Webinar: Hawaii's First-in-the-Nation Medicaid State Plan Amendment for Community Palliative Care

August 5, 2024

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

The John A. Hartford Foundation

nashp.org

Webinar Logistics

- Use the Q&A function at the bottom of your screen to enter your questions and comments throughout the presentations
- We will address questions and comments at the end of the webinar after the presentations
- The slides and webinar recording will be posted after the webinar on the NASHP website

nashp.org

Agenda

- **Welcome**
  Scott Bane, Senior Program Officer, The John A. Hartford Foundation
- **NASHP Palliative Care Resources**
  Wendy Fox-Grage, Senior Director, NASHP
- **Hawaii's Community Palliative Care State Plan Amendment**
  Judy Mohr Peterson and Joy Soares, from Hawaii's Med-QUEST Division and Torrie Fields, TFA Analytics
- **Q&A**

The John A. Hartford Foundation

NASHP Webinar: Hawaii's First-in-the-Nation Medicaid State Plan Amendment for Community Palliative Care

August 5, 2024

Scott Bane, JD, MPA

Senior Program Officer

The John A. Hartford Foundation

The John A. Hartford Foundation

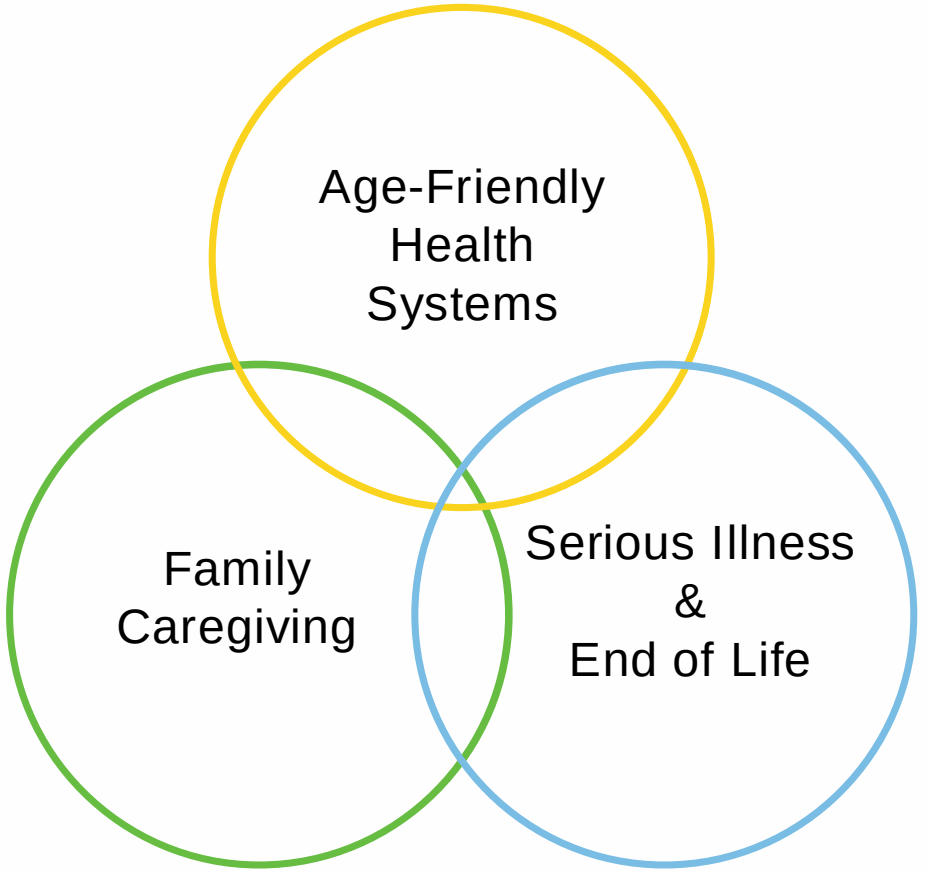
A private philanthropy based in New York City, established by family owners of the A&P grocery chain in 1929

DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

Mission & Priorities

DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

PRIORITY AREAS



What is palliative care?

