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**IDAPA 16  
TITLE 03  
CHAPTER 18**

**16.03.18 - CHIP B AND CHILDREN'S ACCESS CARD RULES**

**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 56-239 and 56-240, Idaho Code, the Idaho Legislature has authorized the Department of Health and Welfare to define program requirements and eligibility conditions for federal financial assistance in payments for the CHIP B and Children's Access Card program. Furthermore, the Idaho Department of Health and Welfare is the designated agency to administer programs under Title XXI of the Social Security Act. (4-6-05)

**001. TITLE AND SCOPE.**

**01. Title.** The title of this chapter is IDAPA 16.03.18, "CHIP B and Children's Access Card Rules". (4-6-05)

**02. Scope.** Under Sections 56-239 and 56-240, Idaho Code, these rules describe the general provisions regarding the administration of the Idaho CHIP B (Children's Health Insurance Program B) and Children's Access Card programs. These rules identify the amount, duration, and scope of care and services to be purchased on behalf of eligible individuals. All goods and services not specifically included in this chapter are excluded from coverage. (4-6-05)

**03. Policy.** It is the policy of the Department, under Section 56-209(b), Idaho Code, that CHIP B and the Children's Access Card Programs are available to individuals who are eligible as set forth in IDAPA 16.03.01, "Eligibility For Health Care Assistance for Families and Children". (4-6-05)

**002. WRITTEN INTERPRETATIONS.**

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements which pertain to the interpretation of the rules of this chapter. These documents are available for public inspection as described in Sections 005 and 006 of these rules. (4-6-05)

**003. ADMINISTRATIVE APPEALS.**

All administrative appeals are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings". (4-6-05)

**004. INCORPORATION BY REFERENCE.**

No documents have been incorporated by reference into these rules. (4-6-05)

**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. (4-6-05)

**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. (4-6-05)

**03. Street Address.** The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-6-05)

**04. Telephone.** The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (4-6-05)

**05. Internet Website.** The Department's internet website is found at "http://

www.healthandwelfare.idaho.gov".

(4-6-05)

**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".

(4-6-05)

**007. -- 009. (RESERVED).**

**010. DEFINITIONS.**

**01. Children's Access Card.** The insurance premium assistance program for children in families who qualify for CHIP A or CHIP B.

(4-6-05)

**02. CHIP A (Children's Health Insurance Program A).** The health insurance program for children whose income exceeds the Title XIX Medicaid threshold, but is less than or equal to one hundred fifty percent (150%) of the Federal Poverty Guidelines (FPG).

(4-6-05)

**03. CHIP B (Children's Health Insurance Program B).** A limited health insurance program for children in families whose income is greater than one hundred fifty percent (150%), but is less than or equal to one hundred and eighty-five percent (185%) of the current FPG.

(4-6-05)

**04. Co-Payment (Co-pay).** The amount a participant is required to pay for specified services.

(4-6-05)

**05. Cost-Sharing.** A payment the participant is required to make toward the cost of his health care.

(4-6-05)

**06. Department.** The Idaho Department of Health and Welfare.

(4-6-05)

**07. Director.** The Director of the Department of Health and Welfare.

(4-6-05)

**08. Family.** One (1) or two (2) natural or adoptive parents and their child(ren) who live in the same dwelling.

(4-6-05)

**09. Field Office.** An office of the Idaho Department of Health and Welfare authorized to accept and process applications for benefits.

(4-6-05)

**10. Insurance Vendor.** An insurance company regulated by the Idaho Department of Insurance.

(4-6-05)

**11. Medically Necessary.** A service is medically necessary if it can reasonably prevent, diagnose or treat a condition that endangers life, causes pain or causes functionally significant deformity or malfunction. In addition, no other effective treatment is available or suitable for the participant that is more conservative or substantially less costly.

(4-6-05)

**12. Mid-Level Practitioner.** A certified registered nurse anesthetist (CRNA), nurse practitioner (NP), nurse midwife (NM), or physician assistant (PA).

(4-6-05)

**13. Participant.** A person who is applying for or receiving CHIP B or Children's Access Card benefits.

(4-6-05)

**14. Premium.** A regular and periodic charge or payment for health coverage.

(4-6-05)

**15. Premium Assistance.** The partial or total premium paid to an insurance company by the State to supplement the cost of enrolling an eligible individual in a health insurance plan.

