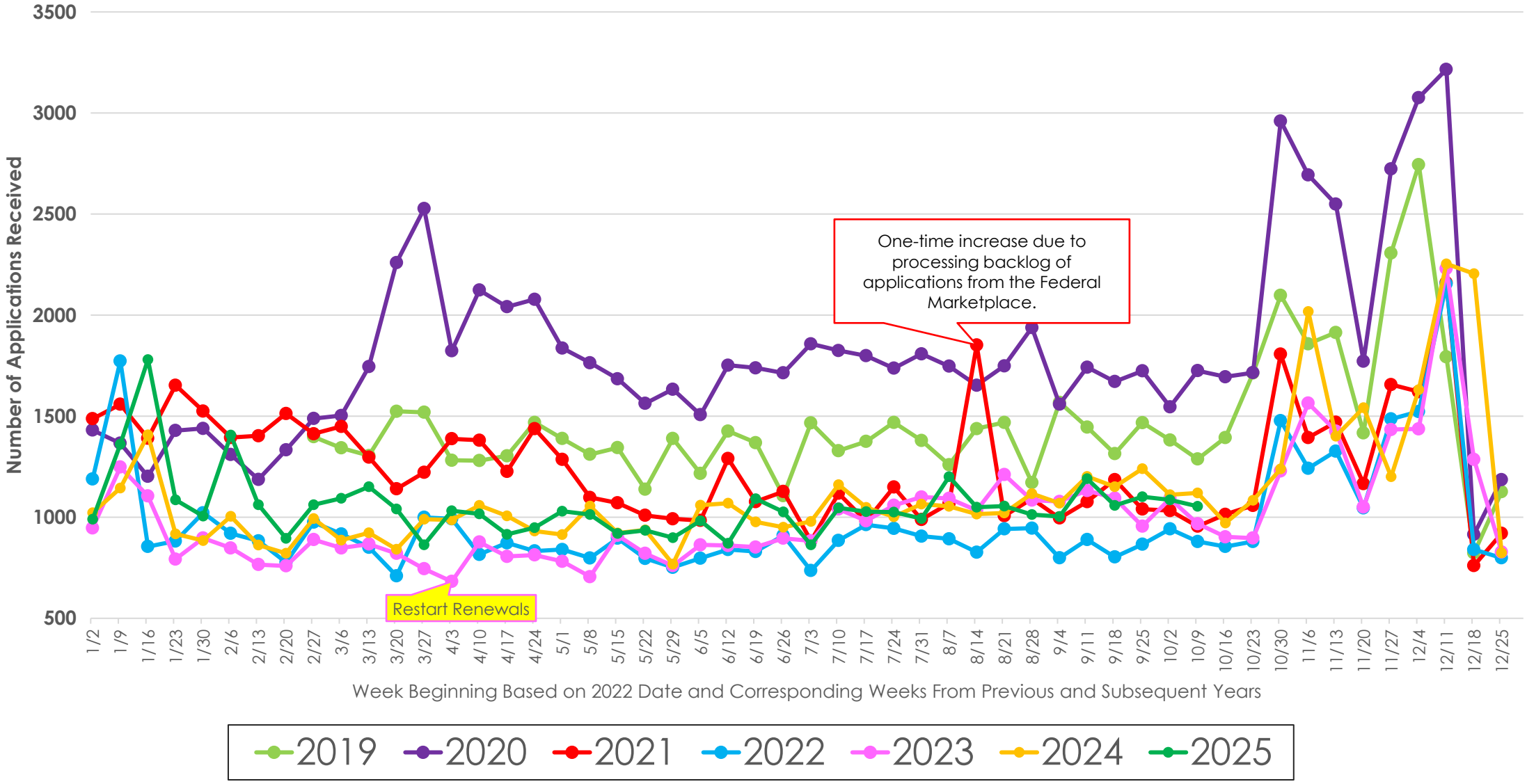
Med-QUEST Healthcare Advisory Committee Agenda

I. Welcome/Call to Order
II. Introductions/Roll Call
III. Review of meeting participation guidelines and process
IV. Med-QUEST Updates - Presentation and discussion on current Med-QUEST program activities
    a. Application and Enrollment Update
    b. Rural Health Transformation Plan - Application
    c. Federal Government Updates
    d. Medicaid Advisory Committee & Beneficiary Advisory Council
    e. Update on 1115 demonstration implementation
    f. Public Comment
    g. MHAC Comment
V. Health Plan Member Communications Presentations
    a. AlohaCare
    b. United Healthcare
    c. Public Comment
    d. MHAC Comment
VI. State Plan Amendment Presentations and Discussions
    a. State Plan Amendment: Updates - Presentation on the status of State Plan Amendments previously reviewed by the MHAC
    b. State Plan Amendments: New - Presentation of State Plan Amendments currently being submitted for CMS approval
        i. SPA 25-0012 Clinic Benefits
    c. State Plan Amendments: Coming Soon – Presentation on upcoming State Plan Amendments
    d. Public Comment
    e. MHAC Comment
VII. Next Meeting: Wednesday, December 10, 2025
VIII. Adjourn

