

Dear Senators LODGE, Broadsword & LeFavour, and
Representatives BLOCK, Nielsen & Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of the Dept. of Health & Welfare: IDAPA 16.03.24 -Medically Indigent Program - Request for Medicaid Eligibility Determination (Docket No. 16-0324-1001) (Temporary and Proposed New Chapter).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative Services. The final date to call a meeting on the enclosed rules is no later than 8-5-10. If a meeting is called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis from Legislative Services. The final date to hold a meeting on the enclosed rules is 9-2-10.

The germane joint subcommittee may request a statement of economic impact with respect to a proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement, and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has been held.

To notify Research and Legislation, call 334-4845, or send a written request to the address or FAX number indicated on the memorandum attached.



Legislative Services Office

Idaho State Legislature

Serving Idaho's Citizen Legislature

Jeff Youtz
Director

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

FROM: Research & Legislation Staff - Paige Alan Parker **PAP**

DATE: July 19, 2100

SUBJECT: Department of Health and Welfare - IDAPA 16.03.24 -Medically Indigent Program - Request for Medicaid Eligibility Determination (Docket No. 16-0324-1001) (Temporary and Proposed New Chapter).

By this temporary and proposed rule, the Department of Health and Welfare creates a new chapter IDAPA 16.03.24 - Medically Indigent Program - Request for Medicaid Eligibility Determination (hereinafter “new chapter”).

The Department states that the reason for the new chapter is to comply with its responsibility to develop and implement rules for a Medicaid eligibility determination process for applicants applying for financial assistance through the County Medically Indigent Program and Catastrophic Health Care Cost Program (hereinafter, “program”).

The Department’s authority is cited as section 31-3503C, Idaho Code, which was added in 2009 and amended in 2010. Under that section, the Department is required to promulgate rules to implement its duties and responsibilities under chapter 31, title 35, Idaho Code, which implements the program. Among its duties and responsibilities is to implement a Medicaid eligibility determination process for all potential applicants.

The Governor’s justification for the temporary rule is to comply with governing law and to provide a benefit to individuals who may be medically indigent or may be eligible for Medicaid. The temporary rule went into effect on July 1, 2010.

According to the Department, no fee or charge is imposed by the new chapter. Regarding fiscal impact, the Department states that it is unable to determine the number of applicants who will meet the Medicaid eligibility criteria. According to the Department, \$137,600 has been

Mike Nugent, Manager
Research & Legislation

Cathy Holland-Smith, Manager
Budget & Policy Analysis

Don H. Berg, Manager
Legislative Audits

Glenn Harris, Manager
Information Technology

appropriated for fiscal year 2011 for administrative costs, of which 50% is state General Funds. According to the Department, negotiated rulemaking was not conducted because the rule change is being made to comply with governing law. A public hearing will be held if requested in writing by 25 persons, a political subdivision or an agency not later than July 21, 2010. All written comments must be delivered to the Department on or before July 28, 2010.

ANALYSIS

A. Standard Rule Sections

The new chapter's sections on Legal Authority (000), Title (001.01), Appeals (003), Incorporation by Reference (none) (004), Office Hours – Mailing Address – Street Address – Telephone – Website (005), and Confidentiality of Records and Public Records Requests (006) are standard.

Section 001.02 of the new chapter provides for its scope. This subsection begins with the statement that “the Idaho Legislature has declared that the County Medically Indigent Program and the Catastrophic Health Care Cost Program are payers of last resort.” The subsection goes on to remind that the denial of Medicaid eligibility is not a determination of medical indigency under these programs and that program eligibility will be determined by the respective counties. The purpose of the new chapter is to provide for and establish policies, procedures, requirements and appeal processes applicable to requests for Medicaid eligibility determination for persons who may be medically indigent. The subsection disclaims that the new chapter does not establish an entitlement. Finally, the subsection declares that individuals who may be eligible for Medicaid must comply with applicable federal law and Department rule.

The section on “Written Interpretations,” (002) states that “this agency may have written statements that pertain to the interpretations of the rules of this chapter, or to the documentation of compliance with the rules of this chapter.” The Department cites section 67-5201(19)(b)(iv), Idaho Code, which provides that a “rule” does not include “any written statements given by an agency which pertain to an interpretation of a rule or to the documentation of compliance with a rule.” Thus, any written interpretation of a rule promulgated by the Department is not a part of the rule itself. The Department states that such written interpretations are available for public inspection and copying at cost in the Department’s main Boise office. The Department should also make such written interpretation readily accessible on its web page.

