



CONTROLLER OFFICE
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316 STATE AVE STE 200
BOISE, ID 83701
208.345.9126

Idaho Board of Examiners
700 W. State St.
Boise, ID 83702

March 4, 2024

To Whom It May Concern:

The attached documents are for Jerome County indigent case 1J-2023-00005. The county decision was appealed for judicial review to review the application of legislative bills passed that limited the eligibility to the county indigent programs. The judge ultimately decided to order the county to pay their \$11,000 and have the state pay their respective portion. The total claim amount for the case, which you see listed in the order is, \$214,347.79; however, after the Medicaid reimbursement rate is applied, the total is \$35,047.97 (\$11,000 county and \$24,047.97).

I asked the county to send all documentation as if they were going to apply to the CAT Board as it existed when the case was filed. The county did not file an application at the time as the case was denied by the county and the hospital appealed directly to judicial review. The CAT claim payment process is not something I have completed in the past. It appears the claims are already priced out and just need to be paid by the state. If you have questions about what is due, please let me know or you can contact Lorena Aguilar (208-644-2710) from Jerome County. She is the deputy clerk who has been working on this case and submitted the attached documentation.

Sincerely,

A handwritten signature in black ink that reads 'Kelli D. Brassfield'.

Kelli D. Brassfield

CONTROLLER OFFICE
2024 MAR -4 AM 11:09
STATE OF IDAHO

CAT BOARD APPLICATION

CAT Number: 2J-2023-5Submitting County: Jerome CountyAnniversary Date: 3/10/2023Legal U.S. Citizenship: Yes () No ()Age: 50 Gender: Male () Female ()

Monthly Applicant Income: _____

Monthly Household Income: _____

Major Assets/Equity:

Item	Description	Value	Asset Amt Owed	Lien Amt Filed	Equity
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Application Type: 10 Day Prior 31 Day Emergency 180 Day Delayed

Nature of Emergency and Treatment:

2022-82

Claims (Billed Rate): \$214,347.79 *

Summary of Total Medical Claims at reimbursement rate (I.C. 31-3502(23)):

ST LUKE'S JEROME	\$12,307.08	ST LUKE'S REGIONAL MED CENTER, INC	\$12,907.75
ST LUKE'S CLINIC JEROME, LLC	\$659.72	MAGIC VALLEY PARAMEDICS, LLC	\$647.35
ST LUKE'S CLINICS, LLC	\$2,503.41	ST LUKE'S AIR	\$6,022.66

Total Medical Claims at the Reimbursement Rate: \$35,047.97 *Medical Review: Yes () No () Cost of Medical Review: \$ 0.00Medical Review Savings from Claims: \$ 0.00

Medical Review Findings:

Medicaid Eligible: Yes () No () Date applicant will be eligible: _____Medicare Eligible: Yes () No ()Medical Insurance: Yes () No () Insurance Company: _____

Reimbursement Agreement: Yes	Note Amount	Payment	1st Billing	Status
2022-82	\$35,047.97	\$0.00	1/1/2023	Active

* Amounts do not include any payments flagged as a medical review fee

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF JEROME COUNTY

IN RE: MEDICAL INDIGENCE
APPLICATION OF J.B.

Jerome County Case No. 2022-036

ORDER UPON REMAND

THIS MATTER having been remanded back to the Board after its appeal to the district court, the Board does hereby approve the medical indigency case filed herein for the reasons consistent to those stated by the district court in its *Memorandum Decision Reversing Jerome County Commissioner's Decision* (Case No. CV27-22-1085).

This order is final. An appeal of this decision may be made in the manner provided by Idaho Code.

DATED this 27th day of November 2023.

Board of Jerome County Commissioners

A. Ben Crouch
A. Ben Crouch, Chair

ATTEST:

Cyril Lootens
Cyril Lootens, Clerk of the Board

Charles "Charlie" Howell,
Charles "Charlie" Howell, Commissioner

Art Watkins
Art Watkins, Commissioner



**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF JEROME**

IN RE: MEDICAL INDIGENCE)
APPLICATION OF J.B.)
(Jerome County Case No. 2022-036))
ST LUKE'S HEALTH SYSTEM,)
LTD.,) Case No. CV27-22-1085
)
Petitioner,)
vs.)
)
)
)
BOARD OF COMMISSIONERS OF)
JEROME COUNTY, IDAHO,)
)
Respondent.)
)

**MEMORANDUM DECISION REVERSING JEROME COUNTY
COMMISSIONER'S DECISION AND REMANDING**

Before the court is St. Luke's petition for judicial review of the denial of a medical indigency claim by the Jerome County Board of Commissioners pursuant to Idaho Code §§ 31-3505G and 31-1506 and the Idaho Administrative Procedure Act, Chapter 52, Title 67, Idaho Code.

