

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 216

BY STATE AFFAIRS COMMITTEE

AN ACT

1 RELATING TO THE INDIGENT SICK; AMENDING SECTION 20-605, IDAHO CODE, TO  
2 REVISE TERMINOLOGY AND TO REVISE A CODE REFERENCE; AMENDING SECTION  
3 31-3302, IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE A CODE REF-  
4 ERENCE; AMENDING SECTION 31-3501, IDAHO CODE, TO REVISE TERMINOLOGY;  
5 AMENDING SECTION 31-3502, IDAHO CODE, TO REVISE DEFINITIONS, TO PRO-  
6 VIDE DEFINITIONS AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION  
7 31-3503, IDAHO CODE, TO REVISE THE POWERS AND DUTIES OF COUNTY COMMIS-  
8 SIONERS; AMENDING SECTION 31-3503A, IDAHO CODE, TO REVISE AND PROVIDE  
9 NEW POWERS AND DUTIES OF THE BOARD OF THE CATASTROPHIC HEALTH CARE COST  
10 PROGRAM; AMENDING SECTION 31-3503E, IDAHO CODE, TO REVISE THE MEDICAID  
11 ELIGIBILITY DETERMINATION; AMENDING SECTION 31-3504, IDAHO CODE, TO  
12 PROVIDE FOR A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE, TO PRO-  
13 VIDE FOR A THIRD PARTY APPLICANT, TO PROVIDE FOR APPLICATION BY OTHERS  
14 IN CERTAIN CIRCUMSTANCES, TO PROVIDE FOR RECORDING OF A NOTICE OF LIEN  
15 AND APPLICATION FOR FINANCIAL ASSISTANCE, TO REMOVE PROVISIONS FOR  
16 RECORDING A NOTICE OF APPLICATION FOR MEDICAL INDIGENCY BENEFITS AND  
17 TO PROVIDE FOR INVOLVEMENT OF THE BOARD IN CERTAIN MATTERS; AMENDING  
18 SECTION 31-3505, IDAHO CODE, TO REVISE AND ADD TO THE TIME AND MANNER  
19 OF FILING APPLICATIONS; AMENDING SECTION 31-3505A, IDAHO CODE, TO RE-  
20 VISE A CERTAIN DUTY TO COOPERATE AND TO PROVIDE A CERTAIN TIME PERIOD  
21 FOR COMPLETION OF A CERTAIN DOCUMENT; AMENDING SECTION 31-3505B, IDAHO  
22 CODE, TO REVISE AND ADD TO THE APPROVAL REQUIREMENTS FOR COUNTY COMMIS-  
23 SIONERS; AMENDING SECTION 31-3505C, IDAHO CODE, TO REVISE TERMINOLOGY;  
24 AMENDING SECTION 31-3505D, IDAHO CODE, TO REVISE WHO MAY APPEAL A CER-  
25 TAIN INITIAL DETERMINATION; AMENDING SECTION 31-3505G, IDAHO CODE, TO  
26 REVISE TERMINOLOGY AND TO REVISE WHO MAY SEEK JUDICIAL REVIEW OF THE  
27 FINAL DETERMINATION; AMENDING SECTION 31-3507, IDAHO CODE, TO REVISE  
28 TERMINOLOGY; AMENDING SECTION 31-3508, IDAHO CODE, TO REVISE CERTAIN  
29 DUTIES OF THE BOARD AND THE COUNTY REGARDING PAYMENT FOR NECESSARY MED-  
30 ICAL SERVICES AND TO PROVIDE OPTIONS REGARDING UTILIZATION MANAGEMENT;  
31 AMENDING CHAPTER 35, TITLE 31, IDAHO CODE, BY THE ADDITION OF A NEW SEC-  
32 TION 31-3508A, IDAHO CODE, TO PROVIDE FOR PAYMENT FOR NECESSARY MEDICAL  
33 SERVICES BY AN OBLIGATED COUNTY; AMENDING SECTION 31-3509, IDAHO CODE,  
34 TO PROVIDE CERTAIN DUTIES FOR HOSPITALS, TO REVISE TERMINOLOGY AND TO  
35 PROVIDE FOR SUBMISSION OR RESUBMISSION OF A BILL TO CERTAIN PERSONS TO  
36 PROVIDE FOR APPLICATION PURSUANT TO SPECIFIED LAW; AMENDING SECTION  
37 31-3510, IDAHO CODE, TO PROVIDE FOR CERTAIN JOINT SUBROGATION AND TO  
38 REVISE TERMINOLOGY; AMENDING SECTION 31-3510A, IDAHO CODE, TO REVISE  
39 TO WHOM A CERTAIN REIMBURSEMENT OBLIGATION IS OWED; AMENDING SECTION  
40 31-3511, IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE A JURISDIC-  
41 TIONAL REQUIREMENT; AMENDING SECTION 31-3517, IDAHO CODE, TO REVISE  
42 TERMINOLOGY, TO PROVIDE FOR AN EXECUTIVE COMMITTEE, TO PROVIDE FOR  
43 CERTAIN PROCEDURAL REQUIREMENTS AND TO MAKE A TECHNICAL CORRECTION;  
44 AMENDING SECTION 31-3518, IDAHO CODE, TO PROVIDE REFERENCE TO MATTERS  
45

1 AUTHORIZED BY THE CHAPTER, TO REVISE CERTAIN CONTRACT AUTHORITY OF  
2 THE BOARD AND TO PROVIDE FOR CONSULTATION WITH HOSPITALS AND ORGANIZA-  
3 TIONS REPRESENTING HOSPITALS; AMENDING SECTION 31-3519, IDAHO CODE,  
4 TO REVISE PROCEDURES AND CRITERIA FOR APPROVAL OF AN APPLICATION FOR  
5 FINANCIAL ASSISTANCE, TO REMOVE PROVISIONS REGARDING THE TIMING OF  
6 PAYMENT, TO REVISE CONDITIONS UNDER WHICH THERE IS AN OBLIGATION TO PAY  
7 A CLAIM, TO PROVIDE FOR BOARD AUTHORITY REGARDING UTILIZATION MANAGE-  
8 MENT AND FOR PAYMENT BY THE STATE CONTROLLER PURSUANT TO SPECIFIED LAW;  
9 AMENDING SECTION 31-3520, IDAHO CODE, TO REMOVE A COUNTY REFERENCE;  
10 AMENDING CHAPTER 35, TITLE 31, IDAHO CODE, BY THE ADDITION OF A NEW  
11 SECTION 31-3558, IDAHO CODE, TO PROVIDE FOR NONDISCLOSURE OF PERSONAL  
12 IDENTIFYING INFORMATION AND TO PROVIDE FOR RETENTION OF CERTAIN DOCU-  
13 MENTS; AMENDING SECTION 56-209f, IDAHO CODE, TO PROVIDE REQUIREMENTS  
14 AND LIMITATIONS, TO REVISE TERMINOLOGY AND TO MAKE A TECHNICAL CORREC-  
15 TION; AND AMENDING SECTION 67-7903, IDAHO CODE, TO PROVIDE A CORRECT  
16 CODE REFERENCE.

17 Be It Enacted by the Legislature of the State of Idaho:

18 SECTION 1. That Section 20-605, Idaho Code, be, and the same is hereby  
19 amended to read as follows:

20 20-605. COSTS OF CONFINEMENT. The county wherein any court has entered  
21 an order pursuant to section 20-604, Idaho Code, shall pay all direct and  
22 indirect costs of the detention or confinement of the person to the govern-  
23 mental unit or agency owning or operating the jail or confinement facilities  
24 in which the person was confined or detained. The amount of such direct and  
25 indirect costs shall be determined on a per day per person basis by agree-  
26 ment between the county wherein the court entered the order and the county or  
27 governmental unit or agency owning or operating such jail or confinement fa-  
28 cilities. In the absence of such agreement or order fixing the cost as pro-  
29 vided in section 20-606, Idaho Code, the charge for each person confined or  
30 detained shall be the sum of thirty-five dollars (\$35.00) per day, plus the  
31 cost of any medical or dental services paid at the ~~unadjusted medicaid~~ rate  
32 of reimbursement as provided in ~~section 31-3502(21)~~ chapter 35, title 31,  
33 Idaho Code, unless a rate of reimbursement is otherwise established by con-  
34 tract or agreement; provided, however, that the county may determine whether  
35 the detained or confined person is eligible for any local, state, federal or  
36 private program that covers dental, medical and/or burial expenses. That  
37 person will be required to apply for those benefits, and any such benefits  
38 obtained may be applied to the detained or confined person's incurred ex-  
39 penses, and in the event of the death of such detained or confined person, the  
40 county wherein the court entered the order shall pay all actual burial costs.  
41 Release from an order pursuant to section 20-604, Idaho Code, for the pur-  
42 pose of a person receiving medical treatment shall not relieve the county of  
43 its obligation of paying the medical care expenses imposed in this section.  
44 In case a person confined or detained was initially arrested by a city police  
45 officer for violation of the motor vehicle laws of this state or for viola-  
46 tion of a city ordinance, the cost of such confinement or detention shall be  
47 a charge against such city by the county wherein the order of confinement was

1 entered. All payments under this section shall be acted upon for each calen-  
2 dar month by the second Monday of the month following the date of billing.

