

ATTACHMENT P
Provider Rate Increase Attestation Table

Hawaii HRSN and DSHP Related Provider Payment Increase Assessment – Attestation Table		
The reported data and attestations pertain to HRSN and DSHP related provider payment increase requirements for the demonstration period of performance DY 32 through DY 36.		
Category of Service	Medicaid Fee-for-Service to Medicare Fee-for-Service Ratio	Medicaid Managed Care to Medicare Fee-for-Service Ratio
Primary Care Services	100%	100%
	<i>We believe the approach is consistent with STC 13.5(a)</i> <i>We note also that Hawai`i is effectively 100% Managed Care.</i>	<i>We believe the approach is consistent with STC 13.5(a).</i>
Obstetric Care Services	100%	100%
	<i>We believe the approach is consistent with STC 13.5(a).</i> <i>We note also that Hawai`i is effectively 100% Managed Care.</i>	<i>We believe the approach is consistent with STC 13.5(a).</i>

Behavioral Health Care Services	100%	100%
	<i>We believe the approach is consistent with STC 13.5(a).</i> <i>We note also that Hawai'i is effectively 100% Managed Care.</i>	<i>We believe the approach is consistent with STC 13.5(a).</i>
In accordance with STCs 13.1 through 13.14, including that the Medicaid provider payment rates used to establish the ratios do not reflect fee-for-service supplemental payments or Medicaid managed care pass-through payments under 42 CFR 438.6(a) and 438.6(d), I attest that at least a two percentage point payment rate increase will be applied to each of the services in each of the three categories with a ratio below 80 percent in both fee-for-service and managed care delivery systems as applicable to the state's Medicaid or demonstration service delivery model. Such provider payment increases for each service will be effective beginning on January 1, 2027 and will not be lower than the highest rate for that service code in DY 32 plus a two-percentage point increase relative to the rate for the same or similar Medicare billing code through at least December 31, 2029. For the purpose of deriving the Medicaid to Medicare provider payment rate ratio, and to apply the rate increase as may be required under a fee-for-service delivery system or under managed care delivery system, as applicable, the state agrees to define primary care, behavioral health and obstetric care, and to identify applicable service codes and providers types for each of these service categories in a manner consistent with other state and federal Medicaid program requirements, except that inpatient behavioral health services may be excluded from the state's definition. The services that comprise each service category to which the rate increase must be applied will include all service codes that fit under the state's definition of the category, except the behavioral health codes do not have to include inpatient care services. For provider payment rates paid under managed care delivery system, the data and methodology for any one of the service categories as provided in STC 13.4 will be based on Medicaid managed care provider payment rate and utilization data. <i>[Select the applicable effective date, must check either a. or b. below]</i> X a. The effective date of the rate increases is the first day of DY 34 (January 1, 2027) and will be at least sustained, if not higher, through DY 36 (December 31, 2029).		

☐b. Hawaii has a biennial legislative session that requires provider payment approval, and the timing of that session precludes the state from implementing the payment increase on the first day of DY 34 (January 1, 2027). Hawaii will effectuate the rate increases no later than the CMS approved date of *[insert date]*, and will sustain these rates, if not made higher, through DY 36 (December 31, 2029).

Hawaii *does* make Medicaid state plan fee-for-service payments for the following categories of service for at least some populations: primary care, behavioral health, and / or obstetric care.

For any such payments, as necessary to comply with the HRSN and DSHP STCs, I agree to submit by no later than *[see statement at the end of this document]* for CMS review and approval the Medicaid state plan fee-for-service payment increase methodology, including the Medicaid code set to which the payment rate increases are to be applied, code level Medicaid utilization, Medicaid and Medicare rates for the same or similar Medicare billing codes, and other data used to calculate the ratio, and the methodology, as well as other documents and supporting information (e.g., state responses to Medicaid financing questions) as required by applicable statutes, regulations and CMS policy, through the submission of a new state plan amendment, following the normal SPA process including publishing timely tribal and public notice and submitting to CMS all required SPA forms (e.g., SPA transmittal letter, CMS-179, Attachment 4.19-B pages from the state), by no later than *[see statement at the end of this document]*.

Hawaii does include the following service categories within a Medicaid managed care delivery system for which the managed care plans make payments to applicable providers for at least some populations: primary care, behavioral health, and or obstetric care.

For any such payments, as necessary to comply with the HRSN and DSHP STCs, I agree to submit the Medicaid managed care plans' provider payment increase methodology, including the information listed in STC 13.10 through the state directed payments submission process and in accordance with 42 CFR 438.6(c), as applicable, by no later than *[see statement at the end of this document]*.

If the state utilizes a managed care delivery system for the applicable service categories, then in accordance with STC 13.8, I attest that necessary arrangements will be made to assure that 100 percent of the two-percentage point managed care plans' provider payment increase will be paid to the providers of those service categories and none of this payment rate increase is retained by the managed care plans.

Hawaii further agrees not to decrease provider payment rates for other Medicaid- or demonstration-covered services to make state funds available to finance provider rate increases required under this STC Section 13.

I, *Eric Nouchi, Med-QUEST Division Finance Officer*, attest that the above information is complete and accurate.

[Provide signature Eric Nouchi] *[Provide date April 7, 2025]*
[Eric Nouchi]

Provider Rate Increase Attestation Narrative

The State updated fee schedule methodologies to be consistent with 100% of the Medicare Fee Schedule in effect for the prior calendar year effective January 1, 2024. This was incorporated into the State Plan and managed care plans were directed to follow the state plan with regard to payment for physicians, behavioral health providers, and other health care professionals outlined in the memo below.

Our understanding of the 13.5(a) approach is that it is a broad comparison to Medicare such that all services in that cohort should compute to the same percentage of Medicare as a ratio to the Medicaid fee schedule, where 13.5(b) may have more variation in the ratio for each service but the aggregate meets the threshold.

Further supporting this attestation:

- State Plan Memo 23-08 implementing professional fee schedule changes.

<https://medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/hawaii-state-plan/spa-memos/SPA%20MEMO%2023-08%20and%20Attachments.pdf>

- Memo instructing managed care plans to reimburse professional and behavioral health providers at 100% of the prevailing Hawai'i Medicare fee schedule.

[https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2341.%20CCS-2314.%20FFS-23-24%20Professional%20Fee%20Schedule%20Update%20to%20100%20Medicare%20\(part%201\)%20-%20signed.pdf](https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2341.%20CCS-2314.%20FFS-23-24%20Professional%20Fee%20Schedule%20Update%20to%20100%20Medicare%20(part%201)%20-%20signed.pdf)