**Medically Indigent Training**

**Indigent 101**

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With a lot of help from others

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**Our Process...**

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**Buzz words, Lingo**

- Medically indigent/indigency
- The board
- The county
- 31- day
- 10 day
- 180-day
- Treatment plan
- Additional request

- Pre Lit Panel
- Suspension
- Extension (Med Records)
- An assignment
- Obligated county
- Third party
Acronyms of Interest

- ADA: Americans with Disabilities Act
- AFDC: Aid to Families with Dependent Children
- BOCC: Board of County Commissioners
- CAT: Catastrophic Health Care Cost Program
- CAU: Combined Application Unit
- DOB: Date of Birth
- DOS: Date(s) of Service
- DOL: Department of Labor
- FQHC: Federally Qualified Health Center
- HIPAA: Health Insurance Portability and Accountability Act

- IAC: Idaho Association of Counties
- ICN: Internal Control Number
- IDHW: Idaho Department of Health and Welfare “the dept.”
- SCI: Security Connections, Inc.
- SSN #: Social Security Number
- SSD: Social Security Disability
- SSI: Supplemental Security Income
- VA: Veterans Administration
- Voc Rehab: Vocational Rehabilitation

Indigency Timelines

- Emergency Application (Maximum Times)
  - Person receives services; hospital submits combined application to IDHW/CAU: 31 days
  - Medicaid determination review: 60 days
  - County notification of Medicaid denial: 1 day
  - County investigation process: 45 days
  - BOCC Decision – Approval: 15 days
  - Providers submit all medical bills: 60 days
  - County payment (next billing cycle): 30 days
  - County submits to CAT (after county pmt.): 14 days
  - CAT board meetings (8-9 weeks): 63 days
  - CAT pays all approved cases: 45 days
  - Controller cuts checks to providers: 60 days
**Indigency Timelines**

- **Non-Emergency Application (Maximum Times)**
  - Person notifies provider or county of services needed, county sends for Medical review: 14 days
  - County Investigation Process (runs concurrently with ‘the dept’): 20 days
  - Medicaid determination review: 45 days
  - County notification of denial: 1 day
  - Providers submit all medical bills: 60 days
  - County payment (next billing cycle): up to 30 days
  - CAT Board meeting (8-9 weeks): 63 days
  - CAT pays all approved cases: 45 days
  - Controller cuts checks to providers: 60 days

**Hospital and Provider Screening Process**

A decision must be made by the hospital regarding filing a combined application, based on:

- Medically indigent
- (Ability to pay the bills in 60 months)
- Meet Timelines for filing deadlines
- Residency
  - (Is patient here legally – are they an Idaho resident; which county?)
- Are there other resources?

  Include the cover sheet
  - Sign on the front and on P 9 patient signs P10
  - Completely fill out page 2 - Dx, providers, DOS, estimated $$$
  - Have patient fill out P 2-8

**Types of Applications**

Providers submit different types of applications, each with their own specific requirements and timelines any of which may be filed as a third party application. §31-3505(26)

- Emergency Application §31-3505(2)
- Non-Emergency Application §31-3505(1)
- Follow-Up for Necessary Medical Services §31-3504(3)
- Requests for Additional Treatment §31-3505(4)
- 180 Day Delayed Application §31-3505(5)
Emergency Applications...cont.

• Dates of Service on an Emergent Application
  - Same diagnosis or directly related to the emergent care
  - Occurred within the 31 day period of time
  - No ongoing services can be included on a 31-day.
  - All emergent applications require a beginning and an end date on them for services to be considered. If the patient was not discharged at time of application the end date is unavailable and therefore may be indicated on the application as "still in-patient."

Emergency Applications...cont.

• Requests for other providers and dates of service not listed on original application – must be
  - submitted during the investigatory period and
  - approved by the patient
  - Additional providers involved in the same incident involving the original dates of service applied for, may be added to the app during the investigatory period by the applicant before approval:
    - The patient must acknowledge the changes by initialing and dating the changes on the previously signed original application.
    - No new services...no different dates of service outside of the 31 days. The additions have to be directly related to the emergent care on the application.

