LEGISLATURE OF THE STATE OF IDAHO

Sixty-third Legislature First Regular Session - 2015

IN THE SENATE

SENATE BILL NO. 1123

BY JUDICIARY AND RULES COMMITTEE

AN ACT

RELATING TO THE INDIGENT SICK; AMENDING SECTION 31-3502, IDAHO CODE, TO DEFINE TERMS AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 31-3503A, IDAHO CODE, TO REVISE PROVISIONS REGARDING THE POWERS AND DUTIES OF THE BOARD OF THE CATASTROPHIC HEALTH CARE COST PROGRAM; AMENDING SECTION 31-3503B, IDAHO CODE, TO REVISE PROVISIONS REGARDING RECIPROCAL AGREEMENTS AND OUT-OF-STATE PROVIDERS AND TO REMOVE A CODE REFERENCE; AMENDING SECTION 31-3504, IDAHO CODE, TO REVISE PROVISIONS REGARDING APPLICATIONS FOR FINANCIAL ASSISTANCE AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 31-3505, IDAHO CODE, TO REVISE PROVISIONS REGARDING APPLICATIONS FOR FINANCIAL ASSISTANCE AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 31-3505A, IDAHO CODE, TO REVISE PROVISIONS REGARDING INVESTIGATIONS OF CERTAIN APPLICATIONS AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 31-3505C, IDAHO CODE, TO REVISE PROVISIONS REGARDING DECISIONS ON CERTAIN APPLICATIONS AND TO MAKE TECHNICAL CORRECTIONS; AMENDING SECTION 31-3505D, IDAHO CODE, TO REVISE PROVISIONS REGARDING APPEALS AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 31-3505E, IDAHO CODE, TO REVISE PROVISIONS REGARDING APPEAL HEARINGS AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 31-3505G, IDAHO CODE, TO REVISE PROVISIONS REGARDING PETITIONS FOR JUDICIAL REVIEW AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 31-3508, IDAHO CODE, TO REVISE TERMINOLOGY AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 31-3508A, IDAHO CODE, TO REVISE PROVISIONS REGARDING PAYMENTS MADE BY AN OBLIGATED COUNTY AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 31-3511, IDAHO CODE, TO REVISE PROVISIONS REGARDING VIOLATIONS AND PENALTIES AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 31-3517, IDAHO CODE, TO PROVIDE THAT COUNTY COMMISSIONER MEMBERS OF THE BOARD SHALL BE REIMBURSED FROM THE CATASTROPHIC HEALTH CARE COST ACCOUNT AND TO MAKE A TECHNICAL CORRECTION; AND AMENDING SECTION 67-7903, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE AND TO MAKE A TECHNICAL CORRECTION.

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

SECTION 1. That Section 31-3502, Idaho Code, be, and the same is hereby amended to read as follows:

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

(1) "Applicant" means ~~any~~ a patient or obligated person who is requesting financial assistance under this chapter.

(2) "Application" means the combined application for state and county medical assistance pursuant to sections 31-3504~~3~~3E and 31-3503E~~3~~4, Idaho

Code. In this chapter an application for state and county medical assistance shall also mean an application for financial assistance.

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

(4) "Case management" means coordination of services to help meet a patient's health care needs, usually when the patient has a condition that requires multiple services.

(5) "Catastrophic health care costs" means the cost of necessary medical services received by a recipient that, when paid at the then existing reimbursement rate, exceeds the total sum of eleven thousand dollars ($11,000) in the aggregate in any consecutive twelve (12) month period.

(6) "Clerk" means the clerk of the respective counties or his or her designee.

(7) "Combined application" means the uniform application for state and county medical assistance required to be completed pursuant to this chapter.

(a) A combined application for emergency necessary medical services shall be valid for a period not to exceed six (6) months from the date the application is received by the department of health and welfare.

(b) A combined application for nonemergency necessary medical services shall be valid for a period not to exceed six (6) months from the date received by the county clerk.

(8) "Completed application" ~~shall include at a minimum the cover sheet requesting services, applicant information including diagnosis and requests for services and signatures, personal and financial information of the applicant and obligated person or persons, patient rights and responsibilities, releases and all other signatures required in the application~~ means a combined application that shall include at a minimum:

(a) A signed and dated request for a medicaid eligibility determination commonly known as a cover sheet;

(b) Applicant information including diagnosis and any financial and personal information collected and maintained by a third-party applicant related to the person for whom the services were or are to be provided;

(c) Patient rights and responsibilities initialed and signed as required in the application;

(d) Signed releases of information;

(e) Other signatures required on the application;

(f) For emergency applications for services, a specific listing of the completed medical services and the estimated charges for hospital services, the dates of service through the date the application is filed and the providers who performed the emergent care and subsequent related services pursuant to this chapter; and

(g) For nonemergency applications and treatment plans filed pursuant to this chapter, the requested services, the estimated charges associated with the requested services, the estimated dates of service and the providers expected to render the requested services.

