

**DON'T LIEN ON ME:**  
**Why the State's Medical Indigency Care Program**  
**Is Unhealthy for Idahoans**

*Idaho Community Action Network*

*The Access Project*

*Community Catalyst*

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The **Northwest Federation of Community Organizations** (NWFCO) is a regional federation of five statewide, community-based social and economic justice organizations located in the states of Idaho, Montana, Oregon, and Washington: Idaho Community Action Network (ICAN), Montana People’s Action (MPA), Oregon Action (OA), Washington Citizen Action (WCA), and Coalition for Montanans Concerned with Disabilities (CMCD). Collectively, these organizations engage in community organizing and coalition building in fourteen rural and major metropolitan areas, including the Northwest’s largest cities (Seattle and Portland) and the largest cities in Montana and Oregon.

The **Idaho Community Action Network** (ICAN) is a statewide nonprofit that works with low-income families and in communities of color around social and economic justice issues. ICAN also runs a statewide food program that allows low-income families to stretch their monthly food budgets.

**The Access Project** is a program of the Center for Community Health Research and Action of the Heller School for Social Policy and Management at Brandeis University. It has served as a resource center for local communities working to improve health and healthcare access since 1998. The mission of The Access Project is to strengthen community action, promote social change, and improve health, especially for those who are most vulnerable.

**Community Catalyst** is a national advocacy organization that builds consumer and community participation in the shaping of our health care system to ensure quality affordable health care for all. Community Catalyst helps state and local consumer health groups develop the legal, policy, and organizational tools needed to cope with changes in health care.

To prepare this report, NWFCO and ICAN gathered data from the counties and stories from uninsured individuals who have had difficulty accessing health care in Idaho. The Access Project and Community Catalyst provided funding and technical support for this report. Based on this research, ICAN developed the recommendations that follow in this report.

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## **EXECUTIVE SUMMARY**

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What do you do if you injure your back, come down with the flu, or even have a toothache, but you're uninsured? Do you wait to see a doctor until you save enough money to pay for it? Do you simply hope that the problem gets better on its own? Do you go to the hospital emergency room, risking an expensive hospital bill that you can't afford to pay?

Whenever one of the 200,000 uninsured individuals in Idaho becomes sick, they face this dilemma. They are among the growing ranks of Americans who do not have access to health insurance. The majority of them cannot afford the high cost of health insurance, have been denied health care coverage due to preexisting condition clauses, or are not offered health care coverage through their employers.

### **What Does It Mean to Not Have Health Insurance?**

Health insurance is the most important vehicle for gaining access to health care services in the United States. It makes a substantial difference in the amount and type of services people are able to obtain. The adverse health consequences for people who do not have health insurance are serious: one study found that the uninsured are almost six times more likely than the insured to have postponed health care for a serious condition because they couldn't afford it.<sup>1</sup> Other studies focusing on health outcomes for uninsured individuals found that these people are more likely to die in the hospital, implying that they may postpone care until it is too late.<sup>2</sup>

Although not discussed as frequently as the health consequences themselves, the financial consequences for people who do not have health insurance can be just as devastating to Idaho families. Lack of or limited health insurance can lead to a myriad of financial problems. According to a Kaiser report, the uninsured are more than twice as likely to have had problems paying medical bills in the past year as those who are insured.<sup>3</sup> The majority of these uninsured adults said they had to change their family's way of life

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<sup>1</sup> Health Desk, National Survey on the Uninsured, 2000, Newshour with Jim Lehrer/Kaiser Family Foundation, Menlo Park, April 2000.

<sup>2</sup> J. Hadley, E. Steinberg, and J. Feder, "Comparison of Uninsured and Privately Insured Hospital Patients: Condition on Admission, Resource Use, and Outcome," *JAMA*, 265 (1991): 374-379.

<sup>3</sup> Kaiser Commission on Medicaid and the Uninsured, "The Uninsured: A Primer. Key Facts About Americans Without Health Insurance." March 2001.

significantly in order to pay their medical bills.<sup>4</sup> And a study last year by Harvard Law Professor Elizabeth Warren found that over half of people filing for personal bankruptcy in the United States do so because of a medical problem or medical debt.<sup>5</sup> Clearly, a good health insurance policy is a protection against financial ruin.

### **The County Medical Indigency Care Program in Idaho**

Many states have established health care safety nets that include public financing of institutions and programs that serve the uninsured. For the uninsured -- whether poor or of moderate income -- the existence of a solid health care safety net means getting medical services when you need them and protection from financial ruin in case of a medical catastrophe.

In Idaho, this health care safety net is composed of (1) Medicaid for children and pregnant women, as well as for certain individuals who are aged, blind, or disabled;<sup>6</sup> (2) the County Medical Indigency Care Program; and (3) the Catastrophic Health Care Cost program. This safety net, however, is inadequate. In fact, one major component -- the County Medical Indigency Care Program -- not only deters Idaho's uninsured from seeking health care services, but also contributes to their financial ruin.

The County Medical Indigency Care Program was created in 1974 to help uninsured Idaho residents pay for medical services. In 1996, the Idaho Legislature enacted significant changes to the program. These changes included the imposition of an automatic lien on program applicants. The lien is placed on the real and personal property of the applicant until the recipient reimburses the county for whatever portion of funds the county decides the applicant should repay. Thus, rather than protecting uninsured Idahoans from financial ruin, the County Medical Indigency Care Program is pushing people over the edge.

ICAN, with support from The Access Project and Community Catalyst, conducted several types of research on the County Medical Indigency Care Program in order to understand how it currently operates and how the lien provision is adversely affecting people who use the program.

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<sup>4</sup> *Id.*

<sup>5</sup> M. Jacoby, T. Sullivan, E. Warren, "Medical Problems and Bankruptcy Filings," *Norton's Bankruptcy Adviser*, May 2000.

<sup>6</sup> Children in families with incomes under 150% of the federal poverty level (for a family of four, the monthly income level is \$2,131) are eligible for Medicaid up to age nineteen. Pregnant women with incomes under 133% -- and Supplemental Security Income (SSI) recipients with incomes up to 74% --- of the federal poverty level are also eligible for Medicaid. The Henry J. Kaiser Family Foundation. "Idaho: Eligibility Levels for Children Under Medicaid and CHIP as a Percent of Federal Poverty Level, 2000" and "Idaho: Eligibility Levels for Other Medicaid Enrollment Groups as a Percent of Federal Poverty Level, 2000." State Health Facts Online. <<http://www.statehealthfacts.kff.org>>.

## **Research Components**

The following research was undertaken:

- Interviews with families who have used the program.
- Review of the statutes that created the program.
- Investigation of the effects of liens and medical debt on an individual's credit report and ability to secure future credit.
- Review of information from eleven counties on the implementation of the County Medical Indigency Care Program.

## **Key Findings**

The key findings of this report are:

- The existence of the automatic lien provision of the County Medical Indigency Program is a barrier that prevents families from seeking medical care.
- The lien and the reimbursement provisions of the County Medical Indigency Program actually drive uninsured families into medical debt that seriously affects their credit ratings long after the lien has been removed.
- The amount of money that counties have collected from indigent individuals since the inception of the automatic lien provision in 1996 remains virtually unchanged. This suggests that the automatic lien provision has had no positive economic outcome for the counties.
- Counties vastly underspend the amount of money they have allocated to the County Medical Indigency Care Program, thereby denying uninsured Idahoans relief from burdensome medical bills.
- The automatic lien provision has detrimental financial effects on hospitals and health centers in Idaho because, as consumers decline to apply for the County Medical Indigency Care Program for fear of a lien, health care institutions must foot the bill or pass it along to the insured.
- Although many counties across the country have programs that help uninsured individuals obtain medical services and reimburse institutions that serve the uninsured, Idaho is unique in the country in its use of the automatic lien provision.

