

Table of Contents

16.03.24 - The Medically Indigent Program - Request for Medicaid Eligibility Determination

000. Legal Authority.	2
001. Title And Scope.	2
002. Written Interpretations.	2
003. Administrative Appeals.	2
004. Incorporation By Reference.	3
005. Office -- Office Hours -- Mailing Address -- Street Address -- Telephone Number -- Internet Website.	3
006. Confidentiality Of Records And Public Records.	3
007. -- 009. (Reserved)	3
010. Definitions.	3
011. -- 099. (Reserved)	4
100. Eligibility Criteria.	4
101. -- 109. (Reserved)	4
110. Requests For Medicaid Eligibility Determination.	4
111. -- 119. (Reserved)	5
120. Time Limits.	5
121. -- 129. (Reserved)	5
130. Eligibility Determination.	5
131. -- 139. (Reserved)	6
140. Notice Of Decision On Eligibility For Medicaid.	6
141. -- 149. (Reserved)	6
150. Additional Duties And Responsibilities Of Hospitals.	6
151. -- 159. (Reserved)	6
160. Additional Duties And Responsibilities Of Counties.	6
161. -- 999. (Reserved)	7

**IDAPA 16,
TITLE 03
CHAPTER 24**

**16.03.24 - THE MEDICALLY INDIGENT PROGRAM -
REQUEST FOR MEDICAID ELIGIBILITY DETERMINATION**

000. LEGAL AUTHORITY.

In accordance with Section 31-3503C, Idaho Code, the Idaho Legislature has authorized the Department of Health and Welfare to adopt and enforce rules governing requests for Medicaid eligibility determination for persons who may be medically indigent. (4-7-11)

001. TITLE AND SCOPE.

01. Title. The title of these rules is IDAPA 16.03.24, "The Medically Indigent Program - Request for Medicaid Eligibility Determination." (4-7-11)

02. Scope. (4-7-11)

a. The Idaho Legislature has declared that the County Medically Indigent Program and the Catastrophic Health Care Cost Program are payers of last resort. These programs are only a partial solution to the health care costs of Idaho's medically indigent citizens. Therefore, hospitals, providers, applicants, and third party applicants seeking financial assistance under the County Medically Indigent Program and the Catastrophic Health Care Cost Program are subject to the limitations and requirements in this chapter of rules. (4-7-11)

b. In accordance with Section 31-3503E(7), Idaho Code, the denial of Medicaid eligibility is not a determination of medical indigency under the County Medically Indigent Program or the Catastrophic Health Care Cost Program. Title 31, Chapter 35, Idaho Code, provides that under the County Medically Indigent Program and the Catastrophic Health Care Cost Program eligibility for financial assistance will be determined by the respective counties and the Board. The respective counties and the Board may, limit or prioritize eligibility for financial assistance based upon such factors as availability of funding, degree of financial need, degree of clinical need, or other factors. (4-7-11)

c. In accordance with Title 31, Chapter 35, Idaho Code, these rules provide for and establish policies, procedures, requirements, and appeal processes applicable to requests for Medicaid eligibility determination for persons who may be medically indigent. This chapter is not intended to, and does not establish an entitlement for or to receive financial assistance under Title 31, Chapter 35, Idaho Code. (4-7-11)

d. Individuals who may be eligible for Medicaid must comply with requirements in Title XIX and Title XXI of the Social Security Act, and the following Department rules: (4-7-11)

i. IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children." (4-7-11)

ii. IDAPA 16.03.05, "Rules Governing Eligibility for the Aged, Blind and Disabled (AABD)." (4-7-11)

iii. IDAPA 16.03.06, "Refugee Medical Assistance." (4-7-11)

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements that pertain to the interpretation of the rules of this chapter, or to the documentation of compliance with the rules of this chapter. These statements are available for public inspection and copying at cost at the Department of Health and Welfare, 450 West State Street, P.O. Box 83720, Boise, Idaho, 83720-0036. (4-7-11)

