

Catastrophic Health Care Cost Program

Joint Finance & Appropriations Committee Presentation

January 21, 2016

**Roger S. Christensen
Chairman of the Board**



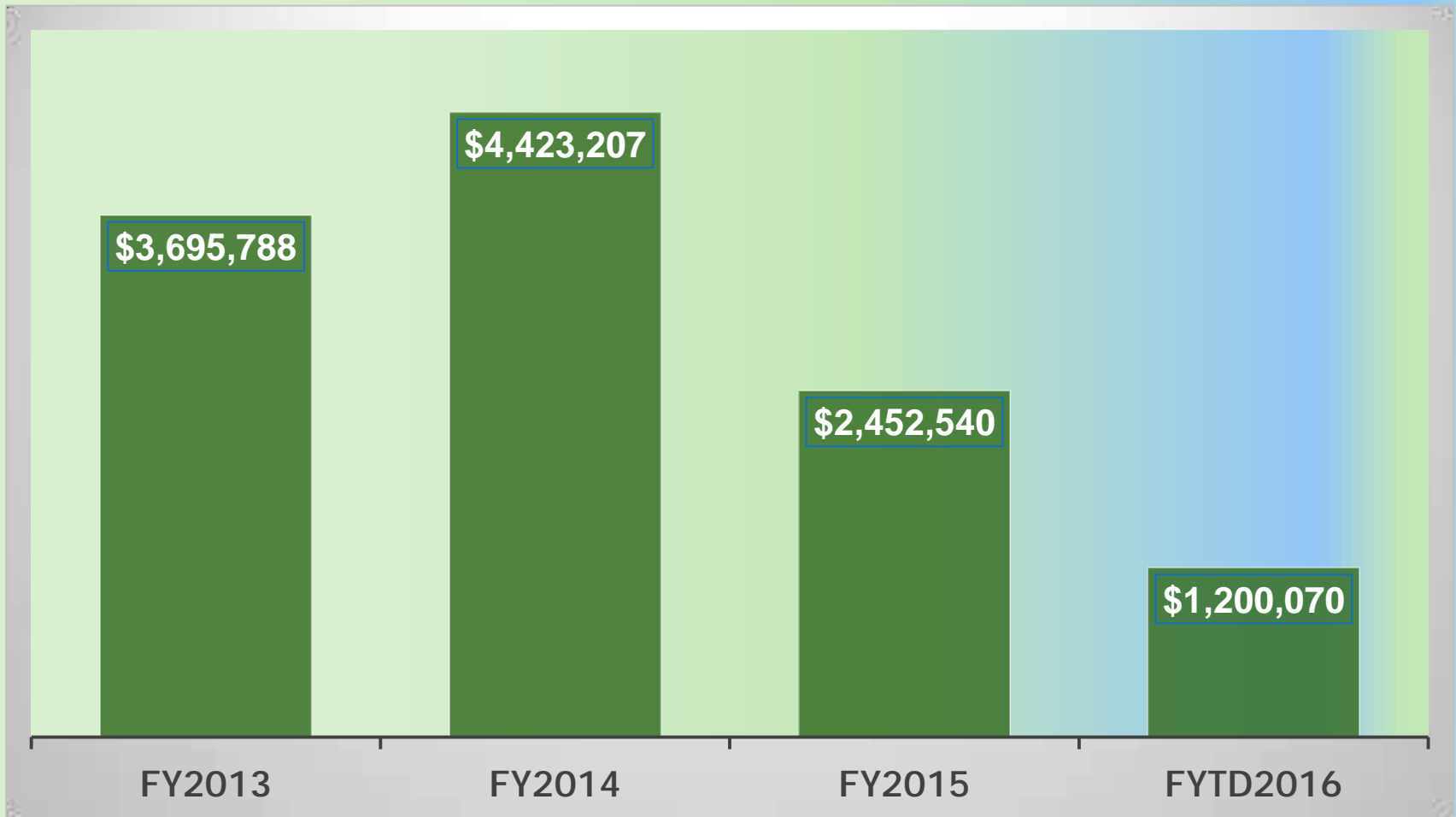
Catastrophic Health Care Cost Program Board Members

Roger Christensen	Chairman	Region 6	Bonneville County
Steve Hadley	Vice Chairman	Region 5	Bannock County
Richard Armstrong	Secretary	Director	Dept. H&W
Walt Kirby		Region 1	Boundary County
Don Davis		Region 2	Lewis County
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Senator Jim Guthrie		Leg. District 28	McCammon
Rep. Tom Loertscher		Leg. District 32	Bone
Rep. John Rusche		Leg. District 6	Lewiston

