

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 310

BY WAYS AND MEANS 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
32 SECTION 31-3508A, IDAHO CODE, TO PROVIDE FOR PAYMENT FOR NECESSARY MED-
33 ICAL SERVICES BY AN OBLIGATED COUNTY; AMENDING SECTION 31-3509, IDAHO
34 CODE, TO PROVIDE CERTAIN DUTIES FOR HOSPITALS, TO REVISE TERMINOLOGY,
35 TO PROVIDE FOR SUBMISSION OR RESUBMISSION OF A BILL TO CERTAIN PERSONS
36 AND TO PROVIDE FOR APPLICATION PURSUANT TO SPECIFIED LAW; AMENDING
37 SECTION 31-3510, IDAHO CODE, TO PROVIDE FOR CERTAIN JOINT SUBROGATION
38 AND TO REVISE TERMINOLOGY; AMENDING SECTION 31-3510A, IDAHO CODE, TO
39 REVISE TO WHOM A CERTAIN REIMBURSEMENT OBLIGATION IS OWED; AMENDING
40 SECTION 31-3511, IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE A JU-
41 RISDICTIONAL REQUIREMENT; AMENDING SECTION 31-3517, IDAHO CODE, TO
42 REVISE TERMINOLOGY, TO PROVIDE FOR AN EXECUTIVE COMMITTEE, TO PROVIDE
43 FOR CERTAIN PROCEDURAL REQUIREMENTS AND TO MAKE A TECHNICAL CORREC-
44 TION; AMENDING SECTION 31-3518, IDAHO CODE, TO PROVIDE REFERENCE TO
45

1 MATTERS AUTHORIZED BY THE CHAPTER, TO REVISE CERTAIN CONTRACT AUTHOR-
2 ITY OF THE BOARD AND TO PROVIDE FOR CONSULTATION WITH HOSPITALS AND
3 ORGANIZATIONS REPRESENTING HOSPITALS; AMENDING SECTION 31-3519, IDAHO
4 CODE, TO REVISE PROCEDURES AND CRITERIA FOR APPROVAL OF AN APPLICATION
5 FOR FINANCIAL ASSISTANCE, TO REMOVE PROVISIONS REGARDING THE TIMING
6 OF PAYMENT, TO REVISE CONDITIONS UNDER WHICH THERE IS AN OBLIGATION TO
7 PAY A CLAIM, TO PROVIDE FOR BOARD AUTHORITY REGARDING UTILIZATION MAN-
8 AGEMENT AND FOR PAYMENT BY THE STATE CONTROLLER PURSUANT TO SPECIFIED
9 LAW; AMENDING SECTION 31-3520, IDAHO CODE, TO REMOVE A COUNTY REFER-
10 ENCE; 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 an 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. In this chapter an application for state and county
15 medical assistance shall also mean an application for financial assistance.

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

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

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

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

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

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

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

37 (910) "Department" means the department of health and welfare.

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

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

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

47 (b) Serious impairment to bodily functions; or

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

1 (123) "Hospital" means a facility licensed and regulated pursuant to
 2 sections 39-1301 through 39-1314, Idaho Code, or an out-of-state hospital
 3 providing necessary medical services for residents of Idaho, wherein a re-
 4 ciprocal agreement exists, in accordance with section 31-3503B, Idaho Code,
 5 excluding state institutions.

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

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

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

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

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

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

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

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

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

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

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

45 (a) Bone marrow transplants;

46 (b) Organ transplants;

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

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

1 (e) Normal, uncomplicated pregnancies, excluding caesarean sec-
2 tion, and childbirth well-baby care;

3 (f) Medicare copayments and deductibles;

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

6 (h) Medicaid copayments and deductibles; and

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

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

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

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

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

24 (213) "Reimbursement rate" means the unadjusted medicaid rate of reim-
25 bursement for medical charges allowed pursuant to title XIX of the social se-
26 curity act, as amended, that is in effect at the time service is rendered.
27 Beginning July 1, 2011, and sunseting July 1, 2013, "reimbursement rate"
28 shall mean ninety-five percent (95%) of the unadjusted medicaid rate.

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

38 (a) Correctional facilities;

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

40 (c) Other medical facility or institution.

41 (235) "Resources" means all property, for which an applicant and/or an
42 obligated person may be eligible or in which he or she may have an inter-
43 est, whether tangible or intangible, real or personal, liquid or nonliquid,
44 or pending, including, but not limited to, all forms of public assistance,
45 crime victims compensation, worker's compensation, veterans benefits, med-
46 icaid, medicare, supplemental security income (SSI), third party insurance,
47 other available insurance or apply for section 1011 of the medicare modern-
48 ization act of 2003, if applicable, and any other property from any source
49 for which an applicant and/or an obligated person may be eligible or in which
50 he or she may have an interest. Resources shall include the ability of an

1 applicant and obligated persons to pay for necessary medical services, ex-
 2 cluding any interest charges, over a period of up to five (5) years. For pur-
 3 poses of determining approval for medical indigency only, resources shall
 4 not include the value of the homestead on the applicant or obligated person's
 5 residence, a burial plot, exemptions for personal property allowed in sec-
 6 tion 11-605(1) through (3), Idaho Code, and additional exemptions allowed by
 7 county resolution.

