

Curry County
Indigent Hospital
Claims Policy

RESOLUTION

03-06

FEB. 2003

Index

I.	Purpose and Administration	4
A.	Purpose	4
B.	Administration	4
	1. IHC Administrator/Coordinator	4
	2. Reserve for Administrative Expenses	4
C.	Interpretation, Supplement and Revision to Provisions	4
	1. Interpretation	4
	2. Supplements	4
	3. Revisions	5
D.	Approval of Claims by Indigent Hospital Claims Board	5
	1. Decision in writing	5
E.	Exceptions to Provisions	5
F.	Effective Date	5
G.	Severability Clause	5
II.	IHC Eligibility Provisions	5
A.	Persons Eligible for IHC Assistance	5
B.	Persons Not Eligible for IHC Assistance	5
C.	The Applicant	6
D.	Residency Eligibility Requirements	6
E.	Medically Indigent Person Eligibility	6
	1. Income based eligibility	7
	2. Income limits	7
	3. Married person household	7
	4. Single member household	7
	5. Single member household, over age 65	7
	6. Two person household with one person over age 65	7
	7. Head of household	7
	8. Income received	7
	9. Payment by Claimant required for eligibility	7
	10. Determination of annual income	8
	11. Assets	10
	12. Per Diem and other payments	10
F.	Medical Providers Eligible for IHC Reimbursement	10
	1. Exclusions from IHC approvals or reimbursement	10
G.	Medical Treatment Eligibility and Payment	11
	1. Claim Eligibility and Limitations	11
	2. Claims Not Eligible for Payment	12

III.	Application for IHC Assistance	12
A.	IHC Application Provisions	13
B.	Applicant Cooperation	13
C.	Persons That May Submit Applications	13
D.	Acceptance of IHC Application	13
E.	Application Verification	13
F.	Applications for Primary Care	14
G.	Application Deadline	14
H.	Application Confidentiality	15
I.	Appeal Process	15
IV.	Provisions for IHC Reimbursement to Medical Providers	15
A.	Reimbursement to Medical Providers	15
B.	Overcharges	15
C.	Reimbursement Limited to Available Funds	16
D.	Payment or Rejection of Claims	16
E.	Claims, Preparation and Verification by Providers	17
F.	Disclosure by Medical Providers	17
G.	Agreement Between County and Medical Providers	17
H.	Maximum Payment	17
I.	Payments When IHC Fund is Inadequate	17
J.	Expiration of Unpaid Claims	17
K.	Other Collection Efforts	18
	Glossary	19
	Appendix	23

PURPOSE AND ADMINISTRATION

- A. **Purpose:** The Indigent Hospital/Health Care (IHC) policy is established pursuant to the Indigent Hospital Claims Act Section 27-5 NMSA 1978. The general purpose of this program is to recognize the county's responsibility for medical care of the indigent patient as defined in Section B. Curry County is the responsible agent to the extent of funds available for Indigent patients domiciled in Curry County for ninety (90) days or more.
- B. **Administration of IHC Policy:** The provisions of this policy shall be administered and implemented by Curry County Government as a division of an existing County department, or as a separate department.
1. **IHC Administrator/Coordinator.** The provisions and procedures shall be managed and administered by the Indigent Hospital Claims Administrator or a representative of that office.
 2. **Percent Reserve for Administrative Expenses.** The required percentage of all indigent fund revenues, as specified in the New Mexico Statute, will be received by the County and shall be reserved and budgeted for administrative expenses. Such funds shall not be made available for payment of IHC claims.
- C. **Interpretation, Supplements and Revisions to Provisions.**
1. **Interpretation.** It is the objective of this policy that all persons pay for their own medical care to the extent possible. The provisions of this policy shall be: 1) interpreted strictly to insure that every reasonable attempt has been made to prove that the person applying for such assistance is eligible; and 2) interpretations of the provisions of this policy shall be made by the IHC Administrator/Coordinator, subject to review and approval of the County Manager.
 2. **Supplements.** Supplements that are consistent with the provisions of this policy may be written by the IHC Administrator/Coordinator and included as a part of this policy upon review and approval of the County Manager. Written supplements are not a revision or amendment of this policy, but are written to provide interpretation or clarification of provisions, or to provide illustration, examples, forms, or other additional information or detail procedures deemed appropriate or necessary to administer the provisions of this policy.

3. **Revisions.** Amendments or revisions to this policy shall be approved by resolution by the IHC Board and action for approval shall be taken at the next scheduled regular Commission Meeting.

- D. **Approval of Claims by Indigent Hospital/Health Care (IHC) Board.** All IHC Claims paid to eligible recipients shall be approved by the Indigent Hospital/Health Care Board whose members shall include the Board of Curry County Commissioners, and the Chairman of the County Commission shall be the Chairman of the IHC Board as required by Section 27-5-5 NMSA.
 1. **Decisions in Writing.** The Administrator shall notify in writing the reasons for disapproval of any claim so that an aggrieved applicant may appeal to the District Court within the time permitted by Sections 27-5-12.1 NMSA 1978, as amended.

