

STATE OF PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII**SECTION 4 - GENERAL PROGRAM ADMINISTRATION**4.46 Provider Screening and EnrollmentCitation

1902(a) (39);
 1902(a) (77);
 1902(kk);
 P.L. 111-148; and
 P.L. 111-152

42 CFR 455
 Subpart E

PROVIDER SCREENING

- ☒ Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a) (39), 1902(a) (77) and 1902(kk) of the Act.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

- ☒ Assures enrolled providers will be screened in accordance with 42 CFR. 455.400 et seq.
- ☒ Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

- ☒ Assures that the State Medicaid agency has a method for verifying providers licensed by a State and such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

- ☒ Assures that providers will be revalidated regardless of provider type at least every 5 years.

TN No. 25-0011
 Supersedes
 TN No. 12-008

Approval Date: _____ Effective Date: 01/01/2026

STATE OF PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII**SECTION 4 - GENERAL PROGRAM ADMINISTRATION**

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

- ☒ Assure that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

42 CFR 455.420

REACTIVATION OF PROVIDER ENROLLMENT

- ☒ Assure that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

TN No. 25-0011
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42 CFR 455
 Subpart E

PROVIDER SCREENING

- ☒ Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a) (39), 1902(a) (77) and 1902(kk) of the Act.

~~[Ordering and referring providers for Medicaid beneficiaries within the provider network of a risk-based managed care organization (MCO) are subject to the compliance of the MCO screening and credentialing process. The State shall rely upon the screening performed by Medicare, other State Medicaid agencies, Children Health Insurance Programs of other States or MCOs contracted by the State for Fee-For-Service (FFS) ordering and referring providers when available. For all other FFS providers the State will perform the screening and enrollment function in accordance with the Act.]~~

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

- ☒ Assures enrolled providers will be screened in accordance with 42 CFR. 455.400 et seq.
- ☒ Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

- ☒ Assures that the State Medicaid agency has a method for verifying providers licensed by a State and such providers licenses have not expired or have no current limitations.

~~[The process for verification of provider licenses is an electronic process to assure accuracy. The Med-QUEST Division (MQD) sends a request to the Department of Commerce and Consumer Affairs (DCCA) to receive a file of all updated provider licenses. This file is imported into Hawaii's Medicaid~~

TN No. 25-0011
[12-008]

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01/29/2013

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[10/01/2012]

TN No. 12-008
[NEW]

STATE OF PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: HAWAII**SECTION 4 - GENERAL PROGRAM ADMINISTRATION**

~~Management Information System (HPMMIS) when it is received from DCCA.~~

~~Providers who have not updated their licenses are pending in HPMMIS and recoupment initiated for claims paid during the period between the expiration of the license and the processing of the DCCA file. The pend period is the last day of their previous active license through either the submission of a hard copy of their license for manual input into HPMMIS or the receipt of the subsequent electronic file from DCCA, whichever occurs earlier. Providers with inactive licenses are unable to submit claims for dates of services occurring after the pending date in HPMMIS.]~~

42 CFR 455.414

REVALIDATION OF ENROLLMENT

- ☒ Assures that providers will be revalidated regardless of provider type at least every 5 years.

~~[The State shall rely upon revalidation credentialing performed by Medicare, other State Medicaid agencies, Children Health Insurance Programs of other States or MCOs contracted by the State for Fee For Service (FFS) ordering and referring providers. The State shall assure revalidation of Fee For Service (FFS) providers not otherwise credentialed.]~~

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

- ☒ Assure that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

42 CFR 455.420

REACTIVATION OF PROVIDER ENROLLMENT

- ☒ Assure that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

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|-------------------|----------|-----------------------|------------------------|--------------|
| TN No. | 25-0011 | | | |
| | [12-008] | | | |
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