AGENDA

I. Welcome/Call to Order

II. Introductions

III. Review of meeting participation guidelines and process

IV. Med-QUEST Program Activities Updates – Presentations on the latest Med-QUEST activities. Topics include:
   I. Enrollment & applications
   II. Marketplace
   III. Medicaid Innovation Collaborative

Public Comment

V. State Plan Amendment Presentations and Discussions
   I. State Plan Amendment Status Reports - Presentation on the status of State Plan Amendments previously reviewed by the MHAC.
      I. 21-0012 Pharmacy and Preventative Services
      II. 21-0016 Non-Emergency Medical Transportation (No change from 11/17/21)

   II. New State Plan Amendments for review
      I. SPA 21-0017 Third Party Liability (TPL) – The proposed amendment allows for payment up to 100 days instead of 90 days for claims related to medical child support enforcement.
      II. SPA 21-0019 Critical Access Hospital (CAH) limit removal - The proposed amendment removes application of cost limits on critical access hospital (CAH) acute and nursing facility reimbursement.

   III. Public Comment

VI. Adjourn
IV. Med-QUEST Program Activities Updates

Topics include:

Enrollment and Applications
Marketplace Open Enrollment
Medicaid Innovation Collaborative
Application increase in Nov-Dec reflects additional application activity due to the Federal Marketplace open enrollment period. One-time increase due to processing backlog of applications from the Federal Marketplace.
Applications by Island from March 2019 through December 13, 2021
Hawai'i Medicaid Monthly Enrollment: January 2019 to December 13, 2021
107,615 additional enrollments since 3/6/2020 (33% Increase)

Total Enrollment, Hawaii Medicaid (Jan 2019 - Present)
Medicaid enrollment by County on December 13, 2021 and percent increase in enrollments since March 6, 2020

- 264,441, 34% increase
- 88,692, 27% increase
- 55,478, 39% increase

26,123, 35% increase
Open Enrollment is here! Act by Dec 15 for coverage starting Jan 1

First time applying here? Take the first step to apply
Already have a Marketplace plan? Log in to renew/change plans

Open Enrollment for 2022 has been extended this year from November 1, 2021 through January 15, 2022
Federal Poverty Level (FPL) for Your Household Monthly Income

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Medicaid Limit</th>
<th>Marketplace Subsidy Limit</th>
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<tbody>
<tr>
<td>1</td>
<td>$1,705</td>
<td>$4,940</td>
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<tr>
<td>2</td>
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<td>$6,680</td>
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<tr>
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<td>$8,420</td>
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<tr>
<td>4</td>
<td>$3,506</td>
<td>$10,160</td>
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<tr>
<td>5</td>
<td>$4,106</td>
<td>$11,900</td>
</tr>
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</table>

Apply for Medicaid at Medical.mybenefits.hawaii.gov if your monthly household income is below these amounts: *Note that there are higher limits for pregnant women and children so please be sure to apply for Medicaid to see if you are eligible for coverage.*

Apply for Marketplace coverage at HealthCare.gov if your monthly household income is higher than the 138% Medicaid limit. The Marketplace offers subsidies for households whose incomes are up to 400% of the FPL.
Medicaid Innovation Collaborative

Update MIC Program & Incorporating Member Voice

www.medicaidcollaborative.org
Medicaid Innovation Collaborative catalyzes and enables innovation in Medicaid that advances health equity, transforming the health and wellbeing of our most vulnerable patient populations at scale.
Our program enables the Medicaid ecosystem to coordinate and collaborate on deploying digital health & care delivery innovation.

...these innovations will reflect the diverse range of priorities and constraints of key stakeholders...

...and meaningfully **advance health equity** by enabling the Medicaid ecosystem to...