NEW CAT Cases Approved for FISCAL 2015

County	Cases	Amount	County	Cases	Amount
ADA	173	3,470,878.34	GOODING	23	\$456,651.50
ADAMS	6	246,905.13	IDAHO	6	\$164,956.19
BANNOCK	33	1,349,183.84	JEFFERSON	12	\$502,763.68
BEAR LAKE	4	74,627.09	JEROME	14	\$237,800.39
BENEWAH	5	57,558.01	KOOTENAI	73	\$1,502,607.52
BINGHAM	15	378,098.22	LATAH	9	\$135,152.63
BLAINE	8	302,154.40	LEMHI	3	\$29,302.47
BOISE	6	149,687.33	LEWIS	7	\$83,776.43
BONNER	12	195,020.86	LINCOLN	1	\$2,701.32
BONNEVILLE	26	508,965.04	MADISON	6	\$124,879.37
BOUNDARY	10	195,815.24	MINIDOKA	16	\$273,749.15
BUTTE	1	3,744.02	NEZ PERCE	18	\$501,856.38
CAMAS	1	11,254.89	ONEIDA	3	\$55,501.24
CANYON	49	1,296,433.21	OWYHEE	3	\$33,927.14
CARIBOU	0	0.00	PAYETTE	18	\$570,000.16
CASSIA	7	224,616.47	POWER	3	\$92,290.59
CLARK	0	0.00	SHOSHONE	7	\$132,478.35
CLEARWATER	7	194,617.37	TETON	0	\$0.00
CUSTER	3	174,227.54	TWIN FALLS	82	\$1,399,804.55
ELMORE	18	370,891.22	VALLEY	7	\$96,876.16
FRANKLIN	2	78,062.07	WASHINGTON	14	\$446,294.03
FREMONT	3	26,544.97			
GEM	7	116,380.12	TOTAL	721	\$16,269,034.63

Payments for Continuing Care



Hospital/Provider Payments FY2015

COUNTY	PROVIDER PAYMENTS	COUNTY	PROVIDER PAYMENTS
ADA	\$3,892,274	GOODING	\$583,822
ADAMS	\$262,637	IDAHO	\$169,024
BANNOCK	\$1,324,072	JEFFERSON	\$502,764
BEAR LAKE	\$72,870	JEROME	\$262,966
BENEWAH	\$72,998	KOOTENAI	\$1,899,051
BINGHAM	\$403,663	LATAH	\$161,375
BLAINE	\$304,255	LEMHI	\$38,901
BOISE	\$175,293	LEWIS	\$85,432
BONNER	\$201,876	LINCOLN	\$2,701
BONNEVILLE	\$529,488	MADISON	\$162,098
BOUNDARY	\$223,795	MINIDOKA	\$294,922
BUTTE	\$3,744	NEZ PERCE	\$637,409
CAMAS	\$11,255	ONEIDA	\$59,253
CANYON	\$1,399,231	OWYHEE	\$34,379
CARIBOU	\$533	PAYETTE	\$603,594
CASSIA	\$224,616	POWER	\$62,241
CLARK	\$0	SHOSHONE	\$227,341
CLEARWATER	\$233,184	TETON	\$0
CUSTER	\$199,947	TWIN FALLS	\$1,874,294
ELMORE	\$413,827	VALLEY	\$157,370
FRANKLIN	\$158,310	WASHINGTON	\$533,109
FREMONT	\$27,214		
GEM	\$127,984	TOTAL	\$18,615,111

Medicaid Determinations

(Combined Application Unit) est. Session 2009

	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>YTD 2016</u>
<input type="checkbox"/> Total Applications Received	6767	6425	5683	2593
<input type="checkbox"/> Applications Approved	688	706	767	432
<input type="checkbox"/> Approval Percentage	10%	10%	14%	9%
<input type="checkbox"/> Applications Denied	6090	6136	4952	2426
<input type="checkbox"/> Applications Pending	259	154	86	100
<input type="checkbox"/> Denials for failure to /provide info	93	66	29	33