3 SECTION 2. That Section 31-3302, Idaho Code, be, and the same is hereby  
4 amended to read as follows:

5 31-3302. COUNTY CHARGES ENUMERATED. The following are county charges:

6 (1) Charges incurred against the county by virtue of any provision of  
7 this title.

8 (2) The compensation allowed by law to constables and sheriffs for ex-  
9 ecuting process on persons charged with criminal offenses; for services and  
10 expenses in conveying criminals to jail; for the service of subpoenas issued  
11 by or at the request of the prosecuting attorneys, and for other services in  
12 relation to criminal proceedings.

13 (3) The expenses necessarily incurred in the support of persons charged  
14 with or convicted of crime and committed therefor to the county jail. Pro-  
15 vided that any medical expenses shall be paid at the ~~unadjusted medicaid~~ rate  
16 of reimbursement as provided in ~~section 31-3502(21)~~ chapter 35, title 31,  
17 Idaho Code, unless a rate of reimbursement is otherwise established by con-  
18 tract or agreement.

19 (4) The compensation allowed by law to county officers in criminal pro-  
20 ceedings, when not otherwise collectible.

21 (5) The sum required by law to be paid to grand jurors and indigent wit-  
22 nesses in criminal cases.

23 (6) The accounts of the coroner of the county, for such services as are  
24 not provided to be paid otherwise.

25 (7) The necessary expenses incurred in the support of county hospitals,  
26 and the indigent sick and nonmedical assistance for indigents, whose support  
27 is chargeable to the county.

28 (8) The contingent expenses, necessarily incurred for the use and bene-  
29 fit of the county.

30 (9) Every other sum directed by law to be raised for any county purpose,  
31 under the direction of the board of county commissioners, or declared to be a  
32 county charge.

33 SECTION 3. That Section 31-3501, Idaho Code, be, and the same is hereby  
34 amended to read as follows:

35 31-3501. DECLARATION OF POLICY. (1) It is the policy of this state that  
36 each person, to the maximum extent possible, is responsible for his or her  
37 own medical care and to that end, shall be encouraged to purchase his or her  
38 own medical insurance with coverage sufficient to prevent them from need-  
39 ing to request assistance pursuant to this chapter. However, in order to  
40 safeguard the public health, safety and welfare, and to provide suitable fa-  
41 cilities and provisions for the care and hospitalization of persons in this  
42 state, and, in the case of medically indigent ~~persons~~ residents, to provide  
43 for the payment thereof, the respective counties of this state, and the board  
44 and the department shall have the duties and powers as hereinafter provided.

45 (2) The county medically indigent program and the catastrophic health  
46 care cost program are payers of last resort. Therefore, applicants or third  
47 party applicants seeking financial assistance under the county medically

1 indigent program and the catastrophic health care cost program shall be sub-  
2 ject to the limitations and requirements as set forth herein.

3 SECTION 4. That Section 31-3502, Idaho Code, be, and the same is hereby  
4 amended to read as follows:

5 31-3502. DEFINITIONS. As used in this chapter, the terms defined in  
6 this section shall have the following meaning, unless the context clearly  
7 indicates another meaning:

8 (1) "Applicant" means any person who is requesting financial assis-  
9 tance under this chapter.

10 (2) "Application" means ~~a~~ the combined application for ~~financial~~  
11 state and county medical assistance pursuant to sections 31-3504 and  
12 31-3503E, Idaho Code, ~~and the uniform form used for the initial review and~~  
13 ~~the department's medicaid eligibility determination described in section~~  
14 ~~31-3503C(4), Idaho Code.~~

15 (3) "Board" means the board of the catastrophic health care cost pro-  
16 gram, as established in section 31-3517, Idaho Code.

17 (4) "Case management" means coordination of services to help meet a pa-  
18 tient's health care needs, usually when the patient has a condition that re-  
19 quires multiple services.

20 (5) "Catastrophic health care costs" means the cost of ~~medically neces-~~  
21 ~~sary drugs, devices and medical~~ services received by a recipient that, when  
22 paid at the then existing reimbursement rate, ~~in aggregate~~ exceeds the total  
23 sum of eleven thousand dollars (\$11,000) in the aggregate in any consecutive  
24 twelve (12) consecutive month period.

25 (6) "Clerk" means the clerk of the respective counties or his or her de-  
26 signee.

27 (7) "Completed application" shall include at a minimum the cover sheet  
28 requesting services, applicant information including diagnosis and re-  
29 quests for services and signatures, personal information of the applicant,  
30 patient rights and responsibilities, releases and all other signatures re-  
31 quired in the application.

32 (8) "County commissioners" means the board of county commissioners in  
33 their respective counties.

34 (9) "County hospital" means any county approved institution or facil-  
35 ity for the care of sick persons.

36 (10) "Department" means the department of health and welfare.

37 (11) "Dependent" means any person whom a taxpayer could claim as a de-  
38 pendent under the income tax laws of the state of Idaho.

39 (12) "Emergency service" means a service provided for a medical condi-  
40 tion in which sudden, serious and unexpected symptoms of illness or injury  
41 are sufficiently severe to necessitate or call for immediate medical care,  
42 including, but not limited to, severe pain, that the absence of immediate  
43 medical attention could reasonably be expected by a prudent person who pos-  
44 sesses an average knowledge of health and medicine, to result in:

45 (a) Placing the patient's health in serious jeopardy;

46 (b) Serious impairment to bodily functions; or

47 (c) Serious dysfunction of any bodily organ or part.

48 (13) "Hospital" means a facility licensed and regulated pursuant to  
49 sections 39-1301 through 39-1314, Idaho Code, or an out-of-state hospital

1 providing necessary medical services for residents of Idaho, wherein a re-  
 2 ciprocal agreement exists, in accordance with section 31-3503B, Idaho Code,  
 3 excluding state institutions.

4 (134) "Medicaid eligibility review" means the process used by the de-  
 5 partment to determine whether a person meets the criteria for medicaid cov-  
 6 erage.

7 (15) "Medical claim" means the itemized statements and standard forms  
 8 used by hospitals and providers to satisfy centers for medicare and medicaid  
 9 services (CMS) claims submission requirements.

10 (146) "Medical home" means a model of primary and preventive care de-  
 11 livery in which the patient has a continuous relationship with a personal  
 12 physician in a physician directed medical practice that is whole person ori-  
 13 ented and where care is integrated and coordinated.

14 (157) "Medically indigent" means any person who is in need of neces-  
 15 sary medical services and who, if an adult, together with his or her spouse,  
 16 or whose parents or guardian if a minor, does not have income and other  
 17 resources ~~available to him~~ from whatever source sufficient to pay for neces-  
 18 sary medical services. Nothing in this definition shall prevent the board  
 19 and the county commissioners from requiring the applicant and obligated per-  
 20 sons to reimburse the county and the catastrophic health care costs program,  
 21 where appropriate, for all or a portion of their medical expenses, when in-  
 22 vestigation of their application pursuant to this chapter, determines their  
 23 ability to do so.

24 (168) A. "Necessary medical services" means health care services and  
 25 supplies that:

26 (a) Health care providers, exercising prudent clinical judgment,  
 27 would provide to a person for the purpose of preventing, evalu-  
 28 ating, diagnosing or treating an illness, injury, disease or its  
 29 symptoms;

30 (b) Are in accordance with generally accepted standards of medi-  
 31 cal practice;

32 (c) Are clinically appropriate, in terms of type, frequency, ex-  
 33 tent, site and duration and are considered effective for the cov-  
 34 ered person's illness, injury or disease;

35 (d) Are not provided primarily for the convenience of the person,  
 36 physician or other health care provider; and

37 (e) ~~Are not more costly than an alternative~~ the most cost-effec-  
 38 tive service or sequence of services or supply supplies, and at  
 39 least as likely to produce equivalent therapeutic or diagnostic  
 40 results ~~as to the diagnosis or treatment of~~ for the person's ill-  
 41 ness, injury or disease.

42 B. Necessary medical services shall not include the following:

43 (a) Bone marrow transplants;

44 (b) Organ transplants;

45 (c) Elective, cosmetic and/or experimental procedures;

46 (d) Services related to, or provided by, residential, skilled  
 47 nursing, assisted living and/or shelter care facilities;

48 (e) Normal, uncomplicated pregnancies, ~~excluding~~ including cae-  
 49 sarian section, and childbirth well-baby care;

50 (f) Medicare copayments and deductibles;

1 (g) Services provided by, or available to, an applicant from  
2 state, federal and local health programs;

3 (h) Medicaid copayments and deductibles; and

4 (i) Drugs, devices or procedures primarily utilized for weight  
5 reduction and complications directly related to such drugs, de-  
6 vices or procedures.

7 (179) "Obligated person" means the person or persons who are legally re-  
8 sponsible for an applicant.

9 ~~(1820)~~ "Primary and preventive health care" means the provision of pro-  
10 fessional health services that include health education and disease preven-  
11 tion, initial assessment of health problems, treatment of acute and chronic  
12 health problems and the overall management of an individual's health care  
13 services.

14 ~~(1921)~~ "Provider" means any person, firm, or corporation, other than a  
15 hospital, certified or licensed by the state of Idaho or holding an equiva-  
16 lent license or certification in another state, that provides necessary med-  
17 ical services to a patient requesting a medically indigent status determina-  
18 tion or filing an application for financial assistance.

19 (202) "Recipient" means an individual determined eligible for finan-  
20 cial assistance under this chapter.

