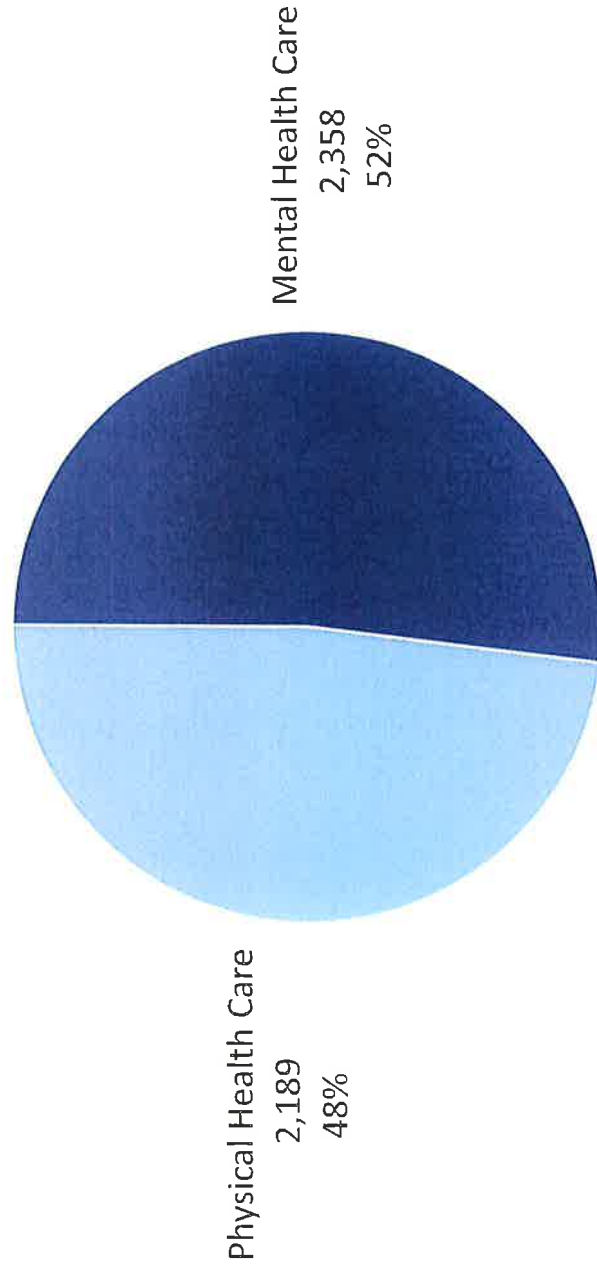


# OVERALL COUNTY INDIGENT CARE EXPENSES

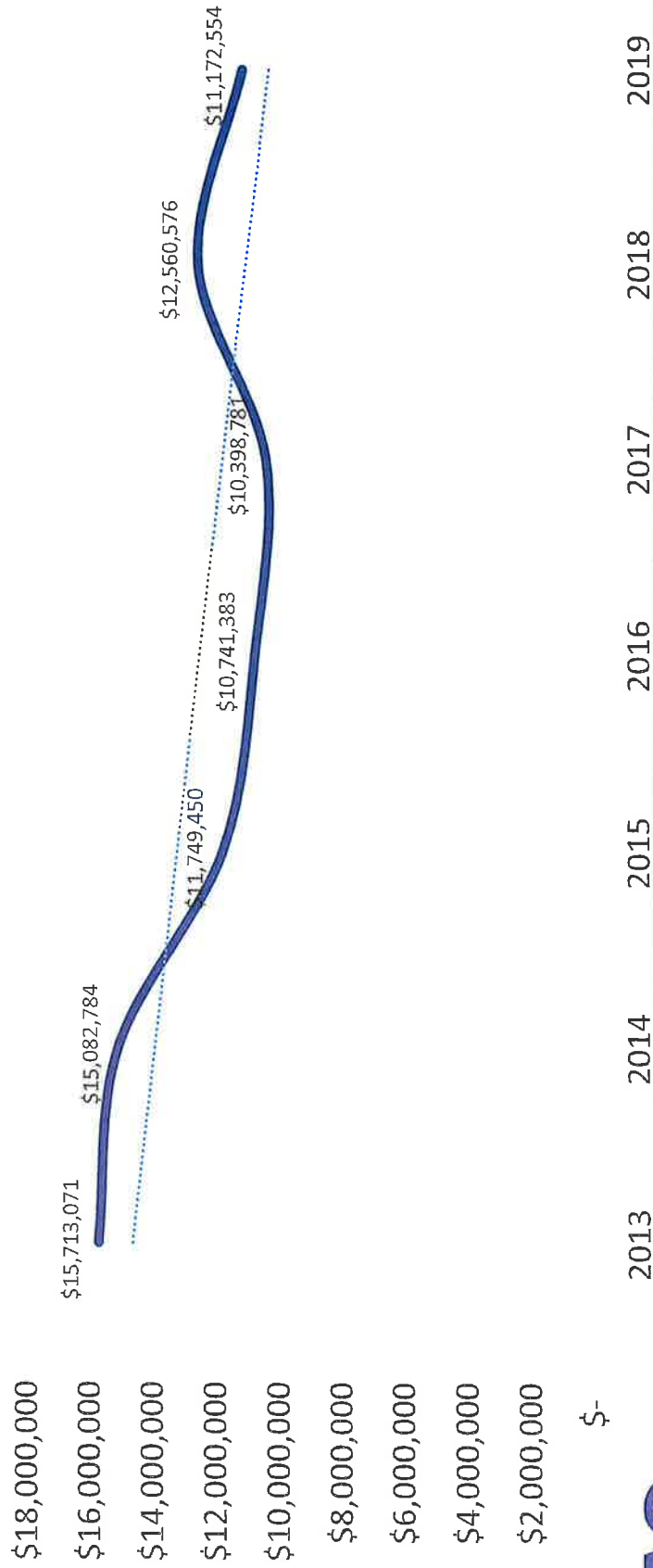
2019 Actual	3 Year Average	7 Year Average
\$20,196,433	\$19,406,678	\$20,215,133



