STATEMENT OF PURPOSE

RS21808C1

The purpose of this legislation is to provide more clarity in the indigent health care laws. The declaration of policy is amended to further emphasize that individuals are financially responsible for their medical charges as well as for their dependents.

This amends the definitions of completed application, medically indigent, and obligated person to clarify a dependent is someone who is claimed for income tax purposes, the person claiming the dependent would be responsible for any care provided. The definition of "reimbursement rate" would extend the current reduced Medicaid Reimbursement rate for one additional year, until June 30, 2014.

"Resources" for determining indigency shall be calculated from the time services are provided. Also in Section 31-3505A, that indigency findings are based from the time necessary medical services were first provided.

The legislation also clarifies that medical records and medical claims are to be submitted by the hospital to the county clerk and that the records must be submitted within 10 days of request from the county and if the provider is unable to comply, they may request a 30 day extension to get the relevant records to the county. This must be done within the 10 day period and if requested the application process is suspended. If records are not received then the application shall be denied.

Clarifies in I.C. §31-3508A that medical claims do not have to be resubmitted after county determination, but any and all bills not yet received from providers must follow the timeline.

The bill aligns the law with standard practice by the counties and the CAT program that a new application is and has always been required every 6 months.

FISCAL NOTE

By extending the reduced reimbursement rate, it is estimated the state general fund will save about $1.8 million.

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