21 ~~(213)~~ "Reimbursement rate" means the unadjusted medicaid rate of reim-  
22 bursement for medical charges allowed pursuant to title XIX of the social se-  
23 curity act, as amended, that is in effect at the time service is rendered.  
24 Beginning July 1, 2011, and sunseting July 1, 2013, "reimbursement rate"  
25 shall mean eighty-five percent (85%) of the unadjusted medicaid rate.

26 (224) "Resident" means a person with a home, house, place of abode,  
27 place of habitation, dwelling or place where he or she actually lived for a  
28 consecutive period of thirty (30) days or more within the state of Idaho. A  
29 resident does not include a person who comes into this state for temporary  
30 purposes, including, but not limited to, education, vacation, or seasonal  
31 labor. Entry into active military duty shall not change a person's residence  
32 for the purposes of this chapter. Those physically present within the fol-  
33 lowing facilities and institutions shall be residents of the county where  
34 they were residents prior to entering the facility or institution:

35 (a) Correctional facilities;

36 (b) Nursing homes or residential or assisted living facilities;

37 (c) Other medical facility or institution.

38 ~~(235)~~ "Resources" means all property, for which an applicant and/or an  
39 obligated person may be eligible or in which he or she may have an inter-  
40 est, whether tangible or intangible, real or personal, liquid or nonliquid,  
41 or pending, including, but not limited to, all forms of public assistance,  
42 crime victims compensation, worker's compensation, veterans benefits, med-  
43 icaid, medicare, supplemental security income (SSI), third party insurance,  
44 other available insurance or apply for section 1011 of the medicare modern-  
45 ization act of 2003, if applicable, and any other property from any source  
46 for which an applicant and/or an obligated person may be eligible or in which  
47 he or she may have an interest. Resources shall include the ability of an  
48 applicant and obligated persons to pay for necessary medical services, ex-  
49 cluding any interest charges, over a period of up to five (5) years. For pur-  
50 poses of determining approval for medical indigency only, resources shall

1 not include the value of the homestead on the applicant or obligated person's  
 2 residence, a burial plot, exemptions for personal property allowed in sec-  
 3 tion 11-605(1) through (3), Idaho Code, and additional exemptions allowed by  
 4 county resolution.

5 (246) "Third party applicant" means a person other than an obligated  
 6 person who completes, signs and files an application on behalf of a patient.  
 7 A third party applicant who files an application on behalf of a patient pur-  
 8 suant to section 31-3504, Idaho Code, shall, if possible, deliver a copy of  
 9 the application to the patient within three (3) business days after filing  
 10 the application.

11 (257) "Utilization management" means the evaluation of medical neces-  
 12 sity, appropriateness and efficiency of the use of health care services,  
 13 procedures and facilities and. "Utilization management" may include, but  
 14 is not limited to, preadmission certification, the application of practice  
 15 guidelines, continued stay review, discharge planning, case management,  
 16 preauthorization of ambulatory procedures, retrospective review and claims  
 17 review. "Utilization management" may also include the calculation of the  
 18 reimbursement rate and application of that rate to the determined necessary  
 19 medical services to calculate the appropriate reimbursement.

20 SECTION 5. That Section 31-3503, Idaho Code, be, and the same is hereby  
 21 amended to read as follows:

22 31-3503. POWERS AND DUTIES OF COUNTY COMMISSIONERS. The county com-  
 23 missioners in their respective counties shall, under such limitations and  
 24 restrictions as are prescribed by law:

25 (1) Care Pay for and maintain necessary medical services for the medi-  
 26 cally indigent residents of their counties as provided in this chapter and as  
 27 approved by the county commissioners at the reimbursement rate up to the to-  
 28 tal sum of eleven thousand dollars (\$11,000) per claim in the aggregate over  
 29 a per resident in any consecutive twelve (12) month period with the remainder  
 30 being paid by the state catastrophic health care cost program or contract for  
 31 the provision of necessary medical services pursuant to sections 31-351920  
 32 and 31-3521, Idaho Code.

33 (2) Have the right to contract with providers, transfer patients, ne-  
 34 gotiate provider agreements, conduct utilization management or any portion  
 35 thereof and all other powers incident to the county's duties created by this  
 36 chapter.

37 (3) Cooperate with the department, the board and contractors retained  
 38 by the department or the board to provide services including, but not limited  
 39 to, medicaid eligibility review and utilization management on behalf of the  
 40 counties and the board.

41 (4) Have the jurisdiction and power to provide county hospitals and  
 42 public general hospitals for the county and others who are sick, injured,  
 43 maimed, aged and infirm and to erect, enlarge, purchase, lease, or otherwise  
 44 acquire, and to officer, maintain and improve hospitals, hospital grounds,  
 45 nurses' homes, shelter care facilities and residential or assisted living  
 46 facilities as defined in section 39-3301, Idaho Code, superintendent's  
 47 quarters, medical clinics, as that term is defined in section 39-1319, Idaho  
 48 Code, medical clinic grounds or any other necessary buildings, and to equip  
 49 the same, and to replace equipment, and for this purpose said commissioners

1 may levy an additional tax of not to exceed six hundredths percent (.06%) of  
 2 the market value for assessment purposes on all taxable property within the  
 3 county. The term "public general hospitals" as used in this subsection shall  
 4 be construed to include nursing homes.

5 SECTION 6. That Section 31-3503A, Idaho Code, be, and the same is hereby  
 6 amended to read as follows:

7 31-3503A. POWERS AND DUTIES OF THE BOARD. The board shall, under such  
 8 limitations and restrictions as are prescribed by law:

9 (1) Pay for the cost of necessary medical services for a resident med-  
 10 ically indigent person resident, as provided in this chapter, where the  
 11 cost of necessary medical services when paid at the reimbursement rate for  
 12 the claim exceeds in aggregate the total sum of eleven thousand dollars  
 13 (\$11,000) during a in the aggregate per resident in any consecutive twelve  
 14 (12) month period;

15 (2) Have the right to negotiate provider agreements, contract for uti-  
 16 lization management or any portion thereof and all other powers incident to  
 17 the board's duties created by this chapter;

18 (3) Cooperate with the department, respective counties of the state and  
 19 contractors retained by the department or county commissioners to provide  
 20 services including, but not limited to, eligibility review and utilization  
 21 management on behalf of the counties and the board;

22 (34) Require, as the board deems necessary, annual reports from each  
 23 county and each hospital ~~and provider~~ including, but not limited to, the fol-  
 24 lowing:

25 (a) From each county and for each applicant:

- 26 (i) Case number and the date services began;
- 27 (ii) Age;
- 28 (iii) Residence;
- 29 (iv) Sex;
- 30 (v) Diagnosis;
- 31 (vi) Income;
- 32 (vii) Family size;
- 33 (viii) Amount of costs incurred including provider, legal and ad-  
 34 ministrative charges;
- 35 (ix) Approval or denial; and
- 36 (x) Reasons for denial.

37 (b) From each hospital:

- 38 (i) 990 tax forms or comparable information;
- 39 (ii) Cost of charges where charitable care was provided; and
- 40 (iii) Administrative and legal costs incurred in processing  
 41 claims under this chapter.

42 (5) Authorize all disbursements from the catastrophic health care cost  
 43 program in accordance with the provisions of this chapter;

44 (6) Make and enter into contracts;

45 (7) Develop and submit a proposed budget setting forth the amount nec-  
 46 essary to perform its functions and prepare an annual report;

47 (8) Perform such other duties as set forth in the laws of this state; and



1        (9) Conduct examinations, investigations, audits and hear testimony  
 2 and take proof, under oath or affirmation, at public or private hearings, on  
 3 any matter necessary to fulfill its duties.

4        SECTION 7. That Section 31-3503E, Idaho Code, be, and the same is hereby  
 5 amended to read as follows:

6        31-3503E. MEDICAID ELIGIBILITY DETERMINATION. The department shall:

7        (1) Require the hospital to undertake an initial review of a patient  
 8 upon stabilization to determine whether the patient ~~may be eligible for~~  
 9 ~~medicaid or~~ may be medically indigent. If the hospital's initial review  
 10 determines that the patient ~~eligible for medicaid or~~ may be medically in-  
 11 digent, require that the hospital transmit ~~the initial review~~ a completed  
 12 combined application for state and county medical assistance and a written  
 13 request for medicaid eligibility determination to the department any time  
 14 within thirty-one (31) working days of the ~~completion of the initial review~~  
 15 date of admission.

16        (2) Undertake a determination of possible medicaid eligibility upon  
 17 receipt from the hospital of the ~~initial review~~ completed combined ap-  
 18 plication for state and county medical assistance and written request for  
 19 medicaid eligibility determination. The department will use the medicaid  
 20 eligibility guidelines in place as of the date of submission of the ~~written~~  
 21 ~~request~~ completed combined application for state and county medical assis-  
 22 tance, apply categorical and financial eligibility requirements and use all  
 23 sources available to the department to obtain verification in making the  
 24 determination.

25        (3) In order to ascertain medicaid eligibility, require the patient or  
 26 the obligated person to cooperate with the department according to its rules  
 27 in investigating, providing documentation, submitting to an interview and  
 28 notifying the department of the receipt of resources after the initial re-  
 29 view form has been submitted to the department.