An interdisciplinary team-based specialty that:

- Provides an added layer of support for relief of pain, symptoms, and stresses of serious illness
- Focuses on patient and family quality of life alongside curative or life-prolonging treatment:
  - ✓ Curable illness
  - ✓ Chronic illness
  - ✓ Progressive/terminal illness


The John A. Hartford Foundation
DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS • 1929 •
Thank You!
Scott.Bane@johnahartford.org
WWW.JOHNAHARTFORD.ORG
DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

Moderator

Wendy Fox-Grage

Senior Director

National Academy for State Health Policy

Email: WFGrage@nashp.org

About NASHP

The National Academy for State Health Policy (NASHP) is a nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.

NASHP Palliative Care Resources
available at nashp.org/palliative-care

- 50-state trackers on palliative care advisory councils, information/education programs, and legislation/budgetary action
- State Resource Guide on connecting patients to palliative care, supporting a palliative care workforce, and paying for palliative care
- Brief: State Palliative Care Advisory Councils Are Advancing Serious Illness Care
- Additional resources on educating the public about palliative care, building a palliative care benefit, and state palliative care policies and programs
- Subscribe to NASHP's palliative care newsletter to stay up to date!

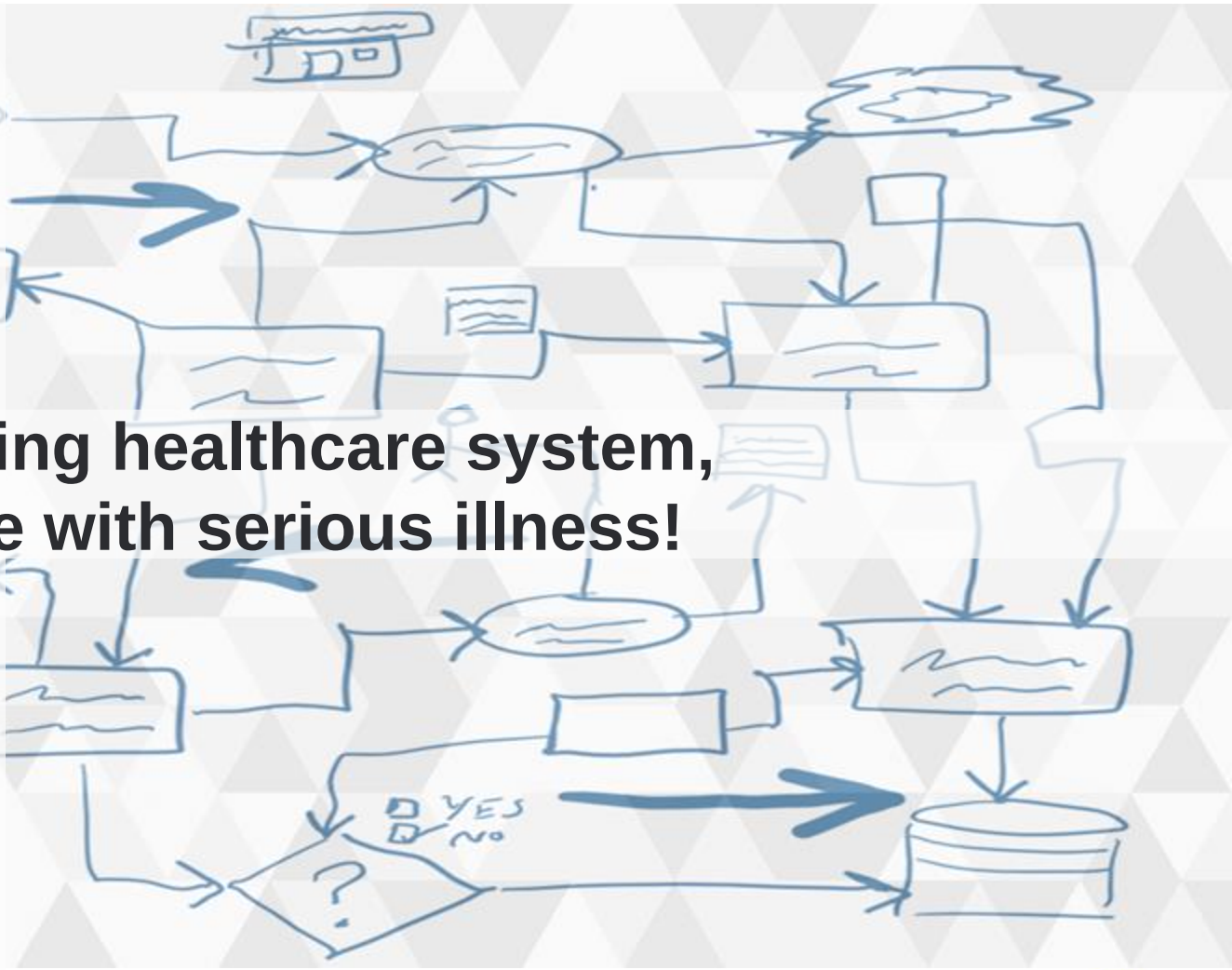
Hawaii's Community Palliative Care Presentation

