LEGISLATURE OF THE STATE OF IDAHO

Sixty-first Legislature First Regular Session - 2011

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 310

BY WAYS AND MEANS COMMITTEE

AN ACT

RELATING TO THE INDIGENT SICK; AMENDING SECTION 20-605, IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE A CODE REFERENCE; AMENDING SECTION 31-3302, IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE A CODE REFERENCE; AMENDING SECTION 31-3501, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3502, IDAHO CODE, TO REVISE DEFINITIONS, TO PROVIDE DEFINITIONS AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 31-3503, IDAHO CODE, TO REVISE THE POWERS AND DUTIES OF COUNTY COMMISSIONERS; AMENDING SECTION 31-3503A, IDAHO CODE, TO REVISE AND PROVIDE NEW POWERS AND DUTIES OF THE BOARD OF THE CATASTROPHIC HEALTH CARE COST PROGRAM; AMENDING SECTION 31-3503E, IDAHO CODE, TO REVISE THE MEDICAID ELIGIBILITY DETERMINATION; AMENDING SECTION 31-3504, IDAHO CODE, TO PROVIDE FOR A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE, TO PROVIDE FOR A THIRD PARTY APPLICANT, TO PROVIDE FOR APPLICATION BY OTHERS IN CERTAIN CIRCUMSTANCES, TO PROVIDE FOR RECORDING OF A NOTICE OF LIEN AND APPLICATION FOR FINANCIAL ASSISTANCE, TO REMOVE PROVISIONS FOR RECORDING A NOTICE OF APPLICATION FOR MEDICAL INDIGENCY BENEFITS AND TO PROVIDE FOR INVOLVEMENT OF THE BOARD IN CERTAIN MATTERS; AMENDING SECTION 31-3505, IDAHO CODE, TO REVISE AND ADD TO THE TIME AND MANNER OF FILING APPLICATIONS; AMENDING SECTION 31-3505A, IDAHO CODE, TO REVISE A CERTAIN DUTY TO COOPERATE AND TO PROVIDE A CERTAIN TIME PERIOD FOR COMPLETION OF A CERTAIN DOCUMENT; AMENDING SECTION 31-3505B, IDAHO CODE, TO REVISE AND ADD TO THE APPROVAL REQUIREMENTS FOR COUNTY COMMISSIONERS; AMENDING SECTION 31-3505C, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3505D, IDAHO CODE, TO REVISE WHO MAY APPEAL A CERTAIN INITIAL DETERMINATION; AMENDING SECTION 31-3505G, IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE WHO MAY SEEK JUDICIAL REVIEW OF THE FINAL DETERMINATION; AMENDING SECTION 31-3507, IDAHO CODE, TO REVISE TERMINOLOGY; AMENDING SECTION 31-3508, IDAHO CODE, TO REVISE CERTAIN DUTIES OF THE BOARD AND THE COUNTY REGARDING PAYMENT FOR NECESSARY MEDICAL SERVICES AND TO PROVIDE OPTIONS REGARDING UTILIZATION MANAGEMENT; AMENDING CHAPTER 35, TITLE 31, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 31-3508A, IDAHO CODE, TO PROVIDE FOR PAYMENT FOR NECESSARY MEDICAL SERVICES BY AN OBLIGATED COUNTY; AMENDING SECTION 31-3509, IDAHO CODE, TO PROVIDE CERTAIN DUTIES FOR HOSPITALS, TO REVISE TERMINOLOGY, TO PROVIDE FOR SUBMISSION OR RESUBMISSION OF A BILL TO CERTAIN PERSONS AND TO PROVIDE FOR APPLICATION PURSUANT TO SPECIFIED LAW; AMENDING SECTION 31-3510, IDAHO CODE, TO PROVIDE FOR CERTAIN JOINT SUBROGATION AND TO REVISE TERMINOLOGY; AMENDING SECTION 31-3510A, IDAHO CODE, TO REVISE TO WHOM A CERTAIN REIMBURSEMENT OBLIGATION IS OWED; AMENDING SECTION 31-3511, IDAHO CODE, TO REVISE TERMINOLOGY AND TO REVISE A JURISDICTIONAL REQUIREMENT; AMENDING SECTION 31-3517, IDAHO CODE, TO REVISE TERMINOLOGY, TO PROVIDE FOR AN EXECUTIVE COMMITTEE, TO PROVIDE FOR CERTAIN PROCEDURAL REQUIREMENTS AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 31-3518, IDAHO CODE, TO PROVIDE REFERENCE TO

