

**STATE OF NEW MEXICO  
COUNTY OF GRANT**

**RESOLUTION 03-16**

**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 02-26 and all other preceding 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 12-month period prior to the date of service.

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 12 months preceding the date of service 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.

Indigent Claims for services available in Grant County yet obtained outside the county shall be available for reimbursement for immediate emergency procedures only. Persons making claims to the Indigent Fund must seek care within Grant County first and may not seek reimbursement for services rendered at an out-of-county hospital for reasons of personal choice.

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 amount to be paid for hospital services rendered in Grant County shall be equal to 150% of the amount approved by Medicaid for the same services, or \$10,000, whichever is less.
- The amount to be paid for hospital services rendered outside of Grant County shall be equal to the amount approved by Medicaid for the same services, or \$10,000, whichever is less.
- Each hospital for which claims are made is required to provide to Grant County an updated schedule for Medicaid payments approved for that facility.

- 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 to qualified applicants will be reimbursed at the carrier's rate as established by the NM Public Regulation Commission, 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 Medicaid 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

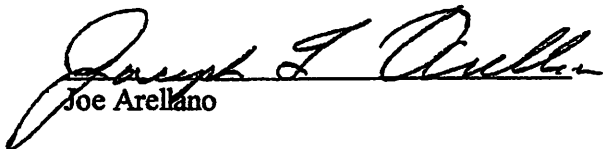


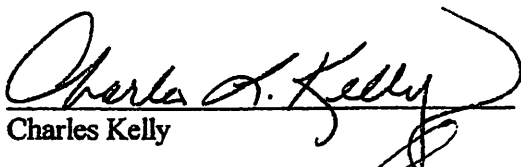
**12. SUNSET PROVISION**

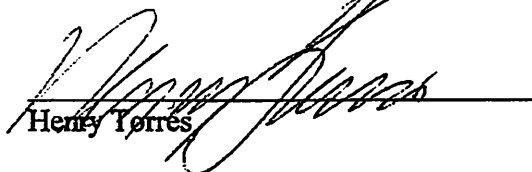
The provision referencing federal income poverty guidelines (Section Two, paragraph 2) shall revert to language qualifying family income based on per capita income as they apply to Grant County Facilities six months after the enactment of this provision unless specifically retained by the Commissioners in a vote of the BOCC in an open meeting.

Passed and adopted on the 11th day of September 2003.


GRANT COUNTY BOARD OF COMMISSIONERS:

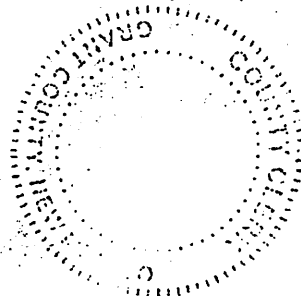
  
Joe Arellano

  
Charles Kelly

  
Henry Torres

ATTEST: 

  
Jeff Carbajal, County Clerk



**27-5-2. Purpose of Indigent Hospital and County Health Care Act.**

The purpose of the Indigent Hospital and County Health Care Act is:

A. to recognize that each individual county of this state is the responsible agency for ambulance transportation, hospital care or the provision of health care to indigent patients domiciled in that county, as determined by resolution of the board of county commissioners, in addition to providing support for the state's medicaid program;

B. to recognize that the counties of the state are responsible for supporting indigent patients by providing local revenues to match federal funds for the state medicaid program pursuant to Section [7-20E-9](#) NMSA 1978 and the transfer of funds to the county-supported medicaid fund pursuant to the Statewide Health Care Act [[27-10-1](#) through [27-10-4](#) NMSA 1978]; and

C. to recognize that the counties of the state can improve the provision of health care to indigent patients by providing local revenues for countywide or multicounty health planning.

**History:** 1953 Comp., § 13-2-13, enacted by Laws 1965, ch. 234, § 2; 1971, ch. 72, § 1; 1983, ch. 234, § 1; 1987, ch. 88, § 1; 1993, ch. 321, § 2; 1997, ch. 51, § 1; 2014, ch. 79, § 4.

**27-5-3. Public assistance provisions.**

A. A hospital shall not be paid from the fund under the Indigent Hospital and County Health Care Act for costs of an indigent patient for services that have been determined by the department to be eligible for medicaid reimbursement.