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

The John A. Hartford Foundation

nashp.org

Why Community Palliative Care?

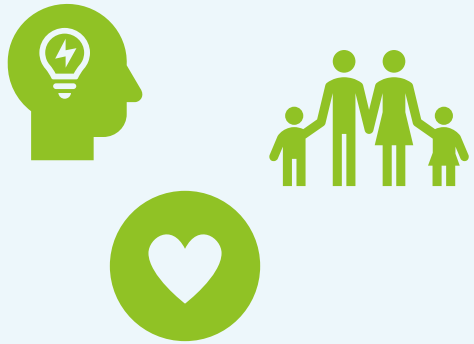


Fragmented confusing healthcare system, especially for those with serious illness!

Community Palliative Care: the “why’s” and the “what for’s”

Individuals with serious illness, need extra support from multi-disciplinary team that bridges all **care settings, geographies, and cultures.**

Individuals with serious illness, need **whole-person and person-centered approach** that includes **emotional, social/family, spiritual, cultural, and intellectual** aspects of care.



Individuals with serious illness, and their caregivers need the **right care**, at the **right time**; from the **right person**; at the **right place**.

The Continuum of Care for Members with Serious Illness

	Health Home (optional benefit)	Palliative Care Services	Home Health	Hospice	Home & Community Based Services
Eligibility Criteria	Have two or more chronic conditions; Have one chronic condition and are at risk for a second; Have one serious and persistent mental health condition	Serious illness, with expectation of ongoing decline, patient assessment for eligibility/need	Homebound, with expectation of improvement	Terminal illness, with prognosis < 6 months, forego disease-related treatments, physician attestation of prognosis	Would otherwise require care in an institutional setting, such as a nursing home
Services	Comprehensive care management; Care coordination; Health promotion; Comprehensive transitional care/follow-up; Patient & family support; Referral to community & social support services	Pain and symptom management; advance care planning; shared decision making; care coordination; 24/7 availability of clinical nursing, home health aide, medical, social work, spiritual care, grief counseling	Speech therapy, occupational therapy, physical therapy, respiratory therapy, wound care, IV placements, clinical nursing visits	Pain and symptom management; advance care planning; shared decision making; care coordination; 24/7 availability of clinical nursing, home health aide, medical, social work	Case management, homemaker services, home health aide services, personal care services, adult day health, habilitation, respite care
Concurrent Care	Concurrent treatment not limited, ranging from conservative to aggressive	Concurrent treatment not limited, ranging from conservative to aggressive	Concurrent treatment not limited, ranging from conservative to aggressive	Not available, except for children under age 21	Services stop while admitted to skilled nursing facility or other inpatient setting
Treatment Goals	Integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the whole person	Coordinate medical treatments, manage pain and symptoms, and ensure patient and caregiver goals are documented and met	Short term, limited therapies, focused on functional improvement	Limited and focused on pain and symptom management; Coordination of durable medical equipment, medications, and in-home supplies	Personal assistance; limited supportive services

Why a State Plan Amendment?

