



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division  
Health Care Services Branch  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

March 17, 2010

MEMORANDUM

ACS M10-06

TO: All Fee-For-Service Providers

FROM: Kenneth S. Fink, MD, MGA, MPH **KF**  
Med-QUEST Division Administrator

SUBJECT: BASIC HEALTH HAWAII

The State of Hawaii is facing an unprecedented economic situation. In light of the current budget shortfall, the Med-QUEST Division (MQD) must reduce its general fund expenditures. We sought an approach that had the minimal impact on the overall health status of the nearly 250,000 MQD recipient population by maximizing federal funding, and could be implemented in a timely manner.

Effective July 1, 2010, the MQD will start a new program called Basic Health Hawai'i (BHH). This is a State-funded program for non-pregnant adults who are either non-immigrants or immigrants who have legally resided in the United States for less than five years, and are therefore not eligible for Medicaid. The BHH program has a similar benefit structure to the QUEST-ACE and QUEST-Net programs. However, the BHH program has two benefits in addition to those provided in the QUEST-ACE and QUEST-Net programs. Those benefits are:

- No more than four (4) total prescriptions every calendar month as a combination of generic and/or brand name medications. Each prescription of insulin will be counted toward the limit of four prescriptions; chemotherapy medication (either oral and intravenous) is covered as part of the four (4) total prescriptions every calendar month; and
- Diabetic supplies to include syringes, test strips, and lancets. These covered supplies are not counted toward the limit of four (4) prescriptions.

Dialysis services are not covered by the BHH program. However, certain individuals who are not eligible for Medicaid because of their citizenship or duration of legal residency, including those enrolled in BHH, may receive coverage for outpatient dialysis under Emergency Medical Assistance through the Medicaid Fee-for-Service program. This dialysis coverage will also cover nephrology visits and certain medications that may be administered during dialysis, including epogen, iron, and a few commonly used antibiotics. Other medications administered during the dialysis that are not covered under Emergency Medical Assistance may be covered as part of the four prescriptions allowed per calendar month under BHH. MQD will issue a separate memo providing further details of dialysis coverage.

A flyer is enclosed that lists the benefits for individuals enrolled in the BHH program.

The BHH program will be administered through existing QUEST contracts that MQD has with the following health plans: AlohaCare, HMSA, and Kaiser Permanente. Clients in BHH will have a medical insurance card issued by one of these health plans.

Medicaid recipients receiving long-term care services at least one month prior to the start of the BHH program such as nursing facility, community care foster family home, or long-term care services in their own home will be grandfathered into QExA and continue to receive these services through their QExA health plan.

If you are providing services to a Medicaid recipient that you believe will be moving from their current Medicaid program into the BHH program and you have questions or concerns about their transition of care, please contact the MQD Provider Hotline at (808) 692-8099. Information left on the MQD Provider Hotline is confidential. A MQD staff member will contact you to work with you, the health plan, and the Medicaid recipient during the transition.

Thank you for the service that you continue to provide to our clients, especially during the State's current economic situation during which we have an unprecedented increase in the number of recipients and find ourselves having to make these difficult decisions to provide as many benefits to as many individuals as possible.

Please direct any questions regarding this program to the MQD Provider Hotline at (808) 692-8099.

Enclosure



# BASIC HEALTH HAWAI'I



## What is Basic Health Hawai'i?

Basic Health Hawai'i is a health insurance program. It is for non-pregnant adults, age 19 or older. You must live in Hawai'i. You must be an immigrant legally residing in the United States for less than five years or a non-immigrant. You must not be eligible for Federal Medicaid programs.

## Basic Health Hawai'i Benefits Per Benefit Year

- 12 Outpatient physician visits per year  
(6 of these visits can be used as mental health visits)
- 6 Additional mental health visits per year
- 10 Inpatient hospital days per year
- 10 inpatient physician visits for medically necessary medical care, surgery, psychiatric care or substance abuse treatment
- 4 prescriptions per month, either brand or generic to include insulin and chemotherapy, plus specific contraceptives and diabetes supplies
- Emergency room services

## Other Covered Services

- Dental Services only for emergencies to eliminate dental pain, infection and acute injuries
- Dialysis

## Do I Have To Pay For These Services?

No

To ask questions, call Med-QUEST Customer Service:

- Statewide (toll-free) 1-800-316-8005
- Statewide V/TTY Users (toll-free) 1-800-603-1201

**Free interpreter available to provide help**



## **FREQUENTLY ASKED QUESTIONS**

**What is the benefit year for Basic Health Hawai'i benefits?** The benefit year begins July 1 and ends June 30.

**Am I required to get a referral from a primary care physician?** No, referrals are not required for outpatient services.

**Will all my prescriptions be covered?** There is a maximum of 4 medication prescriptions per month. Each prescription cannot be more than a one-month supply. Only medications included in the health plan's list of prescriptions will be covered. Plans are not required to cover a brand name medication if a generic medication is available, some exceptions may apply.

**Will my chemotherapy or dialysis treatment be covered by Basic Health Hawai'i?** Chemotherapy is included in the four medication prescriptions per month. Dialysis is covered under the Emergency Medical Assistance program for immigrants legally residing in the United States for less than five years and non-immigrants.

**What if I use all of the outpatient mental health visits and need more?** After using all outpatient mental health visits your health plan will allow the use of 6 available outpatient physician visits.

**Is maternity care a covered benefit?** A visit to confirm the pregnancy will count toward the 12 outpatient visit. Report the pregnancy to your DHS Eligibility Worker for possible change to another program for maternity care.

**Can I get coverage if I travel outside Hawai'i?** Basic Health Hawai'i will not provide coverage for out-of-state emergency and non-emergency services.

**Is transportation a covered service?** No. Air and ground transportation are not covered services.

**What is the telephone number to the health plan providing me Basic Health Hawai'i benefits?**

<b>MEDICAL PLANS</b>	<b>OAHU PHONE</b>	<b>NEIGHBOR ISLAND PHONE</b>
AlohaCare	973-1650	1-800-434-1002
HMSA	948-6486	1-800-440-0640
Kaiser Permanente	432-5330	1-800-651-2237