I. FACTUAL BACKGROUND AND PROCEDURAL HISTORY

According to the record, St. Luke's treated the patient from March 11, 2022 to March 22, 2022, which resulted in \$214,389.79 in medical care expenses. The treatment was for undisputedly necessary, emergent medical care. The patient's application for indigency assistance filed on April 1, 2022 listed an income of

\$1,809.00 from Social Security Disability Income. Patient was approved for SSDI in March of 2022. Prior to that time, the patient did not have income.

The initial decision of the Board mailed on June 7, 2022, denying the application states:

Application is incomplete (31-3511(3), Idaho Code). The county didn't make an attempt to get bring (sic) this applicant in for an interview or obtain any of his residency or financial information. The county didn't feel as if this application met the criteria of being a valid application due to HB316 requirements that took affect on March 1st ,2022. HB316 states that anyone who is eligible for insurance or Medicaid is not eligible for county assistance.

Other: As of March 1st 2022, HB316 limits eligibility for the indigent program. Individuals who are ELIGIBLE for insurance or Medicaid are no longer eligible for the county indigent program.

R. p. 195. The decision was affirmed by the Board of County Commissioners on November 14, 2022 without specific written findings of fact.

II. ISSUES

St. Luke's argues that being eligible for insurance should include one's financial means to pay for health insurance, rather than just being theoretically eligible to purchase insurance. While the patient met the technical requirements to purchase insurance, the patient's financial situation made the monthly premiums impossible to pay. The patient's sole source of income was social security disability, and the patient did not have the extra money to pay for insurance premiums. St Luke's argues that regardless of whether or not the patient could have purchased insurance, the patient was not eligible because the available funds for insurance did not exist.

Petitioner states the issues as:

1. Whether the Board violated statutory provisions and exceeded its statutory authority in denying the Application for coverage of dates of service March 11, 2022, through March 21, 2022.
2. Whether the Board's decision to deny the Application, was based on substantial evidence or was arbitrary, capricious, or an abuse of discretion.

3. Whether the Board failed to provide adequate written findings of fact and conclusions of law setting forth the Board's reasoning and conclusions as required under the Idaho Administrative Procedures Act.
4. Whether St. Luke's rights have been prejudiced.
5. Whether St. Luke's is entitled to attorney's fees pursuant to Idaho Code Section 12-117 and any other applicable statute.

Jerome County asserts that the word eligible simply means the patient is allowed to purchase insurance, regardless of the financial ability to pay the monthly premiums. Furthermore, the statute does not contain any language regarding a party's financial means beyond qualifying for insurance. Jerome argues that the broad and inclusive language in the statute does not encompass more than a person's technical eligibility for insurance or Medicaid, because the statute is silent on whether or not eligible contemplates being able to afford the insurance.

Respondent states the issue as:

Should the courts intrude on legislative action and impose a meaning to Idaho Code Section 31-3502 (formerly, 31-3505H) that is contrary to the clear and unambiguous meaning the legislature wrote.

The court restates the issue as:

Did the Board correctly interpret the meaning of "eligible for health insurance" under Idaho Code § 31-3505H?

III. STANDARD OF REVIEW

The Idaho Administrative Procedure Act governs this Court's review of a county's denial of an application for indigency benefits. I.C. § 67-5201 et seq.; I.C. § 31-1506; *Saint Alphonsus Reg'l Med. Ctr. v. Gooding Cty.*, 159 Idaho 84, 85, 356 P.3d 377, 378 (2015) (see *St. Luke's Magic Valley Reg'l Med. Ctr., Ltd. v. Bd. of Cnty. Comm'r's of Gooding Cnty.*, 150 Idaho 484, 486, 248 P.3d 735, 737 (2011)). The county's decision may be overturned on judicial review only where it: (a) violates statutory or constitutional provisions; (b) exceeds statutory authority; (c) was made upon unlawful procedure; (d) is not supported by substantial evidence in the record as a whole; or (e) is arbitrary, capricious, or an abuse of discretion. I.C. § 67-5279(3). The district court acts in an appellate capacity under the Administrative Procedures Act, I.C. § [67-5279], *Payette River Prop. Owners Ass'n v. Bd. of Comm'r's of Valley Cnty.*, 132 Idaho 551, 976 P.2d 477 (1999).