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

14 (27) "Third party insurance" means casualty insurance, disability in-
 15 insurance, health insurance, life insurance, marine and transportation in-
 16 insurance, motor vehicle insurance, property insurance or any other insurance
 17 coverage that may pay for a resident's medical bills.

18 (258) "Utilization management" means the evaluation of medical neces-
 19 sity, appropriateness and efficiency of the use of health care services,
 20 procedures and facilities and. "Utilization management" may include, but
 21 is not limited to, preadmission certification, the application of practice
 22 guidelines, continued stay review, discharge planning, case management,
 23 preauthorization of ambulatory procedures, retrospective review and claims
 24 review. "Utilization management" may also include the amount to be paid
 25 based on the application of the reimbursement rate to those medical services
 26 determined to be necessary medical services.

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

29 31-3503. POWERS AND DUTIES OF COUNTY COMMISSIONERS. The county com-
 30 missioners in their respective counties shall, under such limitations and
 31 restrictions as are prescribed by law:

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

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

44 (3) Cooperate with the department, the board and contractors retained
 45 by the department or the board to provide services including, but not limited
 46 to, medicaid eligibility review and utilization management on behalf of the
 47 counties and the board.

48 (4) Have the jurisdiction and power to provide county hospitals and
 49 public general hospitals for the county and others who are sick, injured,

1 maimed, aged and infirm and to erect, enlarge, purchase, lease, or otherwise
 2 acquire, and to officer, maintain and improve hospitals, hospital grounds,
 3 nurses' homes, shelter care facilities and residential or assisted living
 4 facilities as defined in section 39-3301, Idaho Code, superintendent's
 5 quarters, medical clinics, as that term is defined in section 39-1319, Idaho
 6 Code, medical clinic grounds or any other necessary buildings, and to equip
 7 the same, and to replace equipment, and for this purpose said commissioners
 8 may levy an additional tax of not to exceed six hundredths percent (.06%) of
 9 the market value for assessment purposes on all taxable property within the
 10 county. The term "public general hospitals" as used in this subsection shall
 11 be construed to include nursing homes.

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

14 31-3503A. POWERS AND DUTIES OF THE BOARD. The board shall, under such
 15 limitations and restrictions as are prescribed by law:

16 (1) Pay for the cost of necessary medical services for a resident med-
 17 ically indigent person resident, as provided in this chapter, where the
 18 cost of necessary medical services when paid at the reimbursement rate for
 19 the claim exceeds in aggregate the total sum of eleven thousand dollars
 20 (\$11,000) during a in the aggregate per resident in any consecutive twelve
 21 (12) month period;

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

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

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

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

33 (i) Case number and the date services began;

34 (ii) Age;

35 (iii) Residence;

36 (iv) Sex;

37 (v) Diagnosis;

38 (vi) Income;

39 (vii) Family size;

40 (viii) Amount of costs incurred including provider, legal and ad-
 41 ministrative charges;

42 (ix) Approval or denial; and

43 (x) Reasons for denial.

44 (b) From each hospital:

45 (i) 990 tax forms or comparable information;

46 (ii) Cost of charges where charitable care was provided; and

47 (iii) Administrative and legal costs incurred in processing
 48 claims under this chapter.

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

3 (6) Make and enter into contracts;

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

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

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

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

12 31-3503E. MEDICAID ELIGIBILITY DETERMINATION. The department shall:

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

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

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

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

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

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

46 (7) Notify the patient or the obligated person, the hospital ~~and or~~ the
 47 clerk of a denial and the reason therefor ~~if the applicant fails to cooper-~~
 48 ~~ate, fails to provide documentation necessary to complete the determination~~
 49 ~~or is determined to be categorically or financially ineligible for medic-~~

1 aid. If, based on its medicaid eligibility review, the department deter-
2 mines that the patient is not eligible for medicaid ~~but may be medically in-~~
3 ~~digent,~~ transmit a copy of the initial review completed combined application
4 for state and county medical assistance to the clerk. ~~The transmitted copy~~
5 ~~of the initial review shall be treated by the clerk as an application for fi-~~
6 ~~ancial assistance pursuant to section 31-3504, Idaho Code.~~ Denial of med-
7 icaid eligibility is not a determination of medical indigence.

