

**STATE OF NEW MEXICO
COUNTY OF GRANT**

RESOLUTION 02-26

**INDIGENT HOSPITAL & COUNTY HEALTH CARE
RULES & REGULATIONS**

WHEREAS, The Grant County Board of Commissioners is required by law Section 27-5-1 through Section 27-5-18, NMSA 1978 compilation, to sit as the Grant County Indigent Hospital and County Health Care Board for the purposes of administering the Indigent Hospital and County Health Care Act, processing indigent and county health care claims and adopting rules and regulations for the processing of such claims; and,

WHEREAS, The Grant County Board of Commissioners desires to replace Resolution 85-07-18 and all other resolutions regarding Indigent Hospital & County Health Care with this resolution; and,

WHEREAS, The Grant County Indigent Hospital and County Health Care Board desires to include the following types of medical providers for payment of costs and services for the indigent patients of Grant County as defined:

- (1) hospitals, including for-profit hospitals, state-owned hospitals, and licensed out-of-state hospitals where treatment provided is necessary for the proper care of an indigent patient when the care is not available in an in-state hospital
- (2) ambulance providers, a specialized carrier based within the state authorized by the public regulation commission to transport persons by means of an ambulance service, included are air ambulance services similarly approved
- (3) licensed medical doctors when providing services in a Sole Community Provider hospital that are necessary for conditions that endanger the life or threaten permanent disability to an indigent patient.

NOW, THEREFORE BE IT RESOLVED that the Grant County Board of Commissioners, sitting as the Grant County Indigent and County Health Care Board (IHC BOARD), will process applications for payment of eligible claims submitted by those entities listed herein according to the following rules and regulations:

1. APPLICANT & APPLICATION

The applicant may be the patient or the patient's spouse. If the patient is a minor, the patient's parent or guardian or the guarantor of the hospital bill will be the applicant. In the event of the death of the patient, the executor, personal representative or relative of the deceased will be the applicant.

The claims administrator shall schedule an interview and provide assistance in completing the application for individuals who qualify for the Indigent Hospital and County Health Care Act (IHC) payment. The claims administrator shall complete the verification process, using all resources available to screen and verify the information submitted by the claimant for a final decision by the IHC BOARD.

To be eligible for IHC assistance, a claimant must meet all of the residency, medically indigent, and other eligibility provisions and requirements specified in this policy. All inmates/detainees of Grant County Detention Center are presumed to be indigent, and therefore are eligible claimants under the Grant County IHC Rules and Regulations.

The claims shall consist of the following: patient's name, social security number, age, date admitted, date discharged, detailed bill, proof of residency in Grant County for a 90 day period preceding the care rendered, and if filed, the most recent Tax Return, W-2, or other verifiable proof of income for the responsible party for the prior 12-month period.

* No application will be accepted by the medical provider prior to the care of the Indigent Patient.*

All applications must be submitted to the Grant County Indigent Administrator within 90 days after the release of the patient from the hospital or ambulance. Should the hospital or ambulance require additional time to obtain information, they may request, in writing, that an extension be granted within those 90 days. The extension period shall not exceed 90 days from the last available day to file. (The maximum length for filing a claim shall not exceed 180 days from dismissal.)

Approved applications will be considered complete and current for 12 months from the date the application is signed and notarized. Any claims received while an application is complete and current will be processed without any further documentation required from the patient or claimant. After the time limit has expired for the current application, a new application with all required documentation will be requested.

All information regarding the claimant shall be kept strictly confidential by the GRANT COUNTY IHC BOARD.

The Grant County Indigent Administrator will act within 30 days of the receipt of a claim, recommending that either the claim be paid or denied. The Grant County Indigent Hospital and County Health Care Board shall act upon the recommendation of the Indigent Administrator, approving or denying for payment within 60 days of the date of the Administrator's action.