As to questions of fact, judicial review of an administrative order is limited to the record, and the reviewing court may not substitute its judgment for that of the administrative agency. *Application of Ackerman*, 127 Idaho 495, 496-497, 903 P.2d 84, 85-86 (1995)). In order to uphold the Board's decision, the Court must conclude that the record contains "some reliable, probative, and substantial evidence in support of its position." *Idaho Cnty. Nursing Home v. Dep't of Health & Welfare*, 120 Idaho 933, 821 P.2d 988 (1991). Evidence is "substantial and competent only if a reasonable mind might accept such evidence as adequate to support a conclusion. To establish whether an agency's action is supported by substantial and competent evidence, this Court must determine whether the agency's findings of fact are reasonable." *Cooper v. Bd. of Prof'l Discipline of Idaho State Bd. of Med.*, 134 Idaho 449, 456, 4 P.3d 561, 568 (2000) (internal quotation marks and citations omitted). Accordingly, "[a] finding of fact without any basis in the record [is] clearly erroneous." *Dovel v. Dobson*, 122 Idaho 59, 62, 831 P.2d 527, 530 (1992) (citations omitted). Also, a finding of fact lacking substantial and competent evidence to support it is clearly erroneous. *Id.*

On issues of law and statutory interpretation, an appellate court freely reviews the interpretation of a statute and its application to the facts. *See St. Luke's Reg'l Med. Ctr., Ltd. v. Bd. of Comm'r's of Ada Cnty.*, 146 Idaho 753, 755, 203 P.3d 683, 685 (2009). A reviewing court may reverse the county's decision only if the substantial rights of the appellant have been prejudiced. I.C. § 67-5279(4). Finally, “[i]f the agency action is not affirmed, it shall be set aside, in whole or in part, and remanded for further proceedings as necessary.” I.C. § 67-5279(3).

IV. APPLICABLE LAW

Idaho's Medical Indigency Act, codified at Title 31, Chapter 35 of the Idaho Code, “requires counties to contribute to the cost of providing necessary medical care to county residents who are indigent.” *St. Luke's Magic Valley Reg'l Med. Ctr.*, 150 Idaho 484, 486, 248 P.3d 735, 737 (citing I.C. § 31-3501). The “legislature's general intent in enacting the medical indigency assistance statutes is twofold: to provide indigents with medical care and to allow hospitals to obtain compensation for services rendered to indigents.” *St. Luke's Reg'l Med. Ctr.*, 146 Idaho at 755-56, 203 P.3d at 685-86 (quoting *Univ. of Utah Hosp. v. Ada Cnty. Bd. of Comm'r's*, 143 Idaho 808, 810, 153 P.3d 1154, 1156 (2007)) (internal quotation marks omitted). The county medically indigent program and the catastrophic health care cost program are payers of last resort. Therefore, applicants seeking financial assistance under the county medically indigent program “shall be subject to the limitations and requirements as set forth” in the Act. I.C. § 31-3501(2).

“Applicant” means “any person who is requesting financial assistance under this chapter.” I.C. § 31-3502(1). A third party applicant is defined as “a person other than an obligated person who completes, signs and files an application on behalf of a patient.” I.C. § 31-3502(26). To qualify as a medical indigent, an individual or a third party on their behalf must “complete, swear to, sign, and file an application with the clerk of the county.” *St. Luke's Reg'l Med. Ctr.*, 146 Idaho at 756, 203 P.3d at 686 (citing I.C. § 31-3504(1), (2)). The Act also defines “completed application” which shall include “at a minimum the cover sheet requesting services, applicant

information including diagnosis and requests for services and signatures, personal information of the applicant, patient rights and responsibilities, releases and all other signatures required in the application.” I.C. § 31–3502(7). If a third party application is filed, the application shall be presented “in the same form and manner” as set forth in Section (1). I.C. § 31–3504(2).

After receiving an application, the clerk conducts an interview and investigation, and files a statement of findings with the board. *St. Luke's Reg'l Med. Ctr.*, 146 Idaho at 756, 203 P.3d at 686 (citing I.C. § 31–3505A). The board then makes an initial determination on the application. *St. Luke's Reg'l Med. Ctr.*, 146 Idaho at 756, 203 P.3d at 686 (citing I.C. § 31–3505C). The board “shall approve an application for financial assistance if it determines that necessary medical services have been or will be provided to a medically indigent resident in accordance with [the Act].” I.C. § 31–3505B.

Whether medical services are classified as emergent or non-emergent governs the time and manner of filing an application for indigency financial assistance.

(12) “Emergency service” means a service provided for a medical condition in which sudden, serious and unexpected symptoms of illness or injury are sufficiently severe to necessitate or call for immediate medical care, including, but not limited to, severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent person who possesses an average knowledge of health and medicine, to result in:

- (a) Placing the patient's health in serious jeopardy;
- (b) Serious impairment to bodily functions; or
- (c) Serious dysfunction of any bodily organ or part.

I.C. § 31-3502 (12).

Clearly, Idaho counties have the duty to pay for necessary medical services provided to their medically indigent residents. I.C. § 31-3503(1). The duty to pay is conditioned on a timely application in compliance with the applicable rules. I.C. § 31-3505. There is no dispute that the application in this case was for emergent services and was timely filed. There also does not appear to be any dispute that the Board's decision, if erroneous, prejudiced St. Luke's rights.