(~~8~~9) "County commissioners" means the board of county commissioners in their respective counties.

(~~9~~10) "County hospital" means any county approved institution or facility for the care of sick persons.

(10~~1~~1) "Department" means the department of health and welfare.

(11~~2~~2) "Dependent" means any person whom a taxpayer claims as a dependent under the income tax laws of the state of Idaho.

(12~~3~~3) "Emergency service" means a service provided for a medical condition in which sudden, serious and unexpected symptoms of illness or injury are sufficiently severe to necessitate or call for immediate medical care, including, but not limited to, severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent person who possesses an average knowledge of health and medicine, to result in:

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

(b) Serious impairment to bodily functions; or

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

(13~~4~~4) "Hospital" means a facility licensed and regulated pursuant to sections 39-1301 through 39-1314, Idaho Code, or an out-of-state hospital providing necessary medical services for residents of Idaho, wherein a reciprocal agreement exists, in accordance with section 31-3503B, Idaho Code, excluding state institutions.

(14~~5~~5) "Medicaid eligibility review" means the process used by the department to determine whether a person meets the criteria for medicaid coverage.

(15~~6~~6) "Medical claim" means the itemized statements and standard forms used by hospitals and providers to satisfy centers for medicare and medicaid services (CMS) claims submission requirements.

(16~~7~~7) "Medical home" means a model of primary and preventive care delivery in which the patient has a continuous relationship with a personal physician in a physician directed medical practice that is whole person oriented and where care is integrated and coordinated.

(17~~8~~8) "Medically indigent" means any person who is in need of necessary medical services and who, if an adult, together with his or her spouse, or whose parents or guardian if a minor or dependent, does not have income and other resources available to him from whatever source sufficient to pay for necessary medical services. Nothing in this definition shall prevent the board and the county commissioners from requiring the applicant and obligated persons to reimburse the county and the catastrophic health care cost program, where appropriate, for all or a portion of their medical expenses, when investigation of their application pursuant to this chapter~~,~~ determines their ability to do so.

(18~~9~~9) A. "Necessary medical services" means health care services and supplies that:

(a) Health care providers, exercising prudent clinical judgment, would provide to a person for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms;

(b) Are in accordance with generally accepted standards of medical practice;

(c) Are clinically appropriate, in terms of type, frequency, extent, site and duration and are considered effective for the covered person's illness, injury or disease;

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

(e) Are the most cost-effective service or sequence of services or supplies, and at least as likely to produce equivalent therapeutic or diagnostic results for the person's illness, injury or disease; and

(f) Include alternative services such as skilled nursing when a facility provides a lesser-cost alternative for treatments, and the services are limited to a period not to exceed twenty-eight (28) calendar days or the time recommended by utilization management.

B. Necessary medical services shall not include the following:

(a) Bone marrow transplants;

(b) Organ transplants;

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

(d) Services related to, or provided by, long-term residential, ~~skilled nursing,~~ assisted living and/or shelter care facilities;

(e) Normal, uncomplicated pregnancies, ~~excluding caesarean section,~~ deliveries and childbirth well-baby care;

(f) Medicare copayments and deductibles;

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

(h) Medicaid copayments and deductibles; ~~and~~

(i) Drugs, devices or procedures primarily utilized for weight reduction and complications directly related to such drugs, devices or procedures; and

(j) Drugs, devices or procedures related to complications from medical services determined to be not medically necessary pursuant to this chapter.

(~~19~~20) "Obligated person" means the person or persons who are legally responsible for an applicant including, but not limited to, parents of minors or dependents.

(2~~0~~1) "Primary and preventive health care" means the provision of professional health services that include health education and disease prevention, initial assessment of health problems, treatment of acute and chronic health problems and the overall management of an individual's health care services.

(2~~1~~2) "Provider" means any person, firm or corporation certified or licensed by the state of Idaho or holding an equivalent license or certification in another state, that provides necessary medical services to a patient requesting a medically indigent status determination or filing an application for financial assistance.

(2~~2~~3) "Recipient" means an individual determined eligible for financial assistance under this chapter.

(2~~3~~4) "Reimbursement rate" means the unadjusted medicaid rate of reimbursement for medical charges allowed pursuant to title XIX of the social security act, as amended, that is in effect at the time service is rendered. The "reimbursement rate" shall mean ninety-five percent (95%) of the unadjusted medicaid rate.