MATTERS AUTHORIZED BY THE CHAPTER, TO REVISE CERTAIN CONTRACT AUTHORITY OF THE BOARD AND TO PROVIDE FOR CONSULTATION WITH HOSPITALS AND ORGANIZATIONS REPRESENTING HOSPITALS; AMENDING SECTION 31-3519, IDAHO CODE, TO REVISE PROCEDURES AND CRITERIA FOR APPROVAL OF AN APPLICATION FOR FINANCIAL ASSISTANCE, TO REMOVE PROVISIONS REGARDING THE TIMING OF PAYMENT, TO REVISE CONDITIONS UNDER WHICH THERE IS AN OBLIGATION TO PAY A CLAIM, TO PROVIDE FOR BOARD AUTHORITY REGARDING UTILIZATION MANAGEMENT AND FOR PAYMENT BY THE STATE CONTROLLER PURSUANT TO SPECIFIED LAW; AMENDING SECTION 31-3520, IDAHO CODE, TO REMOVE A COUNTY REFERENCE; AMENDING CHAPTER 35, TITLE 31, IDAHO CODE, BY THE ADDITION OF A NEW SECTION 31-3558, IDAHO CODE, TO PROVIDE FOR NONDISCLOSURE OF PERSONAL IDENTIFYING INFORMATION AND TO PROVIDE FOR RETENTION OF CERTAIN DOCUMENTS; AMENDING SECTION 56-209f, IDAHO CODE, TO PROVIDE REQUIREMENTS AND LIMITATIONS, TO REVISE TERMINOLOGY AND TO MAKE A TECHNICAL CORRECTION; AND AMENDING SECTION 67-7903, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE.

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

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

20-605. COSTS OF CONFINEMENT. The county wherein any court has entered an order pursuant to section 20-604, Idaho Code, shall pay all direct and indirect costs of the detention or confinement of the person to the governmental unit or agency owning or operating the jail or confinement facilities in which the person was confined or detained. The amount of such direct and indirect costs shall be determined on a per day per person basis by agreement between the county wherein the court entered the order and the county or governmental unit or agency owning or operating such jail or confinement facilities. In the absence of such agreement or order fixing the cost as provided in section 20-606, Idaho Code, the charge for each person confined or detained shall be the sum of thirty-five dollars ($35.00) per day, plus the cost of any medical or dental services paid at the ~~unadjusted medicaid~~ rate of reimbursement as provided in ~~section 31-3502(21)~~ chapter 35, title 31, Idaho Code, unless a rate of reimbursement is otherwise established by contract or agreement; provided, however, that the county may determine whether the detained or confined person is eligible for any local, state, federal or private program that covers dental, medical and/or burial expenses. That person will be required to apply for those benefits, and any such benefits obtained may be applied to the detained or confined person's incurred expenses, and in the event of the death of such detained or confined person, the county wherein the court entered the order shall pay all actual burial costs. Release from an order pursuant to section 20-604, Idaho Code, for the purpose of a person receiving medical treatment shall not relieve the county of its obligation of paying the medical care expenses imposed in this section. In case a person confined or detained was initially arrested by a city police officer for violation of the motor vehicle laws of this state or for violation of a city ordinance, the cost of such confinement or detention shall be a charge against such city by the county wherein the order of confinement was

entered. All payments under this section shall be acted upon for each calendar month by the second Monday of the month following the date of billing.