2. INDIGENT PATIENT & ECONOMIC UNITS

Indigent Patient means a person to whom a qualified institution has provided medical care and who can normally support himself/herself and the patient's dependents on his/her present income and

liquid assets available to him/her, but taking into consideration this income and those assets, and his requirement for other necessities of life for himself/herself and his/her dependents, is a person who is unable to pay the cost of the medical care administered.

Annual income of the family of an indigent patient that has received eligible services located in Grant County shall not exceed two times the federal income poverty guidelines published annually by the US Department of Labor. For eligible services that have been obtained outside of Grant County, the annual income of the family of the indigent patient shall not exceed an amount which is fifty percent greater than the per capita personal income for New Mexico; as shown, for the most recent year available, in the "Survey of Current Business", published by the US Department of Commerce. A single person's income cannot exceed an amount equal to the per capita income for the State of NM as listed in the same publication.

The term "indigent patient" includes a person under 18 years of age who has received medical care, and whose parent or person having his/her custody would qualify as an indigent patient if admitted to a hospital for care. The person providing support to the indigent patient must meet these same requirements unless the patient can prove that he/she is an emancipated person.

To be considered a dependent an individual must qualify under the Federal Income Tax Rules.

The following standards will apply in determining income and eligibility:

- A child is emancipated when the child reaches the age of eighteen, or has married prior to the age of eighteen.
- Unwed mothers will include the income of the baby's father for pregnancies and related charges, including hospital nursery charges.
- The income of an unwed couple living together will be considered as a married couple for the IHC purposes.
- One or more adults living in the same home and sharing income and expenses shall be considered as a family with all relevant standards applying.

3. RESIDENCY

The indigent patient must be domiciled in Grant County for at least three months prior to the claimed hospital care. The three months residency period shall consist of 90 days.

Temporary employment and job training out of the county with intent to return to the county of residence may be considered for IHC payment, based on the weight of the evidence presented to the Board. The evidence may be correspondence, employer's statements, utility bill, or any other means by which intent may be weighed. The burden of proof will be borne by the indigent patient.

Residents of Grant County who are full time students attending school in NM but out of county shall qualify for IHC payment while attending school.

4. INCOME VERIFICATION

All patients/applicants shall provide tax returns, if filed or other verifiable proof of income, to the Claims Administrator as part of the taxable income verification process.

The applicant's income will be considered to be the income reported in the applicant's tax return for the twelve month calendar year prior to hospitalization. However, if the household income has decreased, the current monthly income shall be taken into consideration and an average income shall be determined for the preceding 12 months in order to determine eligibility. Pay stubs or some other form may be used to verify this change to income.

An Indigent Applicant can only receive County Indigent after all other means of assistance, such as Insurance, Medicare, Medicaid, Workmen's Compensation, or otherwise, has been pursued.

In-kind shelter/utilities will be considered as income for the most recent 12-month period in which the patient's household receives free shelter. If no documentation is provided by the household showing payment for upkeep to relatives, in-kind standards shall be applied based on the months the household lived with relatives as shown in the application.

In-kind Shelter	\$300 per month
In-kind Utilities	\$ 50 per month
Boarders	\$200 per month

In-kind amounts will be increased annually according to the changes in the consumer price index.

5. SOLE COMMUNITY PROVIDER FUNDS

Sole Community Provider Hospitals will receive payment from the State through the Sole Community Provider (SCP) Funds. Claims from Sole Community Provider Hospitals will be reviewed by the IHC BOARD and if approved, they will be recorded against a ledger tracking the SCP funds granted to the hospital. The approval of such claims is subject to the rules set forth elsewhere in the GRANT COUNTY INDIGENT HOSPITAL AND COUNTY HEALTH CARE RULES AND REGULATIONS. When the claims exceed the fiscal year's approved Sole Community Provider Funds total, the hospital may request reimbursement from the County. If funds are remaining in the County Indigent Claims Fund, and at the discretion of the IHC BOARD, payment may be reimbursed for approved claims. Requests for reimbursement in excess of granted SCP amounts should be made by the Sole Community Provider Hospitals prior to the first of May of the relevant fiscal year.

