

UNOFFICIAL

HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12

MED-QUEST DIVISION

CHAPTER 1733.1

COVERAGE OF INDIVIDUALS WITH
BREAST AND CERVICAL CANCER

Subchapter 1 General Provisions

§17-1733.1-1 Purpose
§17-1733.1-2 General requirements
§§17-1733.1-3 to 17-1733.1-7 (Reserved)

Subchapter 2 Eligibility Requirements

§17-1733.1-8 Purpose
§17-1733.1-9 Basic requirements
§17-1733.1-10 Categorical requirements
§17-1733.1-11 Non-financial eligibility
requirements and date of coverage
§17-1733.1-12 Income and asset requirements
§17-1733.1-13 Eligibility review
§§17-1733.1-14 to 17-1733.1-18 (Reserved)

Subchapter 3 Freedom of Choice, Enrollment, Benefits and Disenrollment

§17-1733.1-19 Purpose
§17-1733.1-20 Freedom of choice
§17-1733.1-21 Enrollment into a participating
health plan
§17-1733.1-22 Benefits
§17-1733.1-23 Disenrollment from a health plan

UNOFFICIAL

§§17-1733.1-24 to 17-1733.1-28 (Reserved)

Historical Note: This chapter is based substantially upon repealed chapter 17-1733. [Eff 02/16/02; am 05/10/03; am 01/31/09; am 06/11/09; R 09/30/13]

SUBCHAPTER 1

GENERAL PROVISION

§17-1733.1-1 Purpose. The purpose of this chapter is to establish coverage for an individual who is eligible for the Centers for Disease Control and Prevention (CDC) breast and cervical cancer early detection program (BCCEDP) and was found through that program to have cancer or a precancerous condition of the breast or cervix, requires treatment, and meets the eligibility requirements of this chapter. [Eff 09/30/13] (Auth: HRS §346-14; 42 CFR §435.213) (Imp: HRS §346-14; 42 CFR §435.213)

§17-1733.1-2 General requirements. The confidentiality, administrative appeal, fraud, medical assistance recovery, application processing, eligibility review, and adverse action notice provisions described in subtitle 12 shall pertain to an individual who applies or is eligible for coverage under this chapter. [Eff 09/30/13] (Auth: HRS §§346-14, 346-44; 42 C.F.R. §§431.200, 431.206, 431.221, 431.230, 431.300, 435.116, 435.201, 435.907, 435.916, 455.) (Imp: HRS §§346-14, 346-44; 42 C.F.R. §§431.200, 431.206, 431.221, 431.230, 431.300, 435.116, 435.201, 435.907, 435.916, 455.1)

§§17-1733.1-3 to 17-1733.1-7 (Reserved).

SUBCHAPTER 2

UNOFFICIAL

ELIGIBILITY REQUIREMENTS

§17-1733.1-8 Purpose. This subchapter describes the eligibility requirements for participation in accordance with this chapter. [Eff 09/30/13] (Auth: HRS §346-14; 42 CFR §435.213) (Imp: HRS §346-14; 42 CFR §435.213)

§17-1733.1-9 Basic requirements. An individual shall meet the basic eligibility requirements, which include but are not limited to, citizenship, qualified non-citizen status, state residency, verification of identity, not residing in a public institution and the provision of a social security number, as described in chapter 17-1714.1. [Eff 09/30/13] (Auth: HRS §§346-14, 346-29; 42 C.F.R. §§435.110, 435.400, 435.910) (Imp: HRS §§346-14, 346-29; 42 C.F.R. §§435.110, 435.400, 435.910)

§17-1733.1-10 Categorical requirements. (a) An individual shall meet the following requirements:

- (1) Under age sixty-five;
- (2) Eligible and screened for breast or cervical cancer or a precancerous condition of the breast or cervix by an authorized CDC BCCEDP;
- (3) Require treatment for breast or cervical cancer or a precancerous condition of the breast or cervix;
- (4) Not otherwise covered under creditable coverage; and
- (5) Not eligible under any other Medicaid coverage group.

(b) A new period of eligibility may be established for an individual who is screened by an authorized CDC BCCEDP with a recurrence or a new occurrence of breast or cervical cancer or a precancerous condition of the breast or cervix that requires treatment and meets the provisions of subsection (a). [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §§435.213) (Imp: HRS §346-14; 42 C.F.R. §§435.213)

UNOFFICIAL

§17-1733.1-11 Non-financial eligibility requirements and effective date of coverage. (a) An individual who is determined eligible in accordance with this chapter shall remain eligible while receiving required treatment.