- **A Medicaid and CHIP State Plan:** Agreement between a state and the Federal government describing how that state administers its Medicaid and CHIP programs. (People, benefits, services, providers, reimbursement methodologies and administrative activities). **When a state is planning to change or update its program policies or operational approach,** states submit state plan amendments (SPAs) to CMS for review and approval.
  - Must relate to Medicaid services as outlined in SSA 1905(a) such as inpatient, outpatient, physician services, hospice, home health
  - ***No Community Palliative Care.***
- **The Hawai‘i SPA categorizes palliative care as a preventive service. Social Security Act 1905(a) 13(C) Preventive Services:**

  “……13) other diagnostic, screening, preventive, and rehabilitative services, including—……
  (C) any medical or remedial services (provided in a facility, a home, or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level”

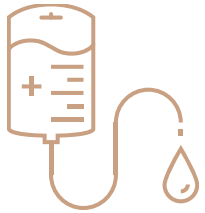
Why a State Plan Amendment?

- **The Hawai‘i SPA includes:**
  - General description of palliative care services,
  - Provider qualifications and skills needed, multidisciplinary team members (required/optional) (SPA appendix)
  - Payment methodology (SPA appendix). Only one provider is allowed to receive the bundled payment per beneficiary.
  - Preventive services clause: attests that the services meet the 1905(a) 13(C) criteria “maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level”.
    (SPA is referenced at end)
- **The SPA is for all delivery systems (fee-for-service and managed care). However, as a fully managed care state, services will be delivered through the MCOs.**
- **Rates will be tiered for Medicaid-only and dual eligibles, and will be published on the fee schedule (Billing codes in Reference section)**

Who Is This For?

Hawai‘i Eligibility Criteria: Adults and Children with Serious Illness

Must have a severe medical condition that is known to be life-limiting and demonstrate progressive, ongoing decline in function through an evidence-based screening tool for function.



PREVALENT DISEASES
Examples Include:

Advanced cancer (Stage 3 or 4, locally advanced or metastatic cancer - leukemia or lymphoma)

Congestive heart failure (CHF) (NYHA Class III or IV criteria

COMPLEX CHRONIC CONDITIONS
Examples Include:

Chronic Kidney Disease (Stage III or IV)

End-Stage Renal Disease (ESRD)

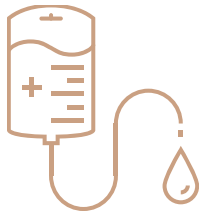
End-Stage Liver Disease or Cirrhosis

COGNITIVE AND FUNCTIONAL LIMITATIONS
Examples Include:

Neurologic Disorders, such as motor neuron disease, Parkinson’s Disease, Muscular Dystrophy, Multiple Sclerosis, or another progressive neurologic disorder

Who Is This For?

Hawai‘i Eligibility Criteria: Children with Serious Illnesses



PREVALENT DISEASES
Examples Include:

Cardiac (complex congenital heart disease, other cardiac syndromes or abnormalities)

Pulmonary Diseases/Conditions (compromised pulmonary status, complications from Cystic Fibrosis, etc.)

COMPLEX CHRONIC CONDITIONS
Examples Include:

Renal Disease (neonatal polycystic kidney disease, or renal failure, etc.)

Gastrointestinal (chronic gastrointestinal dysfunction with multi-visceral organ transplant under consideration, biliary atresia, progressive hepatic, or uremic encephalopathy, etc.)