30        (4) Promptly notify the ~~hospital and clerk~~ patient of ~~potential medic-~~  
 31 ~~aid eligibility and the basis of possible eligibility.~~

32        (5) Act on the ~~initial review form~~ completed combined application for  
 33 state and county medical assistance as an application for medicaid ~~if it ap-~~  
 34 ~~pears that the patient may be eligible for medicaid.~~ An application for med-  
 35 icaid shall not be an application for financial assistance pursuant to sec-  
 36 tion 31-3504, Idaho Code. Except as provided in this section, an application  
 37 for financial assistance shall not be an application for medicaid.

38        (6) Utilize the verification and cooperation requirement in department  
 39 rule to complete the eligibility determination.

40        (7) Notify the patient or the obligated person, the hospital ~~and or~~ the  
 41 clerk of a denial and the reason therefor ~~if the applicant fails to cooper-~~  
 42 ~~ate, fails to provide documentation necessary to complete the determination~~  
 43 ~~or is determined to be categorically or financially ineligible for medic-~~  
 44 ~~aid.~~ If, based on its medicaid eligibility review, the department deter-  
 45 mines that the patient is not eligible for medicaid ~~but may be medically in-~~  
 46 ~~digent,~~ transmit a copy of the initial review completed combined application  
 47 for state and county medical assistance to the clerk. ~~The transmitted copy~~  
 48 ~~of the initial review shall be treated by the clerk as an application for fi-~~

1 ~~nancial assistance pursuant to section 31-3504, Idaho Code.~~ Denial of med-  
2 icaid eligibility is not a determination of medical indigence.

3 (8) Make income and resource information obtained from the medicaid el-  
4 ibility determination process available to the county to assist in deter-  
5 mination of medical indigency at the time the department notifies the county  
6 of the final medicaid eligibility determination.

7 ~~The initial review form completed combined application for state and county~~  
8 ~~medical assistance shall be deemed consent for providers, the hospital, the~~  
9 ~~department, respective counties and the board to exchange information per-~~  
10 ~~taining to the applicant's health and finances for the purposes of determin-~~  
11 ~~ing medicaid eligibility or medical indigency.~~

12 SECTION 8. That Section 31-3504, Idaho Code, be, and the same is hereby  
13 amended to read as follows:

14 31-3504. APPLICATION FOR FINANCIAL ASSISTANCE. (1) Except as provided  
15 for in section 31-3503E, Idaho Code, an applicant or third party applicant  
16 requesting assistance under this chapter shall complete a written applica-  
17 tion. The truth of the matters contained in the completed application shall  
18 be sworn to by the applicant or third party applicant. The completed appli-  
19 cation shall be deemed consent for the providers, the hospital, the depart-  
20 ment, respective counties and board to exchange information pertaining to  
21 the applicant's health and finances for the purposes of determining medicaid  
22 eligibility or medical indigency. The completed application shall be signed  
23 by the applicant ~~or on the applicant's behalf~~ or third party applicant, an  
24 authorized representative of the applicant, or, if the applicant is incom-  
25 petent or incapacitated, someone acting responsibly for the applicant and  
26 filed in the clerk's office. If the clerk determines that the patient may  
27 be eligible for medicaid, within one (1) business day of the filing of the  
28 completed application in the clerk's office, the clerk shall transmit a copy  
29 of the application and a written request for medicaid eligibility determina-  
30 tion to the department.

31 (a) If, based on its medicaid eligibility review, the department deter-  
32 mines that the patient is eligible for medicaid, the department shall  
33 act on the application as an application for medicaid.

34 (b) If, based on its medicaid eligibility review, the department de-  
35 termines that the patient is not eligible for medicaid, the department  
36 shall notify the clerk of the denial and the reason therefor, in accor-  
37 dance with section 31-3503E, Idaho Code. Denial of medicaid eligibil-  
38 ity is not a determination of medical indigence.

39 (2) If a third party completed application is filed, the application  
40 shall be ~~as complete as practicable and~~ presented in the same form and manner  
41 as set forth in subsection (1) of this section.

42 (3) Follow-up necessary medical services based on a treatment plan, for  
43 the same condition, preapproved by the county commissioners, may be provided  
44 for a maximum of six (6) months from the date of the original application  
45 without requiring an additional application; however, a request for addi-  
46 tional treatment not specified in the approved treatment plan shall be filed  
47 with the clerk ten (10) days prior to receiving services. Beyond the six (6)  
48 months, requests for additional treatment related to an original diagnosis  
49 in accordance with a preapproved treatment plan shall be filed ten (10) days

1 prior to receiving services and an updated application may be requested by  
2 the county commissioners.

3 (4) Upon application for financial assistance pursuant to this chap-  
4 ter an automatic lien shall attach to all real and personal property of the  
5 applicant and on insurance benefits to which the applicant may become en-  
6 titled. The lien shall also attach to any additional resources to which it  
7 may legally attach not covered in this section. The lien created by this  
8 section may be, in the discretion of the county commissioners and the board,  
9 perfected as to real property and fixtures by recording a document enti-  
10 tled: notice of lien and application for financial assistance, in any county  
11 recorder's office in this state in which the applicant and obligated person  
12 own property, ~~a notice of application for medical indigency benefits on a~~  
13 ~~uniform form agreed to by the Idaho association of counties and the Idaho~~  
14 ~~hospital association, which form.~~ The notice of lien and application for  
15 financial assistance shall be recorded as provided herein within thirty (30)  
16 days from receipt of an application, and such lien, if so recorded, shall  
17 have a priority date as of the date the necessary medical services were pro-  
18 vided. The lien created by this section may also be, in the discretion of  
19 the county commissioners and the board, perfected as to personal property  
20 by filing with the secretary of state within thirty (30) days of receipt of  
21 an application, a notice of application in substantially the same manner  
22 as a filing under chapter 9, title 28, Idaho Code, except that such notice  
23 need not be signed and no fee shall be required, and, if so filed, such lien  
24 shall have the priority date as of the date the necessary medical services  
25 were provided. An application for assistance pursuant to this chapter shall  
26 waive any confidentiality granted by state law to the extent necessary to  
27 carry out the intent of this section.

28 (5) In accordance with rules and procedures promulgated by the depart-  
29 ment or the board, each hospital and provider seeking reimbursement under  
30 this chapter shall submit all known billings for necessary medical services  
31 provided for each applicant in a standard or uniform format to the depart-  
32 ment's or the board's contractor for its utilization management review  
33 within ten (10) business days of receiving notification that the patient is  
34 not eligible for medicaid; provided that, upon a showing of good cause, the  
35 time period may be extended. A copy of the results of the reviewed billings  
36 shall be transmitted by the department's or the board's contractor to the  
37 clerk of the obligated county.

38 SECTION 9. That Section 31-3505, Idaho Code, be, and the same is hereby  
39 amended to read as follows:

40 31-3505. TIME AND MANNER OF FILING APPLICATIONS ~~AND REQUESTS~~ FOR FI-  
41 NANCIAL ASSISTANCE. Applications ~~and requests~~ for financial assistance  
42 shall be filed ~~with the clerk~~ according to the following time limits. Filing  
43 is complete upon receipt by the clerk or the department.

44 (1) ~~An~~ completed application for nonemergency necessary medical ser-  
45 vices shall be filed with the clerk ten (10) days prior to receiving services  
46 from the provider or the hospital.

47 (2) ~~An~~ completed application for emergency necessary medical services  
48 shall be ~~made~~ filed with the clerk any time within thirty-one (31) days be-  
49 ginning with the first day of the provision of necessary medical services

1 from the provider ~~or in the case of hospitalization, thirty-one (31) days be-~~  
2 ~~ginning with the date of admission, or if a request for medicaid eligibility~~  
3 ~~determination has been denied by the department pursuant to, except as pro-~~  
4 ~~vided in subsection 31-3503E, Idaho Code, within thirty-one (31) days of re-~~  
5 ~~ceiving notice of the denial (3) of this section.~~

6 (3) In the case of hospitalization, a completed application for emer-  
7 gency necessary medical services shall be filed with the department any time  
8 within thirty-one (31) days of the date of admission.

9 (4) Requests for additional treatment related to an original diagnosis  
10 in accordance with a preapproved treatment plan shall be filed ten (10) days  
11 prior to receiving services.

12 (45) A delayed application for necessary medical services may be filed  
13 up to one hundred eighty (180) days beginning with the first day of the provi-  
14 sion of necessary medical services provided that:

15 (a) Written documentation is included with the application or no later  
16 than forty-five (45) days after an application has been filed showing  
17 that a bona fide application or claim has been filed for social security  
18 disability insurance, supplemental security income, third party insur-  
19 ance, medicaid, medicare, crime victim's compensation, and/or worker's  
20 compensation. A bona fide application means that:

21 (i) The application was timely filed within the appropriate  
22 agency's application or claim time period; and

23 (ii) Given the circumstances of the patient and/or obligated per-  
24 sons, the patient and/or obligated persons, and given the informa-  
25 tion available at the time the application or claim for other re-  
26 sources is filed, would reasonably be expected to meet the eligi-  
27 bility criteria for such resources; and

28 (iii) The application was filed with the appropriate agency in  
29 such a time and manner that, if approved, it would provide for pay-  
30 ment coverage of the bills included in the county application; and

31 (iv) In the discretion of the county commissioners, bills on a de-  
32 layed application which would not have been covered by a success-  
33 ful application or timely claim to the other resource(s) may be de-  
34 nied by the county commissioners as untimely; and

35 (v) In the event an application is filed for supplemental security  
36 income, an Idaho medicaid application must also have been filed  
37 within the department of health and welfare's application or claim  
38 time period to provide payment coverage of eligible bills included  
39 in the county application.