- E. **Exceptions to Provisions.** The IHC Board may provide exceptions to the provisions of this policy in exceptional cases that the provisions of the policy are determined to be inappropriate or inadequate to render a reasonable decision. The Board shall specifically state the reasons for the exception to be recorded in all cases.

- F. **Effective Date.** Claimants admitted for medical care on or after July 1, 1986 will be eligible for consideration for IHC claims.

- G. **Severability Clause.** If any section, subsection, clause, phrase or portion of this policy is, for any reason, held invalid or unconstitutional by any government agency or court of complement jurisdiction, such portion shall be deemed a separate, distinct and independent provision and such holding shall not affect the validity of the remaining portions thereof.

II. **IHC ELIGIBILITY PROVISION**

- A. **Persons Eligible for IHC Assistance.** To be eligible for IHC assistance, a claimant must meet all of the residency, medically indigent, and all other eligibility provisions and requirements specified in this policy. All inmates/detainees of the Curry County Detention Centers are presumed to be indigent; and therefore, are eligible claimants under this policy except for those covered by insurance or other health plans. The medical care of County inmates shall be paid from the IHC fund including primary care, hospital, ambulance service, mental health, and pharmacy expenses.

- B. **Persons Not Eligible for IHC Assistance.** Individuals are not eligible for IHC assistance if they are eligible for medical assistance from the State Human Services Department as specified by Section 27-5-3, NMSA; any individual who is

determined not to be medically indigent according to the requirements of this policy. Each incident is reviewed and determined independently based upon the information that is received. Curry County reserves the right to deny any claim.

- C. **The Applicant.** The applicant will be the patient, the patient's spouse, the patient's parent or guardian if patient is a minor, or the guarantor of the hospital bill. In the event of the death of the patient, the executor or relative of the deceased, if any, will be the applicant. The applicant for the deceased may be the person responsible for the hospital costs incurred or it may be any interested party providing information on behalf of the deceased if there is no legally responsible party involved.

No application shall be accepted by the Indigent Hospital Claims (IHC) office prior to the medical service being rendered to the indigent patient. The IHC Board has the responsibility to insure that the patient is indigent and is responsible for verifying charges made by the provider for actual costs incurred.

- D. **Residency Eligibility Requirements.** In order to be eligible for IHC assistance a person must qualify as medically indigent and must be a resident of Curry County as evidenced by residing continuously in a permanent or principal living quarters in the county for at least three months (90 days) prior to the first day the medical facility has recorded the person as receiving medical services. The indigent person must provide proof of residency such as: 1) A notarized Proof of Residency form completed by a non-related landlord or individual verifying that the patient has resided in Curry County for at least 90 days, 2) voter registration, 3) payment receipt of utility bills, rent receipts, or 4) any other proof or combination of evidence of residency for 3 months as determined necessary by the IHC staff.

1. Foreign students shall not qualify on the basis that income and assets cannot be verified to the Board's satisfaction.
2. Students residing in Curry County will be considered for IHC funding and shall be required to meet the same criteria for residency and income as other applicants. Students attending school out of the county shall not qualify for IHC payment while out of Curry County.

- E. **Medically Indigent Persons Eligibility.** In addition to residency requirements a claimant is qualified as medically indigent and eligible to receive IHC assistance if the person or the person's spouse or dependent, is determined under the provisions of this policy to be unable to pay for eligible medical treatment or care that has been received after the individual has attempted to make payment and has exhausted all other financial resources for such payment to the extent possible.

1. The Curry County IHC Program is an income based program.
2. Income criterion is based on a Family or Head of Household income limit of \$24,500.00 per year. Single household income limit is \$16,000.00 per year.
3. A married person household income cannot exceed \$24,500.00 per year.
4. The income of a single member household shall not exceed 16,000.00 per year.
5. The income of a single member household where the member is age 65 or older, is widowed, or is receiving government disability benefits, will be considered at the same rate of \$16,000.00.
6. Households which consist of more than one person where the parent or designated head of household is age 65 or older, is widowed, or is receiving government disability benefits will not exceed \$24,500.00 per year.
7. Head of Household means a single person who meets the guidelines set forth by the Internal Revenue Service for Head of Household filing status.
8. Present income shall be considered as income received twelve months prior to applications. The countable income of a deceased individual shall not be included for the twelve month period if death has occurred during the time of hospitalization or if death occurred during the time of review up to the date of Board action.
9. **Payment By Claimant Required For Eligibility.** After a claimant is determined as eligible, the claimant, claimant's spouse and/or dependents must agree to use every financial resource of the family, to the extent possible, to make payment(s) of their medical bills. The following resources are applicable and available to the claimant:
 - a. The claimant must make payment of medical bills from all insurance or other programs or funding assistance available to the claimant prior to being eligible for IHC assistance. Medicare patients are eligible to receive IHC assistance for deductibles. If patient has co-insurance (supplemental) the County will only consider that portion that co-insurance does not cover.
 - b. The claimant must agree to make payment for medical expenses from family liquid assets available as recommended by the IHC

Administrator/Coordinator.

- c. All payments received by the County from claimants or their representatives for previous IHC payments which have been made by the County for IHC assistance, shall be placed in the IHC fund revenues to be used for other IHC claims.