(4-6-05)

**16. Provider.** Any individual, organization or business entity furnishing medical goods or services.

(4-6-05)

**17. Social Security Act.** 42 U.S.C. 101 et seq., authorizing, in part, federal grants to the states for CHIP B assistance to eligible low-income individuals. (4-6-05)

**18. State.** The state of Idaho. (4-6-05)

**19. Third Party.** A person, institution, corporation, or public or private agency that is liable to pay all or part of a participant's medical cost for his injury, disease or disability. (4-6-05)

**011. -- 099. (RESERVED).**

**CHIP B Payment of Services**  
**(Sections 100 through 170)**

**100. CHOICE OF PROVIDERS.**

**01. Service Selection.** Each participant may obtain any CHIP B services available from any participating institution, agency, pharmacy, or practitioner of his choice, unless enrolled in a coordinated care plan. (4-6-05)

**02. Medical Care Provided Outside the State of Idaho.** Medical service that is not provided in Idaho or bordering counties is considered out-of-state. Out-of-state medical care is covered if the participant has a medical emergency or if the service is included in the scope of CHIP B but not available from an Idaho provider. Out-of-state medical care is subject to the same utilization review and other medical care coverage requirements and restrictions as medical care received within the state of Idaho. (4-6-05)

**101. -- 019. (RESERVED).**

**120. PROVIDER AGREEMENT.**

Payment for services to CHIP B participants will be made only to providers that have an effective Medicaid provider agreement. All Medicaid provider agreement terms and conditions apply to CHIP B services. Where the Department purchases CHIP B services through an insurance vendor, the vendor must execute an agreement with each CHIP B provider that contains the minimum requirements of Medicaid providers. Vendors must also take steps to assure that no provider suspended or barred from providing Medicaid or Medicare services will be paid for providing services to CHIP B participants. (4-6-05)

**121. -- 129. (RESERVED).**

**130. CONDITIONS FOR PAYMENT.**

**01. Participant Eligibility.** The Department will provide for reimbursement to providers of medical care and services, regardless of the current eligibility status of the participant in the month of billing, if each of the following conditions is met: (4-6-05)

**a.** The participant was found eligible for CHIP B for the month, day, and year the medical care and services were provided; (4-6-05)

**b.** Not more than twelve (12) months have elapsed since the month the latest participant services were billed; and (4-6-05)

**c.** A Children's Access Card program payment is not made for the same month as a CHIP B reimbursement request. (4-6-05)

**02. Payment in Full.** By participating in the CHIP B program, providers agree to accept the Department's payment for services to eligible participants as payment in full. Providers also agree to provide all

materials and services without unlawfully discriminating on the grounds of race, age, sex, creed, color, national origin, or physical or mental handicap. (4-6-05)

**131. -- 139. (RESERVED).**

**140. THIRD PARTY LIABILITY.**

Third party liability and recovery will apply in accordance with IDAPA 16.03.09, "Rules Governing the Medical Assistance Program," Section 030. CHIP B reimbursement is considered the payment of last resort. (4-6-05)

**141. -- 149. (RESERVED).**

**150. IDENTIFICATION (ID) CARD.**

The Department or its designee will issue an identification (ID) card to an individual eligible for CHIP B or the Children's Access Card. The service provider or insurance vendor is responsible to request the ID card before providing services. (4-6-05)

**151. -- 154. (RESERVED).**

**155. INFORMATION AVAILABLE FOR PARTICIPANTS.**

The following information will be available at each Department Field Office for use by participants: (4-6-05)

**01. Scope.** The amount, duration, and scope of the available care and services. (4-6-05)

**02. Obtaining Services.** The manner in which the care and services may be secured. (4-6-05)

**03. ID Card.** How to use the ID card to obtain services. (4-6-05)

**156. -- 159. (RESERVED).**

**160. REVIEW OF RECORDS.**

The Department or its designee, and the U.S. Department of Health and Human Services have the right to review pertinent records of providers and insurance vendors receiving CHIP B or Children's Access Card payments in accordance with IDAPA 16.03.09, "Rules Governing the Medical Assistance Program". (4-6-05)

**161. -- 169. (RESERVED).**

**170. FEES AND UPPER LIMITS.**

Reimbursement to providers will be as provided in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program" or IDAPA 16.03.10, "Rules Governing Medicaid Provider Reimbursement in Idaho," or as stated in the agreement between the provider and the Department's designated insurance vendor, as appropriate. (4-6-05)