B. Definitions

Seventeen terms are defined by the new chapter. Eight of these terms are also defined in chapter 35, title 31, Idaho Code. Most of these statutory defined terms are identically defined in the new chapter. However, three of these definitions vary from their statutory counterparts.

The definition of “application,” section 010.03, directly references section 31-3503E,

Idaho Code, rather than citing to section 31-3503C(4), Idaho Code, which provides the section 31-3503E reference. This direct reference to section 31-3503E streamlines the definition and is appropriate. However, the new chapter adds the statement, “An application under Title 31, Chapter 35, Idaho Code, for financial assistance is not an application for Medicaid,” which is not contained in the statutory definition at section 31-3502(2), Idaho Code. This is not an accurate statement. Section 31-3504(1)(a), Idaho Code, dealing with the application for financial assistance, states: “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.”

The new chapter defines “hospital,” section 010.12, as a facility licensed in accordance with title 31, chapter 13, Idaho Code. Two problems are created. The first is typographical. The reference should be to title 39, chapter 13. The second is more substantive. The statutory definition makes specific reference to sections 39-1301 through 39-1314, Idaho Code, rather than a general reference to an entire Idaho Code chapter. This was intentional. Title 39, chapter 13, Idaho Code, is a rambling chapter that deals with a number of hospital-related matters, including hospital boards and districts, reports to law enforcement agencies, emergency treatment, peer review, patient care records and the practice of podiatry. The hospital licensing portion is contained in sections 39-1301 through 39-1314 as stated in the statutory definition. The more encompassing code reference contained in the new chapter diminishes the accuracy of this definition.

The new chapter’s definition of “third-party applicant,” section 010.15, leaves out a statement contained in the statutory definition regarding the requirement that a third-party applicant who files on behalf of a patient is required to timely deliver a copy of the application to the patient, section 31-3502(24), Idaho Code. This instruction really isn’t definitional and thus is properly left out.

Of the definitions that are not defined in chapter 35, title 31, Idaho Code, two are notable: “applicant for financial assistance,” section 010.02, and “eligibility determination,” section 010.10. An “applicant for financial assistance” is “a person who is or may be seeking financial assistance under Title 31, Chapter 35, Idaho Code, whose application is not fully processed.” This term is used only once in the new chapter outside the definition, and then in the Scope section with regard to third-party applicants. Section 001.02.a. Aside from the language of the definition, the definition is not used substantively and thus is not needed.

“Eligibility determination” is repeatedly used throughout the new chapter and is defined as “the policies, processes, criteria, and standards used by the Department to determine whether or not an individual is eligible for Medicaid.” This is a sensible definition.

C. Eligibility

The Department informs that the eligibility criteria under the new chapter must conform

to its other rules governing Medicaid eligibility criteria and determinations in three other programs: Health Care Assistance for Families and Children; Aged, Blind and Disabled (AABD); and Refugee Medical Assistance. Section 100.

Section 110 of the new chapter sets forth the requirements for a request of Medicaid eligibility determination. Such a request can only be “accessed” by a hospital or county. The new chapter provides that by signing the request, the hospital or county agrees to comply with the Department’s rule. The new chapter prescribes the form of the request and filing requirements. Sections 110.01 and 110.02. In addition to the application for financial assistance, the new chapter also requires the separate request for Medicaid eligibility determination. Section 110.03. The county or hospital must additionally provide all other information that may be requested by the Department. Section 110.4. The applicant, third-party applicant and obligated person must also cooperate with the Department. Section 110.05.

Within one working day of the completion of the hospital’s initial review that determines a patient may be medically indigent, the hospital must transmit a copy of the completed application and the Medicaid determination request to the Department. Section 120.01. Section 31-3503E(1), Idaho Code, provides the same transmittal time frame, but requires that the hospital’s initial review, rather than the completed application, be sent to the Department. Counties are required to transmit a copy of the completed application and the determination request to the Department within one business day of the filing of the application. Section 120.02. This is consistent with section 31-3504(1), Idaho Code.