10. **Determination of Annual Income.** To determine annual income the following criteria must be met. The total income line amount indicated on all household member's most recently signed federal or state income tax return will be accepted as the Claimant's annual income, unless the household's income has changed due to a loss of a job or have a substantial increase to income. In these circumstances, the current monthly income shall be taken into consideration in order to determine eligibility. Pay stubs or some other form may be used to verify this change to income. The claimant is required to provide a complete federal or state income tax return (with all attached forms) and pay stubs as part of the IHC application. If the claimant did not file a federal or state return, the claimant is required to complete a notarized tax waiver form with an attached copy of the patient's social security card.

- a. Claimants that are in their own business must additionally submit a profit and loss statement prepared by a Public Accountant acceptable to the IHC Administrator/Coordinator, in order to be considered for IHC funding. Income of self employed individuals is that income shown as Net Profit or Loss on Form 1040 Schedule C plus any other source of income. Self-employed claimants must additionally submit a profit and loss statement for the most previous year prepared by a Certified Public Accountant acceptable to the Indigent Administrator. If the claimant declares no income, a wage statement from the unemployment office must be submitted.
- b. Non-Allowable Deductions:
 1. Depreciation shall not be an allowable deduction.
 2. Losses due to theft or razed buildings shall not be an allowable deduction.
- c. In the case of an applicant not living alone who is not a member of another household and is sharing living quarters with single unrelated person(s), with or without children, the IHC staff shall consider their combined income in the same manner as for family units, absent a showing of sufficient proof, satisfactory to the IHC Board, that the

unrelated persons are in an employer/employee relationship. Any such claim must be supported by government documents indicating that an employer/employee relationship exists, (i.e. W-2, W-4, proof of social security payments, etc.) The applicant bears the burden of proof.

- d. In the case of a recent legal separation or non-legal separation, the burden of proof as to the separation as well as the income and assets to be included is on the applicant, and the following procedures apply:
 1. Prorate income for the months prior to separation if legally separated less than twelve months prior to the application.
 2. In the absence of a legal separation and if the separation occurred within twelve months before the application, prorate income of the absent spouse for the months prior to the documented date of separation.
 3. The household shall provide the IHC staff with copies of the petition for divorce and the divorce decree, as required, for determination of income to be considered and division of community property, if any. The burden of proof of legal and non-legal separation as well as the income shall be on the applicant.
- e. Non-dependent children living in the same household may be considered as autonomous adults with income considered separately toward the monthly gross income when the non-dependent child is applying for IHC qualification.
- f. Dependent Family Members:
 1. Dependent family members, 19 years of age and younger, will automatically be counted in determining the number of family members in the household; their earned income (if any) will be exempt in determining the monthly gross income.
 2. Dependent family members, 20 years and over, may be considered in determining the number of household members. If the child is included in the household, the monthly gross income calculations shall include the dependent's earned and

unearned income. If the dependent is the patient, both his and the household's countable income shall be considered.

g. **In-kind standards:**

1. In-kind standards shall be considered for any month of the twelve month period in which the patient's household receives free shelter, utilities or food. If documentation is not provided by the household showing that they paid for any 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 standards for shelter and utilities shall be established by means of the person that is providing shelter having submitted a written statement as to the value of the shelter and utilities being provided.

11. **Assets.** Liquid assets in the amount of \$20,000 per household or \$10,000 for a single individual will be permitted in order to be determined as eligible for Indigent Hospital Claims assistance. Life Insurance shall be exempt. Rental or interest income shall be considered unearned income.

12. **Per Diem and other Payments.**

- a. Per diem and child nutrition payments are exempt because they are considered reimbursement for out of pocket expenses.
- b. Stipends for Foster Grandparent Program and Senior Companion Program volunteers are exempted from income for IHC purposes.

F. **Medical Providers Eligible for IHC Approval or Reimbursement.** Acute care, general short stay hospitals, in-state certified ambulance providers, community based health programs operated by a political subdivision or the State of other non-profit health care organization(s) that provide primary care delivered by New Mexico licensed, certified or registered health care practitioners. Behavioral Health providers that provide eligible medical care and treatment services as specified in this policy, are eligible to receive IHC reimbursement, as permitted in the New Mexico Statute, within the payment limitations stated in section G.1 of this policy, for services received by medically indigent patients determined to be eligible by provisions of this policy.

1. **Exclusions from IHC Approvals or Reimbursement.** Nursing Homes, physicians offices and other providers that are not hereby specified are not eligible for reimbursement. Prescriptions are ineligible for reimbursement

with the exception of County inmates/detainees.

