

APPENDIX H - DISCLOSURE STATEMENT

**APPENDIX H
FORMS**

**DISCLOSURE STATEMENT
OWNERSHIP**

Managed care plan Name, Plan No.: _____
Address (City, State, Zip): _____
Telephone: _____

For the period beginning: _____ and ending _____

Type of Managed care plan:

- Staff - A managed care plan that delivers services through a group practice established to provide health services to managed care plan members; doctors are salaried.
- Group - A managed care plan that contracts with a group practice to provide health services; the group is usually compensated on a capitation basis.
- IPA - A managed care plan that contracts with an association of doctors from various settings (some solo practitioners, some groups) to provide health services.
- Network - A managed care plan that contracts with two or more group practices to provide health services.

Type of Entity:

- | | |
|---|---------------------------------------|
| <input type="radio"/> Sole Proprietorship | <input type="radio"/> For-Profit |
| <input type="radio"/> Partnership | <input type="radio"/> Non-Profit |
| <input type="radio"/> Corporation | <input type="radio"/> Other (Specify) |
| <input type="radio"/> Governmental | |

455.104 Information on Ownership and Control

- a. List the names and addresses of any individuals or organizations with an ownership or controlling interest in the disclosing entity.
"Ownership interest" means the possession of equity in the capital, the stock, or the profits of disclosing entity, directly or indirectly.

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership of Control</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- b. List the names and addresses of any individuals or organizations with an ownership or controlling interest in any subOfferor in which the disclosing entity has direct or indirect ownership of five (5) percent or more.

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership of Control</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- c. Names of persons named in (a) and (b) above who are related to another as spouse, parent, child, or sibling of those individuals or organizations with an ownership or controlling interest.

- d. List the names of any other disclosing entity in which a person with an ownership or controlling interest in the disclosing entity also has an ownership or controlling interest.

455.105 Information Related to Business Transactions

- e. List the ownership of any subcontractor with whom the Offeror has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request.

<u>Describe Ownership of Subcontractors</u>	<u>Type of Business Transaction with Provider</u>	<u>Dollar Amount of Transaction</u>

- f. List any significant business transactions between the Offeror and any wholly owned supplier or between the Offeror and any subOfferor during the five-year period ending on the date of the request.

<u>Describe Ownership of Subcontractors</u>	<u>Type of Business Transaction with Provider</u>	<u>Dollar Amount of Transaction</u>

455.106 Information on Persons Convicted of Crime

- g. List the names of any person who has ownership or controlling interest in the Offeror, or is an agent or managing employee of the Offeror and has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs.

<u>Name</u>	<u>Address</u>	<u>Title</u>

CONTROLLING INTEREST FORM

The Offeror must provide the name and address of any individual which owns or controls more than ten percent (10%) of stock or that has a controlling interest (i.e., about to formulate, determine or veto business policy decisions, etc.). Failure to make full disclosure may result in rejection of the Offeror's proposal as unresponsive.

<u>NAME</u>	<u>ADDRESS</u>	<u>OWNER OR CONTROLLER</u>	HAS CONTROLLING INTEREST <u>YES</u>
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GRIEVANCE SYSTEM FORM

The Offeror must complete the form below and submit with this proposal.

I hereby certify that _____
(Offeror Name)

will have in place on the commencement date of this contract a system for reviewing and adjudicating grievances by recipients and providers arising from this contract in accordance with DHS Rules and as set forth in the Request for Proposal.

I understand such a system must provide for prompt resolution of grievances and assure the participation of individuals with authority to require corrective action.

I further understand the Offeror must have a grievance policy for recipients and providers which defines their rights regarding any adverse action by the Offeror. The grievance policy shall be in writing and shall meet the minimum standards set forth in this Request for Proposal.

I further understand evaluation of the grievance procedure shall be conducted through documentation submission, monitoring, reporting, and on-site audit, if necessary, by DHS and deficiencies are subject to sanction in accordance with DHS rules.

Authorized Signature

Date

Printed Name

Title

WAGE CERTIFICATION

Pursuant to Section 103-55, Hawaii Revised Statutes, I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. The services to be rendered shall be performed by employees paid at wages or salaries not less than wages paid to the public officers and employees for similar work, if similar positions are listed in the classification plan of the public sector.

2. All applicable laws of the Federal and State governments relating to worker's compensation, unemployment insurance, payment of wages, and safety will be fully complied with.

I understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wages required by Section 103-55, HRS.