(2~~4~~5) "Resident" means a person with a home, house, place of abode, place of habitation, dwelling or place where he or she actually lived for a consecutive period of thirty (30) days or more within the state of Idaho. A

resident does not include a person who comes into this state for temporary purposes, including, but not limited to, education at a college, university, institution of higher education or other school, vacation, medical care or seasonal labor. Entry into active military duty shall not change a person's residence for the purposes of this chapter. Those physically present within the following facilities and institutions shall be residents of the county where they were residents prior to entering the facility or institution:

(a) Correctional facilities;

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

(c) Other medical facility or institution.

(25~~6~~) "Resources" means all property~~,~~ for which an applicant and/or an obligated person may be eligible or in which he or she may have an interest, whether tangible or intangible, real or personal, liquid or nonliquid, or pending, including, but not limited to, all forms of public assistance, crime victims compensation, worker's compensation, veterans benefits, medicaid, medicare, supplemental security income (SSI), third-party insurance, other insurance or apply for section 1011 of the medicare modernization act of 2003, if applicable, and any other property from any source. Resources shall include the ability of an applicant and obligated persons to pay for necessary medical services, excluding any interest charges, over a period of up to five (5) years starting on the date necessary medical services are first provided. For purposes of determining approval for medical indigency only, resources shall not include the value of the homestead on the applicant or obligated person's residence, a burial plot, exemptions for personal property allowed in section 11-605(1) through (3), Idaho Code, and additional exemptions allowed by county resolution.

(26~~7~~) "Third-party applicant" means a person other than a patient or an obligated person who completes, signs and files an application on behalf of ~~a patient~~ an applicant. A third-party applicant who files an application on behalf of ~~a patient~~ an applicant pursuant to section 31-3504, Idaho Code, shall, if possible, deliver a copy of the application to the ~~patient~~ applicant within three (3) business days after filing the application.

(27~~8~~) "Third-party insurance" means casualty insurance, disability insurance, health insurance, life insurance, marine and transportation insurance, motor vehicle insurance, property insurance or any other insurance coverage that may pay for a resident's medical bills.

(29) "Treatment plan" means the document or documents requesting additional services or treatment related to an original diagnosis or diagnoses pertaining to specific services, therapy or treatment that shall be submitted with a combined application or ten (10) days prior to the start of treatment. Such plans shall be signed by the treating medical professional or accompanied by documentation specifically authorizing the treatment.

(~~28~~30) "Utilization management" means the evaluation of medical necessity, appropriateness and efficiency of the use of health care services, procedures and facilities. "Utilization management" may include, but is not limited to, preadmission certification, the application of practice guidelines, continued stay review, discharge planning, case management, preauthorization of ambulatory procedures, retrospective review and claims review. "Utilization management" may also include the amount to be paid

based on the application of the reimbursement rate to those medical services determined to be necessary medical services.

SECTION 2. That Section 31-3503A, Idaho Code, be, and the same is hereby amended to read as follows:

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

(1) Pay for the cost of necessary medical services for a medically indigent resident, as provided in this chapter, where the cost of necessary medical services when paid at the reimbursement rate exceeds the total sum of eleven thousand dollars ($11,000) in the aggregate per resident in any consecutive twelve (12) month period;

(2) Have the right to negotiate provider agreements, contract for utilization management or any portion thereof, pay for authorized expenses directly, or indirectly through the use of alternative programs, that would assist in managing costs of providing health care for indigent persons, and all other powers incident to the board's duties created by this chapter;

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

(4) Require, as the board deems necessary, annual reports from each county and each hospital including, but not limited to, the following:

(a) The total number of cases processed;

(b) From each county and for each approved applicant:

(i) Case number and the date services began;

(ii) Age;

(iii) Residence;

(iv) Sex;

(v) Diagnosis;

(vi) Income; and

(vii) ~~Family size;~~

~~(viii)~~ Amount of costs incurred including provider, legal and administrative charges~~;~~

~~(ix) Approval or denial; and~~

~~(x) Reasons for denial~~.

(~~b~~c) From each hospital:

(i) 990 tax forms or comparable information;

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

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

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

(6) Make and enter into contracts;

(7) Develop and submit a proposed budget setting forth the amount necessary to perform its functions and prepare an annual report;

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

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

SECTION 3. That Section 31-3503B, Idaho Code, be, and the same is hereby amended to read as follows:

31-3503B. RECIPROCAL AGREEMENTS -- OUT-OF-STATE TREATMENT. (1) The governor of the state of Idaho or his or her designee is empowered to negotiate reciprocal agreements with other states for the provision of necessary medical services for residents of this and other states.

(2) No payment shall be made for necessary medical services to an out-of-state provider unless a reciprocal agreement has been entered into by the governor of this state, or unless such services are contracted for pursuant to section~~s~~ 31-3520 ~~and 31-3522~~, Idaho Code, and a combined application has been filed pursuant to the provisions of this chapter.

