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Idaho State Legislature

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MEMORANDUM

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

FROM: Legislative Research Analyst - Elizabeth Bowen

DATE: September 14, 2015

SUBJECT: Department of Health and Welfare

IDAPA 16.02.01 - Rules of the Idaho Time Sensitive Emergency System Council - Proposed Rule and Amendment to Temporary Rule (Docket No. 16-0201-1401)

IDAPA 16.03.09 - Medicaid Basic Plan Benefits - Proposed Rule (Docket No. 16-0309-1503)

The Department of Health and Welfare submits notice of temporary and proposed rulemaking at IDAPA 16.02.01 and 16.03.09.

IDAPA 16.02.01

In 2014, the Legislature authorized a system of care for time sensitive emergencies, codified at Sections 56-1024 through 56-1030, Idaho Code. A new chapter of temporary rules, 16.02.01, was adopted to organize the system and establish standards for time sensitive emergencies. This rule, effective July 1, 2015, amends the temporary rule to reflect nationally accepted practices and establish fees for hospitals that volunteer to be designated as trauma, stroke, or heart attack centers. The fees will allow the time sensitive emergency system to be largely self-supporting. This rule is also a proposed rule, adoption of which would make this chapter of rules permanent.

The Governor has found that the temporary rule is justified to protect public health and safety and that the fees imposed are necessary to avoid immediate danger. There is no anticipated impact on the state general fund. Negotiated rulemaking was conducted. The Department states that this rulemaking is authorized by Sections 56-1024 through 56-1030, Idaho Code.

IDAPA 16.03.09

This proposed rule relates to Medicaid. It amends the existing rule to clarify exceptions to third-party liability for early and periodic screening and diagnosis services that are billed to third-party insurers.

Negotiated rulemaking was not conducted, based on the nature of the rule, which is to conform to federal law, specifically 42 U.S.C. 1396a(a)(25)(E). There is no anticipated fiscal impact on the state general fund. The Department states that this rulemaking is authorized by Sections 56-202, 56-203, 56-250 through 56-257, and 56-260 through 56-266, Idaho Code.

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cc: Department of Health and Welfare
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COST/BENEFIT ANALYSIS FORM

Department of Health and Welfare
Administrative Procedures Unit (ARU)

Docket Number: 16-0201-1401

Agency Contact: Wayne Denny
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Rules Specialist: Bev Barr
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Date Analysis Completed: 9/19/14

IDAPA Chapter Number and Title: IDAPA 16.02.01, "Rules of the Idaho Time Sensitive Emergency System Council"

Fee Rule Status: Proposed Temporary **Effective dates:** 1/1/15T & 7/1/15T

Instructions:

Section 67-5223(3), Idaho Code, requires that all proposed rules in which a fee or charge is imposed or increased must include a statement of economic impact (cost/benefit analysis) of the rule change at the time the rule text is submitted for publication. This analysis needs to include an estimated cost to the agency to implement the rule and an estimated cost to be borne by citizens, or the private sector, or both.

Cost/Benefit Analysis For This Rule Change:

The Time Sensitive Emergency System Council received \$225,800 in one-time funds for SFY 2015 for startup costs. It is anticipated that by the end of SFY 2016, the fees collected from the participating hospitals will allow the TSE program to be mostly self supporting.

Anticipated savings due to better response times and outcomes for individuals being treated faster during a time sensitive emergency is hard to calculate at this time. The hope is that better responses, better outcomes, less time spent in hospitals, means less costs for individuals and 3rd-party payers.

The Time Sensitive Emergency (TSE) Council is setting fees that hospitals that choose to participate in the TSE system will pay. The Department is unable to anticipate the amount of fees that will be paid, until the rules, application process, and designation criteria are implemented and hospitals choose to apply for designations.

Hospitals will seek designation as trauma, stroke, or heart attack facilities. A facility may choose to be designated for more than one designation which would then determine the amount of the fee to be paid.

Designations will be on a 3-year cycle, and the fees will be paid based on designation levels, number of designations requested, and whether a site-review is needed. The designation fee may be paid over the 3-year cycle in equal increments.