*Catastrophic Health Care Cost
Program*

TOTALS for COMBINED STATE & COUNTY CASELOAD

Fiscal Year 2015

	AGE							GENDER		RESIDENT		HOUSEHOLD SIZE						AMOUNT PAID
	0 TO 10	11 TO 20	21 TO 30	31 TO 40	41 TO 50	51 TO 64	65+	MALE	FEMALE	YES	NO	1	2	3	4	5	6+	TOTAL
DIAGNOSTIC CODE	0 TO 10	11 TO 20	21 TO 30	31 TO 40	41 TO 50	51 TO 64	65+	MALE	FEMALE	YES	NO	1	2	3	4	5	6+	TOTAL
01 Accident-Vehicle	8	3	14	5	13	9	0	35	9	41	3	18	9	12	2	3	1	\$1,431,259
10 Accident-General	0	9	36	38	39	48	1	102	68	160	10	90	35	14	12	10	9	\$2,728,397
20 Coronary	0	1	16	30	69	162	11	160	129	278	11	121	92	40	22	12	5	\$6,420,306
30 Birth	0	0	1	3	0	1	0	0	5	5	0	2	1	1	1	0	0	\$74,829
40 Cancer	0	2	11	11	19	83	7	65	67	128	3	57	50	10	8	6	1	\$2,303,263
50 Respiratory	0	2	7	13	27	50	0	48	51	97	2	46	30	15	5	2	1	\$2,149,352
60 Mental Health	3	147	442	410	296	265	55	832	782	1594	20	1377	145	37	27	7	3	\$5,862,979
70 General	4	35	138	145	183	269	84	525	325	812	38	519	174	76	49	22	13	\$6,822,338
80 Chronic Disease	0	7	14	31	32	49	1	75	59	129	5	58	44	16	8	6	5	\$2,445,529
90 Infectious Disease	0	1	1	1	2	10	0	11	4	15	0	3	8	3	0	0	1	\$174,016
100 Neurology	0	0	3	2	6	4	0	10	5	14	1	8	5	1	0	1	0	\$427,531
200 Digestive System	0	7	74	91	110	144	3	178	250	407	22	187	121	52	35	20	13	\$5,489,414
TOTALS	15	214	757	780	796	1094	162	2041	1754	3680	115	2486	714	277	169	89	52	\$36,329,213

Indigent Trends

County Case Load

Fiscal Yr.	2013	2014	2015
New Case Load	5,308	4,864	3,795
County Provider Payments	\$21,952,052	\$22,552,726	\$17,714,102
CAT Provider Payments	\$30,718,074	\$28,976,000	\$18,615,111
Combined State County \$ to Providers	\$52,670,052	\$51,528,726	\$36,329,213

