

**ORDINANCE NO. 15-2016
(Amended)**

**UNION COUNTY INDIGENT HOSPITAL AND COUNTY HEALTH CARE
ORDINANCE**

COMES NOW the Union County Board of County Commissioners and hereby enacts the "Union County Indigent Hospital and County Health Care Ordinance."

WHEREAS, in 2014, the New Mexico Legislature enacted the "Indigent Hospital and County Health Care Act", Section 27, Article 5 NMSA 1978, hereinafter referred to as the "Act", and

WHEREAS, Section 27-5-6., of said Act requires that the County by ordinance determine the types of health care services which will be eligible to have claims paid under the Act, and

WHEREAS, the Union County Board of County Commissioners desire to adopt a comprehensive ordinance which will address all indigent health care concerns, including rules and regulations,

IT IS THEREFORE RESOLVED AND ENACTED:

- I. **Name.** This ordinance shall be known as the Union County Indigent Hospital and County Health Care Ordinance, hereinafter referred to as the "Ordinance"
- II. **Purpose.** To recognize that Union County is the responsible agency for ambulance transportation, hospital care or the provision of health care to indigent patients domiciled in Union County, in addition to providing support for the state's Medicaid program;
 - A. to recognize that Union County is 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 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

- B. to recognize that Union County can improve the provision of health care to indigent patients by providing local revenues for countywide or multicounty health planning.

III. Definitions.

- A. "Act" means the New Mexico Indigent Hospital and County Health Care Act contained in Chapter 27, Article 5 NMSA 1978.
- B. "Board" means the Union County Indigent Hospital and County Health Care Assistance Board unless, as specified, it means the Board of Union County Commissioners.
- C. "Claimant" means the person applying for payment of eligible services, provided that nothing shall prevent a parent or guardian from making claims on behalf of a minor(s); a guardian from making a claim on behalf of a person(s) suffering disability; and widows, widowers, or personal representatives from making claim on behalf of a deceased person. In addition, as provided in the Act, providers of eligible service may make claims for payment, but are then required to provide all documentation and proof required of the indigent patient.
- D. "Fund Administrator" means the Union County Indigent Hospital and County Health Care Board.
- E. "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. 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.

- 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 of health outreach services.
- G. "Ordinance" means the Union County Indigent Hospital and County Health Care Ordinance.
- H. "Section 27-5-1 et seq. NMSA 1978" means Chapter 27, Article 5 and the designated subsection, if any of the New Mexico Statutes 1978, Annotated.
- I. Income means all forms of compensation that are to be included in determining eligibility for benefits as an Indigent Patient. The term income includes taxable, as well as tax exempt, compensation. Income also includes in-kind forms of compensation such as food, housing or utilities that may be provided as a condition of employment, gift, or otherwise.

IV. Eligibility.

- A. Residency. Claimants eligible for payment for hospital and health care claims shall be persons domiciled in Union County at least three (3) months prior to the date when hospital or health care services are rendered.

- B. Income Limitation. In addition to the residency qualification described above, payments from the fund shall benefit only those claimants whose income, or whose household income, does not exceed amounts described in the Union County Indigent Fund Qualification Guidelines which are attached hereto and incorporated into the ordinance. Claimants who have income below these guidelines, or who reside in households where income is below these guidelines and meet all other qualifications will be considered to be eligible for payment of services.
- C. Asset Limitation. In addition to the income limitation described above, eligible claimants to fund payment shall be limited to those persons whose liquid assets are insufficient to pay the costs of eligible hospital and health care services, taking into consideration assets, income, and the requirements for the cost of the necessities of life of the claimant and the claimant's dependents. Some assets may not be considered necessities of life for purposes of this ordinance; such assets include, but are not limited to the following: motor homes, boats, motorcycles, campers, etc. Assets not considered to be the necessities of life are considered to be luxuries and must be liquidated and applied to outstanding medical debts before the claimant is qualified to receive benefits under this ordinance.
- D. Payment Limitation. The maximum aggregate amount that any claimant may be eligible to receive is \$20,000 per fiscal year. The Fund Administrator will tabulate the amounts paid per claimant to insure amounts are not paid in excess of \$20,000.00 per claimant per fiscal year. This limitation includes amounts paid for alcohol and drug rehabilitation services: no individual shall be entitled to more than \$20,000 per fiscal year with the additional provision that the one (1) year shall commence upon an admission for such rehabilitation.

Benefits shall be paid for health care services as defined in definitions

section F, only in accordance with the Medicaid fee schedule. This limitation applies in addition to the annual aggregate limitation of benefits.

- E. Covered Medical Services. No elective procedures shall be covered under the fund. Abortion and cosmetic surgery are examples of elective procedures which are not covered. Nevertheless, sterilization, whether elective or medically necessary shall be an eligible type of covered procedure, provided other conditions of eligibility are met.

