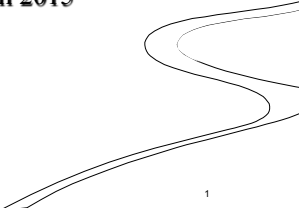


**County and State Financial Assistance  
Program Guidelines  
Conference  
April 2015**



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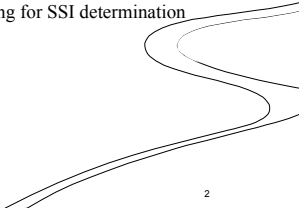
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**Idaho Department of Health and Welfare  
Combined Application**

- Approved Medicaid Eligibility – no application to county
- Denied Medicaid Eligibility
  - IDHW sends notice to hospital, county and patient
  - 45 days processing
  - Up to 120 days processing for SSI determination



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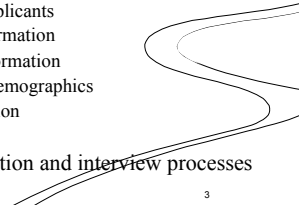
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**County Combined Application Process**

- Access IBES and review IDHW notes
  - Provides for county use
    - Medicaid eligibility status
    - Eligibility begin and end dates
    - Search for clients/applicants
    - Verified income information
    - Verified expense information
    - Verified individual demographics
    - Household composition
    - Denial reason
- Move towards investigation and interview processes



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### Combined Application

County should: ACT UPON all applications received

- Review to determine if application is complete. A "completed application" includes at a minimum, the cover sheet requesting services, applicant information including diagnosis and requests for services signatures, personal information of the applicant, patient rights and responsibilities, releases and all other signatures required in the application. §31-3502(7)
- **Elmore County and Bonner County Court Cases** – both at the Supreme Court level.

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### Recording of Liens

- **County Automatic Lien Perfected: §31-3504(4)**
  - The county automatic lien, created by statute, attaches to all real and personal property including insurance benefits.
  - Must be recorded by the county within 30 days from receipt of a combined application
  - Priority date is the date the medical services were provided
  - Liens should only be released:
    - When the obligation has been satisfied
      - Debt is satisfied
      - If settlement offer is requested by applicant and approved by BOCC and CAT prior to release of lien (31-3510)
    - The board has denied the application and the 28 day appeal period has run

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### Bankruptcy- County Lien

- A properly recorded lien survives bankruptcy
    - if it is attached to property before the bankruptcy is filed
- Collection after bankruptcy is discharged:  
 No monthly payment may be billed  
 Sale of real property allows for counties to collect  
**Talk to you prosecuting attorney**

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### Types of Applications

Counties receive different types of applications, each with their own specific requirements and timelines any of which may be filed as a third party application. §31-3502(26)

- Emergency Application §31-3505(2)
- Non-Emergency Application §31-3505(1)
- 180 Day Delayed Application §31-3505(5)

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### Emergency Applications

- Emergency Defined:
  - Emergency medical services: Services provided for a medical condition which is sudden, serious and unexpected symptoms of illness or injury calls for immediate care. §31-3502(12)
- Emergency Application Timeframes:
  - Application transmitted to DHW for hospitalization
    - 31 days beginning with the date of admission. §31-3505(3)

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### Non-Emergency Application

- Applicant/provider will complete and submit a combined application to county.
  - Combined Applications must be submitted 10 days prior to receiving services §31-3505(1)
  - County transmits 10 Day prior combined application to IDHW/CAU for Medicaid eligibility determination.
  - Hospital may also submit application to county and combined unit for processing.
  - County receives returned copy of original 10 Day Prior application and Medicaid denial back from IDHW/CAU after completion eligibility determination. §31-3505(1)

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### Non Emergency Applications

- County has 20 days from receipt of original application to complete investigation process. §31-3505A(3)
  - Treatment/services provided after the 10<sup>th</sup> day may still be considered for payment if the application is approved by the BOCC.
  - All 10 day prior application must have a medical review.
  - Providers and applicant run the risk of denial by county, if they proceed before approval.

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### Non Emergency Applications

- Follow-up Necessary Medical Services §31-3504(3)
  - Must be for the same condition
  - Must be based on a treatment plan
    - Pre-approved by the BOCC
  - Services may be provided for a maximum of six (6) months

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### Non Emergency Applications

- Requests for Follow-Up Services Related to the Original Application §31-3505(4)
  - If the follow-up services are beyond 6 months from the original application for the same condition:
    - Must be on a treatment plan
      - » Must have a medical review to determine medical necessity.
    - Requests for follow-up treatment must be filed 10 days before receiving services
    - CAT Program requires submission of a new complete application beyond the 6 months.
    - Update the information contained in the application.