COGNITIVE AND FUNCTIONAL LIMITATIONS
Examples Include:

Neurologic/Neuromuscular/Neurodegenerative (Diagnosis of Muscular Dystrophy or other neurodegenerative conditions, severe traumatic brain injury, brain reduction syndromes, severe anoxic brain injury, etc.)

Genetic Disorders (Diagnosis of Trisomy 13, 15, 18, Asphyxiating thoracic dystrophy, severe osteogenesis imperfeta, etc.)

What Are the Services?

Provided when medically necessary, aligned with patient goals for care, and directed on behalf of the patient and family.

ASSESSMENT & CARE PLAN DEVELOPMENT

Comprehensive interdisciplinary palliative care assessment

Individualized care plan

Caregiver needs assessment

CLINICAL SERVICES

Addressing a person's holistic needs and the needs of their caregiver

Visits by an interdisciplinary team, in-person and telehealth

Medication management and reconciliation

Available 24 hours/day, 7 days a week

Advance Care Planning

Family and caregiver education and training

CARE COORDINATION & COMMUNICATION

Care coordination and comprehensive care management

Coordination with health plans for authorizations/referrals

Education on other services available to the individual and family

Who Provides the Services?

Palliative care is delivered by an appropriately trained and prepared interdisciplinary team

Required Team Members*	Optional Team Members
• Physician (must have a certification in palliative care or related field) • Registered Nurse (RN) • Licensed Clinical Social Worker (LCSW) • Grief Counselor • Child Life Specialist – for pediatric cases	• Advance Practice Practitioner – Nurse Practitioner (NP) or Physician Assistant (PA) • Licensed Practical Nurse (LPN) or Licensed Vocational Nurses (LVN) • Community Health Worker • Licensed Mental Health Professional (Counselor) • Social Worker – Master of Social Work (MSW) • Pharmacist – Doctor of Pharmacy (PharmD)

* As designated in the National Consensus Project Clinical Practice Guidelines

How is it Paid For?

The payment model includes three components:

ASSESSMENT

For **eligibility and referral** to palliative care services

BUNDLED PAYMENT

Per Member Per Month (PMPM) payment to cover all palliative care services and providers included in the required and optional interdisciplinary palliative care team

RE-ASSESSMENT

To regularly evaluate the need for palliative care and other services

Next Steps

- Issue Guidance Memo on implementation
  - Provide draft for review by stakeholders (Third Quarter 2024).
  - Review feedback on memo and issue final implementation memo (Fourth Quarter 2024).
- Evaluation and Monitoring – Data collection and monitoring and perform rapid cycle evaluation.
    - Some of the areas of focus include patient experience, health equity, provider experience, utilization, and cost.
- Workforce Development – Hawai‘i Medicaid agency contracted with Hui Pohala to prepare workforce, and
- Communication, Messaging and education for individuals with serious illness about community palliative care benefit (Hui Pohala, Kokua Mau)

Design Considerations & Potential Barriers

Key Steps and Considerations

- Complete **gaps analyses** to determine similar/duplicative services; gaps in care
- Utilize **evidence and experience** from publications and industry experts
- Include information about **expected utilization**, not just eligibility
- Consider qualifications of care **teams**
- Ensure a process to socialize benefit **across sectors and stakeholders**
- **Messaging about benefit** for people with serious illness

Potential Challenges in Design and Implementation

- Specificity v. Flexibility in Criteria
- Prior Authorization Considerations
- Provider Agency Qualifications
- Duplication of Services
- Separation of Palliative Care from Hospice Services
- Structure and Feasibility of Reimbursement

Mahalo!

Med-QUEST Division

Q&A

Thank you!

And thank you to The John A. Hartford Foundation for making this webinar possible.

Please fill out the webinar evaluation, so we can continue to improve.