- G. **Medical Treatment Eligibility and Payment.** Persons determined to be eligible medically indigent may receive IHC assistance for medical care and treatment received from eligible medical providers as specified in Section F of this policy. The local hospital will be considered as the only "Sole Provider" and will receive reimbursement from the State through the Sole Provider Fund. Claims for the Sole Provider will only be approved by the IHC Board. Non-sole providers will receive reimbursement as approved by the IHC Board. Whenever insurance or Medicare payments exceed the determined established payment percentage, or limit, no approval or payment will be made. Should the Insurance or Medicare payment fall below the determined annual percentage, the applicant may be assisted with the remaining balance.
1. **Claim Eligibility and Limitations for IHC Approvals or Payment.** The Indigent Hospital and Health Care Act limits approvals or payments to "actual costs", for hospital care normally consisting of general medical treatment, and shall not exceed the determined established annual limits per patient and providers as set forth by the IHC Board. Application for IHC payment may be submitted after the treatment is complete, or after the billing for the treatment will meet or exceed a claim for the maximum IHC payment.
 - a. **Ambulance Transportation:** The transporting of a patient by an approved, contracted and New Mexico certified ambulance provider. The expense incurred to include the care and transport of a patient to the "nearest" acute care hospital, regardless of where the patient requests to be sent or is actually transported to. Claims that reach the maximum allowed policy limit may be subject to the Pro-Rate payment formula whenever there are multiple providers.
 - b. **Primary Care Services:** Primary Care Services are provided to individuals for the basic or general health care needs of the patient. Services include the cost of medical treatment, prescribed medication and other medical treatment as deemed necessary for the patient. A limit for this type of care shall not exceed determined yearly limit per patient. Total reimbursement to the approved Primary Care Provider shall not exceed the yearly established limit for this provider.
 - c. **Pregnancy-related Claims:** One or more obstetrical deliveries or pregnancy related illnesses shall not exceed the established fiscal year claim limit for each eligible individual. This includes the cost of the prenatal care clinic, delivery charges, and possibly the payment of the

newborn charge. The mother must be a citizen of the United States to be qualified for assistance for the newborn's bill. Baby's born to non-citizenship mothers are eligible for Medicaid coverage. No payment will be made in this circumstance, unless Medicaid has denied the newborn's charges.

- d. **Outpatient Hospital Services.** No payment shall be made for out-patient hospital services which include routine diagnostic evaluation and treatment unless such bills are in excess of \$149.99. Payment shall be made for out-patient hospital services which include day surgery, chemotherapy, C-T scanning, radiation therapy, Magnetic Resonance Imaging, day bed observation, and End Stage Renal Dialysis expenses.
 - e. **Emergency Room Services.** No payment shall be made for Emergency Room bills and observation bills unless such bills are in excess of \$99.99.
 - f. **Other Services:** The IHC Board may allow other services which will benefit all indigent patients as deemed necessary. This may include the cost of transporting a patient to an eligible medical provider by a non-ambulance provider, the cost of reimbursing an eligible provider for prescribed medications for County inmates, mental health, or any other allowance service. An annual determination by the IHC Board will define if any other services need to be made available to eligible County residents and to set a limit for those services.
 - g. **Out of County Treatment Services.** If the submitting hospital is not located in Curry County, there must be a letter from a physician in Curry County referring the applicant to that hospital. The referral letter must state that the services that are referred are not available in Curry County.
2. **Claims Not Eligible for Payment.** The following claims are not eligible for payment: 1) hospital elective surgery or treatment, 2) nursing home care, 3) physician care, unless the physician is contracted by or employed by an eligible health care provider, 4) termination of pregnancy where procedure is elected.

III. APPLICATION FOR IHC ASSISTANCE

- A. **IHC Application Provisions.** The provisions of this Section are required in order for an application to be accepted and considered by the County for IHC assistance.
- B. **Applicant Cooperation.** Failure of applicants to cooperate in the investigation of information, or in providing the County authorization to obtain information is grounds for rejecting the application.
- C. **Persons That May Submit Applications.** An application may be submitted after treatment is complete, or after the billing for the treatment will meet or exceed a claim for the maximum IHC payment.
- D. **Acceptance of IHC Applications.** The County, at its discretion, will refuse to accept any IHC application that does not include all required information or documents, or any other applicable information that is requested by the County.
- E. **Application Verification.** Formal applications shall include but not be limited to the following:
 - 1. Name, address and other personal identification of the patient/claimant as deemed appropriate by the County. In addition, all claims must have a cover letter stating the patient's name, social security number, age, date admitted, date discharged, amount claimed, and diagnosis & claim summary.
 - 2. Name of patient/claimant, agency, medical provider, or other representative submitting the application. If other than the patient, the application shall include specific authorization in writing, signed by the claimant, or the patient's agent if the patient is unable to sign, that the representative is authorized to submit the application on their behalf.
 - 3. Proof of residency as deemed necessary by the County to verify residency requirements.
 - 4. Proof of income to include Federal Income Tax Returns, pay stubs, and/or other information as deemed necessary by the County to verify annual income and availability of assets. If the patient or claimant does not file a current return, a notarized tax waiver form must be completed. The patient will be required to provide a copy of his or her social security card along with the tax waiver form.
 - 5. The patient must not be eligible for Medicaid or other assistance provided by the State of Human Services Department.

6. Evidence to verify that all other sources of payment such as insurance, Medicare, etc., are not available for payments, or will make payment.
7. Complete itemized bills to include the treating diagnosis of all charges submitted for IHC approval or payment that have been billed by an eligible medical provider. These billings will be based on provisions of Section IV of this policy. An EOB (explanation of benefits) must be included for any claims that have medicare, medicaid or insurance. A UB92 must be included with all claims. Claims with multiple providers may be held open for three months in order for all providers to submit their bills. A medical discharge summary must accompany each claim and will be submitted for auditing of costs.
8. If a single claimant is found to exist in co-habitation, then proof of income shall be furnished by both parties and the combined amount shall be used to determine the indigent patient's "Annual Income".