- F. Insurance, Medicare Only, Medicare and Medicaid. Any person covered by a medical policy which otherwise covers the illness or injury will not qualify for benefits under this ordinance. However, if the insurance coverage is patently inadequate, the claimant may, nevertheless, apply for the uncovered costs, and may be considered at the Board's discretion. The claimant is responsible for providing full and complete information by the Board. Any person that qualifies for Medicare and has no supplement for Part A deductible or Part B deductible and co-insurance may qualify if they meet income guidelines. Only Medicare co-pays will be paid for qualifying patient. Any person that qualifies for Medicare and Medicaid or Medicaid only will not qualify for healthcare assistance as provided in 27-5-3 (A). The Union County health care assistance fund is the payer of last resort.

- G. Prisoners. County prisoners are eligible for indigent health care when medical care is necessary and upon approval of the Board.

- H. Waiver of Confidentiality. All claimants agree, for themselves and for the members of the household in which they reside, to waive confidentiality and their right of privacy with respect to the information they provide to the fund administrator. Such waiver shall include a written statement that will allow the fund administrator, or those assisting the fund administrator, to obtain and to disclose confidential information to verify the indigent and

eligible status of the applicants, including but not limited to disclosure of information regarding income, assets, public assistance, medical information, residency, household memberships, or any other information reasonably related to an eligibility determination.

V. **Types of Eligible Care.** Only such types of hospital and health care services as are allowed under this ordinance shall be considered for payment, notwithstanding any authority granted to Union County under the Act. Union County shall pay indigent patient claims for the following types of care, as provided under the Act:

- A. Ambulance Transportation Service, as defined in Section 27-5-4.A NMSA, excluding air ambulance service.
- B. Hospital Care and Health Care Services, as defined in Section 27-5-4. F NMSA, but excluding,
 - 1) Out-of-state hospitals.
- C. Other health care providers whose claims are eligible for reimbursement shall include,
 - i. burial or cremation of an indigent person in the amount of six hundred dollars (\$600.00).
 - ii. in-state home health agencies,
 - iii. in-state licensed hospices,
 - iv. community based health care programs, whether operated by a political subdivision of the state or other non-profit health organization, which provide pre-natal care and which meet the qualifications of Section 27-5-4. F NMSA 1978,
 - v. a drug rehabilitation center, as defined in Section 27-5-4., F NMSA

1978.

- vi. an alcohol rehabilitation center, as defined in Section 27-5-4. F., NMSA 1978.
- vii. behavioral health care as defined in Section 27-5-4. F, NMSA 1978.

VI. **Administration.** The administration of this ordinance shall be as follows:

- A. Preparation of Claims. The Union County Manager or designee is the person charged with gathering and presenting the necessary information required under the ordinance and will report directly to the Union County Indigent Hospital and County Health Care Board.
- B. Union County Indigent Hospital and County Health Care Board. The Board, consisting of the members of the Union County Commission, shall administer claims, pursuant to Section 27-5-6. C, NMSA 1978, provided that the actual work of gathering the necessary information and presenting such information to the board is hereby delegated to and shall be performed by the County Manager, or designee as described above.
- C. Costs of Administration. Union County shall take from the fund its administrative costs up to the maximum permitted under Section 27-5-6 A NMSA 1978, and shall prepare and submit all necessary forms and documents to obtain these costs pursuant to the Act.
- D. Procedure. Any claimant applying to the fund shall contact the Union County Manager or designee and provide to the County Manager bills for which payment from the fund is sought. The County Manager or designee shall provide the applicant with a claim form or forms as are required to present the claim to the Board for consideration.
- E. Proof and Documentation. It shall be the responsibility of the claimant to

provide proof of eligibility as required by the Board or its County Manager. Such proof shall be in the form of any reasonable documentation of residency, records of medical services provided, and income and asset information as required to determine eligibility for payment by the Board. Failure to provide such documentation as requested may be grounds for denial of any claim, if in the opinion of the Board, eligibility as to the person and or medical service provided has not been properly proved and/or documented. Claims based solely on the representations of the claimant, under oath or otherwise, shall not be sufficient to prove eligibility, if, in the opinion of the Board, a question of eligibility remains.

- F. Timeliness. Submission of applications is the responsibility of the claimant. Applicants are required to submit completed claims within one hundred and twenty (120) days from the date medical services were rendered. Applications made more than one hundred and twenty (120) days from date health care services were rendered will be rejected as untimely.
- G. Presentation. Within thirty-five (35) days of the completion of the application and collection of all supporting documentation, the County Manager shall present the claims to the Board. The County Manager or designee shall initially screen all claims for eligibility as to the claimant and the services provided.
- H. Decision. The full Board after review of the material provided by the County Manager shall act as follows:
- i. pay the claim in whole or in part,
 - ii. deny payment of the claim, or
 - iii. table the claim pending clarification of any material fact, returning the matter to the County Manager for further information and/or documentation.

- I. Meetings. Meetings of the Board shall be held on the same day and at the same place as the regular or any special Board of Union County Commissioners meeting.

- J. Open Meetings Act. The Board shall abide by the Open Meetings Act of the State of New Mexico, except that any member of the Board may call for an executive session to discuss any matter or information involving the medical and or financial privacy of a claimant, as such discussion are deemed to be analogous to personnel matters. No action shall be taken in executive session.

