RESOLUTION # 2015-66
RULES AND REGULATIONS GOVERNING THE INDIGENT HOSPITAL AND COUNTY HEALTH CARE ACT, AS ADMINISTERED BY THE ROOSEVELT COUNTY HEALTH CARE ASSISTANCE PROGRAM (HCAP), AS AMENDED BY THIS RESOLUTION ON SEPTEMBER 15, 2015

Roosevelt County
Health Care Assistance Program
Policy and Procedure Manual

Roosevelt County
Established 1903

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DeAun D Searl, Roosevelt Co. Clk., Roosevelt, NM

RULES AND REGULATIONS GOVERNING THE ROOSEVELT COUNTY HOSPITAL INDIGENT CLAIM FUND AS ADMINISTERED BY THE ROOSEVELT COUNTY HEALTH CARE ASSISTANCE PROGRAM (HCAP)

WHEREAS, the Board of County Commissioners of Roosevelt County, New Mexico is required by law, Section 27-5-1 through 27-5-18, N.M.S.A., 1978, as amended, to sit as the Roosevelt County Health Care Assistance Program (HCAP) Claims Board (formerly known as Indigent Hospital Claims Board) for the purpose of administering the Indigent Hospital and County Healthcare Act NMSA Chapter 21 Article 5, processing health care assistance claims and adopting rules and regulations for the processing of claims;

WHEREAS, the Roosevelt County Health Care Assistance Program (HCAP) Claims Board desires to amend the existing Rules and Regulations and repeal all provisions inconsistent with the new Rules and Regulations;

NOW, THEREFORE, be it hereby resolved that the Board of County Commissioners of Roosevelt County, New Mexico, sitting as the Roosevelt County Health Care Assistance Program Claims Board, does hereby repeal ***Resolution 10-12*** and does hereby adopt the following rules and regulations for the processing of health care assistance claims submitted to the Roosevelt County HCAP Claims Board.

Mission Statement

The Roosevelt County Health Care Assistance Program's mission is to promote the health and wellbeing of residents of Roosevelt County through programs which improve access and availability of health care services in the community.

Introduction

The purpose of these rules and regulations is to recognize that Roosevelt County is the responsible agency, to the extent of funds available, for ambulance transportation or hospital care for indigent patients ("Patients") domiciled in Roosevelt County for three months, and to provide a means whereby Roosevelt County can discharge this responsibility through a system of reimbursement to ambulance providers or health care providers for actual costs incurred as the result of ambulance transportation provided for the care and treatment ("Services") provided by HCAP designated health care providers ("Providers"). Providers eligible for HCAP funding include certain in-state ambulance services, certain in-state hospitals licensed by the New Mexico Department of Health, that do not currently receive a Safety Net Care Pool allotment for uncompensated care, certain out-of-state hospitals licensed by their state licensing authority where treatment provided is medically necessary for the proper care of a patient.

DEFINITIONS

As used in these rules and regulations, the following words and terms shall have the following meanings:

A. **"Board"** means the Roosevelt County Health Care Assistance Program Claims Board;

B. "**Administrator"** means the Roosevelt County Health Care Assistance Administrator, or a representative of that office;

C. **"Fund"** means the Roosevelt County Health Care Assistance Fund;

D. **"Qualifying Hospital"** means an acute care general or limited 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, whether operated for profit, nonprofit, or owned by the State or a political subdivision, but shall not include any hospital owned or operated by Roosevelt County. "Qualifying Hospital" shall include licensed out-of-state hospitals, but only if the treatment provided is necessary for the proper care of an indigent patient and such care is not available in an in-state hospital, and which hospital has been approved by the Department of Health.

E. **"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 person's 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 Board, where such services are determined by the treating physician to be medically necessary. 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;

F. **"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 requirement 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. The term "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 or admitted to a hospital or both. However, the term "indigent patient" **shall not** include a person whose annual income totals more than: (1) $12,000 -- Single, (2) $16,000 combined income -- Married, (3) Additional $1,200 for each dependent up to four (4) dependents, (4) Income never to exceed $20,800. To be considered an indigent patient under these rules, a claimant must have also been a resident of Roosevelt County for at least ninety (90) days prior to receiving hospital care or ambulance transportation or both.