SECTION 4. That Section 31-3504, Idaho Code, be, and the same is hereby amended to read as follows:

31-3504. APPLICATION FOR FINANCIAL ASSISTANCE. (1) Except as provided for in section 31-3503E, Idaho Code, an applicant or third-party applicant requesting assistance under this chapter shall complete a written application pursuant to section 31-3502(7) and (8), Idaho Code. The truth of the matters contained in the completed application shall be sworn to by the applicant or third-party applicant. The completed application shall be deemed consent for the providers, the hospital, the department, respective counties and board to exchange information pertaining to the applicant's health and finances for the purposes of determining medicaid eligibility or medical indigency. The completed combined application shall be signed by the applicant or third-party applicant, an authorized representative of the applicant, or, if the applicant is incompetent or incapacitated, someone acting responsibly for the applicant and filed in ~~the clerk's office. If the clerk determines that the patient may be eligible for medicaid, within one (1) business day of the filing of the completed application in the clerk's office, the clerk shall transmit a copy of the application and a written request for medicaid eligibility determination to the department~~ accordance with the provisions of section 31-3505, Idaho Code.

(a) If, based on its medicaid eligibility review, the department determines that the patient is eligible for medicaid, the department shall act on the application as an application for medicaid.

(b) If, based on its medicaid eligibility review, the department determines that the patient is not eligible for medicaid, the department shall notify the clerk of the denial and the reason therefor, in accordance with section 31-3503E, Idaho Code. Denial of medicaid eligibility is not a determination of medical indigence.

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

(3) ~~Follow-up necessary medical services based on a treatment plan, for the same condition, preapproved by the county commissioners, may be provided~~

~~for a maximum of six (6) months from the date of the original application without requiring an additional application; however, a request for additional treatment not specified in the approved treatment plan shall be filed with the clerk ten (10) days prior to receiving services. Beyond the six (6) months, requests for additional treatment related to an original diagnosis in accordance with a preapproved treatment plan shall be filed ten (10) days prior to receiving services and an updated application may be requested by the county commissioners.~~

~~(4)~~ Upon application for financial assistance pursuant to this chapter an automatic lien shall attach to all real and personal property of the applicant and on insurance benefits to which the applicant may become entitled. The lien shall also attach to any additional resources to which it may legally attach not covered in this section. The lien created by this section may be, in the discretion of the county commissioners and the board, perfected as to real property and fixtures by recording a document entitled: notice of lien and application for financial assistance, in any county recorder's office in this state in which the applicant and obligated person own property. The notice of lien and application for financial assistance shall be recorded as provided herein within thirty (30) calendar days from receipt of an application, and such lien, if so recorded, shall have a priority date as of the date the necessary medical services were provided. The lien created by this section may also be, in the discretion of the county commissioners and the board, perfected as to personal property by filing with the secretary of state within thirty (30) calendar days of receipt of an application, a notice of application in substantially the same manner as a filing under chapter 9, title 28, Idaho Code, except that such notice need not be signed and no fee shall be required, and, if so filed, such lien shall have the priority date as of the date the necessary medical services were provided. An application for assistance pursuant to this chapter shall waive any confidentiality granted by state law to the extent necessary to carry out the intent of this section.

(~~5~~4) In accordance with rules ~~and~~ or procedures promulgated by the county commissioners, department or ~~the~~ board, each hospital, applicant, third-party applicant and/or provider seeking ~~reimbursement~~ financial assistance under this chapter shall submit all medical records ~~and medical claims~~ relevant to necessary medical services provided for an applicant in a ~~standard or uniform~~ paper format ~~to the county clerk of the obligated county~~ or another format as authorized by the county commissioners within ~~ten~~ fourteen (1~~0~~4) calendar days after receiving a request from the county clerk; provided that, within the ~~ten~~ fourteen (1~~0~~4) calendar day period if a provider presents a written request for suspension of the investigation, the investigation of the application shall be suspended for ~~up to~~ thirty (30) calendar days. ~~Upon receipt of the requested documentation, the investigation shall resume. A copy of the results of the reviewed medical records and medical claims shall be transmitted by the department's or the board's contractor to the clerk of the obligated county.~~

(a) The provider or hospital shall acknowledge receipt of a request for medical records on or before the next business day after the request is received by the provider or hospital.

(b) The county shall acknowledge receipt of requested medical records from a hospital or provider on or before the next business day after such records are received by the county. Acknowledgments made pursuant to this subsection shall be made in a manner that will allow the dated acknowledgment to be duplicated and entered as evidence in any dispute between the county and the provider regarding the fact of or time of delivery. During the suspension, the county may continue to investigate, including interviewing the applicant and ordering utilization management reports.

