

**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION**

PUBLIC NOTICE

Pursuant to 42 C.F.R. §447.205, the Department of Human Services (DHS), Med-QUEST Division (MQD) hereby notifies the public that MQD intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS).

On February 3, 2023, under Title XIX and Section 1135 of the Social Security Act, Hawaii received approval for SPA 22-0007, "COVID-19 American Rescue Plan Act: Vaccine, Vaccine Administration, Treatment, and Testing." This approval helped ensure broader access to COVID-19 vaccines, tests, and treatments, expanded the pool of healthcare providers available to deliver needed interventions to the public, and temporarily increased the Federal Medical Assistance Percentage (FMAP) for COVID-19 vaccinations to 100%. This increase in federal matching allowed the Hawaii vaccine administration reimbursement rate for COVID-19 vaccines to increase from \$4.00 to the prevailing Medicare rate. The approval of this amendment will end on September 30, 2024, and the increase in vaccine administration reimbursement will revert back to \$4.00 if no action taken.

Hawaii is submitting SPA 24-0007 "Vaccine Administration rate increase" to increase the reimbursement amount for vaccine administration effective October 1, 2024 for CMS review and approval. We are seeking to increase the reimbursement rate for all vaccine administration services for both pediatrics and adults up to 100% of the Medicare Fee Schedule in effect for the prior calendar year for codes listed. If the code is not listed on the Medicare Fee Schedule, the vaccine administration rate will be \$18.00.

Currently the Physician Services Vaccine Administration page (Supplement to 2 to Attachment 4.19-B pg. 3) lists the \$4 administration rate and methodology. Hawaii is amending this section to remove this language using a new page, Attachment 4.19-B pg. 1.3. The intent is to clarify and consolidate the payment parameters for vaccine administration following the payment parameters shown on Attachment 4.19-B pg.1.

Amended areas on Attachment 4.19-B pg. 1.3 will include:

1. Description of the Adult and Pediatric Vaccine Administration Payment Methodology.
2. Description of Home Vaccine Administration Fee Payment Methodology.
3. Link to location of rates: <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>

Under provisions of federal law, the state is required to issue public notice of proposed changes in statewide methods and standards for setting Medicaid payment rates. This SPA is expected to have minimal effect on the annual aggregate expenditures in Hawaii.

A printed copy of the proposed changes and special accommodations (i.e., interpreter, large print or taped materials) can be arranged if requested by contacting the Policy and Program Development Office at (808) 692-8058 no later than seven (7) working days before the comment period ends.

Comments should be received **within 30 days** from the time this notice is posted. Individuals may submit written comments using the following methods:

By email: PPDO@dhs.hawaii.gov (Please identify in the subject line: State Plan Amendment 24-0007)

By mail:

Department of Human Services

Med-QUEST Division

Attention: Policy and Program Development Office

P.O Box 700190

Kapolei, Hawaii 96709

DEPARTMENT OF HUMAN SERVICES, MED-QUEST DIVISION
JUDY MOHR PETERSON, PhD
MED-QUEST DIVISION ADMINISTRATOR

Critical Care Transport Age 24 months or younger	
Supervision by a control physician of interfacility transport care; first 30 minutes	99485
Supervision by a control physician of interfacility transport care; each additional 30 minutes	99486
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

As described in Attachment 4.19-B (1).

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

As described in Attachment 4.19-B (1).

TN No. 24-0007
 Supersedes 22-0014 Approval Date: _____ Effective Date: 10/01/2024
 TN No. 22-0014

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Physician Services - Vaccine Administration

~~As described in Attachment 4.19-B (1). [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.]~~

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TN No.	24-0007		
	[22-0014]		
Supersedes		Approval Date:	Effective Date: 10/01/2024
			[10/15/2022]
TN No.	22-0014		
	[17-0002]		

(1) Vaccine Administration

Adult Vaccines:

Effective 10/01/24, The state will pay physician reimbursement for all vaccine administration services at 100% of the Medicare Fee Schedule in effect for the prior calendar year for codes listed. If the code is not listed on the Medicare Fee Schedule the vaccine administration rate is \$18.00.

Pediatric Vaccines:

Effective 10/01/24, The state will pay physician reimbursement for all vaccine administration services at 100% of the Medicare Fee Schedule in effect for the prior calendar year for codes listed. If the code is not listed on the Medicare Fee Schedule the vaccine administration rate is \$18.00 (not including vaccines administered under Vaccine for Children (VFC)).

Pediatric Vaccine Administration rates listed elsewhere in the Hawaii Medicaid State Plan will not be applicable post 10/01/24.

Under VFC 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.

Home Vaccine Administration Fee

The state will pay the home vaccine administration rate using the Medicare Fee Schedule in effect for the prior calendar year.

The additional payment for in-home Part B vaccine administration is only made if certain circumstances are met, as outlined at § 410.152(h)(3)(iii). Providers must list the HCPCS or vaccine administration code along with HCPCS code M0201.

Effective Date of Payment

Vaccine Administration:

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TN No. 24-0007

Approval Date: _____

Effective Date: 10/01/2024

Supersedes

TN No. NEW

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