V. ANALYSIS

The primary issue before the court is whether or not the Board of Commissioners of Jerome County correctly applied the law when they denied the application for coverage of medical expenses incurred between March 11, 2022, and March 21, 2022 on the basis that the patient was “eligible” for health insurance. The relevant portion of the code reads “[n]otwithstanding any provision of law or rule to the contrary, no person eligible for health insurance shall be eligible for financial assistance pursuant to this chapter.” I.C. § 31-3505H(2).¹ The parties agree that the question before the court is one of law based entirely on the interpretation of Idaho Code § 31-3505H(2) and the meaning of the word “eligible” in the context of medical indigency applications.

This court exercises free review over the application and construction of statutes. *State v. Reyes*, 139 Idaho 502, 505, 80 P.3d 1103, 1106 (Ct.App.2003). The primary purpose of interpreting a statute is to derive the Legislature’s intent in enacting the statute, so statutory interpretation must begin with the literal language of the statute. *Idaho Power Co. v. Idaho Dept. of Water Resources*, 151 Idaho 266, 272, 255 P.3d 1152, 1158 (2011). It is well established that, “the Court cannot modify an unambiguous statute.” *Verska v. Saint Alphonsus Reg’l Med. Ctr.*, 151 Idaho 889, 900, 265 P.3d 502, 514 (2011) (J. Jones concurring specially). The language of the statute is to be given its plain, obvious, and rational meaning.

The Idaho Court of Appeals has summarized the rules of statutory construction as follows,

If the language is clear and unambiguous, there is no occasion for the court to resort to legislative history or rules of statutory interpretation. When this Court must engage in statutory construction, it has the duty to ascertain the legislative intent and give effect to that intent. To ascertain the intent of the legislature, not only must the literal words of the statute be examined, but also the context of those words, the public policy behind the statute, and its legislative history. It is incumbent

¹ I.C. § 31-3505H was in effect from March 1, 2022 to March 28, 2022. The current version of the statute is I.C. § 31-3505, but for ease of reference the court will refer to the statute in effect at the time relevant to this case as I.C. § 31-3505H

upon a court to give a statute an interpretation which will not render it a nullity. Construction of a statute that would lead to an absurd result are disfavored.

State v. Locke, 149 Idaho 641, 642, 239 P.3d 34, 35 (Ct. App. 2010)(internal citations omitted).

The question before the court, as has been argued by both parties, is what is meant by “eligible for health insurance.” Eligible is defined as, “meeting the stipulated requirements, as to participate, compete, or work.”² It has also been defined as “able to be chosen for something : able to do or receive something.”³ The issue for the court is one of statutory construction. The plain language of the statute means that as long as a person is capable of purchasing health insurance or obtaining it otherwise, such as through an employment benefit, then said person would be ineligible to receive financial assistance from the county.

As noted by St. Luke’s, “eligibility” has been interpreted by other courts as being “capable of” receiving or obtaining benefits. See *Univ. of Wash. Med. Ctr. v. Sebelius*, 634 F.3d 1029, 1034 (9th Cir. 2011) (“a person is ‘eligible for medical assistance’ if he or she is ‘capable of receiving’ medical assistance.”); See *Jewish Hosp., Inc. v. Sec’y of Health & Human Servs.*, 19 F.3d 270, 274 (6th Cir. 1994) (“[E]ligibility’ refers to the ‘qualification’ for benefits or the capability of receiving those benefits.”); see *Portland Adventist Med. Ctr. v. Thompson*, 399 F.3d 1091, 1096 (9th Cir. 2005) (“because expansion population patients are capable of receiving Title XIX assistance, they must be regarded as ‘eligible’ for it.”).

The express legislative intent of the Medical Indigency Act is to encourage Idaho residents to obtain health insurance and pay for their healthcare while also providing a safeguard for payment of necessary medical services for those who qualify as medically indigent. When the Act is read as a whole, adopting the County’s

² <https://www.dictionary.com/browse/eligible> accessed 8/29/23.

³ <https://www.britannica.com/dictionary/eligible> accessed 9/26/23.

interpretation of “eligible for health insurance” in I.C. § 31-3505H would render the remaining forty-five sections superfluous, null, and meaningless. Accordingly, this court finds that “eligible for health insurance” in this context contemplates being “capable of” obtaining it. In other words, the patient must be able to actually afford the insurance or have it available through some other means such as an employer benefit. Otherwise, he is not “eligible” for health insurance as a matter of law.