## **Recommendations**

Given these findings, ICAN makes the following recommendations for reforming the County Medical Indigency Care Program:

- The state should eliminate the automatic lien provision of the County Medical Indigency Care Program.
- The state should eliminate the reimbursement requirement of the County Medical Indigency Care Program.
- Counties should strive to spend the amount of money that they allocate to the County Medical Indigency Care Program each year.
- The state should shorten and simplify the application for County Health Care Assistance.

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## **SUMMARY OF THE COUNTY MEDICAL INDIGENCY CARE PROGRAM**

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Counties in Idaho offer a program that provides financial assistance to people who are in need of medical services but cannot afford them. Under this program, counties can pay residents up to \$10,000 per claim in the aggregate over a twelve-month period.<sup>7</sup> The programs will only pay for “necessary medical services,” which are those services required in order to identify or treat a person’s health condition, illness, or injury.<sup>8</sup> Some important medical services are specifically excluded.<sup>9</sup>

### **Application and Approval Process**

To obtain financial assistance, applicants must submit a written, signed and sworn, eight-page application to the county clerk’s office. Third parties (such as hospitals) can apply on a patient’s behalf. Because a third party may complete and sign an application for assistance, an application can even be submitted without the person’s knowledge or consent.<sup>10</sup> This application—known as the Uniform Medical Indigency Application—requires extensive information about the applicant, his or her household, the medical services for which assistance is requested, the individual’s health insurance status, residency; earned and unearned income, resources (financial and real/personal property),

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<sup>7</sup> Under Idaho’s Catastrophic Health Care Cost Program (CHCCP), medical expenses above \$10,000 may be paid for by the state. It is not necessary to complete a separate application, above and beyond the Uniform Medical Indigency Application, to receive funds from the CHCCP. Instead, the CHCCP board reviews the application submitted through the county.

<sup>8</sup> The medical services must be: (1) consistent with the symptoms, diagnosis, or treatment of the medical indigent's condition, illness or injury; (2) in accordance with generally accepted standards of medical or surgical practice then prevailing in the community where the services were provided; (3) furnished on an outpatient basis whenever it is safe, efficient, and reasonable to do so; (4) not provided primarily for the convenience of the medically indigent person or the provider; and (5) the standard, most economical service or item that can safely, reasonably, and ethically be provided. Idaho Code §31-3502(18) (A).

<sup>9</sup> Excluded services are: (1) bone marrow transplants; (2) organ transplants; (3) elective, cosmetic and/or experimental procedures; (4) services related to, or provided by, residential and/or shelter care facilities; (5) normal, uncomplicated pregnancies, excluding caesarean section and childbirth well-baby care; (6) Medicare co-payments and deductibles; and (7) services provided by, or available to, an applicant from state, federal, and local health programs. Idaho Code §31-3502(18) (B).

<sup>10</sup> See Idaho Code §§31-3502(15) and 31-3504(2) (“If a third party application is filed, the application shall be as complete as practical...”).

and monthly expenses. The applicant must also provide proof to support all of the information on the application, including pay stubs, tax returns, application for other programs, and proof of value of all real and personal property.

Applications for *nonemergency* medical services must be filed ten (10) days prior to receiving services from the provider. Application for *emergency* medical services can be made at any time within thirty-one (31) days beginning with the first day of the provision of services from the provider or, in the case of hospitalization, thirty-one (31) days beginning with the date of admission.

Once the application is complete, the county clerk personally interviews the applicant and investigates the information provided on the application, along with all other required information. Applicants have a duty to cooperate with the county investigation, by providing documentation, submitting to an interview, and otherwise helping the county ascertain eligibility. Applicants also must notify the county if they receive additional resources after an application has been filed.

The county clerk must complete the investigation of an application for nonemergency necessary medical services within twenty (20) days (or forty-five (45) days in case of a medical emergency). Once the interview and investigation is complete, the clerk files a statement of findings with the Board of County Commissioners, which must make an initial determination of eligibility. Interestingly, the law provides no guidelines for eligibility—eligibility is determined solely at the board’s discretion. In cases where the board determines a person is not eligible for assistance, there is recourse for an appeal by the applicant, in which case the board must hold a hearing. If, on appeal, the board again denies financial assistance, judicial review is available. Arbitration is also available if a county determines that a service is not a necessary medical service.

## **Automatic Lien**

As soon as he or she files for financial assistance, an automatic lien is placed on all of the real and personal property of the applicant and on insurance benefits to which the applicant may become entitled in the future.<sup>11</sup> If the county approves the application for assistance, the lien remains in place until the applicant’s financial obligation to the County is satisfied. Although the application does state that the automatic lien will attach to the applicant’s property, if a third party applies on behalf of a patient, it is quite possible that a patient would not know about the lien until after it was attached.<sup>12</sup>

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<sup>11</sup> If an application for assistance is denied, the lien will be released within twenty-eight days from the date of denial. See <<http://www.co.bonner.id.us/assistance/indig.htm>>.

<sup>12</sup> In fact, while conducting research for its St. Luke’s Charity Care Campaign in 1999, ICAN came across families who were not clearly notified that an automatic lien would be placed on their property. See “Public Health or Private Wealth? Who’s Cashing in on St. Luke’s Riches?” June 1999.

## **Reimbursement**

People who receive financial assistance are required to reimburse the county for any portion of the financial assistance and for any period of time that the board decides is reasonable. If the amount of financial assistance is over \$10,000 – and, thus, the applicant receives assistance from both the county and from the state, through the Catastrophic Health Care Cost Program -- reimbursed amounts are supposed to be prorated between the county and the state in proportion to the amount each has paid. If the board finds that a person has additional resources, it can require additional reimbursement. Conversely, it can also reduce the amount of reimbursement if it finds that there has been a substantial change in an applicant's circumstances. If an applicant feels that the reimbursement amount or rate is excessive, he or she can seek judicial review.

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**STORIES FROM THE FIELD:**  
**THE IMPACT OF THE LIEN PROVISION ON UNINSURED IDAHO FAMILIES**

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**A. Driving Families into Debt**

Uninsured families face serious financial consequences when seeking health care services in Idaho. The problems associated with the County Medical Indigency Care Program are best illustrated by the personal stories of families who have used or are afraid to use the program because of the liens.

Idaho's Medicaid program currently operates at the lowest possible income threshold that is allowed by the federal government.<sup>13</sup> Many poor working families make too much money to qualify for the state's Medicaid program—in fact, an adult who works more than seventeen hours a week at a minimum wage job will exceed the income limits for the state's Medicaid program. Many families are provided no relief for their medical expenses and do not have access to health insurance through their employers. As a result, the county program is often the only way for families to get needed medical services. By law, the County Medical Indigency Care Program is the payer of last resort; however, the current program offers no clear income guidelines to determine who qualifies for help.

***Beverly and Hugh Shrank, Burley, Idaho***

*In 1991, Hugh Shrank was working as a truck driver and his wife, Beverly, was a full-time student. The couple had no health insurance because Hugh's employer did not provide coverage. That year, Hugh suffered from an allergic reaction to a prescription drug he was taking and was rushed to Cassia Regional Medical Center. Upon arrival, Beverly told the hospital that they had no health insurance and could not afford to pay for care. The hospital suggested they seek aid from the County Medical Indigency Care Program to cover their \$3,000 medical bill.*

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<sup>13</sup> See Kaiser Commissioner on Medicaid and the Uninsured. "Medicaid Eligibility for Families and Children." September 1998.