Offeror: _____

Signature: _____

Title: _____

Date: _____

INSURANCE

Offeror shall provide the following:

1. Commercial General Liability Insurance is provided by:

Insurance Company _____

Coverage _____

2. Reinsurance is provided by:

Insurance Company _____

Coverage _____

3. Other forms of insurance will be provided by:

Type: _____

Insurance Company _____

Coverage _____

Type: _____

Insurance Company _____

Coverage _____

Type: _____

Insurance Company _____

Coverage _____

Offeror: _____

APPENDIX I – COST PROPOSAL

APPENDIX I

Cost Proposal:

Hawaii Infant Health Insurance Program

Procedure Reimbursement Fee
(Describe methodology)

Administrative Fee
(State Percentage)

Hawaii Childrens' Health Insurance Program

Monthly Premium per Member

(\$) _____

**APPENDIX J – HAWAII’S HEALTH PLANS FOR CHILDREN
COMPARISION CHART**

APPENDIX J
HAWAII'S HEALTH PLANS FOR CHILDREN
COMPARISON CHART

Information below compares the QUEST and Medicaid programs with the minimum requirements of the Hawaii Children Health Care Program (HCHCP).

QUEST and Medicaid for Children

- Free: Household gross income limit is up to 250% FPL (\$4,792 monthly family of four). It is free.
- Low-Cost: Household gross income limit is 251-300% FPL (\$5,751 monthly family of four). Monthly premium charges are \$15-60 per month per child depending on household income level.

Hawaii Children Health Care Program (HCHCP)

- There is no household income limit.
- Child is not eligible for QUEST or Medicaid.
- Child resides in Hawaii
- Premium is \$51 per month per child.

Eligibility	QUEST and Medicaid	HCHCP
Child Currently Insured	Some programs require a child be uninsured the month of application.	Child must be uninsured.
Age Groups	0 to 19 years old	31 days to 18 years old
Citizenship Requirement	Generally must be U. S. Citizen, Lawful Permanent Resident, or from Freely Associated States. Other eligibility groups are listed in "Rights and Responsibilities" section of application.	None
Residency Requirement	Live in Hawai'i with the intent to remain indefinitely.	Hawai'i resident at least 6 months.
Parent or Legal Guardian	No requirement	Parent or court-appointed guardian must complete, sign, and submit application.
Physician Office Visits	No cost per visit; no maximum	Cost \$7 per visit; maximum 12 per year
Well-Child Care	No cost per visit	No cost; count towards maximum 12 physician visits per year

Routine Physical Examinations (school, employment, travel, etc.)	Covered	Not covered
Diagnostic, Laboratory, Pathology, and X-ray	No cost	No cost when provided during covered physician visit
Mental Health Services: Outpatient	No cost per visit; no maximum	Cost \$7 for each individual or group session; maximum 12 sessions per year
Surgery: Outpatient	No limit	Maximum 3 per year

Benefit	QUEST and Medicaid	HCHCP
Immunizations	Routine, mass, and new immunizations covered	Standard childhood immunizations covered
Prescription Drugs	Prescribed medication including over-the-counter prescribed drugs and supplies; no cost	Only generic antibiotics and oral contraceptives; cost \$5 per maximum 30-day supply
Contraceptives	Voluntary family planning including sterilization	Oral contraceptives only
Emergency Room Services	No cost per visit; no geographic limit	Cost \$25 per visit; Hawai'i only
Hospital: Inpatient	No cost per stay; no maximum	Cost \$100 per day; maximum 5 days per year for room and care
Surgery: Inpatient	No limit	Inpatient surgery covered if member hasn't had maximum 5 hospital days during the year
Mental Health Services: Inpatient	No cost per stay; no maximum	Cost \$100 per day; count towards 5 per year maximum hospital days
Maternity Services	No waiting period; comprehensive coverage	12-month waiting period; limited coverage
Vision Examinations	Every 12 months	One per year
Eyeglasses	Every 24 months	Not covered
Contraceptives	Voluntary family planning including sterilization	Oral contraceptives only
Emergency Room Services	No cost per visit; no geographic limit	Cost \$25 per visit; Hawai'i only
Hospital: Inpatient	No cost per stay; no maximum	Cost \$100 per day; maximum 5 days per year for room and care

Surgery: Inpatient	No limit	Inpatient surgery covered if member hasn't had maximum 5 hospital days during the year
Mental Health Services: Inpatient	No cost per stay; no maximum	Cost \$100 per day; count towards 5 per year maximum hospital days
Maternity Services	No waiting period; comprehensive coverage	12-month waiting period; limited coverage
Vision Examinations	Every 12 months	One per year
Eyeglasses	Every 24 months	Not covered
Dental Care	Diagnostic and preventive services; non-emergency and emergency treatment	Diagnostic and preventive services only; treatment not covered

**APPENDIX K - HAWAII CHILD HEALTH CARE PLAN
SERVICES NOT COVERED**

APPENDIX K

SERVICES NOT COVERED

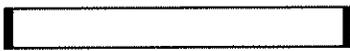
The health care coverage under the Hawaii Children Health Care Plan does not provide benefits for certain procedures, services or supplies that are listed in this Appendix M by category.

