# Health Care Task Force

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Report of Options SCR 112



### Senate Concurrent Resolution 112

DHW was requested to focus on four goals:

- 1. Individual Responsibility
- 2. Uniform Financial Eligibility
- 3. High Risk Insurance Pool
- 4. Aligning Scope of Services



- \*\*Propose to separate adult from children's services
- \* "Adult" to be defined as 18 years of age and older (versus current statute's 21 years of age)
- \*New chapter of rules would be required



- \*\* Individual responsibility is an overarching theme that has been applied throughout the Department's proposal.
- \*Documentation of income (IRS Form 1040, 1040A, or 1040 EZ) will be required to determine financial eligibility.



- \*\*Recommend Adult CF Program cap eligibility at 200% of the FPL.
- \*This is consistent with the majority of adult Department programs.



Option #1: "Income" defined as Gross Income, line 22, IRS form 1040 of the participant's federal tax return.

Option #2: "Income" defined as Adjusted Gross Income, line 37, IRS form 1040 of the participant's federal tax return.

Option #3: "Income" defined as Gross Income, minus line 4 (Medical/Dental Expenses), IRS form 1040, Schedule A of the participant's federal tax return.

Option #4: "Income" defined as Taxable Income, line 43, IRS form 1040 of the participant's federal tax return.



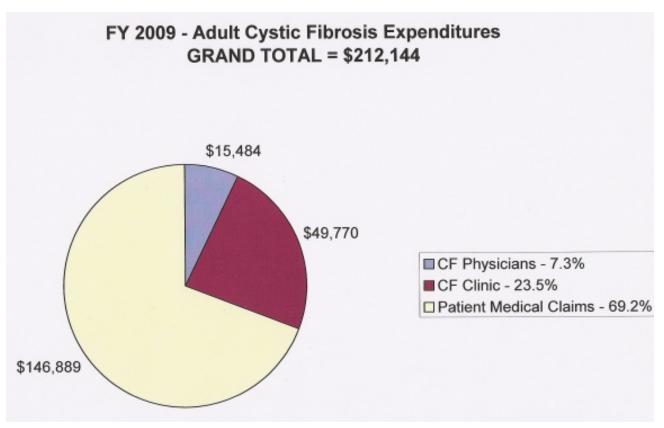
- \* Not an effective cost-control option
  - 1. Subsequent years provide a 50/50 co-insurance for pharmaceuticals resulting in little or no cost savings.
  - 2. One year no-coverage clause for pre-existing conditions. First year would be high-cost with no savings to the program.
- \* Would provide a benefit and level of coverage not available through other adult programs.

### SCR 112 #4 – Aligning Scope of Services

- \*\* No co-pays: With a proposed financial eligibility cap at 200% of the FPL, continuing to require copays would be inconsistent with other adult programs.
- \*\* No changes to other aspects: e.g., residency requirements and insurance status, keeps the program aligned with other adult programs.



- \* SFY 2010 Adult CF appropriation = \$205,000 (same as SFY 2009).
- \* The Adult CF Program's receipts of ~\$7,200 went back to the program.



# Adult CF Administrative Costs (Tab #5 = Spreadsheet)

ACF Admin Costs	Total	ACF Portion
EDS Cost from FY09	\$94,264	\$44,493
Database Cost from FY09	\$73,964	\$15,385
Other Operating @ 7.2%	\$40,967	\$2,950
Personnel @ 7.2%	\$319,200	\$22,982
<b>Total ACF Portion</b>		\$85,809
% of overall ACF Budget		40.4%

These costs have previously been borne by the Children's Special Health Program

## Projected SFY 2011 Budget

DU = Increased Funding: \$322,500\*

\* Admin Costs =

**\* Clinic & Physician Costs =** 

**\* Medical Claims =** 

**\*\* Total Projected Costs =** 

\$85,800

\$59,700

\$177,000

\$322,500

\* \$315,300 + estimated \$7,200 in receipts



It is expected that the annual cost will increase each year:

- **\* Increased medical costs,**
- \* New equipment and pharmaceuticals,
- **\* Increasing patient numbers:** 
  - Between now and the end of SFY 2011, 9
     CSHP CF patients will turn 18.
  - 5 CSHP CF patients will turn 18 during SFY 2012.



#### **2010** Legislative Session – Budget Request:

\* Propose Decision Unit: SFY 2010 funding was one-time only; need appropriation to continue program.

#### 2010 Legislative Session – Propose Legislation:

\* Idaho Code 56-1019: update statute including changing Adult CF Program coverage from 21 to 18 years of age.

#### **Spring 2010 – Draft Proposed Rules on Revised Code:**

- \* New Chapter IDAPA Rules: specific to Adult CF.
- **Edit IDAPA 16.02.26 Children's Special Health Program:** remove references to Adults with CF.

#### **Summer 2010 – Present Draft Rules:**

\* Hold Regional Meetings: provide information/gather public input.

#### **2011 Legislative Session – Present Rules:**

**Sine Die:** rules become effective.

## Questions?