# 2019 CLAIMS: PHYSICAL HEALTH CARE VS MENTAL HEALTH CARE



# COUNTY PHYSICAL HEALTH CARE EXPENSES (2013-2019)

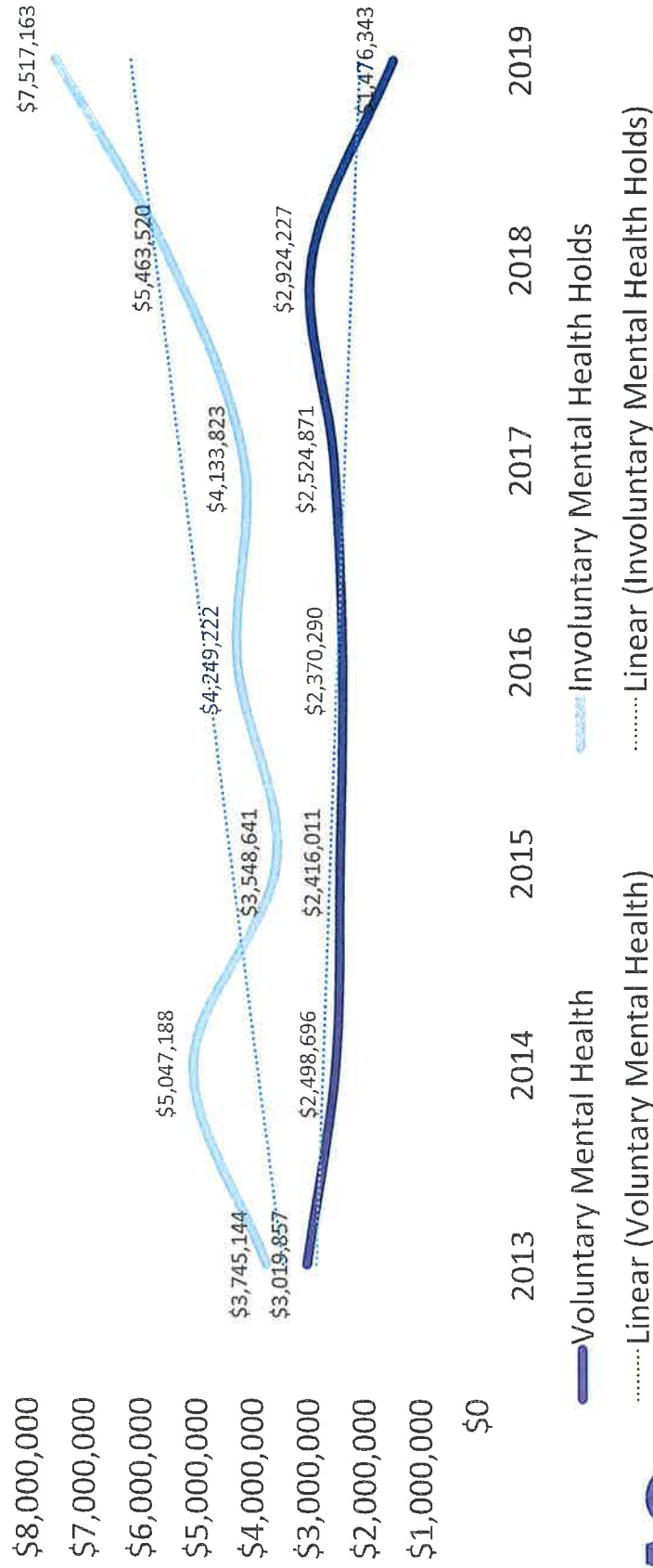


# COUNTY PHYSICAL HEALTH CARE INDIGENT EXPENSES

2019 Actual	3 Year Average	7 Year Average
\$11,172,554	\$11,393,363	\$12,938,705



# COUNTY MENTAL HEALTH CARE EXPENSES (2013-2019)



— Voluntary Mental Health

..... Linear (Voluntary Mental Health)

— Involuntary Mental Health Holds

..... Linear (Involuntary Mental Health Holds)



# COUNTY MENTAL HEALTH CARE INDIGENT EXPENSES

	2019 Actual	3 Year Average	7 Year Average
Voluntary Mental Health	\$1,476,343	\$2,308,480	\$2,461,471
Involuntary Mental Health	\$7,517,163	\$5,704,835	\$4,814,947
Total Mental Health	\$8,993,506	\$8,013,315	\$7,276,428



# Catastrophic Health Care Program Agency Profile

Analyst: Tatro

## Revenue and Payments Summary

Fiscal Year	CAT Board Approved Cases		Reimbursed + Previous Year Bills (\$)	Seatbelt Income (\$)	Orig App (\$)	Supp/Rec (\$)	Actual State Medical Payments (\$)		Actual County Medical Payments (\$)		Total County/ State Medical Payments (\$)
	All Cases	CAT Board Approved					Payments (\$)	Payments (\$)			
2001	5,267	724	0	1,152,622	10,735,000	0	11,886,143	12,209,538	24,095,681		
2002	5,498	771	0	1,417,131	10,735,000	(400,000)	14,082,039	11,204,359	25,286,398		
2003	6,194	808	250,000	1,665,385	10,435,000	1,693,800	14,139,743	13,915,675	28,055,418		