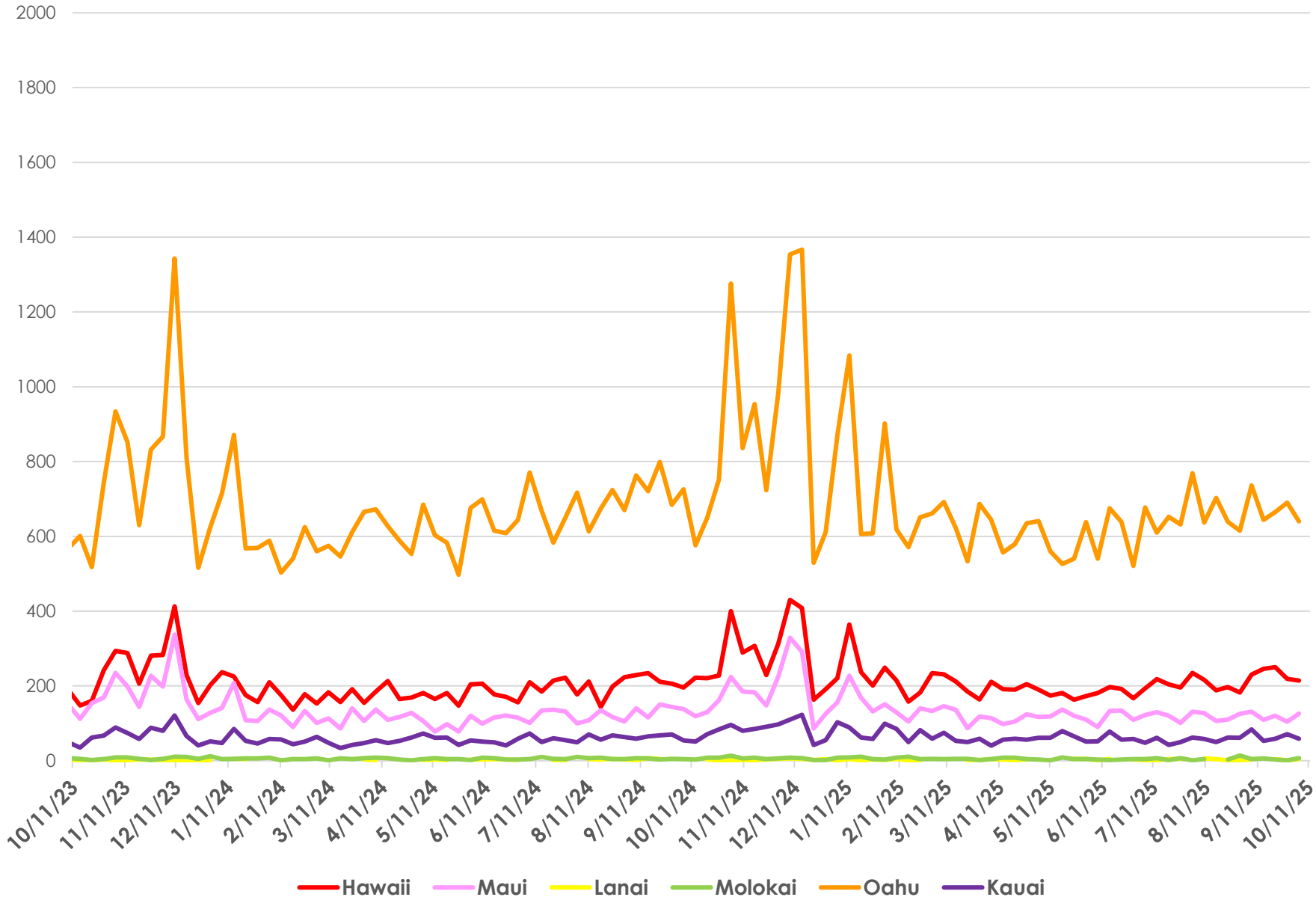
IV. MQD UPDATES:

a. Application and Enrollment Update

Hawai‘i Medicaid Applications Received:
March 2020 to March 2023 MQD Received 209,251 Applications
As of April 2023 - October 11, 2025 MQD has received 142,029 Applications



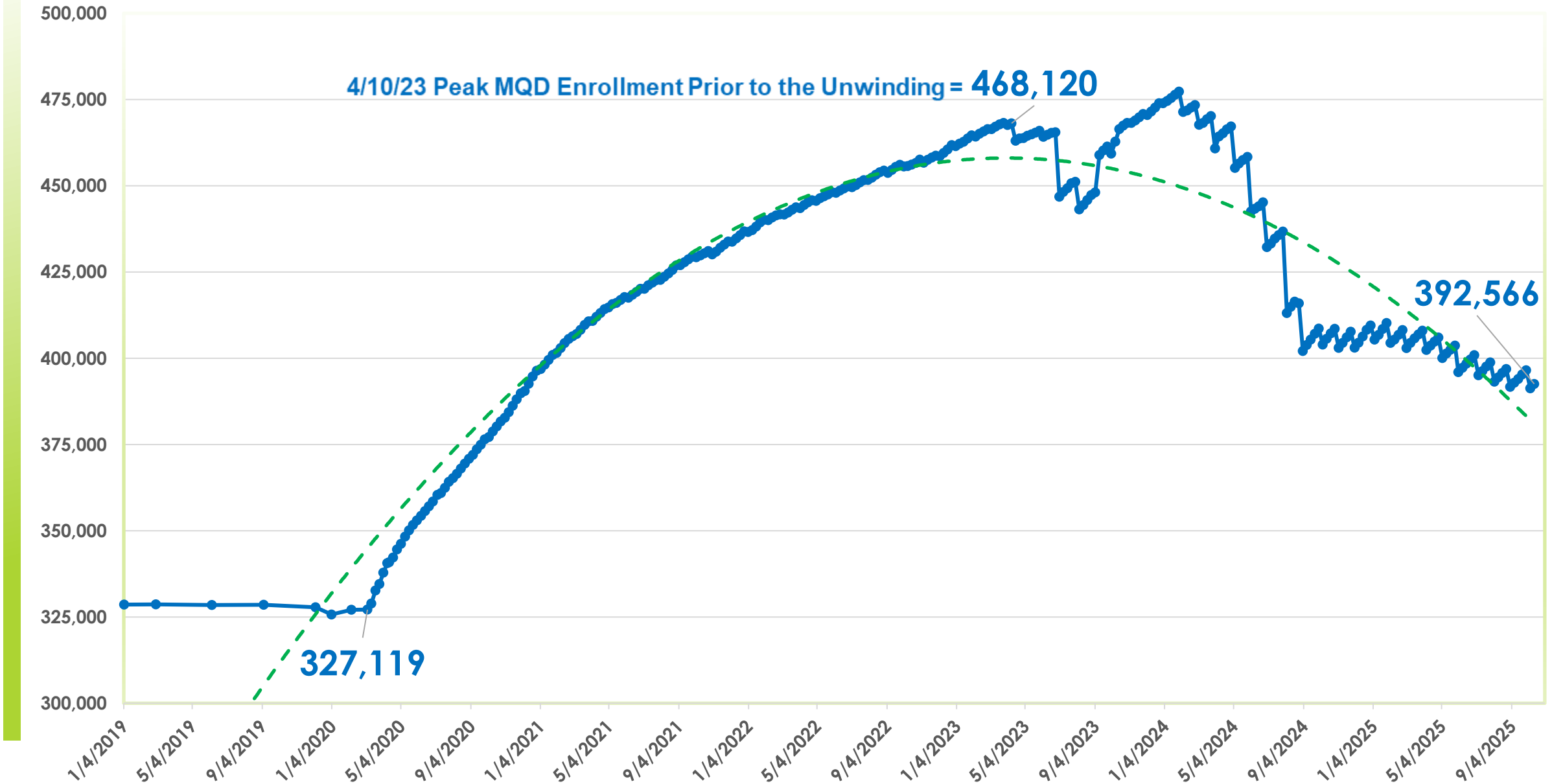
Applications by Island for past 2 years, 10/11/23- 10/11/25