...address social drivers of health

...fill in maternity care gaps

...increase access to behavioral care

[Diagram showing Medicaid Offices, Health Plans, State Agencies, Providers, Innovators, Medicaid Members, CBOs]
Hawaii

<table>
<thead>
<tr>
<th>State Medicaid Director</th>
<th>Judy Mohr Peterson, <a href="mailto:jmohrpeterson@dhs.hawaii.gov">jmohrpeterson@dhs.hawaii.gov</a></th>
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<tbody>
<tr>
<td>State Liaison</td>
<td>Jon Fujii, <a href="mailto:jfujii@dhs.hawaii.gov">jfujii@dhs.hawaii.gov</a></td>
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Area Of Focus:
Engaging high-priority sub-populations in SUD and/or mental health treatment.

Elaboration (Subject to Final Confirmation):
Both SUD and MH, focus on Native Hawaiian pregnant moms/new moms

Primary focus on behavioral health needs (MH + SUD) for Native Hawaiian pregnant women and new mothers (+/- 12 months from birthdate of newborn). As a secondary focus, expand the criteria from Native Hawaiians to other Pacific Islanders – specifically Micronesians, Palauans & Marshallese.
Member voice is the most essential part of the Medicaid Innovation Collaborative

Member voice – often left out of the conversation – is critical for the success of any innovation that aims to advance health equity.

We are excited that initial interviews have started. And mahalo nui!! for your input and kokua thus far!

But we still need your help, specifically, we would love:

- Hearing from your organization and your network to hear your perspectives
- Help connecting with community members with lived experience.

Please contact: Kyle Murphy
kyle@medicaidcollaborative.org
V. STATE PLAN AMENDMENT PRESENTATIONS AND DISCUSSIONS: UPDATES
Background:
This State Plan Amendment (SPA) defines and clarifies Pharmacy Services, what it covers, by whom and how services are provided. Changes in federal and state statute allow pharmacists to administer and bill for certain services including vaccine administration. Pharmacy can currently bill, and this SPA will define what services can be provided by the pharmacist.

SPA language:
UPDATE- on 11/18/21 CMS advised state to revise language below with:
“2) Pharmacy Services that includes services provided by a licensed pharmacist within their scope of practice according to state law, with the following limitations:
- Pharmacists must have appropriate training that includes programs approved by the Accreditation Council for Pharmacy Education (ACPE), curriculum-based programs from an ACPE-accredited college of pharmacy, state or local health department programs or programs recognized by the board of pharmacy;
- Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Limited to medically necessary services only.”

*Whenever a benefit affects the Alternative Benefit Package (ABP-Low Income Adults group), the state is also required to post public notice as a technicality. SPA 21-0012 affects the ABP so SPA 21-0013 is the ABP version that can be viewed on the Med-QUEST site.
V. STATE PLAN AMENDMENT PRESENTATIONS AND DISCUSSIONS: NEW
21-0017 Third-Party Liability (TPL)

Hawaii is working on the pre-State Plan submission process. Goal is to submit SPA packet to CMS the week of December 27.

Background:
Technical required amendment: The proposed amendment is needed to comply with Third-Party Liability (TPL) requirements authorized under both the Bipartisan Budget Act (BBA) of 2018 (Pub. L. 115-123) and the Medicaid Services Investment and Accountability Act (MSIAA) of 2019 (Pub. L. 116-16).

SPA language:
Allows for payment up to 100 days instead of 90 days for claims related to medical child support enforcement.

Allows for payment without regard to third party liability for pediatric preventive services.

Purpose:
This change impacts health plans and provider’s as it pertains to their process for billing and impacts receipt of payment.

Public Comment
21-0019 Critical Access Hospital (CAH) limit removal
Hawaii is working on the pre-State Plan submission process. Goal is to submit SPA packet to CMS week of December 23.

Background: The proposed amendment removes application of cost limits on critical access hospital (CAH) acute and nursing facility reimbursement.

SPA language:

Effective January 1, 2022, inpatient reasonable costs for CAH facilities will not be subject to the lower of cost or charge.

Why?: This amendment is needed to increase Medicaid critical access hospital reimbursement to ensure access to healthcare in rural areas.

Public Comment