003. ADMINISTRATIVE APPEALS.

Administrative appeals are governed by the provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings." (4-7-11)

004. INCORPORATION BY REFERENCE.

No documents are incorporated by reference in this chapter of rules. (4-7-11)

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. (4-7-11)

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. (4-7-11)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-7-11)

04. Telephone. (208) 334-5500. (4-7-11)

05. Internet Website. The Department's internet website is <http://www.healthandwelfare.idaho.gov/>. (4-7-11)

06. Medicaid Eligibility Business Unit. For requests and determinations under this chapter of rules, the Department may be contacted at the following: (4-7-11)

a. Address: P.O. Box 83720, Boise, Idaho 83720-0003. (4-7-11)

b. Telephone: (208) 528-3770. (4-7-11)

c. Facsimile: (208) 528-3771. (4-7-11)

d. E-mail address is SRCU-CntyHospApp@dhw.idaho.gov. (4-7-11)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS.

01. Confidential Records. The use or disclosure of records or information covered by these rules must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." (4-7-11)

02. Public Records. The Department will comply with Sections 9-337 through 9-350, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. (4-7-11)

03. Authorization for Disclosure. An application for financial assistance and request for Medicaid eligibility determination constitutes authorization for hospitals, providers, the Board, the Department, and the respective counties of the State of Idaho to copy, transmit, share, and exchange information pertaining to an applicant's health and finances for the purpose of determining Medicaid eligibility or medical indigency. (4-7-11)

007. -- 009. (RESERVED)

010. DEFINITIONS.

For the purposes of this chapter of rules, the following terms apply. (4-7-11)

01. AABD. Aid to the Aged, Blind, and Disabled. (4-7-11)

02. Applicant for Financial Assistance. A person who is or may be seeking financial assistance under Title 31, Chapter 35, Idaho Code whose application is not fully processed. (4-7-11)

03. Application. An application for financial assistance under Section 31-3504, Idaho Code, and the uniform form used for the initial review and the Department's Medicaid eligibility determination pursuant to Section

31-3503E, Idaho Code. An application under Title 31, Chapter 35, Idaho Code, for financial assistance is not an application for Medicaid. (4-7-11)

04. Board. The Board of the Catastrophic Health Care Cost Program established in Section 31-3517, Idaho Code. (4-7-11)

05. Clerk. The clerk of the respective counties or his designee. (4-7-11)

06. Counties. The respective counties described in Title 31, Chapter 1, Idaho Code. (4-7-11)

07. County Commissioners. The Board of County Commissioners in their respective counties. (4-7-11)

08. Department. The Idaho Department of Health and Welfare. (4-7-11)

09. Director. The Director of the Idaho Department of Health and Welfare or his designee. (4-7-11)

10. Eligibility Determination. The policies, processes, criteria, and standards used by the Department to determine whether or not an individual is eligible for Medicaid. (4-7-11)

11. HIPAA. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) under 42 USC Section 12204, and federal regulations at 45 CFR Parts 160, 162, and 164. (4-7-11)

12. Hospital. A facility licensed in accordance with Title 31, Chapter 13, Idaho Code. (4-7-11)

13. Medicaid. The federally funded program for medical care (Title XIX, Social Security Act) also known as Idaho's Medical Assistance Program. (4-7-11)

14. Obligated Person. The person or persons who are legally responsible for an applicant. (4-7-11)

15. Third-Party Applicant. A person other than an obligated person who completes, signs, and files an application on behalf of a patient. (4-7-11)

16. 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. (4-7-11)

17. Title XXI. Title XXI of the Social Security Act, known as the State Children's Health Insurance Program (SCHIP), is a federal and state partnership similar to Medicaid, that expands health insurance to targeted, low-income children. (4-7-11)

011. -- 099. (RESERVED)

100. ELIGIBILITY CRITERIA.

Eligibility criteria and determinations for Medicaid must comply with Department rules as described in Subsections 100.01 through 100.03 of this rule. (4-7-11)