(1) Breast or cervical cancer shall be medically reevaluated annually by a treating physician to verify and confirm the need for continued treatment at the time of the annual eligibility review; or

(2) A precancerous condition of the breast or cervix shall be medically reevaluated at six-month intervals by a treating physician to verify and confirm the need for continued treatment, and one of the reevaluations shall coincide with the annual eligibility review.

(b) Eligibility shall be effective retroactively to the date the individual is screened and initially diagnosed with breast or cervical cancer or a precancerous condition of the breast or cervix by the authorized CDC BCCEDP or ten calendar days immediately prior to the date the application is received by the department as described in chapter 1720.1, whichever occurs first. [Eff 09/30/13] (Auth: HRS §346-14; 42 CFR §§430.25, 431.40, 435.213, 438.6) (Imp: HRS §346-14; 42 CFR §§430.25, 431.40, 435.213, 438.6)

§17-1733.1-12 Income and asset requirements. An individual's household income and assets shall not be considered in determining eligibility for participation in this chapter. [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §430.25) (Imp: HRS §346-14; 42 C.F.R. §430.25)

§17-1733.1-13 Eligibility review. (a) An individual eligible under the provisions of this chapter shall receive an annual eligibility review every twelve months.

(b) Eligibility shall be redetermined in accordance with chapter 17-1712.1 and subchapter 5 of chapter 17-1714.1. [Eff 09/30/13] (Auth: HRS

UNOFFICIAL

§346-14; 42 C.F.R. §§435.213, 435.916) (Imp: HRS §346-14; 42 C.F.R. §§435.213, 435.916)

§§17-1733.1-14 to 17-1733.1-18 (Reserved).

SUBCHAPTER 3

FREEDOM OF CHOICE, ENROLLMENT, BENEFITS AND DISENROLLMENT

§17-1733.1-19 Purpose. This subchapter addresses the provisions of freedom of choice, enrollment, benefits and disenrollment for an individual eligible in accordance with this chapter. [Eff 09/30/13] (Auth: HRS §346-14; 42 CFR §435.213) (Imp: HRS §346-14; 42 CFR §435.213)

§17-1733.1-20 Freedom of choice. (a) An individual eligible in accordance with this chapter shall be provided a choice of a health plan and a provider as described in chapter 17-1720.1.

(b) An individual identified in section 17-1735.1-2(a) shall choose a department approved provider as described in chapter 17-1736. [Eff 09/30/13] (Auth: HRS §346-14; 42 CFR §§430.25, 431.51, 438.52) (Imp: HRS §346-14; 42 CFR §§430.25, 431.51, 438.52)

§17-1733.1-21 Enrollment into a participating health plan. (a) An individual eligible in accordance with this chapter, with the exception of an individual identified in section 17-1735.1-2(a), shall be enrolled in a health plan as described in chapter 17-1720.1.

(b) An individual identified in section 17-1735.1-2(a) shall not be enrolled into a health plan and services shall be provided on a fee-for-service basis. [Eff 09/30/13] (Auth: HRS §346-14; 42

UNOFFICIAL

CFR §§430.25, 431.10, 431.40, 438.50) (Imp: HRS §346-14; 42 CFR §§430.25, 431.10, 431.40, 438.50)

§17-1733.1-22 Benefits. (a) An individual enrolled in a health plan shall be provided a standard benefits package by a participating health plan and other services when appropriate as described in chapter 17-1720.

(b) An individual identified in section 17-1735.1-2(a) shall be provided coverage under the fee-for-service provisions as described in chapter 17-1737. [Eff 09/30/13] (Auth: HRS §346-14; 42 C.F.R. §§430.25, 431.40, 438.6) (Imp: HRS §346-14; 42 C.F.R. §§430.25, 431.40, 438.6)

§17-1733.1-23 Disenrollment from a health plan. An enrollee shall be disenrolled from a health plan under the provisions as described in chapter 17-1720.1. [Eff 09/30/13] Auth: HRS§346-14; 42 CFR §§430.25, 431.40, 438.56) (Imp: HRS §346-14; 42 CFR §§430.25, 431.40, 438.56)

§§17-1733.1-24 to 17-1733.1-28 (Reserved).