*The Shranks applied to the program, but they were denied coverage. According to the county, Hugh's job paid him enough to afford the cost of medical care. At the time, Hugh was still too sick to return to work. After the county rejected the Shrank's application, the hospital allowed Hugh and Beverly to set up a monthly payment plan of \$20.*

*Hugh's illness and subsequent slow recovery made their already precarious financial situation even worse. Because Hugh missed a great deal of work due to his illness, he was fired from his job. As soon as he was well enough, Hugh was able to find another job, but it didn't last long—he was soon laid off. The Shranks were barely keeping their heads above water financially, and as the bills mounted they were unable to pay the \$20 a month to the hospital. The hospital sent the Shranks' bill to a collection agency. The bill grew even bigger as interest accrued. Finally, in 1995, the Shranks decided that their only option was to file bankruptcy.*

***“We felt like we were drowning in debt and the only lifeguard we had to save us was to file.”***

In conducting its research, ICAN found that many families refuse to apply for the program based on the fear of what would happen to their homestead. Families would rather deal with the consequences of claiming bankruptcy than lose their homes. Although no county in Idaho has yet foreclosed on a person's house, the perception that this could happen has a chilling affect on people applying for the program.

### ***Georgia and Jesse Smith, Declo, Idaho***

*Georgia Smith and her husband, Jesse, moved from California to Idaho ten years ago. They live in Declo with Tiffany, the youngest of their five children. They feel like a part of their community and like to help others, so they volunteer at the Burley Food Program and at New Life Tabernacle. They also volunteer for Shilo Christian Counseling Services in Boise.*

*Georgia has always been a stay-at-home mom, taking care of the Smiths' five children. Jesse, who is now retired, used to work for Magic Valley Foods. Today, with social security and the money he makes from occasionally hauling livestock, the family's income totals about \$1,500 a month*

*Until 1996, when Jesse retired, the family had health insurance through his work. When he retired, the family thought they'd be able to keep coverage through the company plan, but as the cost of coverage increased their income fell and, after a few months, they were forced to drop the coverage.*

*Since Jesse and Georgia were both a few years shy of 65, they were not eligible for Medicare. And an income of \$1,500 a month made them ineligible for Medicaid, since, under Idaho's current law, a family of three must make less than \$382 a month to qualify for this program.<sup>14</sup>*

*In March 1997, Georgia, who had been experiencing episodes of severe abdominal pain and nausea, had an attack so severe she was rushed to the hospital emergency room. Doctors found she had a tumor the size of a softball attached to one ovary and performed an emergency hysterectomy.*

*Because Georgia was uninsured, the Smiths were faced with a hospital bill of \$18,827. They tried without success to work out a payment plan with the hospital. Ten months after surgery, the hospital sent the bill to a collection agency. They refused to go to the county to apply for the County Medical Indigency Care Program for fear of what would happen to their home and credit if they applied for the program. Soon thereafter, they were forced to declare bankruptcy.*

*Today, at age 67, Jesse is eligible for Medicare. Georgia, however, is not. And so she is still completely uninsured.*

***"I think our state needs a better medical plan for working families," Georgia states. "Right now I need glasses, I'll guess I'll have to wait until I'm 65. Even though we had to claim bankruptcy, at least we still have our home. I didn't want a lien placed on my home."***

Stories such as the Shranks' and Smiths' can be heard in many communities across the state. ICAN contends that the county program, which is paid for by county taxpayers, punishes those same families for accessing a program that they initially funded.

## **B. The Financial Impact of a Lien**

The County Medical Indigency Care program's practice of automatically attaching a lien to any real or personal property of program beneficiaries has several immediate and long-term consequences for a family's or individual's financial situation.

### **1. Liens create barriers for families when selling property or when attempting to use that property as collateral when seeking additional credit.**

ICAN polled various financial institutions in the state to ascertain what affect a lien would have on an individual who attempted to sell his or her home or to use the home as

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<sup>14</sup> IDAPA 16.03.08, page 17, Rule 251.

collateral when seeking additional credit. The exact responses varied from institution to institution, but all institutions agreed that the lien represents a significant barrier when selling property or applying for additional credit. Although the lien cannot prevent a person from selling or using that property as collateral, judging by the responses below, it can create a large administrative and financial headache for a family trying to obtain additional credit or cash resources.

| <b>Name of Institution</b>          | <b>Date of Interview</b> | <b>Response from loan/title officer</b>                                                                                                                                   |
|-------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bank of America                     | 3/1/01                   | “A person can sell their house. Part of the proceeds would have to go to pay off the lien.”                                                                               |
| Farmers & Merchants State Bank      | 3/2/01                   | “It could make the situation very complicated for the individual. The only way we would loan to that person is if the county waived the lien. I doubt that would happen.” |
| Idaho Central Credit Union          | 2/27/01                  | “Lien would have to be paid off before the person sells their house. We wouldn’t use it as collateral.”                                                                   |
| Home Federal Savings and Loan       | 2/26/01                  | “It would definitely be one of the first things that we would look at...it raises quite a flag when a lien is present.”                                                   |
| Pioneer Title Company of Ada County | 3/1/01                   | “It would make it difficult to sell or obtain additional credit. We deal with these every day. They [the liens] are not fun.”                                             |

## **2. Liens harm one’s credit score and place a derogatory mark on one’s credit report.**

Almost every adult in the United States has a credit file with the three major national credit bureaus: Experian, Equifax, and Trans Union. A credit file contains basic personal information, including social security number, birth date, current and former addresses, and employers. The file collects and lists, individually, the basic account information of all debts. This includes a code that explains whether the account is current, thirty days past due, sixty days past due, ninety days past due, or if it involves a repossession, charge-off or other collection activity. Most major creditors subscribe to at least one credit bureau. Creditors continuously supply the credit bureau with current account information in exchange for the right to find out information about other credit applicants.

A *credit report* from a credit bureau will include a summary of past credit experiences, such as the number of times a person’s account was past due, the date of the most recent delinquencies and the date of the most severe delinquency. *Credit scores* are “numerical scores generated by a credit bureau or lender that are used to predict a borrower’s risk of

delinquency or default.”<sup>15</sup> These scores are based on the information in the credit report. Fair, Isaac and Company, Inc., developed the most widely used software to generate credit scores, which explains why credit scores are widely referred to as “FICO” scores. The factors used to generate FICO scores had been a well-guarded secret, but as of June 2000 they have been divulged to the public. The FICO scoring factors and relative weight of each factor are:

- Payment history—35% of score.
- Amounts owed—30% of score.
- Length of credit history—15% of score.
- New credit—10% of score.
- Types of credit in use—10% of score.<sup>16</sup>

Liens fall within the “payment” or “credit” history factor in the FICO credit scoring system, the description of which states:

Public record and collection items—reports of events such as bankruptcies, judgments, suits, liens, wage attachments, and collection items. *These are considered quite serious, although older items will count less than more recent ones.*<sup>17</sup>

This FICO category is the only one that contains an explicit statement of a lien’s importance to the credit score. Further, the Fair Isaac website includes general recommendations for improving one’s credit score. Although these recommendations cover most of the factors that make up the credit score, they do not indicate how to offset the damaging existence of a lien.<sup>18</sup> As a result, the practice of attaching liens to one’s property affects a consumer both while the lien is attached and after the lien is removed because the history remains in the consumer’s credit report for the rest of his or her life.

#### **4. Credit reports and scores are widely used to screen applicants for employment, rental housing, and in the extension of credit.**

Freddie Mac has a worksheet for underwriters to assess the risk associated with providing a mortgage to a particular individual. The worksheet lists a lien under the category of “Worse ever derogatory credit file entry” along with other extreme risk factors such as bankruptcy, foreclosure, and repossession.

While credit scoring systems have been around since the 1950s, their importance in the lending world has increased dramatically in recent years. Since 1995, FICO scores have played an important role not only in the mortgage lending world, but also in nonmortgage

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<sup>15</sup> See <<http://www.fairisaac.com>>.

<sup>16</sup> See <<http://www.myfico.com>> (“What a FICO Score Considers”).

<sup>17</sup> *Id.* (emphasis added).