Please note: Even if a service or supply is not specifically listed as an exclusion it will not be covered unless it is described in Section 40.



COUNSELING SERVICES

Bereavement Counseling	No coverage for bereavement counseling or services of volunteers or clergy.
Genetic Counseling	No coverage for genetic counseling.
Marriage or Family Counseling	No coverage for marriage and family counseling or other similar services.
Nutritional Counseling	No coverage fro nutritional counseling.
Sexual Identification Counseling	No coverage for sexual identification counseling.



COVERAGE UNDER OTHER PROGRAMS OR LAWS

Payment Responsibility	There is no coverage when someone else has the legal obligation to pay for the child's health care coverage, and when in the absence of that coverage, the child would not be charged.
Third Party Reimbursement	There is no coverage for services or supplies for an injury or illness caused or alleged to be caused by a third party and/or the child has the right to receive payment or recover damages in connection with the illness or injury; or an illness or injury for which you may recover damages or receive payment without regard to fault.

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DENTAL, DRUG, and VISION

Dental Care

There is no coverage for dental care under this health plan except those services listed in Section 40.660. The following exclusions apply regardless of the symptoms or illnesses being treated:

- Any services in connection with temporomandibular joint problems or malocclusion (misalignment of teeth or jaws), except for services in connection with the initial office visit for diagnosis.
- Crowns, bridges, or dentures.
- Cosmetic services.
- Treatment of any complications as a result of previous cosmetic, experimental or investigative services, or other services not covered under this plan.
- Augmentation of the gum ridge and osseointegration and all related services.
- Any dental service not rendered, supervised, or directed by a participating provider dentist.
- Orthodontics (treatment and appliances for straightening irregularly placed teeth).
- Dental surgery.
- Dental services not specifically provided for under this plan.

Drugs

No coverage for prescription drugs except as stated in Section 40.650. Included in this inclusion are:

- Immunization agents.
- Agents used in skin tests to determine allergic sensitivity.
- All drugs to treat infertility.
- All drugs to treat sexual dysfunction.
- Smoking cessation agents or devices.
- Compound preparations.
- Appliances and other nondrug items.
- Injectable drugs.
- Drugs furnished to hospital inpatients.
- Convenience packaged drugs.
- Unit dose drugs.
- Brand name drugs.
- Insulin.
- Diabetic supplies.
- Spacers for inhaled drugs.
- Peak flow meters.
- Contraceptives included implanted, oral or injected contraceptives and contraceptive devices, except those listed on the Med-QUEST Children Health Care Plan drug formulary
- Any drugs not listed on the DHS Med-QUEST Children Health Care Plan drug formulary
- Lifestyle drugs. Lifestyle drugs are pharmaceutical products that improve a way or style of living rather than alleviating a disease. Lifestyle drugs that are not covered included, but are not limited to:

APPENDIX K

creams used for prevention of skin aging, drugs for shift work sleep disorder, and drugs to enhance athletic performance.

- Drugs that may be purchased without a prescription, take home supplies and other nondrug items.
- Mail order prescription drugs.
- Replacements for lost, stolen, or destroyed prescriptions.

Eyeglasses and Contacts

There is no coverage for the following:

- Sunglasses
- Prescription inserts for diving masks or other protective eyewear.
- Non-prescription industrial safety goggles.
- Nonstandard items for lenses including tinting and blending.
- Oversized lenses, and invisible bifocals or trifocals.
- Repair or replacement of frame parts and accessories.
- Eyeglasses and contact lenses.
- Exams for a fitting or prescription (including vision exercises).
- Frames

Vision Services

There is no coverage for the following:

- Refractive eye surgery to correct visual acuity problems.
- Replacement of lost, stolen or broken lenses, contact lenses, or frames.
- Vision training.
- Aniseikonic studies and prescriptions.
- Reading problem studies or other procedures determined to be special or unusual.