B. No action for collection of claims under the Indigent Hospital and County Health Care Act shall be allowed against an indigent patient who is medicaid eligible for medicaid covered services, nor shall action be allowed against the person who is legally responsible for the care of the indigent patient during the time that person is medicaid eligible.

**History:** 1953 Comp., § 13-2-14, enacted by Laws 1965, ch. 234, § 3; 1984, ch. 101, § 1; 1993, ch. 321, § 3; 2003, ch. 413, § 1; 2014, ch. 79, § 5.

## 27-5-4. Definitions.

As used in the Indigent Hospital and County Health Care Act:

A. "ambulance provider" or "ambulance service" means a specialized carrier based within the state authorized under provisions and subject to limitations as provided in individual carrier certificates issued by the public regulation commission to transport persons alive, dead or dying en route by means of ambulance service. The rates and charges established by public regulation commission tariff shall govern as to allowable cost. Also included are air ambulance services approved by the county. The air ambulance service charges shall be filed and approved pursuant to Subsection D of Section [27-5-6](#) NMSA 1978 and Section [27-5-11](#) NMSA 1978;

B. "cost" means all allowable costs of providing health care services, to the extent determined by resolution of a county, for an indigent patient. Allowable costs shall be based on medicaid fee-for-service reimbursement rates for hospitals, licensed medical doctors and osteopathic physicians;

C. "county" means a county except a class A county with a county hospital operated and maintained pursuant to a lease or operating agreement with a state educational institution named in Article [12](#), Section [11](#) of the constitution of New Mexico;

D. "department" means the human services department;

E. "fund" means a county health care assistance fund;

F. "health care services" means treatment and services designed to promote improved health in the county indigent population, including primary care, prenatal care, dental care, behavioral health care, alcohol or drug detoxification and rehabilitation, hospital care, provision of prescription drugs, preventive care or health outreach services, to the extent determined by resolution of the county;

G. "indigent patient" means a person to whom an ambulance service, a hospital or a health care provider has provided medical care, ambulance transportation or health care services and who can normally support the person's self and the person's dependents on present income and liquid assets available to the person but, taking into consideration the person's income, assets and requirements for other necessities of life for the person and the person's dependents, is unable to pay the cost of the ambulance transportation or medical care administered or both; provided that if a definition of "indigent patient" is adopted by a county in a resolution, the definition shall not include any person whose annual income together with that person's spouse's annual income totals an amount that 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 United States department of commerce. "Indigent patient" includes a minor who has received ambulance transportation or medical care or both and whose parent or the person having custody of that minor would qualify as an indigent patient if transported by ambulance, admitted to a hospital for care or treated by a health care provider;

H. "medicaid eligible" means a person who is eligible for medical assistance from the department;

I. "planning" means the development of a countywide or multicounty health plan to improve and fund health services in the county based on the county's needs assessment and inventory of existing services and resources and that demonstrates coordination between the county and state and local health planning efforts;

J. "public entity" means a state, local or tribal government or other political subdivision or agency of that government; and

K. "qualifying hospital" means an acute care general hospital licensed by the department of health that is qualified to receive payments from the safety net care pool pursuant to an agreement with the federal centers for medicare and medicaid services.

History: 1953 Comp., § 13-2-15, enacted by Laws 1965, ch. 234, § 4; 1975, ch. 44, § 1; 1977, ch. 253, § 43; 1978, ch. 123, § 1; 1979, ch. 146, § 1; 1983, ch. 234, § 2; 1987, ch. 50, § 1; 1987, ch. 88, § 2; 1990, ch. 37, § 1; 1991, ch. 171, § 1; 1991, ch. 212, § 19; 1993, ch. 321, § 4; 1997, ch. 51, § 2; 1999, ch. 37, § 1; 1999, ch. 270, § 4; 2001, ch. 30, § 1; 2001, ch. 272, § 1; 2001, ch. 280, § 1; 2003, ch. 413, § 2; 2004, ch. 94, § 1; 2012, ch. 18, § 1; 2014, ch. 79, § 6.

**27-5-5.1. Indigent health care report; required.**

Every county in New Mexico shall file an annual report on all indigent health care funding by the county with the commission. The report shall contain the county's eligibility criteria for indigent patients, services provided to indigent patients, restrictions on services provided to indigent patients, conditions for reimbursement to providers of health care, revenue sources used to pay for indigent health care and other related information as determined by the commission. The report shall be submitted by October 1 of each year on a form provided by the commission. The commission shall make the report available to interested parties.