F. Applications for Primary Care. Applications for Primary Care will be submitted according to the contract entered into between the County and the provider.

G. Application Deadline. A formal application with required documentation must be submitted to the County IHC office no later than 90 days from the last date medical treatment or services were received. Claims received after the 90 day deadline will not be considered for payment, unless an extension is filed and the IHC Administrator/Coordinator determines that an exception can be made due to unforeseen circumstances.

1. The applicant will have 90 days in which to file with the medical provider that rendered the service. The claimant must provide the necessary documentation to this provider unless the medical provider is located outside the County area. In this circumstance, the applicant must return the completed application to the Curry County Indigent Claims Administration. If the additionally requested information is not received within the allotted time, the claim will be closed.
2. All approved applications will be considered complete and current for one (1) year from the date in which the application is executed. Any claims received after an application is approved, the provider will be expected to complete a supplemental claim form. The notarized supplement form must be signed by the adult patient to allow the medical provider to release necessary information to process the claim. After the time limit has expired for the

current application, a new application will be requested with all required documentation attached.

3. All applicants shall appear personally or through their representative at the office of the Administrator upon request and furnish such documentation as may be required to establish indigent status.

H. **Application Confidentiality.** All information regarding the claimant shall be kept strictly confidential by the County, and all financial information regarding the claimant that must be discussed by the IHC Board shall be discussed in a closed meeting.

I. **Appeal Process.** The decision of the IHC Administrator/Coordinator may be appealed. The appeal should be writing and shall specify the reasons for the appeal. The appeal shall be based upon an interpretation of the policy and shall not be a restatement of the case established in the application procedure. The appellant shall submit the written appeal to the IHC Administrator/Coordinator within fifteen (15) working days from the date of receipt of the certified denial notification. The appellant may appear at the appeal in a closed session with the IHC Board. The IHC Board will review the appeal with any new information attached. The Board will render a decision on the claim in the open session of the IHC Board meeting. If the appellant does not appear for the appeal, the IHC Administrator/Coordinator will notify the appellee of the IHC Board's decision. The decision of the Indigent Hospital/Health Care Board is final.

IV. PROVISION FOR IHC APPROVAL OR REIMBURSEMENT TO MEDICAL PROVIDERS.

A. **Reimbursement to Medical Providers.** Approvals or reimbursement of IHC 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 with the treating diagnosis from the medical provider(s).

The charges for such services shall not exceed the normal charges to other patients. IHC approvals or reimbursements will be made to medical providers only after determination by the IHC Board that the claimant is eligible and application is approved by the IHC.

B. **Overcharges.** Any medical provider found to be overcharging or billing greater than the normal charges to other patients for itemized services reimbursed by IHC 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 IHC Board may at its discretion, reduce the usual IHC payment of billed charges to a payment of 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 or his/her designee.

- C. **Reimbursement Limited to Available Funds.** Outstanding IHC claims that have been approved by the IHC Board will be paid by the County to each eligible medical provider with available Indigent Fund revenues that have been received by the County. Payment will be made based on the order of approved claims by the IHC Board. If available revenues are all expended, excluding the allowed percentage for administrative expenses as specified in Section IB.2 of this policy, the outstanding claims will be paid based on 1) the order of approval by the IHC Board, 2) current complete claims; and 3) aging claims, which have been completed, until sufficient revenues are received to make the payments.
- D. **Payment or Rejection of Claims.** Claims for payment shall be accepted or rejected as follows.
1. No claim for payment for services rendered prior to January 1, 1984 shall be accepted for review and reimbursement.
 2. Subsequent to July 1, 1984, 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 claim, the hospital must submit a letter requesting an extension of time for filing the individual claim within the ninety day period allowed, or the Administrator may extend the filing period if he or she has requested additional information. The extended period will be for sixty (60) days.
 3. The Board shall receive written recommendations of the Administrator and act within one-hundred twenty (120) days from the date of receipt of the claim.