(c) Failure of a hospital or provider to provide the medical records ~~and medical claims~~ within the ~~initial ten~~ fourteen (1~~0~~4) calendar day period ~~and~~ or the suspension period, if any, shall result in denial of ~~the application~~ those services to which the provider or hospital did not submit records within the time frame of this section. Denial does not release the provider from the provisions of section 31-3508A(3), Idaho Code.

SECTION 5. That Section 31-3505, Idaho Code, be, and the same is hereby amended to read as follows:

31-3505. TIME AND MANNER OF FILING APPLICATIONS FOR FINANCIAL ASSISTANCE. Applications for financial assistance shall be filed according to the following time limits. ~~Filing is complete upon receipt by the clerk or the department.~~

(1) A completed combined application for nonemergency necessary medical services shall be filed with the clerk ten (10) calendar days prior to receiving services from the provider or the hospital. If the application is filed less than ten (10) calendar days before the provision of services, only those services provided ten (10) or more calendar days after filing the application shall be considered.

(2) A completed combined application for emergency necessary medical services shall be filed with the ~~clerk~~ department of health and welfare combined application unit for a medicaid determination any time within thirty-one (31) calendar days beginning ~~with~~ only from the first day of the provision of necessary medical services from the provider~~, except as provided in subsection (3) of this section~~.

(3) ~~In the case of hospitalization, a completed application for emergency necessary medical services shall be filed with the department any time within thirty-one (31) days of the date of admission~~ Follow-up necessary medical services for additional treatment or services that are requested prior to the approval by the county commissioners, whether on a treatment plan or additional request form, shall:

(a) Pertain to the diagnosis or diagnoses on the original completed application;

(b) Be specific as to the services, providers and recommended treatment; and

(c) Not exceed six (6) months from the date of the original completed application.

If treatment is medically necessary beyond six (6) months, a new application for necessary medical services shall be required.

(4) Additional r~~R~~equests for ~~additional~~ treatment related to an original diagnosis ~~in accordance with a preapproved treatment plan~~ which was previously filed on a completed combined application filed after approval by the county commissioners shall be filed at least ten (10) calendar days prior to receiving services.

(5) A delayed combined application for necessary medical services may be filed ~~up to~~ within one hundred eighty (180) days beginning with the first day of the provision of necessary medical services provided that:

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

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

(ii) Given the circumstances of the patient and/or obligated persons, the patient and/or obligated persons, and given the information available at the time the application or claim for other resources is filed, would reasonably be expected to meet the eligibility criteria for such resources; and

(iii) The application was filed with the appropriate agency in such a time and manner that, if approved, it would provide for payment coverage of the ~~bills~~ medical claims included in the county application; and

(iv) In the discretion of the county commissioners, ~~bills~~ medical claims on a delayed combined application which would not have been covered by a successful application or timely claim to the other resource(s) may be denied by the county commissioners as untimely; and

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

(b) Failure by the patient and/or obligated persons to complete the application process described in this section, up to and including any reasonable appeal of any denial of benefits, with the applicable program ~~noted in paragraph (a) of this subsection~~, shall result in denial of the combined application.

(6) No application for financial assistance under the county medically indigent program or the catastrophic health care cost program shall be approved by the county commissioners or the board unless the applicant, third-party applicant, provider or ~~the~~ hospital completes the application process and complies with the time limits prescribed by this chapter.

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

(8) In the event that a county determines that a different county is obligated, such county shall notify the applicant or third-party applicant

within five (5) business days of the denial and shall also notify the county it believes to be the obligated county and provide the basis for the determination. ~~An~~ The completed combined application ~~may~~ shall then be filed by the applicant or third-party applicant in the indicated county within thirty (30) calendar days of the date of the ~~initial~~ original county's final ~~denial~~ decision.

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

31-3505A. INVESTIGATION OF COMPLETED APPLICATION BY THE CLERK. (1) The clerk shall interview the applicant and investigate the information provided on the completed application, along with all other required information, in accordance with the procedures established by the county commissioners, the board and this chapter. The clerk shall promptly notify the applicant~~,~~ and/or the third-party filing an application on behalf of an applicant~~,~~ of any material information missing from the application which, if omitted, may cause the application to be denied for incompleteness. In addition, any provider requesting notification shall be notified at the same time. When necessary, such persons as may be deemed essential, may be compelled by the clerk to give testimony and produce documents and other evidence under oath in order to complete the investigation. The clerk is hereby authorized to issue subpoenas on behalf of the county commissioners to carry out the intent of this provision and to otherwise compel compliance in accordance with provisions of Idaho law. Power of enforcement of the subpoena shall remain with the county commissioners.