G. **"Cost"** means allowable ambulance transportation or medical care costs for an indigent patient. Allowable costs shall be based on Medicaid fee-for-service rates for in-patient hospital stays, 72% for outpatient hospital, 70% for ambulance and out-of-state hospitals.

However, reimbursement will not exceed the actual cost of billed in-patient hospital stays at 72% out-patient rates and 70% for out-of-state hospitals.) Further, "cost" as used herein shall not include an amount in excess of the limitations established hereafter by these rules and regulations.

H. **"Business entity"** means either "hospital" or "ambulance service" or both, as the same may be applicable.

I. **"Annual Income"** The amount indicated on the claimant's most recent federal income tax return for Gross Income will normally be acceptable as the claimant's annual income. The claimant is required to provide a federal income tax return as part of the application. Claimants that are in their own business must additionally submit a profit-and-loss statement prepared by a Public Accountant that is acceptable to the County in order to be considered for Roosevelt County Indigent Funds. Should any Claimant be legally exempted from Federal Income Tax, then Claimant must provide alternate verification of annual income for the most previous twelve months, in lieu of the most recent tax return, in a form deemed appropriate and sufficient by the Board to verify annual income. In circumstances where the recent income status of a claimant has changed, directly affecting the indigent status, recent proof of income may be considered by the board in lieu of the most recent tax return. The acceptability of alternate income verification will be at the sole discretion of the Board and must include all sufficient information deemed necessary by the Board to determine annual income. In the event an indigent claim is filed on behalf of a patient, regardless of age, who is customarily supported in large measure by the patient's parents or other relatives, such support may be deemed by the Board as part of the assets available to the patient and therefore, a part of his total annual income for the purposes of these regulations. If, in considering such income, the patient is not indigent, then any claim made by him may be rejected unless the parents or other relatives are indigent and qualify under the Roosevelt County Indigent Guidelines. Claimants with annual income that is greater than "Indigent Patient" guidelines may qualify as medically indigent and be eligible for HCAP if, in the event the household income will be significantly affected by catastrophic illness or accident. The Board may consider funding if the reduction of such claimant's available income, after making cash payments for medical expenses, reduces the claimant's annual income to a level that is equal to or less than the indigent guidelines and provided the necessity of such expenses is supported by proper documentation of diagnosis, prognosis, medical treatment, etc. as may be required by the Board. The Board may also consider future income criteria to determine eligibility.

J. **"Head of Household Category"** A single income household my qualify for Roosevelt County Indigent Assistance by using the income guidelines as set for a married couple if they meet the requirements set by the United States Tax Code to qualify for the Head of Household income bracket. Further, should an applicant in the single or head of household classification, after investigation, be found to exist in cohabitation, then proof of income shall be furnished by both parties.

K. **"Health Care Services"** means treatment and services designed to promote improved health in the county indigent populations including hospital care and ambulance transportation;

L. **"Medicaid Eligible"** means a person who is eligible for medical assistance from the department;

HEALTH CARE ASSISTANCE PROGRAMS CLAIMS BOARD

There is established by these rules and regulations the Roosevelt County HCAP Claims Board. The membership of the Roosevelt County Commission shall constitute the membership of the HCAP Claims Board and the Chairman of the Roosevelt County Commission shall sit as the chairman of the HCAP Claims Board. The Board:

A. Shall administer claims pursuant to the provisions of HCAP;
B. Shall prepare and submit a budget to the Board of County Commissioners for the amount needed to defray claims made upon the Fund and to pay costs of administration of the Indigent Hospital Claims Act, which costs of administration shall in no event exceed ***ten percent*** of the Fund;
C. Shall make rules and regulations necessary to carry out the provisions of the Indigent Hospital Claims Act.
D. Shall set criteria and cost limitations for medical care in licensed out-of-state hospitals or ambulance services;
E. May cooperate with the appropriate state agency in making any investigation to determine the validity of claims made upon the Fund for any indigent patient;
F. May accept contributions or other county revenues, which may be deposited in the Fund;
G. May hire personnel to carry out the provisions of the Indigent Hospital and County Healthcare Act; 27-5-16
H. Shall review all claims presented by a hospital or ambulance service to determine compliance with the rules and regulations adopted by the Board or with the provisions of the Indigent Hospital County Healthcare Act, determine whether the patient for whom the claim made is an indigent patient and determine the allowable medical or ambulance service costs; provided that the burden of proof of any claim shall be upon the hospital or ambulance service;
I. Shall state in writing the reason for rejecting or disapproving any claim and shall notify the submitting hospital or ambulance service of the decision in 30 days; and
J. Shall pay all claims that have been approved by the Board from the Fund.