40 (b) Failure by the patient and/or obligated persons to complete the  
41 application process described in this section, up to and including any  
42 reasonable appeal of any denial of benefits, with the applicable pro-  
43 gram noted in paragraph (a) of this subsection, shall result in denial  
44 of the county assistance application.

45 (6) No application for financial assistance under the county medically  
46 indigent program or the catastrophic health care cost program shall be ap-  
47 proved by the county commissioners or the board unless the provider or the  
48 hospital completes the application process and complies with the time limits  
49 prescribed by this section.

1           (57) Any application or request which fails to meet the provisions of  
2 this section, and/or other provisions of this chapter, shall be denied.

3           (68) In the event that a county determines that a different county is  
4 the obligated county, an application may be filed in the other county within  
5 thirty (30) days of the date of the initial county denial.

6           SECTION 10. That Section 31-3505A, Idaho Code, be, and the same is  
7 hereby amended to read as follows:

8           31-3505A. INVESTIGATION OF APPLICATION BY THE CLERK. (1) The clerk  
9 shall interview the applicant and investigate the information provided on  
10 the application, along with all other required information, in accordance  
11 with the procedures established by the county commissioners, the board and  
12 this chapter. The clerk shall promptly notify the applicant, or third party  
13 filing an application on behalf of an applicant, of any material information  
14 missing from the application which, if omitted, may cause the application  
15 to be denied for incompleteness. In addition, any provider requesting no-  
16 tification shall be notified at the same time. When necessary, such persons  
17 as may be deemed essential, may be compelled by the clerk to give testimony  
18 and produce documents and other evidence under oath in order to complete the  
19 investigation. The clerk is hereby authorized to issue subpoenas to carry  
20 out the intent of this provision and to otherwise compel compliance in accor-  
21 dance with provisions of Idaho law.

22           (2) The applicant ~~or~~ and third party filing an application on behalf of  
23 an applicant to the extent they have knowledge, shall have a duty to cooper-  
24 ate with the clerk in investigating, providing documentation, submitting to  
25 an interview and ascertaining eligibility and shall have a continuing duty  
26 to notify the obligated county of the receipt of resources after an applica-  
27 tion has been filed.

28           (3) The clerk shall have twenty (20) days to complete the investigation  
29 of an application for nonemergency necessary medical services.

30           (4) The clerk shall have forty-five (45) days to complete the investi-  
31 gation of an application for emergency necessary medical utilization man-  
32 agement services or a portion thereof.

33           (5) In the case of follow-up treatment, the clerk shall have ten (10)  
34 days to complete an interview on a request for additional treatment to up-  
35 date the financial and other information contained in a previous application  
36 for an original diagnosis in accordance with a treatment plan previously ap-  
37 proved by the county commissioners.

38           (6) Upon completion of the interview and investigation of the applica-  
39 tion or request, a statement of the clerk's findings shall be filed with the  
40 county commissioners.

41           SECTION 11. That Section 31-3505B, Idaho Code, be, and the same is  
42 hereby amended to read as follows:

43           31-3505B. APPROVAL BY THE COUNTY COMMISSIONERS. The county com-  
44 missioners shall approve an application for financial assistance if it  
45 determines that necessary medical services have been or will be provided  
46 to a medically indigent ~~person~~ resident in accordance with this chapter;  
47 provided, the amount approved when paid, at the reimbursement rate, by the

1 obligated county for any medically indigent resident shall not exceed ~~in~~  
2 aggregate the lesser of:

3 (1) The total sum of eleven thousand dollars (\$11,000) in the aggre-  
4 gate per applicant for resident in any consecutive twelve (12) month period;  
5 or

6 (2) The reimbursement for services recommended by any or all of the uti-  
7 lization management activities pursuant to section 31-3502, Idaho Code.

8 SECTION 12. That Section 31-3505C, Idaho Code, be, and the same is  
9 hereby amended to read as follows:

10 31-3505C. INITIAL DECISION BY THE COUNTY COMMISSIONERS. (1) Except as  
11 otherwise provided in subsection (2) of this section, the county commission-  
12 ers shall make an initial determination to approve or deny an application  
13 within fifteen (15) days from receipt of the clerk's statement and within  
14 five (5) days from receiving the clerk's statement on a request. The initial  
15 determination to approve or deny an application shall be mailed to the appli-  
16 cant or the third party making application on behalf of the applicant, as the  
17 case may be, and each provider listed on the application within five (5) days  
18 of the initial determination.

19 (2) The county commissioners shall hold in suspension an initial de-  
20 termination to deny an application, if the sole basis for the denial is that  
21 the applicant may be eligible for other forms of public assistance, crime  
22 victims compensation, worker's compensation, veterans benefits, medicaid,  
23 medicare, supplemental security income, third party insurance or other  
24 available insurance. The decision to hold an initial determination to deny  
25 an application in suspension shall be mailed to the applicant or the third  
26 party making application on behalf of the applicant, as the case may be, and  
27 each provider listed on the application within five (5) days of the decision  
28 to suspend.

29 (a) If an applicant is subsequently determined to be eligible for  
30 other forms of public assistance, crime victims compensation, worker's  
31 compensation, veterans benefits, medicaid, medicare, supplemental se-  
32 curity income, third party insurance or other available insurance, the  
33 application shall be denied. The applicant or the third party making  
34 application on behalf of the applicant, as the case may be, and each  
35 provider listed on the application shall be notified within five (5)  
36 days of the denial.

37 (b) If an applicant is subsequently determined not to be eligible for  
38 other forms of public assistance, crime victims compensation, worker's  
39 compensation, veterans benefits, medicaid, medicare, supplemental se-  
40 curity income, third party insurance or other available insurance, the  
41 application for financial assistance shall be approved. The applicant  
42 or the third party making application on behalf of the applicant, as the  
43 case may be, and each provider listed on the application shall be noti-  
44 fied within five (5) days of the approval.

45 (3) If the county commissioners hold in suspension an initial determi-  
46 nation to deny an application, any time limitation used in this chapter shall  
47 be tolled and not deemed to run during the period of suspension.

1 SECTION 13. That Section 31-3505D, Idaho Code, be, and the same is  
2 hereby amended to read as follows:

3 31-3505D. APPEAL OF INITIAL DETERMINATION DENYING AN APPLICATION. An  
4 applicant or ~~provider~~ third party applicant may appeal an initial determi-  
5 nation of the county commissioners denying an application by filing a writ-  
6 ten notice of appeal with the county commissioners within twenty-eight (28)  
7 days of the date of the denial. If no appeal is filed within the time allowed,  
8 the initial determination of the county commissioners denying an applica-  
9 tion shall become final.

10 SECTION 14. That Section 31-3505G, Idaho Code, be, and the same is  
11 hereby amended to read as follows:

12 31-3505G. PETITION FOR JUDICIAL REVIEW OF FINAL DETERMINATION. If,  
13 after a hearing as provided in section 31-3505E, Idaho Code, the final deter-  
14 mination of the county commissioners is to deny an application for financial  
15 assistance ~~with necessary medical services~~, the applicant, or a third party  
16 ~~making application on an applicant's behalf~~ applicant, may seek judicial  
17 review of the final determination of the county commissioners in the manner  
18 provided in section 31-1506, Idaho Code.

19 SECTION 15. That Section 31-3507, Idaho Code, be, and the same is hereby  
20 amended to read as follows:

21 31-3507. TRANSFER OF A MEDICALLY INDIGENT PATIENT. An obligated  
22 county or the board shall have the right to have an approved medically indi-  
23 gent ~~person~~ resident transferred to a hospital or facility, in accordance  
24 with requirements of the federal emergency medical treatment and active  
25 labor act, 42 U.S.C., section 1395dd; provided however, treatment for the  
26 necessary medical service must be available at the designated facility,  
27 and the county contract physician, or the attending physician if no county  
28 contract physician is available, must certify that the transfer of such per-  
29 son would not present a significant risk of further injury. The obligated  
30 county, the board, and hospital from which or to which a person is taken or  
31 removed as herein provided, as well as the attending physician(s), shall  
32 not be liable in any manner whatsoever and shall be immune from suit for any  
33 causes of action arising from a transfer performed in accordance with this  
34 section. The immunities and freedom from liability granted pursuant to this  
35 section shall extend to any person, firm or corporation acting in accordance  
36 with this section.

37 SECTION 16. That Section 31-3508, Idaho Code, be, and the same is hereby  
38 amended to read as follows:

39 31-3508. LIMITATIONS ON PAYMENTS FOR NECESSARY MEDICAL SERVICES. (1)  
40 Each hospital and provider seeking reimbursement under the provisions of  
41 this chapter shall fully participate in the utilization management program  
42 and third party recovery system.

