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**IDAPA 16
TITLE 03
CHAPTER 16**

16.03.16 - PREMIUM ASSISTANCE

000. LEGAL AUTHORITY.

Under Section 56-202(b), Idaho Code, the Legislature has delegated to the Department of Health and Welfare the responsibility to establish and enforce such rules as may be necessary or proper to administer public assistance programs within the state of Idaho. Under Sections 56-241 and 56-242, Idaho Code, the Idaho Legislature has authorized the Department of Health and Welfare to implement a premium assistance program including eligibility criteria, benefits, and reimbursement. The Idaho Department of Health and Welfare is the designated agency to administer programs under Title XIX and Title XXI of the Social Security Act. (3-30-07)

001. TITLE AND SCOPE.

01. Title. The title of this chapter is IDAPA 16.03.16, "Premium Assistance." (3-30-07)

02. Scope. Under Sections 56-241 and 56-242, Idaho Code, these rules describe the general provisions regarding the administration of the Premium Assistance Programs. These rules identify eligibility criteria, benefits, and reimbursement. (3-30-07)

03. Policy. It is the policy of the Department that the Access to Health Insurance Program is available to individuals who are found eligible under these rules. The Children's Access Card participants are found eligible under IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children." (3-30-07)

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements that pertain to the interpretations of the rules of this chapter. These documents are available for public inspection as described in Sections 005 and 006 of these rules. (3-30-07)

003. ADMINISTRATIVE APPEALS.

All administrative appeals are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (4-11-06)

004. INCORPORATION BY REFERENCE.

No documents have been incorporated by reference into these rules. (4-11-06)

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. (4-11-06)

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. (4-11-06)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-11-06)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (4-11-06)

05. Internet Website. The Department's internet website is www.healthandwelfare.idaho.gov. (3-30-07)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.

Any use or disclosure of Department records must comply with IDAPA 16.05.01, "Use and Disclosure of Department

Records.” (4-11-06)

007. (RESERVED)

008. AUDIT, INVESTIGATION AND ENFORCEMENT.

In addition to any actions specified in these rules, the Department may audit, investigate and take enforcement action under the provisions of IDAPA 16.05.07, “Investigation and Enforcement of Fraud, Abuse and Misconduct.” (3-30-07)

009. (RESERVED)

010. DEFINITIONS.

01. Access to Health Insurance. A premium assistance program available to Idaho small business employers to help provide private insurance for their employees. (3-30-07)

02. Children’s Access Card. A premium assistance program that pays a premium subsidy toward a private health insurance plan for children who choose to participate in the program. (3-30-07)

03. COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). A federal law that requires most employers to allow eligible employees and their beneficiaries to continue to self-pay for their coverage after it normally terminates for up to eighteen (18), twenty-four (24), twenty-nine (29), or thirty-six (36) months. (4-11-06)

04. Co-Payment (Co-pay). The amount a participant is required to pay for specified services as required by the participant’s private health insurance coverage. (3-30-07)

05. Cost-Sharing. A payment the participant is required to make toward the cost of their health care as required by the participant’s private health insurance coverage. (3-30-07)

06. Department. The Idaho Department of Health and Welfare or a person authorized to act on behalf of the Department. (3-30-07)

07. Insurance Carrier. An insurance company regulated by the Idaho Department of Insurance. (4-11-06)

08. Insurance Representative. An Insurance Representative is the acting intermediary between the Department of Health and Welfare and the participating small business employer. (4-11-06)

09. Insurance Vendor. An insurance carrier authorized to receive payments from the Department. (4-11-06)

10. Participant. An individual receiving premium assistance under these rules. (3-30-07)

11. Premium. A regular and periodic charge or payment for health coverage. (4-11-06)

12. Premium Assistance. The partial or total premium payment made to an insurance company to supplement the cost of enrolling a program participant in a health insurance plan. (4-11-06)

13. Social Security Act. 42 U.S.C. 101 et seq., authorizing, in part, federal grants to the states for health care assistance to eligible low-income individuals. (4-11-06)

14. State. The state of Idaho. (4-11-06)

15. 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. (3-30-07)

16. Title XXI. Title XXI of the Social Security Act, known as the State Children's Health Insurance Program (SCHIP). This is a program that primarily pays for medical assistance for low-income children. (3-30-07)