While the Board did not make specific written findings in their final decision of November 14, 2022, they referred to the reasons stated on the record. During the October 24, 2022, hearing, there was uncontradicted testimony that the patient had insufficient income to be able to afford health insurance, Tr., p. 11, 2-8 (“obviously, he didn’t have the money to pay for the insurance[.]”), Tr., pp. 13, 17-24 (“he would have got a \$79 tax credit [towards the cost of insurance].”); Tr., p. 15, 9-11 (“You know, he just can’t afford the \$376.55 a month [for the cost of insurance].”). If the Board intended to make factual findings based on that testimony, they did not do so. The court could infer that the Board intended to adopt the uncontradicted testimony as factual findings, however, the court defers to the Board to clarify its intent. The court remands this case for the Board to make factual findings regarding the patient’s ability to afford the health insurance. If he did not have the financial means to be able to purchase the insurance, he was not “eligible” for health insurance as a matter of law.

St. Luke’s also requested attorneys fees, arguing that the Board acted unreasonably. They cited a recent Idaho Supreme Court which held that a prevailing party is entitled to attorney’s fees when the non-prevailing party acts unreasonably. *Owens v. Ada Cnty. Bd. of Commissioners*, 171 Idaho 794, 526 P.3d 964 (2023),⁴ (referencing *Ada Cnty v. Browning*, 168 Idaho 856, 861, 489 P.3d 443, 448 (2021)). “A party’s position is unreasonable when it contradicts the plain reading of a statute or where the non-prevailing party does not appear to have suffered actual harm from the prevailing party’s actions.” *Id.* (internal quotations omitted). “The plain reading

⁴ Petitioner cited the case as *In re K.J.*, ___P.3d ___, 2023 WL 2506136, *9 (Mar. 15, 2023).

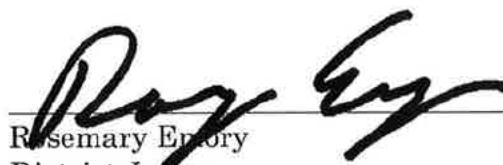
of the statutes at issue were clear enough to dispose of any reasonable argument to the contrary.” *Id.* This court declines to award attorney fees. While St. Luke’s is the prevailing party, the court does not find that the Board acted wholly unreasonably. The court notes that the statute in question had only very recently been enacted at the time of the decision and there had been no reported decisions interpreting the language.

V. CONCLUSION

For the reasons stated above, the Board’s decision denying the application for payment to St. Luke’s for the services listed in the application is REVERSED. This matter is remanded to the Board of County Commissioners for further proceedings consistent with this decision.

IT IS SO ORDERED.

9/28/2023 1:15:47 PM



Rosemary Emory
District Judge



SEAL OF THE DISTRICT COURT, JEROME COUNTY, IDAHO
Fifth
Judicial
District

CERTIFICATE OF SERVICE

The undersigned certifies that on the below date she caused a true and correct copy of the foregoing Memorandum Decision and Order to be served upon the following persons in the following manner:

Mark Peterson, Attorney for Petitioner
Hawley Troxell Ennis & Hawley, LLP
P.O. Box 1617
Boise, Idaho 83701
mpeterson@hawleytroxell.com

Prosecuting Attorney
pros@co.jerome.id.us By E-mail

Jerome County Board of Commissioners
Attn: Jane While By Courthouse Box

9/28/2023 3:22:00 PM

Traci Brandebourg

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF JEROME COUNTY

In the Matter of:

) County Case Number: 2122-036
[REDACTED]
MEDICALLY INDIGENT) ORDER OF THE
ELIGIBILITY DETERMINATION) JEROME COUNTY
) COMMISSIONERS

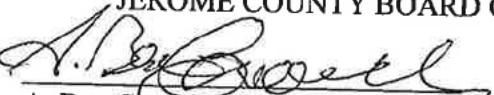
THESE MATTERS came before the Jerome County Board of Commissioners ("Board") on appeal of an initial denial by the Board of an application for the County's Medical Indigency Program. Based on the testimony and exhibits presented at the hearing, the Board now finds, for the reasons stated and recorded in closed session, incorporated into this order as if stated herein, that the above name individual was not shown to meet the necessary criteria to apply for county assistance with his medical bills, as defined by applicable law; and thereby is denied eligibility to the County's Medical Indigency Program.

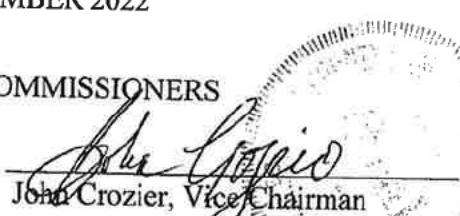
THEREFORE, for the reasons stated above, the Board's prior decisions **denying** the above-named individual's application is **affirmed**.

This order is final. An appeal of this decision may be made in the manner provided by Idaho Code Section 31-1506.