Provider Page

3rd Party Applicants

• Hospital applicant…. May use a "Provider Page" This is simply a vehicle for the 3rd party applicant to notify the county of providers they have ‘discovered’ who were involved in the emergency. No check mark for application type.
• County: Review all providers with your patient...Attach page to the application
• NOTE: No additional dates of service outside of the 31 days. The additions have to be directly related to the emergent care on the application.
Inpatient Treatment beyond 31 days

• This applies only when the patient’s treatment and care continues to be in-patient without a break in inpatient status from the first date of the emergency.
• Note: This could include inpatient rehab when no discharge occurs in between.
  • The hospital has a responsibility to notify the county of the discharge date.
  • All statutory timelines must be strictly followed.

Non-Emergency Application

Applicant/provider will complete and submit a combined application to county.
Non-emergent combined applications shall be submitted to county 10 days prior to receiving any services §31-3505(1)
County transmits 10-day prior combined application to IDHW/CAU for Medicaid eligibility determination.

Non-Emergency Application

10-day apps

• Remember... county has 20 days to make a decision. IF you must do an order for records AND IF they request the suspension......stop the clock.
• Ideally, records should accompany the 10-day & T/P
• A treatment plan cannot out live an app. §31-3504(3)
• No prior dates on a 10 day. Consults, Labs, etc. prior to application dates aren’t covered.
**Additional Requests**

This section refers **ONLY** to

- **Unanticipated Non-emergent Services.**

**ALWAYS 10 DAYS PRIOR**

Those services that need to be applied for

- under the same course of treatment
- for the same condition (Dx).
- It allows for consideration of those services arising AFTER an application and treatment plan have been filed with or approved by the county.
- There is no requirement for these forms to go to DHW.

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**Additional requests cont….**

**GUIDELINES:**

- Any services on a medical claim not related to the original diagnoses must be applied for separately on a complete application and the proper timelines in statute must be followed.
- Additional requests are those requests that are not on the treatment plan for follow up services.
- Services can never be added outside of the 6 month time period of the original application.

*This form is ALWAYS 10 days prior to treatment even if the original application was an emergent application.*

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**Elements of a Treatment Plan**

Outline of the requested services  §31.3504(3)

Who, What, Where, When, Why and $$$$:

- Physical therapy, x-rays, lab work, etc. wound care, cancer care
- SIGNED by prescriber (also show who they are with)
- Number of and duration of requested services
- Approximate cost
- Location (…facility providing the treatment)
- Diagnosis

Submitted for consideration to the county - not the department **before services are rendered** for non-emergent services.
Treatment Plans

- They have to actually have treatment listed on them.
- Discharge notes are not treatment plans.
- Some counties have a treatment plan form they hand to patients during the interview if there will be ongoing treatment. That seems to work well.

OUT OF STATE PROVIDERS

Oregon & Utah

“Except in the case of emergency services, no provider of medical services to qualified patients shall be eligible for reimbursement pursuant to this agreement for a service which is available in the patient’s state of residence.”
Signed 12/1997

Utah

- If the person is a resident pursuant to chapter 35 of our statute at the time of service, they do not lose residency if it’s because they went to the burn center for 8 months.
- If you are the obligated county at the time of initial service, you will remain the obligated county during treatment even if they are at the burn center for the full 6 months of the application period. If they reapply for continued service after 6 months...you likely will remain the obligated county.

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
Recording of Liens

County N-1 Lien
To file electronically go to the SOS website. Once logged in, you will click on the “Forms” icon on the left side of the screen. Then click on Form N-1 County Medical Lien
Complete each form as directed:
•Submitter
•Debtors
•Secured parties
•Collateral
•Additional Info
•Confirm
•Declare and Sign
File Document
Make sure you click on the “File Online” button

Recording of Liens
County N-1 Lien (continued):
To terminate an N-1 form, click My records on the left side of the screen, or click on the search feature to locate the lien. If using “My records” click on the arrow next to the name of the person you want to release. This will bring up info on the right side of the screen. Click on “file amendment” and complete all screens with the required info. Click on File online, and print out the release.

