

## **STATEMENT OF PURPOSE**

### **RS23038**

The purpose of this legislation is to clearly define the processes and timelines that hospitals or providers and counties must follow when filing and handling the combined application when requesting and providing medical records. This legislation clarifies and defines this is an incident based program. It also provides a more detailed definition of combined application, removes the sunset on the reimbursement rate definition, allows for skilled nursing to be used as lesser cost alternatives, and provides a limit under the necessary medical services definition. The legislation provides for acknowledgements when requesting and sending medical records and claims and specifies more clearly the process when records are not received. The legislation clarifies time and manner for filing applications, as well as the process needed to file for follow-up services and additional requests. It also clarifies that enforcement of the subpoena is discretionary with the commissioners and they can use mail or personal service. For appeals, the legislation requires a listed reason, otherwise the commissioners will dismiss the appeal. It specifies that an applicant cannot be balance billed and, on approved cases, if a provider did not submit claims in a timely manner, the provider is prohibited from billing the applicant. In addition, dates are changed to provide calendar days and "determination" is changed to "decision" throughout the legislation.

### **FISCAL NOTE**

There would be a savings to the state general fund of approximately \$1.8 million by permanently extending the reimbursement rate sunset. By making things clear it is hoped to save legal and administrative costs for hospitals and counties.

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