011. ACCESS TO HEALTH INSURANCE - DEFINITIONS.

The following definitions apply to Sections 100 through 410 of these rules. (3-30-07)

01. Adult. An individual who is at least eighteen (18) years of age and is not a dependent child. (3-30-07)

02. Applicant. An individual applying for premium assistance under these rules who is employed by, or is the spouse or dependent child of someone who is employed by a participating employer. (3-30-07)

03. Application. Two (2) forms used to determine eligibility. One (1) is a standard form for insurance coverage and one (1) is a supplemental form for Department use only. (3-30-07)

04. Creditable Health Insurance. Creditable health insurance is coverage that provides benefits for inpatient and outpatient hospital services and physicians' medical and surgical services. Creditable coverage excludes liability, limited scope dental, vision, specified disease or other supplemental-type benefits. (3-30-07)

05. Dependent. A dependent is an unmarried child under the age of nineteen (19) years or a spouse. (3-30-07)

06. Employee. Employee means an employee who works on a full-time basis and has a normal work week of thirty (30) or more hours or, by agreement between the employer and the carrier, an employee who works between twenty (20) and thirty (30) hours per week. The term includes a sole proprietor, a partner of a partnership, or an independent contractor, if the sole proprietor, partner, or independent contractor is included as an employee under a health benefit plan of a small employer. It does not include an employee who works on a part-time, temporary, and seasonal or substitute basis. (3-30-07)

07. Family. Individuals related by marriage and any dependent child(ren) of either individual. An unmarried, childless individual is a family of one (1). (3-30-07)

08. Family Size. The individuals counted to determine eligibility. (3-30-07)

09. Federal Poverty Guideline (FPG). Federal Poverty Guideline is a measure of income issued annually by the Department of Health and Human Services (HHS). (3-30-07)

10. Institution. A facility either under the control of the Idaho Department of Corrections or a facility primarily engaged in providing diagnosis, treatment or care of persons with mental diseases. (3-30-07)

11. Participating Employer. A Small Business Employer in Idaho with a signed employer agreement on file with the Department. (3-30-07)

12. Renewal. A review of all the eligibility criteria for a given participant to determine participation continuance. (3-30-07)

13. Slot. A placeholder for an adult who is applying for or participating in the Access to Health Insurance program. (3-30-07)

14. Small Business Employer. A Small Business Employer is a person, firm, corporation, partnership or association that is actively engaged in a business in Idaho. A small business employs an average of at least two (2) but no more than fifty (50) employees during a calendar year. In determining the number of employees, companies that are affiliated companies, or are eligible to file a combined tax return for purposes of state taxation, will be considered one (1) employer. (3-30-07)

15. Small Group Health Plan. A health benefit plan as defined in Title 41, Chapter 47, Idaho Code.

(3-30-07)

012. -- 019. (RESERVED)

020. REVIEW OF RECORDS.

The Department and the U.S. Department of Health and Human Services have the right to review pertinent records of insurance vendors receiving premium assistance payments. (3-30-07)

021. -- 029. (RESERVED)

030. PARTICIPANT RIGHTS.

The participant has rights protected by federal and state laws and Department rules. The Department must inform participants of their rights during the application process and eligibility reviews. (4-11-06)

01. Right to Hearing. Any participant can request a hearing to contest a Department decision under IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (4-11-06)

02. Civil Rights. Participants have civil rights under the U.S. and Idaho Constitutions, the Social Security Act, Title IV of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, and all other relevant parts of Federal and State laws. (4-11-06)

031. -- 034. (RESERVED)

035. PARTICIPANT ELIGIBILITY.

01. Children's Access Card. Eligibility for Children's Access Card participants is determined according to IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children." (3-30-07)

02. Access to Health Insurance. Eligibility for Access to Health Insurance participants is determined according to this chapter of rules. (3-30-07)

036. -- 039. (RESERVED)

040. PREMIUM ASSISTANCE.

Premium Assistance programs pay a premium subsidy toward a private health insurance plan for a participant. The rules governing payment are found in Section 070 of these rules. (3-30-07)

