



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Health Care Services Branch
P.O. Box 700190
Kapolei, Hawaii 96709-0190

April 24, 2020

MEMORANDUM

MEMO NO.
QI-2016

TO: QUEST Integration (QI) Health Plans

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

SUBJECT: COVID-19 PANDEMIC ACTION PLAN FOR QI HEALTH PLANS AND PROVIDERS – PART IV

The purpose of this memorandum is to further operationalize the various waivers and flexibilities that DHS-MQD has received or requested and offers additional guidance to the QI-2009, QI-2014 and QI-2015 memoranda which outline a pandemic action plan for QI health plans. The goal of the pandemic action plan is to maintain the health and safety of the QI members and health plan personnel, and continued access to necessary services during and through the Public Health Emergency (PHE) that was declared by the Secretary of the Department of Health and Human Services on January 31, 2020, and shall remain in effect through the last day of the final month of the Public Health Emergency (PHE).

Below are details on how waivers shall be operationalized:

1. **Medicaid Provider Enrollment Compendium (MPEC) (7/24/18 pg. 42)** – *For the duration of the public health emergency, Hawaii may reimburse out-of-state providers (not enrolled in Hawaii Medicaid program) for multiple instances of care to multiple participants, so long as the other criteria listed below are met:*
 - *The item or service is furnished by an institutional provider, individual practitioner, or pharmacy at an out-of-state/territory practice location– i.e., located outside the geographical boundaries of the reimbursing state/territory’s Medicaid plan,*

- *The National Provider Identifier (NPI) of the furnishing provider is represented on the claim,*
- *The furnishing provider is enrolled and in an “approved” status in Medicare or in another state/territory’s Medicaid plan,*
- *The claim represents services furnished.*

a. Waiver to be operationalized as written for out-of-state providers.

2. **42 C.F.R. §455.405 regarding State Plan Requirements for Provider Screening and Enrollment** – *CMS approves a waiver under section 1135 that allows providers not already enrolled with another SMA or Medicare, to waive the following screening requirements under 1135(b)(1) and (b)(2) of the Act, so the state may provisionally, temporarily enroll the providers for the duration of the public health emergency:*

- *Payment of the application fee - 42 C.F.R. §455.460*
- *Criminal background checks associated with Fingerprint-based Criminal Background Checks - 42 C.F.R. §455.434*
- *Site visits - 42 C.F.R. §455.432*
- *In-state/territory licensure requirements - 42 C.F.R. §455.412*

a. Waiver to be operationalized as written for provider screening requirements.

3. **42 C.F.R. §455.414 regarding Provider Revalidation of Enrollment** – *CMS approves a waiver under section 1135 that temporarily ceases revalidation of providers who are located in Hawaii or are otherwise directly impacted by the emergency.*

a. Waiver to be operationalized as written for provider revalidation requirements.

If you have any questions, please contact Jon Fujii at jfujii@dhs.hawaii.gov