POWER AND DUTIES OF ADMINISTRATOR

The Board shall employ a Healthcare Assistance Program Administrator. The Administrator:

A. Shall attend all meetings of the Board;
B. Shall maintain an office and regular working hours in the Roosevelt County Courthouse, Portales, New Mexico;
C. Shall establish a uniform procedure for submitting HCAP hospital claims and shall make claim forms available to all requesting business entities;
D. Shall investigate all claims and shall appear and present those claims to the Board, together with recommendations for action by the Board;
E. May utilize the Roosevelt County Sheriff's department to assist in investigating HCAP hospital claims, and the appropriate state agency, as provided by law.

F. Should administer a factual investigation of all claims which should include all income and asset information, all collection efforts, efforts to obtain guarantors, and verification of information provided by the patient or patient's responsible party.
G. The HCAP Administrator shall comply with the standards of the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). All records dealing with physical or mental examinations or medical treatment of patients are not public record and shall remain confidential unless otherwise provided by law.

ROOSEVELT COUNTY INDIGENT HOSPITAL CLAIMS FUND

There is created in the County Treasury of Roosevelt County a "Roosevelt County Indigent Hospital Claims Fund". The Fund:

A. Shall be utilized only for purposes specified in the Indigent Hospital and County Healthcare Act (NMSA Chapter 27, Article 5);
B. Shall be audited regularly in the same fashion as other county funds;
C. Shall be a public record to the extent allowed by HIPAA regulations.
D. Shall not be intermingled with other county funds;
E. Any balance remaining in the Fund at the end of the fiscal year shall carry over into the ensuing year.

FILING OF CLAIMS

To be considered by the Board, all claims for services rendered must meet the minimum requirements set forth herein.

A. All claims must have a cover letter stating patient's name, social security number, age, date admitted, date discharged, and amount claimed.
B. A statement shall be attached to all claims which set forth all reasonable collection efforts, attempts to obtain guarantor, attempts to verify information on the indigent patient's statement and application, and proof that the patient has resided in Roosevelt County at least ninety (90) days prior to being admitted to the hospital or being provided ambulance service.
C. There shall be attached to the claims a summary statement of charges from the hospital to the patient. A representative of the entity for which the claim is made must make available at the review of the claim, an itemized statement of charges for services rendered. Such representative shall also be available to the Administrator upon request.
D. The Claim shall be completed in writing by the hospital or claimant, and signed under oath by the patient or patient's responsible party.
E. All patients shall appear personally or through their representatives at the office of the Administrator upon request and shall furnish such documentation as may be required to establish indigence.
F. The Patient must sign a verified statement of qualification which shall constitute an oath of the person signing it, and any false statements in the verified statement made knowingly constitute a felony. All claims and applications and any information contained therein shall be subject to verification by the HCAP staff. Applications are valid for a six month period, except in certain cases where the HCAP staff finds that information must be updated with each claim.

DATA REQUIRED TO BE FURNISHED BY HOSPITAL/AMBULANCE SERVICES

Any ambulance service or hospital in New Mexico, or licensed out-of-state hospital, prior to or simultaneously with the filing of a claim with the Board, shall have placed on file with the Board:

A. If requested, current data, statistics, schedules and information deemed necessary by the Board to determine the cost for all patients in the hospital including, but not limited to, Medicare and Medicaid payment rates for the hospital for the most recent allowable costs, as determined by the Blue Cross-Blue Shield New Mexico Federal Medicare Intermediary Cost Report or tariff rates or charges of ambulance services;
B. Proof that the hospital or ambulance service is licensed where required, under the laws of this State or the State in which the hospital operates; and
C. If requested, quarterly reports of any payments received by the hospital on claims paid by the Roosevelt County HCAP Hospital Claims Board.
D. Proof by a hospital not located in Roosevelt County that the treatment was not available at a hospital located in Roosevelt County that the treatment was not available at a hospital located in Roosevelt County and that the individual had been referred to the submitting hospital by a physician within Roosevelt County.

