

# Sandoval County Board of County Commissioners

## Agenda Item Summary

**AGENDA ITEM # 5-15-14.8A**

### **1. REQUESTED MOTION**

**ACTION REQUESTED:**

Adopt Resolution No. 5-15-14.8A Authorizing and Adopting the Sandoval County Health Care Assistance Payment Plan for FY 2014-2015 and Repealing Resolution No. 6-6-13.11B

**WHY ACTION IS NECESSARY (Summary):**

This plan defines the amount the Sandoval County Health Care Assistance Plan (Indigent Fund) will pay for each service covered by the fund. Each year this plan is reviewed during the budget process to look at utilization and demand. The 2014-15 proposed plan requests to increase payment for inpatient hospitalization from \$1,750 per admission to \$2,500.

### **2. REQUESTOR**

COMMISSIONER SPONSORED:  YES  NO

DISTRICT:  DISTRICT 1     DISTRICT 4  
 DISTRICT 2     DISTRICT 5  
 DISTRICT 3

DIRECTOR / ELECTED: Peggy Folk Cote

DIVISION: Community Services

ELECTED OFFICE:

ATTACHMENTS:  YES  NO

### **3. MEETING DATE**

May 15, 2014

### **4. AGENDA (To be completed by County Manager)**

- PROCLAMATION
- PRESENTATION
- CONSENT
- REGULAR
- APPEAL

### **5. RECOMMENDATIONS**

Recommend Board of County Commission approval.

### **6. FISCAL IMPACT**

The Sandoval County Health Care Assistance Program (Indigent Fund) is funded by 1/8 of 1% of the County's Gross Receipts taxes for the previous year.

### **7. RECOMMENDED APPROVAL (Initials & Date)**

Department Director/Elected Official	Human Resources	Purchasing	Attorney As to Form PFT	Finance Budget CCH	County Manager PPR	Other
PFC 5/6/14	_____	_____	5/8/14	5/8/14	5/8/14	_____

### **8. COMMISSION ACTION**

- Approved   
  Denied   
  Deferred   
  Other



**SANDOVAL COUNTY**  
**Resolution No. 5-15-14.8A**

**AUTHORIZING AND ADOPTING THE SANDOVAL COUNTY HEALTH CARE ASSISTANCE  
 PAYMENT PLAN FOR FY 2014/2015, BEGINNING JULY 1, 2014 AND ENDING JUNE 30,  
 2015 AND REPEALING RESOLUTION NO. 6-6-13.11B**

Whereas, the County Commission has imposed the Sandoval County Indigent Hospital and Health Care Ordinance No. 09-11-19.7A; and

Whereas, the Indigent Program Policy establishes the Health Care Assistance Program; including income guidelines, services covered and payment for those services; and

Whereas, the County's Health Care Assistance Program has the flexibility to reflect the current health care needs of its residents; and

Whereas, the following services are eligible for residents who qualify pursuant to the N. M. Indigent Hospital and County Health Care Act, 27-5-4(G) at the reimbursement rates listed below; and, the following table is the proposed Sandoval County Health Care Assistance Payment Plan for FY 2014-15.

Service Type	Maximum Per Claim	Maximum Per Year
Ambulance – 75% of Tariff Rate or \$400 whichever is less.	\$400	\$800
Inpatient Hospital – 75% of Billed Charges or \$1,750 whichever is less.	\$2,500	\$5,000
Outpatient Behavioral Health	\$150	\$500
Outpatient Primary Care	\$150	\$500
Pharmacy – Prescriptions and Medications per Medicaid formulary. Excluded are all Schedule 2 medications and special prescriptions under \$5.00	None	\$900
Indigent Burial Expense/Cremation	\$600	\$600

Now, therefore, be it resolved that the Sandoval County Board of County Commissioners approve the Sandoval County Health Care Assistance Payment Plan for FY 2014-2015.

**BOARD OF COUNTY COMMISSIONERS  
OF SANDOVAL COUNTY**

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**Darryl F. Madalena, Chair**

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**Orlando J. Lucero, Vice Chair**

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**Nora Scherzinger, Member**

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**Don G. Chapman, Member**

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**Glenn Walters, Member**

**ATTEST:**

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**Eileen Garbagni, County Clerk**

**APPROVED AS TO FORM:**

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**Patrick Trujillo, County Attorney**