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

nashp.org

@NASHPhealth

NASHP | National Academy for State Health Policy

REFERENCE INFORMATION

What Is Community Palliative Care (definitions)?

SPA definition: Palliative care is specialized medical care for people living with a serious illness.

- Provide relief from the **symptoms and stress of the illness**.
- **Improve quality of life** for both the patient and the family.
- Provided by a **specially-trained provider team in non-hospital and community settings** across the continuum of care.
- Based on the **needs of the individual (person-centered).**
- Appropriate at **any age and any stage** in a serious illness.
- Provided **along with curative treatment**.

The Centers for Medicare and Medicaid Services (CMS) defines palliative care as:

"patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice."

Billing Codes

Procedure Codes	Description of Procedure Codes
S0311	Comprehensive management and care coordination for advanced illness, per calendar month
S0280	Medical home program, comprehensive care coordination and planning, initial plan - Initial Assessment
S0281	Medical home program, comprehensive care coordination and planning, ongoing maintenance - Reassessment

Notes

- Hawai‘i will need to create procedure code modifiers to differentiate between different tiers of the bundled payment. For example, Hawai‘i intends to have different bundled payment rates for services provided to individuals with both Medicare and Medicaid (Dual Eligibles).

- Hawai‘i will release the bundled rate amounts by end of 2024.

Approved State Plan Amendment

Link: State Plan Amendment

State Plan Amendment - Summary

Approved: May 7, 2024

Qualified Provider Types Eligible for Reimbursement:

- Legally authorized to deliver healthcare services by the State of Hawai‘i.
- Range of skills to treat individuals with serious illnesses.
- The credentials and/or criteria for required members of the palliative care team are established by the State.
- Only one provider is allowed to receive the bundled payment per beneficiary.

The SPA is for all delivery systems (fee-for-service and managed care). However, as a fully managed care state, services will be delivered through the MCOs.

Rates are will be tiered for Medicaid-only and dual eligibles, and will be published on the fee schedule.

12d. Same as 6b.

13a. Diagnostic Services, except as otherwise provided under this subpart, includes any medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts, within the scope of practice under State law, to enable the provider to identify the existence, nature, or extent of illness, injury, or other health deviation in a beneficiary.

The diagnostic procedures or out of state procedures requiring prior authorization are:

- Psychological testing
- Neuropsychological testing
- Standardized cognitive testing

13b. Screening service means the use of standardized tests given under medical direction in the mass examination of a designated population to detect the existence of one or more diseases or health deviations or to identify for more definitive studies individuals suspected of having certain diseases.

13c. Preventive Services

1. Preventive Services mean services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to:

   a. Prevent disease, disability, or other health conditions or their progression;
   b. Prolong life; and
   c. Promote physical and mental health and efficiency.

2. Preventive services assigned a grade A or B recommendation by the United States Preventive Services Task Force (USPSTF), approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP), preventive care and screening of infants, children and adolescents recommended by Health Resources & Services Administration HRSA's Bright Futures program and additional preventive services for women recommended by the National Academy of Medicine (NAM) formally known as the Institute of Medicine (IOM) will be covered without cost-sharing in accordance with section 2713 of the Public Health Service Act, which is in alignment with the Alternative Benefit Plan.

3. The state will maintain documentation supporting expenditures claimed for and ensure that coverage and billing codes comply with USPSTF or ACIP recommendations, in accordance with section 4106 of the Affordable Care Act and section 1905(a)(13)(B).

4. Preventive services are covered under the rural health clinic, federally qualified health center, EPSDT, family planning services and supplies for individuals of child-bearing age, physician, other licensed practitioner, clinic, preventive, nurse midwife and nurse practitioner service benefits and are reimbursed according to the methodologies provided in Attachment 4.19-B for such services.