(2) The applicant and third-party ~~filing an application on behalf of an~~ applicant to the extent they have knowledge, shall have a duty to cooperate with the clerk in investigating, providing documentation, submitting to an interview and ascertaining eligibility and shall have a continuing duty to notify the obligated county of the receipt of resources after an application has been filed.

(3) The clerk shall have twenty-five (2~~0~~5) calendar days to complete the investigation of an application for nonemergency necessary medical services.

(4) The clerk shall have ~~forty-five~~ fifty (~~45~~50) calendar days from receipt of the application to complete the investigation of an application for emergency necessary medical utilization management services or a portion thereof.

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

~~(6)~~ Upon completion of the interview and investigation of the completed combined application ~~or request~~, a statement of the clerk's findings shall be filed with the county commissioners. Such findings of indigency shall start on the date necessary medical services are first provided.

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

31-3505C. ~~INITIAL~~ DECISION BY THE COUNTY COMMISSIONERS. (1) ~~Except as otherwise provided in subsection (2) of this section, t~~The county commissioners shall make ~~an initial determination to approve or deny an~~ a decision on a completed application within fifteen (15) calendar days from receipt of the clerk's statement and within five (5) calendar days from receiving the clerk's statement on ~~a~~ an additional request. The ~~initial determination to approve or deny an~~ decision on a completed application shall be mailed to the applicant or the third-party ~~making application on behalf of the~~ applicant~~, as the case may be,~~ and to each provider listed on the application within ~~five~~ seven (~~5~~7) calendar days of the ~~initial determination~~ decision. Upon written request by a hospital or provider and at the discretion of the county commissioners, any decision may be delivered electronically in such manner as specified by section 63-115, Idaho Code.

(2) The county commissioners shall hold in suspension ~~an initial determination to deny an~~ a decision on a completed application~~,~~ only if ~~the sole basis for the denial is~~ it appears that the applicant is indigent and may be eligible for other forms of public assistance, crime victims compensation, worker's compensation, veterans benefits, medicaid, medicare, supplemental security income, third-party insurance or other insurance. Notice of t~~T~~he ~~decision~~ determination to hold ~~an initial determination to deny an~~ a decision on a completed application in suspension shall be ~~mailed~~ delivered in the manner and time provided by subsection (1) of this section ~~to the applicant or the third party making application on behalf of the applicant, as the case may be, and each provider listed on the application within five (5) days of the decision to suspend~~.

(a) If an applicant is subsequently determined to be eligible for other forms of public assistance, crime victims compensation, worker's compensation, veterans benefits, medicaid, medicare, supplemental security income, third-party insurance or other insurance, the application shall be denied. ~~The applicant or the third party making application on behalf of the applicant, as the case may be, and each provider listed on the application shall be notified within five (5) days of the denial~~ Notice of denial shall be made in the manner and time provided by subsection (1) of this section.

(b) If an applicant is subsequently determined not to be eligible for other forms of public assistance, crime victims compensation, worker's compensation, veterans benefits, medicaid, medicare, supplemental security income, third-party insurance or other insurance, the completed application for financial assistance shall be approved. ~~The applicant or the third party making application on behalf of the applicant, as the case may be, and each provider listed on the application shall be notified within five (5) days of the approval~~ Notice of approval shall be made in the manner and time provided by subsection (1) of this section.

(3) If the county commissioners hold in suspension ~~an initial determination to deny an~~ a decision on a completed application, any time limitation used in this chapter shall be tolled and not deemed to run during the period of suspension and providers shall not require payment from the applicant during such period.

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

31-3505D. APPEAL OF ~~INITIAL DETERMINATION~~ DECISION DENYING ~~AN~~ A COMBINED APPLICATION. An applicant, provider or third-party applicant may, subject to the restrictions of this chapter, appeal ~~an initial determination~~ a decision of the county commissioners denying ~~an~~ a completed combined application by filing a written notice of appeal with the county commissioners, setting forth the basis of such appeal, within twenty-eight (28) calendar days of the date of the denial. If no appeal is filed within the time allowed, the ~~initial determination~~ decision of the county commissioners denying an application shall become final.