01. Children's Access Card. The health insurance plan subsidized is subject to and must meet the requirements of Title 41, Chapter 4, Idaho Code. (3-30-07)

02. Access to Health Insurance. The health insurance plan subsidized is subject to and must meet the requirements of Title 41, Chapter 47, Idaho Code. (3-30-07)

041. -- 049. (RESERVED)

050. SCOPE OF BENEFITS AND COST-SHARING.

The scope of covered benefits and amounts of cost-sharing must be defined in the private health insurance plan subsidized under this chapter of rule. (3-30-07)

01. Childhood Immunizations. Childhood immunizations are provided by the State if not covered by the private insurance plan. (3-30-07)

02. Cost-Sharing. Cost-sharing may include co-insurance, co-payments, deductibles, and excess premium costs above the Department's premium subsidy. (3-30-07)

03. No Duplicate Payments. The Department will not reimburse for premium assistance for the same month as a reimbursement request for services under either IDAPA 16.03.09, "Medicaid Basic Plan Benefits," or

IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," is honored for the same participant. (3-30-07)

051. -- 059. (RESERVED)

060. GENERAL VENDOR REQUIREMENTS.

01. Vendor Application. An insurance carrier that wants to participate in the Department's premium assistance programs must apply to the Department and be approved for participation. The Department will confirm the vendor is an insurance carrier recognized by the Idaho Department of Insurance as having authority to sell health benefit plans in Idaho. (3-30-07)

02. Conforming Benefit Plan. The vendor must certify to the Department that the benefit plan meets the following program specific requirements: (3-30-07)

a. The Children's Access Card Program plan must meet the definition of a health benefit plan that is subject to the requirements of Title 41, Chapter 4, Idaho Code. The benefit plan must include inpatient and outpatient hospital services, and physician medical and surgical services. (3-30-07)

b. The Access to Health Insurance Program plan must meet the definition of a health benefit plan subject to the requirements of Title 41, Chapter 47, Idaho Code. (3-30-07)

03. Vendor Application Denied. The Department will not approve the application of a vendor whose authority to sell insurance plans in the State of Idaho is suspended. (4-11-06)

04. Data Reporting Requirement. The Department requires insurance vendors participating in the Children's Access Card program to provide data to the Department as necessary to comply with federal reporting requirements. (3-30-07)

05. Children's Access Card Voucher. The insurance vendor is responsible to request the Children's Access Card voucher from the participant before issuing an insurance policy for which a premium subsidy is expected. (3-30-07)

061. -- 069. (RESERVED)

070. GENERAL REIMBURSEMENT.

01. Insurance Premium Subsidy. The Department will pay an insurance premium subsidy to an insurance vendor in full or partial payment of a premium for a qualifying health benefit plan selected by a participating employer. The Department's payment will not exceed one hundred dollars (\$100) each month for each participant. The total payment for eligible children in the same family will not exceed three hundred dollars (\$300) each month. The total payment for a family will not exceed five hundred dollars (\$500) each month. (3-30-07)

02. No Subsidy For COBRA Coverage. Premium assistance is not available for COBRA coverage. (3-30-07)

03. Vendor Payment. A vendor must prospectively invoice the Department each month for reimbursement of the premium subsidy. The Department must reimburse a vendor within thirty (30) days of receipt of the invoice for participants eligible for premium subsidy. (3-30-07)

071. -- 099. (RESERVED)

ACCESS TO HEALTH INSURANCE EMPLOYER PARTICIPATION CRITERIA
(Sections 100 Through 299)

100. EMPLOYER PARTICIPATION.

An Idaho Small Business Employer who wants to participate in the Access to Health Insurance program must meet each of the following conditions: (3-30-07)

01. Register Intent to Participate. The Small Business Employer or his insurance representative must electronically register the business' intent to participate in the program. The business is placed on a registration list ordered by the date and time stamp of the employer's registration. The business must indicate the number of program slots requested for adult applicants of the business. Placement on the employer registration list is not a guarantee of program participation. (4-11-06)

02. Qualify. The business must qualify for Small Group Health Insurance coverage as defined in Title 41, Chapter 47, Idaho Code. (4-11-06)

03. Idaho Business. The business must be physically located in Idaho and be actively engaged as an Idaho business. (4-11-06)