**171. -- 199. (RESERVED).**

**CHIP B Covered Services**  
**(Sections 200 through 310)**

**200. INPATIENT SERVICES.**

Inpatient services are limited to a semi-private room, intensive and coronary care unit, general nursing, rehabilitation, drugs, oxygen, blood transfusions, laboratory, imaging service, physical, speech, occupational, heat and inhalation therapy, operating, recovery, birthing and delivery room, routine and intensive care for newborns, and other medically necessary benefits and prescribed supplies for treatment of injury or illness. (4-6-05)

**201. -- 224. (RESERVED).**

**225. PHYSICIAN SERVICES.**

Office, clinic, outpatient surgery center and hospital treatment by a physician, mid-level practitioner for a medical

condition, injury or illness are covered. (4-6-05)

**01. Wellness Services.** Well child, well baby and immunization services to the extent recommended by the American Academy of Pediatrics and the Advisory Committee on Immunization Practices are covered. Examinations for school activities are covered. (4-6-05)

**02. Anesthesia.** Anesthesia services rendered by a anesthesiologist who is a physician, other than the attending physician or assistant, or by a certified nurse anesthetist are covered, provided that the related surgical and hospital services are also covered. (4-6-05)

**03. Second Opinion.** Medically appropriate second opinions are covered. (4-6-05)

**226. -- 229. (RESERVED).**

**230. OUTPATIENT HOSPITAL.**

All benefits described in these rules provided on an outpatient basis in a hospital are covered including: (4-6-05)

**01. An Observation Bed and Partial Hospitalization Benefits;** (4-6-05)

**02. Ambulatory Surgical Center;** (4-6-05)

**03. Chemotherapy;** (4-6-05)

**04. Emergency Room Benefits for Surgery;** (4-6-05)

**05. Injury or Medical Emergency; and** (4-6-05)

**06. Diagnostic or Outpatient Treatment of a Medical Condition, Injury or Illness.** (4-6-05)

**231. -- 234. (RESERVED).**

**235. DRUGS.**

Drugs prescribed by a practitioner acting within the scope of his practice, chemotherapy drugs approved for use in humans by the U.S. Food and Drug Administration, vaccines and prenatal vitamins are covered. The provisions of IDAPA 16.03.09, "Rules Governing the Medical Assistance Program," Sections 805 through 813 apply. (4-6-05)

**236. -- 244. (RESERVED).**

**245. OUTPATIENT MENTAL HEALTH.**

Outpatient mental health clinic and rehabilitative services are covered. Inpatient mental health services are not covered. (4-6-05)

**246. -- 249. (RESERVED).**

**250. LABORATORY AND RADIOLOGY SERVICES.**

Imaging and laboratory services are covered for diagnostic and therapeutic purposes as a result of accident, illness or medical conditions. X-ray, radium, or radioactive isotope therapy are covered. (4-6-05)

**251. -- 254. (RESERVED).**

**255. TRANSPORTATION.**

Medically necessary ground and air ambulance emergency transportation is covered. (4-6-05)

**256. -- 259. (RESERVED).**

**260. PRENATAL CARE.**

Prenatal care is covered. (4-6-05)

**261. -- 264. (RESERVED).**

**265. FAMILY PLANNING.**

Pre-pregnancy family planning services and prescribed supplies, including birth control contraceptives are covered. (4-6-05)

**266. -- 269. (RESERVED).**

**270. SURGICAL SERVICES.**

Surgical services are covered as described in Sections 200, 225, and 230 of these rules. Professional services rendered by a physician, surgeon or doctor of dental surgery for treatment of a fractured jaw or other injury to sound natural teeth and gums are covered. (4-6-05)

**271. -- 279. (RESERVED).**

**280. VISION SERVICES.**

**01. Medical Treatment.** Medical treatment of diseases or injury to the eye is included in vision services. Medical treatment must be provided by a licensed physician or optometrist working within the scope of his license. Tonometry services are not covered unless the participant is receiving continuing treatment for glaucoma. (4-6-05)

**02. Vision Examination.** One (1) vision examination is covered per year. (4-6-05)

**03. Eyeglasses.** One (1) pair of lenses and one set of frames every twelve (12) months are covered. (4-6-05)

**281. -- 284. (RESERVED).**

**285. ABORTION SERVICES.**

Abortions are not covered under CHIP B unless the abortion is necessary to save the life of the woman, or to terminate a pregnancy in cases of rape or incest as determined by the courts or, where no court determination has been made, if reported to a law enforcement agency. (4-6-05)