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

31-3505E. HEARING ON APPEAL ~~OF INITIAL DETERMINATION DENYING AN APPLICATION~~. The county commissioners shall hold a hearing on the appeal within seventy-five (75) calendar days of receipt of the notice of appeal. The hearing may be continued by the county commissioners for not more than forty-five (45) calendar days from the date of the hearing to allow the applicant to produce additional information, documents, records, testimony or other evidence required in the discretion of the county commissioners or to allow a decision on eligibility of the applicant for benefits to be reached by another agency such as, but not limited to, the social security administration or the department. The hearing may be continued ~~for additional periods~~ by mutual stipulation of the county commissioners and the applicant or third-party applicant. The county commissioners shall make a final ~~determination~~ decision within thirty (30) calendar days of the conclusion of the hearing. The final ~~determination~~ decision of the county commissioners ~~denying an application~~ shall be mailed to the applicant~~,~~ or ~~the~~ third-party ~~making application on behalf of an~~ applicant~~, as the case may be~~ and to each provider listed on the combined application, within ~~five~~ seven (~~5~~7) calendar days of the date of the final ~~determination~~ decision. Upon written request by a provider and agreement of the county commissioners, any such decision may be delivered electronically to providers making such a request.

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

31-3505G. PETITION FOR JUDICIAL REVIEW OF FINAL ~~DETERMINATION~~ DECISION. If, after a hearing as provided in section 31-3505E, Idaho Code, the final ~~determination~~ decision of the county commissioners is to deny an application for financial assistance, the applicant, or a third-party applicant, may seek judicial review of the final ~~determination~~ decision of the county commissioners in the manner provided in section 31-1506, Idaho Code.

SECTION 11. That Section 31-3508, Idaho Code, be, and the same is hereby amended to read as follows:

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

(2) The board and the county shall determine the amount to be paid based on the application of the appropriate reimbursement rate to those medical services determined to be necessary medical services. The board may use contractors to undertake utilization management review in any part of that analysis. The ~~bill~~ medical claim submitted for payment shall show the total provider charges less any amounts which have been received under any other federal or state law. ~~Bills~~ Medical claims of less than twenty-five dollars ($25.00) shall not be presented for payment.

SECTION 12. That Section 31-3508A, Idaho Code, be, and the same is hereby amended to read as follows:

31-3508A. PAYMENT FOR NECESSARY MEDICAL SERVICES BY AN OBLIGATED COUNTY. (1) Upon receipt of a ~~final determination~~ decision by the county commissioners approving ~~an~~ a completed application for financial assistance under the provisions of this chapter, an applicant~~,~~ or ~~the~~ a third-party applicant ~~on behalf of the applicant,~~ shall, within sixty (60) calendar days, submit any remaining medical claims pursuant to the procedures provided in chapter 15, title 31, Idaho Code.

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

(3) Payment to a hospital or provider pursuant to this chapter shall be payment of the debt in full and the provider or hospital shall not seek additional funds from the applicant.

(a) All medical claims pertaining to the necessary medical services on the combined application that have been approved under this chapter shall be eligible for consideration for payment by the county and therefore shall not be considered a debt of the applicant.

(b) Any medical claim not submitted within the time required by this section shall be deemed untimely and shall not be paid nor shall it be considered a debt of the applicant.

(4) Within fourteen (14) calendar days after the county payment, the clerk of the obligated county shall forward to the board ~~any~~ for consideration of payment:

(a) The completed combined application ~~for financial assistance exceeding, at the reimbursement rate, the total sum of eleven thousand dollars ($11,000) in the aggregate per resident in any consecutive twelve (12) month period.~~ and a board application;

(b) A statement of which costs the clerk has paid and all medical claims paid;

(c) An itemized accounting of what is requested of the board with supporting documentation and medical claims;

(d) A copy of the clerk's findings~~,~~;

(e) All decisions including the final decision of the county commissioners ~~and a statement of which costs the clerk has paid shall be forwarded with the application to the board~~; and

(f) Proof of filing of liens.

SECTION 13. That Section 31-3511, Idaho Code, be, and the same is hereby amended to read as follows:

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

(2) Neither the county commissioners nor the board shall have jurisdiction to hear ~~and shall~~ or approve a completed application for necessary medical services unless an application in the form prescribed by this chapter is received ~~by the clerk or the board~~ in accordance with the provisions of this chapter.

(3) The county commissioners may deny ~~an~~ a combined application if material information required in the application or request is not provided by the applicant or a third-party or if the applicant has divested himself or herself of resources within one (1) year prior to filing an application in order to become eligible for assistance pursuant to this chapter. An applicant who is sanctioned by federal or state authorities and loses medical benefits as a result of failing to cooperate with the respective agency or making a material misstatement or material omission to the respective agency shall be ineligible for assistance pursuant to this chapter for the period of such sanction.

(4) If the county commissioners fail to ~~act upon an application within~~ comply with the timelines required under this chapter, the completed combined application shall be deemed approved by the county and payment made as provided in this chapter. An application that is deemed approved does not relieve the clerk or county commissioners from the duties and obligations to investigate, hold a hearing and issue a final decision regarding the medical indigency of the applicant according to the requirements of this chapter.