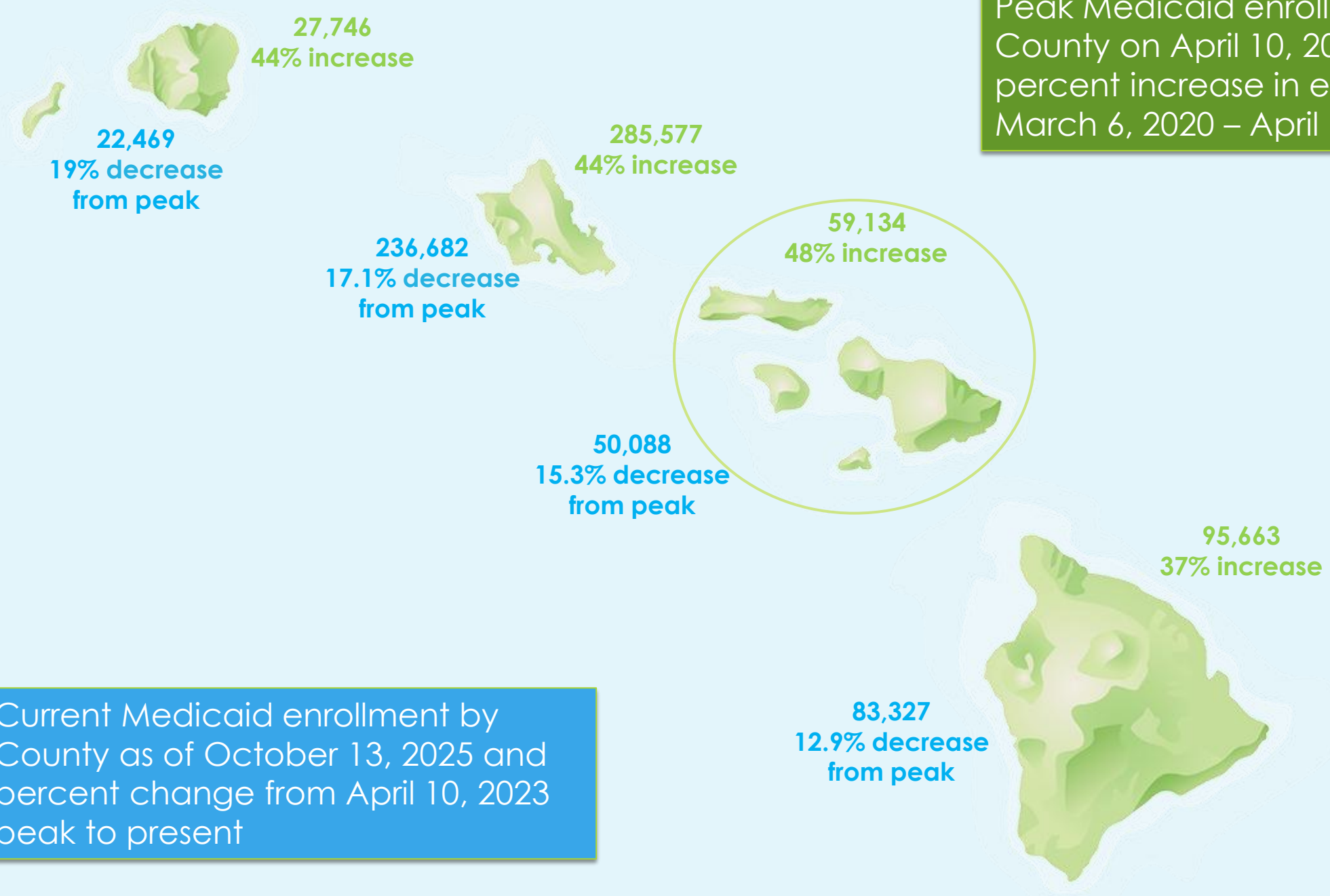
Hawai‘i Medicaid Monthly Enrollment and Trend: January 2019 to October 13, 2025

141,001 New Enrollments from 3/6/2020 – 4/10/2023 (43% Increase)

75,554 fewer enrollments from 4/10/23 to 10/13/25 (16.1% decrease from peak enrollment prior to unwinding)



Peak Medicaid enrollment by County on April 10, 2023 and percent increase in enrollments from March 6, 2020 – April 10, 2023



Current Medicaid enrollment by County as of October 13, 2025 and percent change from April 10, 2023 peak to present

b. Rural Health Transformation Plan - Application

Rural Health Transformation Program: At A Glance

Strategic Goals

The Rural Health Transformation (RHT) Program was authorized by H.R. 1 (Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem. Through innovative system-wide change, the RHT Program invests in the rural healthcare delivery ecosystem for future generations.

Make Rural America Healthy Again	Sustainable Access	Workforce Development	Innovative Care	Tech Innovation

Funding At A Glance

$50 billion over 5 budget periods:

- $25 billion distributed evenly amongst approved States, or $100M for each State.
- $25 billion allocated based on rural factors, application initiatives, State policies, and quality of application

Other Funding Highlights

- Up to 50 awards
- One-time application opportunity
- For each budget period, recipients will have until the end of the following federal fiscal year to spend awarded funding

Uses of Funds: States must use RHT Program funds for three or more of the approved uses of funds:

1. Promoting evidence-based, measurable interventions to **improve prevention and chronic disease management**.
2. Providing **payments to health care providers** for the provision of health care items or services, as specified by the Administrator.
3. **Promoting consumer-facing, technology-driven solutions** for the prevention and management of chronic diseases.
4. **Providing training and technical assistance for the development and adoption of technology-enabled solutions** that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence, and other advanced technologies.
5. **Recruiting and retaining clinical workforce talent to rural areas,** with commitments to serve rural communities for a minimum of 5 years.
6. **Providing technical assistance, software, and hardware for significant information technology advances** designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.
7. **Assisting rural communities to right size their health care delivery systems** by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care, and post-acute care service lines.
8. **Supporting access to opioid use disorder treatment services** (as defined in section 1861(jjj)(1)), other substance use disorder treatment services, and mental health services.
9. **Developing projects that support innovative models of care that include value-based care arrangements** and alternative payment models, as appropriate.
10. **Additional uses designed to promote sustainable access to high quality rural health care services**, as determined by the Administrator, for example, minor building alterations/renovations, equipment upgrades, and developing strategic partnerships.