43 (2) The board and the county ~~responsible for payment of necessary medi-~~  
44 ~~cal services of a medically indigent person shall pay an amount not to exceed~~

1 ~~the amount recommended by the utilization management program and the current~~  
2 ~~medicaid rate shall determine the amount to be paid based on the application~~  
3 ~~of the appropriate reimbursement rate to those medical services determined~~  
4 ~~to be necessary medical services. In this process, they may choose or con-~~  
5 ~~tract to use utilization management or any portion thereof. The bill submit-~~  
6 ~~ted for payment shall show the total provider charges less any amounts which~~  
7 ~~have been received under any other federal or state law. Bills of less than~~  
8 ~~twenty-five dollars (\$25.00) shall not be presented for payment.~~

9 SECTION 17. That Chapter 35, Title 31, Idaho Code, be, and the same is  
10 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
11 ignated as Section 31-3508A, Idaho Code, and to read as follows:

12 31-3508A. PAYMENT FOR NECESSARY MEDICAL SERVICES BY AN OBLIGATED  
13 COUNTY. (1) Upon receipt of a final determination by the county commission-  
14 ers approving an application for financial assistance under the provisions  
15 of this chapter, an applicant, or the third party applicant on behalf of the  
16 applicant, shall, within sixty (60) days, submit a medical claim pursuant to  
17 the procedures provided in chapter 15, title 31, Idaho Code.

18 (2) Payment shall be made to hospitals or providers on behalf of an  
19 applicant and shall be made on the next payment cycle. In no event shall  
20 payment be delayed longer than sixty (60) days from receipt of the medical  
21 claim.

22 (3) Payment to a hospital or provider pursuant to this chapter shall be  
23 payment of the debt in full and the provider or hospital shall not seek addi-  
24 tional funds from the applicant.

25 (4) Within fourteen (14) days after the county payment, the clerk of the  
26 obligated county shall forward to the board any application for financial  
27 assistance exceeding, at the reimbursement rate, the total sum of eleven  
28 thousand dollars (\$11,000) in the aggregate per resident in any consecutive  
29 twelve (12) month period. A copy of the clerk's findings, the final decision  
30 of the county commissioners and a statement of which costs the clerk has paid  
31 shall be forwarded with the application to the board.

32 SECTION 18. That Section 31-3509, Idaho Code, be, and the same is hereby  
33 amended to read as follows:

34 31-3509. ADMINISTRATIVE OFFSETS AND COLLECTIONS BY HOSPITALS AND  
35 PROVIDERS. (1) Providers and hospitals shall accept payment made by an obli-  
36 gated county or the board as payment in full. Providers and hospitals shall  
37 not bill an applicant or any other obligated person for services that have  
38 been paid by an obligated county or the board pursuant to the provisions of  
39 this chapter for any balance on the amount paid.

40 (2) Hospitals and providers making claims for reimbursement of nec-  
41 essary medical services provided for medically indigent ~~persons~~ residents  
42 shall make all reasonable efforts to determine liability and attempt to col-  
43 lect for the account so incurred from all resources prior to submitting the  
44 bill to the county commissioners for review. In the event that a hospital or  
45 a provider has been notified that a recipient is retrospectively eligible  
46 for benefits or that a recipient qualifies for approval of benefits, such  
47 hospital(s) or provider(s) shall submit or resubmit a bill to third party



1 insurance, medicaid, medicare, supplemental security income, crime victims  
 2 compensation ~~and/or~~, worker's compensation, other insurance and/or other  
 3 third party sources or shall apply pursuant to section 1011 of the medicare  
 4 modernization act of 2003 for payment within thirty (30) days of such notice.  
 5 In the event any payments are thereafter received for charges which have been  
 6 paid by a county and/or the board pursuant to the provisions of this chapter,  
 7 said sums up to the amount actually paid by the county and/or the board shall  
 8 be paid over to such county and/or board within sixty (60) days of receiving  
 9 such payment from other resources.

10 (3) Any amount paid by an obligated county or the board under the provi-  
 11 sions of this chapter, which amount is subsequently determined to have been  
 12 an overpayment, shall be an indebtedness of the hospital or provider due and  
 13 owing to the obligated county and the board. Such indebtedness may include  
 14 circumstances where the applicant is subsequently determined to be eligi-  
 15 ble for third party insurance, medicaid, medicare, supplemental security  
 16 income, crime victims compensation, worker's compensation, other ~~available~~  
 17 insurance or other third party sources.

18 (4) The obligated county and the board shall have a first lien prorated  
 19 between such county and the board in proportion to the amount each has paid.  
 20 The obligated county and the board may request a refund from a hospital or  
 21 provider in the amount of the overpayment, or after notice, recover such in-  
 22 debtedness by deducting from and setting off the amount of the overpayment to  
 23 a hospital or provider from any outstanding amount or amounts due and payable  
 24 to the same hospital or provider pursuant to the provisions of this chapter.

25 SECTION 19. That Section 31-3510, Idaho Code, be, and the same is hereby  
 26 amended to read as follows:

27 31-3510. RIGHT OF SUBROGATION. (1) Upon payment of a claim for neces-  
 28 sary medical services pursuant to this chapter, the obligated county and the  
 29 board making such payment shall become jointly subrogated to all the rights  
 30 of the hospital and other providers and to all rights of the medically indi-  
 31 gent ~~person~~ resident against any third parties who may be the cause of or li-  
 32 able for such necessary medical services. The board may pursue collection of  
 33 the county's and the board's subrogation interests.

34 (2) Upon any recovery by the recipient against a third party, the obli-  
 35 gated county and the board shall pay or have deducted from their respective  
 36 subrogated portion thereof, a proportionate share of the costs and attor-  
 37 ney's fees incurred by the recipient in obtaining such recovery, provided  
 38 that such proportionate share shall not exceed twenty-five percent (25%)  
 39 of the subrogated interest unless one (1) or more of the following circum-  
 40 stances exist:

41 (a) Otherwise agreed ~~+~~.

42 (b) If prior to the date of a written retention agreement between the  
 43 recipient and an attorney, the obligated county and the board have  
 44 reached an agreement with the third party, in writing, agreeing to pay  
 45 in full the county and the board's subrogated interest.

46 (3) The obligated county and the board shall have joint subrogated in-  
 47 terests in proportion to the amount each has paid.

1 SECTION 20. That Section 31-3510A, Idaho Code, be, and the same is  
2 hereby amended to read as follows:

3 31-3510A. REIMBURSEMENT. (1) Receipt of financial assistance pur-  
4 suant to this chapter shall obligate an applicant to reimburse the obligated  
5 county ~~from which assistance is received~~ and the board for such reasonable  
6 portion of the financial assistance paid on behalf of the applicant as the  
7 county commissioners may determine that the applicant is able to pay from  
8 resources over a reasonable period of time. Cash amounts received shall be  
9 prorated between the county and the board in proportion to the amount each  
10 has paid.

11 (2) A final determination shall not relieve the applicant's duty to  
12 make additional reimbursement from resources if the county commissioners  
13 subsequently find within a reasonable period of time that there has been a  
14 substantial change in circumstances such that the applicant is able to pay  
15 additional amounts up to the total claim paid on behalf of the applicant.

16 (3) A final determination shall not prohibit the county commissioners  
17 from reviewing a petition from an applicant to reduce an order of reimburse-  
18 ment based on a substantial change in circumstances.

19 (4) The automatic lien created pursuant to the chapter may be filed and  
20 recorded in any county of this state wherein the applicant has resources and  
21 may be liquidated or unliquidated in amount. Nothing herein shall prohibit  
22 an applicant from executing a consensual lien in addition to the automatic  
23 lien created by filing an application pursuant to this chapter. In the event  
24 that resources can be located in another state, the clerk may file the lien  
25 with the district court and provide notice to the recipient. The recipient  
26 shall have twenty (20) days to object, following which the district court  
27 shall enter judgment against the recipient. The judgment entered may there-  
28 after be filed as provided for the filing of a foreign judgment in that juris-  
29 diction.

30 (5) The county shall have the same right of recovery as provided to the  
31 state of Idaho pursuant to sections 56-218 and 56-218A, Idaho Code.

32 (6) The county commissioners may require the employment of such of the  
33 medically indigent as are capable and able to work and whose attending physi-  
34 cian certifies they are capable of working.

35 (7) That portion of the moneys received by a county as reimbursement  
36 that are not assigned to the ~~state~~ catastrophic health care ~~fund~~ cost program  
37 shall be credited to the respective county medically indigent fund.

38 (8) If, after a hearing, the final determination of the county commis-  
39 sioners is to require a reimbursement amount or rate the applicant believes  
40 excessive, the applicant may seek judicial review of the final determination  
41 of the county commissioners in the manner provided in section 31-1506, Idaho  
42 Code.

43 SECTION 21. That Section 31-3511, Idaho Code, be, and the same is hereby  
44 amended to read as follows:

45 31-3511. VIOLATIONS AND PENALTIES. (1) Any applicant or obligated  
46 person who willfully gives false or misleading information to the depart-  
47 ment, board, a hospital, a county or an agent thereof, or to any individual  
48 in order to obtain ~~necessary medical services~~ financial assistance under

1 this chapter as or for a medically indigent ~~person resident~~, or any person  
 2 who obtains ~~necessary medical services~~ financial assistance as a medi-  
 3 cally indigent ~~person resident~~ who fails to disclose insurance, worker's  
 4 compensation, resources, or other benefits available to him as payment or  
 5 reimbursement of such expenses incurred, shall be guilty of a misdemeanor  
 6 and punishable under the general provisions for punishment of a misdemeanor.  
 7 In addition, any applicant or obligated person who fails to cooperate with  
 8 the department, board or a county or makes a material misstatement or ma-  
 9 terial omission to the department in a request for medicaid eligibility  
 10 determination, pursuant to section 31-3504, Idaho Code, or a county in an  
 11 application pursuant to this chapter shall be ineligible for nonemergency  
 12 assistance under this chapter for a period of two (2) years.