Patient Reimbursements

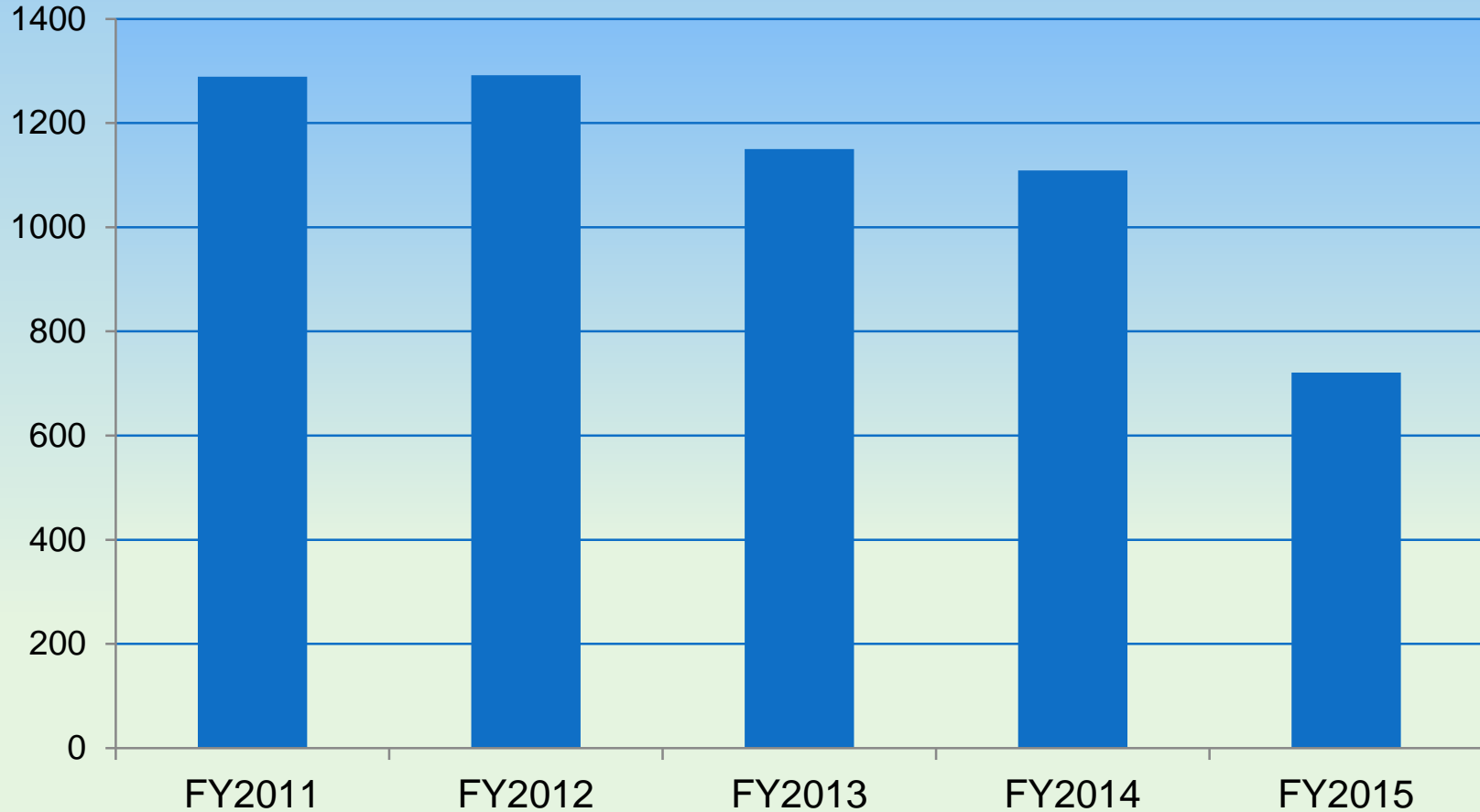
FISCAL 2015

Ada	\$499,104.74	Gooding	\$43,847.19
Adams	\$52,493.75	Idaho	\$27,958.55
Bannock	\$139,423.91	Jefferson	\$14,426.18
Bear Lake	\$3,171.64	Jerome	\$12,348.80
Benewah	\$71,955.74	Kootenai	\$244,733.63
Bingham	\$57,761.58	Latah	\$62,835.34
Blaine	\$24,363.84	Lemhi	\$11,532.21
Boise	\$13,827.93	Lewis	\$11,436.91
Bonner	\$99,039.94	Lincoln	\$10,163.18
Bonneville	\$61,776.12	Madison	\$9,494.23
Boundary	\$24,439.27	Minidoka	\$30,719.89
Butte	\$2,403.64	Nez Perce	\$19,328.51
Camas	\$0.00	Oneida	\$6,122.21
Canyon	\$160,000.73	Owyhee	\$108,478.44
Caribou	\$5,839.10	Payette	\$52,738.12
Cassia	\$65,399.04	Power	\$20,508.46
Clark	\$1,709.50	Shoshone	\$17,036.67
Clearwater	\$23,546.68	Teton	\$976.40
Custer	\$24,356.33	Twin Falls	\$201,621.66
Elmore	\$123,071.98	Valley	\$9,822.56
Franklin	\$2,575.80	Washington	\$35,225.67
Fremont	\$9,631.44		
Gem	\$30,887.43	Total	\$2,448,134.94