- E. **Claims, Preparation, and Verification by Providers.** The medical provider shall assist the claimant to the extent possible in correctly and accurately preparing the Formal Application to be submitted to the County, and shall use all resources available to screen and verify the information submitted by the claimant for a final decision by the IHC Board.
- F. **Disclosure by Medical Providers.** Medical providers shall provide to the County, reports, financial statements, random samples of paid bills or other information deemed necessary by the IHC Board or its representatives as requested.
- G. **Agreement between County and Provider.** All medical providers that are eligible for approval or reimbursement of IHC funds shall enter into an agreement with the County agreeing to all provisions of this policy pertaining to medical providers prior to receiving any IHC funds. The medical provider shall submit copies of their state license and annual certification as part of this on going agreement. The County IHC Administration should receive a copy of other renewed certification annually.
- H. **Maximum Payment.** The maximum amount to be paid for hospital services for a single claim shall be 72% of the actual cost or \$10,000.00, whichever is less. Should a claim in excess of \$13,888.89 be received, the maximum payment of \$10,000.00 shall be made for an approved claim. However, the balance of the claim may be held in suspense until the end of the fiscal year. At that time, if the Fund has not been exhausted, the Board may consider for payment 72% of the balance of those claims in excess of \$13,888.89 and may pay the total of such claims in proportion to the funds available for such payment. In no event shall partially paid bills be considered for further payment at a time beyond the end of the fiscal year during which the partial payment is made. The maximum amount to be paid for a single claim for ambulance services shall be \$1,000.00 or 72% of the actual cost, whichever is less. Partially paid ambulance service claims may be reconsidered for payment in the manner provided for medical service claims.
- I. **Payments When IHC Fund is Inadequate.** If the balance of the Fund is inadequate to pay all qualified claims as they are presented, the Board may give priority to those claims incurred at Curry County facilities. Additionally, or alternatively, the Board may set temporary lower payment limits or lower percentages of payment during periods when inadequate indigent funds are available in order to discharge the maximum number of pending claims.
- J. **Expiration of Unpaid Claims.** An unpaid claim made to the Board for payment for the care of an indigent patient shall not expire or become invalid because of the lack of money in the fund during any fiscal year, but shall be carried over into the ensuing fiscal year and, notwithstanding the provisions of any other law, shall be reviewed

for payment at six-month intervals during the ensuing fiscal year. A claim receiving partial payment may be reconsidered one time for further payment in the manner provided in Section H.

- K. **Other Collections Efforts.** Any hospital or ambulance service which shall make application for payment on behalf of a patient from the Fund shall immediately discontinue further efforts to make collection of outstanding balances 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 hospital or ambulance service, as a condition to receipt of such payment, shall forgive the balance due from the patient.

GLOSSARY

The following terms are defined to be used for the purpose of this policy, regardless of common usage of such terms, or usage for other purposes.

1. **Acute Care** means by order of a physician, care of a patient placed in hospital for emergency care; scheduled surgery requiring inpatient operating room, therapeutic procedures which cannot be performed on an outpatient basis; monitoring of drugs; or specialized therapy on an around-the-clock basis as defined by New Mexico Professional Review Organization and not to include medical services that are otherwise ineligible as specified by the provisions of the IHC policy.
2. **Administrator** means the Curry County Indigent Hospital Claims Administrator, or a representative of that office.
3. **Ambulance provider or ambulance service** means a specialized carrier based within the state, operating pursuant to a certificate issued by the State Corporation Commission to transport persons. The rates and charges established by the State Corporation Commission tariff shall govern the allowable costs. Also included are air ambulance services approved by the Board, where such services are determined by the treating physician to be medically necessary and unavailable within the local community.
4. **Board** means the Curry County Indigent Hospital Claims Board.
5. **Business Entity** means either "hospital" or "ambulance service" or both as the same may be applicable.
6. **Claim** means billing statements for an episode of illness, injury or other medical treatment as deemed necessary to an indigent patient.
7. **Claimants** mean persons making a claim for dependent patients that qualify for IHC assistance of rendered medical services which have been received.
8. **Claimants Representative** means the provider or individual that is authorized by the claimant or the claimant's agent to submit a Formal Application on behalf of the claimant.
9. **Co-Insurance Days** means the total sum of money the patient is expected to pay as per co-insurance days which is usually the 61st through the 90th day in each benefit period for which the patient pays the required amount per day himself/herself. The reserve period from the 90th day through the 150th day for which the patient pays the required amount per day. This reserve period is only 60 days in the patient's lifetime. Definition is subject to change and will be applicable as defined in Medicare Manual.

10. **Cost** means all allowable ambulance transportation or medical costs for an indigent patient. Allowable costs shall include seventy-two percent (72%) of actual costs as determined by the most recent Blue Cross-Blue Shield New Mexico Federal Medicare Intermediary Cost Report, and shall include costs of ancillary services but shall not include the cost of servicing long-term indebtedness of a hospital, nursing home or ambulance service. In no event, shall the payment approved by the Board be more than 72% of the actual cost of the hospital care or ambulance transportation. Further, "cost" as used herein shall not include an amount in excess of the limitations established hereafter by these rules and regulations.
11. **Elective Surgery or Treatment** means non-emergency hospital surgery or treatment, as recommended by physician(s). This treatment is not medically necessary to the patient's health or well-being, but can be requested by the patient.
12. **Employed or Contracted** means as used in Section II, G.2, a physician that is employed by or contracts with a medical provider to provide services which are billed by the medical provider for the provider on routine, normal or regular basis.
13. **Family Unit** is defined as:
 - (1) A group of individuals living under one roof and under one head.
 - (2) Two or more adults, male and female, living together with or without children unless one is employed by the other(s).
 - (3) A single individual living alone.
14. **Fund** means the Curry County Indigent Hospital Claims Fund.
15. **Health Care Provider** means:
 - (1) a community-based health program operated by a political subdivision of the state or other nonprofit health organization that provides prenatal care delivered by New Mexico licensed, certified or registered health care practitioners;
 - (2) a community-based health program operated by a political subdivision of the state or other nonprofit health care organization that provides primary care delivered by New Mexico licensed, certified or registered health care practitioners;
 - (3) a mental health center.
16. **Hospital** means any general or limited hospital licensed by the New Mexico Department of Health, whether operated for profit, non-profit, or owned by the State or a political subdivision, and shall also include the following health facilities if licensed, or in the case of out-of-state hospitals, approved, by the Department of Health:
 - (1) for-profit hospitals;
 - (2) State-owned hospitals;
 - (3) licensed out-of-state hospitals where treatment provided is necessary for the proper