Rural Health Transformation Program: Application & Timelines

- Application Due – 11:59 pm ET on November 5, 2025
- No late applications accepted
- Award period – 2026 through 2030
- Single application for all five years
- Only states are eligible to apply, and only one application per state
- US Territories and DC not eligible
- No joint state entry's – although states can collaborate on initiatives
- No opportunity to reapply if application denied
- Award notification date – by 11:59 pm ET on December 31, 2025

- Application length
  - Project summary – one page
  - Project narrative – 60 pages
  - Budget narrative – 20 pages
- Funding available to Hawaii - $100M - $200M for each of the five years if application is approved
- State must spend each year's funding by the end of the following fiscal year
- Submitting agency – Department of Budget and Finance
- State administrating agency – Dependent on specific initiatives

State of Hawai‘i Seeks Community Input on Rural Health Transformation Program Grant

Posted on: September 19, 2025 | Category: Community

Governor Josh Green has announced that Hawai‘i will submit a proposal for federal funding through the Centers for Medicare & Medicaid Services’ Rural Health Transformation Program (RHTP). The initiative aims to improve healthcare access and outcomes in rural communities across the nation.

If awarded, the grant would help expand primary care and behavioral health services, modernize rural health infrastructure, and support workforce development—especially in rural and neighbor island communities. The proposal will focus on reducing health disparities and improving coordination among healthcare providers statewide.

Hawai‘i’s Rural Health Transformation Plan

Governor Green emphasized the importance of tailoring the proposal to Hawai‘i’s unique needs and invited public participation. **Residents are encouraged to share their health priorities and project ideas on the Rural Health Transformation Program website by October 20, 2025.**

The application, due November 5, 2025, is being developed in partnership with the Department of Health and the Med-Quest Division under the Office of the Governor.

Get involved and help shape the future of healthcare for Hawai‘i’s rural communities!

Initiative development:

- Governor’s office convened various stakeholders for broad policy discussions, and to deep-dive on specific topics.
- Asked for community input (Hawaii State Library announcement) and on Governor’s Engagement website: https://engage.hawaii.gov/rhtp/
- Working intensively with Department of Health, and Med-QUEST to prioritize and develop.

Rural Health Transformation Program (Initiatives Work in Progress)

Initiative Summary and Cost Allocation per Year: State yearly budget to be developed assuming $200M annually

- Rural Health Information Network - $40M
- Telehealth - $15M
- Rural Infrastructure for Care Access- $55M
- Rural Medical Respite - $20M
- Workforce Development - $45M
- Rural Value Based Innovation Fund - $20M
- Rural Health Transformation Program (RHTP) Oversight Team - $5M

Total - $200M

Rural Health Transformation Program (Initiatives Work in Progress)

Rural Health Information Network - $40M

- Connect rural hospitals, clinics and Native Hawaiian Health Centers to statewide network by EHR enhancements, onboarding
- In-facility wired and wireless networks
- Technical Assistance for Practice Transformation for value-based care, analytics, EHR/HIE reporting, quality
- Care Quality Information Exchange to aggregate clinical data, provide longitudinal records and deliver real-time alerts
- Community Care Coordination Hub to link patients to housing, food and transportation
- Medicaid/Medicare Duals project – AI analytics and dashboard, education and navigation campaign

Rural Health Transformation Program (Initiatives Work in Progress)

Pili Ola Telehealth - $15M

- Linking islands and communities to providers and services through technology to support health and well-being.
- Integrates maternal health, chronic disease management, infectious disease care, behavioral health, school-based health programs, education on health access, and workforce development into a unifies statewide initiative.
- Building a team of telehealth navigators and facilitators embedded in rural communities across the state

Workforce - $45M

- The "Hawaii Outreach for Medical Education in Rural Under-resourced Neighborhoods" (HOME RUN) Loan repayments and scholarships – advanced degrees such as physicians and advance practice registered nurses
- High school certification programs, HOSA, clinical preceptorships and clinical training, medical specialty training programs, rural residencies, loan repayment and scholarships

Rural Health Transformation Program (Initiatives Work in Progress)

Rural Infrastructure for Care Access - $55M

– EMS fleet modernization; Medi-com center to coordinate emergency/trauma transfers and community-based care teams; Helipad infrastructure upgrades

Rural Medical Respite (Kauai, Maui, Hilo, Kona and Waianae) - $20M

– Short-term residential care for individuals of rural communities too ill or frail to recover on street, but don't qualify for institutional care.

Rural Value Based Innovation Fund - $20M

– Competitive statewide Innovation fund available to FQHCs, critical access hospitals, rural health clinics, IPAs, and community-based organizations.

– Control of total cost of care and improvement in quality of care and population health outcomes (AHEAD)

c. Federal Updates

Federal Government Shutdown and Medicaid

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Summary of Activities that Continue

The Centers for Medicare & Medicaid Services (CMS) Medicare Program will continue during a lapse in appropriations. Other non-discretionary activities including Health Care Fraud and Abuse Control and Center (HCFAC) for Medicare & Medicaid Innovation (CMMI) activities will also continue. CMS will have sufficient funding for Medicaid to fund the first quarter of FY 2026, based on the advance appropriation provided for in the Full-Year Continuing Appropriations and Extensions Act, 2025. CMS will maintain the staff necessary to make payments to eligible states for the Children's Health Insurance Program (CHIP). CMS will continue Federal Marketplace activities, such as eligibility verification, using Federal Marketplace user fee carryover.