<sup>18</sup> K. Harney. “How to Boost a 'Score' For Lower Mortgage.” The Washington Post. November 7, 1998 <<http://www.fairisaac.com/servlet/SiteDriver/Content/686>>.

lending and credit card transactions. According to a National Consumer Law Center Report on consumer credit: “Lenders and collectors use scores not only to evaluate applications, but also to decide whether to increase or decrease lines of credit, determine collectability of accounts, and even to project the likelihood of bankruptcy.”<sup>19</sup> A press release issued during the recent publication of FICO’s scoring factors states that “FICO scores are used by US lenders to make billions of credit decisions each year, including more than 75% of mortgage loan originations.”<sup>20</sup>

Credit reports and credit scores are increasingly being used in new settings. For example, employers commonly use credit reports and scores when conducting background checks of job applicants and employees seeking promotions or reassignments.<sup>21</sup> Landlords review credit reports and scores when screening prospective tenants.

Because credit reports contain information that has been collected for decades, the County Medical Indigency Care Program’s policy of attaching liens harms a consumer’s credit for a long time.

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<sup>19</sup> “Consumer Credit and Usury Edition,” *NCLC Reports*, Volume 18, May/June 2000.

<sup>20</sup> Fair Isaac and Company Press Release. “Fair Isaac ‘Demystifies’ FICO Scores with List of Score Factors, Web-based Explanation Service,” June 8, 2000 <<http://www.fairisaac.com>>.

<sup>21</sup> D. Kitamura and D. Loonin, “Getting Credit Where Credit is Due: Helping Welfare-to-Work Clients Address Credit-Reporting Issues.” *Clearinghouse Review*, July-August 2000.

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**LOOKING AT THE NUMBERS:**  
**IS THE LIEN PROGRAM REALLY EFFECTIVE?**

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Throughout much of 2000, ICAN collected data from eleven individual county programs across the state in diverse geographic areas across the state. The counties that ICAN researched are: Ada, Canyon, Cassia, Gooding, Idaho, Jerome, Lewis, Minidoka, Nez Perce, Owyhee, and Twin Falls. Through a combination of letters and phone calls, ICAN asked for the following information from each county:

- (1) The amount each county budgeted for the Medical Indigency Care Program (1994-1999);
- (2) The amount each county spent on the Medical Indigency Care Program (1994-1999);
- (3) The amount each county recovered from Idahoans who had used the Medical Indigency Care Program (1994-1999);
- (4) Systems of collection; and
- (5) The number of times the county had foreclosed on a lien.

The data gathered is set forth in Appendix B.

Based on this research a number of conclusions can be drawn:

- Much of the money that is to be used for health care is never spent. For instance, in Ada County in 1998, 35 percent of the funds allotted for the program went unspent. In 1995, that figure was 22 percent, or \$1.3 million, that could have been used for uninsured or underinsured families. In Idaho County, in 1996, 43 percent of the funds went unspent. With the exception of Gooding County in 1995, not one county that ICAN investigated used its entire yearly allotment of funds for the program.
- Counties use different systems of collection, making a program that is already administratively confusing even more so. All of the counties, however, required indigent recipients to sign agreements promising to repay the county for funds borrowed. Four of the counties specifically identified the use of promissory notes. Cassia, Jerome, and Twin Falls counties admit to sending accounts to collection services.
- Even with the enactment of the lien provision, there is no evidence that counties have increased their ability to recover funds. In fact, in some years, the amount of money collected by the counties actually declined. In 1994, before the enactment of the lien

provision, Lewis County collected \$1,275.41 on accounts from the program. In 1995, after the introduction of the provision, Lewis County collected \$584.11. In 1994, Cassia County collected \$78,486; in 1999 it collected \$60,348. In 1994, Idaho County collected \$56,251; in 1998 it collected \$44,113.

- Although the potential to foreclose on property certainly exists, no county in the survey has actually foreclosed. Thus the lien provision seems to be an unnecessary administrative burden.

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**IDAHO COMMUNITY ACTION NETWORK’S RECOMMENDATIONS**  
**FOR CREATING A FAMILY-FRIENDLY MEDICAL INDIGENCY**  
**CARE PROGRAM**

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The funds allocated by each county for the Medical Indigency Care Program are derived from a tax levied on Idahoans. Because these funds are specifically earmarked for health care, they must be used for health care. However, ICAN’s survey of eleven counties has found that in virtually every county, the funds allocated are not being fully utilized. Because these dollars hold the promise of providing access to health care services and preventing financial ruin for the over 200,000 Idahoans without adequate health insurance coverage, it is imperative that all dedicated funds be used to address the needs of the medically indigent. It is ICAN’s belief that the Medical Indigency Care Program could fulfill this promise if it was modified in three key respects:

**1. Remove the Lien Provision**

The lien provision of the County Medical Indigency Care Program is a major barrier to getting medical services for many uninsured in Idaho. Further, property liens can disastrously affect an individual’s credit rating even long after the debt has been repaid and lien removed. Hospitals and health centers are also affected by the lien provision. As consumers decline to apply for the County Medical Indigency Care Program for fear of ruining their credit, health care institutions are not immediately reimbursed for the care they provide. Finally, the lien provision has not significantly improved the counties’ efforts at collecting payment from individuals who have used the County Medical Indigency Care Program. For these reasons, ICAN recommends eliminating the lien provision of the County Medical Indigency Care Program.

**2. Modify the Reimbursement Provision**

Currently, the County Medical Indigent Care Program requires those who receive financial assistance to reimburse the county from which the assistance was received. Both the reimbursement amounts and the timeline in which to pay them are devised entirely at the counties’ discretion. Counties are also given discretion to adjust the amount of reimbursement as an individual’s or family’s income or assets changes. Requiring low-income families to reimburse the county for medical debt creates serious financial consequences. Debt that is 30 days or more overdue adversely affects a family’s credit report and score. Medical debt also constrains the already tight budgets of most low-income families, forcing people to choose between paying for food and shelter or paying their medical debt. In its eleven-county survey, ICAN learned that there are great

disparities in how counties implement this provision of the law. ICAN recommends that the reimbursement provision of the law be standardized to require no reimbursement of county funds unless a family's income or assets increases in a three-year period following the receipt of county funds. If there were a considerable increase in income or assets, the county would form a reimbursement agreement with the indigent family.

### **3. Streamline the application process**

The current application for the County Medical Indigency Care Program is eight pages long and includes many questions on income, expenses, and assets, which are difficult for families to complete. A lengthy and complicated application also creates barriers for health care providers who are applying on behalf of indigent consumers. ICAN proposes adoption of a new application that is similar to the standard public assistance application that is used for the CHIP, food stamp, cash assistance, and Medicaid programs.

### **4. Establish Eligibility Guidelines**

Under the current Medical Indigency Care Program, there are no clear standards for determining eligibility. Instead, the counties have discretion to determine eligibility on a case-by-case basis. This leads to confusion and, potentially, to the denial of assistance to individuals in need. ICAN recommends that a gross income test be used to screen applicants. The gross income test would be set for families or individuals who are at or below 200% of poverty level. In addition, these families also would only be eligible for the program if they didn't already qualify for existing public health programs.