04. No Other Health Insurance. The employer must not be offering health insurance to employees when the business registers its' intent to participate. (3-30-07)

05. Eligible Employee. The business must have at least one (1) employee eligible for premium assistance. (4-11-06)

06. Employer Agreement. The employer must have a signed program participation agreement on file with the Department. (4-11-06)

07. Employer Share. The employer must pay at least fifty percent (50%) of the employee's premium and must meet the insurance carrier's contribution and participation guidelines. (3-30-07)

101. -- 199. (RESERVED)

200. PARTICIPATION LIMITED.

Participation in the Access to Health Insurance program is limited to one thousand (1000) adult participants in any calendar month. Priority for participation is ordered by the date and time stamp of the employer's registration. (4-11-06)

201. -- 209. (RESERVED)

210. OFFER TO PARTICIPATE.

The Department will provide written notice to an employer or his insurance representative of an offer to participate in the program when the conditions in Subsections 210.01 through 210.03 in these rules are met. If the employer chooses to participate in the program, the insurance representative must forward the applications, as described in Sections 300 and 320 of these rules, to the Department. Applications must be received or postmarked within fifteen (15) calendar days of the written notice after which time the offer is void. (4-11-06)

01. Priority Status. The employer is in the first position on the employer registration list. (4-11-06)

02. Available Program Slots. The number of available program slots is equal to or greater than the number of adult applicants indicated on the employer's registration record. (4-11-06)

03. Participating Employers Decline. All participating employers have declined use of the program slot(s). (4-11-06)

211. -- 219. (RESERVED)

220. CONDITIONAL APPROVAL.

The Department will provide written notification of an employer's conditional approval for program participation to the insurance representative and the insurance carrier. If the employer chooses to participate in the program, the signed conditional approval letter must be returned to the Department with a signed employer agreement. The documents must be received or postmarked within fifteen (15) calendar days of the notification after which time the conditional approval is void. (4-11-06)

221. -- 229. (RESERVED)

230. FORFEIT OF REGISTRATION.

An employer who allows either his offer to participate or his conditional approval to become void, forfeits his placement on the employer registration list. Program slots pending use by an employer who forfeits his registration are made available to other employers. (4-11-06)

231. -- 239. (RESERVED)

240. NEW REGISTRATION REQUIRED.

An employer who forfeits his registration must electronically re-register his intent to participate in the program. The employer must meet the conditions specified in Section 210 of these rules to be reconsidered for participation. (4-11-06)

241. -- 249. (RESERVED)

250. PARTICIPATION VACANCY.

When a program slot is vacated, the opportunity to fill the vacancy is offered first to participating employers prior to an employer on the registration list. (4-11-06)

251. -- 299. (RESERVED)

ACCESS TO HEALTH INSURANCE PARTICIPANT ELIGIBILITY CRITERIA
(Sections 300 Through 410)

300. -- 319. (RESERVED)

320. INDIVIDUAL NON-FINANCIAL ELIGIBILITY CRITERIA.

An individual who wants to participate in the Access to Health Insurance program must meet each of the following conditions: (4-11-06)

01. Employer Participates. The individual must be employed by, or be a dependent of an employee of, a participating employer. (4-11-06)

02. Application. The individual must submit an application through the insurance representative for premium assistance to the Department. (4-11-06)

03. Citizen or Permanent Resident Alien. The individual must be a United States citizen or permanent resident alien. (4-11-06)

04. Residency. The individual must voluntarily live in Idaho and have no immediate intention of leaving. (4-11-06)

05. Institution. The individual must not be a resident of an institution at the time of application or renewal. (4-11-06)

06. No Health Insurance. An individual must not have creditable health insurance at the time of application, and must not have disenrolled from creditable health insurance in the six (6) months prior to his application with the intent to qualify for the Access to Health Insurance Program. (4-11-06)

07. Not Title XIX Eligible. The individual must not be eligible for a Title XIX Medicaid Program. (3-30-07)

08. No Other Assistance. The individual must not receive health care assistance through any other program funded by Title XIX or Title XXI for the same month an Access to Health Insurance premium subsidy payment is made on the participant's behalf. (4-11-06)