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

SECTION 14. That Section 31-3517, Idaho Code, be, and the same is hereby amended to read as follows:

31-3517. ESTABLISHMENT OF A CATASTROPHIC HEALTH CARE COST PROGRAM. (1) The governing board of the catastrophic health care cost program created by the counties pursuant to a joint exercise of powers agreement,

dated October 1, 1984, and serving on June 30, 1991, is hereby continued as such through December 31, 1992, to complete the affairs of the board, to continue to pay for those medical costs incurred by participating counties prior to October 1, 1991, until all costs are paid or the moneys in the catastrophic health care cost account contributed by participating counties are exhausted, and to pay the balance of such contributions back to the county of origin in the proportion contributed. County responsibility shall be limited to the first eleven thousand dollars ($11,000) per claim. The remainder of the eligible costs of the claim shall be paid by the state catastrophic health care cost program.

(2) Commencing October 1, 1991, a catastrophic health care cost program board is hereby established for the purpose of administering the catastrophic health care cost program. This board shall consist of twelve (12) members, with six (6) county commissioners, one (1) from each of the six (6) districts or regions established by the Idaho association of counties, four (4) members of the legislature, with one (1) each being appointed by the president pro tempore of the senate, the leader of the minority party of the senate, the speaker of the house of representatives and the leader of the minority party of the house of representatives, one (1) member appointed by the director of the department and one (1) member appointed by the governor.

(a) The county commissioner members shall be elected by the county commissioners of the member counties of each district or region, with each board of county commissioners entitled to one (1) vote. The process and procedures for conducting the election and determining the members shall be determined by the board itself, except that the election must be conducted, completed and results certified by December 31 of each year in which an election for members is conducted. The board recognized in subsection (1) of this section shall authorize and conduct the election in 1991.

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

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

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

(e) County commissioner members of the board shall be reimbursed as provided in section 59-509(b), Idaho Code, from the catastrophic health care cost account.

(3) The board shall meet at least once each year at the time and place fixed by the chair. Other necessary meetings may be called by the chair by

giving notice as may be required by state statute or rule. Notice of all meetings shall be given in the manner prescribed by law.

(4) Except as may otherwise be provided, a majority of the board constitutes a quorum for all purposes and the majority vote of the members voting shall constitute the action of the board. The secretary of the board shall take and maintain the minutes of board proceedings. Meetings shall be open and public except the board may meet in closed session to prepare, approve and administer applications submitted to the board for approval by the respective counties.

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

(6) All moneys received or expended by the catastrophic health care cost program shall be audited annually by a certified public accountant designated by the governing board, who shall furnish a copy of such audit to the director of legislative services.

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

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

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

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

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

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

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

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

(d) For public health assistance for immunizations with respect to immunizable diseases and testing and treatment of symptoms of communicable diseases whether or not such symptoms are caused by a communicable disease;

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

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

(ii) Do not condition the provision of assistance, the amount of assistance provided or the cost of assistance provided on the individual recipient's income or resources; and

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

(f) For prenatal care;

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

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

Notwithstanding the provisions of this subsection ~~(3)~~, for the county indigent program, the limitations contained in section 31-3502(1~~8~~9)B., Idaho Code, shall apply.

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

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

(b) Requiring the applicant to provide:

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

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

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

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

(v) A native American tribal document;

(vi) A copy of an executive office of immigration review, immigration judge or board of immigration appeals decision, granting asylee status;

(vii) A copy of an executive office of immigration review, immigration judge or board of immigration appeals decision, indicating that the individual may lawfully remain in the United States;

(viii) Any United States citizenship and immigration service issued document showing refugee or asylee status or that the individual may lawfully remain in the United States;

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

(x) A valid United States passport; and

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

(d) Requiring the applicant to attest, under penalty of perjury and on a form designated or established by the agency or the political subdivision, that:

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

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

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

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

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

(b) Agencies or political subdivisions may adopt variations of the requirements of subsection (4)(d) of this section to improve efficiency or reduce delay in the verification process or to provide for adjudication of unique individual circumstances in which the verification procedures in this section would impose unusual hardship on a legal resident of this state; except that the variations shall be no less stringent than the requirements of subsection (4)(d) of this section.

(c) A person who knowingly makes a false, fictitious or fraudulent statement or representation in an attestation executed pursuant to subsection (4)(d) or (6)(b) of this section or who knowingly provides a social security number that has not been assigned to him pursuant to subsection (4)(c) of this section shall be:

(i) Guilty of a misdemeanor for the first and second offense; and

(ii) Guilty of a felony for each subsequent offense.

(7) An agency or political subdivision may accept as prima facie evidence of an applicant's lawful presence in the United States the information required in subsection (4) of this section, as may be modified by subsection (5) of this section, when issuing a professional license or a commercial license.