The Department will process the request pursuant to its existing Medicaid rules within 45 days, unless prevented by events beyond its control. Section 130. The 45 day time frame is not mandated in chapter 35, title 31, Idaho Code. If the Department determines that an applicant is not eligible for Medicaid, it will promptly notify the applicant and the hospital (with a copy to the county clerk) or the county clerk (if the county submitted the request) of its determination. The county is to treat the Department’s determination (along with the application) as an application for financial assistance under chapter 31, title 35., Idaho Code. The Department once again reminds that denial of Medicaid eligibility is not a determination of medical indigency or eligibility for financial assistance under chapter 35, title 31. Sections 140.01 and 140.02. If the Department determines that an applicant is eligible for Medicaid, it will notify the respective parties and act on the request and application as an application for Medicaid. Section 140.03. The contents of the notification, including a concise statement of the reasons for the decision and the process for pursuing an administrative appeal, are set forth at section 140.04. These provisions are consistent with sections 31-3503E(4) and (7) and 31-3504(1), Idaho Code.

The new chapter details additional duties and responsibilities for hospitals and counties. These are: cooperating with the Department, assisting applicants in completing the application, compliance with the Department’s rule on protection and disclosure of its records and compliance with the Health Insurance Portability and Accountability Act. Sections 150 and 160.

Except for the s cooperation requirement on the part of counties, section 31-3503(3), Idaho Code, these additional hospital and county duties and responsibilities are not specified in chapter 35, title 35, Idaho Code.

SUMMARY

Except with regards to the definitions discussed above, the new chapter appears to be authorized by section 31-3503C(6), Idaho Code.

cc: Department of Health and Welfare
Tamara Prisock & Lori Wolff

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.24 - THE MEDICALLY INDIGENT PROGRAM - REQUEST FOR MEDICAID ELIGIBILITY DETERMINATION

DOCKET NO. 16-0324-1001 (NEW CHAPTER)

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of this temporary rule is July 1, 2010.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Section 31-3503C, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than July 21, 2010.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Under Title 31, Chapter 35, Idaho Code, the Department has the responsibility to develop and implement rules for a Medicaid eligibility determination process for applicants applying for financial assistance through the County Medically Indigent Program and Catastrophic Health Care Cost Program. This new chapter of rules provides the requirements necessary for a hospital or county to submit applications and requests to the Department to determine Medicaid eligibility for an applicant who may be medically indigent.

TEMPORARY RULE JUSTIFICATION: Pursuant to Sections 67-5226(1)(b) and (c), Idaho Code, the Governor has found that temporary adoption of these rules are appropriate for the following reasons: To comply with governing law and provide a benefit to individuals who may be medically indigent or may be eligible for Medicaid.

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year.

At this time, the Department is unable to determine the number of County Medically Indigent applicants who will meet the Medicaid eligibility criteria. The administrative operating costs for State Fiscal Year 2011 appropriated by the Legislature is \$137,600 of which 50% is state general funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted because this rule change is being made to comply with governing law.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Lori Wolff at (208) 334-6599.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before July 28, 2010.

DATED this 27th day of May, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

THE FOLLOWING IS THE TEMPORARY RULE & PROPOSED TEXT FOR DOCKET NO. 16-0324-1001

**IDAPA 16
TITLE 03
CHAPTER 24**

**16.03.24 - THE MEDICALLY INDIGENT PROGRAM -
REQUEST FOR MEDICAID ELIGIBILITY DETERMINATION**

000. LEGAL AUTHORITY.

In accordance with Section 31-3503C, Idaho Code, the Idaho Legislature has authorized the Department of Health and Welfare to adopt and enforce rules governing requests for Medicaid eligibility determination for persons who may be medically indigent. (7-1-10)T

001. TITLE AND SCOPE.

01. Title. The title of these rules is IDAPA 16.03.24, “The Medically Indigent Program - Request for Medicaid Eligibility Determination.” (7-1-10)T