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### 180 Day Delayed

- Patient or provider files Bona Fide application or claim with one of the following §31-3505(5)(a)(i-v): Social Security, Supplemental Security income, third party insurance, Medicaid, Medicare, crime victims' compensation, and/or worker's compensation
  - Proof of filing should be attached to the application or within 45 days of filing the delayed application
    - File with county within 180 days of the first date of the initial services
    - Must have a reasonable expectation of eligibility and resource will cover the requested dates of service

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### County Investigation Overview

- Receive application from Combined Unit/IDHW and date stamp the day you receive the application.
- Check to make sure application is timely filed §31-3504
- Review application for completeness
  - Required information pursuant to §31-3502(7) (completed application)
  - Request medical records and any treatment plans § 31-3504(5)

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### County Investigation: Interview

- Communicate with the Applicant
  - Send notice of interview
    - Include date, time, place and phone number
  - Conduct phone interview
    - Only if no alternative exists (providing documentation is still required)
  - Reschedule interview if necessary
  - Provide list of missing documentation with expected date of return
    - If a provider has requested, you must make the provider aware of the missing information §31-3505A(1)

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### County Investigation: Interview

- Interview shall take place §31-3505A
- Develop a county procedure
  - Make the applicant aware to tell the truth
- Develop paper trail
  - Investigate every application as if you were going to hearing
- Ask open ended questions, the more they talk, the more they reveal
- It is a time of discovery
  - Assets
  - Income
  - Available resources
  - Last resort

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### County Investigation: Interview

- Documentation/verification in writing for the following:
  - Rent verification
  - Employment/Wage verification
  - Bank statements
  - Current monthly expenses
  - Titles and Registrations
  - Tax returns
  - All insurance policies (Auto, Life, etc.)
  - Accepted proof : cancelled checks, money orders, payment receipts, and bank statements
  - Check listed addresses and dates on all documents
  - Make a timeline, if necessary to determine residency

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### County Investigation: Interview

- Discuss applicants responsibilities & expectations
  - Cooperation
  - Reimbursement
  - Missing documentation
- Fill in the blanks
  - Verify dates of service; make sure there is a ending date on page 1 of the combined application for all dates of service

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**County Investigation: Interview Techniques**

- Be the County Ambassador
  - Be prepared
  - Gain client trust
  - Be courteous
  - Avoid interruptions
  - Ask the right question the right way
  - Don't stress the applicant, make them feel more comfortable
  - Listen attentively

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**County Investigation: Interview Techniques**

- Review file
  - Send for additional information
  - Check all leads
  - Completely prepare your files
    - REVIEW IDAHO CODE AND COMPILER NOTES
    - Review indigent court cases
    - Make timelines of events
    - CHECK WITH PROSECUTING ATTORNEY

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**County Investigation: Residency**

- The first test is to determine whether the applicant has resided in Idaho for 30 consecutive days or more prior to the receipt of necessary medical services. §31-3502(24)
  - Review the following factors:
    - Rental receipts, leases, bank statements, utility bills, drivers license, voter registration list, auto title and registration and other documentation
    - Not considered a resident if the applicant is in the state for temporary purposes
      - Temporary purposes includes but are not limited to: education, vacation or seasonal labor

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### County Investigation: Obligated County

- The second test is to determine which county is responsible for payment of necessary medical services. §31-3506
- Responsible county for payment
  - For medical care, last county where applicant maintained residency for six consecutive months or longer within the last five years
  - Less than six months
    - If individual has not resided in any county for 30 consecutive days, but has been in the state of Idaho, the obligated county would be where the patient resided prior to hospitalization. §31-3506(e)

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### County Investigation Obligated County

- Pharmaceuticals for non-institutionalized residents is where the applicant currently resides.
- If a different county is determined to be the obligated county: §31-3505(8)
  - Notify applicant and third party applicant of denial
  - Notify the county that is believed to be obligated and provide basis for determination (denial)
  - Applicant or third party applicant may submit an application to indicated county

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### County Investigation: Obligated County

- For full time college students the obligated county shall be the residence of the applicant.
  - Unless – applicant is claimed as a dependent and parents reside in another state or county
    - The applicant will remain a resident of the parents' state or county
  - Institutionalization shall not change obligated county §31-3506(c)
    - The obligated county shall be the obligated county prior to institutionalization §31-3502(24)(c)

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### County Investigation: Medical Records

- Medical Records
  - Review for information, diagnosis, and treatment
  - Treatment Plan
    - Outline of the requested services
    - Physical therapy, x-rays, lab work, etc.
  - Read the medical records!
  - Types of records required by CAT
    - History & Physical
    - Emergency Room Report
    - Discharge Summary
    - Operative Report
    - Consultations

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### Board of County Commissioners: Clerk's Statement

- Clerk's Findings §31-3505A(6)
  - Review with prosecuting attorney if necessary
  - Prepare statement of findings
    - Summary of applicant's personal information, residency, requested billings, treatment or care received or requested, income, expenses and ability to pay the debt within 60 months
    - Listing of all assets and net value
    - Statement of other identified resources
    - Clerks Recommendation for approval, denial
    - Recommendation for reimbursement
    - Pertinent comments BOCC may find helpful in making their decision

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### Board of County Commissioners: Clerks Timeframes