Affordable Care Act (ACA) Marketplace Changes

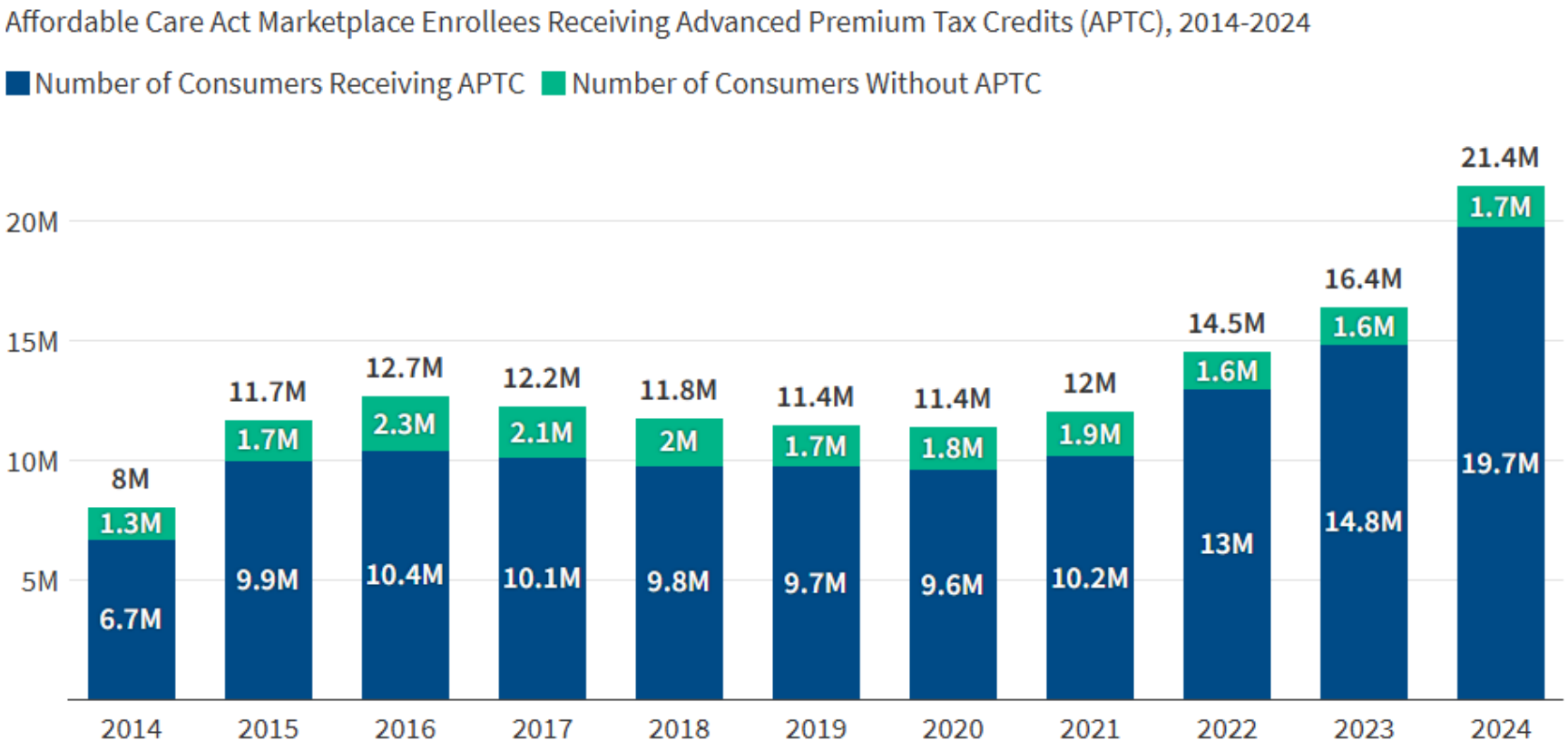
- **Expiration of the Enhanced Premium Tax Credits:**
  The enhanced premium tax credits were first made available as part of the American Rescue Plan Act in 2021 and later extended through the end of 2025. These enhanced tax credits, combined with increased funding for outreach and marketing have led to record-high enrollment in the ACA Marketplaces. Unless the enhanced tax credits are extended, enrollees receiving premium tax credits will experience an over 75% increase in their out-of-pocket premium payments, on average.

- **ACA Marketplace Tax Credit Eligibility for Low-Income Immigrants Without Medicaid Coverage:**
  The legislation eliminates Marketplace eligibility for all lawfully present immigrants with incomes under 100% of the federal poverty level beginning January 1, 2026, leaving some ineligible for either Medicaid or Marketplace coverage.

  A provision in the final version of the bill signed into law would limit eligibility for subsidized ACA Marketplace coverage to lawfully present immigrants who are lawful permanent residents (LPRs or "green card" holders), Compact of Free Association (COFA) migrants residing in the U.S., and certain immigrants from Cuba and Haiti, thereby eliminating eligibility for many lawfully present immigrants, including asylees, refugees, people with Temporary Protected Status, as well as Deferred Action for Childhood Arrivals (DACA) recipients beginning January 1, 2027.

Affordable Care Act (ACA) Marketplace Changes

The Number of ACA Marketplace Enrollees Receiving Premium Tax Credits in 2024 Has Nearly Doubled Since 2020



Note: The number of consumers without APTC includes individuals with unknown financial assistance status in 2014-2016. The number of consumers receiving APTC is approximated for 2016.

Source: KFF analysis of 2014, 2015, and 2016 ASPE Open Enrollment reports and Marketplace Open Enrollment Period Public Use Files for 2017-2024 • Get the data • Download PNG

KFF

75% of enrollees have income below 250% of the Federal Poverty Level

Affordable Care Act (ACA) Marketplace Changes
Using KFF calculator for a 40 year old who makes $35,000 year

Results

Without enhanced subsidies, you will likely remain eligible for financial help but at a lower level

Based on the information you provided, your income is equal to **202%** of the poverty level. This means you are likely eligible for financial help through the Health Insurance Marketplace, even without enhanced subsidies.

Estimates of your cost for coverage and amount of financial help in 2025 are provided below, along with estimates of what you would pay if enhanced subsidies were unavailable. Your cost for a silver plan would **increase by $108 per month** ($1,299 per year) without enhanced subsidies. To find out your actual amount of financial help under current law and to get coverage, you must go to Healthcare.gov or your state's Health Insurance Marketplace.