**APPENDIX A:**  
**Sample Survey Letters**

*Letters sent by the IDAHO COMMUNITY ACTION NETWORK  
to gather Indigency Fund data*

**APPENDIX B:**  
**Chart**

*Data collected by the IDAHO COMMUNITY ACTION NETWORK  
from 11 Idaho county programs, showing:*

*Amount budgeted for the Medical Indigency Care Program*  
*Amount spent on the Medical Indigency Care Program*  
*Amount recovered from Idahoans who had used the Program*

| <b>COUNTY</b>            | <b>1994</b> | <b>1995</b>  | <b>1996</b>  | <b>1997</b>  | <b>1998</b>  | <b>1999</b>  |
|--------------------------|-------------|--------------|--------------|--------------|--------------|--------------|
| <b><u>ADA</u></b>        |             |              |              |              |              |              |
| Budget                   | NA          | 5,454,350.00 | 5,803,995.00 | 5,859,672.00 | 5,781,615.00 | 5,847,415.00 |
| Spent                    | NA          | 4,268,770.78 | 5,028,338.29 | 5,045,054.99 | 3,783,305.27 | 5,021,438.24 |
| Recovered                | NA          | 2,729,458.71 | 3,857,218.65 | 3,434,201.24 | 2,113,707.69 | 3,102,503.79 |
| <b><u>CANYON</u></b>     |             |              |              |              |              |              |
| Budget                   | NA          | 1,352,000.00 | 1,352,000.00 | 1,352,000.00 | 1,352,000.00 | 1,352,000.00 |
| Spent                    | NA          | 1,279,431.88 | 1,211,543.82 | 1,061,983.55 | 638,695.22   | 799,901.79   |
| Recovered                | 110,352.83  | 142,252.00   | 270,280.00   | 171,175.00   | 241,318.00   | 164,548.00   |
| <b><u>CASSIA</u></b>     |             |              |              |              |              |              |
| Budget                   | NA          | 381,067.99   | 301,201.25   | 322,082.08   | 387,591.05   | 282,509.33   |
| Spent                    | NA          | 354,993.81   | 355,759.17   | 310,344.17   | 283,917.62   | 254,590.58   |
| Recovered                | NA          | 112,061.91   | 55,094.89    | 68,213.15    | 68,213.15    | 60,348.47    |
| <b><u>GOODING</u></b>    |             |              |              |              |              |              |
| Budget                   | NA          | 315,410.02   | 320,932.05   | 338,520.20   | 319,009.88   | 342,846.75   |
| Spent                    | NA          | 330,976.40   | 320,930.62   | 263,027.63   | 236,282.58   | 224,950.77   |
| Recovered                | 78,486.12   | 77,216.05    | 63,046.50    | 67,692.91    | 60,479.80    | 102,220.38   |
| <b><u>IDAHO</u></b>      |             |              |              |              |              |              |
| Budget                   | NA          | 397,508.00   | 383,798.00   | 428,095.00   | 354,730.00   | 357,917.00   |
| Spent                    | NA          | 252,786.50   | 166,636.72   | 182,941.41   | 150,166.49   | 284,052.28   |
| Recovered                | 56,257.34   | 43,868.23    | 15,117.09    | 28,433.21    | 44,113.43    | 92,824.96    |
| <b><u>JEROME</u></b>     |             |              |              |              |              |              |
| Budget                   | NA          | 410,000.00   | 420,000.00   | 370,000.00   | 375,000.00   | 330,000.00   |
| Spent                    | NA          | 389,113.80   | 334,018.24   | 323,516.57   | 252,339.31   | 164,675.48   |
| Recovered                | 43,105.40   | 63,697.55    | 72,133.05    | 129,255.82   | 73,159.39    | 51,351.16    |
| <b><u>LEWIS</u></b>      |             |              |              |              |              |              |
| Budget                   | NA          | 89,239.00    | 123,364.00   | 124,439.00   | 121,562.00   | 122,959.00   |
| Spent                    | NA          | 59,747.15    | 89,987.83    | 103,308.60   | 102,553.41   | 98,534.70    |
| Recovered                | 1,275.41    | 584.44       | 9,106.21     | 6,966.82     | 9,864.46     | 5,115.86     |
| <b><u>MINIDOKA</u></b>   |             |              |              |              |              |              |
| Budget                   | NA          | NA           | NA           | NA           | NA           | NA           |
| Spent                    | NA          | NA           | NA           | NA           | NA           | NA           |
| Recovered                | NA          | 45,194.62    | 52,417.70    | 83,794.21    | 99,036.71    | 132,000.00   |
| <b><u>NEZ PERCE</u></b>  |             |              |              |              |              |              |
| Budget                   | NA          | 670,900.00   | 671,620.00   | 674,120.00   | 507,620.00   | 423,220.00   |
| Spent                    | NA          | 440,660.65   | 338,064.34   | 455,339.25   | 319,577.40   | 231,682.47   |
| Recovered                | NA          | 41,485.50    | 39,708.68    | 90,974.46    | 88,093.47    | 85,842.29    |
| <b><u>OWYHEE</u></b>     |             |              |              |              |              |              |
| Budget                   | NA          | NA           | NA           | 239,632.00   | 239,635.00   | 239,650.00   |
| Spent                    | NA          | NA           | NA           | NA           | NA           | 165,833.53   |
| Recovered                | NA          | 36,883.23    | 24,241.24    | 20,270.01    | 36,652.89    | 58,280.05    |
| <b><u>TWIN FALLS</u></b> |             |              |              |              |              |              |
| Budget                   | NA          | NA           | NA           | NA           | NA           | NA           |
| Spent                    | NA          | NA           | NA           | NA           | NA           | NA           |
| Recovered                | NA          | 214,175.42   | 221,810.14   | 272,847.15   | 332,554.02   | 352,744.19   |

**APPENDIX C:**  
**Uniform County Medical Assistance Application**  
**(Medical Indigency Application)**

## GENERAL INFORMATION

**This application is to be used by County Medical Assistance applicants.**

## COMPLETING THE APPLICATION

Complete all pages of this application as completely and accurately as possible. If you have trouble answering questions, getting information or records, or if you need an interpreter, ask your County Assistance Office for help.

## INTERVIEW

A face to face interview is required before you receive county medical assistance. In rare cases you may have a telephone interview. You will be required to provide proof of all information shown on your application. If you have any questions about this, ask your County Assistance Office.

## REQUIRED PROOF

To establish eligibility for county medical assistance, you must provide the following to the County Assistance Office:

1. Proof of identity, like photo identification card or driver's license or immigration cards.
2. Proof of application or award letters for Social Security, SSI, Medicaid, Medicare, Worker's Compensation or Crime Victims showing current benefit amount.
3. Proof of application for other forms of public assistance including:

|             |                          |      |
|-------------|--------------------------|------|
| Food stamps | Rental/energy assistance | TAFI |
| Housing     | AABD                     |      |
4. Proof of all household income from all sources for the last six (6) months including:

|                 |                            |              |          |
|-----------------|----------------------------|--------------|----------|
| Wage stubs      | Employer earning statement | Settlements  | Interest |
| Social Security | Veteran Benefits           | Unemployment | SSI      |
| Rental/escrow   | Child Support              | Alimony      | Pension  |
5. A complete copy of the most recent federal and state income tax returns with schedules and W-2's.
6. If self employed, the year-to-date bookkeeping records including sales and expense records.
7. The last six (6) months of bank statements including checking, savings, escrow and credit union accounts.
8. Proof of value and balances owed for all real property.
9. Proof of value and balances owed for all personal property including:

Household goods including: art, jewelry, coins, guns, collections, electronic equipment, musical instruments, tools of the trade, etc.

|                       |                |             |                         |                |
|-----------------------|----------------|-------------|-------------------------|----------------|
| Motor vehicles        | Other vehicles | Trailers    | Campers                 | Motorcycles    |
| Recreational vehicles | Snowmobiles    | Livestock   | Mining Claims           | Farm Equipment |
| Timber                | Stocks         | Bonds       | IRA's                   | 401K's         |
| Trusts                | Annuities      | Inheritance | Certificates of Deposit |                |
10. Proof of the monthly expenses:

|                    |                                                |                  |               |
|--------------------|------------------------------------------------|------------------|---------------|
| Current month rent | Land/house payment                             | Space rent       | Utility bills |
| Child support      | Child care                                     | Medical expenses | Alimony       |
| All insurance      | Other monthly expenses including balances owed |                  |               |
11. Proof of health insurance and life insurance.
12. Proof of veteran's status, i.e. military discharge papers (DD214)

**Provide all medical bills for which county assistance is requested immediately upon receipt.**

# GENERAL INFORMATION

## COUNTY APPLICANT INFORMATION, RIGHTS AND RESPONSIBILITIES

### APPLICANT RESPONSIBILITIES

#### You Must:

- Complete *every* question, sign the application and file it with the county clerk.
- Follow time frames:
  - \* File 10 days prior to receipt of non-emergency services.
  - \* File within 31 days beginning with the first day of emergency services or emergency admission.
  - \* File within 180 days beginning with the first day of the provision of necessary medical services when an application or claim for Social Security, Medicaid, Medicare, third party insurance, crime victims and/or worker's compensation has been timely filed within 90 days following the first day of necessary medical services or date of admission.
  - \* File with the correct county within 30 days from the date a county determines it is not the obligated county.
- Cooperate with the county in investigating your application by providing documentation and submitting to an interview.
- Notify the county when you receive resources after filing an application.
- Reimburse the county if assistance is provided and the county determines your ability to do so.

