

## STATE OF IDAHO

### CATASTROPHIC HEALTH CARE BOARD Procedures for Applying to the Cat Fund

1. *Determination of a Case:*
  - a. A case shall be submitted to the CAT Board by scanning all documents through a secure website as authorized by the CAT Board.
  - b. The CAT Board is responsible for a case upon submission by a county and receipt and acknowledgement by the authorized secure web based system.
2. *Single Case Processing:*
  - a. Once an application is approved by the county and all bills are received, the application and all relevant documentation are to be scanned into the secure web based system. Relevant documentation required:
    - i. Completed CAT Application
    - ii. Cat Request for Payment, w/ timely bills
    - iii. Combined Application
    - iv. All Commissioners decisions relating to the case
    - v. Clerk's findings
    - vi. Medical records as defined on Cat Transmittal form
    - vii. Liens
    - viii. Proof of qualifying county payments totaling \$11,000 w/ copies of paid bills
    - ix. Medical Review, if applicable
    - x. Reimbursement agreements
    - xi. Correspondence from other resources/determinations
  - b. Applications are processed in order of receipt, based upon the scan /submittal date in SCI.
  - c. Using the CAT transmittal form, the documentation is reviewed for completeness and for compliance with statute. If documentation is missing, the county is notified to provide the additional information. If any information is not provided before the meeting deadline, the case is held until all documentation needed is received, reviewed and processed for the next scheduled meeting of the CAT Board.
  - d. When a case review is complete, the information is compiled for submission to the CAT Board members for their review, prior to a meeting of the CAT Board as determined in subsection "5" below.

3. *Processing Multiple County Cases into a Single CAT Case:*
  - a. Each indigent has one CAT number per 12-month Cat year. However, they may incur several incidents and the county may receive multiple applications on one person during a 12-month period. A Cat year is defined as the 12-months beginning with the first date of service or county approval date, whichever is first and expiring 365 days later.
  - b. The following documents must be scanned separately into the same CAT number.
    - i. Each county application
    - ii. Medical records for unrelated incidents
    - iii. County Commissioner decisions scanned separately for each county case
    - iv. Any updates on lien filings or reimbursement agreements
  - c. Medical reviews are required for individual cases with billed charges over \$\_\_\_\_\_. If an additional case exceeds \$50,000 in billed charges then an additional medical review shall be required.
  - d. Anniversary date: The anniversary date is established upon the first case and does not change as county cases multiply during the CAT year.
4. Resource Eligibility:
  - a. If a patient is denied one of the resources listed in statute, then scan the denial documentation into the system under the Medicaid/SSI/Insurance category.
  - b. If the county suspends a case based upon a pending resource, please track those and if denied by resource the commissioner suspension decision must be scanned into the system.
  - c. If a patient is approved, the approval letter from the resource must be scanned into the appropriate CAT case number.
5. Provider Customer Service
  - a. Until a case has been received by the Catastrophic Health Care Cost Board (CAT) program from the county, the county is responsible for answering any questions from providers pertaining to the case.
  - b. Once the case has been submitted (scanned) to the CAT program working with the providers becomes a joint effort. If the county determines during the phone call that the provider is seeking information only the CAT would have, then the county may provide the CAT number which has

been assigned by the county and the CAT phone number (345-1366) to the provider. Pricing breakdowns and questions are handled at the county level.

6. *CAT Board Determination and Payment:*
  - a. The CAT Board meets approximately every 6 weeks to review claims.
  - b. Approximately, one week prior to each CAT Board meeting shall be the cutoff date for claims submitted to the CAT Board for consideration. New cases received after that date shall be reviewed for consideration at the next scheduled meeting of the CAT Board. New cases and accompanying bills approved by the Board are given priority for processing, ongoing billings are paid based on receipt date as stated in #2a.
  - c. Once approved by the CAT Board, each claim may require up to forty-five (45) days for processing and submission to the state Controller for payment.
  - d. CAT program office notifies the counties in writing of case disposition after each board meeting.

**MONITORING:**

1. Clearly identifying what is necessary to process a CAT case should help reduce the number of cases either tabled or returned due to missing information.
2. Continue with enhancing the SCI system to provide better documentation to the CAT board.
3. When the processing of a case is complete, it is the responsibility of the county to notify the CAT office of cases being closed. The CAT office will provide the counties with assignments on closed cases and will continue to track financials and monitor reimbursement payments.