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

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

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

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

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

(4) The compensation allowed by law to county officers in criminal proceedings, when not otherwise collectible.

(5) The sum required by law to be paid to grand jurors and indigent witnesses in criminal cases.

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

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

(8) The contingent expenses, necessarily incurred for the use and benefit of the county.

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

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

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

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

indigent program and the catastrophic health care cost program shall be subject to the limitations and requirements as set forth herein.

SECTION 4. 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 person who is requesting financial assistance under this chapter.

(2) "Application" means ~~an~~ the combined application for ~~financial~~ state and county medical assistance pursuant to sections 31-3504 and 31-3503E, Idaho Code~~, and the uniform form used for the initial review and the department's medicaid eligibility determination described in section 31-3503C(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 ~~medically~~ necessary ~~drugs, devices and~~ medical services received by a recipient that, when paid at the then existing reimbursement rate, ~~in aggregate~~ exceeds the total sum of eleven thousand dollars ($11,000) in the aggregate in any consecutive twelve (12) ~~consecutive~~ month period.

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

(7) "Completed application" shall include at a minimum the cover sheet requesting services, applicant information including diagnosis and requests for services and signatures, personal information of the applicant, patient rights and responsibilities, releases and all other signatures required in the application.

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

(~~8~~9) "County hospital" means any county approved institution or facility for the care of sick persons.

(~~9~~10) "Department" means the department of health and welfare.

(1~~0~~1) "Dependent" means any person whom a taxpayer could claim as a dependent under the income tax laws of the state of Idaho.

(1~~1~~2) "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.

(12~~2~~3) "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.

(13~~4~~) "Medicaid eligibility review" means the process used by the department to determine whether a person meets the criteria for medicaid coverage.

(15) "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.

(14~~6~~) "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.

(15~~7~~) "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, 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~~s~~ 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.

(16~~8~~) 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 ~~not more costly than an alternative~~ the most cost-effective service or sequence of services or ~~supply~~ supplies, and at least as likely to produce equivalent therapeutic or diagnostic results ~~as to the diagnosis or treatment of~~ for the person's illness, injury or disease.

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, residential, skilled nursing, assisted living and/or shelter care facilities;

(e) Normal, uncomplicated pregnancies, excluding caesarean section, 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.

(1~~7~~9) "Obligated person" means the person or persons who are legally responsible for an applicant.

(~~18~~20) "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.

(~~19~~21) "Provider" means any person, firm~~,~~ or corporation, other than a hospital, 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~~0~~2) "Recipient" means an individual determined eligible for financial assistance under this chapter.

(2~~1~~3) "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. Beginning July 1, 2011, and sunsetting July 1, 2013, "reimbursement rate" shall mean ninety-five percent (95%) of the unadjusted medicaid rate.

(2~~2~~4) "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, vacation, 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.

(2~~3~~5) "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 ~~available~~ insurance or apply for section 1011 of the medicare modernization act of 2003, if applicable, and any other property from any source ~~for which an applicant and/or an obligated person may be eligible or in which he or she may have an interest~~. 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. 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.

(24<u>6</u>) "Third party applicant" means a person other than an obligated person who completes, signs and files an application on behalf of a patient. A third party applicant who files an application on behalf of a patient pursuant to section 31-3504, Idaho Code, shall, if possible, deliver a copy of the application to the patient within three (3) business days after filing the application.

<u>(27) "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.</u>

(25<u>8</u>) "Utilization management" means the evaluation of medical necessity, appropriateness and efficiency of the use of health care services, procedures and facilities ~~and~~<u>. "Utilization management"</u> 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. <u>"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.</u>

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

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

(1) ~~Care~~ <u>Pay</u> for ~~and maintain~~ <u>necessary medical services for</u> the medically indigent residents of their counties as provided in this chapter <u>and as approved by the county commissioners at the reimbursement rate</u> up to <u>the total sum of</u> eleven thousand dollars ($11,000) ~~per claim~~ in the aggregate ~~over a~~ <u>per resident in any</u> consecutive twelve (12) month period ~~with the remainder being paid by the state catastrophic health care cost program~~ <u>or contract for the provision of necessary medical services</u> pursuant to section<u>s</u> 31-35~~19~~<u>20 and 31-3521</u>, Idaho Code.