### LIENS AND ESTATE RECOVERY AND REIMBURSEMENT

When applying for county assistance, an automatic lien attaches to your real and personal property, all insurance benefits, and any additional resources to which it may legally attach pursuant to I.C. 31-3504 (4).

State law allows a county to recover funds paid on your behalf from your estate after your death or the death of your spouse, whichever is later.

Receipt of assistance, pursuant to I.C. 31-3510A, shall obligate an applicant to reimburse the county from which assistance is received.

### PROPERTY TRANSFER

An applicant can be denied county assistance if the applicant has divested himself/herself of resources within one year of filing a county application (31-3511(3))

### NONDISCRIMINATION

If you believe the county has practiced discrimination because of race, color, age, sex, handicap, national origin, religious creed or political belief, you can file a complaint.

County complaints should be addressed to the County Commissioners through the regular appeal process in the county where the determination was made.

### VIOLATIONS AND PENALTIES

#### If You:

- Fail to cooperate with the county, make a material misstatement or omission, you will be ineligible for non-emergency services for 2 years.
- Give false or misleading information to a hospital, county or its agent, or to any person in order to receive county assistance, or fail to disclose resources or benefits available to you as payment or reimbursement, you will be guilty of a misdemeanor and punishable under the law.
- Do not provide required material information or divest yourself of resources within 1 year prior to filing an application in order to become eligible for county assistance, your application will be denied.
- Are sanctioned by federal or state authorities and lose medical benefits, you will be ineligible for county assistance for the period of the sanction.
- Do not file your application in the manner described or within the time limits established, the Board of County Commissioners shall not hear or approve your application.

### NOTICE OF DETERMINATION AND APPEAL RIGHTS

- The Board of County Commissioners written determination will be mailed to you.
- You may appeal an adverse determination by filing a written notice of appeal with the Board within 28 days of the date of determination.
- You may seek judicial review of the Board's final determination denying your application.
- You may petition the Board to reduce an order of reimbursement.
- You may seek judicial review of a reimbursement order that you feel is excessive.

**COUNTY USE ONLY:**

Date Application Received: \_\_\_\_\_

Lien Instrument #: \_\_\_\_\_

Filing Date: \_\_\_\_\_

UCC Filing Date: \_\_\_\_\_

**UNIFORM COUNTY MEDICAL ASSISTANCE APPLICATION***(For informational purposes only)* Type of application:

Emergency 30 day \_\_\_\_\_; Non-emergency 10-day prior \_\_\_\_\_; Additional Request: \_\_\_\_\_;

180 Day Delayed (Justification must be attached) \_\_\_\_\_

**COUNTY ASSISTANCE REQUEST**

|                                                                                            |                                 |
|--------------------------------------------------------------------------------------------|---------------------------------|
| Patient Name:                                                                              | If minor, Parent/Guardian Name: |
| If Third Party Applicant, Contact Person:                                                  |                                 |
| Name of Facility:                                                                          | Phone:                          |
| Please list medical condition(s) and procedure(s) for which you are requesting assistance: |                                 |
|                                                                                            |                                 |
|                                                                                            |                                 |
|                                                                                            |                                 |

|                             |        |
|-----------------------------|--------|
| Do you need an interpreter? | YES/NO |
|-----------------------------|--------|

In the appropriate columns, provide complete information for EACH medical provider that you are requesting the county to pay. (Attach additional pages if needed) **Only providers listed below will be considered for payment.**

| PROVIDER<br>(Name & Address) | DATES OF SERVICE |     | TYPE OF SERVICE | AMOUNT |
|------------------------------|------------------|-----|-----------------|--------|
|                              | From:            | To: |                 |        |
|                              | From:            | To: |                 |        |
|                              | From:            | To: |                 |        |
|                              | From:            | To: |                 |        |
|                              | From:            | To: |                 |        |
|                              | From:            | To: |                 |        |
|                              | From:            | To: |                 |        |
|                              | From:            | To: |                 |        |
|                              | From:            | To: |                 |        |
|                              | From:            | To: |                 |        |

Amended October 20, 2000

February 10, 2000

**PERSONAL INFORMATION (Please circle appropriate response)**

|                                                                                                                                                               |                |           |                                        |        |                    |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|----------------------------------------|--------|--------------------|----------|
| <b><u>PATIENT/APPLICANT</u></b>                                                                                                                               |                |           |                                        |        |                    |          |
| First Name                                                                                                                                                    | Middle Initial | Last Name | Date of Birth                          |        | Social Security #  |          |
| Other Names Used:                                                                                                                                             |                |           |                                        |        |                    |          |
| Physical Address                                                                                                                                              |                | City      | State                                  | County |                    | Zip Code |
| Mailing Address (if different)                                                                                                                                |                | City      | State                                  | County |                    | Zip Code |
| Home Phone Number                                                                                                                                             |                |           | Message Number:                        |        |                    |          |
| Marital Status (circle one):    Single                      Married                      Separated                      Widowed                      Divorced |                |           |                                        |        |                    |          |
| U.S. Citizen:    YES / NO                                                                                                                                     |                |           | Veteran:            YES / NO           |        | Type of Discharge: |          |
| Name of Sponsor:                                                                                                                                              |                |           | V.A. ID #:                             |        |                    |          |
| Are you registered to Vote:    YES / NO                                                                                                                       |                |           | Are you licensed to Drive:    YES / NO |        |                    |          |
| If YES, what state/county?                                                                                                                                    |                |           | If YES, what state?                    |        |                    |          |
| <b><u>SPOUSE/SIGNIFICANT OTHER</u></b>                                                                                                                        |                |           |                                        |        |                    |          |
| First Name                                                                                                                                                    | Middle Initial | Last Name | Date of Birth                          |        | Social Security #  |          |
| Other Names Used:                                                                                                                                             |                |           |                                        |        |                    |          |
| Physical Address                                                                                                                                              |                | City      | State                                  | County |                    | Zip Code |
| Home Phone Number                                                                                                                                             |                |           | Message Number:                        |        |                    |          |
| U.S. Citizen:    YES / NO                                                                                                                                     |                |           | Veteran:            YES / NO           |        | Type of Discharge: |          |
| Name of Sponsor:                                                                                                                                              |                |           | V.A. ID #:                             |        |                    |          |
| Are you registered to Vote:    YES / NO                                                                                                                       |                |           | Are you licensed to Drive:    YES / NO |        |                    |          |
| If YES, what state/county?                                                                                                                                    |                |           | If YES, what state?                    |        |                    |          |
| List the name, address, and phone number of a person <i>outside</i> your household who is aware of your circumstances:                                        |                |           |                                        |        |                    |          |
| Name: _____                                                                                                                                                   |                |           | Relationship: _____                    |        |                    |          |
| Address: _____                                                                                                                                                |                |           | Phone Number: _____                    |        |                    |          |
| _____                                                                                                                                                         |                |           | _____                                  |        |                    |          |