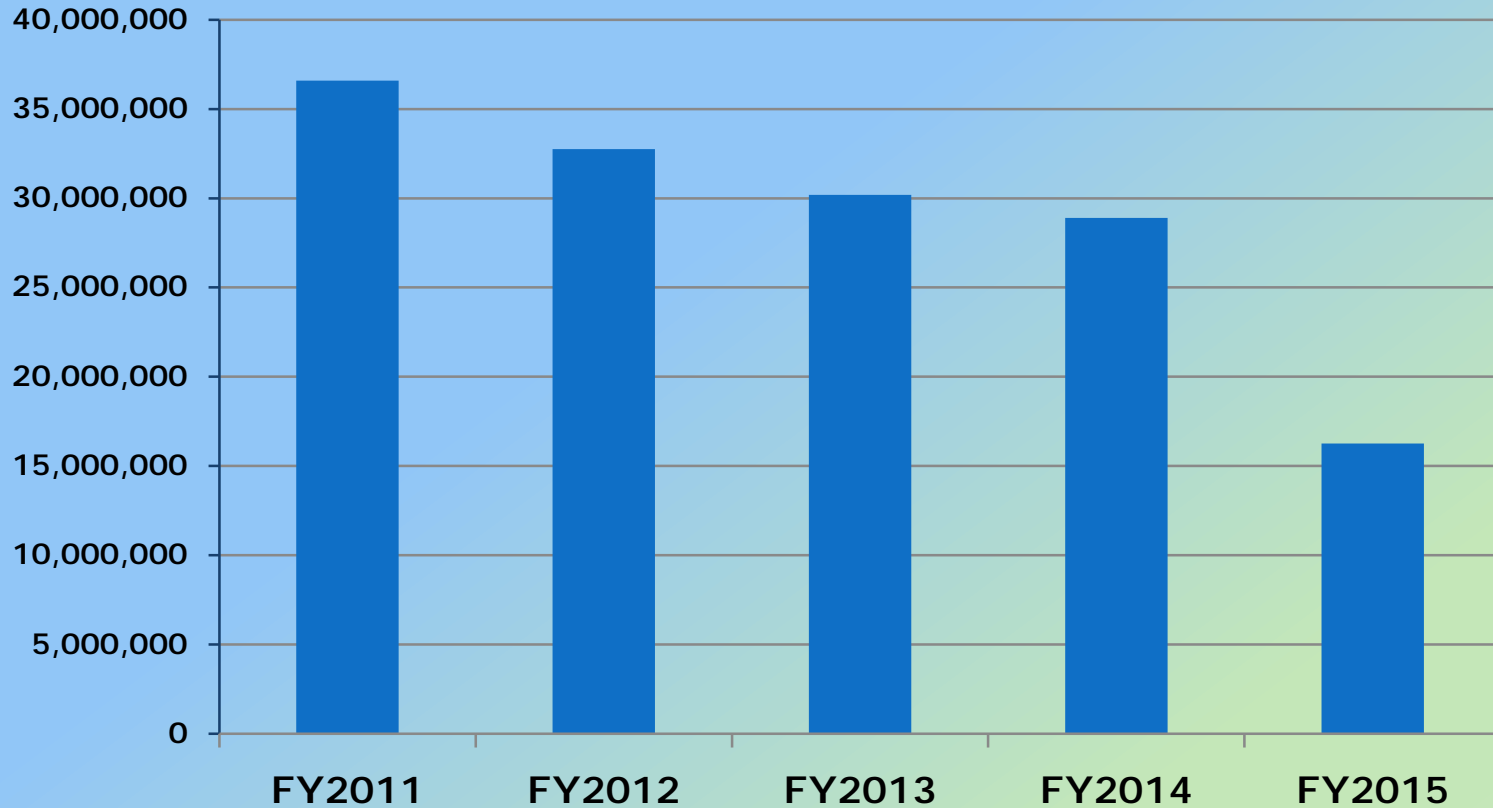
Seat Belt Citations Income Fiscal Year 2015

County	Amount	County	Amount
Ada	\$34,590	Gem	\$914
Adams	\$329	Gooding	\$349
Bannock	\$7,904	Idaho	\$190
Bear Lake	\$305	Jefferson	\$1,069
Benewah	\$127	Jerome	\$2,806
Bingham	\$7,501	Kootenai	\$7,724
Blaine	\$474	Latah	\$290
Boise	\$489	Lemhi	\$175
Bonner	\$1,837	Lewis	\$93
Bonneville	\$10,561	Lincoln	\$443
Boundary	\$235	Madison	\$1,734
Butte	\$115	Minidoka	\$2,251
Camas	\$15	Nez Perce	\$3,099
Canyon	\$7,808	Oneida	\$20
Caribou	\$230	Owyhee	\$180
Cassia	\$1,428	Payette	\$387
Clark	\$20	Power	\$349
Clearwater	\$295	Shoshone	\$1,008
Custer	\$100	Teton	\$100
Elmore	\$664	Twin Falls	\$5,909
Franklin	\$250	Valley	\$1,402
Fremont	\$734	Washington	\$195
		Total Reimbursements	\$105,783

Five Year Comparison CAT Case Load



Five Year Comparison State Payments



Medical Reviews FY 2013 - 2016

	Fiscal 2013	Fiscal 2014	Fiscal 2015	2016 FYTD
TOTAL	1243	1494	1543	765
				(1530)

Cost Mitigation Programs

In fiscal 2010 a contract was entered into with the IAC. Since then, the fund has experienced success with cost mitigating tools and this year we add one more.

