

**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).

We are submitting SPA TN No. 21-0012 “Pharmacy Services”. The proposed amendment to the Medicaid State Plan defines and clarifies Pharmacy Services under “Services of Other Providers” in Supplement to Attachment 3.1-A and 3.1-B pg. 2, what it covers, who can provide these services, and how they are to be provided. The amendment to Attachment 4.19-B pg. 1 also identifies the reimbursement rate and methodology for these services.

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.

SPA 21-0012 is expected to have minimal effect on the annual aggregate expenditures for the State. The proposed changes will be submitted for review to the federal government as a Medicaid SPA.

For a copy of the proposed changes, please contact:

By email: PPDO@dhs.hawaii.gov (Please identify in the subject line: State Plan Amendment 21-0012)

By mail:

Department of Human Services
Med-QUEST Division
Attention: Policy and Program Development Office
P.O. Box 700190
Kapolei, Hawaii 96709

A printed copy of the proposed changes and special accommodations (i.e., interpreter, large print or taped materials) can be arranged 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:

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

6a. Podiatry services are provided with the following limitations:

- 1) Hospital inpatient services and appliances costing more than \$100.00 require prior approval by the department.

6b. Routine eye exams provided by qualified optometrists are authorized once in a one-year period for individuals under the twenty-years and once in a two-year period for adults age twenty-one years and older. Visit done more frequently may be prior authorized and covered when medically necessary. Emergency eye care shall be covered without prior authorization. The following limitations apply:

- 1) Approval required for contact lenses, subnormal visual aids costing more than \$50.00 and to replace glasses or contacts within one year for individuals under age twenty-one years and within two years for adults age twenty-one and older. Medical justification required for bifocal lenses.
- 2) Trifocal lenses are covered only for those currently wearing these lenses satisfactorily and for specific job requirements.
- 3) Bilateral plano glasses covered as safety glasses for persons with one remaining eye.
- 4) Individuals with presbyopia who require no or minimal distance correction shall be fitted with ready made half glasses instead of bifocals.

6d. Service of Other Providers:

- 1) Services of a Psychologist are provided with the following limitations:
 - a. Testing is limited to a maximum of 4 hours once every 12 months or to 6 hours, if a comprehensive test is justified.
 - b. Prior authorization is required for all psychological testing except forttests that are requested by the department's professional staff.

The providers for SAT services are psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses (APRN), marriage and family therapists (MFT), and licensed mental health counselors (MHC), in behavioral health. Settings where services will be delivered are in outpatient hospitals/clinics including methadone clinics, and physician/provider offices. Only professional fees are paid when services are provided in an outpatient or clinic setting and are paid at or below the Medicare fee schedule rate.

SAT services that are medically necessary shall be provided with no limits on the number of visits in accordance with the parity law. SAT services that are medically necessary shall be reimbursed with the existing approved Medicaid fee Schedule or PPS methodology.

- 2) Pharmacy Services that includes services provided by a licensed pharmacist within their scope of practice 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.

'I'N No. 21-0012
 Supersedes _____ Approval Date: _____ Effective Date: 10/01/2021
 'I'N No. 21-0002

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'N No. 21-0012
 Supersedes _____ Approval Date: _____ Effective Date: 10/01/2021
 'N No. 21-0002

State: Hawaii**NONINSTITUTIONAL ITEMS AND SERVICES:**

The State assures that the reimbursement to public and private providers of Medicaid services, products or items are the same and does not subdivide or subclassify its payment rates.

All payment rates and their effective dates shall be reflected in the Division's website at <https://medquest.hawaii.gov>.

1. **HAWAII MEDICAID FEE SCHEDULE:**

The Hawaii Medicaid Fee Schedule was updated on June 24, 2020 and made effective for services rendered on or after that date. The current Hawaii Medicaid Fee Schedule is based on sixty percent of the 2006 Medicare Fee Schedule and it is located at <https://medquest.hawaii.gov>.

Reimbursement rates, except as specified below and other parts of this Attachment, for providers of medical care who are individual practitioners and other providing non-institutional items and services shall not exceed the maximum permitted under federal laws and regulations and shall be the lower of the Medicare Fee Schedule, the State limits as provided by the Appropriation Act, the Hawaii Medicaid Fee Schedule or the provider's billed amount.

These services include:

- (a) Physician services;
 - (1) Payment shall be sixty per cent of the 2006 Medicare Fee Schedule for physician services. The rate was set and effective on or after June 24, 2020.
 - (2) The methodology for the calculation of enhanced payments for certain primary care physician services delivered to Medicaid recipients is described in Supplement 2 to Attachment 4.19-B. The reimbursement rates are published and located at <https://medquest.hawaii.gov>.
- (b) Podiatric services;
- (c) Optometric services;
- (d) Other licensed practitioner services including nurse midwife, and pediatric nurse practitioner, advanced practice registered nurse in behavioral health are reimbursed at seventy-five per cent of the Medicaid reimbursement rate for a psychiatrist. Services provided by a licensed clinical social worker, marriage and family therapist, and licensed mental health counselor are reimbursed at seventy-five per cent of the Medicaid reimbursement rate for a psychologist. Services must be medically necessary to receive coverage. Medical necessity is determined by the Medicaid program;
- (e) Pharmacy Services that includes services provided by licensed pharmacists, such as administration of vaccines, are reimbursed according to the Medicaid Fee Schedule located at <https://medquest.hawaii.gov>. Does not include dispensing fees.
- (f) Physical therapy;
 - (g) Occupational therapy;
 - (h) Services for persons with speech, language, and hearing disorders;

TN No. 21-2012

Supersedes

TN No. 17-0002

Approval Date: _____

Effective Date: 10/01/21

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TN No.	<u>21-2012</u> [17-0002]	Approval Date:	Effective Date:	10/01/21 [01/01/17]
Supersedes				
TN No.	<u>17-0002</u> [15-003]			