Every sole community provider hospital requesting or receiving sole community provider hospital payments shall:

- 1) accept indigent patients and request reimbursement for those patients through the process defined herein;
- 2) negotiate with the county the amount of indigent hospital payments anticipated for the following fiscal year by December 31 of each year; and
- 3) provide to the State Health Department prior to January 15 of each year the amount of the authorized indigent hospital payments anticipated for the following fiscal year after an agreement has been reached on the amount with the county (and such other related information as the State Health Department may request).

6. PROVIDER RESPONSIBILITIES AND REIMBURSABLE COST LIMITATIONS

Participation in the Grant County IHC program requires that the medical or ambulance provider consider that approval/payment of a claim constitutes payment in full for services rendered. Once the IHC BOARD approves a claim and proper restitution is made to the service provider, the said provider may not pursue (with either the patient or the County) any outstanding balance on the same claim in excess of the amount approved by the IHC BOARD.

The IHC BOARD shall pay for medically necessary hospital inpatient/outpatient services, including emergency room care, only when ordered by a physician, resulting in medical services requiring inpatient/outpatient care.

Claims whose payment would be less than \$50.00 are not eligible for indigent reimbursement.

Any payments received by medical providers in excess of the limitations stated herein shall either be refunded or credited against the claim. In cases where insurance/Medicaid payments are received for services claimed against the Indigent/Sole Community Provider funds, an amount equal to these payments must be refunded to Grant County. In cases where patients make payment for services rendered prior to an indigent claim's approval, the amount paid by the patient must be refunded.

HOSPITALIZATION

- The maximum amount to be paid for hospital services rendered within Grant County, for a single claim, shall be 90% of billed charges or \$10,000.00, whichever is less.
- The maximum amount to be paid for hospital services rendered outside of Grant County, for a single claim, shall be 75% of billed charges or \$10,000.00, whichever is less.
- The hospital is required to list the diagnosis in layman's language on the application.
- For ongoing outpatient treatment for a single illness, the hospitals may accumulate the charges and file one claim only, when treatment has been completed or when charges have reached the limits as set forth herein. Additionally, the hospitals may accumulate charges for

six months and file a claim for those charges pursuant to part one of the rules and regulations.

AMBULANCE

- Ambulance services rendered inside Grant County will be reimbursed at 90% of the billed amount with a limit of \$1000 per claim.
- Ambulance services rendered outside Grant County will be reimbursed at 75% of the billed amount with a limit of \$1000 per claim.
- Verification of emergency need and referral by an in-county doctor is required on out of county ambulance claims. Income guidelines and claim submission will be the same as required on hospital claims.

PHYSICIAN SERVICES

Physicians performing services as outlined in the "Definitions" section of this document, shall receive 150% of the amount approved by Medicare for the services rendered. Such claims are payable only through the Sole Community Provider Program and only when performed at designated SCP hospitals.

All payments for physician services will be transferred from the participating SCP hospital to the individual physician. Such payments are subject to approval by the IHC BOARD and shall be submitted for approval utilizing the same process described for other claims within this document. It is the responsibility of the Physician to arrange an agreement for payment with the appropriate SCP hospital prior to making any claims for reimbursement.

The portion of SCP funds available for payments to physicians shall not exceed 10% of the annual SCP funds granted to an individual hospital. In the event that supplemental payments are approved, either through the State of NM or the Grant County Commission, these supplemental payments shall be included in determining the amount equal to 10%. Once this 10% amount has been reached, no further payments shall be made to physicians during that fiscal year.

7. PATIENT/APPLICANT RESPONSIBILITIES

Providing proof of indigence and residency is the responsibility of the indigent patient/applicant. Failure to provide the required information may lead to denial of the application by the IHC staff.

It is also the responsibility of the indigent patient/applicant to provide proof of all means of support from all sources, whether that support is the result of dependent status, or voluntary support by a third party not necessarily having legal responsibility for financial support.