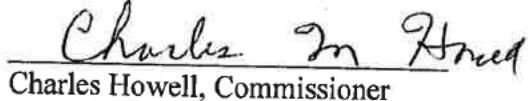
DATED this 14TH day of NOVEMBER 2022

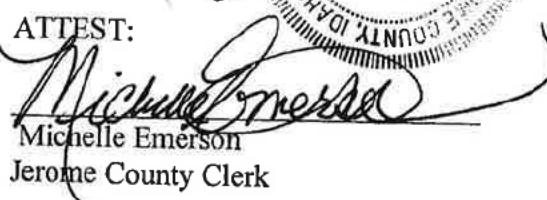
JEROME COUNTY BOARD OF COMMISSIONERS


A. Ben Crouch, Chairman


John Crozier, Vice Chairman

ATTEST:


Charles Howell, Commissioner


Michelle Emerson
Jerome County Clerk



JEROME COUNTY ASSISTANCE
300 NORTH LINCOLN
JEROME, ID 83338
(208) 644-2711
FAX: (208) 644-2709

**DETERMINATION OF DENIAL
FOR COUNTY ASSISTANCE**

Date of Determination: 06/06/2022

County Case Number: 2122-036

Application on behalf of: [REDACTED]

Address: [REDACTED]

Application Received Date: 04/11/2022

Assistance Requested: [REDACTED]

214,389.79

PROVIDER	DATES OF SERVICE	AMOUNT REQUESTED
ST LUKE'S JEROME	03/11/2022 - 03/11/2022	7,515.00
ST LUKE'S CLINIC JEROME, LLC	03/11/2022 - 03/11/2022	2,325.00
ST LUKE'S CLINICS, LLC	03/12/2022 - 03/13/2022	1,238.00
ST LUKE'S REGIONAL MED CENTER, INC	03/12/2022 - 03/21/2022	154,726.22
ST LUKE'S CLINICS, LLC	03/12/2022 - 03/12/2022	18.00
ST LUKE'S JEROME	03/12/2022 - 03/12/2022	14,358.65
ST LUKE'S CLINIC JEROME, LLC	03/12/2022 - 03/12/2022	24.00
ST LUKE'S AIR	03/12/2022 - 03/12/2022	27,563.72
ST LUKE'S CLINICS, LLC	03/12/2022 - 03/12/2022	160.00
MAGIC VALLEY PARAMEDICS, LLC	03/12/2022 - 03/12/2022	2,594.20
ST LUKE'S CLINICS, LLC	03/13/2022 - 03/17/2022	800.00
ST LUKE'S CLINICS, LLC	03/14/2022 - 03/17/2022	2,051.00
ST LUKE'S CLINICS, LLC	03/18/2022 - 03/21/2022	544.00
ST LUKE'S CLINICS, LLC	03/19/2022 - 03/21/2022	472.00
Total		214,389.79

As required by Idaho Code Section §31-3406 and §31-3505A, an investigation was made of the application by the County Clerk of the Board or his/her deputy.

The Board of County Commissioners has determined that no indigency exists and the application, made under Chapters 34 and 35, Title 31 of the Idaho Code, has been denied for the following reasons:

31-3502 (7) "Completed application" shall include at a minimum the cover sheet requesting services, applicant information including diagnosis and requests for services and signatures, personal and financial information of the applicant and obligated person or persons, patient rights and responsibilities, releases and all other signatures required in the application.

31-3502 (12)*"EMERGENCY SERVICES" means a service provided for a medical condition in which sudden, serious and unexpected symptoms of illness or injury are sufficiently severe to necessitate or call for immediate medical care, including, but not limited to, severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent person who possesses an average knowledge of health and medicine, placing their health in serious jeopardy, serious impairment of bodily functions or serious dysfunction of any bodily organ or part.

31-3502 (17)* MEDICALLY INDIGENT' means any person who is in need of necessary medical services and who if an adult, together with his or her spouse, or whose parents or guardian if a minor or dependent, does not have income and other resources available to them from whatever source sufficient to pay for necessary medical services and 67-7903 can verify their lawful presence in the United States.

31-3502 (18) *(A) - (E) " NECESSARY MEDICAL SERVICES " means health care services and supplies that: (a.) Health care providers, exercising prudent clinical judgement, would provide to a person for the purpose of preventing, evaluating,

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diagnosing, or treating an illness, injury, disease or its symptoms; (b.) Are in accordance with generally accepted standards of medical practice; (c.) Are clinically appropriate, in terms of type, extent, site, and duration and are considered effective for the covered person's illness, injury, or disease; (d.) Are not provided primarily for the convenience of the person, physician, or other health care provider; (e.) Are the most cost-effective service or sequence of services or supplies, and at least as likely to produce equivalent therapeutic or diagnostic results for the person's illness, injury, or disease.