(2) Have the right to contract with providers, transfer patients, negotiate provider agreements, <u>conduct utilization management or any portion thereof</u> and all other powers incident to the county's duties created by this chapter.

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

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

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

SECTION 6. 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:

(1) Pay for the cost of necessary medical services for a ~~resident~~ medically indigent ~~person~~ resident, as provided in this chapter, where the cost of necessary medical services when paid at the reimbursement rate ~~for the claim~~ exceeds ~~in aggregate~~ the total sum of eleven thousand dollars ($11,000) ~~during a~~ 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 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;

(~~3~~4) Require, as the board deems necessary, annual reports from each county and each hospital ~~and provider~~ including, but not limited to, the following:

(a) From each county and for each applicant:
  (i) Case number and the date services began;
  (ii) Age;
  (iii) Residence;
  (iv) Sex;
  (v) Diagnosis;
  (vi) Income;
  (vii) Family size;
  (viii) Amount of costs incurred including provider, legal and administrative charges;
  (ix) Approval or denial; and
  (x) Reasons for denial.

(b) 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 7. That Section 31-3503E, Idaho Code, be, and the same is hereby amended to read as follows:

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

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

(2) Undertake a determination of possible medicaid eligibility upon receipt from the hospital of the ~~initial review~~ completed combined application for state and county medical assistance and written request for medicaid eligibility determination. The department will use the medicaid eligibility guidelines in place as of the date of submission of the ~~written request~~ completed combined application for state and county medical assistance, apply categorical and financial eligibility requirements and use all sources available to the department to obtain verification in making the determination.

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

(4) Promptly notify the ~~hospital and clerk~~ patient of ~~potential~~ medicaid eligibility ~~and the basis of possible eligibility~~.

(5) Act on the ~~initial review form~~ completed combined application for state and county medical assistance as an application for medicaid ~~if it appears that the patient may be eligible for medicaid~~. An application for medicaid shall not be an application for financial assistance pursuant to section 31-3504, Idaho Code. Except as provided in this section, an application for financial assistance shall not be an application for medicaid.

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

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

~~aid~~. If, based on its medicaid eligibility review, the department determines that the patient is not eligible for medicaid ~~but may be medically indigent~~, transmit a copy of the ~~initial review~~ completed combined application for state and county medical assistance to the clerk. ~~The transmitted copy of the initial review shall be treated by the clerk as an application for financial assistance pursuant to section 31-3504, Idaho Code.~~ Denial of medicaid eligibility is not a determination of medical indigence.

(8) Make income and resource information obtained from the medicaid eligibility determination process available to the county to assist in determination of medical indigency at the time the department notifies the county of the final medicaid eligibility determination.

The ~~initial review form~~ completed combined application for state and county medical assistance shall be deemed consent for providers, the hospital, the department, respective counties and the board to exchange information pertaining to the applicant's health and finances for the purposes of determining medicaid eligibility or medical indigency.

SECTION 8. 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. 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 application shall be signed by the applicant ~~or on the applicant's behalf~~ 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.

(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 ~~as complete as practicable and~~ 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~~, a notice of application for medical indigency benefits on a uniform form agreed to by the Idaho association of counties and the Idaho hospital association, which form~~. The notice of lien and application for financial assistance shall be recorded as provided herein within thirty (30) 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) 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) In accordance with rules and procedures promulgated by the department or the board, each hospital and provider seeking reimbursement under this chapter shall submit all known billings for necessary medical services provided for each applicant in a standard or uniform format to the department's or the board's contractor for its utilization management review within ten (10) business days of receiving notification that the patient is not eligible for medicaid; provided that, upon a showing of good cause, the time period may be extended. A copy of the results of the reviewed billings shall be transmitted by the department's or the board's contractor to the clerk of the obligated county.