- (4) care of an indigent patient when that care is not available in a Curry County hospital; any community-based public health program operated by a political subdivision or other nonprofit health organization that provides prenatal care delivered by New Mexico licensed, certified or registered health care practitioners;
 - (5) any community-based public health program operated by a political subdivision of the state or other non-profit health care organization that provides primary care delivered by New Mexico licensed, certified or registered health care practitioners;
 - (6) any non-profit, acute care hospital.
17. **Household Members** are individuals living in the household, whether related or not, or whether dependent or not. For purposes of this program the household's size shall be determined as of the date of service.
 - (1) A child is emancipated when the child reaches the age of majority (18) or has married prior to the age of majority.
 - (2) For purposes of the Curry County IHC Fund a person is dependent if:
 - (a) the person's income is less than the gross amount per year required by the Internal Revenue Service for filing a federal income tax return;
 - (b) the person receives over one-half of his support from his parent or custodian;
 - (c) the married person does not file a joint return; and
 - (d) the person is a relative or member of the household.
18. **Indigent** is based on the definition of "indigent patient" pursuant to the relevant part of NMSA 27-5-4, paragraph C, that defines indigent patient as persons to whom an ambulance service, a hospital or a medical provider determined to be eligible under the provisions of this policy has provided medical care or ambulance transportation and who can normally support himself and his dependents on present income and liquid assets available to him but, taking into consideration this income and those assets and his requirement for other necessities of life for himself and his dependents, is unable to pay the cost of such medical services. The policy of the IHC Board, established by the rules and regulations of this policy pursuant to NMSA 27-5-6, paragraph C, specifies the provisions and criteria for determining which persons are qualified indigent persons and therefore eligible to receive IHC assistance, consistent with the above referenced statutory provisions, that are deemed necessary to carry out the provisions of the Indigent Hospital and Health Care Act. The IHC Board has permitted the use of the Curry County IHC Income Schedule as a tool to be used to determine the income for an individual or family.
19. **Indigent Patient** means a person to whom an ambulance service or hospital has provided medical care or ambulance transportation and who can normally support himself and his dependents on present income and liquid assets available to him but, taking into consideration his income and those assets and his requirement for other necessities of life for himself and his dependents, is unable to pay the cost of the ambulance transportation or

medical care administered, or both.

20. **Liquid Assets** means assets that can quickly or easily be converted to cash.
21. **Medical Facility** means the same as "medical provider".
22. **Medically Indigent** means an individual that needs medical care or treatment, but due to their individual circumstances are financially unable to pay the cost of such treatment.
23. **Mental Health Provider** means agency that provides outpatient mental health services that meet the standards set by the Department of Health pursuant to the Community Mental Health Services Act.
24. **Non-Sole Provider** means medical providers which provide services to county residents in the surrounding service area. These providers are eligible to receive direct payments from the County.
25. **Outpatient Hospital Services** means hospital sponsored ambulatory care service for medical or surgical treatment of one or more organizational units, or components thereof, of the hospital, that are under the responsibility of the hospital and through which non-emergency health services are provided to patients who do not need to remain in the hospital overnight; and not to include medical services that are otherwise ineligible as specified by the provisions of the IHC policy. Outpatient services are provided by Community Health Centers.
26. **Primary Health Care** means the first level of basic or general health care for an individual's health needs, including medical and dental diagnostic and treatment services, prescribed medications, referrals and supportive services. Any dental services must be provided in coordination with primary medical services. Primary medical services are those provided as part of either general family practice, obstetrics, gynecology, pediatrics, or general internal medicine.
27. **Sole Community Provider** is the term given to a hospital under the provisions of the Federal Medicare guidelines established in 42 CFR 412.92 pursuant to Title 18 of the Federal Social Security Act. This provider is reimbursed from the State through the Sole Provider Fund on a quarterly basis.

APPENDIX I
INDIGENT HOSPITAL CLAIMS POLICY LIMITS
FY 96/97

Policy Limit	Medical Services	Type of Care
<p style="text-align: center;">10,000</p> <p>Claims over 10,000 will be held in suspense until end of fiscal year. Board may consider additional payment.</p>	<p style="text-align: center;">Hospital Services</p>	<p>General medical treatment, or acute care. Services may be out-patient or in-patient treatment. Includes the cost of itemized services outlined in Policy.</p>
<p style="text-align: center;">5,000</p>	<p style="text-align: center;">Primary Care Services</p>	<p>General or basic medical treatment of patients, and providing medical care as deemed necessary. Provider is limited to contracted amount per fiscal year.</p>
<p style="text-align: center;">1,000</p>	<p style="text-align: center;">Ambulance</p>	<p>Transportation to nearest facility.</p>

**AMENDMENT
TO
CURRY COUNTY INDIGENT HOSPITAL CLAIMS POLICY**

AMENDMENT #1

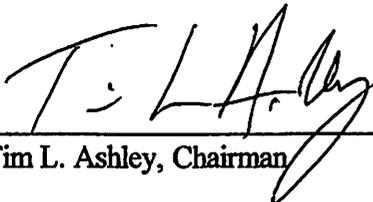
On July 1, 2003, the Curry County Indigent Board voted to amend Section IV H. Maximum Payment on page 17.