**HOUSEHOLD**

Complete the following information for all persons residing in your home. (*Attach additional pages if needed*)

| Name | Relationship to Patient/Applicant | Date of Birth Mo/Day/Yr | Sex | Marital Status | Social Security # or Alien # |
|------|-----------------------------------|-------------------------|-----|----------------|------------------------------|
|      | <b>SELF</b>                       |                         |     |                |                              |
|      |                                   |                         |     |                |                              |
|      |                                   |                         |     |                |                              |
|      |                                   |                         |     |                |                              |
|      |                                   |                         |     |                |                              |
|      |                                   |                         |     |                |                              |
|      |                                   |                         |     |                |                              |

## HEALTH INSURANCE/OTHER ASSISTANCE

1. Is anyone in your household covered by Health Insurance, Medicaid and/or Medicare? .... YES / NO
2. Did you or anyone in your household have health insurance in the last 6 months? ..... YES / NO
3. Did you or anyone in your household have health insurance in the last 60 days? ..... YES / NO
4. Did anyone in your household have a job in the last 90 days but is now unemployed? ..... YES / NO
5. If no longer employed, were COBRA Benefits available? ..... YES / NO  
Date employment ended \_\_\_\_\_ Have you received COBRA forms? ..... YES / NO
6. Do you or anyone in your household have insurance available through school? ..... YES / NO
7. Has a court ordered anyone to pay medical expenses or provide health insurance for anyone in your household? ..... YES / NO

If you answered YES to any of the questions listed above, complete the table below.

| Eligible Person(s) | Subscriber | Insurance Company Name | Policy Number |
|--------------------|------------|------------------------|---------------|
|                    |            |                        |               |
|                    |            |                        |               |
|                    |            |                        |               |

8. Are you or anyone in your household an enrolled member of a Native American Tribe? YES / NO  
If YES, who? \_\_\_\_\_ Name of Tribe: \_\_\_\_\_
9. Have you or anyone in your household ever been disqualified from an assistance program? YES / NO  
If YES, list names of persons disqualified, program, and date.  
\_\_\_\_\_
10. Do you or anyone in your household have actions pending from which money may be received such as lawsuits, inheritance, accident claim, insurance settlement, etc.? ..... YES / NO
11. Have you or anyone in your household ever been approved for county assistance in Idaho? YES / NO  
If YES, which county and when? \_\_\_\_\_
12. Have you or anyone in your household applied for Medicaid, SSI, or Crime Victims in the past year?  
YES / NO If YES, name of program, date filed \_\_\_\_\_

## RESIDENCY

I, \_\_\_\_\_ (patient/applicant) hereby state for the purpose of applying for Medical Indigency Assistance from \_\_\_\_\_ County, Idaho that during the last five years I have lived at the following places of residence: (*Attach additional pages if needed*)

| Physical Address                   | Dates of Residence | Landlord          |
|------------------------------------|--------------------|-------------------|
| 1. Street:<br>City: State: County: | From:<br>To:       | Name:<br>Phone #: |
| 2. Street:<br>City: State: County: | From:<br>To:       | Name:<br>Phone #: |
| 3. Street:<br>City: State: County: | From:<br>To:       | Name:<br>Phone #: |
| 4. Street:<br>City: State: County: | From:<br>To:       | Name:<br>Phone #: |
| 5. Street:<br>City: State: County: | From:<br>To:       | Name:<br>Phone #: |

# INCOME

## EARNED INCOME

Employment Information.

| PATIENT/APPLICANT  |             |               |     | SPOUSE             |             |               |     |
|--------------------|-------------|---------------|-----|--------------------|-------------|---------------|-----|
| Current Employer   |             | Phone         |     | Current Employer   |             | Phone         |     |
| Address            | City        | State         | Zip | Address            | City        | State         | Zip |
| Hours/Week         | Hourly Rate | Monthly Gross |     | Hours/Week         | Hourly Rate | Monthly Gross |     |
| Previous Employer: |             |               |     | Previous Employer: |             |               |     |
| Address            | City        | State         | Zip | Address            | City        | State         | Zip |
| Hours/Week         | Hourly Rate | Monthly Gross |     | Hours/Week         | Hourly Rate | Monthly Gross |     |

## UNEARNED INCOME

Are you or anyone in your household receiving income from any of the following sources? Please circle your response.

|                                             |          |                                   |          |                     |          |
|---------------------------------------------|----------|-----------------------------------|----------|---------------------|----------|
| Social Security                             | YES / NO | Workers Compensation              | YES / NO | Unemployment        | YES / NO |
| SSI                                         | YES / NO | Veteran's Benefits                | YES / NO | Retirement          | YES / NO |
| Child Support/<br>Alimony                   | YES / NO | Tribal Assistance/<br>Commodities | YES / NO | Gifts/Loans         | YES / NO |
| Interest/<br>Dividends                      | YES / NO | Insurance Settlements             | YES / NO | Contributions       | YES / NO |
| Rental/Escrow<br>Payments                   | YES / NO | State Cash Assistance             | YES / NO | Church              | YES / NO |
| Income Tax Refunds/<br>Earned Income Credit |          | Inheritance/Trust<br>Payments     | YES / NO | Energy Assistance   | YES / NO |
|                                             |          |                                   | YES / NO | Food Stamp Benefits | YES / NO |
|                                             |          |                                   |          | Other               | YES / NO |

If you circled YES to any of the above, please complete the information below.

| Source of Unearned Income | Person Receiving Income | Amount Received |
|---------------------------|-------------------------|-----------------|
|                           |                         |                 |
|                           |                         |                 |
|                           |                         |                 |
|                           |                         |                 |
|                           |                         |                 |
|                           |                         |                 |

# RESOURCES

## FINANCIAL ASSETS

Complete the following information regarding any items that you or your spouse have or on which your name appears.

| Description                     | Circle One | Names on Account | Bank Name/<br>Location | Account<br>Number | Amount/Value |
|---------------------------------|------------|------------------|------------------------|-------------------|--------------|
| Cash                            | YES / NO   |                  |                        |                   |              |
| Checking Acct.                  | YES / NO   |                  |                        |                   |              |
| Other Checking                  | YES / NO   |                  |                        |                   |              |
| Line of Credit                  | YES / NO   |                  |                        |                   |              |
| Savings Acct.                   | YES / NO   |                  |                        |                   |              |
| Certificates of<br>Deposit      | YES / NO   |                  |                        |                   |              |
| Stocks/Bonds                    | YES / NO   |                  |                        |                   |              |
| Mutual Funds                    | YES / NO   |                  |                        |                   |              |
| Trusts/Annuities                | YES / NO   |                  |                        |                   |              |
| Retirement<br>(IRA, 401K, etc.) | YES / NO   |                  |                        |                   |              |
| Credit Cards                    | YES / NO   |                  |                        |                   |              |
| Other                           | YES / NO   |                  |                        |                   |              |

## REAL/PERSONAL PROPERTY

| Real/Personal Property                        | Circle One | Description | Market Value | Amount Owed | Equity |
|-----------------------------------------------|------------|-------------|--------------|-------------|--------|
| Home Residence                                | YES / NO   |             |              |             |        |
| Manufactured Home:<br>Year/Make/Model         | YES / NO   |             |              |             |        |
| Land                                          | YES / NO   |             |              |             |        |
| Rental Property                               | YES / NO   |             |              |             |        |
| Vehicle:                                      | YES / NO   |             |              |             |        |
| Is It Licensed:                               | YES / NO   |             |              |             |        |
| Used for Business:                            | YES / NO   |             |              |             |        |
| Other Vehicle:                                | YES / NO   |             |              |             |        |
| Is It Licensed:                               | YES / NO   |             |              |             |        |
| Used for Business:                            | YES / NO   |             |              |             |        |
| Recreational Vehicle/<br>Trailer/Camper/Other | YES / NO   |             |              |             |        |
| Livestock                                     | YES / NO   |             |              |             |        |
| Tools of Trade                                | YES / NO   |             |              |             |        |
| Mining Claims                                 | YES / NO   |             |              |             |        |
| Burial Plots                                  | YES / NO   |             |              |             |        |
| Other                                         | YES / NO   |             |              |             |        |