8 (8) Make income and resource information obtained from the medicaid el-
9 igibility determination process available to the county to assist in deter-
10 mination of medical indigency at the time the department notifies the county
11 of the final medicaid eligibility determination.

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

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

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

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

39 (b) If, based on its medicaid eligibility review, the department de-
40 termines that the patient is not eligible for medicaid, the department
41 shall notify the clerk of the denial and the reason therefor, in accord-
42 dance with section 31-3503E, Idaho Code. Denial of medicaid eligibil-
43 ity is not a determination of medical indigence.

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

47 (3) Follow-up necessary medical services based on a treatment plan, for
48 the same condition, preapproved by the county commissioners, may be provided
49 for a maximum of six (6) months from the date of the original application

1 without requiring an additional application; however, a request for addi-
2 tional treatment not specified in the approved treatment plan shall be filed
3 with the clerk ten (10) days prior to receiving services. Beyond the six (6)
4 months, requests for additional treatment related to an original diagnosis
5 in accordance with a preapproved treatment plan shall be filed ten (10) days
6 prior to receiving services and an updated application may be requested by
7 the county commissioners.

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

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

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

45 31-3505. TIME AND MANNER OF FILING APPLICATIONS ~~AND REQUESTS~~ FOR FI-
46 NANCIAL ASSISTANCE. Applications ~~and requests~~ for financial assistance
47 shall be filed ~~with the clerk~~ according to the following time limits. Filing
48 is complete upon receipt by the clerk or the department.

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

4 (2) ~~An~~ completed application for emergency necessary medical services
5 shall be ~~made~~ filed with the clerk any time within thirty-one (31) days be-
6 ginning with the first day of the provision of necessary medical services
7 from the provider ~~or in the case of hospitalization, thirty-one (31) days be-~~
8 ~~ginning with the date of admission, or if a request for medicaid eligibility~~
9 ~~determination has been denied by the department pursuant to, except as pro-~~
10 ~~vided in subsection 31-3503E, Idaho Code, within thirty-one (31) days of re-~~
11 ~~ceiving notice of the denial~~ (3) of this section.

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

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

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

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

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

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

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

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

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

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

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

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

8 ~~(68)~~ In the event that a county determines that a different county is
9 the obligated, such county, shall notify the applicant or third party appli-
10 cant of the denial and shall also notify the county it believes to be the ob-
11 ligated county and provide the basis for the determination. An application
12 may be filed by the applicant or third party applicant in the other indicated
13 county within thirty (30) days of the date of the initial county denial.

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

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

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

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

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

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

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

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

3 31-3505B. APPROVAL BY THE COUNTY COMMISSIONERS. The county com-
4 missioners shall approve an application for financial assistance if it
5 determines that necessary medical services have been or will be provided
6 to a medically indigent person resident in accordance with this chapter;
7 provided, the amount approved when paid, at the reimbursement rate, by the
8 obligated county for any medically indigent resident shall not exceed ~~in~~
9 ~~aggregate~~ the lesser of:

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

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

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

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

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

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

44 (b) If an applicant is subsequently determined not to be eligible for
45 other forms of public assistance, crime victims compensation, worker's
46 compensation, veterans benefits, medicaid, medicare, supplemental se-
47 curity income, third party insurance or other ~~available~~ insurance, the
48 application for financial assistance shall be approved. The applicant

1 or the third party making application on behalf of the applicant, as the
2 case may be, and each provider listed on the application shall be noti-
3 fied within five (5) days of the approval.

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

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

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

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

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

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

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

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

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

5 (2) The board and the county ~~responsible for payment of necessary medi-~~
6 ~~eal services of a medically indigent person shall pay an amount not to exceed~~
7 ~~the amount recommended by the utilization management program and the current~~
8 ~~medicaid rate shall determine the amount to be paid based on the application~~
9 ~~of the appropriate reimbursement rate to those medical services determined~~
10 ~~to be necessary medical services. The board may use contractors to undertake~~
11 ~~utilization management review in any part of that analysis. The bill submit-~~
12 ~~ted for payment shall show the total provider charges less any amounts which~~
13 ~~have been received under any other federal or state law. Bills of less than~~
14 ~~twenty-five dollars (\$25.00) shall not be presented for payment.~~

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

18 31-3508A. PAYMENT FOR NECESSARY MEDICAL SERVICES BY AN OBLIGATED
19 COUNTY. (1) Upon receipt of a final determination by the county commission-
20 ers approving an application for financial assistance under the provisions
21 of this chapter, an applicant, or the third party applicant on behalf of the
22 applicant, shall, within sixty (60) days, submit a medical claim pursuant to
23 the procedures provided in chapter 15, title 31, Idaho Code.