Medicaid ‘Combined unit’ – streamlined the application process

Medical reviews – Since fiscal 2011, this program alone has saved over \$18m in general funds; with a steady 35% annual increase in reviews.

Health Insurance Exchange – 2015 - 77k people used subsidies.

Training – The IAC is creating improved training materials for the counties and providers on how to administer the indigent program.

Training Program

Interactive electronic materials will be made available to all counties and the IHA membership.

Instructions and links for each section of each page of:

- IDHW combined application for indigent and Medicaid – linked to the most current application
- Program relevant forms
- CAT Fund forms

Relevant case law

Relevant statute. (All linked throughout the manual)

Indigent Training


<input type="checkbox"/> Indigency Timelines	Page 5
<input type="checkbox"/> Declaration of Policy	Page 6
<input type="checkbox"/> HIPAA	Page 6
<input type="checkbox"/> Information Sources	Page 7
<input type="checkbox"/> Hospital and Provider Screening	Page 7
<input type="checkbox"/> <u>Hospital and Provider Process</u>	Page 8
<input type="checkbox"/> <u>IDHW Combined Unit</u>	Page 10
<input type="checkbox"/> <u>IDHW Combined Unit Process</u>	Page 10
<input type="checkbox"/> IBES	Page 11
<input type="checkbox"/> Combined Application Process	Page 12
<input type="checkbox"/> Combined Application	Page 12
<input type="checkbox"/> Recording of Liens	Page 19
<input type="checkbox"/> Types of Applications	Page 21
<input type="checkbox"/> 31 Day Emergency	Page 21
<input type="checkbox"/> 10 Day Prior	Page 21
<input type="checkbox"/> Follow On	Page 22
<input type="checkbox"/> Additional Request	Page 22
<input type="checkbox"/> 180 Day Delayed	Page 23
<input type="checkbox"/> Third Party	Page 24
<input type="checkbox"/> Investigation Overview	Page 25
<input type="checkbox"/> Interview	Page 26l

Declaration of Policy

It is the policy of this state that :[§31-3501](#)

- Each person is responsible for his or her own medical care.
- Each resident shall be encouraged to purchase medical insurance with coverage sufficient to prevent them from needing assistance through this chapter.
- Counties and the Catastrophic program are the payers of last resort.
- The declaration informs of the purpose of the county medical assistance program, and accordingly, the application process for financial assistance of the medically indigent which is critical and will be carefully examined in these materials.
- The indigency determination process looks at numerous pieces of information, included in that determination process is an evaluation of the income, resources, and expenses of the patient, the patient's spouse, parent for legal guardian (if the patient is a minor or otherwise a dependent), and other legally obligated persons.

COMBINED APPLICATION FOR STATE AND COUNTY MEDICAL ASSISTANCE



Mark the Type of Application (select only one):

Emergency 31-Day Non-Emergency 10-Day Prior Additional Request 100-Day Delayed (Justification Must be Attached)

County Date Stamp:

By signing below, I acknowledge that by completing this application form, it will be used to determine eligibility for BOTH County Indigent Medical Assistance and Idaho Department of Health and Welfare Health Coverage Assistance. I also accept and acknowledge that I have read, understand, and will comply with rules promulgated by the Idaho Department of Health & Welfare and the Board of the Catastrophic Health Care Cost Program. I hereby swear or affirm that all information submitted under cover of this application is true and correct, pursuant to Title 31, Chapter 35, Idaho Code.

Printed Name of Patient/Applicant _____ Patient/Applicant's Signature _____ Date _____

*** IF BY A THIRD PARTY APPLICANT ON BEHALF OF THE APPLICANT:

Printed Name of Third Party Applicant _____ Date _____ Name of Facility _____
 Signature of Third Party Applicant _____ Phone _____ Address of Facility _____

Click on Each Section for explanation.

IMPORTANT NOTICE: If you need any of the following assistance, please ask. These services are free:

- Language interpreter. (Nosotros proveemos los servicios de un intérprete, sin costo alguno.) Call 2-1-1 or 1-800-926-2588 or TDD 208-332-7205).
- Help filling out this form.
- Accommodation for a disability.

