



Consideration of Lea County Resolution No. 22-SEP-206R Authorizing Lea County's Fiscal Year 2022 - 2023 1st Quarter Payment and Certification for the Safety Net Care Pool Fund

1st Quarter Fiscal Year 2022 – 2023 Safety Net Care Pool/SB268 Payment & Certification

FY 22 Matched Taxable Gross Receipts	\$ 9,353,359,109.45
FY 23 1/12 th Increment Due	\$ 7,794,465.92
FY 23 Quarterly Amount Due	\$ 1,948,616.48



**LEA COUNTY BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY FORM**

LCBCC Meeting Date: Thursday, September 22, 2022

Submit this summary form & all attachments to the Finance Director clow@leacounty.net & cc the Community Engagement Manager ssout@leacounty.net; Public Information Officer mrusell@leacounty.net and County Manager mgallagher@leacounty.net by: **Monday, September 12, 2022**

County Manager Approval required for all time sensitive issues that do not meet the above deadline.

DATE SUBMITTED mm-dd-yyyy: 09/13/2022	SUBMITTED BY Name, Title, Dept: Chip Low - Finance Director	
SUBJECT: 1st Quarter FY 23 SB 268 Payment	ATTACHMENT(S): 1. Resolution Approving Payment 2. Required Certification	
NO. OF ORIGINALS FOR SIGNATURE:	ACTION REQUESTED: Action Item	
BUDGET LINE ITEM NUMBER: 403-13-2890	FISCAL BUDGET YEAR: FY 2022 - 2023	
STRATEGIC PLAN Implementation of 5 Year Strategic Plan: Section 3.4 - Quality of Life - Lea County shall have a variety of recreational & cultural amenities with access to convenient & quality healthcare.		
SUMMARY: Lea County is required to submit quarterly payments to the State of New Mexico for the Safety Net Care Pool. The amount due for the 1st Quarter FY23 is \$1,948,616.48.		
Requested Items Needed for Presentation Easels/Laptop/Projector/Etc.: Easel <input type="checkbox"/> If checked, how many: Laptop <input checked="" type="checkbox"/> Projector <input checked="" type="checkbox"/> Other: _____	See Additional Summary Attached <input type="checkbox"/>	
SUBMITTER'S RECOMMENDATION(S): Recommend approval	Submitter's Signature Department Director, Etc. Henry C Low Jr <small>Digitally signed by Henry C Low Jr Date: 2022.09.13 13:50:43 -06'00'</small>	
FINANCE REVIEW Fiscal Impact/Cost: The financial impact to Lea County will be expenditures from the Indigent Fund of \$1,948,616.48. Funds are budgeted and available in 406-13-2890.	Reviewed by Finance Director Henry C Low Jr <small>Digitally signed by Henry C Low Jr Date: 2022.09.13 13:51:25 -06'00'</small>	
LEGAL REVIEW: (Note: Travel does not need legal review)	Reviewed by County Attorney	
COUNTY MANAGER REVIEW:	Approved by County Manager to be Placed on Agenda 	
Item No. <u>0203</u> RECORDING SECRETARY'S USE ONLY ~ COMMISSION ACTION TAKEN		
Approved: _____	Denied: _____	Other: _____
Resolution No. <u>22-SEP-206R</u>	Policy No. _____	Ordinance No. _____
Continued To: _____	Referred To: _____	Comments: _____

STATE OF NEW MEXICO
COUNTY OF LEA
RESOLUTION NO. 22-SEP-206R

**A RESOLUTION AUTHORIZING LEA COUNTY'S FISCAL YEAR 2022 - 2023 1ST QUARTER
PAYMENT AND CERTIFICATION FOR THE SAFETY NET CARE POOL FUND**

WHEREAS, in January 2014 the Sole Community Provider Program was replaced by the Safety Net Care Pool (SNCP) through the adoption of Senate Bill 268; *and*

WHEREAS, SNCP payments are dispersed state wide for uncompensated care and hospital quality improvements; *and*

WHEREAS, Lea County's 1st quarter contribution to the SNCP funds is due in the amount of \$1,948,616.48.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of County Commissioners of Lea County that staff is hereby authorized and directed to issue the 1st quarter payment in the amount of \$1,948,616.48 for the SNCP.

PASSED AND APPROVED on this 22nd day of September, 2022, by the Lea County Board of County Commissioners in an open meeting in Lovington, New Mexico.