01. IDAPA 16.03.01. "Eligibility for Health Care Assistance for Families and Children." (4-7-11)

02. IDAPA 16.03.05. "Rules Governing Eligibility for the Aged, Blind and Disabled (AABD)." (4-7-11)

03. IDAPA 16.03.06. "Refugee Medical Assistance." (4-7-11)

101. -- 109. (RESERVED)

110. REQUESTS FOR MEDICAID ELIGIBILITY DETERMINATION.

Requests for Medicaid eligibility determination for persons who may be medically indigent may only be accessed by a hospital or a county through a request for Medicaid eligibility determination addressed to the Department. By signing a request for Medicaid eligibility determination, each hospital or county requesting a Medicaid eligibility determination agrees to comply with these rules. (4-7-11)

01. Form of Request. Each hospital or county requesting a Medicaid eligibility determination under these rules must apply to the Department on a form provided by the Department and must provide all information required by the Department. (4-7-11)

02. Filing Request. Each request for Medicaid eligibility determination submitted to the Department under these rules must be signed by an authorized representative of the hospital or the county. The request for Medicaid eligibility determination may be submitted to the Department by mail, electronically, or by facsimile as described in Section 005 of these rules. (4-7-11)

03. Application for Financial Assistance Required. A completed and signed application for financial assistance under Title 31, Chapter 35, Idaho Code, must be submitted and transmitted to the Department along with the request for Medicaid eligibility determination. (4-7-11)

04. Other Information as Requested. Each hospital or county requesting a Medicaid eligibility determination by the Department under these rules must provide all other information that may be requested by the Department for the proper administration and enforcement of the provisions of these rules. (4-7-11)

05. Cooperation of Applicant, Third-Party Applicant, and Obligated Person. Each applicant, third-party applicant, and obligated person must cooperate with the Department and provide documentation necessary to complete the Department's determination of Medicaid eligibility. (4-7-11)

111. -- 119. (RESERVED)

120. TIME LIMITS.

Each request for Medicaid eligibility determination submitted to the Department under these rules must be filed in accordance within the following time limits: (4-7-11)

01. Hospital. Within one (1) working day of the completion of the hospital's initial review that determines a patient may be medically indigent, the hospital must transmit a copy of the completed application for financial assistance and a request for Medicaid eligibility determination to the Department. (4-7-11)

02. County. Within one (1) business day of the filing of an application for financial assistance under Title 31, Chapter 35, Idaho Code, in the clerk's office, the clerk must transmit a copy of the completed application for financial assistance and request for Medicaid eligibility determination to the Department. (4-7-11)

121. -- 129. (RESERVED)

130. ELIGIBILITY DETERMINATION.

Each request for Medicaid eligibility determination submitted to the Department under this chapter of rules will be processed by the Department in accordance with the following rules: (4-7-11)

01. Medicaid. IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children." (4-7-11)

02. AABD. IDAPA 16.03.05, "Rules Governing Eligibility for the Aged, Blind and Disabled (AABD)." (4-7-11)

03. Refugee. IDAPA 16.03.06, "Refugee Medical Assistance." (4-7-11)

04. Logging an Application and Request. The Department will log each application and request for Medicaid eligibility determination. (4-7-11)

05. Time Limits on Determinations. The Department will process each request for Medicaid eligibility determination within forty-five (45) days of receiving the request, unless prevented by events beyond the Department's control. (4-7-11)

131. -- 139. (RESERVED)

140. NOTICE OF DECISION ON ELIGIBILITY FOR MEDICAID.

01. Denial on Request Submitted by a Hospital. If the Department determines that an applicant is not eligible for Medicaid, the Department will promptly notify the applicant and the hospital of its determination. The Department will transmit a copy of its determination and a copy of the application to the respective county clerk. The clerk will treat the copy of the Department's determination and the copy of the application as an application for financial assistance under Title 31, Chapter 35, Idaho Code. Denial of Medicaid eligibility is not a determination of medical indigency or eligibility for financial assistance under the county Medically Indigent Program or the Catastrophic Health Care Cost Program. (4-7-11)