31-3502 (24) *RESIDENT" means a person with a home, house, place of abode, place of habitation, dwelling or place where he or she actually lived for a consecutive period of thirty(30 days or more within the State of Idaho & Idaho Code 31-3506 (a)(b) & (e)

31-3502 (28) "utilization management" means the evaluation of medical necessity, appropriateness and efficiency of the use of health care services, procedures and facilities. "Utilization management" may include, but is not limited to, pre-admission certification, the application of practice guidelines, continued stay review, discharge planning, case management, pre-authorization of ambulatory procedures, retrospective review, and claims review, "Utilization management" may also include the amount to be paid based on the application of the reimbursement rate to those medical services determined to be necessary medical services.

31-3502 (25) "RESOURCES" means all property, whether tangible or intangible, real or personal, liquid, non liquid, or pending, including, but not limited to, all forms of public assistance, crime victims compensation, worker's compensation, veterans benefits, medicaid, medicare, supplemental security income (SSI), third party insurance, or available insurance, and any other property from any source for which an application and/or an obligated person may be eligible or in which he or she may have an interest. Resources shall include the ability of an applicant and/or obligated person to pay for necessary medical services, excluding any interest charges, over a period of up to five (5) years.

Application is incomplete (31-3511(3), Idaho Code). The county didn't make an attempt to get bring this applicant in for an interview or obtain any of his residency or financial information. The county didn't feel as if this application met the criteria of being a valid application due to HB316 requirements that took affect on March 1st , 2022. HB316 states that anyone who is eligible for insurance or Medicaid is not eligible for county assistance.

Other: As of March 1st. 2022, HB316 limits eligibility for the indigent program. Individuals who are ELIGIBLE for insurance or Medicaid are no longer eligible for the county indigent program.

IMPORTANT: Pursuant to Idaho Code §31-3411, §31-3505D and §31-3502(28), the applicant has the right to appeal the decision of the Board of County Commissioners. Such appeal shall be filed with the Clerk of the Board, in writing, within twenty-eight (28) days of the Date of the Board's Initial Determination, pursuant to the Administrative Procedure Act, Chapter 52, Title 67, Idaho Code. If no appeal is filed within the time frame allowed, the determination of the Board shall become final. All charges are subject to utilization management review and findings.

If an application for necessary medical services is denied after a hearing as provided in §31-3505E, Idaho Code, the applicant or third party making application on the applicant's behalf may seek judicial review of the final determination of the Board in the manner provided in §31-1506, Idaho Code (§31-3505G).

You should retain this document for your permanent records. If you have any questions of additional information pertinent to this Initial Determination, please contact this office.

ATTEST:

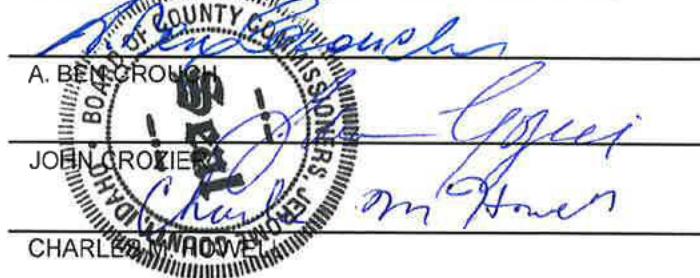
MICHELLE EMERSON

By _____

County Clerk

mgr: _____

BOARD OF JEROME COUNTY COMMISSIONERS



CERTIFICATE OF MAILING

I hereby certify that I cause a true copy of the foregoing Determination of Denial upon the following person(s) on this 7th day of June, 2022, by hand delivery or mailing, by U.S. Mail, postage prepaid, to the applicant and all providers listed on County Case Number: 2122-036, pursuant to Idaho Code §31-3505C & §31-3505E.