INSTRUCTIONS: Read all questions and instructions carefully. Answer each question as completely as possible. If you need to provide more information than space allows, attach extra sheets.

What is your preferred language? Spoken _____ Written _____ Do you want an interpreter if you are interviewed? One will be provided at no cost to you. No Yes

¿Usted necesita a intérprete si usted tiene una entrevista? Uno estará disponible en ningún costo para usted. No Si List an alternate contact person in

the event we are unable to reach someone listed on this application.

First Name	Last Name	Phone Number	Relationship to Patient

Tell us what Medical Services you are requesting: _____

Diagnosis: _____

PROVIDER NAME, ADDRESS, & PHONE	DATES OF SERVICE	TYPE OF SERVICE	AMOUNT
	FROM:		
	TO:		
	FROM:		

Step 1.3 Review the application type.

Using the correct application type is crucial to obtaining county and CAT payment for medical expenses. Both first-party applicants and third-party applicants must check or write an “X” in the type of application that is being filed.

The types of applications are as follows:

Emergency 31-day (for more details, see Step 1.3(a) below)

Non-emergency 10-day prior (for more details, see Step 1.3(b))

180 day delayed (for more details, see Step 1.3(c))

Additional request (for more details, see Step 1.3(d))

Each of these applications are distinct and have their own rules. Table C below summarizes those distinctions, and more detailed explanations follow. Table D, also below, shows recommended applications to file in more complicated situations

Application types	Purpose of this application type	Due date
Emergency 31-day (for hospitalization)	Emergency services that couldn't have been planned or anticipated by the medical provider. And that require patient be admitted for care.	Within 31 days following the first date of admission to a hospital.
Emergency 31-day (for necessary medical services)	Emergency services that couldn't have been planned or anticipated by the medical provider. 31-3502(12)	Within 31 days beginning with the first date of medically necessary services.
Non-emergency 10-day prior	Future medical services that can be scheduled planned or anticipated by a medical provider.	At least 10 days before the first date of medical services must pass before services are eligible for payment.

1.3(a) Emergency 31-day

You should indicate that the application is an emergency 31-day application if the medical services provided were “emergency services.” Idaho Code defines what counts as an “emergency”:

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

- (a) Placing the patient's health in serious jeopardy;
- (b) Serious impairment to bodily functions; or
- (c) Serious dysfunction of any bodily organ or part. **Idaho Code 31-3502(12).**

Timing is critical. As Table C indicates, if you're applying for emergency services provided during a hospitalization, be sure to apply within 31 days after the date of admission. If you're applying for emergency services that did not require a hospitalization, apply within 31 days beginning with the first day of the provision of necessary medical services.¹

¹**Idaho Code 31-3505(3);**

¹***Saint Alphonsus RMC v. Gooding County*, Opinion No. 42243 (Idaho Supreme Court, September 4, 2015).**

From Training module.....

History of Claims Paid

	2012	2013	2014	2015	2016 FYTD
No. of cases <u>Approved</u>	1292	1150	1109	721	308
Provider Payments	\$32,745,334	\$30,718,074	\$28,977,540	\$18,615,111	\$8,296,553
Average Amount per Case	\$25,345	\$26,711	\$26,129	\$25,818	\$26,937

FYTD 2016 Fund Activity

FYTD 2016 -6 months (based on current activity)

- **356** Cases submitted over 26 weeks
- **14** Cases per week
- **712** Cases projected (20% decr. - 2015)
- **\$8,296,552.92** Current expenditure for medical payments

FYTD 2015 -6 months (Reflects actuals)

- **440** Cases submitted over 26 weeks
- **17** Cases per week for 26
- **721** Actual (35% decr. - 2014)
- **\$10,254,816** Same time period last year for payments

2016 Rescission

FY15 GF excess	16,941,700
FY16 GF excess	6,057,334
Subtotal	22,999,034
Align ded cash balance	5,893,649
Rescission (Rounded)	28,892,700
Available cash for last 6 months	14,065,582
Dedicated Fund balance	3,000,000
General Fund Balance	11,065,582

Budget Request 2017

2016 Appropriation	\$27,000,000
Base Reduction	(\$5,000,000)
Estimated Revenue	\$ 2,500,000
Operating Exp.	\$390,000
FY2017 Request	\$22,000,000

QUESTIONS