Catastrophic Health Care Cost Program

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Division of Financial Management
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FISCAL YEARS 2015 -2018
COMPREHENSIVE STRATEGIC PLAN
Catastrophic Health Care Cost Program

Mission

The mission of the Catastrophic Health Care Cost Program is to meet the needs of the medically indigent in the state of Idaho who do not qualify for state or federal health and welfare programs, but who qualify for county assistance. Each county is responsible for the first $11,000.00 in medical bills incurred by the medically indigent resident of that county in any 12-month period. The catastrophic health care cost program is responsible for medical bills during the 12 month period in excess of $11,000.00.

General Goals

The general goals and functions of the Catastrophic Health Care Cost Program are as follows:

1. To pay medical bills for qualified medically indigent person exceeding $11,000;
2. Closely monitor costs associated with the administration of the program including but not limited to medical reviews for statutory compliance;
3. Administer the fees and costs paid; and
4. Obtain reimbursement from or on behalf of the indigents.

How Goals and Objectives Are Achieved

1. Pay medical bills -
   - Through payment requests from counties;
   - Track claims
     - I. by provider
     - II. by county
     - III. by diagnostic code
2. Administer fees and costs paid -
   - contract for program administrator;
   - board meeting expenses; and
   - administrative costs
3. Obtain reimbursement -
   - Track reimbursements received;
   - Track number/$ of claims

Performance Standards and Measures As It Relates to Strategic Plan

1. The board insures county compliance with the statutory definition of medical indigency in each case.
2. Statute requires counties to obtain reimbursements from medically indigent individuals who have received assistance and are capable of making full or partial reimbursement. We provide oversight and management of collection of the state portion of said reimbursements.
3. Assist county prosecuting attorneys in defending difficult claims made by health care providers against their county and/or the catastrophic program.

Key Factors External to Agency and Beyond Its Control

Inasmuch as the definition of medical indigency is statutory, the catastrophic program has no ability to control who qualifies and who does not qualify for assistance. As such, when the economy is strong and there is a low level of unemployment, less people qualify through the counties for participation in the program. Medical inflation is also an external factor controlling costs to the catastrophic program over which it has no control. Going forward, the impact of the implementation of the state health exchange will play out. No significant changes were observed in fiscal year 2014, the year the exchange began.

Division of Human Resources

The catastrophic program is administered as a state agency, however, has no state employees. All labor is performed by a board of directors. The board meets approximately nine times per year. As of March 1, 2010, the CAT board began contracting with the Idaho Association of Counties as an independent contractor, to provide all day-to-day operations of the agency. The current contract expires September 30, 2014. We are currently reviewing a new contract arrangement with the Association on an annual basis.

Program Evaluations Used

1. The catastrophic program audits each case submitted by a county to insure compliance with the statutory requirements for submission to and payment by the CAT program.
2. The catastrophic program requires the counties to file medical indigency liens in each case where assistance is rendered.
3. The catastrophic program maintains constant vigilance with regard to maintaining low administrative costs.

Roger S Christensen

Roger S. Christensen, Chairman
Board of Directors
Catastrophic Health Care Cost Program

Performance Measure	2015	2016	2017	2018	Benchmark
1. To pay medical bills for qualified medically indigent persons exceeding $11,000	$34,581,300 in claims for 1300 indigents.	$36,310,365. in claims for 1332 indigents	$38,125,883 In claims for 1365 indigents	$40,032,177 In claims for 1400 indigents	5% increase in dollars 2.5% inc. in cases*
2. Administer the fees and costs paid.	$385,000	$395,000	$405,000	$415,000	Also 2.5%

**History has shown, case load does not increase as fast as dollar amount, as medical inflation increases and assuming for this analysis.. no changes in statute.*