Have you or your spouse sold, traded, given away, or put into a trust, money or any resources within the last year? YES / NO **If YES, complete the information below. (Attach additional pages if needed)**

| Description | When Sold | Amount Received |
|-------------|-----------|-----------------|
|             |           |                 |
|             |           |                 |

## CURRENT MONTHLY HOUSEHOLD EXPENSES

| Description                                  | Monthly Amount | Past Due | Balance Due | County Use Only |
|----------------------------------------------|----------------|----------|-------------|-----------------|
| Rent/Mortgage<br>To:<br>Subsidized: YES / NO |                |          |             |                 |
| Space Rent<br>To:                            |                |          |             |                 |
| Food                                         |                |          |             |                 |
| Non Food                                     |                |          |             |                 |
| Utilities: Heat<br>Source                    |                |          |             |                 |
| Electricity                                  |                |          |             |                 |
| Water:                                       |                |          |             |                 |
| Sewer/Trash:                                 |                |          |             |                 |
| Telephone (Base Rate)                        |                |          |             |                 |
| Other                                        |                |          |             |                 |
| Insurance: Health/Accident                   |                |          |             |                 |
| Home                                         |                |          |             |                 |
| Life                                         |                |          |             |                 |
| Auto                                         |                |          |             |                 |
| Transportation – Car Payment:<br>To:         |                |          |             |                 |
| Fuel                                         |                |          |             |                 |
| Maintenance                                  |                |          |             |                 |
| Alternate (i.e. bus, taxi)                   |                |          |             |                 |
| Previous Medical:                            |                |          |             |                 |
| Doctors                                      |                |          |             |                 |
| Hospitals                                    |                |          |             |                 |
| Medications                                  |                |          |             |                 |
| Other                                        |                |          |             |                 |
| Taxes: Payroll                               |                |          |             |                 |
| Property                                     |                |          |             |                 |
| Education Expenses                           |                |          |             |                 |
| Child Care: Subsidized YES/ NO               |                |          |             |                 |
| Dues and Tithing                             |                |          |             |                 |
| Court Ordered: Child Support                 |                |          |             |                 |
| Garnishment                                  |                |          |             |                 |
| Fines                                        |                |          |             |                 |
| Contract/Credit Card Payments                |                |          |             |                 |
| Other:                                       |                |          |             |                 |
|                                              |                |          |             |                 |
| <b>Total Expenses</b>                        |                |          |             |                 |

| <b>COUNTY USE ONLY</b> |                                  |                   |
|------------------------|----------------------------------|-------------------|
| Total Monthly Income   | Total Allowable Monthly Expenses | Balance Available |
|                        |                                  |                   |
|                        |                                  |                   |

**RELEASE OF INFORMATION**

I/we, \_\_\_\_\_, will fully cooperate with and will supply all information requested to the representative of \_\_\_\_\_ County in order that my/our application can be acted upon within a reasonable time.

I/we also request my/our relatives, banker(s), credit union(s), physician(s), hospital(s), creditor(s), and any other persons or organizations including the State Department of Health and Welfare, Social Security Administration, public health districts, Veterans Administration, Crime Victims Compensation Program, utility companies or departments, law enforcement agencies, courts, Idaho Department of Labor, or employer(s), having any information concerning me/us or my/our circumstances to provide the information to such representative of \_\_\_\_\_ County, inasmuch as it is pertinent to this application.

I/we hereby authorize \_\_\_\_\_ County and its representatives to release pertinent information regarding this application, the contents thereof and action taken thereon to all parties of interest as provided by Chapter 35, Title 31, Idaho Code. I/we acknowledge that my/our medical indigency application waives any confidentiality granted by state law to the extent necessary to carry out the intent of Idaho Code 31-3504 regarding such applications. I/we hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I/we understand that I/we may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that unless consent is sooner revoked, this release is valid as long as it is pertinent to this application.

I/we understand that the county may place a lien on my/our property and that I/we will be required to reimburse the county for any expense which I/we have requested or has been requested on my/our behalf.

*I/we hereby certify under penalty of perjury that the information contained in this application for county medical assistance is true and correct to the best of my/our knowledge.*

DATED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

**MEDICAL RELEASE OF INFORMATION/RECORDS**

I/we, \_\_\_\_\_, authorize release of medical records to \_\_\_\_\_ County inasmuch as it is pertinent to the investigation and eligibility determination of medical indigency pursuant to Chapter 35, Title 31 Idaho Code. I/we acknowledge that some information pertaining to treatment I/we have received for which I am/we are seeking payment from may include material that is protected under the Federal Law. Specific authorization is given to release information concerning a federal-assisted drug or alcohol abuse program, drug-alcohol abuse information, mental health information, HIV information, or any other information that may be protected by law. I/we understand that I am/we are waiving the confidentiality of such records for the limited purpose of this application for medical indigency and any supplements or amendments thereto. Federally protected records obtained as authorized by this release will be maintained in accordance with federal confidentiality regulations (Title 42CFR) which prohibits disclosure.

This authorization conforms with the regulations promulgated under Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, and Section 408 of the Drug Abuse Offense and Treatment Act of 1972.

DATED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature of Patient or Parent, if Minor

STATE OF IDAHO )  
 )  
 ):ss.  
County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_ 200\_\_, \_\_\_\_\_ personally appeared before me \_\_\_\_\_, and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same.

Subscribed and sworn before me:

\_\_\_\_\_  
Notary Public for the State of Idaho

Residing at: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

(SEAL)

February 10, 2000

**MEDICAL RELEASE OF INFORMATION  
FOR FEDERALLY PROTECTED ASSISTANCE PROGRAMS**

I/we, \_\_\_\_\_ (name of patient), hereby authorize \_\_\_\_\_ (program making the disclosure) to disclose medical information/medical records to \_\_\_\_\_ County or it's representatives inasmuch as it may be pertinent to the investigation and /or determination of my eligibility for county medical assistance pursuant to medical indigency statutes Chapter 35, Title 31.

I/we acknowledge that some information pertaining to treatment I/we have received for which I am/we are seeking payment from \_\_\_\_\_ County pursuant to medical indigency statutes, may include material that is protected under the Federal Law. Specific authorization is given to release information concerning a federal-assisted drug or alcohol abuse program, drug-alcohol abuse information, mental health information, HIV information, or any other information that may be protected by law. I/we understand that I am/we are waiving the confidentiality of such records for the limited purpose of this application for medical indigency and any supplements or amendments thereto. Federally protected records obtained as authorized by this release will be maintained in accordance with federal confidentiality regulations (Title 42CFR) which prohibits disclosure.

I/we understand that I/we may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that unless consent is previously revoked, this release is valid as long as it is pertinent to this application.

This authorization conforms with the regulations promulgated under Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, and Section 408 of the Drug Abuse Offense and Treatment Act of 1972.

DATED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature of Patient or Parent, if Minor

STATE OF IDAHO )  
 ):  
County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_ 200\_\_, \_\_\_\_\_ personally appeared before me \_\_\_\_\_, and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same.

Subscribed and sworn before me:

(SEAL)

\_\_\_\_\_  
Notary Public for the State of Idaho  
Residing at: \_\_\_\_\_  
My Commission Expires On: \_\_\_\_\_