FERTILITY and INFERTILITY

Contraceptives

You are not covered for contraceptive services or contraceptives including implanted, oral or injected contraceptives and contraceptive devices, except as described in Section 40.650

Infertility Treatment

There is no coverage for any of the following:

- Collection, storage and processing of semen.
- Ovum transplants.
- Gamete Intrafallopian transfer (GIFT).
- Zygote Intrafallopian transfer (ZIFT).
- Services related to conception by artificial means including prescription drugs related to such services.
- All drugs to treat infertility.

In Vitro Fertilization

There is no coverage for in vitro fertilization

Sterilization Reversal

There is no coverage for reversal of a vasectomy or tubal ligation.

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PROVIDER TYPE

Complementary and Alternative Medicine Provider	There is no coverage for services or supplies provided by complementary and alternative medicine providers, including but limited to naturopathic and homeopathic care providers, acupuncturists, and massage therapists.
Chiropractor	There is no coverage for services or supplies provided by a chiropractor.
Hospice Services	There is no coverage for hospice services, except for services in connection with the initial evaluation in accordance to Hawaii law.
Provider Is an Immediate Family Member	There is no coverage for services or supplies when furnished to you by a provider who is within your immediate family. <i>Immediate Family</i> means a parent or sibling.
Physician Assistant	There is no coverage for services and supplies received from a physician assistant unless he/she is employed by a medical group, M.D. or D.O.
Private Duty Nursing	There is no coverage for private nursing services.
Skilled Nursing Facility	There is no coverage for skilled nursing facility services or skilled nursing facility physician visits.
Social Worker	There is no coverage for services and supplies received from a social worker. This exclusion does not apply to covered mental health or substance abuse services.



TRANSPLANTS

Living Organ Donor Services	There is no coverage for organ donor services.
Living Donor Transport	There is no coverage for expenses of transporting a living donor.
Mechanical or Non-Human Organs	There is no coverage for mechanical or non-human organs.
Organ Purchase	There is no coverage for the purchase of any organ.
Transplant Services or Supplies	There is no coverage for transplant services or supplies or related services or supplies.
Transportation related Organ and Tissue Transplants	There is no coverage for transportation for organ or tissue transplant services or transportation or organs or tissues.

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MISCELLANEOUS EXCLUSIONS

Act of War	There is no coverage for services required in the treatment of an injury or illness that results from an act of war or armed aggressions, whether or not a state of war legally exists.
Acupuncture	There is no coverage for services or supplies related to acupuncture.
Airline Oxygen	There is no coverage for services for airline oxygen.
Allergy Testing	There is no coverage for services allergy testing and related services and supplies.
Ambulance Service	There is no coverage for services for air and ground ambulance service.
Biofeedback	There is no coverage for services for biofeedback and any related diagnostic testing.
Bionic Devices	There is no coverage for bionic services or devices.
Blood	There is no coverage for blood.
Carcinoembryonic Antigen (CEA)	There is no coverage for carcinoembryonic antigen when used as a screening test.
Cardiac Rehabilitation	There is no coverage for cardiac rehabilitation services
Chemotherapy	There is no coverage for chemotherapy.
Complications of a Non-Covered Procedure	There is no coverage for complications of a non-covered procedure.
Convenience Treatments, Services or Supplies	There is no coverage for treatments, services or supplies that are prescribed, ordered or recommended primarily for your convenience or the convenience of your provider.
Cosmetic Services, Surgery or Supplies	There is no coverage for cosmetic services or supplies that are primarily intended to improve your natural appearance but do not restore or materially improve a physical function.
Custodial Care	There is no coverage for custodial care, sanatorium care, or rest cures. <i>Custodial Care</i> consists of training in personal hygiene, routine nursing services, and other forms of personal care, such as help in walking, getting in and out of bed, bathing, dressing, eating, and taking medicine. Also excluded are supervising services by a physician or nurse for a person who is not under specified medical, surgical, or psychiatric treatment to improve that person's condition and to enable that person to live outside a facility providing this care.