2004	4,910	810	690,000	2,191,307	8,961,700	4,000,000	14,907,239	12,873,373	27,780,612		
2005	4,872	849	170,000	2,114,378	12,660,500	3,675,000	18,512,162	14,006,629	32,518,791		
2006	3,832	1,063	3,575,000	2,465,896	15,260,300	5,000,000	23,023,445	15,335,534	38,358,979		
2007	3,709	969	0	3,298,203	20,766,800	0	24,423,500	13,943,317	38,366,817		
2008	3,771	1,101	0	3,691,538	20,768,400	0	25,190,800	16,550,075	41,740,875		
2009	4,323	1,187	833,110	3,071,237	20,767,700	2,500,000	26,435,296	18,081,233	44,516,529		
2010	4,358	1,298	2,733,308	2,902,284	19,771,700	14,000,000	31,002,741	13,563,564	44,566,305		
2011	4,590	1,286	5,548,363	2,473,822	18,271,200	4,325,000	31,044,251	20,440,521	51,484,772		
2012	6,491	1,292	349,919	2,878,525	22,267,700	13,070,000	38,585,783	16,686,608	55,272,391		
2013	5,308	1,150	0	2,349,459	36,532,800	(6,000,000)	30,643,501	22,026,551	52,670,052		
2014	4,839	1,108	155,894	2,617,590	34,830,100	(6,430,773)	28,979,875	22,548,851	51,528,726		
2015	3,795	721	0	2,647,375	34,966,300	0	18,582,666	17,746,547	36,329,213		
2016	4,080	634	0	3,104,922	27,000,000	(28,892,700)	16,582,239	17,367,397	33,949,636		
2017	4,195	584	0	2,523,015	18,000,000	(4,945,100)	12,343,855	17,061,579	29,405,434		
2018	4,776	820	0	2,992,862	17,999,500	0	19,995,842	21,012,295	41,008,137		
2019	4,567	744	0	3,575,210	9,999,500	2,000,000	17,515,092	20,196,433	37,711,525		
2020	4,233	698	0	3,130,370	10,000,500	0	19,445,579	18,847,637	38,293,216		