- Submit findings to the BOCC for their determination of eligibility
- 20 Days from receipt of application: Non-emergency §31-3505A(3)
- 45 Days from receipt of application : Emergency §31-3505A(4)
- 10 Days from receipt of request: Request for additional treatment related to original diagnosis §31-3505A(5)
- Upon completion of the interview and investigation a statement of the clerk's finding shall be filed with the county commissioners. §31-3505A(6)

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### Board of County Commissioners: Initial Determination

- Initial decision by the board § 31-3505C
  - Occur within 15 days of receipt of clerks statement
  - Occur within 5 days of clerk’s statement on a request
  - Mailed to applicant and all parties listed on page 1 of the combined application
    - Mailed within 5 days of decision

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### Board of County Commissioners: Violations and Penalties

- §31-3511County may deny application
- False and misleading information by applicant
  - Does not disclose insurance, worker’s comp, other resource or benefits; failure to disclose assets that may render them not medically indigent
  - Failure to cooperate
  - If applicant divests themselves in order to qualify
  - If sanctioned by a state program they are also ineligible for county assistance for the same time period
- BOCC fails to make a timely decision; result is an automatic approval
- Applicant/providers may appeal

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### Board of County Commissioners: Approved County Claims

- The BOCC shall approve an application if it determines: §31-3505B
    - Necessary medical services were provided
    - The applicant is a resident, an interview took place, cannot pay over a five year period and has no other source of payment; has cooperated with the county and the application was timely filed.
    - The services when paid at the reimbursement rate exceeds the total sum of \$11,000 and then becomes payable by the CAT
    - Payment to provider shall be payment in full and provider shall not seek additional payment from the applicant
- §31-3519(2)

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**Board of County Commissioners:  
Approved County Claims**

- Bills less than \$25.00 shall not be presented for payment §31-3508 – CAT will not pay
- In some cases bills less then \$25 each may still be submitted. If the provider bills are on the same claim form.
- Currently counties shall not pay more than 95% of the adjusted Medicaid rate.

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**Board of County Commissioners:  
Approved County Claims**

- Upon receipt of a final determination approving the application, the applicant or approved provider shall within 60 days submit a medical claim to the county pursuant to §31-3508A and the procedures provided in chapter 15, title 31, Idaho Code.
- County payment shall be made to providers on behalf of an applicant on the next payment cycle. In no event shall payment be delayed longer than sixty (60) days from receipt of the provider claim.

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**Board of County Commissioners:  
Reimbursement**

- Receipt of financial assistance pursuant to this chapter of Idaho Code shall obligate the applicant (s) to reimburse the county and the CAT program from which assistance is received 31-3510A
  - Automatic liens
  - Promissory note
  - County shall have the same right of recovery
  - Lien released upon satisfaction

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**Board of County Commissioners:  
Reimbursement**

- Work with the applicant – Unexpected Circumstances
  - Resources/Referrals
    - RX programs
    - Federally Qualified Health Centers (FQHC)
    - Credit Counseling Services
    - Vocational Rehabilitation
    - Veteran Services
  - Collect over a reasonable period of time 31-3510A(1)
  - Signed promissory note and payment arrangements
    - Explain the process

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**Board of County Commissioners:  
Suspensions**

- Creates process for pending resources §31-3505C(2)
- Pending resources must be sole basis for suspension of an application from full approval. The application/applicant must be otherwise eligible for county medical assistance.
  - Other forms of public assistance
    - Crime victims
    - Worker's comp
    - Veterans
    - Medicaid or Medicare
    - SSI
    - Third party or other insurance
- Application suspended – tolls all time limits §31-3505C(3)

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**Board of County Commissioners:  
Suspensions**

- Applicant deemed eligible for resource:
  - If notified that patient is subsequently determined to be eligible for a pending resource, notify the providers listed on the application. This would be communicated in the form of a denial that the patient is eligible for the resource on the date specified and that the county no longer is the last resource. §31-3505C (2)(a)
- The provider must apply to that resource.

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**Board of County Commissioners:  
Appeal Process**

- Appeal must be received by the county within 28 days of the date of the initial denial §31-3505D
  - Deadline falls on a weekend or holiday, appeal must be received next business day (§73-109; 110; Idaho Rules of Civil Procedure 6A)
- Decision becomes final if appeal is not filed with county within 28 days of the date of the denial

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**Board of County Commissioners:  
Appeal Process**

- Hearing is scheduled within 75 days of the receipt of request for hearing §31-3505E
- Hearing notice shall be mailed to:
  - Applicant
  - All providers listed on the application
- The clerk shall prepare copies of exhibits and clerk's findings for board of county commissioners, prosecuting attorney and opposing counsel.
- Continuations of the hearing:
  - 1<sup>st</sup> 45 days from the date of the hearing to allow for additional information to be provided

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**Board of County Commissioners:  
Appeal Process**

- Additional continuation must be by stipulation between BOCC and applicant.
- The board's final determination must be made within 30 days of the conclusion of hearing
- Within 5 days of final determination a copy of the decision shall be mailed to the applicant and all providers listed.
- Applicant/provider may seek Judicial Review (§31-3505G) for an adverse decision in the manner provided by §31-1506 .

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