SECTION 9. 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 ~~AND REQUESTS~~ FOR FINANCIAL ASSISTANCE. Applications ~~and requests~~ for financial assistance shall be filed ~~with the clerk~~ according to the following time limits. Filing is complete upon receipt by the clerk or the department.

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

(2) ~~An~~ completed application for emergency necessary medical services shall be ~~made~~ filed with the clerk any time within thirty-one (31) days beginning with the first day of the provision of necessary medical services from the provider ~~or in the case of hospitalization, thirty-one (31) days beginning with the date of admission, or if a request for medicaid eligibility determination has been denied by the department pursuant to~~, except as provided in subsection ~~31-3503E, Idaho Code, within thirty-one (31) days of receiving notice of the denial~~ (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.

(4) 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.

(~~4~~5) A delayed application for necessary medical services may be filed up to 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 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 victim's 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 included in the county application; and

(iv) In the discretion of the county commissioners, bills on a delayed 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 included in the county 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 county assistance 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 provider or the hospital completes the application process and complies with the time limits prescribed by this section.

(~~5~~7) Any application or request which fails to meet the provisions of this section, and/or other provisions of this chapter, shall be denied.

(~~6~~8) In the event that a county determines that a different county is ~~the~~ obligated, such county~~,~~ shall notify the applicant or third party applicant of the denial and shall also notify the county it believes to be the obligated county and provide the basis for the determination. A~~a~~n application may be filed by the applicant or third party applicant in the ~~other~~ indicated county within thirty (30) days of the date of the initial county denial.

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

31-3505A. INVESTIGATION OF APPLICATION BY THE CLERK. (1) The clerk shall interview the applicant and investigate the information provided on the 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, or 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 to carry out the intent of this provision and to otherwise compel compliance in accordance with provisions of Idaho law.

(2) The applicant ~~or~~ 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 (20) days to complete the investigation of an application for nonemergency necessary medical services.

(4) The clerk shall have forty-five (45) days 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 application or request, a statement of the clerk's findings shall be filed with the county commissioners.

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

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

(1) T~~t~~he total sum of eleven thousand dollars ($11,000) in the aggregate per ~~applicant for~~ resident in any consecutive twelve (12) month period; or

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

SECTION 12. 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, the county commissioners shall make an initial determination to approve or deny an application within fifteen (15) days from receipt of the clerk's statement and within five (5) days from receiving the clerk's statement on a request. The initial determination to approve or deny an application shall be mailed 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 initial determination.

(2) The county commissioners shall hold in suspension an initial determination to deny an application, if the sole basis for the denial is that the applicant 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 ~~available~~ insurance. The decision to hold an initial determination to deny an application in suspension shall be mailed 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 ~~available~~ 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.

(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 ~~available~~ insurance, the 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.

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

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

31-3505D. APPEAL OF INITIAL DETERMINATION DENYING AN APPLICATION. An applicant or ~~provider~~ third party applicant may appeal an initial determination of the county commissioners denying an application by filing a written notice of appeal with the county commissioners within twenty-eight (28) days of the date of the denial. If no appeal is filed within the time allowed, the initial determination of the county commissioners denying an application shall become final.

SECTION 14. 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. If, after a hearing as provided in section 31-3505E, Idaho Code, the final determination of the county commissioners is to deny an application for financial assistance ~~with necessary medical services~~, the applicant, or a third party ~~making application on an applicant's behalf~~ applicant, may seek judicial review of the final determination of the county commissioners in the manner provided in section 31-1506, Idaho Code.