**All Cases:** Number of indigent cases reported by counties, including CAT Board Approved, and those that cost less than the catastrophic amount.

**CAT Board Approved Cases:** The number of indigent cases that exceed the catastrophic amount of \$11,000.

**Previous Year Bills:** The amount of bills unpaid in the prior year.

**Reimbursed + Seatbelt Income:** Amount received from indigents who are able to pay a portion of their bills. Reimbursed funds are continuously appropriated. Seatbelt income is the revenue received from seatbelt ticket fines per Section 49-673, Idaho Code.

**Orig App:** Original appropriation for that fiscal year.

**Supp/(Rescission):** Supplemental or rescission for that fiscal year.

**Actual State Payments:** As reported for the fiscal year in the statewide accounting system.

**Actual County Payments:** As reported by the counties.

**Total Reported County/State Medical Payments:** As reported in the Catastrophic Health Care Cost Program Annual Report.

## The pandemic will stress hospitals' expenses in addition to revenue

In 2020, hospitals experienced increases in certain expenses due to COVID-19; these expense pressures could continue into 2021 as the pandemic continues. On a volume-adjusted basis, the following expense categories had the greatest increases over non-pandemic timeframes.

Expense Metric per Adjusted Discharge	2020 Increase Over 2019	Additional COVID-19 Context
<b>Drug Expense</b>	17%	Hospitals saw their volume-adjusted drug expenses increase, as the patients being admitted to the hospitals increased in severity and required more therapeutics, including COVID-19 patients.
<b>Purchased Service Expense</b>	16%	Hospitals saw an increase in purchased services as a number of areas required specialized functions to be brought in, such as environmental services and sterilization for maintaining safe spaces with COVID-19 patients.
<b>Labor Expense</b>	14%	Labor expenses increased despite many hospitals furloughing portions of their workforce. Contract labor, hazard pay, and other elements contributed to the expense in order for hospitals to maintain a safe and effective process for patients and employees alike.
<b>Supply Expense</b>	13%	Supply expenses also dramatically increased as hospitals scaled up their purchasing of personal protective equipment and other equipment to safely treat patients. Shortages throughout the year of various types led to higher prices of some items.

Source: Kaufman Hall National Hospital Flash Reports, January through December 2020



TITLE 31  
COUNTIES AND COUNTY LAW

CHAPTER 35  
HOSPITALS FOR INDIGENT SICK

31-3501. DECLARATION OF POLICY. (1) It is the policy of this state that each person, to the maximum extent possible, is responsible for his or her own medical care and that of his or her dependents and to that end, shall be encouraged to purchase his or her own medical insurance with coverage sufficient to prevent them from needing to request assistance pursuant to this chapter. However, **in order to safeguard the public health, safety and welfare, and to provide suitable facilities and provisions for the care and hospitalization of persons in this state, and, in the case of medically indigent residents, to provide for the payment thereof,** the respective counties of this state, and the board and the department shall have the duties and powers as hereinafter provided.

(2) The county medically indigent program and the catastrophic health care cost program are payers of last resort. Therefore, applicants or third party applicants seeking financial assistance under the county medically indigent program and the catastrophic health care cost program shall be subject to the limitations and requirements as set forth herein.