13 (2) Neither the county commissioners nor the board shall ~~not~~ have ju-  
 14 risdiction to hear and shall ~~not~~ approve an completed application for nec-  
 15 essary medical services unless an application in the form prescribed by this  
 16 chapter is received by the clerk or the board in accordance with the provi-  
 17 sions of this chapter.

18 (3) The county commissioners may deny an application if material infor-  
 19 mation required in the application or request is not provided by the appli-  
 20 cant or a third party or if the applicant has divested himself or herself of  
 21 resources within one (1) year prior to filing an application in order to be-  
 22 come eligible for assistance pursuant to this chapter. An applicant who is  
 23 sanctioned by federal or state authorities and loses medical benefits as a  
 24 result of failing to cooperate with the respective agency or making a mate-  
 25 rial misstatement or material omission to the respective agency shall be in-  
 26 eligible for assistance pursuant to this chapter for the period of such sanc-  
 27 tion.

28 (4) If the county commissioners fail to act upon an application within  
 29 the timelines required under this chapter, the application shall be deemed  
 30 approved and payment made as provided in this chapter.

31 (5) An applicant may appeal a decision rendered by the county commis-  
 32 sioners pursuant to this section in the manner provided in section 31-1506,  
 33 Idaho Code.

34 SECTION 22. That Section 31-3517, Idaho Code, be, and the same is hereby  
 35 amended to read as follows:

36 31-3517. ESTABLISHMENT OF A CATASTROPHIC HEALTH CARE COST PRO-  
 37 GRAM. (1) The governing board of the catastrophic health care cost program  
 38 created by the counties pursuant to a joint exercise of powers agreement,  
 39 dated October 1, 1984, and serving on June 30, 1991, is hereby continued as  
 40 such through December 31, 1992, to complete the affairs of the board, to  
 41 continue to pay for those medical costs incurred by participating counties  
 42 prior to October 1, 1991, until all costs are paid or the moneys in the cata-  
 43 strophic health care cost account contributed by participating counties are  
 44 exhausted, and to pay the balance of such contributions back to the county of  
 45 origin in the proportion contributed. County responsibility shall be lim-  
 46 ited to the first eleven thousand dollars (\$11,000) per claim. The remainder  
 47 of the eligible costs of the claim shall be paid by the state catastrophic  
 48 health care cost program.

1 (2) Commencing October 1, 1991, a catastrophic health care cost pro-  
2 gram board is hereby established, ~~and the board shall be the administrator of~~  
3 for the purpose of administering the catastrophic health care cost program.  
4 This board shall consist of twelve (12) members, with six (6) county commis-  
5 sioners, one (1) from each of the six (6) districts or regions established by  
6 the Idaho association of counties, four (4) members of the legislature, with  
7 one (1) each being appointed by the president pro tempore of the senate, the  
8 leader of the minority party of the senate, the speaker of the house of rep-  
9 resentatives and the leader of the minority party of the house of representa-  
10 tives, one (1) member appointed by the director of the department of health  
11 and welfare, and one (1) member appointed by the governor.

12 (a) The county commissioner members shall be elected by the county com-  
13 missioners of the member counties of each district or region, with each  
14 board of county commissioners entitled to one (1) vote. The process  
15 and procedures for conducting the election and determining the members  
16 shall be determined by the board itself, except that the election must  
17 be conducted, completed and results certified by December 31 of each  
18 year in which an election for members is conducted. The board recog-  
19 nized in subsection (1) of this section shall authorize and conduct the  
20 election in 1991.

21 (b) The term of office of a member shall be two (2) years, commencing  
22 on January 1 next following election or appointment, except that for  
23 commissioner members elected in 1991, the commissioner members from  
24 districts or regions 1, 3 and 5 shall serve for a term of one (1) year,  
25 and the commissioner members from districts or regions 2, 4 and 6 shall  
26 serve for a term of two (2) years. Members may be reelected or reap-  
27 pointed. Election or appointment to fill vacancies shall be for the  
28 balance of the unexpired term.

29 (c) The board shall have an executive committee consisting of the  
30 chair, vice-chair, secretary and such other members of the board as  
31 determined by the board. The executive committee may exercise such au-  
32 thority as may be delegated to it by the board between meetings.

33 (d) The member appointed by the governor shall be reimbursed as pro-  
34 vided in section 59-509(b), Idaho Code, from the catastrophic health  
35 care cost account.

36 (3) The board shall meet at least once each year at the time and place  
37 fixed by the chair. Other necessary meetings may be called by the chair by  
38 giving notice as may be required by state statute or rule. Notice of all  
39 meetings shall be given in the manner prescribed by law.

40 (4) Except as may otherwise be provided, a majority of the board consti-  
41 tutes a quorum for all purposes and the majority vote of the members voting  
42 shall constitute the action of the board. The secretary of the board shall  
43 take and maintain the minutes of board proceedings. Meetings shall be open  
44 and public except the board may meet in closed session to prepare, approve  
45 and administer applications submitted to the board for approval by the re-  
46 spective counties.

47 (d5) At the first meeting of the board in January of each year, the board  
48 shall organize by electing a chair, a vice-chair, a secretary and such other  
49 officers as desired.

1           (36) The legislative council shall cause a full and complete audit of  
2 the financial statements of the catastrophic health care cost program as re-  
3 quired in section 67-702, Idaho Code.

4           (47) The board shall submit a request to the governor and the legisla-  
5 ture in accordance with the provisions of chapter 35, title 67, Idaho Code,  
6 for an appropriation for the maintenance and operation of the catastrophic  
7 health care cost program.

8           SECTION 23. That Section 31-3518, Idaho Code, be, and the same is hereby  
9 amended to read as follows:

10           31-3518. ADMINISTRATIVE RESPONSIBILITY. (1) The board shall, in order  
11 to facilitate payment to providers participating in the county medically indig-  
12 ent program and the catastrophic health care cost program, have on file  
13 the reimbursement rates allowed for all participating providers of medical  
14 care and authorized by this chapter. However, in no event shall the amount to  
15 be paid exceed the usual, reasonable, and customary charges for the area.

16           (2) The board may contract with ~~an~~ independent contractors to provide  
17 services to manage and operate the catastrophic health care cost program,  
18 or the board may ~~employ staff~~ contract for or appoint agents, employees,  
19 professional personnel and any other personnel to manage and operate the  
20 catastrophic health care cost program.

21           (3) The board shall develop rules for ~~a~~ the catastrophic health care  
22 cost program after consulting with the counties, organizations representing  
23 the counties, health care providers, hospitals and organizations represent-  
24 ing health care providers and hospitals.

25           (4) The board shall submit all proposed rules to the legislative coun-  
26 cil for review prior to adoption, in a manner substantially the same as pro-  
27 posed executive agency rules are reviewed under chapter 52, title 67, Idaho  
28 Code. Following adoption, the board shall submit all adopted rules to the  
29 legislature for review in a manner substantially the same as adopted execu-  
30 tive agency rules are reviewed under chapter 52, title 67, Idaho Code. The  
31 legislature, by concurrent resolution, may modify, amend, or repeal any rule  
32 of the board.

33           SECTION 24. That Section 31-3519, Idaho Code, be, and the same is hereby  
34 amended to read as follows:

35           31-3519. APPROVAL AND PAYMENT FOR SERVICES BY THE BOARD. Each board of  
36 county commissioners shall make payments to hospitals or providers for nec-  
37 essary medical services provided to the medically indigent as follows: (1)  
38 Upon receipt of the clerk's statement, a final determination by of the county  
39 commissioners approving and the completed application, the board shall ap-  
40 prove an application for financial assistance under ~~the provisions of this~~  
41 ~~chapter, an applicant, a hospital or provider, or the third party on behalf~~  
42 ~~of the applicant, shall, within sixty (60) days, submit a county claim pur-~~  
43 ~~suant to the procedures provided in chapter 15, title 31, Idaho Code~~ the cat-  
44 astrophic health care cost program if it determines that:

45           (a) Necessary medical services have been provided for a medically indi-  
46 gent resident in accordance with this chapter;

1        (b) The obligated county paid the first eleven thousand dollars  
 2        (\$11,000) of necessary medical services; and

3        (c) The cost of necessary medical services when paid at the reimburse-  
 4        ment rate exceeds the total sum of eleven thousand dollars (\$11,000) in  
 5        the aggregate per resident in any consecutive twelve (12) month period.

6        ~~(2) Payment shall be made to hospitals or providers on behalf of an ap-~~  
 7        ~~plicant and shall be made on the next payment cycle. In no event shall pay-~~  
 8        ~~ment be delayed longer than sixty (60) days from receipt of the county claim.~~

9        ~~(3) Payment to a hospital or provider pursuant to this chapter shall be~~  
 10       ~~payment of the debt in full and the hospital or provider shall not seek addi-~~  
 11       ~~tional funds from the applicant.~~

12       (43) In no event shall a county the board be obligated to pay a claim,  
 13       pursuant to this chapter, in excess of an amount which exceeds the reviewed  
 14       claim as determined by the department's utilization management program  
 15       based on the application of the appropriate reimbursement rate to those med-  
 16       ical services determined to be necessary medical services. In this process,  
 17       the board may choose or contract to use utilization management or any portion  
 18       thereof.