**286. -- 299. (RESERVED).**

**300. HEARING EXAMS AND HEARING AIDS.**

Hearing exams, including newborn hearing screening in a hospital or outpatient setting are covered. Coverage includes assessment and diagnosis. Hearing aids are covered when billed by the audiologist. (4-6-05)

**301. -- 309. (RESERVED).**

**310. OTHER CLINICS.**

Services provided by Rural Health Clinics, Federally Qualified Health Centers, and Indian Health Services are covered. (4-6-05)

**311. -- 399. (RESERVED).**

**400. SERVICES NOT COVERED BY CHIP B.**

Services excluded from reimbursement under IDAPA 16.03.09, "Rules Governing the Medical Assistance Program," Section 065 are excluded from reimbursement under CHIP B. (4-6-05)

**401. -- 499. (RESERVED).**

**500. CHIP B COST-SHARING.**

The Department may require cost sharing by CHIP B participants. A family will not be required to pay out of pocket

costs exceeding five percent (5%) of their anticipated gross annual income. (3-24-05)

**501. -- 505. (RESERVED).**

**506. PREMIUMS.**

The participant must pay a monthly premium of fifteen dollars (\$15) to the Department or its designee to participate in CHIP B. A participant's failure to pay the premium can make the participant ineligible for CHIP B. (3-24-05)

**507. DELINQUENT PREMIUM PAYMENTS.**

If the family is sixty (60) or more days past due on its premium payments, the family is offered a new eligibility determination. If the child is eligible for Title XIX Medicaid or CHIP A, the child will be moved to the appropriate coverage group. The change is effective the month after the child becomes eligible for Title XIX Medicaid or CHIP A. The following items apply to delinquent premium payments: (3-24-05)

**01. Premium Debt.** Any premium debt assessed, but not paid, after the child became eligible for Title XIX Medicaid or CHIP A will be forgiven. (3-24-05)

**02. Delinquent Payments.** A child must not be approved for or renewed for CHIP B if his premium payments are sixty (60) or more days delinquent as of the last working day of his twelve-month (12) continuous eligibility period. (3-24-05)

**03. Reestablishing Eligibility.** A family can reestablish a child's eligibility during a new open enrollment period by paying the premium debt in full. (3-24-05)

**508. -- 599. (RESERVED).**

**Children's Access Card**  
**(Sections 600 Through 620)**

**600. CHILDREN'S ACCESS CARD.**

The Children's Access Card program pays a premium subsidy toward a private health insurance plan for a participant. The rules governing payment and benefits are found in Sections 130, 150, 605, 615, and 620, of these rules. (4-6-05)

**601. -- 604. (RESERVED).**

**605. INSURANCE PREMIUM SUBSIDY.**

The Department or its designee will pay an insurance premium subsidy to an approved insurance vendor in full or partial payment of a premium for a conforming health benefit plan selected by an eligible participant and defined in Section 56-238(8), Idaho Code. 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 Department will not pay more than one Access Card payment for the same month for the same participant. (4-6-05)

**606. -- 614. (RESERVED).**

**615. BENEFITS AND COST-SHARING.**

Participating private health insurers must define the covered benefits and amounts of cost-sharing provided by the plan, subject to the minimum requirements set forth in Section 56-238(8), Idaho Code. Cost-sharing may include co-insurance, co-payments, deductibles, and excess premium costs above the Department's premium subsidy. Childhood immunizations are provided by the State if not covered by private insurance coverage. (4-6-05)

**616. -- 619. (RESERVED).**

**620. VENDOR AGREEMENT.**

An insurance company that wants to participate in the Children's Access Card Program must apply to the Department

and be approved for participation. The Department will confirm that the applicant is an insurance company regulated by the Department of Insurance. (4-6-05)

**01. Agreement.** The applicant must submit a signed Access Card Program Vendor Participation Agreement to the Department. (4-6-05)

**02. Conforming Benefit Plan.** The vendor must certify to the Department that the benefit plan meets the definition of a health benefit plan as set forth in Section 56-238(8), Idaho Code. The benefit plan must include inpatient and outpatient hospital services, and physician medical and surgical services. (4-6-05)

**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. (4-6-05)

**04. Data Reporting Requirement.** The Department requires Access Card participating insurance vendors to provide data to the Department as necessary to comply with federal reporting requirements. (4-6-05)

**621. -- 999. (RESERVED).**

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