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

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

SECTION 16. 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 ~~responsible for payment of necessary medical services of a medically indigent person shall pay an amount not to exceed the amount recommended by the utilization management program and the current medicaid rate~~ 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 submitted for payment shall show the total provider charges less any amounts which have been received under any other federal or state law. Bills of less than twenty-five dollars ($25.00) shall not be presented for payment.

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

31-3508A. PAYMENT FOR NECESSARY MEDICAL SERVICES BY AN OBLIGATED COUNTY. (1) Upon receipt of a final determination by the county commissioners approving an application for financial assistance under the provisions of this chapter, an applicant, or the third party applicant on behalf of the applicant, shall, within sixty (60) days, submit a medical claim 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) 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.

(4) Within fourteen (14) days after the county payment, the clerk of the obligated county shall forward to the board any 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. A copy of the clerk's findings, 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.

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

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

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

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

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

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

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

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

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

(a) Otherwise agreed~~;~~.

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

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

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

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

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

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

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

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

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

(6) The county commissioners may require the employment of such of the medically indigent as are capable and able to work and whose attending physician certifies they are capable of working.

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

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

SECTION 21. 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 ~~necessary medical services~~ financial assistance under this chapter as or for a medically indigent ~~person~~ resident, or any person who obtains ~~necessary medical services~~ financial assistance as a medically indigent ~~person~~ 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 ineligible for nonemergency assistance under this chapter for a period of two (2) years.

(2) Neither t~~T~~he county commissioners nor the board shall ~~not~~ have jurisdiction to hear and shall ~~not~~ approve a~~n~~ 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 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 the timelines required under this chapter, the application shall be deemed approved and payment made as provided in 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 22. 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 lim-

ited 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~~, and the board shall be the administrator of~~ 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 ~~of health and welfare,~~ 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.

(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.

(~~d~~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.

(~~3~~6) The legislative council shall cause a full and complete audit of the financial statements of the catastrophic health care cost program as required in section 67-702, Idaho Code.

(47) 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 23. That Section 31-3518, Idaho Code, be, and the same is hereby amended to read as follows:

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

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

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

(4) The board shall submit all proposed rules to the legislative council for review prior to adoption, in a manner substantially the same as proposed executive agency rules are reviewed under chapter 52, title 67, Idaho Code. Following adoption, the board shall submit all adopted rules to the legislature for review in a manner substantially the same as adopted executive agency rules are reviewed under chapter 52, title 67, Idaho Code. The legislature, by concurrent resolution, may modify, amend, or repeal any rule of the board.

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

31-3519. APPROVAL AND PAYMENT ~~FOR SERVICES~~ BY THE BOARD. ~~Each board of county commissioners shall make payments to hospitals or providers for necessary medical services provided to the medically indigent as follows:~~(1) Upon receipt of the clerk's statement, a final determination ~~by~~ of the county commissioners ~~approving~~ and the completed application, the board shall approve an application for financial assistance under ~~the provisions of this chapter, an applicant, a hospital or provider, or the third party on behalf of the applicant, shall, within sixty (60) days, submit a county claim pursuant to the procedures provided in chapter 15, title 31, Idaho Code~~ the catastrophic health care cost program if it determines that:

(a) Necessary medical services have been provided for a medically indigent resident in accordance with this chapter;
(b) The obligated county paid the first eleven thousand dollars ($11,000) of necessary medical services; and
(c) 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) ~~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) 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 hospital or provider shall not seek additional funds from the applicant.

(43) In no event shall ~~a county~~ the board be obligated to pay a claim, pursuant to this chapter, in excess of an amount ~~which exceeds the reviewed claim as determined by the department's utilization management program~~ 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.

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

(~~6~~4) The board shall, within forty-five (45) days after approval by the board, submit the claim to the state controller for payment. Payment by the state controller shall be made pursuant to section 67-2302, Idaho Code.

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

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

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

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

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

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

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

SECTION 28. 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~~6~~8)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 shall be guilty of a misdemeanor.

(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.