19       ~~(5) The clerk shall forward claims exceeding eleven thousand dollars~~  
 20       ~~(\$11,000) per recipient in a consecutive twelve (12) month period to the~~  
 21       ~~board within fourteen (14) days after approval of an application along with a~~  
 22       ~~statement of which costs the clerk has or intends to pay.~~

23       (64) The board shall, within forty-five (45) days after approval by the  
 24       board, submit the claim to the state controller for payment. Payment by the  
 25       state controller shall be made pursuant to section 67-2302, Idaho Code.

26       SECTION 25. That Section 31-3520, Idaho Code, be, and the same is hereby  
 27       amended to read as follows:

28       31-3520. CONTRACT FOR PROVISION OF NECESSARY MEDICAL SERVICES FOR  
 29       THE MEDICALLY INDIGENT. The county commissioners in their respective coun-  
 30       ties, may contract for the provision of necessary medical services to the  
 31       medically indigent ~~of the county~~ and may, by ordinance, limit the provision  
 32       of and payment for nonemergency necessary medical services to a contract  
 33       provider. They shall require the contractor to enter into a bond to the  
 34       county with two (2) or more approved sureties, in such sum as the county com-  
 35       missioners may fix, conditioned for the faithful performance of his duties  
 36       and obligations as such contractor, and require him to report to the county  
 37       commissioners quarterly all persons committed to his charge, showing the  
 38       expense attendant upon their care and maintenance.

39       SECTION 26. That Chapter 35, Title 31, Idaho Code, be, and the same is  
 40       hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
 41       ignated as Section 31-3558, Idaho Code, and to read as follows:

42       31-3558. NONDISCLOSURE OF PERSONAL IDENTIFYING INFORMATION. Personal  
 43       identifying information about a particular utilization management reviewer  
 44       or practitioner engaged by the department or the board shall not be disclosed  
 45       without the prior written authorization of the reviewer or practitioner.  
 46       Notwithstanding this nondisclosure of personal identifying information,  
 47       redacted copies of all reports and recommendations of the department's or

1 the board's utilization management reviewers or practitioners shall be  
 2 maintained in the official record of the respective county commissioners and  
 3 the board as described in chapter 52, title 67, Idaho Code, and chapter 15,  
 4 title 31, Idaho Code.

5 SECTION 27. That Section 56-209f, Idaho Code, be, and the same is hereby  
 6 amended to read as follows:

7 56-209f. STATE ~~MEDICAL~~ FINANCIAL ASSISTANCE PROGRAM FOR MEDICALLY IN-  
 8 DIGENT RESIDENTS. ~~(1)~~ Beginning October 1, 1991, subject to the requirements  
 9 and limitations of chapter 35, title 31, Idaho Code, the state shall fund  
 10 the catastrophic health care cost program from the catastrophic health care  
 11 cost account which shall provide financial assistance to medically indigent  
 12 ~~persons~~ residents who are not eligible under the state plan for medicaid un-  
 13 der title XIX of the social security act or medicare under title XVIII of that  
 14 act, as amended.

15 SECTION 28. That Section 67-7903, Idaho Code, be, and the same is hereby  
 16 amended to read as follows:

17 67-7903. VERIFICATION OF LAWFUL PRESENCE -- EXCEPTIONS -- REPORT-  
 18 ING. (1) Except as otherwise provided in subsection (3) of this section or  
 19 where exempted by federal law, each agency or political subdivision of this  
 20 state shall verify the lawful presence in the United States of each natural  
 21 person eighteen (18) years of age or older who applies for state or local  
 22 public benefits or for federal public benefits for the applicant.

23 (2) This section shall be enforced without regard to race, religion,  
 24 gender, ethnicity or national origin.

25 (3) Verification of lawful presence in the United States shall not be  
 26 required:

27 (a) For any purpose for which lawful presence in the United States is  
 28 not required by law, ordinance or rule;

29 (b) For obtaining health care items and services that are necessary for  
 30 the treatment of an emergency medical condition of the person involved  
 31 and are not related to an organ transplant procedure;

32 (c) For short-term, noncash, in-kind emergency disaster relief;

33 (d) For public health assistance for immunizations with respect to im-  
 34 munizable diseases and testing and treatment of symptoms of communica-  
 35 ble diseases whether or not such symptoms are caused by a communicable  
 36 disease;

37 (e) For programs, services or assistance, such as soup kitchens, crisis  
 38 counseling and intervention and short-term shelter specified by fed-  
 39 eral law or regulation that:

40 (i) Deliver in-kind services at the community level, including  
 41 services through public or private nonprofit agencies;

42 (ii) Do not condition the provision of assistance, the amount of  
 43 assistance provided or the cost of assistance provided on the in-  
 44 dividual recipient's income or resources; and

45 (iii) Are necessary for the protection of life or public safety;

46 (f) For prenatal care;

47 (g) For postnatal care not to exceed twelve (12) months; or

1 (h) For food assistance for a dependent child under eighteen (18) years  
2 of age.

3 Notwithstanding the provisions of this subsection (3), for the county in-  
4 digent program, the limitations contained in section 31-3502(168)B., Idaho  
5 Code, shall apply.

6 (4) An agency or a political subdivision shall verify the lawful pres-  
7 ence in the United States of each applicant eighteen (18) years of age or  
8 older for federal public benefits or state or local public benefits by:

9 (a) Employing electronic means to verify an applicant is legally  
10 present in the United States; or

11 (b) Requiring the applicant to provide:

12 (i) An Idaho driver's license or an Idaho identification card  
13 issued pursuant to section 49-2444, Idaho Code;

14 (ii) A valid driver's license or similar document issued for the  
15 purpose of identification by another state or territory of the  
16 United States, if such license or document contains a photograph  
17 of the individual or such other personal identifying information  
18 relating to the individual that the director of the department of  
19 health and welfare or, with regard to unemployment compensation  
20 benefits, the director of the department of labor finds, by rule,  
21 sufficient for purposes of this section;

22 (iii) A United States military card or a military dependent's  
23 identification card;

24 (iv) A United States coast guard merchant mariner card;

25 (v) A native American tribal document;

26 (vi) A copy of an executive office of immigration review, immi-  
27 gration judge or board of immigration appeals decision, granting  
28 asylee status;

29 (vii) A copy of an executive office of immigration review, immi-  
30 gration judge or board of immigration appeals decision, indicat-  
31 ing that the individual may lawfully remain in the United States;

32 (viii) Any United States citizenship and immigration service is-  
33 sued document showing refugee or asylee status or that the indi-  
34 vidual may lawfully remain in the United States;

35 (ix) Any department of state or customs and border protection is-  
36 sued document showing the individual has been permitted entry into  
37 the United States on the basis of refugee or asylee status, or on  
38 any other basis that permits the individual to lawfully enter and  
39 remain in the United States; or

40 (x) A valid United States passport; and

41 (c) Requiring the applicant to provide a valid social security number  
42 that has been assigned to the applicant; and

43 (d) Requiring the applicant to attest, under penalty of perjury and on  
44 a form designated or established by the agency or the political subdivi-  
45 sion, that:

46 (i) The applicant is a United States citizen or legal permanent  
47 resident; or

48 (ii) The applicant is otherwise lawfully present in the United  
49 States pursuant to federal law.



1 (5) Notwithstanding the requirements of subsection (4) (b) of this sec-  
2 tion, the agency or political subdivision may establish by appropriate legal  
3 procedure such rules or regulations to ensure that certain individuals law-  
4 fully present in the United States receive authorized benefits including,  
5 but not limited to, homeless state citizens.

6 (6) For an applicant who has attested pursuant to subsection (4) (d) of  
7 this section stating that the applicant is an alien lawfully present in the  
8 United States, verification of lawful presence for federal public benefits  
9 or state or local public benefits shall be made through the federal system-  
10 atic alien verification of entitlement program, which may be referred to as  
11 the "SAVE" program, operated by the United States department of homeland se-  
12 curity or a successor program designated by the United States department of  
13 homeland security. Until such verification of lawful presence is made, the  
14 attestation may be presumed to be proof of lawful presence for purposes of  
15 this section.

16 (a) Errors and significant delays by the SAVE program shall be reported  
17 to the United States department of homeland security to ensure that the  
18 application of the SAVE program is not wrongfully denying benefits to  
19 legal residents of this state.

20 (b) Agencies or political subdivisions may adopt variations of the re-  
21 quirements of subsection (4) (d) of this section to improve efficiency  
22 or reduce delay in the verification process or to provide for adjudica-  
23 tion of unique individual circumstances in which the verification pro-  
24 cedures in this section would impose unusual hardship on a legal resi-  
25 dent of this state; except that the variations shall be no less strin-  
26 gent than the requirements of subsection (4) (d) of this section.

27 (c) A person who knowingly makes a false, fictitious or fraudulent  
28 statement or representation in an attestation executed pursuant to  
29 subsection (4) (d) or (6) (b) of this section shall be guilty of a misde-  
30 meanor.

31 (7) An agency or political subdivision may accept as prima facie evi-  
32 dence of an applicant's lawful presence in the United States the information  
33 required in subsection (4) of this section, as may be modified by subsection  
34 (5) of this section, when issuing a professional license or a commercial li-  
35 cense.