Combined Application Process

Cover Sheet – Medicaid Eligibility Request
•Cover sheet must be included when submitting to IDHW/CAU
•Must be filled out:
  •County contact info
  •Patient name
  •Hospital contact info
  •Signature of authorized representative, title & date
Prior to the Interview

Communicate with the Applicant:

- Send a notice of interview subpoena that includes the date, time, place and phone number.

Reschedule:

- If the Applicant misses an interview, reschedule. You must send a Notice of Missing Material to the provider and the Applicant. We check the jail and call the Applicant as well.
- If incarcerated reach out to the jail to see if you can do a telephone interview with the jail.

Interview:

- Conduct the interview. You can do a telephone interview as well.
- You must provide a list of missing documentation with the expected date of return
- You must make the provider aware of the missing information §31-3505A(1)

Interviewing Techniques

- Be prepared
  Review the application prior to the interview
- Be courteous
- Avoid interruptions
- Don’t stress the Applicant; make them feel comfortable.
- Listen attentively
- Be transparent; explain the process and answer the questions
- Treat every application as if you will have to testify at a hearing – develop a paper trail
- If you don’t know the answer, ask
- Ask open ended questions; the more they talk the more they will reveal.
- Get to a no – example, bank accounts
- Allow the Applicant to talk
- Smile

Provide information to the applicant about the combined application process. Have them sign forms explaining what they should expect.
Requesting Documentation

At the beginning of the interview ask for ID, SSN Card, permanent residency card
Swear in the Applicant
Pre-Investigate
• Prior to the interview pre-investigate with Release of Information

Request documentation to verify:
• Income, assets, resources, expenses, debts
• Residency and obligated county

What is considered proof?

Conducting the Interview & Application Review

Page 1: Provider Information
Discuss any planned follow up treatment during interview process.
> Must have signatures
> Applicant versus 3rd Party Applicant vs. Co-Applicant
> Must have medical services requested
> Must have diagnosis
✓ Only the providers listed on the application will be considered.

Page 2: Personal Information
• Follow along with application as you verify information.
• Fill in any blanks for applicant and/or spouse.
• Marital Status? Divorced? When did you get divorced?
• Are you a veteran? Yes? Do everything you can to get them transferred
• Native American Tribe member? Yes? Documentation of any benefits.

Page 3: Tell Us About the People Who Live With You
Roommates?
• Why is this important?

Children?
• Full time/Part time?
Conducting the Interview & Application Review Cont.

Page 4: Residency
Start with the current address and work backward five (5) years.

Residency: Has applicant lived in Idaho for 30 consecutive days or more prior to the 1st date of service? Request verification.

Example: Kevin, a 29 year old single unemployed male, was living in Milford, Washington for 15 years was picked up on a protective hold and placed at state hospital North for 90 days. He is placed at a motel in Vandal County and seeks hospitalization for a suicide attempt after 10 days at the motel. Is he an Idaho resident?

Conducting the Interview & Application Review Cont....

Page 4 Cont.: Obligated County

What county is responsible to pay for necessary medical services?

What county has the Applicant resided in for six consecutive months or longer within the past 5 years.

Can get complicated for those that move from county to county.

Example: Bob is 42 and resides in Adams County. He moved to Adams County 4 months prior to his first date of service. Prior to that, Bob lived in Bannock County for 8 months and then Ada County for 10 years.

Which county is obligated?

County Investigation: Obligated County

Example

Katie, a 48 year old single unemployed female, has lived in Burley, Oregon for 25 years. She moves to Bronco county, Idaho where she lived for 5 ½ months. She moves to Vandal county, Idaho and lives there for 1 month and then goes into the hospital.