	With enhanced subsidies	Without enhanced subsidies
Estimated financial help	**$432** per month ($5,187 per year) as a premium tax credit. This covers **88%** of the monthly costs for a silver plan.	**$324** per month ($3,888 per year) as a premium tax credit. This covers **66%** of the monthly costs for a silver plan.
The most you have to pay for a **silver plan**	**2.09%** of income for the second-lowest cost silver plan	**5.8%** of income for the second-lowest cost silver plan
Your cost for a **silver plan**	**$61** per month ($732 per year) in premiums (which equals 2.09% of your household income)	**$169** per month ($2,030 per year) in premiums (which equals 5.8% of your household income)
Your cost for a **bronze plan**	**$0** per month ($0 per year) in premiums (which equals 0% of your household income)	**$49** per month ($586 per year) in premiums (which equals 1.68% of your household income)

d. Medicaid Advisory Committee & Beneficiary Advisory Council

Transitioning from the Medicaid Healthcare Advisory Council to the Medicaid Advisory Council

- Beginning in 2026, the Medicaid Healthcare Advisory Council (MHAC) will continue its work as the Medicaid Advisory Council (MAC).
  - The April 2024 CMS Access Final Rule created the Beneficiary Advisory Council (BAC) and established requirements for the Med-QUEST Healthcare Advisory Committee (MHAC) to continue its work as the Medicaid Advisory Committee (MAC).
  - The Medicaid Advisory Council will continue to foster open communication, strengthen collaboration, and support transparency and accountability.
  - The Beneficiary Advisory Council will be a new feedback group focused on capturing the member's lived experience

Medicaid Advisory Council Bylaws: Review & Feedback

- The Medicaid Healthcare Advisory Council (MHAC) plays a key role in strengthening Med-QUEST to better serve our community. With this in mind, we will be reviewing the drafted Medicaid Advisory Council (MAC) bylaws.
- We would like for you to share your thoughts and feedback! We will update the bylaws based on the feedback you provide.

Medicaid Advisory Council Bylaws

- Article I: Name
  - The name of this committee shall be the Med-QUEST Medicaid Advisory Council (MAC).
- Article II: Purpose
  - Collaborate with Medicaid members and stakeholders to inform policies and programs that promote well-being, improve access to care, and strengthen the overall healthcare system.
- Article III: Mission
  - Promote the well-being of Medicaid members by providing a forum for recommendations to develop and administer innovative, high-quality healthcare programs with Aloha!
- Article IV: Membership
  - Composition
    - The MAC shall be comprised of state or local consumer advocacy groups or community-based organizations, clinical providers or administrators, QUEST Health Plans, BAC members, and other state agencies. 25% of MAC members must come from the BAC.
  - Terms
    - MAC members will serve a term up to 24 months. MAC members may reapply for membership after one-year break following their term.

Medicaid Advisory Council Bylaws

- Article IV: Membership (Cont.)
  - Selection
    - MAC members will be selected through an application process overseen by Med-QUEST. Selection criteria will include state or local consumer advocacy groups or community-based organizations, clinical providers or administrators, QUEST Health Plans, and other state agencies.
  - Responsibilities
    - Attend all meetings (in person or virtually)
    - Actively participate in discussions and advise the state regarding their experience with the Med-QUEST program in relation to:
      - Additions and changes to services
      - Coordination of Care
      - Quality of Services
      - Eligibility, enrollment, and renewal processes
      - Member and provider communication from Med-QUEST or MCOs
      - Cultural competency, language access, and health equity
      - Access to services
      - Other issues that impact the provision or outcomes of health and medical care services
    - Consider and promote the well-being of the Med-QUEST member population .

Medicaid Advisory Council Bylaws

- Article V: Meetings
  - Frequency
    - The MAC will meet at least once per quarter. Additional meetings may be scheduled as necessary and would not require additional BAC meetings to precede it. At least once a quarter, BAC meetings must occur prior to MAC meetings.
  - Quorum
    - A quorum shall consist of at least 50% of the council membership and at least 1 BAC council member.
  - Meeting Format
    - Meetings may be conducted in person and/or virtually to accommodate member participation. Dial-in option is required for all meetings. 30-days in advance of the meeting, the date, location, and time must be publicly available.
  - Public Access
    - A minimum of 2 MAC meetings per year will be open to the public.
    - MAC bylaws, meeting schedules, agendas, and minutes will be posted on the Med-QUEST website.
    - Meeting minutes may include names of BAC members who consent to having their names included within the attendance.
  - Meetings
    - Meeting minutes will be published on the Med-QUEST website within 30 days after the meeting.

Transitioning from the Medicaid Healthcare Advisory Council to the Medicaid Advisory Council

Next Steps:

- Due to federal requirements, the current bylaws were posted in July, and are currently available for reference on the MQD website: *Resources > Community Resources > MAC > Bylaws Link*
  - *If you have any additional feedback after this meeting, please feel free to share your thoughts via email:* ***MQDMAC@dhs.hawaii.gov***

e. Update on 1115 demonstration implementation

f. PUBLIC COMMENT

g. MHAC COMMENT

V. Health Plan Member Communications Presentations

a. AlohaCare

ALOHACARE

2025

Communication Strategy

Med-QUEST Healthcare Advisory Committee

Paula Arcena| Jerome Janicek | Janai Miki | Charleen Pule

Agenda

01	Our Membership
02	Member Engagement Goals
03	Improvement Initiatives
04	Whole Person Care Through Collaboration
05	Story Collection & Sharing