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Developmental Delay	There is no coverage for treatment of development delay or services related to developmental delay that are available through government programs or agencies.
Dialysis and Supplies	There is no coverage for dialysis and dialysis supplies.
Ductal Lavage	There is no coverage for ductal lavage.
Effective Date	There is no coverage for services or supplies that you receive before the effective date of this coverage.
Emergency Services Outside of Hawaii	There is no coverage for emergency services outside of Hawaii.
Electron Beam Computed Tomography (EDCT or Ultrafast CT)	There is no coverage for electron beam computed tomography for coronary artery calcifications.
Environmental Control Equipment and Supplies	There is no coverage for environmental control equipment such as air conditioners, humidifiers, dehumidifiers, air purifiers or sterilizers, water purifiers, vacuum cleaners, or supplies such as filters, vacuum cleaner bags and dust mite covers.
Enzyme-potentiated Desensitization	There is no coverage for enzyme-potentiated desensitization for asthma.
Erectile Dysfunction	There is no coverage for services and supplies (including prosthetic devices) related to erectile dysfunction. This includes, but is not limited to, penile implants. There is no coverage for drug therapies related to erectile dysfunction.
Evaluations for Hearing Aid	There is no coverage for the evaluation of hearing aids.
Extracorporeal Shock Wave Therapy	There is no coverage for extracorporeal shock wave therapy except for the treatment of kidney stones.
False Statements	There is no coverage for services and supplies if you are eligible for care only by reason of a false statement or other misrepresentation that you made in an application for membership or in any claims for benefits. If we pay benefits to you or your provider before learning of any false statement, you are responsible for reimbursing us.
Foot Orthotics	There is no coverage for foot orthotics.
Genetic Testing and Screening	There is no coverage for genetic testing and screening.
Growth Hormone Therapy	There is no coverage for growth hormone therapy.

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Hair Loss	There is no coverage for services or supplies, including hair transplants and topical medications, related to the treatment of baldness or hair loss regardless of condition.
Health Appraisal	There is no coverage for health appraisals, except for well-child care visits as described in Section 40.620
Home Health Visits	There is no coverage for home health visits, except as for an allowed two visits per calendar year for patients enrolled in a pre-approved asthma program
Home Infusion Therapy	There is no coverage for home infusion services.
Inhalation Therapy	There is no coverage for inhalation therapy.
Medical Equipment, Appliances and Supplies	There is no coverage for medical equipment, appliances and supplies.
Intradiscal Electro Thermal Therapy (IDET)	There is no coverage for intradiscal electro thermal therapy.
Motor Vehicles	The plan does not cover the cost of purchase or rental of motor vehicles such as cars and vans. There is no coverage for equipment and costs associated with converting a motor vehicle to accommodate a disability.
Non-Emergency Services Received after Office Hours	There is no coverage for non-emergency services after office hours.
Occupational Therapy	There is no coverage for occupational therapy.
Outpatient Injections	There is no coverage for outpatient injections except as described in Section 40.670 under <i>Miscellaneous Medical Services for HIHCP and HCHCP</i> .
Personal Convenience Items and Supplies	There is no coverage for personal convenience items such as ramps, home remodeling, hot tubs, swimming pools or personal convenience supplies such as surgical stockings and disposable underpads.
Physical Examinations	There is no coverage for physical examinations that are performed solely for the purpose of insurance or employment. There is no coverage for physical examinations except for those provided by or arranged by the patient's PCP.
Physical Therapy	There is no coverage for outpatient physical therapy.
Preterm Birth Education	There is no coverage for preterm birth education.
Radiation	There is no coverage for radiation therapy.

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Self-Administered Injectables	There is no coverage for self-administered injectables.
Self-Help or Self-Cure	There is no coverage for self-help and self-cure programs or equipment.
Services Outside of Hawaii	There is no coverage for services rendered outside the State of Hawaii.
Services no Authorized by PCP	There is no coverage for services not provided or arranged by the patient's PCP.
Sexual Transformation	There is no coverage for services and supplies related to sexual transformation regardless of cause. This includes, but is not limited to, sexual transformation surgery.
Sexual Dysfunction	There is no coverage for services or supplies related to sexual dysfunction regardless of cause. This includes all drug therapies related to sexual dysfunction.
Speech Therapy	There is no coverage for speech therapy.
Stand-by Time	There is no coverage for provider's stand-by-time.
Supplies	There is no coverage for take home supplies or supplies billed separately by your provider when the supplies are integral to services being performed by the provider.
Thoracic Electric Bioimpedance (Outpatient)	There is no coverage for outpatient thoracic electric bioimpedance.
Topical Hyperbaric Oxygen Therapy	There is no coverage for topical hyperbaric oxygen therapy.
Travel or Lodging Cost	There is no coverage for the cost of travel or lodging, including inter-island transportation.
Urgent Care	There is no coverage for urgent care services.
Vertebral Axial Decompression (VAC-D)	There is no coverage for vertebral axial decompression.
Vitamins, Minerals and Food Supplements	There is no coverage for vitamins, minerals or food supplements except as described in Section 40.670 under <i>Miscellaneous Services for HIHCP and HCHCP</i> .
Weight Reduction Programs	There is no coverage for weight reduction programs and supplies (including dietary supplements, food, equipment, laboratory testing, examinations, and prescription drugs), whether or not weight reduction is medically appropriate.
Wigs	There is no coverage for wigs and artificial hairpieces.