THIRD PARTY OBLIGATIONS

The HCAP is the payer of last resort.

A. If there is a liability claim pending such as Workman's Compensation, a lawsuit due to bodily injury, or another third party claim, HCAP claims will be processed and held by HCAP staff until information detailing the outcome of such liability claims is provided. The Patient must demonstrate that no other source of payment exists.
B. If the Patient has filed or plans to file a personal injury lawsuit, the applicant must agree to subrogation.
C. Failure of the Patient to obtain available health care insurance through their employer or public/private source may not be considered by the Board to determine eligibility. The Patient must provide evidence of his or her application for exemption from the individual mandate under ACA.
D. The Provider staff shall make all reasonable efforts to determine whether or not the Patient is eligible under any other public or private assistance program, such as Medicaid, Medicare, or Indian Health Service.
E. The Provider staff shall require the Patient to apply for medical assistance through all agencies available. The Patient shall provide a letter from such agencies determining the 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 HCAP claim.
F. A Provider shall not be paid by the HCAP funds for any costs when the patient has been determined by the Human Services Department to be eligible for Medicaid or any other assistance from HSD.
G. If a Patient has applied for assistance under the New Mexico Crime Victims Reparation Commission, the State requires that all collateral sources such as health insurance and

programs such as the HCAP Program be exhausted before assistance may be granted. In these cases, the Crime Victims Reparation Commission is the payer of last resort.

PAYMENT OR REJECTION OF CLAIMS

Claims for payment shall be accepted or rejected in the following manner:

A. All claims for payment shall be filed within ninety (90) days from the date that final services are rendered. In the event that the servicing entity requires additional time for collection efforts or to complete the necessary forms for the indigent hospital claims, the hospital must submit a letter requesting an extension of time for filing the individual claim within the ninety (90) day period allowed.
B. The board shall receive the written recommendation of the Administrator and act within ninety (90) days from the date of receipt of the claim.
C. An aggrieved entity or applicant may appeal in writing, to the Board for reconsideration of the decision within ten (10) days of that decision and will have fifteen (15) days from the date the notice of appeal was filed, to provide documents to prove indigence.
D. The Administrator shall notify the hospital or ambulance service, and the applicant, in writing of the decision of the Board so that an aggrieved hospital/ambulance or applicant may appeal to the District Court within the time permitted by 27-5-12.1, N.M.S.A., 1978 as amended.

EXCLUSIONS AND LIMITATIONS ON PAYMENT

To facilitate the advantageous use of the available funds and the equitable distribution of the funds available, the following exclusions and limitations are applicable:

A. The following out-patient services may be considered for payment: day surgery, C-T scanning, MRI *'s*, radiology, chemotherapy, emergency room services, ultrasound tests, laboratory services, nuclear medicine diagnostic testing and observation charges. The Board will not approve any claims for the purpose of termination of pregnancy where the procedure is simply elected for the convenience of the mother or her relatives. The County will not pay for more than one birthing per applicant.
B. The HCAP Hospital Claims Board excludes claimants that are considered "Indigent by Choice". These are unemployed persons who do not wish to work until their unemployment checks expire, or who refuse to accept employment at a lower wage than had previously been received as determined by the Board.
C. If the Administrator, in good faith, tries all avenues to contact the claimant and the claimant does not cooperate, or if the claimant is unable to be located or contacted due to leaving town and fails to notify the Administrator or to leave a forwarding address, the claim shall be rejected.
D. An indigent applicant can only receive county indigent assistance if that applicant has no other means of assistance, such as Welfare, SSI, Medicare, Medicaid, and insurance payment larger than 72%, or any funding from other agencies.
E. The maximum amount to be paid for hospital services for a single claim shall be 72% of the usual and ordinary charges unless the service provided is governed by a different portion of this agreement, or $6,000, whichever is less, on any one claim, and $12,000.00 lifetime

payment. The maximum amount to be paid for a single claim for ambulance service shall be $1,000.00, or 72% or the usual and ordinary charges whichever is less.