5. Smoking cessation counseling and pharmacotherapy shall be consistent with the Treating Tobacco Use and Dependence practice guidelines issued by the Agency for Healthcare Research and Quality. Two quit attempts per benefit period and a minimum of four in person counseling sessions per quit attempt provided by trained and licensed providers practicing within their scope of practice shall constitute each quit attempt. Two effective components of counseling, practical counseling and social support delivered as part of the treatment is emphasized. Settings where services will be delivered are in outpatient hospital/clinics and physician/provider offices. Limits may be exceeded based on medical necessity.

6. Smoking cessation counseling services can be provided by the following licensed providers: psychologists, licensed clinical social workers in behavioral health, advance practice registered nurses (APRN), dentist, licensed mental health counselors (MHC) in behavioral health and Certified Tobacco Treatment Specialists under the supervision of a licensed provider and the supervision is within the scope of practice of the licensed practitioner.

7. Community Palliative Care

Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. Community Palliative Care is provided in non-hospital and community settings across the continuum of care.

Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

The specific conditions and clinical criteria are determined by the State.

A. Areas of the State to be Covered

The areas of the state that will be covered is the entire state.

B. Comparability of Services

Services are provided in accordance with section 1902 (a) (10) (B) of the Act.

C. Definition of Services

Palliative care is defined as patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectu emotional, social and other needs and to facilitate patient autonomy, access to information, and choice in accordance with the Preventative Services benefit. Services furnished to the beneficiary's family or other collaterals are for the direct benefit of the beneficiary.

The Community Palliative Care benefit includes, but is not limited to, the followin services:

I. Care plan development and implementation that is aligned with patient and family goals;

II. Clinical services provided through an interdisciplinary team;

III. Comprehensive management; and

IV. Care coordination and communication.

The specific services are provided based on medical necessity.

Members can concurrently receive curative services, and those services are paid separately.

V. Qualifications of Providers

Palliative care is provided by healthcare providers that are legally authorized to deliver healthcare services by the State of Hawaii.

Palliative care is provided by a team of healthcare professionals and paraprofessionals with a range of skills to treat individuals with serious illnesses. The credentials and/or criteria for required members of the palliative care team are established by the State. The team members are described in Supplement 4 to Attachment 3.1-A and 3.1-B.

VI. Freedom of Choice

The State assures that the provision of Community Palliative Care services will not restrict an individual's free choice of providers as described in the Section 1902(a)(23) of the Act.

13d. Rehabilitation services, except as otherwise provided under this subpart, includes any medical and remedial services recommended by a physician or licensed practitioner of the healing arts, within their scope of practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level.

Rehabilitative services are subject to the limitations specified on these supplement pages for particular services, i.e., physical therapy, speech therapy, etc.

Palliative Care Interdisciplinary Team

#	Interdisciplinary Team Member (IDT)	Brief Description of Services Performed	Scope of Practice	Minimum Qualifications	Adult and/or Pediatric Care	Required or Optional Member of the IDT
1	Physician (Medical Doctor, MD and Doctor of Osteopathy, DO)	Provides direct clinical care and oversight of patient care.	Legally authorized to practice medicine or osteopathy by the State and acts within their scope of license.	Licensed physician (MD or DO); at least one physician must have a certification in palliative care or related field.	Adult and pediatric care.	Required.
2	Registered Nurse (RN)	Provides and coordinates patient care and educates patients about their health.	Legally authorized to provide nursing care by the State and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Required.
3	Licensed Clinical Social Worker (LCSW)	Promotes social change and development, social cohesion, and the empowerment and liberation of patients. Engages patients and structures to address life challenges and enhances wellbeing.	Legally authorized to provide clinical social work services by the State and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Required.
4	Grief Counselor	Grief counseling with consent of the beneficiary.	Grief counseling care commensurate with the needs, desires, and voluntary consent of the beneficiary.	Bachelor's degree in theology or counseling or equivalent.	Adult and pediatric care.	Required.
5	Child Life Specialist (CLS)	CLS work with children and families to help them cope with the challenges of illness, and disability. They provide children with age-appropriate coping strategies, play and self-expression activities, etc.	Accountable for the planning and implementa-tion of child life services.	Bachelor's degree in Child Development, Child Life, or related field.	Pediatric only.	Required.