APPENDIX L – ACT 236

Approved by the Governor

on JUN 30 2007HOUSE OF REPRESENTATIVES
TWENTY-FOURTH LEGISLATURE, 2007
STATE OF HAWAII**ACT 236**
H.B. NO. 1008
H.D. 2
S.D. 2
C.D. 1

A BILL FOR AN ACT

RELATING TO CHILDREN'S HEALTH CARE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Although estimates of the number of uninsured
2 children in the state vary, it is commonly acknowledged that
3 there is a gap group that is ineligible for any state or federal
4 health care coverage. The majority of children in this gap
5 group are those whose family income is at or just over three
6 hundred per cent of the federal poverty level. Others in this
7 group may include infants born to uninsured mothers, immigrants
8 with temporary visas, and undocumented immigrants who have been
9 in Hawaii for less than six months. In Hawaii, the total number
10 of those who fall into the gap group could be as high as three
11 thousand five hundred children.

12 Children who remain uninsured typically do not receive an
13 appropriate level of medical care. Children who lack a source
14 of care or who turn regularly to a hospital emergency department
15 are unlikely to receive preventive care or early and regular
16 management of acute or chronic health conditions.

17 A study performed by the Urban Institute, a nonpartisan
18 economic and social policy research organization, showed that

HB1008 CD1 HMS 2007-4184



1 regardless of age, race, ethnicity, income, or health status,
2 uninsured children were much less likely to have received a
3 well-child checkup within the past year and were more likely
4 than insured children to report an unmet need for medical care
5 that was associated with concerns about cost.

6 Health insurance helps children and youth receive regular
7 health care so they can participate in school and other
8 activities. Often, parents experience hardship when an
9 uninsured child is sick because of the added stress of the
10 child's medical bills.

11 The purpose of this Act is to establish the Hawaii
12 children's health care program and the Hawaii infant care
13 program as temporary three-year pilot programs and to expand and
14 monitor for three years health care coverage for children in
15 Hawaii by:

16 (1) Providing continuous, quality health care services to
17 uninsured newborn children who are one day, but not
18 more than thirty days of age through the Hawaii infant
19 care program; provided that these children may enroll
20 in the Hawaii children's health care program upon
21 reaching thirty-one days of age;



1 (2) Providing health care coverage to certain children who
2 are at least thirty-one days, but less than nineteen
3 years old through a public-private partnership between
4 the department of human services and one or more
5 managed care plans operating in the state under
6 chapter 432, Hawaii Revised Statutes, that offer
7 accident and health or sickness insurance plans;

8 (3) Providing access to medical care free-of-charge for
9 certain children less than nineteen years of age whose
10 family income is at or below three hundred per cent of
11 the federal poverty level;

12 (4) Providing medical assistance under QUEST-Net at no
13 charge to children less than nineteen years of age
14 whose family income is above two hundred fifty per
15 cent and does not exceed three hundred per cent of the
16 federal poverty level for Hawaii and who are otherwise
17 eligible for QUEST-Net benefits; and

18 (5) Appropriating funds for the purposes of this Act.

19 SECTION 2. (a) There is established the Hawaii infant
20 health care program as a temporary three-year pilot program to
21 provide continuous, quality health care services to uninsured
22 newborn children living in Hawaii who are one day, but not more



1 than thirty days of age, up to \$10,000 of health care assistance
2 per eligible child, subject to the appropriation of general
3 funds for the program.

4 (b) It is not the intent of the legislature to discourage
5 employers from offering to pay, or from paying for, dependent
6 coverage for their employees, nor that this Act supplant
7 employer-sponsored dependent coverage plans.

8 (c) Services provided pursuant to subsection (a) shall be
9 limited to those types of services for children covered by
10 QUEST.

11 (d) The department of human services or its designated
12 contractor shall directly reimburse any health care provider or
13 managed care plan providing the services to infants under the
14 Hawaii infant health care program, subject to the appropriation
15 of general funds for the program. The department may contract
16 with an appropriate entity to provide these services.

17 (e) The department shall report to the legislature no
18 later than twenty days prior to the convening of the 2008 and
19 2009 regular sessions and annually thereafter. The report shall
20 include:

21 (1) The number of children who were provided services
22 through the Hawaii infant health care program;



- 1 (2) A list of health care providers or managed care plans
- 2 participating in the program;
- 3 (3) The annual cost of the program; and
- 4 (4) Any proposed legislation necessary to improve the
- 5 program.