Mailing
 Hand Delivery

MAGIC VALLEY PARAMEDICS, LLC
P O BOX 2777
BOISE, ID 83701

Mailing
 Hand Delivery

ST LUKE'S AIR
P.O. BOX 2777
BOISE, ID 83701

Mailing
 Hand Delivery

ST LUKE'S CLINIC JEROME, LLC
P.O. BOX 640
BOISE, ID 83701-0640

Mailing
 Hand Delivery

ST LUKE'S CLINICS, LLC
P. O. BOX 640
BOISE, ID 83701

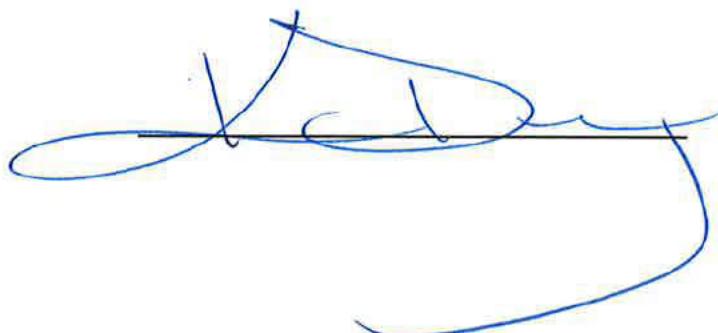
Mailing
 Hand Delivery

ST LUKE'S JEROME
P.O. BOX 2777
BOISE, ID 83701-2777

Mailing
 Hand Delivery

ST LUKE'S REGIONAL MED CENTER, INC
ATTN: COUNTY COORDINATOR P.O. BOX 2777
BOISE, ID 83701

Mailing
 Hand Delivery





Idaho Statutes

TITLE 57 PUBLIC FUNDS IN GENERAL

CHAPTER 8 FUNDS CONSOLIDATION ACT

57-813. CATASTROPHIC HEALTH CARE COST ACCOUNT. [EFFECTIVE UNTIL SEPTEMBER 30, 2023] (1) There is hereby created in the state treasury an account to be designated the "Catastrophic Health Care Cost Account." The account shall be used solely for payment of insurance premiums, payment of eligible claims beyond the eleven thousand dollar (\$11,000) county deductible or payment of the expenses of administering the catastrophic health care cost account.

(2) The administrator of the catastrophic health care cost program may retain counsel.

(3) All moneys placed in the account are hereby perpetually appropriated to the administrator of the catastrophic health care cost program for purposes of this program. All expenditures from the account shall be paid out in warrants drawn by the state controller upon presentation of proper vouchers from the administrator. Pending use, surplus moneys in the account shall be invested by the state treasurer in the same manner as prescribed in section 67-1210, Idaho Code, with respect to surplus or idle moneys in the state treasury. Interest earned on the investments shall be returned to the account.

History:

IN THE SENATE

SENATE BILL NO. 1408

BY FINANCE COMMITTEE

AN ACT

RELATING TO THE APPROPRIATION TO THE OFFICE OF THE STATE CONTROLLER; APPROPRIATING ADDITIONAL MONEYS TO THE OFFICE OF THE STATE CONTROLLER FOR FISCAL YEAR 2025; REDUCING MONEYS TO THE STATE CONTROLLER FOR FISCAL YEAR 2025; PROVIDING FOR THE RECOVERY OF STATE CONTROLLER SERVICE COSTS TO THE INDIRECT COST RECOVERY FUND; APPROPRIATING ADDITIONAL MONEYS TO THE OFFICE OF THE STATE CONTROLLER FOR FISCAL YEAR 2024; AND DECLARING AN EMERGENCY AND PROVIDING EFFECTIVE DATES.

9 Be It Enacted by the Legislature of the State of Idaho:

10 SECTION 1. In addition to any other appropriation provided by law,
11 there is hereby appropriated to the Office of the State Controller the
12 following amounts to be expended for personnel costs according to the des-
13 ignated programs from the listed funds for the period July 1, 2024, through
14 June 30, 2025:

15 FOR:

16 I. ADMINISTRATION:

17 FROM:

18 General Fund

\$16,000

19 II. STATEWIDE ACCOUNTING:

20 FROM:

21 General Fund

\$18 300

22 IIT COMPUTER CENTER

23 FROM:

24 Data Processing Services Fund

\$101,300

25 IV. ENTERPRISE BUSINESS OPERATIONS:

26 FROM:

27 General Fund

\$109,000

28 GRAND TOTAL

\$244,600

29 SECTION 2. Notwithstanding any other provision of law to the contrary,
30 the appropriation made to the Office of the State Controller is hereby re-
31 duced by the following amounts for personnel costs by designated programs
32 from the General Fund for the period July 1, 2024, through June 30, 2025:

1	FOR:	
2	Administration	\$59,600
3	Statewide Accounting	<u>2,300</u>
4	GRAND TOTAL	\$61,900

5 SECTION 3. INDIRECT COST RECOVERY. The moneys assessed by the Division
6 of Financial Management in accordance with Section 67-3531, Idaho Code, for
7 the Office of the State Controller services shall be placed in the Indirect
8 Cost Recovery Fund. On June 30, 2025, the State Controller shall transfer
9 the amount assessed in the statewide cost allocation plan from the Indirect
10 Cost Recovery Fund to the state General Fund.

11 SECTION 4. In addition to the appropriation made in Section 1, Chapter
12 173, Laws of 2023, and any other appropriation provided for by law, there is
13 hereby appropriated to the Office of the State Controller \$24,000 from the
14 General Fund to be expended for trustee and benefit payments for the period
15 July 1, 2023, through June 30, 2024, for the purpose of paying the state por-
16 tion of claims associated with the Catastrophic Health Care Fund.

17 SECTION 5. An emergency existing therefor, which emergency is hereby
18 declared to exist, Section 4 of this act shall be in full force and effect on
19 and after passage and approval, and Sections 1, 2, and 3 of this act shall be
20 in full force and effect on and after July 1, 2024.