- K. Minutes. Minutes of the meetings of the Board shall be kept and actions of the Board duly noted in said minutes.

- L. Notice. It shall be the responsibility of the County Manager or designee to give written notice by regular first class mail of the denial of any claim or portion thereof by the Board for additional information from the claimant, with a copy sent to the provider of such services. A claimant who fails to respond to the request for additional information shall have been deemed to have waived such claims. In the event any claimant or provider is aggrieved by any decision of the Board the claimant shall have the right to appeal that decision to the full Board. Notice of any appeal shall be given in writing by the claimant to the County Manager or the Board at its address, P. O. Box 430, Clayton, New Mexico, 88415. Notice of appeal shall be delivered to the Board within fifteen (15) days after mailing of a notice of denial, or, if applicable, upon any request for additional information or clarification. Any notice of appeal received after the fifteen (15) day deadline shall be deemed void, unless the claimant can satisfy the Board that extraordinary circumstances prevented the claimant from giving timely appeal notice.

M. Appeal Procedure. Appeals shall be heard at the next regular meeting of the Board, provided the appeal notice is received at least ten (10) working days prior to said meeting, or at the next scheduled meeting should the notice of appeal be received within ten (10) days of that meeting. Notice of the time and place of any appeal to be heard by the Board shall be sent to the claimant by regular first-class mail at least four (4) working days prior to the appeal hearing. At the appeal hearing before the Board, the County Manager shall present the facts of the claim and the basis for the denial or request for additional proof or documentation. The claimant may then respond with his, her, or its reasons for objection to the Board's action. The Board may find for the claimant, paying all or part of the claim as the Board determines is eligible for payment, may deny the appeal, or may table the appeal pending the receipt of additional information and/or clarification, specifying the time the claimant has to present the additional information.

VII. **Miscellaneous Provisions.**

- A. Severability. Should any provision of this ordinance be deemed to be invalid under New Mexico law or unconstitutional, that provision shall be deemed void, and the remainder of the ordinance shall remain in full force and effect.
- B. Amendment. The Union County Commission may from time to time, as it deems appropriate and/or necessary amend this ordinance.
- C. Rights Reserved. The Union County Commission may from time to time may take further and additional actions, including expenditures, as permitted and provided by the Act, without limitation, by amendment of this ordinance or in any way permitted by law, including resolution or new ordinance.

- D. Effective Date. The effective date of this ordinance shall be March 9, 2016
- E. Previous Rules, Regulation and Ordinances. Upon the effective date of this ordinance, all previous rules, regulations, resolutions and ordinances involving the eligibility, procedures, and types of care for which payments can be made are deemed to be void and repealed. Ordinance No.15-2014 adopted on June 10, 2014 is hereby repealed by this ordinance.

Witness our hands and seals this 9th day of February, 2016.

UNION COUNTY COMMISSIONERS

By Justin Bennett
Justin Bennett, Chairman

By Walter C. Hall
Walter C. Hall, Member

By W. Carr Vincent
W. Carr Vincent, Member



Mary Lou Harkins
Mary Lou Harkins, Clerk

UNION COUNTY INDIGENT FUND INCOME QUALIFICATIONS GUIDELINES

Income Qualifications Guidelines:

The income qualifications guidelines shall be the current eligibility guidelines set forth according to the Union County Indigent Hospital and County Health Care Assistance Board.

Eligibility will be at the discretion of the Union County Indigent Hospital and County Health Care Assistance Board on a case by case review taking into consideration extenuating circumstances.

- a. For groceries, beef, etc., as in-kind compensation the amount to be included in total household income should be what a family of a similar size and similarly situated would receive in food stamps or equivalent (regardless of whether they are on the food stamp program.)
- b. Housing. When housing is received as in-kind compensation, the amount to be included in household income for that benefit shall be the equivalent amount of benefit a person would receive if they were living in public assistance housing from the Housing Authority. The Housing Authority will be consulted to provide an estimate on the equivalent dollar value of public housing. This amount will be included in the applicant's household income.
- c. Utilities. When utilities are received as an in-kind form of compensation, the amount included in total household income will be the equivalent amount of what a similarly located and similarly situated household of the same size would pay on the average for the same utilities. Utilities is defined to include electricity, gas, propane, water, sewer, and basic telephone service. Utilities does not include long distance telephone bills, satellite or cable television service, or payments on electronic appliances.
- d. Other. Other forms of in-kind compensation will be evaluated on a basis that reflects, as accurately as possible, the equivalent dollar value. Wherever possible, an analysis will be made that determines what a similarly situated household would expend to obtain the same benefit.

INDIGENT CARE INCOME GUIDELINES
EFFECTIVE March 9, 2016

HOUSEHOLD MEMBERS

1	\$18,640
2	\$21,160
3	\$23,680
4	\$26,200
5	\$28,240
6	\$30,220
7	\$32,260
8	\$34,240