6 SECTION 3. (a) There is established the Hawaii children's
7 health care program as a temporary three-year pilot program to
8 provide health care coverage to uninsured children who live in
9 Hawaii. The department of human services shall provide health
10 care coverage through a public-private partnership, established
11 as a contract to provide health and human services pursuant to
12 chapter 103F, Hawaii Revised Statutes, between the department
13 and one or more managed care plans operating in the state under
14 chapter 432, Hawaii Revised Statutes, that offers accident and
15 health or sickness insurance plans.

16 (b) It is not the intent of the legislature to discourage
17 employers from offering to pay, or from paying for, dependent
18 coverage for their employees, nor that this Act supplant
19 employer-sponsored dependent coverage plans.

20 (c) To qualify, a child shall:

- 21 (1) Be at least thirty-one days to less than nineteen
- 22 years old;



1 (2) Be living in Hawaii;

2 (3) Have been uninsured continually for at least six
3 months; provided that infants thirty-one days to six
4 months of age shall have been uninsured continually
5 since birth; and

6 (4) Have been ineligible during the six months the child
7 was uninsured for any other state or federal health
8 care coverage and be currently ineligible for any
9 other state or federal health care coverage; provided
10 that:

11 (A) All children enrolled in a managed care plan's
12 children's plan as of the effective date of this
13 Act shall be eligible for enrollment into the
14 Hawaii children's health care program without
15 being subject to the requirement of being
16 uninsured for the precedent six months in
17 subsection (c)(3);

18 (B) Children who are at least thirty-one days but
19 less than nineteen years old who become
20 ineligible for a med-QUEST division health care
21 coverage program due to an increase in family
22 income may enroll in the program upon



1 disenrollment from a med-QUEST division health
2 care coverage program; and
3 (C) Uninsured newborn children who are one day, but
4 not more than thirty days of age who were
5 enrolled in the Hawaii infant health care program
6 shall be eligible for enrollment in the Hawaii
7 children's health care program without being
8 subject to the requirement of being uninsured for
9 the precedent six months in subsection (c)(3).

10 (d) The department of human services and the managed care
11 plans shall share equally in the cost of the premium for each
12 child enrolled in the program subject to the appropriation of
13 general funds for the program.

14 (e) The department of human services shall pay the State's
15 share of the premiums under the program on a quarterly basis.

16 (f) The managed care plans participating in the pilot
17 program shall be responsible for determining the eligibility of
18 program applicants and of enrolling applicants in the pilot
19 program.

20 (g) The managed care plans participating in the program
21 shall provide a quarterly report to the department of human



1 services and the legislature on the number of children enrolled
2 in the program.

3 (h) The department shall ensure that other private
4 organizations have the opportunity to partner with the State to
5 offer coverage to uninsured children under the program; provided
6 that plan benefits to be provided shall be equal to or better
7 than those offered through the program established by the State
8 and managed care plans under subsection (a).

9 (i) The department of human services and any participating
10 managed care plan shall report to the legislature no later than
11 twenty days prior to the start of the 2008 and 2009 regular
12 sessions on:

- 13 (1) Any problems experienced with the program involving
14 crowding out eligible participants;
- 15 (2) Instances of people canceling their previous coverage
16 to receive this free coverage;
- 17 (3) The amount of funding used and for what purposes;
- 18 (4) Any other problems encountered in the administration
19 of the program; and
- 20 (5) Any proposed legislation.

21 SECTION 4. Section 346-59.4, Hawaii Revised Statutes, is
22 amended to read as follows:



1 "[+]§346-59.4[+] Medical assistance to other children.

2 The department shall provide state-funded medical assistance[7

3 ~~of up to two hundred per cent of the federal poverty level for~~

4 ~~Hawaii,]~~ free of charge to persons less than nineteen years of

5 age whose family income is at or below three hundred per cent of

6 the federal poverty level for Hawaii and who are:

7 (1) Legal permanent residents who arrived after August 22,

8 1996;

9 (2) Persons who are permanently residing under color of

10 law; and

11 (3) Nonimmigrants from the Trust Territories of the

12 Pacific Islands who are citizens of:

13 (A) The Marshall Islands;

14 (B) The Federated States of Micronesia; or

15 (C) Palau, as defined by the Compact of Free

16 Association Act of 1985, P.L. 99-239, or the

17 Compact of Free Association between the United

18 States and the Government of Palau, P.L. 99-658,

19 who are otherwise eligible for benefits under the State's

20 medicaid programs, including QUEST and the State's children

21 health insurance program, but are ineligible due to restricted

22 eligibility rules imposed by Title XXI of the Social Security



1 Act, the Personal Responsibility and Work Reconciliation Act of
2 1996, the Compact of Free Association Act of 1985, P.L. 99-239,
3 the Compact of Free Association between the United States and
4 the Government of Palau, P.L. 99-658, or any other provision of
5 federal law denying medical assistance to nonimmigrants who are
6 citizens of the Marshall Islands, the Federated States of
7 Micronesia, or Palau."