**History:** Laws 1993, ch. 321, § 17; 1999, ch. 37, § 2.



**27-5-6. Powers and duties of counties relating to indigent care.**

A county:

A. may budget for expenditure on ambulance services, burial expenses, hospital or medical expenses for indigent residents of that county and for costs of development of a countywide or multi county health plan. The combined costs of administration and planning shall not exceed the following percentages of revenues based on the previous fiscal year revenues for a fund that has existed for at least one fiscal year or based on projected revenues for the year being budgeted for a fund that has existed for less than one fiscal year. The percentage of the revenues in the fund that may be used for such combined administrative and planning costs is equal to the sum of the following:

(1) ten percent of the amount of the revenues in the fund not over five hundred thousand dollars (\$500,000);

(2) eight percent of the amount of the revenues in the fund over five hundred thousand dollars (\$500,000) but not over one million dollars (\$1,000,000); and

(3) four and one-half percent of the amount of the revenues in the fund over one million dollars (\$1,000,000);

B. may accept contributions of public funds for county health care services, which shall be deposited in the fund;

C. may hire personnel to carry out the provisions of the Indigent Hospital and County Health Care Act;

D. shall transfer to the state by the last day of March, June, September and December of each year an amount equal to one-fourth of the county's payment pursuant to Section 16 of this 2014 act [[27-5-6.2 NMSA 1978](#)]. This money shall be deposited in the safety net care pool fund;

E. shall, in carrying out the provisions of the Indigent Hospital and County Health Care Act, comply with the standards of the federal Health Insurance Portability and Accountability Act of 1996;

F. may provide for the transfer of money from the fund to the county-supported medicaid fund to meet the requirements of the Statewide Health Care Act [[27-10-1](#) through [27-10-4 NMSA 1978](#)]; and

G. may contract with ambulance providers, hospitals or health care providers for the provision of services for indigent patients domiciled within the county.

**History:** 1953 Comp., § 13-2-17, enacted by Laws 1965, ch. 234, § 6; 1979, ch. 146, § 2; 1983, ch. 234, § 3; 1987, ch. 88, § 3; 1991, ch. 212, § 20; 1993, ch. 321, § 6; 1997, ch. 51, § 3; 1999, ch. 37, § 3; 2003, ch. 413, § 3; 2014, ch. 79, § 7. .

**27-5-6.1. Safety net care pool fund created.**

A. The "safety net care pool fund" is created in the state treasury. The safety net care pool fund, which shall be administered by the department, shall consist of public funds provided through intergovernmental transfers from counties or other public entities and transferred from counties pursuant to Section 16 of this 2014 act [[27-5-6.2](#) NMSA 1978]. Money in the fund shall be invested by the state treasurer as other state funds are invested. Any unexpended or unencumbered balance remaining in the fund at the end of any fiscal year shall not revert.

B. Money in the safety net care pool fund is appropriated to the department to make payments to qualifying hospitals. No safety net care pool fund payments or money in the safety net care pool fund shall be used to supplant any general fund support for the state medicaid program.

History: Laws 1993, ch. 321, § 18; 2012, ch. 18, § 2; 2014, ch. 79, § 8.

**27-5-6.2. Transfer to safety net care pool fund.**

A. A county shall, by ordinance to be effective July 1, 2014, dedicate to the safety net care pool fund an amount equal to a gross receipts tax rate of one-twelfth percent applied to the taxable gross receipts reported during the prior fiscal year by persons engaging in business in the county. For purposes of this subsection, a county may use public funds from any existing authorized revenue source of the county.

B. A county enacting an ordinance pursuant to Subsection A of this section shall transfer to the safety net care pool fund by the last day of March, June, September and December of each year an amount equal to one-fourth of the county's payment to the safety net care pool fund.

History: Laws 2014, ch. 79, § 16.