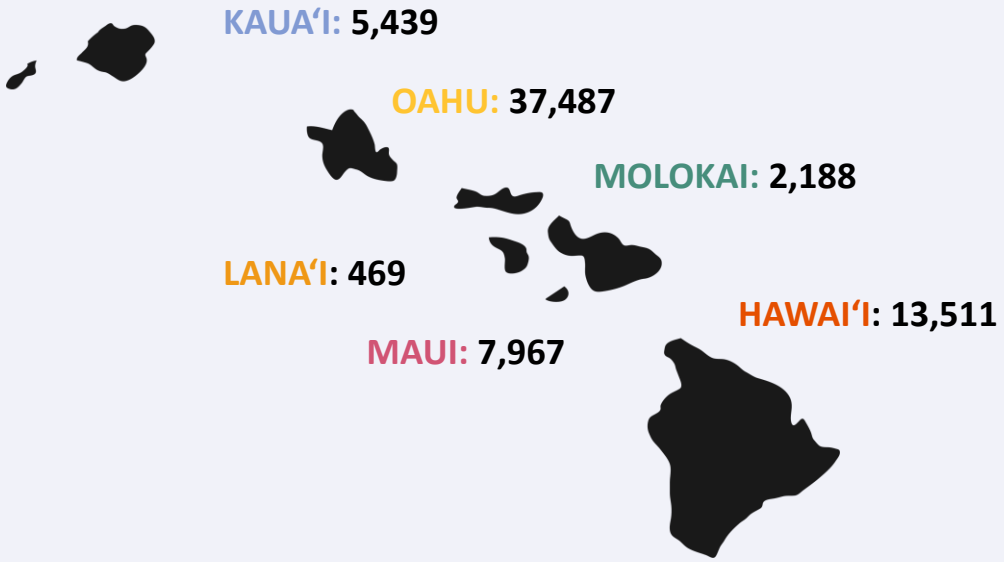
About Us

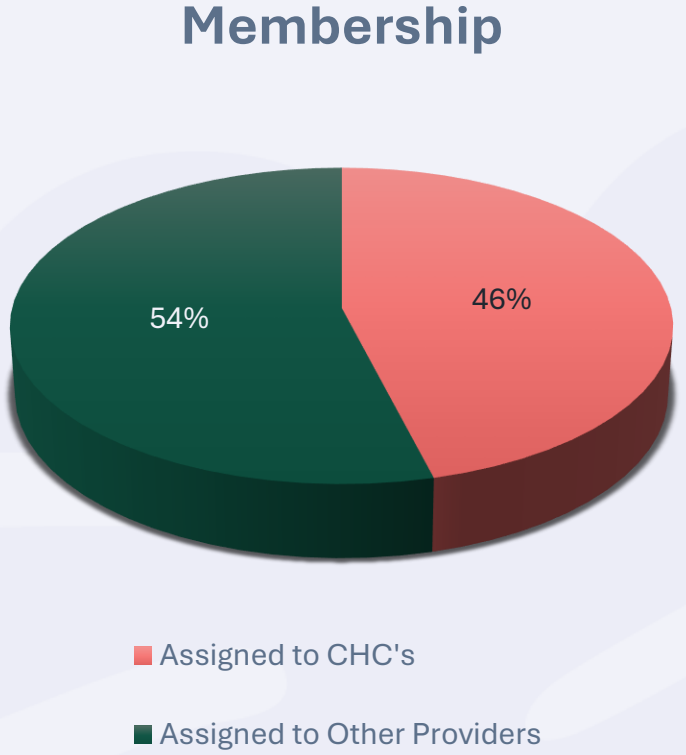
Founded by Hawai’i’s community health centers and Queen Emma Clinics, we are Hawai’i’s community-driven health plan, serving QUEST (Medicaid) and Medicare members for over 30 years.

We support individual wellness and promote community access to quality care in collaboration with community health centers and others who share our commitment.

ALOHACARE

Our Membership





69,100 QUEST Medicaid and D-SNP Members

2,307 Medicare Members

66,800 Medicaid Members

6,500+Providers in our network

ALOHACARE

Our Member's Needs

Gaps in Care

- Well Child Visits
- Annual Wellness Visit
- Prenatal Care Visit
- Postpartum Visit
- Breast Cancer Screening

Medical

- Acute Otitis Media
- Asthma
- Diabetes
- Hyperlipidemia
- Obesity

Behavioral

- Substance Abuse
- Depression
- Anxiety
- Schizophrenia
- Autism

Social

- Housing & shelter
- Wellness
- Food Assistance
- Physical Health
- Benefits Navigation

ALOHACARE

Member Engagement Goals

Develop a resilient and responsive organization committed to understanding and addressing the evolving needs of our members and the communities we serve.

Offer timely, empathetic, personalized, and coordinated communication through the most effective channels.

Empower members to take charge of their health and wellness by providing them with information that allows them to make informed health decisions.

ALOHACARE

Communication Strategy: Improvement

- Omnichannel Strategy
  - Engage with members at their preferred method of communication
- Product Enhancement
  - Five9
  - Nations Benefits (OTC, Fitness and Rewards)
- Whole Person Care Through Collaboration
  - Health Care Coordination
  - Peer Specialists
  - Community Partnerships
- Story Collection
  - Giving our members, partners and community a voice

Whole Person Care Through Collaboration

- Effective collaboration allows for the creation of **consistent, clear, and reassuring messaging** for members. This unified voice ensures members:
- **Understand** their full range of benefits and available supports.
- **Trust** that all members of their care team (from provider to peer specialist) are working together on their behalf.
- **Feel empowered** to actively participate in their own comprehensive care plan, leading to greater adherence and better health outcomes.
- The result is a simplified, holistic experience that addresses complexity **behind the scenes** so the member only sees a single, supportive, and well-coordinated system.

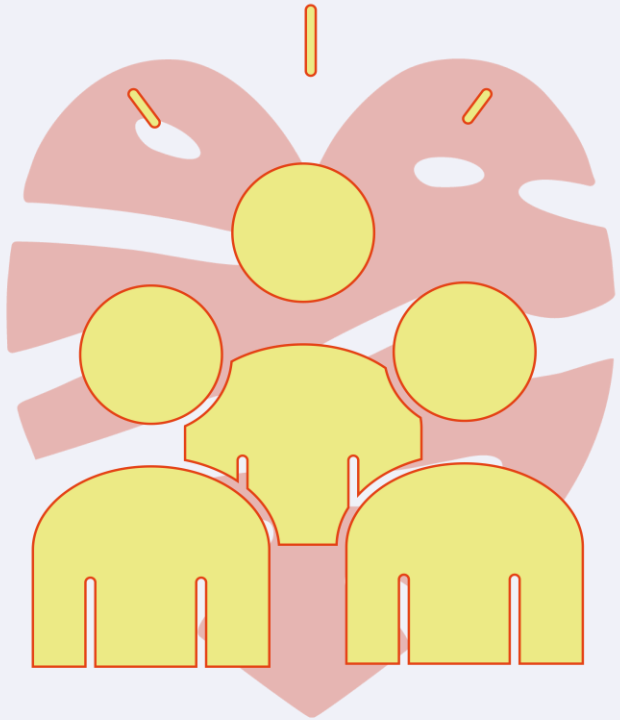
ALOHACARE

Community Partnerships

- Community Health Centers – CHW Collaboration
- Referral Relationships
- Empowerment Resources
- Community Giving
- Health Safety Net Coalition

ALOHACARE

Member Story: Mark Buchli



“To inspire people, don't show them your superpower. Show them theirs”

- AlohaCare Medicaid member since 2020.
- Has struggled for many years with depression, anxiety and substance use.
- Houseless and was living at Hui Mahai’ai ‘Āina also known as “Auntie Blanche” a homeless community program in Waimanalo.
- Was hospitalized at Castle Medical for suicidal ideation.
- Certified Peer Specialist - Charleen Pule
- Community Health Worker - Adrian Lagpacan

ALOHACARE

Mahalo!