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

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

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

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

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

45 (2) Hospitals and providers making claims for reimbursement of nec-
46 essary medical services provided for medically indigent ~~persons~~ residents
47 shall make all reasonable efforts to determine liability and attempt to col-

lect for the account so incurred from all resources prior to submitting the bill to the county commissioners for review. In the event that a hospital or a provider has been notified that a recipient is retrospectively eligible for benefits or that a recipient qualifies for approval of benefits, such hospital(s) or provider(s) shall submit or resubmit a bill to third party insurance, medicaid, medicare, supplemental security income, crime victims compensation and/or, worker's compensation, other insurance and/or other third party sources for payment within thirty (30) days of such notice. A hospital shall apply pursuant to section 1011 of the medicare modernization act of 2003 if funds are available or provide proof that funds are no longer available. In the event any payments are thereafter received for charges which have been paid by a county and/or the board pursuant to the provisions of this chapter, said sums up to the amount actually paid by the county and/or the board shall be paid over to such county and/or board within sixty (60) days of receiving such payment from other resources.

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

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

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

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

(2) Upon any recovery by the recipient against a third party, the obligated county and the board shall pay or have deducted from their respective subrogated portion thereof, a proportionate share of the costs and attorney's fees incurred by the recipient in obtaining such recovery, provided that such proportionate share shall not exceed twenty-five percent (25%) of the subrogated interest unless one (1) or more of the following circumstances exist:

(a) Otherwise agreed ~~+~~.

(b) If prior to the date of a written retention agreement between the recipient and an attorney, the obligated county and the board have

1 reached an agreement with the third party, in writing, agreeing to pay
2 in full the county and the board's subrogated interest.

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

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

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

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

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

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

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

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

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

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

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

1 31-3511. VIOLATIONS AND PENALTIES. (1) Any applicant or obligated
 2 person who willfully gives false or misleading information to the depart-
 3 ment, board, a hospital, a county or an agent thereof, or to any individual
 4 in order to obtain ~~necessary medical services~~ financial assistance under
 5 this chapter as or for a medically indigent ~~person resident~~, or any person
 6 who obtains ~~necessary medical services~~ financial assistance as a medi-
 7 cally indigent ~~person resident~~ who fails to disclose insurance, worker's
 8 compensation, resources, or other benefits available to him as payment or
 9 reimbursement of such expenses incurred, shall be guilty of a misdemeanor
 10 and punishable under the general provisions for punishment of a misdemeanor.
 11 In addition, any applicant or obligated person who fails to cooperate with
 12 the department, board or a county or makes a material misstatement or ma-
 13 terial omission to the department in a request for medicaid eligibility
 14 determination, pursuant to section 31-3504, Idaho Code, or a county in an
 15 application pursuant to this chapter shall be ineligible for nonemergency
 16 assistance under this chapter for a period of two (2) years.

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

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

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

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

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

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

1 ited to the first eleven thousand dollars (\$11,000) per claim. The remainder
2 of the eligible costs of the claim shall be paid by the state catastrophic
3 health care cost program.

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

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

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

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

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

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

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

1 (45) At the first meeting of the board in January of each year, the board
2 shall organize by electing a chair, a vice-chair, a secretary and such other
3 officers as desired.

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

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

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

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

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

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

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

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

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

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

3 (b) The obligated county paid the first eleven thousand dollars
4 (\$11,000) of necessary medical services; and

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

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

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

14 (43) In no event shall a county the board be obligated to pay a claim,
15 pursuant to this chapter, in excess of an amount which exceeds the reviewed
16 claim as determined by the department's utilization management program
17 based on the application of the appropriate reimbursement rate to those med-
18 ical services determined to be necessary medical services. The board may use
19 contractors to undertake utilization management review in any part of that
20 analysis.

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

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

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

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

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

44 31-3558. NONDISCLOSURE OF PERSONAL IDENTIFYING INFORMATION. Personal
45 identifying information about a particular utilization management reviewer
46 or practitioner engaged by the department or the board shall not be disclosed
47 without the prior written authorization of the reviewer or practitioner.

1 Notwithstanding this nondisclosure of personal identifying information,
 2 redacted copies of all reports and recommendations of the department's or
 3 the board's utilization management reviewers or practitioners shall be
 4 maintained in the official record of the respective county commissioners and
 5 the board as described in chapter 52, title 67, Idaho Code, and chapter 15,
 6 title 31, Idaho Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (f) For prenatal care;

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

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

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

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

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

13 (b) Requiring the applicant to provide:

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

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

24 (iii) A United States military card or a military dependent's
25 identification card;

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

27 (v) A native American tribal document;

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

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

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

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

42 (x) A valid United States passport; and

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

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

48 (i) The applicant is a United States citizen or legal permanent
49 resident; or

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

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

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

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

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

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

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