LEA COUNTY BOARD OF COUNTY COMMISSIONERS

Dean Jackson (District 1), Chair
Voted: Yes No Abstain

Gary G. Eidson (District 3), Vice Chair
Voted: Yes No Abstain

Rebecca Long (District 2), Member
Voted: Yes No Abstain

Jonathan Sena (District 4), Member
Voted: Yes No Abstain

Pat Sims (District 5), Member
Voted: Yes No Abstain

ATTEST: Keith Manes
Lea County Clerk

**APPROVED AS TO FORM AND LEGAL
SUFFICIENCY:**

By: _____
Teri Davis, Deputy Clerk

John W. Caldwell, County Attorney

NEW MEXICO HUMAN SERVICES DEPARTMENT
SAFETY NET CARE POOL PAYMENT PROGRAM
CERTIFICATION FOR LOCAL GOVERNMENTAL ENTITY PARTICIPATION

1st QUARTER OF SFY 23

On behalf of Lea County, a County organized under the laws of the State of New Mexico (hereinafter referred to as the "Local Governmental Entity"), I, Dean Jackson, Chair, Lea County Board of County Commissioners, affirm and certify the following:

I. Definitions

- A. The term "Local Governmental Entity" means any County or Counties that makes a transfer of funds to the State of New Mexico for the purpose of funding a payment to any hospital under the New Mexico Medicaid program.
- B. The term "Supplemental Payment" means any payment to a hospital pursuant to the Safety Net Care Pool ("SNCP") Payment provisions of the New Mexico Medicaid program.
- C. The term "State" means the State of New Mexico or any of its officers or agencies.

II. Public Adoption and Access

- A. The governing body of the Local Governmental Entity adopted the conditions described in this Certification by recorded vote taken in a public meeting held in compliance with the applicable state and federal laws.

III. Funding for the Supplemental Payments

- A. The Local Governmental Entity shall transfer Public Funds to the State of New Mexico for use as the non-federal share of the Safety-Net Care Pool supplemental Medicaid payments to one or more hospitals in accordance with the New Mexico Indigent Hospital and County Health Care Act, NMSA 1978, Sections 27-5-1 to 12.1, specifically NMSA 1978, Section 27-5-6.1.
- B. All transfers of Public Funds by the Local Governmental Entity to the State to support payments to hospitals under the SNCP must comply with:
 - (1) The applicable regulations that govern provider-related donations codified at section 1903 (s) of the Social Security Act (42 U.S.C. § 1396 b(w)), and Title 42, Code of Federal Regulations, Part 433, subpart B, section 433.52 and 433.54; and
 - (2) The conditions approved by the federal Centers for Medicare and Medicaid Services ("CMS") for governmental entities' and hospitals' participation in the SNCP.

III. Assurances and Representations

- A. The Local Governmental Entity does not and will not at any time receive any part of the Supplemental Payments that are made to hospitals under the SNCP.
- B. The Local Governmental Entity has not entered and will not enter into any agreement with Hospital to condition either the amount of Public Funds transferred by the Local Governmental Entity to the State or the amount of Supplemental Payments a Hospital receives on the amount of indigent care the Hospital has provided or will provide.
- C. The Local Governmental Entity has not received and will not receive refunds of payments the Local Governmental Entity made or makes to a Hospital for any purpose as consideration of any Intergovernmental Transfer from the Local Governmental Entity to the State to support the Supplemental Payments.
- D. The Local Governmental Entity has not received at any time after September 30, 2011, and will not receive any cash or in-kind transfers from a Hospital or any other entity acting on behalf of a hospital group of affiliated hospitals other than transfers that:
 - (1) Are unrelated to the administration of the SNCP Payment Program or the delivery of indigent care services by the Hospital(s); and
 - (2) Constitute fair market value for goods or services provided by the Local Governmental Entity to a Hospital; or
 - (3) Represents independent, bona fide transactions or arrangements negotiated at arms-length and in the ordinary course of business between the Hospital and the Local Governmental Entity.
- E. Except as specified in D, above, the Local Governmental Entity has not since September 30, 2011:
 - (1) Assigned or agreed to assign a contractual or statutory obligation of the Local Governmental Entity to a Hospital or any other entity acting on behalf of a Hospital or group of affiliated hospitals; or
 - (2) Authorized or consented to the assumption of a statutory or contractual obligation of the Local Governmental Entity by a Hospital or any other entity acting on behalf of a hospital or group of affiliated hospitals.

V. Education

- A. Consistent with its constitutional, statutory, and fiduciary obligations, the Local Governmental Entity may evaluate a Hospital's historical experience in providing indigent care in the community, including the impact and amount of indigent care provided by the Hospital, for the following purposes:

- (1) To determine whether the Hospital's performance benefit the community and whether its continued participation in the indigent care program is likely to continue to benefit the community; and/or
- (2) To provide accountability to local taxpayers.

B. The Local Governmental Entity's evaluation under this provision may:

- (1) Occur on a schedule determined by the Local Governmental Entity, but not more often than once each calendar quarter;
- (2) Be documented in a manner sufficient to confirm achievement of the Local Governmental Entity's mission and provide an appropriate and constitutional basis on which a transfer of Public Funds has been made to the State; and
- (3) Not include consideration of matters expressly prohibited herein or prohibited by state and federal laws and regulations.

ON BEHALF of the Local Governmental Entity, I hereby certify that I have read and understood the above statements; that the statements are true, correct, and complete; and that I am authorized to bind the Local Governmental Entity and to certify to the above.

SIGNATURE

September 22, 2022
DATE

Dean Jackson, Chair, Lea County Board of County Commissioners
PRINTED NAME AND TITLE