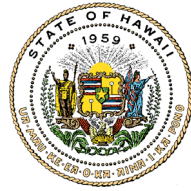


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December 5, 2023

MEMORANDUM

MEMO NO.

QI-2341

CCS-2314

FFS 23-24

TO: QUEST Integration (QI) Health Plans  
Community Care Services Health Plan  
Fee-For-Service Providers

FROM: Judy Mohr Peterson, PhD   
Med-QUEST Division Administrator

SUBJECT: PROFESSIONAL FEE SCHEDULE UPDATE TO 100% MEDICARE

The purpose of this memo is to inform our health plans and providers of a change to the fees paid to certain providers when rendering services to our Medicaid members under the Fee-For-Service program.

*Background*

Med-QUEST Division (MQD) has received targeted funding from Governor Green's administration and the Legislature during the 2023 legislative session to increase the fees paid to professional providers and behavioral health providers to 100% of prevailing Hawaii Medicare fees for services rendered beginning January 1, 2024. This memorandum shall supersede PCP enhancement guidance in memorandum QI-2146.

*Implementation*

Payment will be based on the resource-based relative value scale (RBRVS) and conversion factor. Services not covered by Medicare but have relative value units (RVUs) are included.

The physicians and behavioral health providers receiving 100% of prevailing Medicare professional fees are:

1. Medical Doctors
2. Doctors of Osteopathy
3. Psychologists
4. Certified Nurse Midwives

Also impacted by this fee change are certain other health care professionals who will receive a percentage of the prevailing Medicare professional fee schedule. These percentages are consistent with Medicare reimbursement and are detailed in the table below:

<i>Other Professionals (and the HOKU PT)</i>	<i>% of Medicare Fee Schedule</i>
Nurse Practitioner (PT 19)	85%
Certified Clinical Nurse Specialist (PT 19)	85%
Physician Assistant (PT 18)	85%
Mental Health Counselor (PT 51)	75%
Marriage and Family Therapist (PT 86)	75%
Licensed Clinical Social Worker (PT 75)	75%

For the providers listed above, exclusions to this fee increase include:

- Certain professional or behavioral health procedure codes that do not have an established Medicare fee. MQD will be reviewing data for non-Medicare codes and may provide further guidance in the future.
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services will continue to receive the enhanced rate of \$120.00.
- Procedure codes for applied behavioral analysis, hospice, home-health, home and community-based services, durable medical equipment, non-emergency medical transportation, office administered drugs, ambulance, prosthetics, laboratory, radiology, and pathology.
- Prospective Payment System (PPS) fees paid to Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC).

Sub-capitated and other value-based payment arrangements are acceptable and encouraged, and when used shall be based on Medicare payment levels at least equivalent to what is described above.

If you have questions, please send an email to [HCSBInquiries@dhs.hawaii.gov](mailto:HCSBInquiries@dhs.hawaii.gov).