02. Scope. (7-1-10)T

a. The Idaho Legislature has declared that the County Medically Indigent Program and the Catastrophic Health Care Cost Program are payers of last resort. These programs are only a partial solution to the health care costs of Idaho's medically indigent citizens. Therefore, hospitals, providers, applicants, and third party applicants seeking financial assistance under the County Medically Indigent Program and the Catastrophic Health Care Cost Program are subject to the limitations and requirements in this chapter of rules. (7-1-10)T

b. In accordance with Section 31-3503E(7), Idaho Code, the denial of Medicaid eligibility is not a determination of medical indigency under the County Medically Indigent Program or the Catastrophic Health Care Cost Program. Title 31, Chapter 35, Idaho Code, provides that under the County Medically Indigent Program and the Catastrophic Health Care Cost Program eligibility for financial assistance will be determined by the respective counties and the Board. The respective counties and the Board may, limit or prioritize eligibility for financial assistance based upon such factors as availability of funding, degree of financial need, degree of clinical need, or other factors. (7-1-10)T

c. In accordance with Title 31, Chapter 35, Idaho Code, these rules provide for and establish policies, procedures, requirements, and appeal processes applicable to requests for Medicaid eligibility determination for persons who may be medically indigent. This chapter is not intended to, and does not establish an entitlement for or to receive financial assistance under Title 31, Chapter 35, Idaho Code. (7-1-10)T

d. Individuals who may be eligible for Medicaid must comply with requirements in Title XIX and Title XXI of the Social Security Act, and the following Department rules: (7-1-10)T

- i. IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children." (7-1-10)T
- ii. IDAPA 16.03.05, "Rules Governing Eligibility for the Aged, Blind and Disabled (AABD)." (7-1-10)T
- iii. IDAPA 16.03.06, "Refugee Medical Assistance." (7-1-10)T

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements that pertain to the interpretation of the rules of this chapter, or to the documentation of compliance with the rules of this chapter. These statements are available for public inspection and copying at cost at the Department of Health and Welfare, 450 West State Street, P.O. Box 83720, Boise, Idaho, 83720-0036. (7-1-10)T

003. ADMINISTRATIVE APPEALS.

Administrative appeals are governed by the provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings." (7-1-10)T

004. INCORPORATION BY REFERENCE.

No documents are incorporated by reference in this chapter of rules. (7-1-10)T

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE NUMBER -- INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (7-1-10)T

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (7-1-10)T

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (7-1-10)T

04. Telephone. (208) 334-5500. (7-1-10)T

05. Internet Website. The Department's internet website is found at www.healthandwelfare.idaho.gov. (7-1-10)T

06. Medicaid Eligibility Business Unit. For requests and determinations under this chapter of rules, the Department may be contacted at the following: (7-1-10)T

- a. Address: P.O. Box 83720, Boise, Idaho 83720-0003. (7-1-10)T
- b. Telephone: (208) 528-3770. (7-1-10)T
- c. Facsimile: (208) 528-3771. (7-1-10)T
- d. E-mail address: "SRCU-CntyHospApp@dhw.idaho.gov." (7-1-10)T

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS.

01. Confidential Records. The use or disclosure of records or information covered by these rules must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." (7-1-10)T

02. Public Records. The Department will comply with Sections 9-337 through 9-350, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. (7-1-10)T

03. Authorization for Disclosure. An application for financial assistance and request for Medicaid eligibility determination constitutes authorization for hospitals, providers, the Board, the Department, and the respective counties of the State of Idaho to copy, transmit, share, and exchange information pertaining to an applicant's health and finances for the purpose of determining Medicaid eligibility or medical indigency. (7-1-10)T

007. -- 009. (RESERVED).

010. DEFINITIONS.

For the purposes of this chapter of rules, the following terms apply.

(7-1-10)T

01. AABD. Aid to the Aged, Blind, and Disabled. (7-1-10)T

02. Applicant for Financial Assistance. A person who is or may be seeking financial assistance under Title 31, Chapter 35, Idaho Code whose application is not fully processed. (7-1-10)T

03. Application. An application for financial assistance under Section 31-3504, Idaho Code, and the uniform form used for the initial review and the Department's Medicaid eligibility determination pursuant to Section 31-3503E, Idaho Code. An application under Title 31, Chapter 35, Idaho Code, for financial assistance is not an application for Medicaid. (7-1-10)T

04. Board. The Board of the Catastrophic Health Care Cost Program established in Section 31-3517, Idaho Code. (7-1-10)T

05. Clerk. The clerk of the respective counties or his designee. (7-1-10)T

06. Counties. The respective counties described in Title 31, Chapter 1, Idaho Code. (7-1-10)T

07. County Commissioners. The Board of County Commissioners in their respective counties. (7-1-10)T

08. Department. The Idaho Department of Health and Welfare. (7-1-10)T

09. Director. The Director of the Idaho Department of Health and Welfare or his designee. (7-1-10)T

10. Eligibility Determination. The policies, processes, criteria, and standards used by the Department to determine whether or not an individual is eligible for Medicaid. (7-1-10)T