**27-5-7. Health care assistance fund.**

- A. There is created in the county treasury of each county a "health care assistance fund".
  - B. Collections under the levy made pursuant to the Indigent Hospital and County Health Care Act and all payments shall be placed into the fund, and the amount placed in the fund shall be budgeted and expended only for the purposes specified in the Indigent Hospital and County Health Care Act, by warrant upon vouchers approved by the county. Payments for indigent hospitalizations shall not be made from any other county fund.
  - C. The fund shall be audited in the manner that other state and county funds are audited, and all records of payments and verified statements of qualification upon which payments were made from the fund shall be open to the public.
  - D. Any balance remaining in the fund at the end of the fiscal year shall carry over into the ensuing year, and that balance shall be taken into consideration in the determination of the ensuing year's budget and certification of need for purposes of making a tax levy.
  - E. Money may be transferred to the fund from other sources, but no transfers may be made from the fund for any purpose other than those specified in the Indigent Hospital and County Health Care Act.
- History:** 1953 Comp., § 13-2-18, enacted by Laws 1965, ch. 234, § 7; 1991, ch. 212, § 21; 1992, ch. 31, § 1; 1993, ch. 321, § 7; 1996, ch. 29, § 4; 1998, ch. 71, § 1; 1999, ch. 188, § 1; 2014, ch. 79, § 9.

**27-5-7.1. County health care assistance fund; authorized uses of the fund.**

A. The fund may be used to pay for:

(1) expenses of burial or cremation of an indigent person;

(2) ambulance transportation, hospital care and health care services for indigent patients; or

(5) [(3)] county administrative expenses associated with fund expenditures authorized in Paragraphs of this subsection.

B. The fund may be used to meet a county's obligation under Section [27-10-4](#) NMSA 1978.

**History:** Laws 1993, ch. 321, § 16; 2001, ch. 307, § 2; 2014, ch. 79, § 10.

**27-5-9. Tax levies authorized.**

A. Subject to the provisions of Subsection B of this section, the board of county commissioners, upon the certification of the county as to the amount needed to provide health care to indigent residents of the county or to support the state's medicaid program, shall impose a levy against the net taxable value, as that term is defined in the Property Tax Code [Articles 35 through 38 of Chapter 7 NMSA 1978], of the property in the county sufficient to raise the amount certified by the county.

B. The question of imposing an indigent and medicaid health care levy for the purpose of the Indigent Hospital and County Health Care Act shall be submitted to the electors and voted upon as a separate question at the next subsequent general election or any special election called prior thereto for such purpose.

C. Upon finding by the board of county commissioners that an election will be necessary, the board of county commissioners shall meet and order an election to be held at a designated time in the county upon the question of imposing an indigent and medicaid health care levy for the purpose of the Indigent Hospital and County Health Care Act in the county. If the question is to be voted upon at a special election, the election shall be held not less than thirty nor more than fifty days after the finding, but in no event shall the election be held within fifty days preceding or succeeding any general election held in the county. The order for the election shall be made a part of the official minutes of the board of county commissioners. A copy of the order shall be published in a newspaper of general circulation in the county at least fifteen days before the date set for the election, and an affidavit of publication shall be obtained. At least five days prior to the date for holding the election, the board of county commissioners shall publish in a newspaper of general circulation in the county and post in five conspicuous places in the county a notice of election, which shall be in substantially the following form:

**"NOTICE OF ELECTION ON SPECIAL INDIGENT  
AND MEDICAID HEALTH CARE LEVY**

Notice is given on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, there will be held in \_\_\_\_\_ county of New Mexico an election on the question of imposing an indigent and medicaid health care levy to provide health care to indigent residents of the county or to support the state's medicaid program, such levy to be made annually against the taxable value of the property in the county and limited to an amount sufficient to provide funds necessary to support the state's medicaid program or to provide health care to indigent residents of the county who do not qualify for medicaid.

\_\_\_\_\_  
Official Title of the Authority".

The election shall be held on the date specified in the notice and shall be, if a special election, conducted and canvassed in substantially the same manner as general elections are conducted and canvassed in the county; provided that the ballot used in any election shall be a special and separate ballot and shall be in substantially the following form:

**"BALLOT**

On the question of imposing an indigent and medicaid health care levy for the purposes of the Indigent Hospital and County Health Care Act, such levy to be made annually against the taxable value of the property in \_\_\_\_\_ county of New Mexico, and limited to an amount sufficient to provide funds budgeted and certified as necessary for health care for indigent residents of the county in addition to those services provided by the state or to support the state's medicaid program:

FOR THE LEVY.....  
AGAINST THE LEVY.....".