To read as follows:

Maximum Payment. The maximum amount to be paid for hospital services for a single claim shall be at the Medicaid-fee-for-service reimbursement rates or \$10,000.00, whichever is less. Should a claim in excess of \$10,000.00 be received, the maximum payment of \$10,000.00 shall be made for an approved claim. However, the balance of the claim may be held in suspense until the end of the fiscal year. At that time, if the Fund has not been exhausted, the Board may consider for payment the remaining balance of those claims in excess of \$10,000.00 and may pay the total of such claims in proportion to the funds available for such payment. In no event shall partially paid bills be considered for further payment at a time beyond the end of the fiscal year during which the partial payment is made. The maximum amount to be paid for a single claim for ambulance services shall be \$1,000.00 or 72% of the actual cost, whichever is less. Partially paid ambulance service claims may be reconsidered for payment in the manner provided for hospital service claims.

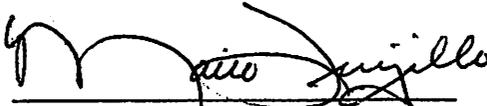
IN WITNESS WHEREOF, we have hereunto set our hands and official seal this 1ST day of July 2003.

INDIGENT HOSPITAL CLAIMS BOARD



Tim L. Ashley, Chairman





Mario Trujillo, County Clerk

Resolution # 2012 - 32

**AMENDMENT #2
TO
CURRY COUNTY INDIGENT HOSPITAL CLAIMS POLICY
Adopted February 18, 2003 Resolution #2003-06**

On October 10, 2012, the Curry County Indigent Board voted to amend Sections II IHC Eligibility Provision Paragraph E – **Medically Indigent Persons Eligibility** page 7, paragraph 2, 3, 4, 5, and 6 to:

2. Income criterion is based on a Family or Head of Household income limit of \$26,000 per year. Single household income limit is \$17,000 per year.
3. A married person household income cannot exceed \$26,000 per year.
4. The income of single member cannot exceed \$17,000 per year.
5. The income of single member household where the member is age 65 or older, is widowed, or is receiving government disability, will be considered at the same rate of \$17,000.
6. Households which consist of more than one person where the parent or designated head of household is age 65 or older, is widowed, or is receiving government disability benefits will not exceed \$26,000 per year.

PASSED, APPROVED AND ADOPTED on this 10th day of October, 2012.


Wendell Bostwick, Chairman



ATTEST:


Coni Jo Lyman, Curry County Clerk

**CURRY COUNTY
RESOLUTION #2016-58**

**A RESOLUTION AMENDING RESOLUTION #2003-06; THE CURRY COUNTY
INDIGENT HOSPITAL CLAIMS POLICY**

WHEREAS, the Board of County Commissioners of Curry County have previously adopted the Curry County Indigent Hospital Claims Policy, Resolution #2003-06, on February 18, 2003; and,

WHEREAS, said Resolution #2003-06 has been amended twice; and,

WHEREAS, the Board of County Commissioners of Curry County want to amend their Indigent Hospital Claims Policy with regard to those claims submitted under twenty-five dollars (\$25.00).

NOW, THEREFORE, BE IT RESOLVED, that Resolution #2003-06, as amended, the Curry County Indigent Hospital Claims Policy is hereby amended as follows:

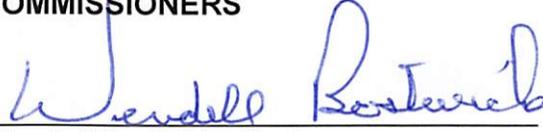
1. A new Section II, Paragraph G, 1, b, Primary Care Services is hereby amended to include a new second (2nd) Paragraph which will read as follows:

No primary care claims will be processed if the **total bill** is less than twenty-five dollars (\$25.00) per date of service. **Total bill** does not mean the discounted rate that is negotiated pursuant to the primary care agreements. The County will allow bills to be bundled that occur within the same month in order to reach the twenty-five dollars (\$25.00) total amount. This will take effect for any date of service after January 1, 2017, and does not pertain to Inmate Primary Care Bills.

BE IT FURTHER RESOLVED that all of the remaining portions of Resolution #2003-06, as amended, not specifically altered, changed or modified herein, shall remain in full force and effect.

DONE THIS 18 DAY OF NOVEMBER, 2016.

**CURRY COUNTY BOARD OF
COMMISSIONERS**



Wendell Bostwick, Chairman

ATTEST:

(SEAL)



Rosalie Riley, County Clerk