If the Claims Administrator, in good faith, tries all avenues to contact the indigent patient and the patient does not cooperate or if the patient is not located or contacted due to leaving town and fails to notify the hospital or leave a forwarding address, the claim may be rejected.

If an applicant obtains hospital care from a hospital not located in Grant County, the submitting hospital shall provide proof (1) that the treatment was required, (2) that the treatment was not available at a hospital located within Grant County, and (3) that the patient was transferred to the hospital by a Grant County Hospital or that the admitting physician was asked to provide medical care to the patient by a written referral from a Grant County Physician. In the event that an indigent patient becomes ill or requires emergency care while out of county, then items 2 and 3 are not required.

8. INDIGENT CLAIMS ADMINISTRATOR AND RESPONSIBILITIES

The IHC Board shall appoint an Indigent Hospital Claims Administrator to manage the operations of the Grant County Indigent Claims Program, also known as the Grant County Health Plan. This claims administrator shall be an employee of the Gila Regional Medical Center and shall maintain an office and regular working hours. The Claims Administrator shall perform the duties outlined below for any claimant or agency involved with the Grant County IHC program.

The Claims Administrator shall make available to the applicant a claim form and a list of the documents that are needed to complete the verification process.

The Claims Administrator is responsible for specifying the date by which documentation must be provided. A reasonable length of time will be allowed the applicant to gather all necessary documentation.

The Claims Administrator shall make a good faith effort to determine whether or not the patient is eligible for assistance under any other public or private assistance program, such as Medicaid or Medicare.

The Claims Administrator shall require the patient to apply for medical assistance through all agencies available. The patient/applicant shall provide a letter from such agencies determining approval or denial and this shall be part of the verification process. Failure to cooperate in seeking assistance through other government agencies will be grounds for denial of the claim.

All claims will be submitted to the IHC Claims Administrator for review. The Claims Administrator shall investigate all claims and shall present those claims to the IHC BOARD for approval or denial of payment.

9. AUTHORITY OF THE BOARD

The Grant County IHC BOARD membership shall consist of the current County Commissioners, and the Chairperson of the Board of County Commissioners shall act as Chairperson of the IHC BOARD.

The IHC BOARD has complete authority to authorize payment from the Grant County Indigent Hospital Claims Fund.

The IHC BOARD shall state in writing the reason for rejecting or disapproving any claim to the applicant via the IHC staff and provide a copy of that determination to the billing entity.

The Grant County IHC BOARD reserves the right to reject any claim or any part of any claim submitted by any medical or ambulance provider, within the limitations as set forth in the statutes of the State of NM and the rules and regulations adopted herein.

10. COUNTY INDIGENT HOSPITAL CLAIMS FUND; AUTHORIZED USES OF THE FUND:

- A. The fund shall be used under Section 27-5-7.1 NMSA
 - 1) to meet the county's contribution for support of sole community provider payments as calculated by the Human Services Department for that county; and,
 - 2) to pay all claims that have been approved by the IHC BOARD that are not matched with federal funds under the state Medicaid program.
- B. The fund shall be used to pay for the burial expenses of indigent persons up to \$600 in accordance with Section 24-13-3 NMSA.
- C. The fund may be used to meet the county's obligation under Section 27-10-4 NMSA.
- D. The fund may be used to pay county administrative costs as allowed under Section 27-5-6B NMSA.

11. APPEALS

Appeals shall be handled according to NMSA 27-5-12.1


12. SUNSET PROVISION

The provision referencing federal income poverty guidelines (Section Two, paragraph 2) shall revert to language qualifying family income based on per capita income six months after the enactment of this provision unless specifically retained by the Commissioners.

Passed and adopted on the 8th day of August, 2002.

GRANT COUNTY BOARD OF COMMISSIONERS:


Manuel Serna



David Conway


Henry Torres

ATTEST:


Jeff Carbajal, County Clerk

Approved as to form:


Sherry Tippet, County Attorney

