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HAWAII ADMINISTRATIVE RULES

TITLE 17

DEPARTMENT OF HUMAN SERVICES

SUBTITLE 12 MED-QUEST DIVISION

CHAPTER 1744

COVERAGE OF MEDICARE PREMIUMS

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Historical Note: This chapter is based substantially
upon chapter 17-1300. [Eff 06/29/92; R 08/01/94]

SUBCHAPTER 1

GENERAL PROVISIONS

§17-1744-1 Purpose. This chapter describes the
coverage of Medicare premiums for four groups of
medical assistance recipients. These groups are:

- (1) Aged or disabled recipients of financial or
medical assistance who are eligible for all
benefits covered under the medical assistance
program;
- (2) Qualified Medicare beneficiaries (QMBs) are
only eligible for coverage of premiums,
deductibles and coinsurance amounts, under
Medicare part A and B;
- (3) Qualified disabled working individuals
(QDWIs) who under the medical assistance

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- program are only eligible for coverage of Medicare hospital insurance (part A) premiums; and
- (4) Specified low income Medicare beneficiaries (SLMBs) who under the medical assistance program are only eligible for coverage of Medicare supplementary medical insurance (part B) premiums. [Eff 08/01/94; am 12/26/05] (Auth: §346-14) (Imp: 42 C.F.R. §431.625; 42 U.S.C. §§1395i-2a and 1396a(a)(10)(E); Pub. L. 108-173)

§17-1744-2 Definitions. For the purpose of this chapter:

"HIB" means hospital insurance benefits of the medicare program (part A).

"Medicare" means the health care insurance program for the aged and disabled administered by the Social Security Administration under title XVIII of the Social Security Act.

"QDWI" is a qualified disabled and working individual who is a member of a special medicaid coverage group. These group members are only eligible for coverage of premiums for medicare hospital insurance.

"QMB" is a qualified medicare beneficiary who is a member of a special medicaid coverage group. These group members are only eligible for coverage of medicare premiums, deductibles and coinsurance amounts.

"RSDI" means retirement, survivors, and disability insurance benefits administered by the Social Security Administration of the U.S. Government.

"SLMB" means a specified low income medicare beneficiary who is a member of a special medicaid coverage group. These group members are only eligible for coverage of premiums for medicare supplementary medical insurance.

"SMI" means supplementary medical insurance, also known as part B, which provides medicare coverage of outpatient medical services.

"SMI buy-in" means the enrollment and group coverage of recipients for supplementary medical insurance (part B of medicare) and payment of monthly premiums on the recipients' behalf as provided in an agreement between the State and Federal Health Care Financing Administration. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42 C.F.R. §431.625; 42 U.S.C. §§1395i-2a and 1396a(a)(10)(E))

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SUBCHAPTER 2

SUPPLEMENTARY MEDICAL INSURANCE (SMI)

§17-1744-3 Referral of recipients for medicare coverage. (a) All recipients who are eligible but not enrolled for medicare coverage shall be referred to the Social Security Administration for enrollment through the SMI buy-in process. Among those who are eligible for medicare are those who meet the requirement of five years of residency in the United State, and who:

- (1) Are sixty-five years of age or older;
- (2) Have received at least twenty four months of RSDI disability benefits; or
- (3) Are end-stage renal disease (ESRD) patients.

(b) All recipients who are enrolled in medicare part A (HIB), but not in part B (SMI), shall be referred to the Social Security Administration for part B enrollment through the SMI buy-in process. The exception to the preceding are the qualified disabled working individuals (QDWI) who are only eligible for coverage of part A premiums under the medical assistance program.

(c) Recipients who are enrolled in medicare part B, but not in part A, shall be informed of the qualified medicare beneficiary (QMB) program and a part A buy-in referral shall be made, if applicable.

(d) The recipient's consent for SMI buy-in shall not be required. However, the recipient shall be informed that the department is enrolling the recipient for coverage. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42. C.F.R. §431.625)

§17-1744-4 Effective date of medicare part B (SMI) premium coverage. (a) For financial assistance applicants who are aged, blind, disabled or AFDC-related and are also SMI enrollees, the effective date of SMI premium coverage, through buy-in enrollment, shall be the first month for which financial assistance is approved.

(b) For supplemental security income (SSI) beneficiaries who are approved for medical assistance only and are SMI enrollees, the effective date of SMI premium coverage, through the buy-in process, shall be the effective date of medical assistance coverage.

(c) For applicants newly approved for medical

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assistance only under federally funded assistance groups with the exception of QMBs, SLMBs, and QDWIs, the effective date of coverage of SMI premiums shall be the first day of the second month after the month in which eligibility for medical assistance is determined.

(d) For all aged, blind, disabled, and AFDC-related recipients of financial or medical assistance, who subsequently become eligible for SMI, the effective date of coverage of SMI premiums through the buy-in process shall be the effective date of SMI coverage.

[Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42 C.F.R. §431.625; 42 U.S.C. §§1395i-2a and 1396(a)(10)(E))

SUBCHAPTER 3

RECIPIENTS OF FINANCIAL OR REGULAR MEDICAL ASSISTANCE

§17-1744-5 Coverage of medicare premiums for financial or regular medical assistance recipients. (a) Financial and medical assistance recipients, other than QMBs and QDWIs, are only entitled to coverage of premiums for medicare part B (SMI).

(b) Financial and medical assistance recipients, other than QMBs and QDWIs, are not eligible for coverage of premiums for medicare part A (HIB).

(c) The effective dates of medicare part B coverage, through the buy-in process, are described in section 17-1744-4.

(d) A recipient shall not withdraw from SMI coverage while the recipient is enrolled under the department's buy-in arrangement. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42 C.F.R. §431.625)

§17-1744-6 (Reserved).

SUBCHAPTER 4

COVERAGE OF MEDICARE PREMIUMS FOR QUALIFIED MEDICARE BENEFICIARIES (QMBs)

§17-1744-7 Coverage of medicare premiums for QMBs. (a) Qualified medicare beneficiaries shall be

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entitled to coverage of premiums for medicare part B (SMI) and for medicare part A (HIB), provided premiums for part A (HIB) are required of the QMBs.

(b) Premiums for medicare part A (HIB) shall not be covered for QMBs, who have insured status in the Social Security system and are thus provided part A (HIB) coverage at no cost.

(c) Premiums for medicare part A (HIB) and part B (SMI) for QMBs shall be paid through the respective buy-in programs for part A and part B. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42 U.S.C. §1396 (a) (10) (E))

§17-1744-8 Effective date of coverage of medicare premiums for QMBs. Coverage of medicare part A (HIB) and part B (SMI) premiums for QMBs shall begin effective the month after the month in which determination of QMB eligibility is made. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42 U.S.C. §1396(a) (10) (E))

§17-1744-9 (Reserved).

SUBCHAPTER 5

COVERAGE OF MEDICARE PREMIUMS FOR QUALIFIED DISABLED AND WORKING INDIVIDUALS (QDWIs)

§17-1744-10 Coverage of medicare premiums for QDWIs. (a) The medical assistance coverage for qualified disabled and working individuals (QDWIs), who are identified and referred to the State by the Social Security Administration, shall only be limited to coverage of medicare part A (HIB) premiums.

(b) QDWIs shall not be entitled to coverage of medicare part B (SMI) premiums.

(c) Premiums for medicare part A (HIB) for QDWIs shall not be made through the part A buy-in program. A special group premium payor arrangement shall be established for the purpose of paying medicare Part A (HIB) premiums for QDWIs. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42 U.S.C. §1395i-2a)

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§17-1744-11 Effective date of coverage of medicare part A (HIB) premiums for QDWIs. The effective date of coverage of medicare part A premiums for QDWIs shall be the effective date of enrollment in medicare part A as allowed under 42 U.S.C. §1395i-2(a) and determined by the Social Security Administration. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42 U.S.C. §1395i-2a)

§17-1744-12 (Reserved)

SUBCHAPTER 6

COVERAGE OF MEDICARE PREMIUMS FOR SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLMBs)

§17-1744-13 Coverage of medicare premiums for SLMBs. (a) Specified low income medicare beneficiaries shall be entitled to coverage of premiums for medicare part B (SMI) only.

(b) Premiums for medicare part B (SMI) for SLMBs shall be paid through the buy-in program for part B. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42 U.S.C. §1396(a)(10)(E))

§17-1744-14 Effective date of coverage of medicare part B (SMI) premiums for SLMBs. Coverage of medicare part B (SMI) premiums for SLMBs shall begin in the first month of SLMB eligibility. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42 U.S.C. §1396(a)(10)(E))

§§17-1744-15 to 17-1744-20 (Reserved)

SUBCHAPTER 7

PREMIUM PAYMENT AND DISCONTINUANCE

§17-1744-21 Premium payments. (a) The department shall pay the full amount of monthly

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medicare premiums for which an individual, under the medical assistance program, is eligible.

(b) Buy-in coverage and other coverage of medicare premiums shall be noted in each enrollee's case record. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42 C.F.R. §431.625)

§17-1744-22 Suspended and discontinued payments.
A recipient is ineligible for continued buy-in coverage effective the month financial or medical payment is suspended or discontinued except when medical assistance coverage is suspended because of the recipient's admission to a hospital, skilled nursing, or intermediate care facility which is not a medical institution for mental disease or tuberculosis. [Eff 08/01/94] (Auth: HRS §346-14) (Imp: 42 C.F.R. §431.625) (Auth: HRS §346-14) (Imp: 42 U.S.C. §1396(a)(10)(E))