02. Denial on Request Submitted by a County. If the Department determines that an applicant is not eligible for Medicaid, the Department will promptly notify the applicant and the respective county clerk of its determination. Denial of Medicaid eligibility is not a determination of medical indigency or eligibility for financial assistance under the County Medically Indigent Program or the Catastrophic Health Care Cost Program. (4-7-11)

03. Approval of Medicaid Eligibility. If the Department determines that an applicant is eligible for Medicaid, the Department will act on the request and application as an application for Medicaid and notify the applicant, according to provisions in IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children," and IDAPA 16.03.05, "Eligibility for Aid to the Aged, Blind, and Disabled (AABD)." (4-7-11)

141. -- 149. (RESERVED)

150. ADDITIONAL DUTIES AND RESPONSIBILITIES OF HOSPITALS.

01. Additional Duties and Responsibilities. Each hospital submitting an application and request for Medicaid eligibility determination under these rules must: (4-7-11)

a. Cooperate with the Department, the Board, and the respective counties of the state and contractors retained by the Board or the respective County Commissioners. (4-7-11)

b. Assist applicants in completing an application form and request for Medicaid eligibility determination. (4-7-11)

02. Comply with Confidentiality Laws and Rules. Each hospital must comply with IDAPA 16.05.01, "Rules Governing the Protection and Disclosure of Department Records," and all applicable state and federal laws, rules, and regulations pertaining to the confidentiality of, and the disclosure of, information and records. (4-7-11)

03. Comply with HIPAA. Each hospital must comply with the Health Insurance Portability and Accountability Act (HIPAA). (4-7-11)

151. -- 159. (RESERVED)

160. ADDITIONAL DUTIES AND RESPONSIBILITIES OF COUNTIES.

01. Additional Duties and Responsibilities. Each respective county submitting an application and request for Medicaid eligibility determination under these rules must: (4-7-11)

a. Cooperate with the Department, the Board, the hospital, and contractors retained by the Department or the Board. (4-7-11)

b. Assist applicants in completing an application form and request for Medicaid eligibility

determination.

(4-7-11)

02. Comply with Confidentiality Laws and Rules. Each respective county must comply with IDAPA 16.05.01, "Rules Governing the Protection and Disclosure of Department Records," and all applicable state and federal laws, rules and regulations pertaining to the confidentiality of, the disclosure of, information and records.

(4-7-11)

03. Comply with HIPAA. Each respective county must comply with the Health Insurance Portability and Accountability Act (HIPAA).

(4-7-11)

161. -- 999. (RESERVED)

ARCHIVE

Subject Index

A		O	
AABD	3	Obligated Person	4
Additional Duties & Responsibilities Of Counties	6	Other Information as Requested	5
Additional Duties & Responsibilities Of Hospitals	6	R	
Applicant for Financial Assistance	3	Requests For Medicaid Eligibility Determination	4
Application	3	T	
Application for Financial Assistance Required	5	Third-Party Applicant	4
Approval of Medicaid Eligibility	6	Time Limits	5
B		Time Limits on Determinations	6
Board	4	Title XIX	4
C		Title XXI	4
Clerk	4		
Comply with Confidentiality Laws & Rules	6		
Comply with HIPPA	6		
Cooperation of Applicant, Third-Party Applicant, & Obligated Person	5		
Counties	4		
County Commissioners	4		
County, Time Limits	5		
D			
Definitions	3		
Denial on Request Submitted by a County	6		
Denial on Request Submitted by a Hospital	6		
Department	4		
Director	4		
E			
Eligibility Criteria	4		
Eligibility Determination	4, 5		
F			
Filing Request	5		
Form of Request	5		
H			
HIPAA	4		
Hospital	4		
Hospital, Time Limits	5		
L			
Logging an Application & Request	5		
M			
Medicaid	4		
Medicaid, Eligibility Determination	5		
N			
Notice Of Decision On Eligibility For Medicaid	6		