11. HIPAA. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) under 42 USC Section 12204, and federal regulations at 45 CFR Parts 160, 162, and 164. (7-1-10)T

12. Hospital. A facility licensed in accordance with Title 31, Chapter 13, Idaho Code. (7-1-10)T

13. Medicaid. The federally funded program for medical care (Title XIX, Social Security Act) also known as Idaho's Medical Assistance Program. (7-1-10)T

14. Obligated Person. The person or persons who are legally responsible for an applicant. (7-1-10)T

15. Third-Party Applicant. A person other than an obligated person who completes, signs, and files an application on behalf of a patient. (7-1-10)T

16. Title XIX. Title XIX of the Social Security Act, known as Medicaid, is a medical benefits program jointly financed by the federal and state governments and administered by the States. This program pays for medical assistance for certain individuals and families with low income and limited resources. (7-1-10)T

17. Title XXI. Title XXI of the Social Security Act, known as the State Children's Health Insurance Program (SCHIP), is a federal and state partnership similar to Medicaid, that expands health insurance to targeted, low-income children. (7-1-10)T

011. -- 099. (RESERVED).

100. ELIGIBILITY CRITERIA.

Eligibility criteria and determinations for Medicaid must comply with Department rules as described in Subsections 100.01 through 100.03 of this rule. (7-1-10)T

01. IDAPA 16.03.01. "Eligibility for Health Care Assistance for Families and Children." (7-1-10)T

02. IDAPA 16.03.05. "Rules Governing Eligibility for the Aged, Blind and Disabled (AABD)." (7-1-10)T

03. IDAPA 16.03.06. "Refugee Medical Assistance." (7-1-10)T

101. -- 109. (RESERVED).

110. REQUESTS FOR MEDICAID ELIGIBILITY DETERMINATION.

Requests for Medicaid eligibility determination for persons who may be medically indigent may only be accessed by a hospital or a county through a request for Medicaid eligibility determination addressed to the Department. By signing a request for Medicaid eligibility determination, each hospital or county requesting a Medicaid eligibility determination agrees to comply with these rules. (7-1-10)T

01. Form of Request. Each hospital or county requesting a Medicaid eligibility determination under these rules must apply to the Department on a form provided by the Department and must provide all information required by the Department. (7-1-10)T

02. Filing Request. Each request for Medicaid eligibility determination submitted to the Department under these rules must be signed by an authorized representative of the hospital or the county. The request for Medicaid eligibility determination may be submitted to the Department by mail, electronically, or by facsimile as described in Section 005 of these rules. (7-1-10)T

03. Application for Financial Assistance Required. A completed and signed application for financial assistance under Title 31, Chapter 35, Idaho Code, must be submitted and transmitted to the Department along with the request for Medicaid eligibility determination. (7-1-10)T

04. Other Information as Requested. Each hospital or county requesting a Medicaid eligibility determination by the Department under these rules must provide all other information that may be requested by the Department for the proper administration and enforcement of the provisions of these rules. (7-1-10)T

05. Cooperation of Applicant, Third-Party Applicant, and Obligated Person. Each applicant, third-party applicant, and obligated person must cooperate with the Department and provide documentation necessary to complete the Department's determination of Medicaid eligibility. (7-1-10)T

111. -- 119. (RESERVED).

120. TIME LIMITS.

Each request for Medicaid eligibility determination submitted to the Department under these rules must be filed in accordance within the following time limits: (7-1-10)T

01. Hospital. Within one (1) working day of the completion of the hospital's initial review that determines a patient may be medically indigent, the hospital must transmit a copy of the completed application for financial assistance and a request for Medicaid eligibility determination to the Department. (7-1-10)T

02. **County.** Within one (1) business day of the filing of an application for financial assistance under Title 31, Chapter 35, Idaho Code, in the clerk's office, the clerk must transmit a copy of the completed application for financial assistance and request for Medicaid eligibility determination to the Department. (7-1-10)T

121. -- 129. (RESERVED).

