

## RESOLUTION NO. 2005-23

### A RESOLUTION ADOPTING REVISIONS TO THE INDIGENT HOSPITAL/HEALTHCARE QUALIFYING INCOME SCHEDULE AND CLAIMS POLICY LIMITS PAYABLE FROM THE LINCOLN COUNTY INDIGENT HEALTHCARE FUND.

**WHEREAS**, the Board of County Commissioners of Lincoln County supports amending the monthly and annual income schedule to reflect current HUD Section 8 Income qualifying statistics as stated herein; and

**WHEREAS**, the Board of County Commissioners also supports increasing the Indigent Hospital Claims Policy Limits as stated herein; and

**WHEREAS**, the Board of County Commissioners finds that it is best interests of the citizens of the County of Lincoln to amend the qualifying income schedule and policy limits payable under the Lincoln County Indigent Hospital/Health Care Ordinance.

**NOW, THEREFORE, BE IT RESOLVED** that the Lincoln County qualifying Income schedule, and the Indigent Hospital Claims Policy Limits schedule shall be set as follows and become effective March 17, 2005:

#### LINCOLN COUNTY INCOME SCHEDULE

#### HUD Section 8 Income, U.S. Bureau of Census *Modified*

#### NUMBER OF PERSONS IN HOUSEHOLD

Income	1	2	3	4	5	6	7	8
Annual	21,554	24,635	27,728	30,760	33,269	35,721	38,146	40,628
Monthly	1,796	2,053	2,311	2,563	2,772	2,977	3,179	3,386

*Note:* An expectant mother's unborn child will be included in determining the family or household eligibility. For Family units with more than eight (8) members, add \$2,000 for each additional person.

## INDIGENT HEALTH CARE CLAIMS POLICY LIMITS

<u>POLICY LIMIT</u>	<u>MEDICAL SERVICES</u>	<u>TYPE OF CARE</u>
7,500	Hospital	General medical treatment, or acute services care. Services may be outpatient or in-patient treatment. Includes the cost of cancer treatment.
2,000	Ambulance	Ambulance transportation to nearest facility.
750	Mental and Suicidal Treatment	Medical care and treatment deemed necessary for the patient. The combination of both of these treatments shall not exceed the fiscal year limit.
750	Substance Abuse Treatment	This care is limited to only one application per person every 3 fiscal years. Provider is limited to \$30,000 per fiscal year.
3,000	Home Health Care	Medical care and treatment as deemed necessary for the patient each fiscal year in accordance with Section 3.5(2). Evidence to verify is required. Contracted provider is limited to \$30,000 per fiscal year.
3,000	Hospice Care	Medical care and treatment as deemed necessary for the care of the patient. Each contracted provider will be limited to \$30,000 per fiscal year.
3,000	Oxygen Services	Medical care and treatment as deemed necessary for the care of the patient. Each contracted provider will be limited to \$30,000 per fiscal year.

INDIGENT HEALTH CARE CLAIMS POLICY LIMITS  
(continued)

<u>POLICY LIMIT</u>	<u>MEDICAL SERVICES</u>	<u>TYPE OF CARE</u>
3,000	Physicians	Reimburse for medical care and treatment, as determined by the board, to an indigent patient, at Medicaid fee-for-service rates. Contracted providers limited to \$30,000.
30,000	Sole Community Provider Policy Limit	\$30,000 per person/per fiscal year.

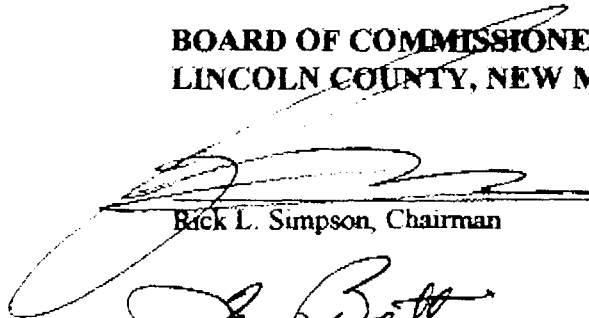
Services that will exceed the annual claim limit will be pro-rated for reimbursement to each medical provider that rendered the patient's treatment or care.

\* Newborn charges which incur complications and will exceed the established mother's limit will be established as a separate claim.

*Note:* The approved limits indicated are subject to change each fiscal year based on the amount of the Indigent Fund Revenues received. The limits, if revised, will be approved by Resolution of the County Commission and shall substitute the prior year's limits of the IHC Ordinance.

**PASSED, APPROVED and ADOPTED** this 12<sup>th</sup> day of January, 2006.

**BOARD OF COMMISSIONERS OF  
LINCOLN COUNTY, NEW MEXICO**

  
Rick L. Simpson, Chairman

  
Tom Battin, Vice Chairman

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Earl Hobbs, Member

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