8 SECTION 5. The department of human services shall provide
9 medical assistance under QUEST-Net at no charge to children less
10 than nineteen years of age whose family income is above two
11 hundred fifty per cent and does not exceed three hundred per
12 cent of the federal poverty level for Hawaii and who are
13 otherwise eligible for QUEST-Net benefits.

14 SECTION 6. It is the legislature's intent to make health
15 care coverage for uninsured children more accessible for
16 qualified individuals and thereby increase the overall health of
17 Hawaii's residents, promote healthy communities, and protect the
18 public health and welfare. It is not the intent of the
19 legislature to discourage employers from offering to pay, or
20 from paying for, dependent coverage for their employees, nor
21 that this Act supplant employer-sponsored dependent coverage
22 plans.



1 SECTION 7. There is appropriated out of the general
2 revenues of the State of Hawaii the sum of \$150,000 or so much
3 thereof as may be necessary for fiscal year 2007-2008 and the
4 sum of \$250,000 or so much thereof as may be necessary for
5 fiscal year 2008-2009 to provide continuous, quality health care
6 services to uninsured newborn children who are one day, but not
7 more than thirty days of age through the Hawaii infant health
8 care program.

9 The sums appropriated shall be expended by the department
10 of human services for the purposes of section 2 of this Act.

11 SECTION 8. There is appropriated out of the general
12 revenues of the State of Hawaii the sum of \$700,000 or so much
13 thereof as may be necessary for fiscal year 2007-2008 and the
14 sum of \$900,000 or so much thereof as may be necessary for
15 fiscal year 2008-2009 to fund the Hawaii children's health care
16 program pursuant to section 3 of this Act.

17 The sums appropriated shall be expended by the department
18 of human services for the purposes of section 3 of this Act.

19 SECTION 9. There is appropriated out of the general
20 revenues of the State of Hawaii the sum of \$109,000 or so much
21 thereof as may be necessary for fiscal year 2007-2008 and the
22 sum of \$218,000 or so much thereof as may be necessary for



1 fiscal year 2008-2009 to provide health coverage pursuant to
2 chapter 346-59.4, Hawaii Revised Statutes.

3 The sums appropriated shall be expended by the department
4 of human services for the purposes of section 4 of this Act.

5 SECTION 10. There is appropriated out of the general
6 revenues of the State of Hawaii the sum of \$350,000 or so much
7 thereof as may be necessary for fiscal year 2007-2008 and the
8 sum of \$700,000 or so much thereof as may be necessary for
9 fiscal year 2008-2009 to provide medical assistance under
10 QUEST-Net pursuant to section 5 of this Act.

11 The sums appropriated shall be expended by the department
12 of human services for the purposes of section 5 of this Act.

13 SECTION 11. There is appropriated out of the general
14 revenues of the State of Hawaii the sum of \$52,000 or so much
15 thereof as may be necessary for fiscal year 2007-2008 and the
16 same sum or so much thereof as may be necessary for fiscal year
17 2008-2009 for two full-time equivalent permanent (2.00 FTE)
18 eligibility worker I positions, to provide services pursuant to
19 sections 2, 4, and 5 of this Act.

20 The sums appropriated shall be expended by the department
21 of human services for the purposes of sections 2, 4, and 5 of
22 this Act.



1 SECTION 12. There is appropriated out of the general
2 revenues of the State of Hawaii the sum of \$50,000 or so much
3 thereof as may be necessary for fiscal year 2007-2008 to, among
4 other things, purchase computer equipment, office furniture, and
5 other office supplies and equipment necessary to implement
6 sections 2, 4, and 5 of this Act.

7 The sums appropriated shall be expended by the department
8 of human services for the purposes of sections 2, 4, and 5 of
9 this Act.

10 SECTION 13. Statutory material to be repealed is bracketed
11 and stricken. New statutory material is underscored.

12 SECTION 14. This Act shall take effect upon July 1, 2007;
13 provided that on June 30, 2010, this Act shall be repealed and
14 section 346-59.4, Hawaii Revised Statutes, shall be reenacted in
15 the form in which it read on the day before the effective date
16 of this Act.

APPROVED this 30 day of JUN, 2007



GOVERNOR OF THE STATE OF HAWAII