D. If the electors vote in favor of an indigent and medicaid health care levy, the levy shall become effective in the same manner prescribed by law for all levies upon property within that county, and a levy for those purposes in such an amount as will provide sufficient money for the fund shall be made for each year thereafter.

E. Any board of county commissioners that has, prior to the effective date of this section, made a valid imposition of a property tax for the purpose of the Indigent Hospital and County Health Care Act shall not be required to hold an election on the existing tax, and that tax may be imposed and continue to be imposed in accordance with the provisions of law existing at the time of its imposition. However, if any such tax is not imposed in a given property tax year or if the authorization for its imposition terminates or expires, the election requirements of Subsections B and C of this section shall apply to any subsequent proposed imposition of a property tax for indigent health care for county residents or to support the state's medicaid program.

History: 1953 Comp., § 13-2-20, enacted by Laws 1965, ch. 234, § 9; 1981, ch. 37, § 85; 1993, ch. 321, § 9; 2014, ch. 79, § 11; 2015, ch. 145, § 99.

**27-5-11. Qualifying hospital duties and reporting.**

A. A qualifying hospital shall accept every indigent patient who seeks health care services from the qualifying hospital.

B. Qualifying hospitals shall:

have written financial assistance policies that are publicized.

D. [C.] Within thirty days of receiving a payment from the safety net care pool, a qualifying hospital shall report the amount of such payment to the county within which it is located.

E. [D.] In addition to the report required in Subsection D of this section, a qualifying hospital shall annually report to the county within which it is located the total costs of health care services provided in the previous calendar year.

**History:** 1953 Comp., § 13-2-23, enacted by Laws 1965, ch. 234, § 12; 1983, ch. 234, § 4; 1993, ch. 321, § 10; 2003, ch. 413, § 4; 2014, ch. 79, § 12.

**27-5-12. Payment of claims.**

A. A hospital, ambulance service or health care provider filing a claim with the county shall:

- (1) file the claim with the county in which the indigent patient is domiciled;
- (2) file the claim for each patient separately, with an itemized detail of the total cost; and

(3) file with the claim a verified statement of qualification for ambulance service, indigent hospital care or care from a health care provider signed by the patient or by the parent or person having custody of the patient to the effect that the patient qualifies under the provisions of the Indigent Hospital and County Health Care Act as an indigent patient and is unable to pay the cost for the care administered and listing all assets owned by the patient or any person legally responsible for the patient's care. The statement shall constitute an oath of the person signing it, and any false statements in the statement made knowingly constitute a felony.

B. A hospital, ambulance service or health care provider that has contracted with a county for provision of health care services shall provide evidence of health care services rendered for payment for services in accordance with the procedures specified in the contract.

**History:** 1953 Comp., § 13-2-24, enacted by Laws 1965, ch. 234, § 13; 1983, ch. 234, § 5; 1984, ch. 101, § 2; 1993, ch. 321, § 11; 1997, ch. 51, § 4; 2014, ch. 79, §13.

**27-5-12.1. Appeal.**

Any hospital or ambulance service aggrieved by any decision of the county may appeal to the district court pursuant to the provisions of Section [39-3-1.1](#) NMSA 1978.

**History:** 1978 Comp., § 27-5-12.1, enacted by Laws 1979, ch. 146, § 3; 1983, ch. 234, § 6; 1998, ch. 55, § 38; 1999, ch. 265, § 40; 2014, ch. 79, § 14.

**27-5-16. Department; payments; cooperation; reporting.**

A. The department shall not decrease the amount of any assistance payments made to the hospitals or health care providers of this state pursuant to law because of any financial reimbursement made to ambulance services, hospitals or health care providers for indigent or medicaid eligible patients as provided in the Indigent Hospital and County Health Care Act.

B. The department shall cooperate with each county in furnishing information or assisting in the investigation of any person to determine whether the person meets the qualifications of an indigent patient as defined in the Indigent Hospital and County Health Care Act.

C. The department shall provide an annual report to each county and each qualifying hospital on the previous calendar year's payments from the safety net care pool for uncompensated care to qualifying hospitals and estimated payments of enhanced medicaid base rates. The annual report for the previous year shall be provided by July 1 of the succeeding year.

**History:** 1953 Comp., § 13-2-27, enacted by Laws 1965, ch. 234, § 16; 1987, ch. 88, § 5; 1993, ch. 321, § 13; 2013, ch. 151, § 1; 2014, ch. 79, § 15.