

UNOFFICIAL

HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12

MED-QUEST DIVISION

CHAPTER 1733

COVERAGE OF INDIVIDUALS WITH
BREAST AND CERVICAL CANCER

Subchapter 1 General Provisions

§17-1733-1 Purpose
§17-1733-2 Definitions
§17-1733-3 General provisions
§§17-1733-4 to 17-1733-5 (Reserved)

Subchapter 2 Eligibility Requirements

§17-1733-6 Non-financial eligibility requirements
§17-1733-7 Financial eligibility requirements
§§17-1733-8 to 17-1733-10 (Reserved)

Subchapter 3 Period of Coverage

§17-1733-11 Eligibility for individuals diagnosed
with breast or cervical cancer
§§17-1733-12 to 17-1733-15 (Reserved)

Subchapter 4 Coverage

§17-1733-16 Method of coverage
§17-1733-17 Effective date of coverage
§17-1733-18 Scope and content

SUBCHAPTER 1

GENERAL PROVISIONS

UNOFFICIAL

§17-1733-1

§17-1733-1 Purpose. The purpose of this chapter is to establish fee for service coverage for individuals under age sixty-five who have been screened and initially diagnosed as having cancer or a pre-cancerous condition of the breast or cervix by the Hawaii Breast and Cervical Cancer Control Program of the department of health, who require treatment and who meet the eligibility requirements of this chapter. [Eff 02/16/02] (Auth: HRS §346-14) (Imp: Pub. L. No. 106-354)

§17-1733-2 Definitions. As used in this chapter:

"Creditable coverage" means a medical insurance or health plan that will cover the treatment of breast or cervical cancer or a pre-cancerous condition of the breast or cervix.

"HBCCCP" means the Hawaii Breast and Cervical Cancer Control Program that is implemented by the State Department of Health in the detection of breast and cervical cancer or a pre-cancerous condition of the breast or cervix.

"Remission" means when there is no evidence of any residual or recurrent disease. [Eff 02/16/02] (Auth: HRS §346-14) (Imp: Pub. L. No. 106-354)

§17-1733-3 General provisions. The confidentiality, administrative appeal, fraud, recovery, eligibility review, adverse action notice and application provisions described in this subtitle shall pertain to individuals applying or eligible for coverage under this chapter. [Eff 02/16/02] (Auth: HRS §346-14) (Imp: Pub. L. No. 106-354)

§§17-1733-4 to 17-1733-5 (Reserved)

SUBCHAPTER 2

ELIGIBILITY REQUIREMENTS

UNOFFICIAL

§17-1733-10

§17-1733-6 Non-financial eligibility requirements. (a) An individual shall meet the following requirements:

- (1) Basic eligibility requirements set forth in chapter 17-1714;
- (2) Be under age sixty-five;
- (3) Is not otherwise covered under creditable coverage;
- (4) Does not have Medicare coverage;
- (5) Is not eligible for medical coverage under any other Medicaid coverage group;
- (6) Has been screened and initially diagnosed with breast or cervical cancer or a pre-cancerous condition of the breast or cervix by a physician or medical facility approved by the HBCCCP; and
- (7) Needs treatment for breast or cervical cancer or a pre-cancerous condition of the breast or cervix.

(b) A new period of eligibility may be established for an individual who is screened and diagnosed by HBCCCP with a recurrence or a new occurrence of breast or cervical cancer or a pre-cancerous condition that needs treatment and meets the provisions of subsection (a). [Eff 02/16/02]
(Auth: HRS §346-14) (Imp: Pub. L. No. 106-354)

§17-1733-7 Financial eligibility requirements.

(a) An individual, whose gross family income does not exceed two hundred fifty per cent of the federal poverty level, shall be considered financially eligible for assistance.

(b) Assets shall not be considered in determining eligibility. [Eff 02/16/02] (Auth: HRS §346-14) (Imp: Pub. L. No. 106-354)

§§17-1733-8 to 17-1733-10 (Reserved)

SUBCHAPTER 3

PERIOD OF COVERAGE

UNOFFICIAL

§17-1733-11

§17-1733-11 Coverage for individuals diagnosed with breast or cervical cancer. An individual whose eligibility is established in accordance with this chapter shall retain eligibility throughout the course of treatment that is needed for the breast or cervical cancer or a pre-cancerous condition of the breast or cervix. The period of coverage shall continue:

- (1) For five years for breast cancer or a pre-cancerous condition of the breast;
- (2) For two years for cervical cancer or a pre-cancerous condition of the cervix; or
- (3) Until the breast or cervical cancer is in remission, as determined by the treating physician, subject to review by the department's medical consultant.

[Eff 02/16/02] (Auth: HRS §346-14)
(Imp: Pub. L. No. 106-354)

§§17-1733-12 to 17-1733-15 (Reserved)

SUBCHAPTER 4

COVERAGE

§17-1733-16 Method of coverage. (a) An eligible individual shall be provided coverage on a fee for service basis.

(b) A medical assistance identification card or temporary medical assistance identification coupons shall be issued as described in chapter 17-1711.

[Eff 02/16/02, am 05/10/03] (Auth: HRS §346-14) (Imp: Pub. L. No. 106-354)

§17-1733-17 Effective date of coverage. Medical payment for covered services shall be authorized for an eligible individual effective the date the individual is screened and initially diagnosed as having breast or cervical cancer or a pre-cancerous condition of the breast or cervix by HBCCCP but no

UNOFFICIAL

§17-1733-18

earlier than the first day of the third month prior to the month of application as described in chapter 1735. [Eff 02/16/02] (Auth: HRS §346-14) (Imp: Pub. L. No. 106-354)

§17-1733-18 Scope and content. An individual who is eligible under the provisions of this chapter shall be entitled to the services allowed under the scope and contents of the fee for service program described in chapter 1737. [Eff 02/16/02] (Auth: HRS §346-14) (Imp: Pub. L. No. 106-354)