09. Proof of Insurance. The individual must provide proof of creditable health insurance coverage for any and all dependent children under the age of nineteen (19) if premium assistance is not requested for the children. (4-11-06)

10. Medical Support. An individual who is the non-custodial parent of a dependent child may satisfy a medical support order for that child by providing the child's health insurance through the Access to Health Insurance Program unless the child is found eligible for health care assistance in another home. The child will be disenrolled from the Access to Health Insurance Program and enrolled in the health care assistance program for which they are eligible. The change of coverage is effective the first of the following month. (3-30-07)

11. Delinquent Premiums. A child's premium payments for participation in an Idaho Medicaid program must not be more than sixty (60) days in arrears. (3-30-07)

321. -- 349. (RESERVED)

350. FAMILY SIZE CRITERIA.

01. Individuals Counted in Family Size. The employee, employee's spouse and any dependant children through the age of their nineteenth birthday are included in the family size, unless the individual meets one (1) of the exclusion criteria in Subsections 350.02 through 350.04 of these rules. (4-11-06)

02. SSI Recipient. Any person receiving SSI benefits must not be included. (4-11-06)

03. AABD Recipient. Any person receiving AABD benefits must not be included. (4-11-06)

04. Ineligible Non-Citizen. Any person who has not attained permanent resident alien status must not be included. (4-11-06)

351. -- 354. (RESERVED)

355. FAMILY FINANCIAL ELIGIBILITY CRITERIA.

01. Income Limit. The gross family income must not exceed one hundred and eighty-five percent (185%) of the Federal Poverty Guideline (FPG) for the family size. (4-11-06)

02. Adult's Income Counted. The earned and unearned income of each adult counted in the family size is counted when determining family income. The income of a dependent child is not counted. (4-11-06)

03. Determining Income Eligibility for the Month of Application. Countable income for the application month is calculated using the requirements of IDAPA 16.03.01, "Rules Governing Eligibility for Health Care Assistance for Families and Children," Sections 345 through 354, 356, 370, and 372 through 385. (3-30-07)

04. Excluded Income. Income that belongs to a child but is paid in the name of the parent or caretaker is excluded from the countable income determination. (4-11-06)

05. No Income Deductions. No deductions are applied to family countable income. (4-11-06)

06. Income Exclusions. Income excluded from the family countable income is defined in IDAPA 16.03.01, "Rules Governing Eligibility for Health Care Assistance for Families and Children," Section 385. (4-11-06)

356. -- 399. (RESERVED)

400. CONTINUOUS ELIGIBILITY.

Applicants found eligible in an initial determination or an annual renewal remain eligible for a period of twelve (12) months from the start date of enrollment in the health plan unless one (1) of the following occurs: (4-11-06)

- 01. Incorrect Determination.** Eligibility was determined incorrectly for any reason. (4-11-06)
- 02. Death of Participant.** The participant dies. (4-11-06)
- 03. Loss of Residency.** The participant is no longer an Idaho resident. (4-11-06)
- 04. Insurance Discontinued.** The employer no longer offers health insurance or the participant drops the health insurance coverage. (4-11-06)
- 05. Employee Changes Employers.** The participant no longer works for the same small business employer. (4-11-06)
- 06. Change of Plans.** The employer changes insurance plans. (4-11-06)
- 07. No Longer a Dependent.** A participant who is a dependent child attains the age of nineteen (19) years. (4-11-06)

401. -- 409. (RESERVED)

410. ANNUAL RENEWAL.

Each participant's eligibility must be renewed at least annually. The renewal is a review of all eligibility factors. (4-11-06)

01. Renewal Application Required. Each participant must submit an annual renewal application to continue participation in the program. (4-11-06)

02. Eligibility Criteria Must Be Met. All eligibility criteria specified in these rules except that in Section 320.06 must be met at each renewal to continue participation in the program. (4-11-06)

03. Interim Renewal. The renewal may be conducted prior to the annual renewal date to coincide with a change in insurance coverage. (4-11-06)

04. Closure of Benefits. Failure to complete the renewal process or failure to meet eligibility criteria at renewal will result in closure of program benefits. Each participant must be notified at least ten (10) calendar days prior to the effective date of the action. (3-30-07)

411. -- 999. (RESERVED)

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