Who would be the obligated county?

First test: Did the applicant live in Idaho for 30 consecutive days or longer? Yes
Second test: Did the applicant live in any county in Idaho for 6 consecutive months or longer in the last 5 years? No

Look to §31-3506 (b). The applicant maintained a residence for 30 consecutive days prior to hospitalization in Vandal county and is considered the obligated county.
Conducting the Interview & Application Review Cont.

Page 4 cont.: Current Services & Health Coverage

• Receive Social Security? Yes? What type?
• Receive Crime Victims?

Related to this application

Page 5:

Do you have health insurance/have you received in past 6 months prior to the 1st date of service?
Are there any pending lawsuits, accident claims or insurance settlements?

General Information:
Does Applicant have children? Pay or receive child support?

Conducting the Interview & Application Review Cont.

Page 6: Income & Resources

List all current and previous employment information for applicant and spouse.
Is anyone self-employed?
• Have employees?
• Separate business accounts?
• Share of business?

Page 7: Assets

Is anyone receiving unearned income?
Do you have checking accounts, savings accounts, CDs/Mutual funds, trusts/annuities, retirement, other financial?
Do you own home or land, rental property, vehicles, recreational vehicles, livestock, tools of trade, mining claims, burial plot/funds, life insurance?
Has anyone in your household sold, transferred or given away any cash, property or assets in the past 5 years?

Conducting the Interview & Application Review Cont.

Page 8: Expenses

Provide the following information on all expenses listed:
• Monthly amount owed, names on account, monthly amount.

Obligation of expense:
• Who pays for what?
• Examples: parents pay for all expenses; roommates split bills.

Page 9: Rights and Responsibilities

State Assistance:
• Applicant must read or have rights read to them and initial each. This is also for Medicaid

County Assistance:
• Applicant must read or have rights read to them and initial each statement
Conducting the Interview & Application Review Cont.

Page 10: Release of Information
Should be signed by patient and/or provider prior to submitting the application.
Patient can sign at the time of interview.
Signature must be notarized.

Page 11: Required Information
Applicants must provide proof of all income, assets, resources and expenses.
Give the Applicant a required documentation form or list of documentation to be returned.
Have them sign it and give them a copy with a due date.

Medical Records Order
§31-3504(5)
Providers shall provide the counties with medical records within 10 days of receipt of the county’s request.
1. The county may request records at any time.
2. The county may request records more than once.
3. Hospitals shall respond within 10 days of receipt of the county request.
   a) by sending the records
   b) or with a written request for 30 days extension.
   c) Must then provide records within 30 days of the extension request.

Requesting a Medical Review
Some ideas for your request email:
✓ ALWAYS CC me on your requests. I use the info in a variety of ways.
✓ Scan in the application.

- This is a request: Ask for things
  - If it’s an undocumented person—what is the point of stabilization?
  - If it’s a transfer and 2 hospitals are involved—Are they both on the application? Tell IMR how the patient arrived at the first hospital. Ask if that was appropriate. Life Flight? Did that seem excessive to you?
County Investigation: Obligated County

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
30 consecutive days preceding incurrence of medical expenses
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

Q & A

Q: What should I do if I receive bills for services and have not received an application?

Q: What should I do if I receive an additional request or a Tx/Plan and don’t have or have denied the application it belongs with.

Q: Can I fill in the boxes and blanks on a combined application if I think I know the answer?

Q: If I receive a bill that doesn’t match anything can the county just add the dates and provider to the application?
1.) During investigation?
2.) After approval?

Q & A

Q: If the dates on the cover sheet and the front page of the application aren’t the same, should I care?

Q: Does the county indigent program cover dental work?

Q: Can one application handle multiple diagnoses?

Q: Can one application handle multiple episodes of care?

Q: Does the statute require me to send an order for medical records when I process an application?
1.) if it’s a CAT case?
2.) if it’s over $75,000