

**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 the MQD intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS).

Under the provisions of federal law, the state is required to issue public notice of proposed changes to statewide methods and standards for setting Medicaid payment rates.

Hawaii is submitting SPA 26-0002 "Licensed Non-Nurse Midwives" to expand access to maternal health services by authorizing reimbursement for services furnished by Licensed Non-Nurse Midwives, consistent with state licensure and scope of practice laws effective May 1, 2026.

This amendment aligns with federal objectives to improve maternal and infant health outcomes, reduce disparities in care, and increase access to qualified maternity care providers.

1. Supplement to Attachment 3.1-A and 3.1-B Addendum 3- Licensed Non-Nurse Midwife Services

Adds a licensed non-nurse midwife definition to the "Service of Other Providers" section in Hawaii's Medicaid State Plan. Hawaii intends to identify specific types of Licensed non-nurse Midwives [i.e. Certified Midwives (CMs) and Certified Professional Midwives (CPM)] as identified in HRS 457J.

2. Attachment 4.19-B pg. 1-Payment methodology for Licensed Non-Nurse Midwife Services description.

Payment shall be at no less than 60% of the current Medicare Fee Schedule in effect for the prior calendar year or as required by federal law and regulations not to exceed 100% of the applicable Medicare rate or the rate established by the Department located at <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>

SPA 26-0002 is expected to have minimal effect on the annual aggregate expenditures.

The proposed changes will be submitted to the federal government for review as a Medicaid SPA.

A printed copy of the proposed changes and special accommodation (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** of 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 26-0002)

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
MEREDITH NICHOLS
MED-QUEST DIVISION ADMINISTRATOR

State: Hawaii

1. HAWAII MEDICAID FEE SCHEDULE:

State-developed fee schedule rates are the same for both governmental and private providers. The Hawaii Medicaid Fee Schedule is made effective for services rendered on or after January 1, 2024. The Medicaid Fee Schedule is located at <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>

2. NON-INSTITUTIONAL ITEMS AND SERVICES:

The following is a description of methods and standards for determining payment rates for non-institutional items and services, Effective 01/01/2024 unless otherwise specified.

- A. Physician Services in accordance with 42 CFR 447.400(a) and Behavioral Health Services.
 - i. Payment shall be paid at 100% of the current Medicare Fee Schedule in effect for the prior calendar year.
- B. Providers listed in the Medicare Fee Schedule who are non physician practitioners subject to payment reductions by Medicare are paid in accordance to the current Medicare Fee Schedule in effect for the prior calendar year.
- C. Other Licensed Providers not listed above (i.e. licensed practitioners within the scope of their practice as defined by state law) providing services and non institutional items are paid at no less than 60% of the current Medicare Fee Schedule in effect for the prior calendar year or as required by federal law and regulations not to exceed 100% of the applicable Medicare rate.
 - i. Other licensed provider services includes services provided by licensed pharmacists (such as administration of vaccines). Payment for these services shall be made to the affiliated billing provider/Pharmacy, in accordance with the Hawaii Medicaid Fee Schedule located at <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/feeschedules.html> Does not include dispensing fees.
 - ii. Licensed Non-nurse Midwife Services
Payment shall be at no less than 60% of the current Medicare Fee Schedule in effect for the prior calendar year or as required by federal law and regulations not to exceed 100% of the applicable Medicare rate or the rate established by the Department located at <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>

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TN No. 26-0002
 ~~[23-0008]~~

Supersedes

Approval Date:

Effective Date:

05/01/2026

[01/01/24]

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 ~~[21-0012]~~