V. Health Plan Member Communications Presentations

b. United Healthcare

Med-QUEST Healthcare Advisory Committee (MHAC)

UnitedHealthcare Community Plan: Hawai‘i

Member Communication Strategy

October 15, 2025

United Healthcare

Our Mission & Vision

We're helping people live healthier lives and helping make the health system work better for everyone.

Be the most trusted name in health care committed to building a modern, high-performing health system

Partnership

Be recognized as a leader in delivering person-centered, community-based health care that achieves better health outcomes and improves health care affordability for states.

Consumers

Deliver simplicity and earn trust

Community

Be a catalyst for person-centered, community-based health transformation.

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CONNECTING with Our Members

Partnerships

Messaging

Member Experience

Voice of our members

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Partnerships

Provider Education	**Community Partners**	**Helping Hands of Hawaii**
Knowledge of plans and benefits	**Collaborate w/community organizations to engage with our members in the community**	**Bilingual Access Line**

Example:

H.O.M.E. Project Learning Session: Education of our Medicaid and DSNP plans and benefits to staff

HAWAII H.O.M.E. PROJECT
Homeless Outreach & Medical Education

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Messaging

Living Aloha

Photo collection capturing the culture, diversity, and Aloha of our members

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Member Experience

Hāpai Mālama Program

CHW worked with a pregnant mother who delivered recently in September. Member was often difficult to engage with throughout pregnancy and post-pregnancy

CHW remained positive, patient, understanding, and diligent working with member to ensure she showed up to her appointments and got the needed care and support

Today, member is receptive in receiving support for herself and family through her providers, lactation specialists, family on the mainland, and family counseling for her and her husband

Malu Kou

The member expressed deep appreciation for the support received in identifying new specialists to join her care team, including a Gastroenterologist and an Otolaryngologist.

She successfully completed recommended preventative screenings, helping to close critical gaps in her healthcare.

Member values the convenient location of Malu Kou, especially its accessibility via the bus line, which encourages her to return frequently.

The compassionate care provided by staff at Malu Kou has significantly enhanced her overall experience with UHC, leaving a lasting positive impact.

Member reports she feels encouraged and confident navigating her healthcare journey and has developed trust in the service and support received.

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Voice of Our Members

C&S+ Member Service Operations

Simplifying the Complex for Under Served Communities

Advocate4Me & Chat
Advocate

Inbound Call & Chat Service Model

Consumers contact the Toll-free number on their ID Card or engage via Chat through the member portal or mobile app

The Advocate supports:

- Answering the consumer's direct questions and predict potential needs
- Schedule medical appointments
- Addresses the member centric alerts to cultivate healthier decisions as guided by UHG Analytic engines
- Coordinates issues resolution, through a commitment follow up/ through model, for all issues not resolved real time

Advocate and Navigator

Advocate and Navigator Streamlined Support

Advocates and Navigators receive access to all the same resources and tools

Areas of support include but not limited to: Benefits, Ancillary, Medicare + Medicaid Coordination, clinical coordination, Provider search, Housecalls scheduling, other STARS NBAs, SDoH, etc.

Navigate4Me
Navigator

Outbound & Inbound

When assigned, the navigators engage the members through outbound calls.

- Outreaches are prioritized based off STARS priority and open PCP engagement, Rx Refill opportunities, screenings and Coordination of Care Next Best Actions (NBAs)
- Model is flexible enough to change as STARS rating criteria changes
- Navigated members receive support or interventions to coordinate care and address gaps in care.
- When assigned, inbound call from member will be routed to navigator if authentication occurs and navigator is available.

Member quote: "Well, I am very happy that Tom went through this whole process and explained it to me and he put my mind at ease because I went through this whole process on my own for a long time and I thought it got all settled and then I had some mail that brought about it all back. With Tom, he stayed on the phone with me for 2 hours and helped me get through this process. And I am very grateful. Thank you."

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Mahalo!

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c. PUBLIC COMMENT

d. MHAC COMMENT

VI. State Plan Amendment (SPA) Presentations and Discussions

a. State Plan Amendment: UPDATES - PRESENTATION ON THE STATUS OF STATE PLAN AMENDMENTS PREVIOUSLY REVIEWED BY THE MHAC

State Plan Updates

- **SPA 25-0013 Increase in State Supplemental Payment-** -Under CMS review, submitted to CMS 09/26/25.
- **SPA 25-0008 Medical Supplies and Home Pharmacy alignment** –Withdrew SPA, Hawaii is looking at additional sections related to SPA pages that will also need to be updated, per CMS recommendations.
- **SPA 23-0007 Medicaid Application**-In Request for Additional Information (RAI)
- **SPA 25-0007 Medical Care Advisory Committees (MCAC) Requirements** –CMS reviewing internally if Hawaii needs to submit a SPA.
- **SPA 25-0004 Targeted Case Management- adding Juvenile Justice Individuals (adult children, DDID)** –Hawaii is reviewing CMS recommendations.

SPA 25-0012 Clinic Benefits

Background:

On November 27, 2024, CMS published the Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule which amended the Medicaid clinic services benefit at 42 CFR § 440.90 to authorize:

- *A mandatory exception to the Medicaid clinic services benefit "four walls" requirement for Indian Health Service (IHS) and Tribal clinics; and*
- *Optional exceptions for behavioral health clinics and clinics located in rural areas.*

CMS developed a state plan amendment (SPA) template to implement this coverage and to serve as a standardized format for the Medicaid clinic services benefit state plan pages, thereby replacing the existing state plan pages for the clinic services benefit.

SPA 25-0012 Clinic Benefits

.**Template:**

§*General Assurances*

§*Descriptions of Types of Clinic Services and Limitations if any*

§*"Four Walls" exception option to the Medicaid Clinic Services benefit*

§*Additional attestations*

Submission to CMS- prior to November 30, 2025 **Proposed Effective Date October 1, 2025**

C. State Plan Amendment: Coming Soon

- **SPA 25-0011 Provider Licensure**

d. PUBLIC COMMENT

e. MHAC COMMENT

VII. Next Meeting: December 10, 2025

VIII. ADJOURN


Mahalo!