#	Interdisciplinary Team Member (IDT)	Brief Description of Services Performed	Scope of Practice	Minimum Qualifications	Adult and/or Pediatric Care	Required or Optional Member of the IDT
6	Advanced Practice Practitioner - Nurse Practitioner (NP) or Physician Assistant (PA)	Diagnose and treat a wide variety of medical concerns.	Legally authorized to provide services by the State and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Optional.
7	Licensed Practical Nurse (LPN) or Licensed Vocational Nurses (LVN)	Conduct focused nursing assessments, administer medications, maintain patient care records and collaborate with other healthcare professionals.	Provide basic medical care under the direction of registered nurses, advance practice registered nurses, physicians, and other healthcare professionals.	Licensed to provide services.	Adult and pediatric care.	Optional.
8	Certified Nursing Aid (CNA) or Home Health Aid	Working under the direct supervision of a licensed healthcare professional, they assist patients with activities of daily living such as grooming, bathing, and eating.	Legally authorized to provide services by the States and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Optional.
9	Community Health Worker	Serves as a liaison/link/ intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of services delivery.	Outreach, community education, informal counseling, social support, and advocacy.	Lived experience and a trusted member of the community; the State may require additional qualifications such as experience or certification(s).	Adult and pediatric care.	Optional.
10	Licensed Mental Health	Provide mental health and substance use care.	Legally authorized to provide	Licensed to provide services.	Adult and	Optional.

#	Interdisciplinary Team Member (IDT)	Brief Description of Services Performed	Scope of Practice	Minimum Qualifications	Adult and/or Pediatric Care	Required or Optional Member of the IDT
	Professional (Counselor)		services by the States and acts within their scope of license.		pediatric care.	
11	Social Worker - Master of Social Work (MSW)	Provides macro-, mezzo-, and micro-aspects of professional social work practice.	Legally authorized to provide services by the States and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Optional.
12	Pharmacist – Doctor of Pharmacy (PharmD)	Dispense prescription medications and provide information to patients about the drugs and their use.	Legally authorized to provide services by the States and acts within their scope of license.	Licensed to provide services.	Adult and pediatric care.	Optional.

(j) Routine Patient Cost for Items and Services in connection with participation by Medicaid Beneficiaries in qualifying clinical trials under 1905(a)(30).

(k) Community Palliative Care Services Benefit.

The reimbursement methodology, called the Community Palliative Care Service Bundle, is based on bundled rate(s) that are established by the State. The bundled payment unit(s) are monthly.

The provider that meets the Qualifications of Providers criteria described in Supplement to Attachment 3.1-A and 3.1-B, page 4b.(13c)(7)(C)(V) is allowed to bill for the service bundle. Only one provider is allowed to receive the bundled payment per beneficiary.

At least one of the services in the bundle payment must be provided within the service payment unit in order for a provider to bill the bundled rate. Prepayment for services bundles is not allowed.

A provider that receives payment through the bundled payment cannot bill separately for services included in the bundled payment. Medicaid providers delivering separate services outside of the bundle may bill for those separate services in accordance with the State's billing procedures.

The bundled rate(s) does not include costs related to room and board or other unallowed facility costs if the services are provided in residential settings.

The State will periodically monitor the actual provision of services paid under the bundled rate(s) to ensure the beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure the rates remain economic and efficient based on the services that are actually provided as a part of the bundle.

The bundled rate(s) and billing codes are included in the FFS schedule. Other services may be covered that are billed separately from the bundled rate(s) such as initial assessments and reassessments and are included in the Hawaii Medicaid Fee Schedule.

The Hawaii Medicaid Fee schedule effective 01/01/23 is located at https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html. Bundled rates are the same for both governmental and private providers of community palliative care services.