F. If the balance of the Fund is inadequate to pay all qualified claims as they are presented, the Board may give priority to the claims of in-County Providers providing acute medical care.
G. Any hospital or ambulance service shall make application for payment on behalf of a patient from the Fund shall immediately discontinue further efforts to make collection of outstanding balance from the patient. In the event that the Indigent Fund shall make all or partial payment of the indebtedness due by the patient to the hospital or ambulance service, the provider as a condition to receipt of such payment, shall forgive the balance due from the patient.
H. A provider shall not be paid from the HCAP Fund for any costs when the patient has been determined by any State agency to be eligible for medical assistance from that agency. (27-5-3, N.M.S.A., 1978 as amended.)
I. No action for collection of claims under the Indigent Hospital and County Healthcare Act shall be allowed against an indigent patient who is a welfare recipient, nor shall action be allowed against the person who is legally responsible for the care of the indigent patient during the time that that person is a welfare recipient. (27-5-3, N.M.S.A., 1978 as amended.)
J. Non U.S. citizens will not ordinarily qualify on the basis that income and assets are not a matter that can be verified to the Board's satisfaction. U.S. Citizenship is not required; however, non-citizens must provide evidence of permanent legal Immigrational status. Only those individuals who have demonstrated that they are permanent legal residents may be eligible to receive assistance from the HCAP.
K. Claims for single visit services from the hospital in the amount of $200 or less will not be considered for payment by the HCAP Hospital Claims Board.
L. All inmates/detainees of the Roosevelt County Detention Center are presumed to be indigent; and therefore, eligible claimants under this policy.
M. No claim will be paid resulting from a claimant's self-inflicted injury or death.
N. No outpatient or inpatient physician's fee will be paid from the Fund except for emergency services as determined by the Board.
O. Elective surgery or treatment will not be considered for payment by the HCAP Board.
P. 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.
Q. The Board reserves the right to reject any claim or any part of any claim submitted by any hospital, within the limitations set forth in the statutes of the State of New Mexico or the rules adopted by the Board.

PROVISION FOR APPROVAL/REIMBURSEMENT TO MEDICAL PROVIDER

Reimbursement to Medical Providers. Approvals or reimbursement of HCAP funds by the County shall be made to eligible medical providers as specified based on actual billed charges for eligible treatment not to exceed the established claim limit. Charges shall be submitted on itemized bills ***and UB92's*** with the treating diagnosis from the medical provider(s). The charges for such services shall not exceed the normal charges to other patients. HCAP approvals or

reimbursements will be made to medical providers only after determination by the HCAP Board that the claimant is eligible and application is approved by the Board.

Overcharges. Any medical provider found to be overcharging or billing greater than the normal charges to other patients for itemized services reimbursed by HCAP payment is in violation of the provisions of this policy and is in breach of contract with the County to receive further IHC reimbursement of funds. The HCAP Board may at its discretion, reduce the usual HCAP payment of billed charges to a payment for any percentage between 20% to 65% of billed charges. The reduced percent of payment may be assessed for any length of period up to twelve months thereafter. The provider shall be given the opportunity to provide its justification and documentation to the County prior to such action being implemented. The County may at its discretion, hire an independent auditor, paid for by the medical provider to determine overcharges. Medical providers shall provide to the County or its representative all information requested to verify charges. All billings may be audited or samples selected to be audited as deemed appropriate by the County Manager and County Attorney.

APPROVED, PASSED and ADOPTED this15th day of September, 2015 by the Roosevelt County Board of Commissioners.

BODY OF COUNTY COMMISSIONERS
ROOSEVELT COUNTY, NEW MEXICO

ATTEST:

DeAun D. Searl, Roosevelt County Clerk

Jake Lopez, Vice-Chair – District I

Gene Creighton – District IV

absent
Lewis (Shane) Lee – District III

Richard Leal – District II

Vacant – District V

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DeAun D Searl, Roosevelt Co. Clk., Roosevelt, NM

COUNTY CLERK SEAL ROOSEVELT COUNTY, N.M.

COMMISSIONERS SEAL ROOSEVELT COUNTY, N.M.

Attachment
Income limits

2015 Federal Poverty Guidelines
For the 48 Contiguous States and the District of Columbia

Persons in Family /Household	Poverty Guideline
1	$11,770
2	$15,930
3	$20,090
4	$24,250
5	$28,410
6	$32,570
7	$36,730
8	$40,890

For families/households with more than 8 persons, add $4,160 for each additional person.

ROOSEVELT COUNTY, N.M. SEAL COUNTY CLERK