130. ELIGIBILITY DETERMINATION.

Each request for Medicaid eligibility determination submitted to the Department under this chapter of rules will be processed by the Department in accordance with the following rules: (7-1-10)T

01. **Medicaid.** IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children." (7-1-10)T

02. **AABD.** IDAPA 16.03.05, "Rules Governing Eligibility for the Aged, Blind and Disabled (AABD)." (7-1-10)T

03. **Refugee.** IDAPA 16.03.06, "Refugee Medical Assistance." (7-1-10)T

04. **Logging an Application and Request.** The Department will log each application and request for Medicaid eligibility determination. (7-1-10)T

05. **Time Limits on Determinations.** The Department will process each request for Medicaid eligibility determination within forty-five (45) days of receiving the request, unless prevented by events beyond the Department's control. (7-1-10)T

131. -- 139. (RESERVED).

140. NOTICE OF DECISION ON ELIGIBILITY FOR MEDICAID.

01. **Denial on Request Submitted by a Hospital.** If the Department determines that an applicant is not eligible for Medicaid, the Department will promptly notify the applicant and the hospital of its determination. The Department will transmit a copy of its determination and a copy of the application to the respective county clerk. The clerk will treat the copy of the Department's determination and the copy of the application as an application for financial assistance under Title 31, Chapter 35, Idaho Code. Denial of Medicaid eligibility is not a determination of medical indigency or eligibility for financial assistance under the county Medically Indigent Program or the Catastrophic Health Care Cost Program. (7-1-10)T

02. **Denial on Request Submitted by a County.** If the Department determines that an applicant is not eligible for Medicaid, the Department will promptly notify the applicant and the respective county clerk of its determination. Denial of Medicaid eligibility is not a determination of medical indigency or eligibility for financial assistance under the County Medically Indigent Program or the Catastrophic Health Care Cost Program. (7-1-10)T

03. **Approval of Medicaid Eligibility.** If the Department determines that an applicant is eligible for Medicaid, the Department will act on the request and application as an application for Medicaid and notify the applicant, hospital, and respective clerk of its determination. (7-1-10)T

04. **Notification.** The written notice required under this section must include: (7-1-10)T

a. The applicant's name and identifying information; (7-1-10)T

b. A statement of the decision; (7-1-10)T

c. A concise statement of the reasons for the decision; and (7-1-10)T

d. The process for pursuing an administrative appeal. (7-1-10)T

141. -- 149. (RESERVED).

150. ADDITIONAL DUTIES AND RESPONSIBILITIES OF HOSPITALS.

01. Additional Duties and Responsibilities. Each hospital submitting an application and request for Medicaid eligibility determination under these rules must: (7-1-10)T

a. Cooperate with the Department, the Board, and the respective counties of the state and contractors retained by the Board or the respective County Commissioners. (7-1-10)T

b. Assist applicants in completing an application form and request for Medicaid eligibility determination. (7-1-10)T

02. Comply with Confidentiality Laws and Rules. Each hospital must comply with IDAPA 16.05.01, "Rules Governing the Protection and Disclosure of Department Records," and all applicable state and federal laws, rules, and regulations pertaining to the confidentiality of, and the disclosure of, information and records. (7-1-10)T

03. Comply with HIPPA. Each hospital must comply with the Health Insurance Portability and Accountability Act (HIPAA). (7-1-10)T

151. -- 159. (RESERVED).

160. ADDITIONAL DUTIES AND RESPONSIBILITIES OF COUNTIES.

01. Additional Duties and Responsibilities. Each respective county submitting an application and request for Medicaid eligibility determination under these rules must: (7-1-10)T

a. Cooperate with the Department, the Board, the hospital, and contractors retained by the Department or the Board. (7-1-10)T

b. Assist applicants in completing an application form and request for Medicaid eligibility determination. (7-1-10)T

02. Comply with Confidentiality Laws and Rules. Each respective county must comply with IDAPA 16.05.01, "Rules Governing the Protection and Disclosure of Department Records," and all applicable state and federal laws, rules and regulations pertaining to the confidentiality of, the disclosure of, information and records. (7-1-10)T

03. Comply with HIPAA. Each respective county must comply with the Health Insurance Portability and Accountability Act (HIPAA). (7-1-10)T

161. -- 999. (RESERVED).